

[Report 1936] / School Medical Officer of Health, Nuneaton Borough.

Contributors

Nuneaton (England). Borough Council.

Publication/Creation

1936

Persistent URL

<https://wellcomecollection.org/works/gbqz8d4z>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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

AC 44957 (1) NUNEATON ✓

BOROUGH OF NUNEATON

ANNUAL REPORT

1936

**SCHOOL MEDICAL
SERVICE**

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer.



BOROUGH OF NUNEATON

ANNUAL REPORT

1936

**SCHOOL MEDICAL
SERVICE**

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE OF THE BOROUGH OF NUNEATON.

(As on 31st December, 1936).

Alderman R. W. Swinnerton, M.B.E., J.P., C.A. (Chairman),

Councillor F. H. Raison, B.A. (Vice-Chairman).

His Worship The Mayor (Councillor T. L. Liggins).

Deputy Mayor (Councillor W. T. Smith, J.P., C.C.).

Alderman J. A. Cartwright. Councillor G. W. Fennell.

„ W. Croshaw, C.C. „ A. C. French.

„ E. F. Melly, J.P. „ W. S. Johnson.

„ F. P. Pembleton, „ W. R. Lee.

J.P., C.C. „ B. H. Mayo.

„ L. E. Price. „ C. Ramsell.

„ J. Randle, J.P. „ B. Roper.

„ C. Reader. „ G. C. Teebay.

Councillor J. Bates. „ W. T. Timms.

„ C. H. Cartwright. „ J. Wood.

„ W. R. Chamberlain. „ P. Woodward.

„ G. Comley. Miss Swinnerton.

„ G. Cooper. Mr. C. Allen.

„ W. Croshaw, senior. Mr. H. C. Betts.

„ S. O. Currin. Rev. J. H. Brooks.

„ H. J. Deeming. Dr. E. Nason.

„ C. J. S. Dickens. Rev. Canon J. L. White.

„ P. Dixon.

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

STAFF OF THE SCHOOL MEDICAL DEPARTMENT.

School Medical Officer:

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer:

H. BURNS, O.B.E., M.B., Ch.B. (Edin.).

Surgeon—Tonsil and Adenoid Clinic:

F. G. BEAUCHAMP, M.B., Ch.B. (resigned April).

C. A. RAISON, M.B., Ch.B., F.R.C.S.

Surgeon—Orthopædic Clinic:

F. W. ALLAN, M.B., F.R.C.S., L.R.C.P.

School Oculist:

H. BURNS (three half days per week).

School Dentist:

J. E. ROBERTS, L.D.S.

Dental Attendant:

Miss L. JACKSON.

School Nurses:

Miss D. REYNOLDS and Miss C. AHERN.

Clerical Staff:

W. WOOD, I. BIGGS, M. FOSKETT.

BOROUGH OF NUNEATON.

SCHOOL MEDICAL DEPARTMENT,

COUNCIL HOUSE, NUNEATON.

18th February, 1937.

*To The Chairman and Members of the Education Committee,
Nuneaton.*

MR CHAIRMAN, LADY AND GENTLEMEN,

I have pleasure in presenting to you my report on the School Medical Service for the year 1936. The service has been continued on the same general lines as in previous years.

No alterations in the staff have taken place with the exception of the Surgeon for tonsils and adenoids operations. We were extremely fortunate in securing the services of Mr. C. A. Raison, M.B., Ch.B., F.R.C.S. (Eng.) to replace Dr. Beauchamp who resigned the post in April, 1936.

The artificial sunlight clinic came into operation at the beginning of January, 1936. This clinic which is run in conjunction with the Maternity and Child Welfare scheme has, as will be seen later in the report, fully justified its existence.

Consideration was given during the year to the question of the "stammering child." The suggested scheme would be run in conjunction with the Warwickshire County Council Education Committee, a special expert teacher being employed by the Local Education Committee and partly by the County Education Committee.

The children attending this class will be from the Borough and surrounding County districts. It is suggested this special class should be held in one of the Borough schools. It is expected this class will come into being during 1937.

In the latter quarter of the year the Committee considered the accommodation available for treatment at the Stockingford School Clinic. This question was also considered by the Maternity and Child Welfare Committee as this clinic is utilised by both the School Medical and the Maternity and Child Welfare Services.

The building was erected in 1923, and since this date there has been a considerable increase in the population in this particular area.

At both Committees it was decided that increased accommodation should be made available in this area. Plans have now been completed and it is hoped that the additions to the existing building will be in use at the end of 1937.

On behalf of the staff of the School Medical Department I would like to thank the Chairman and Members of the Education Committee for the sympathetic consideration they have extended to all matters that have come before them in connection with the work of this service.

I should like to record my appreciation of the loyal manner in which all members of the staff have carried out their duties during the year.

I am,

Mr. Chairman, Lady and Gentlemen,

Your obedient Servant,

P. G. HORSBURGH,

School Medical Officer.

CO-ORDINATION.

It has been the policy of the Education Committee and the Maternity and Child Welfare Committee of the Corporation to combine services where possible, in order that facilities are the same for the school and pre-school child.

The establishment of a combined sunray clinic on January 1st, 1936, illustrates this point. This clinic was established for the treatment of suitable children from birth up to the age of leaving school. All our services, with some exceptions where it would be impracticable to combine the services, are established on these lines.

All your health services come under the direction of one administrative officer. This makes for the co-ordination of all services whether they come under the Education Committee, Health Committee or Maternity and Child Welfare Committee.

HYGIENE.

You have in the area under your administration 15 schools, having in all 29 departments.

No new schools have been built during 1936.

The reorganisation scheme will make a difference in some of the schools from a health point of view. Classrooms will be required to accommodate a smaller number of children, thereby allowing more air space per child.

You have during the year, nearly completed the arrangements for building the new Higham Lane School and also extending the open-air school at Manor Park. When these are finished the accommodation in the first mentioned school will be 350 infants and juniors and 200 senior children, and in the second an increase from 320 to 480.

I mentioned, in my report for 1935, the new nursery class established at Queen's Road School. In 1936 at Stockingford Council School, alterations were carried out to establish a nursery class in that area. All necessary equipment was purchased, the equipment included 30 stretcher beds for rest during the afternoon session. The working of this class, as well as the class attached to Queen's Road School, deserves high praise.

The extension of these nursery classes is the policy of the Committee, as shown by the necessary nursery class accommodation being provided in the school about to be erected in Higham Lane.

The young child attending these classes gets a good grounding in sound hygiene.

It is a debatable point whether all children should be admitted to school at a very early age, but undoubtedly in cases where good training in sound hygiene, etc., cannot be obtained in the home, these children benefit greatly by being admitted to nursery classes.

You have continued your policy during 1936 of replacing obsolete equipment as opportunity arises; for example, old type desks have been replaced by dual locker desks and chairs. In infant schools tables and chairs have been supplied to replace some of the old desks.

Dual desks supplied during 1936 to existing schools totalled 129.

ACCOMMODATION PROVIDED IN PUBLIC ELEMENTARY SCHOOLS.

1. COUNCIL SCHOOLS.

Name of School	Accommodation	Average attendance last School year
Attleborough	710	602
Chilvers Coton	650	563
Galley Common	295	194
Manor Park	320	283
Queen's Road	1090	899
Stockingford	1264	1046
Swinnerton	320	301

2. NON-PROVIDED SCHOOLS.

Abbey Street C. of E.	595	526
Attleborough	405	329
Chilvers Coton C. of E.	469	428
Heath End C. of E.	281	188
St. Joseph's R.C.	212	193
Stockingford C. of E.	326	257
Vicarage Street C. of E.	807	714

Total accommodation provided in Public Elementary Schools:—

Council Schools	4,629
Non-provided Schools	3,095
	7,724

MEDICAL INSPECTIONS.

The average attendance made for the year ended 31st December, 1936, of children of all ages in our elementary schools was 6,291. During the year under review 2,083 of these children came up for routine medical examination.

The age groups have remained the same as in past years; in fact the age groups have not been altered since the commencement of medical inspections in 1908.

I have given in previous reports details of the work carried out by nurses, teachers, etc., prior to the examination.

It is with difficulty that we keep our routine inspections up to the present numbers and it has been found impossible in past years without some additional staff to carry out our obligations. This extra staff has had to be provided when epidemics were of undue magnitude, or when sickness of staff had occurred during the period. Fortunately, during the year under review, no additional staff had to be put on to cope with the work.

It has been decided by the Education Committee that children attending the nursery classes shall also be inspected. At the present time these numbers are small and every endeavour will be made for these children to be examined. As these nursery classes increase in numbers and size, if inspection has to be carried out, increased staff will have to be provided.

It is gratifying to note that the new school which the Education Committee are about to build will have the necessary accommodation where medical inspection can be undertaken. This, I am sure, the heads of schools will welcome; also from our point of view we shall find great benefit in having adequate accommodation to prepare the Medical Inspections at the schools.

During the last quarter of the year the number of infants which should have been examined at the schools was greatly diminished. This was owing to the heavy sickness rate due to Mumps and Whooping Cough. When an epidemic occurs at the time of a medical examination it is very difficult to keep up to the number of children one hopes to examine during a medical inspection session. This is a matter which is very difficult to overcome as it is obvious that one cannot switch over from one school to another without giving parents, teachers, etc., the necessary time and notice for medical inspection.

NUTRITION.

All children examined at the School Medical Inspection are assessed as to their nutrition. The assessment of nutrition of a child cannot be based on one factor alone. All available data have to be taken into account.

The figures given from year to year are likely to vary in some degree, as only a proportion of the elementary school children are examined each year. In 1936 2,083 out of 6,946 children on the school register were assessed as regards nutrition.

It was found that the percentage of children with normal nutrition at the 3 age groups, i.e., "Entrants," "Intermediate" and "Leavers" was 94.04%, 91.7%, 75% respectively.

It will be observed the percentage of normal nutrition in the leavers' group is lower than that recorded in the entrants. It is interesting to note that the percentage of excellent nutrition rises from 4.45% in the entrants group to 22.09% in the leaving group.

The subnormal child varies little in any of the age groups examined, an increase from 1.3% in the entrants to 2.2% in the leaving group.

All children in the subnormal groups are specially supervised and treated where necessary. The child with subnormal nutrition is not necessarily the underfed child.

The underfed child exists but at times one finds the underfeeding is due to the inability of the child to assimilate the type of food supplied. Many factors are involved in many of the subnormally nourished children. A child has to digest the food supplied. It may not be able to do this properly, through lack of exercise, sunlight, improper housing or lack of sleep. Food alone will not make our children come into the class of "excellent nutrition."

Our children cannot all be made healthy by merely supplying them with meals, however good and necessary these may be. Other factors which are beyond the province of our Education Committee have also to be taken into account.

UNCLEANLINESS.

The children who come up for Routine Medical Inspection are examined for uncleanness. Clothing, as well as bodily conditions, is examined.

Details of the work carried out by the School Nurses at their special inspections for verminous conditions, etc., will be found later in the report.

Of the 2,083 children examined, 46 were found to have unsatisfactory conditions of the head, some of which were of a very minor character. Forty-eight children were placed under the heading of "uncleanliness." These conditions are always pointed out to the parents, and in the case of the older school child remarks, of a nature likely to induce the child to assist its parent by taking a personal interest in its own cleanliness, are made to them by the Medical Officer and School Nurses, backed up by the Teachers. Ninety children were found to have clothing which was in a dirty condition, and 87 had poor footwear. The above numbers totalled give more than the actual number involved, as can be well imagined, as many of the children with dirty bodies also had dirty heads and dirty clothing.

Children attending our schools are, with few exceptions, a credit to their parents and to the town. It is the few troublesome exceptions who are a continuous source of trouble each year and prevent us from making a nil return for uncleanness.

When dealing with uncleanness, one has to take into consideration the lack of washing facilities, which, unfortunately, makes it still more difficult for some families to keep up to a standard of cleanliness, for their own sakes as well as the other children who attend their schools.

MINOR AILMENTS.

Minor ailments, such as Impetigo, Scabies, etc., should not, of course, be found in any great numbers at a routine Medical Inspection.

It will be seen that a total of only 30 children were found to have any minor skin disease. This is due largely to the prompt action of the Head Teachers and their staff by immediately referring for treatment all cases of skin diseases in their early stages. It will be seen from Table No. 2 that 19 of these 30 cases were recorded as other skin diseases; this includes cuts, abrasions and the like.

It is interesting to note as the years go on that Impetigo (Infectious Scab) is practically non-existent. It was seldom when carrying out routine Medical Inspection that one went through a school without excluding some of the children for this condition, and oftentimes the condition was very advanced. It is now a rarity when one finds this condition, and when one does, it is in its early stages and quickly responds to treatment.

EAR, NOSE AND THROAT.

It will be seen in Table 2 that the highest number of defects recorded come under the category of nose and throat defects.

It is interesting to note that only 21 conditions of the nose and throat were referred for immediate treatment and 427 children were recorded for observation for unsatisfactory conditions of the nose and throat. It is a rarity for any radical treatment to be advised at a Medical Inspection for any defects of the throat.

It has been our practice for a number of years to refer all these cases for re-examination before radical treatment is advised to the parents.

Eight cases of discharging ears were discovered and were immediately referred to the appropriate clinic for the necessary treatment. It is never advisable to be dogmatic on throat conditions on a single examination, as it is found that during certain periods of the year, when routine examinations are being made, that a very high number of children will be noticed with enlarged tonsils. A hasty decision should not be made for operative procedure being carried out on these children for this reason, as a large number of these tonsils return to normal after a short period. Practically the whole of the defects found of tonsils and adenoids are referred for observation and special examinations at a later date.

DENTAL DEFECTS.

During 1936 you have employed a full-time Dental Surgeon who has carried out Dental Inspections in the schools. Consequently at Medical Inspections only marked dental defects are referred for treatment, as the children come under the dental examination in due course.

CRIPPLING DEFECTS AND RHEUMATISM.

During the year 8 children were referred for treatment due to some curvature of the spine; 4 others were recorded as requiring treatment for other bone defects. All these cases were of an early nature and should be easily remedied with the appropriate treatment. No new case of organic heart disease was found; 3 cases of anæmia were recorded, all of which were referred to the appropriate quarter for the necessary treatment.

PULMONARY TUBERCULOSIS.

It is not possible at a routine medical inspection to carry out such an examination that a definite diagnosis of Pulmonary Tuberculosis can be made. It will be found that no cases of Pulmonary Tuberculosis were diagnosed at routine medical inspection. Nevertheless, although a definite diagnosis is not made at the schools, if the slightest suspicion of this disease is found, the children are referred for special examination at the school clinic when the necessary time can be spent on them.

Cases of a doubtful nature, however slight the doubt may be, are referred on to the Tuberculosis Officer for the area.

The fullest co-operation has always existed between the School Medical Officer and the County Tuberculosis Officer.

One case of tuberculosis of glands and one of tuberculosis of the spinal column were recorded and referred for treatment.

FOLLOWING UP—SUMMARY OF WORK BY SCHOOL NURSES.

In a School Medical Service the mere recording of a large number of defects is interesting from a statistical standpoint but is of no benefit to the child unless some organization is in being whereby the defect can be remedied. The largest proportion of defects found are treated or supervised, as the case may be, at the Clinics organized by the Local Authority.

It is found that the parents, with few exceptions, avail themselves of the benefits offered through private organizations or the facilities available through the Education Committee.

You have in being, a fairly comprehensive service which deals with the majority of defects found at routine Medical Inspections.

Some children when examined are by themselves, through the parent being unable to be present. In these cases it is found necessary at times for the school nurse to visit the parents and explain the remedy suggested.

In the following table will be found the number of visits paid to the homes by the School Nurses. Details of the work carried out by them has been reported upon in past years. All previous duties required of the School Nurses were carried out during 1936 with some additions.

The institution of a Sun-Ray Clinic at the beginning of 1936 has given a great amount of additional work to the School Nurses and it was thought that one session per week would suffice but later on in the year this had to be doubled. Consequently the nurses had to carry out this work.

Your School Nurses are now working to capacity and it will be impossible to have any additional work put upon them. As it is, at the end of 1936 arrears of work had accumulated but it is hoped that this accumulation will be got over in the early part of 1937.

In addition to the extra work imposed on the school staff, the clinics which are attended by the nurses show an increase over the corresponding figures of last year.

Details of the work carried out at the daily Clinics and the home visits will be found in the following table. These figures do not include special clinics the nurses are expected to attend, viz., Orthopædic, Tonsils and Adenoid operative clinics, etc.

Details of visits paid, etc.

Treatment Clinics attended by School Nurses:—

Half days held	...	...	...	...	530
Individual children treated	...	...	...	...	3,383
Total attendances	...	...	...	...	18,475
Average attendance per clinic	...	...	...	...	42.5
Number of children cured	...	...	...	...	3,064
Referred elsewhere for treatment	...	...	...	...	150
No. of children on books December 31, 1936	...	...	...	...	21
Total exclusion days	...	...	...	...	884
Ionization Clinics held	...	...	...	...	42
Children treated	...	...	...	...	32
Total attendances	...	...	...	...	160

TREATMENT.

The routine medical inspection of school children, as mentioned previously, is carried out in the various age groups and the defects recorded.

You have in existence a fairly comprehensive scheme for the treatment of the various defects found at the routine inspections, at special inspections, or cases referred direct from parents and teachers for some defect or another.

Increasing amount of treatments have had to be carried out as necessity has arisen. Many children are treated through private agencies, voluntary bodies, hospitals, etc. There are other types of defects which in the past were not obtaining the necessary treatment. Hence the establishment of your varied treatment clinics in the town.

All children attending the elementary schools are entitled to treatment available at the ordinary daily clinic or at the specialised clinics which are appropriate to the disease from which they suffer.

You have established one new line of treatment during the year, viz., artificial sun-ray. Otherwise your services have remained the same as in previous years and as will be seen in the report they have been fully utilised.

Although many of the specialised clinics have been established through your Authority, these are also used by the Maternity and Child Welfare services who deal with the pre-school child.

Diseases :—

Impetigo (Scalp)	...	...	...	36
Impetigo (Body)	...	...	...	93
Ringworm (Scalp)	...	...	...	2
Ringworm (Body)	...	...	...	20
Other Skin Diseases	...	...	...	88
Minor Surgical Dressings	...	...	...	2,746
Diseases of the Ear	...	...	...	119
Minor Eye Diseases	...	...	...	92
Other Diseases	...	...	...	231

Home Visits :—

Diseases of Throat	...	...	...	405
Vermin	...	...	...	36
Infectious Diseases	...	...	...	233
Various	...	...	...	270
Eye Defects	...	...	...	299

CLINICS.

Service.	Situation of Premises.	Days open.	Authority. Responsible
Maternity and Child Welfare. Welfare Centres	Coton Road (entrance Riversley Park) Nuneaton	Tuesdays and Wednesdays, 2.0—4.30 p.m.	Under Borough Council.
	Cross St., Stockingford	Mondays and Wednesdays, 2.0—4.30 p.m.	Do.
Ante-natal Centre.	Coton Road, Nuneaton	2nd and 4th Thursday in month, 2.15 p.m.	Do.
	Cross Street, Stockingford	1st Friday in month, 2.15 p.m.	
Gynæcological Clinic	Coton Road	1st Monday in month, 9.0—12.0 noon.	Do.
Dental Clinic	Coton Road Nuneaton	Every Thursday 2 p.m. and Saturday a.m.	Do.
1-5 Minor Ailments	Coton Road, Nuneaton	9.0—10.0 a.m. each morning	Do.
	Cross Street, Stockingford	Ditto	
School Medical Service. Treatment Clinic and Inspection Clinic	Coton Road (entrance Riversley Park)	Every weekday morning, 9.0—12 a.m.	Under Education Committee.
	Cross Street, Stockingford	Ditto	
Eye Clinic	Coton Road	Tuesday, Thursday and Friday	Do.
Tonsil and Adenoid Clinic	Ditto	Tuesday, 9.0 a.m.	
Ear Clinic	Ditto	As occasion arises	
Orthopædic Clinic	Ditto	4th Friday in month, 2.45 p.m. Intermediate treatment weekly. Friday 2 p.m.—5 p.m.	

CLINICS—Continued.

Service.	Situation of Premises.	Days Open.	Responsible Authority.
Dental Clinic	Coton Road	Monday & Tues. 9 a.m. to 5 p.m. Wed. & Thurs. 9 a.m. to 1 p.m. Friday 9 a.m. to 5 p.m. Sat. 9 a.m. to 12.0.	Under Education Committee.
Tuberculosis. Dispensary	35, Coton Road (Converted dwelling)	Tuesday, 11.0 a.m. to 4.0 p.m.	Warwickshire and Coventry Joint Committee for Tuberculosis.
Venereal Diseases Male Clinics	Cleansing Station Central Avenue	Fridays, 6.0 to 7.30 p.m.	Medical Officer of Health in at- tendance
Female	Ditto	Tuesdays, 5.30 to 7.30 p.m. (intermediate daily treatment also provided— males 6.30 p.m. (Tuesday ex- cepted) females by appointment)	Ditto (Under Warwick- shire C.C.)

UNCLEANLINESS.

You have attending your schools approximately 7,000 children and these children are systematically examined in order to see that they are not in an uncleanly state.

These examinations are carried out with the idea of preventing the spread of vermin to clean children and also to take the necessary steps to insure the dirty child becoming clean.

Some comment is sometimes made on the number of children reported to be in a condition of uncleanliness.

During 1936, 24,871 examinations were made and it was found of this number 425 individual children were not in all respects satisfactory as far as their bodies and heads were concerned. This seems a high number.

It is interesting to record what the position was 10 years ago. In 1926 21,171 examinations were made and 2,399 individual children were found to be in an unsatisfactory state of cleanliness.

From the above figures, although the present position is not satisfactory, it will be seen that great strides have been made by the parents to keep their children clean in comparison with ten years ago.

The pride of personal appearance in the adult and child does not depend on outward show so much as it did in previous years.

The School Medical Service can claim credit for this increased cleanliness of the children. Much also has been done by the teaching profession by lessons and examples to the children. The methods adopted in the nursery classes do much to instil in the young child the necessity of cleanliness. This early training will have a permanent effect on the child throughout its school life and its post-school life.

Of the children found and recorded as unclean, many are of a very minor degree of uncleanliness. As reported before, all cases of the slightest degree even although no actual vermin are found or only nits in the hair, are recorded as unclean.

With improved housing conditions one hopes to have increased facilities for bathing, etc., which will do much to make the keeping of children clean.

We still have the difficult case of the parents who are indifferent to verminous conditions. These parents, although often indignant when their children are reported as being in a verminous condition, do little or nothing to maintain their child in a cleanly state.

When the efforts of the school nurses have failed it is our practice to report these indifferent parents to the local Inspector of the N.S.P.C.C. During the year it was necessary to report 17 parents to this officer.

As each year goes by, I think parents are realising more and more that the nurses carrying out this work are acting in the interests of the children and not merely unnecessarily trying to find fault.

The advice of the school nurse on the methods of curing and preventing children becoming verminous is always available.

EXTERNAL EYE DISEASES AND DEFECTIVE VISION.

This clinic continues to deal with all cases of defective or supposedly defective vision which are referred to it by teachers, nurses, minor ailment clinics, etc.

Each case is examined carefully and on that examination depends the treatment necessary, as for example the prescribing of appropriate glasses.

All cases are re-examined at a later period on one or more occasions whether glasses have been ordered or not.

These glasses are supplied by a local firm at contract prices, which vary with the nature of the lens.

External conditions, such as styne and inflammation of the eye are also treated at this clinic. Often these conditions, especially if of a chronic or recurrent nature, are the cause of weak eyes and therefore these cases are always examined for defects of vision. These conditions, if due to an error of refraction, almost always clear up quickly when correcting glasses are made use of.

For complicated cases and for cases requiring hospital treatment, e.g., operation for squint, there is a scheme by which these cases can be sent to Birmingham Eye Hospital for examination and the treatment which is deemed necessary.

DEFECTIVE VISION.

1. ERRORS OF REFRACTION (excluding squint and cases in which other ocular disease was present in addition to the refraction error):—

Hypermetropia	...	...	...	149
Hypermetropic Astigmatism	...	...	...	60
Myopia	...	...	...	79
Myopic Astigmatism	...	...	...	8
Mixed Astigmatism	...	...	...	13

2.	SQUINT.				
	Convergent strabismus	...	...	...	143
	Divergent strabismus	...	...	...	1
3.	EXTERNAL DISEASE OF THE EYE.				
	Conjunctivitis and Keratitis	...	...	...	12
	Blepharitis	...	...	...	17
	Hordeolum	...	...	...	16
	Corneal Nebulae	...	...	...	9
	Injury	...	...	...	2
	Papilloma	...	...	...	1
4.	DISEASES OF DEEPER STRUCTURES.				
	Optic nerve atrophy	...	...	...	—
	Congenital cataract	...	...	...	2
4.	No. glasses ordered	...	...	...	202

EAR DISEASE AND DEFECTIVE HEARING.

A large proportion of ear disease and also of children with defective hearing are treated at our daily treatment clinics held at Stockingford and Nuneaton. In the main the defect treated is "running ears."

Children suffering from this condition often require daily treatment and this is carried out under the supervision of the School Medical Officer by the School Nurses. We have had considerable success with the "dry treatment."

Suitable cases of discharging ears are selected for treatment by ionisation and it is often found that a combination of ionisation and other treatment brings about the desired results when dealing with this disease.

During the year 32 children were selected to have ionisation. From this treatment alone we obtained 75% of cures. The ionisation clinics are carried out by your school nurses who have had special training in this type of work.

The chronic running ear which is not amenable to the forms of treatment available through your School Medical Service is referred for hospital treatment.

The early treatment of discharging ears does much to do away with the necessity of operative procedure in order that these children may be cured.

It is a rarity nowadays to refer children to hospital.

Number of clinics held	...	...	...	42
Number of children treated	...	...	...	32
Total number of attendances	...	...	...	160

NOSE AND THROAT.

The defects of the nose and throat are responsible for the greatest amount of treatment required to be given to our children attending the various Centres.

Treatment of these conditions divides itself into two classes:—
1, Medical treatment; 2, Operative treatment.

It has been mentioned previously in the report that all the throat cases are kept under observation prior to treatment, and during the year 633 cases were medically treated at the morning treatment clinics. When this form of treatment fails it is found necessary, in certain instances, for the removal of the tonsils and adenoids, in order that the child may be restored to normal health. During the year 87 children were so operated upon. These operations are performed at a special clinic as required.

In April of the year under review Dr. Beauchamp resigned his position as Surgeon to this special tonsil and adenoid clinic. We were, however, extremely fortunate in being able to obtain the services of Mr. C. A. Raison, F.R.C.S. Eng., to carry out the operative work at this clinic.

He commenced duties in April and I must say I was delighted to welcome him on the staff of the Health Department.

All cases where operative procedure has taken place, are followed up in the homes and periodically examined after operations to see that the results are what we hoped for and I may mention that the results we have obtained have been extremely satisfactory.

REPORT OF SCHOOL DENTAL CLINIC.

Inspection of Schools throughout the year 1936 revealed the total number of 4,935 children requiring Dental Treatment, out of a total of 7,886 children examined; leaving 2,951 children with dentally efficient mouths. Out of 4,935 children requiring Dental Treatment 2,325 parents accepted treatment for their children and were orally perfected, making during the year, the total number of 5,540 attendances.

There were 346 half-days devoted to Dental Treatment during the year, and 20 half-days to inspections at Schools.

Fillings totalled 3,201 which naturally exceeds any number hitherto, but cannot be compared with previous years as they were only part-time.

Out of 4,054 extractions during the year, 3,486 were of deciduous teeth leaving 568 permanent extractions. This figure is considerably lower than any previous year, although part-time Clinics then prevailed.

It was found that many children had fractured one or more of their front teeth, particularly the upper central incisors, and in 5 cases where the tooth was fully formed, and the child in

question had reached the age of fourteen, crowns were successfully fitted, to the parents' satisfaction in each case.

Finally, 2 irregularities were regulated by roughly formed appliances which, it is hoped, will form a foundation for further, and more extensive Orthodontic Treatment in the future.

REPORT OF THE NUNEATON ORTHOPÆDIC CLINIC DURING THE YEAR 1936.

The Orthopædic Clinic continues to co-operate with the Warwickshire Orthopædic Hospital at Coleshill, which supplies the Massage and Remedial Exercise Staff. Owing to an increase in the number of cases on treatment an additional Masseuse has been sent over on one afternoon a week.

A review of the year's work reveals certain features, indicating that a slow change is taking place.

Firstly—The severity of all cases is decreasing, showing that defects are noticed at an earlier stage, and so prevention rather than cure becomes the basis of treatment.

Secondly—The number of cases of injury attending is increasing, a tendency noticed in orthopædic clinics throughout the country, the treatment of injury having now become the most important branch of orthopædic surgery.

Thanks are due to the School Nursing Staff for their kind help and co-operation in the work.

The following figures illustrate the work carried out during the year.

	School Children		Adults		Infant Welfare Children		Total
Tuberculosis ...	...	7	...	12	...	—	19
Spastic Paralysis ...	...	3	...	—	...	1	4
Infantile Paralysis ...	...	7	...	—	...	2	9
Rickets ...	...	11	...	—	...	20	31
Bone Injuries ...	...	24	...	16	...	—	40
Spinal Deformities ...	...	30	...	14	...	1	45
Flat Foot ...	...	42	...	—	...	15	57
Claw Foot ...	...	5	...	—	...	2	7
Club Foot ...	...	2	...	—	...	5	7
Other Conditions ...	...	20	...	1	...	11	32
No. of new cases ...	...	51	...	5	...	25	81
No. of cases carried on from previous year ...	...	105	...	15	...	50	170
No. of cases treated in Hospital ...	...	13	...	2	...	3	18
Instruments supplied ...	...	31	...	—	...	4	35
Clinics by M.O. ...	...	—	...	—	...	—	12
Attendances at same ...	...	378	...	18	...	140	536
Treatment Clinics ...	...	36	...	—	...	—	36
Total attendances ...	...	—	...	—	...	—	1529
No. of cases discharged ...	...	—	...	—	...	—	84

F. G. ALLAN,

ARTIFICIAL LIGHT TREATMENT CLINIC.

The above clinic was established in January, 1936. The Education Committee, in conjunction with the Maternity and Child Welfare Committee jointly purchased the necessary equipment.

This clinic is therefore a combined one, treating selected children of pre-school age as well as children of school age.

The equipment purchased was one " Sunic " Mercury Vapour lamp and one Infra and Radiant heat lamp.

The clinic was in the first instance held once a week but this was found inadequate and a second session was instituted. This clinic is now held twice weekly on Tuesday afternoon and Saturday morning.

All cases are selected by the Medical Officers at the school clinics and all doseages ordered by them. The two school nurses carry out the actual treatment under the supervision of the School Medical Officers.

To gain the full benefit of this type of treatment very great care must be exercised in the selection of cases, artificial sunlight treatment is not, as many people believe, the cure-all of all and every disease.

The following table shows the amount of work carried out at this Clinic, also the results obtained:—

Diseases	Total Cases Treated.	Number Discharged.	Average length of Treatment.	Average Dose in Minutes.		CONDITION ON DISCHARGE					Under Observation at end of year
				Minimum	Maximum	Cured	Much Improved	Improved	No Change	Course not Complete	
Alopecia	1	—	4 weeks	3	5	—	—	—	—	1	—
Anæmia	3	3	8	3	20	2	1	—	—	—	—
Bronchitis	2	1	6	3	20	—	—	—	1	1	—
Celiac Disease	1	1	26	3	20	—	1	—	—	—	1
Chilblains	24	23	4	5	10	20	3	—	—	1	—
Debility	78	74	12	3	20	27	33	14	—	4	7
Enuresis	2	2	8	3	20	1	1	—	—	—	—
Keritis	1	1	8	3	20	1	—	—	—	—	—
Peritonitis	1	1	4	3	20	—	—	—	1	—	—
Pink Disease	1	1	26	3	20	—	1	—	—	—	1
Rickets	4	1	26	3	20	—	1	—	—	3	—
Skin Disease	3	3	4	3	5	2	1	—	—	—	—
TB Glands	1	—	26	3	20	—	—	—	—	1	—
Totals	122	111				53	42	14	2	11	9

TUBERCULOSIS.

The tuberculosis in school children can be divided into two main groups:—

1. Pulmonary Tuberculosis.
2. Non-Pulmonary Tuberculosis.

Pulmonary Tuberculosis is not dealt with by the Education Authority.

All suspected cases, where seen at the School Medical Inspection and school clinics, are referred to the appropriate Authority, viz., Coventry and Warwickshire Joint Tuberculosis Committee who deal with these children at their local dispensary in Coton Road.

The Tuberculosis Officer and his assistants have always given us the greatest help and have dealt with all cases in a prompt and efficient manner.

Dr. Williams, the Chief Medical Officer of the Coventry and Warwickshire Joint Tuberculosis Committee, has kindly supplied me with the following details of school children attending the Coton Road Clinic.

On Dispensary treatment, 1st January, 1936	Put on Dispensary treatment during 1936	Total	
2	3	5	
Contacts examined—Children:			
Pulmonary	Non- Pulmonary	Not Tuberculous	Under observation 31st December, 1936
8	7	111	0
Age periods:—			
	0-5	5-10	10-15
	0	12	3

Stage of Disease (Children only):—

Pulmonary.				Non-Pulmonary				Doubtful	Not tuberculous	TOTAL
Tubercle bacilli not present	Tubercle bacilli present			Bones and Joints	Abdominal	Other Organs	Peri-pheral glands			
	Stage 1	Stage 2	Stage 3							
7	1	0	0	1	3	0	3	0	101	161
8				7						

Non-Pulmonary Tuberculosis is dealt with through the same Joint Tuberculosis Committee but they utilise the services of our Orthopædic Scheme to deal with these cases.

Details of the number of children so treated will be found under the paragraph dealing with the Orthopædic Centre.

INFECTIOUS DISEASE.

The notifiable infectious diseases which occur among school children are, strictly speaking, the responsibility of the Health Authority and not the School Medical Service. As you are aware in this town the School Medical Officer and the Medical Officer of Health are one and the same person. This makes for a far greater efficiency than if two different officers were dealing with infectious diseases amongst school children.

The general methods of dealing with actual cases, contacts, etc., have remained the same as in previous years. No school closures were made on the account of infectious disease during the year.

A sharp epidemic of Scarlet Fever occurred amongst the school children but it was general to the town and not confined to one school in particular.

Diphtheria showed an increase among school children during 1936 but a large proportion of notified cases were positive swab cases and showed no clinical signs of the disease.

During the last quarter of the year Whooping Cough and Mumps were very prevalent; the last two mentioned diseases naturally showing the greatest incidence in the Infant Departments of your schools.

I append below Table of notifiable diseases amongst school children.

Disease	Ages														Total
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Scarlet Fever	32	48	27	21	22	13	7	9	8	2	2	2	2	2	191
Diphtheria	3	10	6	8	6	9	2	8	5	4	2	2	2	2	63
Pneumonia	3	2	2	—	—	—	—	1	—	—	—	—	—	—	8
Erysipelas	1	—	—	—	—	—	—	—	—	—	—	1	—	—	2

PHYSICAL TRAINING.

This is included in regular curricula of the schools.

All schools possess playgrounds and playing fields. The various schools follow the Board of Education publication on Physical Training.

The Education Committee have no Physical Training Organiser on the staff at the present time. The Board of Education Circular No. 1445 on Physical Education was carefully considered by the Education Committee during the year and it was decided to appoint two part-time Physical Training Organisers (one male and one female) in conjunction with the Warwickshire County Council. This scheme has not yet materialised but it is hoped that in the near future the scheme will be in being.

The new school to be built in Higham Lane will have a Gymnasium attached; also a gymnasium will be included in the addition to the Manor Park School.

These gymnastics will be of great advantage to the physical training of the children in these schools but it is to be hoped that open-air training will not be curtailed on account of obtain-

ing a fully equipped gymnasium. Physical exercises taken in the open air have a much more beneficial effect, when weather conditions are suitable, than those taken indoors.

Swimming has been taught to your school children during the year, in the Municipal Baths.

During 1936 the following attendances were made at the baths during school hours:—

Boys ...	8,622
Girls ...	5,375
	13,997

During the Whitsuntide holidays of 1936 a start was made by Mr. Randle, Head Teacher of Stockingford Boys' School, to organise a school camp.

The Head Master and four Assistant Teachers took 16 boys away for one week under canvas. I understand this venture was a complete success and will be repeated this summer, with a larger number of boys.

It is to be hoped, from a health point of view, that this summer camping for the older school child will spread.

PROVISION OF MEALS.

No organised provision of meals is undertaken by the Education Committee.

The scheme for the supplying of milk to school children in school hours continues to be in operation.

The scheme has been reported upon in previous reports.

The supply of milk was of two grades; up to September 1936 Grade A milk being issued to 8 schools, the remaining 7 schools having Pasteurised milk.

All schools after September were supplied with Pasteurised milk with the exception of Galley Common School which was supplied with Grade A milk.

The highest number of children supplied with milk in any one month of the year was in October when 3,476 children were receiving milk at school. 3,021 of these children paid for the milk received, the remaining 455 being supplied free. The school children consumed 25,614 gallons of milk during the year, of which 10,889 was Grade A and 15,088 gallons Pasteurised. This is an increase of 614 gallons over the 1935 consumption.

CO-OPERATION—TEACHERS.

Each year in accordance with the suggestions made by the Board of Education the School Medical Officer is required to report on whether or not the School Medical Services are receiving the co-operation of head teachers and their staffs.

In this town it is always a pleasure to set on record the hearty co-operation which has always existed between the teaching profession and the School Medical Service.

To the heads of schools and to their staff, I would like to give my thanks for the help they have given to the members of my staff in the various spheres in which they have come in contact.

It is essential for the well-being of the child that teachers and the officers of the School Medical Service should act as one and I can say, without reservation, that this has been the case in 1936.

PARENTS.

The average modern parents are anxious for the health and well-being of their children and they are keen to learn the possible ways of preventing illness and how to keep them healthy.

I do not suggest that, in the past, parents were not so fond of their children as at the present time, but facilities were not available and people were not so anxious to learn the methods of prevention as they are to-day. A few years ago the learning of "how to keep fit" was not a popular subject and nowadays it is one that most people are anxious to learn.

I have found that there is an increasing amount of co-operation between parents and Public Health Services including School Medical Service, e.g., 90.1% of children examined as "Entrants" were attended by their parents. The number of parents attending with the children in the "Intermediate" and "Leavers" groups was not so high. These figures are 70.6% Intermediate and 34.8% Leavers.

One finds an increasing number of parents with their children at the treatment centres, in order to learn methods of treatment and prevention. We still find the isolated difficult parent and in the majority of these cases lack of co-operation is due to ignorance, and oftentimes the child suffers in later life through the lack of preventive measures being taken during the school career. This type of parent is, I am sure, practically negligible.

SCHOOL ATTENDANCE OFFICERS.

The fullest co-operation exists between the School Attendance Officers and the School Medical Services.

During the year they have given us much help and I can say that we, too, have played our part in helping them. It is most essential from the School Attendance Officer's point of view and the School Medical Service's point of view that the closest co-operation should exist.

VOLUNTARY BODIES.

The local branch of the National Society for the Prevention of Cruelty to Children has been most helpful during the year under review.

The local officer, Mr. Elliott, has always dealt promptly with cases referred to him and in such a manner, that I am certain,

he has given satisfaction to his own Society as well as to the School Medical Service.

As far as the School Medical Service goes the main type of cases reported are those who fail to obtain the necessary treatment for their child to be restored to health, parents whose children are continually in a verminous state and the generally neglected child.

The following is a report on the cases referred by the School Medical Service to the local officer of the National Society for the Prevention of Cruelty to Children.

		Number of cases		Number of school children		Number under school age		Number of visits
Neglect	...	28	...	56	...	23		
Neglect—medical		6	...	2	...	4	...	150
Advice sought	...	3	...	9	...	3	...	23
Other wrongs	...	1	...	1	...	—	...	1
		—		—		—		—
Totals	...	38	...	68	...	30	...	174
		—		—		—		—

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The arrangements for the ascertainment of the above type of child remains as in previous reports.

Blind, deaf and major epileptic children are sent to special schools by arrangements with outside Education Authorities and who maintain these special institutions.

Defective children who are educable within the meaning of the Education Act, have been dealt with either in special residential schools as above or in the ordinary elementary school.

The Education Committee in September of this year considered the question of providing a special class attached to the Queen's Road School. This class will deal with the higher grade defective and the dull and backward child. It is proposed to put up a special class room near to the playing field. This will enable open air education and open air physical training to be carried out to a greater degree than would be possible if the class room were attached to the present building.

The Nuneaton Occupational Centre continues to carry on its successful work amongst the defectives who are unable to be dealt with by the Local Education Authority.

I am indebted to Miss Irene Lawes for the following report on the working of the Centre during 1936.

1. OBJECTS. The Nuneaton Occupation Centre held at the Congregational Sunday School, Coton Road, Nuneaton, is maintained by the Mental Deficiency Acts Committee of the Warwickshire County Council for the benefit of mental defectives of

the town and district who do not require accommodation in certified institutions. The Centre is open from Mondays to Fridays inclusive, from 9 a.m. until 12 noon.

2. STAFF. The staff consists of the Supervisor, an Assistant who is engaged at the Centre four mornings weekly and a Guide who conducts pupils living in Stockingford area to and from their homes.

3. ATTENDANCE. Number of pupils on Register, 14; average attendance, 13. There have been three removals and three admissions during the year.

4. CURRICULUM. The curriculum consists of personal hygiene, rhythmic exercises and games, speech training, singing, domestic duties, clock reading, money values and counting, use of apparatus, paper and plasticine modelling. The handicrafts taught are leather work, basketry, chair and stool seating, knitting and sewing.

5. PROGRESS. It is pleasing to note that a number of small restless children now have more control and show interest in apparatus. Improvement is also noticeable in the speech of several children.

6. AMUSEMENTS. The pupils much enjoyed a drive and a tea party arranged during the summer. Visitors were invited to a concert given by the pupils previous to the closing of the Centre for the Christmas holidays. The concert was followed by a tea party at which Mrs. Fitzroy Newdigate kindly presented to the pupils the Christmas gifts provided by the Committee.

7. CONCLUSION. I should like to take this opportunity of expressing my thanks to all members of the Committee and local ladies and gentlemen for the interest taken by them in the work of the Centre during the year.

IRENE LAWES, Supervisor.

HEALTH EDUCATION.

In addition to the ordinary health education efforts, the Dental Board of the United Kingdom held demonstrations in each school in November of the year under review.

Their object of the demonstration was to stimulate the interest of the children in the care of their teeth, and to supplement the efforts of the School Dentists in ensuring that advantage is taken of the School Dental Service.

The Board are an official body carrying out this educational work under the powers granted to them by Act of Parliament, and they work in close co-operation with the Board of Education and the Ministry of Health.

The demonstrators visit the schools, and by means of models illustrating the structure, growth, and diseases of the teeth, explain to the elder children the necessity for looking after their teeth, and the means by which they may be preserved.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups.					
Entrants	...	...	...	...	590
Second Age Group	...	...	...	...	701
Third Age Group	...	...	...	...	792
Total					2,083
Number of other Routine Inspections					Nil
Grand Total					2,083

B.—Other Inspections.

Number of Special Inspections	...	4,779
Number of Re-Inspections	...	4,096
Total		8,875

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group	For defective vision (excluding squint)	For all other conditions recorded in Table II A	Total
Entrants	—	83	83
Second Age Group	69	138	207
Third Age Group	80	163	243
Total (Prescribed Groups)	149	384	533
Other Routine Inspections	—	—	—
Grand Total	149	384	533

TABLE II.
A.—Return of Defects Found by Medical Inspection in the Year ended 31st December, 1936.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		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.
Skin	Ringworm	...	...	...	0	0	2	0
	Scalp	...	...	...	0	0	14	0
	Body	...	...	...	0	0	14	0
	Scabies	...	...	...	3	0	7	0
	Impetigo	...	...	...	8	0	90	0
	Other Diseases (non tuberculous)	...	...	...	19	0	84	0
	TOTAL				30	0	197	0
Eye	Blepharitis	...	...	...	4	0	23	0
	Conjunctivitis	...	...	...	3	0	35	0
	Keratitis	...	...	...	0	0	0	0
	Corneal Opacities	...	...	...	1	0	0	0
	Other Conditions [excluding Defective Vision and Squint]	...	...	...	3	1	118	0
	TOTAL				11	1	176	0
	Defective Vision (excluding Squint)	...	...	...	149	0	108	0
Ear	Squint	...	...	...	29	0	1	0
	Defective Hearing	...	...	...	0	0	3	0
	Otitis Media	...	...	...	8	0	7	0
Nose & Throat	Other Ear Diseases	...	...	...	0	0	125	0
	Chronic Tonsilitis only	...	...	...	0	236	89	0
	Adenoids only	...	...	...	0	1	11	3
	Chronic Tonsilitis and Adenoids	...	...	...	21	190	63	32
Lungs	Other Conditions	...	...	...	0	0	393	0
	Enlarged Cervical Glands (non Tuberculous)	...	...	...	24	157	98	0
Heart and Circulation.	Defective Speech	...	...	...	0	17	0	2
	Heart Disease :							
	Organic	...	...	...	0	6	0	1
Lungs	Functional	...	...	...	0	0	1	3
	Anæmia	...	...	...	3	0	4	1
Lungs	Bronchitis	...	...	...	11	0	21	0
	Other Non-Tuberculous Diseases	...	...	...	5	0	45	0

TABLE 2.—Continued.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		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.
Tuber- culosis	Pulmonary :							
	Definite	...	...	...	0	0	2	0
	Suspected	...	...	...	0	0	0	0
	Non-Pulmonary :							
	Glands	...	...	...	1	0	0	0
	Bones and Joints	...	...	...	0	0	0	0
	Skin	...	...	...	0	0	0	0
Nervous System	Other Forms	...	...	...	1	0	0	0
	TOTAL				2	0	0	0
	Epilepsy	...	...	...	0	0	0	0
	Chorea	...	...	...	3	0	12	0
	Other Conditions	...	...	...	0	0	1	0
	Rickets	...	...	...	0	0	0	0
	Spinal Curvature	...	...	...	8	0	0	0
Deform- ities	Other Forms	...	...	...	4	0	18	1
	Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)				50	0	2590	2
Total number of defects					358	608	3965	45

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	590	27	4.5	555	94.06	8	1.3	0	0
Second Age-Group	701	49	6.9	643	91.7	9	1.2	0	0
Third Age-Group	792	175	22.09	599	75.6	18	2.2	0	0
Other Routine Inspections	0	0	0	0	0	0	0	0	0
TOTAL	2083	251	12.4	1797	86.2	35	1.6	0	0

TABLE 3.

RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

BLIND CHILDREN	At Certified Schools for the Blind ... 2
	At Public Elementary Schools —
	At other Institutions —
	At no School or Institution —
	Total 2
PARTIALLY SIGHTED CHILDREN	At Certified Schools for the Blind ... 1
	At Certified Schools for the Partially Sighted —
	At Public Elementary Schools 2
	At other Institutions —
	At no School or Institution —
	Total 3
DEAF CHILDREN	At Certified Schools for the Deaf ... 2
	At Public Elementary Schools 1
	At other Institutions —
	At no School or Institution —
	Total 3
PARTIALLY DEAF CHILDREN	At Certified Schools for the Deaf ... —
	At Certified Schools for the Partially Deaf —
	At Public Elementary Schools 1
	At other Institutions —
	At no School or Institution —
	Total 1
MENTALLY DEFEC- TIVE CHILDREN <i>Feeble-Minded Children.</i>	At Certified Schools for Mentally De- fective Children 1
	At Public Elementary Schools 40
	At other Institutions —
	At no School or Institution —
	Total 41
EPILEPTIC CHILDREN <i>Children suffering from severe Epilepsy</i>	At Certified Special Schools 1
	At Public Elementary Schools 2
	At other Institutions —
	At no School or Institution —
	Total 3

TABLE 3.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN 1.— <i>Children suffering from Pulmonary Tuberculosis</i>	At Certified Special Schools	7
	At Public Elementary Schools	9
	At other Institutions	—
	At no School or Institution	—
	Total	16
II.— <i>Children suffering from non-pulmonary Tuberculosis</i>	At Certified Special Schools	4
	At Public Elementary Schools	17
	At other Institutions	1
	At no School or Institution	—
	Total	22
B.—DELICATE CHILDREN	At Certified Special Schools	—
	At Public Elementary Schools	2
	At other Institutions	—
	At no School or Institution	—
	Total	2
C.—CRIPPLED CHILDREN	At Certified Special Schools	1
	At Public Elementary Schools	12
	At other Institutions	—
	At no School or Institution	—
	Total	13
D.—CHILDREN WITH HEART DISEASE	At Certified Special Schools	—
	At other Institutions	—
	At no School or Institution	—
	Total	—

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At no School or Institution.	Total.
M.D. and Epileptic	1	1
M.D. and Cripple	1	1
M.D. and Partially Blind	1	1

TABLE IV.
TREATMENT TABLES.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin:—			
Ringworm—Scalp			
(i.) X-Ray Treatment. If none, indicate by dash.	—	—	—
(ii.) Other Treatment.	2	—	2
Ringworm—Body	14	—	14
Scabies	10	—	10
Impetigo	98		98
Other skin disease	89	1	90
Minor Eye defects (external and other, but excluding cases falling in Group II).	184	—	184
Minor Ear defects	142	1	143
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	1884	41	1925
Total	2423	43	2466

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

	Number of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint). Operations for squint should be recorded separately in the body of the School Medical Officer's report).	797	—	797
Other defect or disease of the eyes (excluding those recorded in Group I).	3	—	3
Total	800	—	800
No. of Children for whom spectacles were			
(a) Prescribed.	297	—	297
(b) Obtained.	300	—	300

TABLE IV.—continued.

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

NUMBER OF DEFECTS													
Received Operative Treatment.										Received other forms of treatment	Total Number Treated		
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)			(3)	(4)
0	1	85	0	0	0	2	0	0	1	87	0	633	721

(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids.

(4) Other defects of nose and throat.

Group IV.—Orthopædic and Postural Defects

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
Number of children treated.	10	3	138	4	1	10	166

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.					
				Age No.	
				5...567	
				6...746	
				7...743	
				8...866	
(a) Routine age-groups	...	...		9...744	Total 7023
				10...733	
				11...809	
				12...746	
				13...747	
				14...322	
(b) Specials	...	...	...	...	863
(c) TOTAL (Routine and Specials)	...	...	...	...	7886
(2) Number found to require treatment	...	...	...	...	4935
(3) Number actually treated	...	...	...	...	2325
(4) Attendances made by children for treatment	...	...	...	...	5540
(5) Half-days devoted to:—					
Inspection	...	...	...	20	
Treatment	...	...	...	346	
			Total	...	366
(6) Fillings:—					
Permanent Teeth	...	...	...	1958	
Temporary Teeth	...	...	...	1243	
			Total	...	3201
(7) Extractions:—					
Permanent Teeth	...	...	...	568	
Temporary Teeth	...	...	...	3486	
			Total	...	4054
(8) Administrations of general anæsthetics for extractions	...	...	...	...	3290
(9) Other Operations:—					
Permanent Teeth	...	...	...	555	
Temporary Teeth	...	...	...	—	
			Total	...	555

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year					
by the School Nurses	...	...	...	...	9
Total number of examinations of children in the Schools					
by School Nurses	...	...	...	...	24871
Number of <i>individual</i> children found unclean	...	...	...	...	425
Number of <i>individual</i> children cleansed under Section 87					
(2) and (3) of the Education Act, 1921	...	...	...	...	—
Number of cases in which legal proceedings were taken:—					
(a) Under the Education Act, 1921	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	—



