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Scarborough Education Committee.



SCHOOL MEDICAL SERVICE.



Report and Statistics
for 1929.

STANLEY FOX LINTON T.D., M.D., M.Sc., D.P.H.,
School Medical Officer.

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.,
Assistant School Medical Officer.

SCARBOROUGH:
G. R. MARSHALL & SON, 14, ST. NICHOLAS STREET.
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Town Hall,

Scarborough,

March, 1930.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you the following Report by Dr. Roxburgh upon the School Medical Service during 1929. The work has proceeded on the usual lines, and there is no fresh development to record.

It is satisfactory to note that the X-ray treatment of ringworm has greatly reduced the periods of absence from school caused by this disease.

I am,

Your obedient Servant,

S. FOX LINTON,



*School Medical Officer and
Medical Officer of Health.*

To Dr. S. FOX-LINTON,

School Medical Officer.

I beg to submit to you the following Report on the Medical Inspection of School Children and the work of the School Clinic during 1929.

CO-ORDINATION.

(a) INFANT AND CHILD WELFARE.

This work is carried on at the premises of the School Clinic in King Street, where two Sessions are held weekly on Tuesday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday. The School Medical Inspector attends to see and advise mothers of infants and children not yet of school age.

The Centre at King Street is also used as a shop for the sale of food, etc., on these afternoons and on Saturday mornings. The Clinics have been well attended. The total number of attendances made was 7,534 as against 6,833 in 1928. The average number attending on these afternoons was 50 at King Street and 50 at Seamer Road.

Nurse Beeforth, the Health Visitor, has the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are:—

Mrs. Harland.	Miss E. Walker.
Mrs. H. Cooper.	Miss Tapper.
Mrs. Sturnberg.	Miss Hoole.
Miss N. E. McNab, A.R.R.C.	Miss Turnbull.

As in former years, Miss Augusta Tindall, with several other voluntary workers, has kindly supplied the Centre with cotton-wool jackets (from material provided), and these have been of great service in the treatment of marasmic and ailing babies.

(b) NURSERY SCHOOLS.

There is no Nursery School, but at present there is a Nursery Class in the Friarage School. The numbers for this Class were as follows:—

Total number on the Register: 87.
New admissions: 29 boys, 33 girls.
Transferred to other Schools: 16 boys, 21 girls.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

Most of these children come under the observation of the Health Visitor or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

CENTRAL SCHOOL.

SENIOR GIRLS.—A Head Teacher's and a Staff Room have been added to this school, including two staff water closets and lavatory basins.

Twelve new water closets of up-to-date design have replaced the old trough closets.

Hot and cold water is available for teachers and pupils.

The heating has been overhauled and added to.

JUNIORS.—Six new water closets have been installed for boys and twelve for girls. Two new staff water closets have been added.

This school has had installed a system of central heating in place of the old slow combustion stoves and open fires.

INFANTS.—The large hall of this school has been divided into three class rooms by movable and fixed screens.

The trough closets in this department require to be replaced and added to.

ST. PETER'S SCHOOL.

This school has been reconstructed and enlarged. Extra corridor and cloak room accommodation have been provided; three new class rooms, a staff room, and a room for practical training have been added.

GLADSTONE ROAD SCHOOL.

INFANTS AND JUNIOR GIRLS.—Eight new water closets have replaced old ones, and in the Junior Boys' Department four new water closets and one latrine have been installed.

No structural alterations have been made in the other schools, but the water closet accommodation in these schools will have to be seen to in the near future.

MEDICAL INSPECTION.

The Routine Medical Inspections are carried out in the Schools, and three age groups are examined. Special Entrants, new comers to the town, and special cases brought forward by the teachers or parents are also examined.

The numbers in each age group examined at Routine Medical Inspections in 1928 and 1929 are as follows:—

	1928.	1929.
Entrants	533	559
Special Entrants (new-comers to town) ...	73	82
Intermediates (age 8)	653	569
Leavers	355	360

In addition to these Routine Inspections, 395 children were medically examined as "specials." These children are seen in the schools, or are sent to the School Clinic by the teachers, parents or nurses, for some particular defect or illness; 242 of these children were subsequently re-examined.



Further special examinations during the year were as follows :—

For Graham Sea Training School	...	...	...	28
For Nautical Scholarships	...	...	...	31
Pupil Teachers as to fitness for Training College	...			—

The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

UNCLEANLINESS.

Sixteen children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body. This number is small and it is comparatively rare to find a child in the schools in a really unclean or verminous condition.

In Group V., it will be seen that, as a result of the nurse's school visits for detection of uncleanliness 526 children were found to be in this condition. The uncleanliness in the great majority of these cases was of a mild degree, as will be seen from the fact that only seventeen children were cleansed under the Authority's scheme.

When a child is found to be unclean, the parent is notified and advised as to what steps should be taken. If necessary, and if the parents consent, the cleansing is carried out at the School Clinic by the nurses.

There was no case of scabies detected.

MINOR AILMENTS.

A classification of the minor ailments treated is given in Table IV., at the end of the Report.

It will be seen that there were forty cases of ringworm of the scalp and body. This compares favourably with the preceeding year, although the number is still too high. In 1927 there were 78 cases, and in 1928, 57.

X-ray treatment is now available for ringworm of the scalp. Ten children received this treatment and the absence from school averaged 8-9 weeks. The longest period of absence was 14 weeks, and the shortest 3 weeks. This is a great improvement on the old method where children were generally off school for many months.

Ringworm of the body is not such a serious complaint and does not entail long absence from school.

IMPETIGO.

This is one of the most common of skin diseases, and 255 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general, as well as local treatment. The disease is fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

TONSILS AND ADENOIDS.

Group III., Table IV., shows that a total of 121 children received treatment for defects of the nose and throat. Seven parents refused treatment, the treatment in these cases being operation.

It will be seen from the Table that of this number 33 were referred for operation under the Authority's Scheme. Fifty-seven were done at the instance of private practitioners or local Hospital.

In many of these children mouth breathing has become a habit and special breathing exercises are required, even after operation.

The mother is instructed how to carry this out at home, but in many cases this is unsatisfactory.

TUBERCULOSIS.

When any case of suspected, or definite tuberculosis is detected, the child is excluded from school and referred to the Tuberculosis Medical Officer. Cases classified as pre-tubercular are kept under observation at the School Clinic, but all treatment is carried out at the Tuberculosis Clinic, or in the case of surgical tuberculosis, at the local Hospital.

Table III. shows the number of children with non-infectious tuberculosis who were attending schools for some part of the year. Four boys and three girls were admitted to the tuberculosis block of the local Sanatorium during the year for the treatment of early phthisis.

SKIN DISEASES.

Reference has already been made to ringworm and impetigo which constitute the bulk of the skin diseases treated at the Clinic. Ultra Violet Rays for the treatment of skin diseases being available at the local Hospital, suitable cases are referred there.

EXTERNAL EAR DISEASE—DEFECTS OF VISION.

Group I., Table IV., shows that 75 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styes. These conditions are often associated with general debility, and general, as well as local treatment is required.

Group II., Table IV., shows that 148 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by the parents or teachers. In 11 cases the parents refused treatment. Eight children were examined as to the suitability of present spectacles, no change was made. Six children were treated apart from the Authority's Scheme. Of the remaining 123 children, spectacles were prescribed for 84. In 39 children the defect was very slight and these were put on the observation list.

Of the 84 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

Hypermetropia	...	...	...	...	23
Hypermetropic astigmatism	...	...	...	...	32
Myopia	...	...	...	...	18
Myopic astigmatism	...	...	...	...	11

Spectacles are not provided by the Local Education Authority, but by the parents. In cases of poverty the Scarborough Amicable Society may provide them or help to bear the cost. During the year this Society spent £6-13-6. The money is refunded in small weekly payments by the parents where possible.

One girl is on the waiting list at the local Hospital for operation for squint.

EAR DISEASE AND HEARING.

Seventy-nine children received treatment at the Clinic for ear conditions. In recent cases of discharging ears the treatment given appears to answer well, but long-standing cases do not clear up quickly and may persist indefinitely. These latter cases are usually sent on to see a Surgeon at the local Hospital.

The treatment of deafness has resolved itself into the treatment of the associated ear conditions and the removal of adenoids.

DENTAL DEFECTS.

As a result of Medical Inspection and special Inspections, 47 children were referred to the Dental Clinic for treatment. These were children suffering from carious teeth to such an extent as to demand immediate attention.

Mr. D. Bewes Atkinson, the Dental Surgeon, has kindly written the following report on his work among the school children:—

“DENTAL REPORT”

“There is an increase in the number of acceptances for dental treatment, some of the increase is due to the last year's refusals having had persistent toothache and thus being converted to acceptance.”

“The number of teeth extracted has increased, but the number for permanent teeth is lower, which is a gratifying result to the conservative treatment.”

“I find during the School Inspections the majority of the parents have no interest in the temporary dentition, and fail to realise its effect on the erupting permanent dentition.”

“Fully half the children omit the regular cleaning of their teeth, and many fail to clean them at all, and freely own to it on being questioned, whilst their mothers do not encourage oral hygiene in their children. 70 % of the other operations are scalings.”

“The habitual feeding of children at bed-time with biscuits is another factor contributing to rampant dental disease (caries due to the food stagnation over night.)”

“In addition to these causes during the child's school life, in many cases dental disease has started before school age, and this is due to a poor dental condition of the expectant mother, bringing in its train faulty nutrition during pregnancy, and the use of artificial foods for the baby, these forming a poor and faulty dental foundation.”

D. BEWES ATKINSON,

School Dental Surgeon.

CRIPPLING DEFECTS.

The last Group of Table III. shows the number of these defects, and this number includes cases of Valvular Disease of the Heart. Apart from these, cases of Rickets, Infantile Paralysis and Congenital Defects are included. Severe crippling due to Rickets is not often seen in the schools, and the work of the Infant Clinic in the past may be partly responsible for this. At the present time a fair number of children under the age of five are receiving treatment at the Hospital and Infant Clinic for commencing Rickets, and in this way these children will be prevented from developing rickety deformities.

No recent cases of Infantile Paralysis have been detected in the schools; most deformities due to this disease have persisted for some time.

The treatment of these cases is carried out by private practitioners or at the Hospital. In cases where massage was necessary, it was not always possible to obtain this, as many of the parents were in necessitous circumstances. In such cases massage was provided by the Council of Social Welfare, the parents paying what they could towards the cost.

When institutional treatment is required, the children are admitted to the Orthopædic Hospital, Kirbymoorside. Eight boys and two girls, were admitted during the year; eight boys and one girl were discharged and are still under observation.

A weekly Clinic is held at the local Hospital. Dr. Crockatt, the Orthopædic Surgeon, attends once a month, and a Massage Sister every week to supervise remedial exercises. Twenty-six boys and seventeen girls were in attendance at the Clinic during the year.

INFECTIOUS DISEASES.

All cases of Notifiable Infectious Diseases are dealt with in the first instance by the Health Department, from whence arrangements are made for the exclusion from school of cases and contacts.

Non-Notifiable Infectious Diseases are reported on a special form by the Head Teachers as soon as the cause of the child's absence from school is known. The case is then visited by one of the School Nurses, and, if verified, the notification is passed on to the Health Department.

There was a mild epidemic of Measles in the early part of 1929.

No school was closed during the year on account of infectious disease.

The Table given herewith shows the prevalence of common infectious diseases amongst school children.

For purposes of comparison, figures are given for the last three years:—

Year.	Scarlet Fever.			Enteric Fever.			Diphtheria.			Small-pox.			Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Deaths.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
1927	12	12	—	—	—	—	20	15	2	7	3	—	9	3	—	10	14	60	58	261	218
1928	27	24	—	—	—	—	14	19	—	10	22	—	29	22	—	10	5	49	55	3	1
1929	47	42	—	—	—	—	7	7	—	—	—	—	232	206	1	30	11	119	97	4	3

FOLLOWING UP.

Is chiefly required for the treatment of defects found in schools when the parents have not been present. The School Nurse visits the home to advise the mother and to ensure that the child's health will not be prejudiced through lack of seeking suitable advice and treatment. Children are often sent, or brought voluntarily, to the Clinic, and in nearly all the cases attending the parents are anxious that treatment be continued as long as necessary.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools:—

Visits the result of Medical Inspection in the Schools.	No. of Visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made.
Uncleanliness	17	Scarlet Fever... ..	5
Defects of nose and throat	16	Measles	321
Defects of vision	33	Whooping Cough	40
External eye disease ... ..	...	Chicken-pox	125
External ear disease ... ..	...	Mumps	6
Nervous diseases	2	Scabies ... ..	...
Heart disease ... ..	...	Ringworm	7
Tuberculosis	2	Impetigo	4
Other causes	62	Diphtheria	3
		Other causes	95
	132		606

In addition:—

The number of visits paid by the Nurses to the Schools (not including visits for detection of uncleanliness)	415
Visits for detection of uncleanliness	60
Visits to children's homes in connection with the Work of the Dental Clinic	1135
	<hr/> 1,610 <hr/>

MEDICAL TREATMENT.

This has already been referred to under the various headings. Treatment at the School Clinic is mostly confined to minor ailments. Cases of more serious disease or defect are transferred to the local Hospital or to a private practitioner.

THE SCHOOL CLINIC.

The premises in King Street are in use as in former years.

The attendances at the general clinic include the 395 children shown as "specials" in Table Ib, and the re-examinations shown in the same Table.

The number of cases actually treated by the school nurses under the supervision of the Medical Officer, and the number of attendances made, are as follows:—

1929.	No. of Children.	RESULT.		No. of attendances made.
		Recovered.	Still attending.	
Impetigo	255	251	4	1522
Ringworm... ..	37	33	4	383
Scabies ... ..	...	...	...	...
Ear Disease	79	78	1	320
Eye Disease	75	74	1	246
Uncleanliness	17	17	...	57
Abscesses, Boils, &c.	83	82	1	307
Eczema and Seborrhœa	50	50	...	156
Minor Ailments	627	626	1	2494
Total	1223	...	...	5485

No fixed charge is made for medical or dental treatment at the clinic, but the mothers voluntarily contribute what they can. The annual sum received is small, but has greatly increased during the year as will be seen from the figures given below. This increase is most marked in sums received for dental treatment and is due to the installation of gas and oxygen apparatus in 1926. This improvement is greatly valued by the parents.

	1926.	1927.	1928.	1929.
	£ s d	£ s d	£ s d	£ s d
Sums received for General Clinic	4 0 0	5 16 9	4 18 8	3 10 0
Sums received for Dental Clinic	2 17 6	10 12 5	22 12 3	30 1 11
	<u>£6 17 6</u>	<u>£16 9 2</u>	<u>£27 10 11</u>	<u>£33 11 11</u>

EXCLUSION FROM SCHOOL ON MEDICAL GROUNDS.

Thirteen children were excluded from school at the Routine Medical Inspection. Of these, two were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 159 were excluded, thirty of these being on account of infectious or contagious disease.

OPEN-AIR EDUCATION, PHYSICAL TRAINING, GAMES, SWIMMING CLASSES.

There is no Open-air School in Scarborough, nor is it so essential as in the large and industrial towns.

Physical training in the schools is conducted by the teachers, who follow the syllabus published by the Board of Education. There is no special teacher for this branch.

PLAYING FIELDS.

No addition has been made during 1929, but as stated in the 1928 Report we now have a playing field on the Castle Hill available for school children from the East Ward area. In addition, a large field on the Northstead Estate is rented by the Education Committee for the use of children attending the Central and Gladstone Road Schools.

Swimming Classes for the children are held at the Aquarium Baths.

Games.—Apart from outdoor games, (football and cricket), organised games are conducted in the schools as part of physical training. Basket ball was introduced into four schools during 1928.

PROVISION OF MEALS.

In former years the Amicable Society has provided free meals in necessitous cases, but this has not been continued during the last three years.

CO-OPERATION.

Parents of children being examined at the Routine Medical Inspections are notified of the date and time of such inspection, and are invited to be present. When parents are not present, they are notified if any defect be found. The School Nurse visits the home and explains the conditions to the mother, who may be asked to bring the child to the School Clinic for further examination or for treatment. In the majority of cases the response is satisfactory, and the parents appreciate the work done at the Clinic on behalf of the health of the children.

In a great many cases the mothers voluntarily send or bring the children to the Clinic for some defect which they themselves have noticed.

The following Table gives the percentages of parents present at Routine Medical Inspections in 1927, 1928, and 1929:—

Age Group.				1927.	1928.	1929.
Entrants	...	...	...	74.77	76.73	73.88
Special Entrants (over 7)				31.94	41.09	37.80
Intermediates	...	...	...	54.58	52.22	60.63
Leavers	...	...	...	12.34	11.54	13.88

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

The co-operation of Head Teachers has been most helpful in carrying out the work of Medical Inspections and treatment of defects. Their knowledge of the children has been of much value, and through them many defects are brought to notice. Also in many cases the teachers advise the parents to take their children to the Clinic for examination or for treatment.

The teachers are informed of defects found in cases where supervision at school is necessary, as in cases of children with Heart Disease.

The co-operation of the School Attendance Officer is of great value to the Medical Service. Whilst investigating cases of absence from school, he refers cases of illness to the School Medical Service, if satisfactory medical attention is not already being obtained.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, from his Report for 1929, has favoured me with the following particulars:—

“There were 76 cases inquired into, affecting the welfare of 169 children (94 boys, 75 girls), involving 104 offenders or persons advised (52 males, 52 females). Ten cases were due to drink, involving 10 males, 4 females. Eleven of the children were illegitimate, two nurse children, two adopted.

“The classification of the cases was as follows:—

“Neglect and Starvation	...	...	...	...	36
“Ill-treatment and assault	...	...	...	...	13
“Exposure for begging	...	...	...	...	1
“Exposure	...	...	...	...	2
“Abandoned	...	...	...	...	1
“Immoral surroundings	...	...	...	...	7
“Advice sought	...	...	...	...	6
“Other wrongs	...	...	...	...	10
Total	...	...	...	...	76

“The cases were dealt with as follows:—

“Warned by the Inspector with satisfactory results...	68
“Advised	6
“Otherwise dealt with	1
“Prosecuted	1
Total	76

“490 supervisory visits were made by me to the homes of these families for the purpose of ascertaining improvement or otherwise. In the majority of the cases there was improvement.

“In one case a father was sentenced to two months’ imprisonment, and the mother to one month, for neglecting and ill-treating their child, and the custody given to the Guardians.”

Inspector Hollins concluded with an appreciation of the help afforded him by the School Medical Service.

The work of the Council of Social Welfare has already been referred to in the treatment of crippled children.

This Society also provides milk and cod liver oil in cases of malnutrition and debility, on the recommendation of the School Medical Inspector.

In addition to the help already mentioned, the Scarborough Amicable Society spent £121 1s. 8d. on clothing and boots for school children during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC.

Table III. deals with this class of defective. Children coming under this heading, and not in attendance at any Elementary School, are brought to notice by the School Attendance Officer or the School Nurses when visiting the homes.

Information may also be obtained from the Scarborough Workhouse Infirmary, and from the various voluntary workers. In this way most of these cases are brought to light.

No fresh case of blindness or deafness was brought to light during the year. One case, a feeble-minded girl, was notified to the Local Authority during the year.

Forty-nine children classified as "Feeble-minded" are attending the ordinary Elementary Schools, and are capable of deriving benefit from such instruction. In the near future a special class will be instituted to deal with these children.

Twenty-six children were found to be "incapable of benefitting by instruction in an ordinary Elementary School," and for these a Special Class for dull and backward children is provided by the Education Committee under a specially trained and most efficient teacher. As this Class has increased in number, an assistant teacher was supplied in 1928.

On leaving this Class, the names of children are sent to the Council of Social Welfare, and this Council, working in conjunction with the Yorkshire Association of Mental Welfare, takes over the visiting and after-care of such children.

NURSERY CLASS.

The work of the Medical Service in connection with this Class has already been referred to. This consists of the Medical Inspection of all children on admission. Defects found are treated in the same way as those at the Elementary Schools. On being transferred to other Schools, these children are again medically examined. Where defects are noted by the teacher, the children are sent on to the School Clinic in the ordinary way.

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the Report of that Authority.

CONTINUATION CLASSES.

At present no arrangement exists for medical inspection in connection with these classes.

EMPLOYMENT OF CHILDREN.

Under the Bye-laws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for the work. These children are sent on for medical examination by the Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barber's shops, public slaughter-houses, etc., are prohibited.

During the year 101 boys were examined, 99 were passed as "fit," and two certificates were refused. Fifteen girls were also examined for work, and were passed as "fit."

There is no arrangement for the re-examination of all these children, but in doubtful cases certificates are given for a limited period, and at the end of that time a further examination is made and a fresh certificate given. Where a second examination has been necessary it has not been found that the health of the children had suffered from such employment. In no case was a second certificate refused.

CONDITION AS TO VACCINATION OF CHILDREN IN THE SCHOOLS.

A record is kept at medical inspections of children bearing marks of successful vaccination. The percentages are shown in the following Table. The figures for 1928 are given for comparison:—

Groups Inspected.	Sexes.	Percentage bearing marks of successful vaccination, 1928.	Percentage bearing marks of successful vaccination, 1929.
Entrants	Boys	25·00	28·30
	Girls	29·57	26·87
Intermediate	Boys	43·76	36·38
	Girls	42·90	33·21
Leavers	Boys	45·25	52·94
	Girls	56·25	50·52
Special Entrants (new-comers to the town) ...	Boys	55·26	44·44
	Girls	60·00	43·24

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ANNE M. ROXBURGH,

*Assistant School Medical Officer and
Assistant Medical Officer of Health.*



SCARBOROUGH EDUCATION AUTHORITY, 1929.

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS (*see note a*).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections

(*see note b*).

Entrants	...	...	...	...	...	...	...	559
Intermediates	...	...	...	...	...	...	...	569
Leavers	..	...	...	...	...	...	...	360
Total								1488

Number of other Routine Inspections	...	..	...	...	...	...	...	82
(<i>see note c</i>).								

B.—OTHER INSPECTIONS.

Number of Special Inspections	395
(<i>see note d</i>).								

Number of Re-Inspections	242
(<i>see note e</i>).								

Total	637
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NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out;—

- (i) in compliance with Article 7 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;
- (ii) on the school premises (or at a place specially sanctioned by the Board under Article 44 (h) of the Code);
- (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three code age-groups, *eg.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I., and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the heading of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If however at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1929.

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.
(1)	(2)	(3)	(4)	(5)				
	Malnutrition	15	..	7	..			
	Uncleanliness: (See Table IV., Group V.)	12	..	4	..			
Skin	Ringworm:							
	Scalp .. .. .	..	..	10	..			
	Body	4	..	8	..			
	Scabies .. .. .	..	..	..	..
	Impetigo	13	..	11	..			
Eye	Other Diseases (Non-Tuberculous) ..	..	..	26	..			
	Blepharitis	1	..	6	..			
	Conjunctivitis	1	..	1	..			
	Keratitis	2	..	..	..
	Corneal Opacities .. .. .	..	..	1	..			
Ear	Defective Vision (excluding Squint) ..	66	44	21	7			
	Squint	11	1	2	..			
	Other Conditions .. .. .	..	..	5	..			
	Defective Hearing	3	..	6	..			
	Otitis Media	5	..	15	..			
Nose and Throat	Other Ear Diseases	2	..	13	..			
	Enlarged Tonsils only	20	64	6	2			
	Adenoids only	5	6	4	4			
	Enlarged Tonsils and Adenoids ..	11	8	8	2			
	Other Conditions	2	1	9	..			
	Enlarged Cervical Glands (Non-Tuberculous) ..	1	..	9	..			
	Defective Speech	5	..	1	1			
	Teeth—Dental Diseases (see note a)	39	..	8	..			
	(See Table IV., Group IV.)							
Heart and Circulation.	Heart Disease:							
	Organic	2	3	2	..			
	Functional .. .. .	..	9	4	..			
Lungs	Anæmia	6	..	6	..			
	Bronchitis	8	..	3	..			
	Other Non-Tuberculous Diseases ..	10	7	17	2			
Tuberculosis	Pulmonary:							
	Definite .. .. .	..	..	..	..
	Suspected	4	..	7	..			
	Non-Pulmonary							
	Glands	2	..	3	..			
	Spine .. .. .	..	..	..	..
	Hip .. .. .	..	..	..	..
Nervous System	Other Bones and Joints .. .. .	..	..	..	..
	Skin .. .. .	..	..	..	..
	Other Forms .. .. .	..	..	..	..
Deformities	Epilepsy .. .. .	..	..	..	..
	Chorea .. .. .	..	..	5	..			
	Other Conditions	4	3	9	..			
Other Defects and Diseases	Rickets	4	1	2	..			
	Spinal Curvature .. .. .	..	..	..	..
	Other Forms	7	..	5	..			
	Other Defects and Diseases	25	27	97	33			

TABLE II.—*continued.*

B.—Number of *individual children* (see note b) found at *Routine Medical Inspection to Require Treatment* (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (see note d.)
	Inspected. (see note c.)	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :—			
Entrants	559	95	16.99
Intermediates	569	122	21.44
Leavers	360	66	18.33
Total Code Groups	1488	283	19.01
Other Routine Inspections	82	7	8.53

NOTES ON TABLE II.

(a) The figures to be included in this space should refer to the findings of the *Medical Officer* and not those resulting from dental inspection in the schools by the *School Dentist*. The findings of the *School Dentist* should be recorded in Table IV., Group IV.

(b) No individual child should be counted more than once in this part of Table II., i.e., under B, even if it is found to be suffering from more than one defect.

(c) The figures in this column will of course be the same as those given in Table I. A.

(d) The figures in this column will be the percentage of the figure in column (3) of that in column (2).

TABLE III.

Return of all Exceptional Children in the Area (*see note a*).

			Boys.	Girls.	Total.
Blind (including partially blind) (<i>see note b</i>).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	...	2	2
		Attending Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At other Institutions ...	1	...	1
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools (<i>see note c</i>) ...	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Deaf (including deaf and dumb and partially deaf) (<i>see note d</i>).	(i) Suitable for Training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	2	1	3
		Attending Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
Mentally Defective	Feeble minded (cases not notifiable to the Local Control Authority.) (<i>See note e</i>).	Attending Special Class ...	15	11	26
		Attending Public Elementary Schools (<i>see note c</i>) ...	31	18	49
		At other Institutions ...	2	...	2
		At no School or Institution ...	2	5	7
	Notified to the Local Control Authority during the year.	Feeble-minded ...	...	1	1
		Imbeciles ...	...	...	...
		Idiots ...	...	...	...
	
Epileptics	Suffering from severe epilepsy. (<i>see note f</i>).	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools ...	...	...	...
		Attending Public Elementary Schools (<i>see note c</i>) ...	...	...	...
		At no School or Institution ...	1	...	1
	Suffering from epilepsy which is not severe. (<i>See note g</i>).	Attending Public Elementary Schools (<i>see note c</i>) ...	9	3	12
		At no School or Institution ...	...	...	...

TABLE III.—*continued.*

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis (See note h).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis. (See note h).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	5	11
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools... ..	...	...	...
		At Public Elementary Schools (see note c)	12	4	16
		At other Institutions ... ..	...	...	...
		At no School or Institution	2	1	3
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc.) (See note h).	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools... ..	...	...	...
		At Public Elementary Schools (see note c)	70	45	115
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Active non-pulmonary tuberculosis. (See note h).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	2	...	2
		At Public Elementary Schools (see note c)	4	1	5
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease. (See note h).	At Certified Hospital Schools	6	2	8
		At Certified Residential Cripple Schools... ..	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools (see note c)	62	52	114
		At other Institutions ... ..	...	1	1
		At no School or Institution	2	1	3

NOTES ON TABLE III.

(a) This Table is a return of all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe), have been ascertained to be blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area but who come from other areas, should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this return the Board require that children who are blind within the meaning of the Act should be divided into two categories, *i.e.*, (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, should not be included in this Table.

(c) It should be understood that none of the children in this Table (except children suffering from epilepsy which is not severe) should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some defective children than to allow them to attend the ordinary school. No space is left for the entry of children with infectious pulmonary tuberculosis attending public elementary schools as these children should of course be promptly excluded from such schools.

(d) Children who are deaf within the meaning of the Act should be classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf, *i.e.*, those who can appropriately be taught in a school or class for the partially deaf.

(e) This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and who are not eligible for notification to the Local Control Authority under the Mental Deficiency Act.

(f) In this part of the Table only those children should be included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table should be entered the remainder of the epileptic children in the area, *i.e.*, children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) The exact classification of physically defective is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings, taking care that *no child is entered under more than one sub-heading.*

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1929.
(See note a).

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (see note b). (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp	10	3	13
Ringworm-Body	27	...	27
Scabies ... ..	...	...	...
Impetigo	255	...	255
Other skin disease	50	...	50
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.)	75	...	75
<i>Minor Ear Defects</i> (See note c).	79	...	79
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	710	...	710
Total	1206	...	1209

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (see note b). (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Other-wise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	123	6	...	129
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	...	...	...	...
Total	123	6	...	129

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme, 84. (b) Otherwise, 6.

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme, 81. (b) Otherwise, 6.

39 children were put on the observation list. In addition to above, 8 children were examined as to suitability of present spectacles. No change was made. In 11 cases parents refused treatment.

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 (<i>see note b</i>).	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
33	57	90	31	121

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

Routine Age Groups	5—307	Total 4062
	6—450	
	7—491	
	8—562	
	9—555	
	10—410	
	11—347	
	12—285	
	13—375	
	14—280	

Specials (*see note d*) 501

Grand Total 4563

(b) Found to require treatment, 2437.

(c) Actually treated, 2671.

(d) Re-treated during the year as the result of periodical examination, 90.

(*see note e*)

(2) Half-days devoted to:—

Inspection	33	} Total 232
Treatment	199	

(3) Attendances made by children for treatment 2723

(4) Fillings:—

Permanent teeth	600	} Total 797
Temporary teeth	197	

(5) Extractions:—

Permanent teeth	1091	} Total 4080
Temporary teeth	2989	

(6) Administrations of general anaesthetics for extractions 1281

(7) Other operations:—

Permanent teeth	45	} Total 45
Temporary teeth	Nil	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (*See note f*).

(i) Average number of visits per school made during the year by School Nurses, 7.50.

(ii) Total number of examinations of children in the Schools by School Nurses, 10439.

(iii) Number of individual children found unclean, 526.

(iv) Number of children cleansed under arrangements made by the Local Education Authority, 17.

(v) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921	} Nil.
(b) Under School Attendance Bye-laws	

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, i.e., whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority, and sanctioned by the Board of Education under Sections 16 and 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here but in the body of the School Medical Officer's Annual Report.

(d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(e) It should be understood that all the cases entered under this head are also entered under head c.

(f) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

N.B.—Group I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect, (*e.g.*, for orthopaedic treatment) or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.



