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SCHOOL MEDICAL SERVICE  
**REPORT and  
STATISTICS**  
for 1937

STANLEY FOX LINTON,

T.D., M.D., M.Sc., D.P.H.,  
School Medical Officer.

ELIZABETH R. JAMIESON,

M.B., CH.B., D.P.H.,  
Assistant School Medical Officer

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Town Hall,

Scarborough,

30th March, 1938.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

In presenting to you the Annual Report for 1937 on the School Medical Service, I want to draw attention to a remark made by the School Dental Surgeon in his report. He says: "The full co-operation of children and parents would render the dental scheme even more effective." This is apropos of the fact that last year there was an increase in the number of those who either refused treatment or could not make up their minds, or failed to keep an appointment which they had made.

The treatment here referred to is conservative treatment, that is to say, the preservation of the teeth by timely filling of those which have begun to decay.

This is, of course, the main purpose of a dental service, and I wish to impress its importance upon all concerned. Bad teeth cause chronic poisoning and malnutrition, and pave the way for diseases such as tuberculosis and cancer in later life. Let parents and children realise this, and they will be readier to avail themselves of the treatment provided for their benefit.

The milk in schools scheme maintains its good figures. In February of the present year (1938), the average number of children taking milk daily in school was 3,178 out of 4,670 on the register. This number included 471 children receiving free milk.

At the end of September, to the regret of all her colleagues, Miss Chambers retired on superannuation after having worked for eighteen years in the School Medical and Maternity and Child Welfare Clinics. Her place was filled by the appointment of Miss S. F. Scott as Health Visitor and School Nurse combined.

I am,

Your obedient servant,

S. FOX LINTON,

School Medical Officer and  
Medical Officer of Health.



# REPORT

*on the Medical Inspection of School Children and the work  
of the School Clinic during 1937.*

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## STAFF:

School Medical Officer: Stanley Fox Linton, T.D., M.D., M.Sc., D.P.H.

Assistant School Medical Officer: Elizabeth R. Jamieson,  
M.B., Ch.B., D.P.H.

School Dental Officer: D. Bewes Atkinson, L.D.S., R.C.S. Eng.

School Nurses: R. E. Parker, S.R.N.; M. K. Jones, S.R.N.

Part Time Assistant School Nurse: A. Chambers, Member of V.A.D.

## 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 Monday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday afternoon. 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 10,805 as against 10,926 in 1936. The average number attending on these afternoons was 83.63 at King Street and 49.43 at Seamer Road.

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

Mrs. Harland.	Mrs. Smith.
Mrs. Sternberg.	Mrs. Cammish.
Mrs. Brewer.	Miss Walker.
Mrs. Robson.	Miss Richardson.
Mrs. Belt.	Miss Hill.
Mrs. Thompson.	Miss Turnbull.
Mrs. Poole.	Miss Robson.
Mrs. Carnell.	

### (b) Care of Debilitated Children under School Age.

Most of these children come under the observation of the Health Visitors 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.

In addition to the improvements recorded in previous reports, the following improvements and alterations have been made:—

## CENTRAL SENIOR GIRLS' SCHOOL—

- (1) Electric oven installed in Domestic Science Room.

## CENTRAL JUNIOR MIXED SCHOOL—

- (1) Ventilation—3 large windows and 2 small windows converted to swivel type.  
 (2) Partial conversion of Room into a Sewing Room.  
 (3) Partial conversion of Room into a Craft Room.  
 (4) A small disused cloakroom converted into a store room for physical training apparatus and craft material.  
 (5) Installation of three electric bells for Fire Alarm and one messenger bell for Head Master's convenience.

## FALSGRAVE SENIOR GIRLS' SCHOOL—

- (1) Addition to heating apparatus in Science Laboratory.  
 (2) Lowering of electric lights in classrooms.

## ST. PETER'S R.C. SCHOOL.

- (1) A cooking stove in the classroom used for the children to dine in.

## HINDERWELL JUNIOR MIXED AND INFANTS' SCHOOL.

- (1) Thirteen additional heating tubes (electricity) fixed in hall, also two in the Handwork Room together with four independent switches.  
 (2) Two pairs Storm (swing) doors at the Western end of the Junior Department.

## MEDICAL INSPECTION.

The age groups examined are the same as in previous years.

The numbers in each group examined at Routine Medical Inspections in 1936 and 1937 are as follows:—

	1936	1937
Entrants .....	453	638
Special Entrants (new-comers to town)	205	166
Intermediates (aged 8) .....	535	510
Leavers .....	465	406

In addition to these routine inspections, 1,098 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; 1,200 re-inspections of these children were subsequently made.

Further special examinations during the year were as follows:—

For Graham Sea Training School ..... 26

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.

### MALNUTRITION.

The figures for Malnutrition show a slight improvement on the previous year.

In a total of 1,720 children, 248 (14.41 per cent.) were found to be slightly sub-normal, while 4 (0.23 per cent.) were bad. Evidence of malnutrition was at its highest in the second age group, where 13.52 per cent. of the children were sub-normal, and 0.78 per cent. were bad. While inadequate or unsuitable dieting plays a part in many of these cases, this is not the sole factor, as many of these children come from good homes.

Apart from actual disease or gastro-intestinal defect it is regrettably true, especially among the juniors, that insufficient hours of sleep may be the deciding factor in keeping these children's nutrition sub-normal—a fact that is difficult to impress upon some parents. Daily milk has done much to improve the nutrition in school children. Necessitous cases are supplied free.

During the year 1936 an income scale was introduced by the Education Committee in connection with the supply of free milk, and a number of children who were found to be ineligible had their names removed from the list. Unfortunately in many cases these children subsequently ceased to get milk, their parents refusing to buy it. As children are recommended for free milk for medical and not purely financial reasons, this can only be regarded as a very regrettable attitude on their parents' part.

Children having free milk are re-examined each term.

### UNCLEANLINESS.

Owing to the prolonged absence through illness of one of the Nurses who did this work, the number of children examined was not so high as it might have been.

There were 98 children at the Routine Medical Inspections and Special Inspections found to be in an unclean condition of the head or body.

The standard of cleanliness demanded is very high, and any child showing even one or two nits in the head, although from definite knowledge of the child this condition is known to be temporary, is recorded as a case of uncleanliness.

A larger proportion of cases is always detected during the School Nurses' visits, as apart from the Routine Medical Inspection.

Table VI. shows the number of these cases. In a total of 623 only 20 children were cleansed under the Authority's schemes, which indicates that the majority of the cases were of a mild degree.

There were 14 cases of scabies during the year.

### MINOR AILMENTS AND DISEASES OF THE SKIN.

Arrangement for Treatment of Minor Ailments has been altered since the opening of the Northstead School. Clinics are held on Monday, Wednesday and Friday mornings at King Street, on Tuesday mornings at Hinderwell, and Wednesday afternoons at Northstead.

During the year there were 3 cases of ringworm of the body and 3 cases of ringworm of the scalp. The former are easily cured and do not necessitate long absence from school, while for the latter we have an efficient method of treatment in X-rays.

### IMPETIGO.

This is one of the most common of skin diseases, and 180 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.

### VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

Group I., Table IV., shows that 65 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 199 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 parents or teachers. In 12 cases the parents refused treatment. Sixty-five children were examined as to the suitability of present spectacles; no change was made in 34 of these. Six were treated apart from the Authority's scheme. Of the remaining 116 children, spectacles were prescribed for 90. In 26 children the defect was very slight, and these were put on the observation list.

Of the 90 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

Hypermetropia .....	17
Hypermetropic Astigmatism .....	37
Myopia .....	15
Myopic Astigmatism .....	11
Mixed Astigmatism .....	10

Spectacles are not provided by the Local Education Authority, but by the parents, except in cases of poverty, when the spectacles are provided by the Scarborough Amicable Society and the cost recovered from the Local Education Authority at the end of the year. During the year the Society has spent £9/8/0. The money is refunded in small weekly payments by the parents where possible. A very high proportion of the parents obtain their children's spectacles in this way.

The forms sent to parents allocating appointments have been modified so that they may sign them, giving consent. In this way it is hoped to lessen the number of broken appointments.

An extra Eye Clinic was held on Wednesday afternoons during 1937.

During the year 36 school children were treated at the local Hospital by Dr. Ellison, Ophthalmic Surgeon. Six had errors of refraction, and 16 were cases of strabismus. Of these 3 had operations. Other conditions treated were:—

Conjunctivitis .....	2
Meibomian Cyst .....	2
Corneal Ulcer .....	1
Keratitis .....	1
Diseases of Lids .....	3
Congenital Cataract .....	1
Sebaceous Cyst .....	(1)
Wound of Globe .....	(1)
Stenosis of tear duct .....	1
Contracted Socket .....	(1)

Numbers in brackets refer to In-patients.

Table III. shows that there are three children suitable for training in a class for the partially blind. These children are kept under observation and the work at school modified to suit each.

One girl is at present in a certified school for the blind.

In addition to the above, 480 children, aged 11 years, were examined, and of this number 70, or 14 per cent., were found to have defective vision. Thirty-four had already received treatment. In 46 cases the defect was slight and these were put on the observation list.

#### NOSE AND THROAT DEFECTS.

Table IV., Group III., deals with these defects.

A total of 103 children received treatment for defects of nose and throat. Nine parents refused treatment, the treatment in each case being operation.

In addition, 129 children were put under observation for lesser degrees of affection of their tonsils and adenoids.

#### EAR DISEASE AND DEFECTIVE HEARING.

Sixty children received treatment at the Clinic for ear conditions. The more serious cases were sent on to see a surgeon at the local Hospital, and 10 children were treated there during the year.

#### DENTAL DEFECTS.

As a result of medical inspection and special inspections, 11 children were referred to the Dental Clinic for treatment. These children were 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.

“During the year there was an increase in the percentage of those who either refused treatment or came to ‘no definite decision.’ The problem of these latter groups, together with that of children who fail to keep appointments, has for long exercised the clinic.

The 'fail to attend' cases not only involve extra clerical work and following up, but what is equally serious, disorganise clinic arrangements and hold up treatment of more deserving cases.

"The full co-operation of children and parents would render the Dental Scheme even more effective. The matter was considered by the Board of Education who state deliberate defaulters should be debarred from the Dental Scheme.

"Most children have an initial and not unnatural fear of the Dentist, one which is to be overcome only by rendering dental operations as painless as possible. With this object in mind anaesthesia is used for all extractions, deep fillings and painful dressings. Although such a procedure increases the time devoted to treatments, the results justify the time expenditure, as the operations can be more thoroughly performed than by rush methods, and, equally important, the patient's confidence is gained and his dental-phobia lost as a result of pain reduction.

"During the year, a Demonstrator from the Dental Board of the United Kingdom addressed the senior children, and a travelling exhibit was shown. This visit increased the number of acceptances for conservative treatment."

#### ORTHOPÆDIC AND POSTURAL DEFECTS.

Institutional treatment required for these defects is obtained at the Orthopædic Hospital, Kirbymoorside, and during the year 3 children were admitted. Apart from providing treatment, this Institution also provides educational facilities. A massage sister attached to the Orthopædic hospital visits Scarborough one day a week to supervise remedial exercises. Previously she came one afternoon a week, but the work of this department has increased and now she gives a full day every Friday. Fifty-six children attended this class during the year. They are encouraged to continue the exercises at home.

Dr. Crockatt, the orthopædic surgeon, holds a Clinic once a month, and sees all new cases and keeps all others under supervision. The School Nurse attends these latter Clinics and is able to explain special circumstances to Dr. Crockatt, and also to inform the School Medical Officer of the treatment to be carried out. Ninety-six children were in attendance during the year.

Posture of school children continues to be a matter of concern in spite of the recent alteration in Physical Training, and the increased facilities for open-air exercise. One feels that often the home and the school could co-operate better. It is useless for a school master to try and instill the essence of a good posture into a tired child who has neither the physical nor the mental energy to enjoy his session of physical training as most children do. The lethargic child with sagging abdomen and stooping shoulders is unfortunately only too commonly seen. If parents would only realise how easy a good posture is to maintain when the habit is begun early, and how much better the child looks and is, much more could be done. The child breathes more easily and more freely, and is less liable to respiratory diseases, his appetite is better, he is less liable to constipation, and his whole mental make-up is more alert. Many factors are concerned with good

posture, quite apart from physical training, including adequate sleep and food, good habits, suitable footwear, and the avoidance of obstruction to breathing, e.g. chronic adenoids or persistent nasal catarrh. Without the co-operation of the parents the posture of school children cannot improve. The teacher instructs the child for only a small part of the day: it is for the parent to encourage the child to continue the teacher's precepts out of school.

#### HEART DISEASE AND RHEUMATISM.

Table III., Section D., shows that one child was discovered suffering from heart disease so severe as to be unable to attend school.

One girl was excluded from the ordinary school, and is now attending a special school.

Three girls and 2 boys were excluded from physical training on account of valvular disease. Three girls have commenced light exercises, while 2 boys and 1 girl are doing full physical training. Other children with rheumatic lesions or previous history of rheumatism are kept under observation at the Special Clinic on Friday mornings.

#### TUBERCULOSIS.

A number of children attended the tuberculosis dispensary as contacts or for observation or because they were of the pre-tubercular type. During the summer, 13 children resided at the Open Air Ward at the local Sanatorium. This Ward is for the open air treatment of non-infectious tuberculosis or pre-tubercular children.

A course of remedial exercises was carried out by the Sister, under the direction of the Visiting Sister from Kirbymoorside Orthopaedic Hospital.

#### FOLLOWING UP.

Arrangements made for this part of the work were given in the 1932 report and remain the same.

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 Inspections in the Schools.	No. of visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made.
Uncleanliness ... ..	23	Scarlet Fever ... ..	8
Defects of nose and throat ...	30	Measles ... ..	162
Defects of vision ... ..	10	Whooping Cough ... ..	17
External eye disease ... ..	0	Chicken-pox ... ..	97
External ear disease ... ..	2	Mumps ... ..	2
Nervous diseases ... ..	3	Scabies ... ..	4
Heart disease ... ..	4	Ringworm ... ..	2
Tuberculosis ... ..	1	Impetigo ... ..	4
Other Causes ... ..	47	Diphtheria ... ..	1
		Other Causes ... ..	34
	120		331

The number of visits paid by Nurses to the Schools (not including visits for the detection of uncleanliness) .....	285
Visits for detection of uncleanliness .....	85
	Total ... 370

### ARRANGEMENTS FOR TREATMENT.

Treatment at the School Clinic is confined to minor ailments. Cases of more serious disease or defect are transferred to a private practitioner or to the local Hospital.

The premises at King Street are used on Monday, Wednesday and Friday mornings, and a Clinic is held weekly on Tuesday morning at Hinderwell School, and on Wednesday afternoon at Northstead School on account of the distance of these schools from King Street Clinic.

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:—

1937.	No. of Children.	RESULT.		No. of attendances made.
		Recovered.	Still Attending.	
Impetigo .. .. .	180	180	0	786
Ringworm .. .. .	6	5	1	18
Scabies ... .. .	14	14	0	72
Ear Disease ... .. .	60	52	8	266
Eye Disease ... .. .	65	64	1	232
Uncleanliness ... .. .	20	17	3	73
Abscesses, Boils, &c. ... .. .	94	94	0	323
Eczema and Seborrhœa ... .. .	74	74	0	449
Minor Ailments ... .. .	452	429	23	1362
Total ...	965			3581

### INFECTIOUS DISEASES.

Existing arrangements for the detection and the prevention of the spread of infectious diseases are the same as those reported in 1932. No school was closed during the year on account of infectious disease.

Twenty-six children were excluded from School at the routine medical inspection. Of these, 5 were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 222 were excluded, 23 of these being on account of infectious or contagious 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.			Smallpox.		
	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths
1935	17	14	—	1	—	—	11	14	1	—	—	—
1936	20	30	—	—	—	—	9	5	—	—	—	—
1937	19	39	—	—	—	—	9	7	—	—	—	—

Year	Whooping Cough.			Chicken Pox.		Mumps.			
	Boys	Girls	Deaths	Boys	Girls	Boys	Girls		
1935	3	9	—	18	31	16	11	42	49
1936	353	379	—	22	21	29	31	11	12
1937	120	129	—	13	23	53	61	1	3

#### OPEN AIR EDUCATION AND PHYSICAL TRAINING.

There is no open-air school in Scarborough. A special course of instruction was given to teachers during 1934 on the more modern methods of physical training.

#### PROVISION OF MEALS.

No free meals are provided.

The response to the scheme for supplying school children with milk has been good during 1937. In a school population of 4,671, the number of children having milk daily is 3,326. During the year, 428 children were supplied with free milk.

We are again indebted to Mrs. Ellis, Miss Knowles, Miss Wake, Miss Glauert and the pupils of the Scarborough Girls' High School for their kindness in providing us with clothing for needy school children.

#### CO-OPERATION OF PARENTS, SCHOOL ATTENDANCE OFFICER, AND VOLUNTARY BODIES.

Parents are invited to be present at the Routine Medical Inspection, and the response to this is satisfactory. The following table gives the percentage of the parents present.

Age Group.	1937.
Entrants .....	85.74 per cent.
Special Entrants (over 7) .....	44.57 per cent.
Intermediates .....	60.98 per cent.
Leavers .....	23.15 per cent.



The co-operation of the head teachers has been most valuable in carrying out the work of medical inspection, detection and treatment of defects, and in advice given to the parents. The teachers are informed of defects found in cases where supervision at school is necessary.

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 uncleanliness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, whose report is given below, has been of great help to the School Medical Service during the year. As will be seen from his report, a visit or advice from the Inspector is generally followed by satisfactory results.

"There were 62 cases enquired into in Scarborough alone, affecting the welfare of 158 children (84 boys and 74 girls), involving 85 offenders or persons advised (43 males and 42 females). Five of the cases were due to drink, involving 5 offenders (4 males and 1 female). Six of the children were illegitimate (4 boys and 2 girls). One hundred and fifty-seven of the children were related to the offenders or persons advised. The one not related was at nurse.

Classification of cases:—

Neglect and Starvation .....	23
Ill-treatment .....	17
Advice Sought .....	15
Other Wrongs .....	7
	—
	62
	—

The above were dealt with as follows:—

Warned by Officer .....	47
Advised and helped .....	15

The Council of Social Welfare has provided cod liver oil and Maltoline in cases of malnutrition on the recommendation of the School Medical Officer. This Society also provides voluntary help for the running of the Orthopædic Clinic.

In addition to the help already mentioned, the Scarborough Amicable Society spent £125/7/11 on clothing and boots during the year.

**BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Table III. deals with this class of child, and these children are brought to the notice of the School Medical Officer by Health Visitors, School Nurses or the Attendance Officer visiting the homes. The Public Assistance Committee also reports cases under its care. Children with these defects who are able to attend school are notified by the teachers or are found during the Routine Medical Inspection. In this way, most of the cases are brought to light.

Nineteen children are in attendance at the Special Class in Seamer Road. These children are "incapable by reason of mental defect 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 special schools for the mentally defective children."

In addition to the above, three children, who have been notified to the local Authority under the Mental Deficiency Act, were in attendance at the "Special Class": two were notified during 1937.

No arrangements exist for co-operation with any branch of the Central Association of Mental Welfare.

Apart from this class, the Authority has no "Special" School.

No arrangements are made for the higher education of blind, deaf, defective and epileptic students.

There is no provision for dull and backward children, although it is desirable that some such special class should be available for juniors.

#### DEAF CHILDREN.

Two deaf children are at present at a Special School.

#### SPEECH DEFECTS.

A special class is now being held for the treatment of speech defects twice weekly, to which suitable children are referred by the School Medical Officer. These children are presented by the teacher or parent either at School Inspection or at the Clinic in King Street.

Total number of cases admitted .....	73
Total number of cases cured .....	30
STAMMERS .....	15
Number cured .....	7
Left school at 14 much improved .....	1
On trial for discharge .....	1
LALLERS .....	25
Number cured .....	15
On trial for discharge .....	1
LISPERS .....	14
Number cured .....	5
On trial for discharge .....	1
CLEFT PALATE (Special School—improving) ...	1
MOUTH BREATHERS .....	6
(These are included in lispers and lallers as they suffer from some other defect as well)	
NASAL SPEAKERS .....	3
Number cured .....	3
Total number of girls .....	13
Total number of boys .....	60

#### NURSERY CLASS.

There is one Nursery Class in connection with the Friarage Elementary School. The numbers for this Class are as follows:—

Total number on Register .....	79
New Admissions .....	31 boys, 29 girls.
Transferred to other schools .....	11 boys, 15 girls.

In connection with this class, arrangements have been made for a full Medical Inspection every term, and for "Follow-up" Inspections at monthly intervals. There is also a monthly inspection for the detection of uncleanness.

The children in this class are supplied with cod liver oil and malt twice daily during the winter months and milk (for which the parents pay) every morning.

Number of Routine Inspections .....	6
" Follow-up " Inspections .....	5
Total number of examinations .....	117
Required treatment .....	12
Observation .....	12

A dental inspection is held annually, but arrangements are available for children to have emergency treatment.

#### 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.

#### PARENTS' PAYMENTS.

No fixed charge is made for medical or dental treatment at the Clinic, but the mothers voluntarily contribute what they can. The amounts received for 1937 were as follows:—

	£	s.	d.
Sums received for General Clinic .....	2	0	7
Sums received for Dental Clinic .....	15	8	10
			<hr/>
Total ...	£17	9	5
			<hr/>

#### HEALTH EDUCATION.

Leaflets regarding immunisation against diphtheria are distributed to all entrants, and parents are advised about it individually at Medical Inspection. The response to this source, which consists of three injections, which are practically painless, and a schick test after a further interval, continues to be disappointing. The laissez-faire attitude is only too common, for it is noticeable after a " scare " in a district that the acceptance rate there rises, although it has been explained that the immunity takes time to develop and is not for emergency use.

#### SPECIAL INQUIRIES.

CONDITION OF 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 1936 are given for comparison.

Groups Inspected.	Sexes.	Percentage bearing marks of successful vaccination, 1936.	Percentage bearing marks of successful vaccination, 1937.
Entrants...	Boys	19·81	14·74
	Girls	17·29	13·75
Intermediates ...	Boys	21·42	14·49
	Girls	23·23	23·23
Leavers ...	Boys	23·50	25·41
	Girls	29·43	22·22
Special Entrants (new comers to the town) ...	Boys	41·66	36·14
	Girls	60·82	31·46

### MISCELLANEOUS.

**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 work. These children are sent on for medical examination by an Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughter-houses, etc., are prohibited.

During the year, 147 boys were examined, and without exception were passed as fit; one of these was subsequently re-examined. Twenty-three girls were also examined for work, and with one exception were passed as fit; two of these were subsequently re-examined.

In doubtful cases certificates are issued for short periods. A request was made towards the end of 1936 by Head Teachers, who were disquieted by the effects of such employment on their pupils, for re-examination each term. It was suggested that such children should be referred at once to the School Medical Officer as special cases, either at school inspection or at the Friday morning Clinic.

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.

ELIZABETH R. JAMIESON,

Assistant School Medical Officer and  
Assistant Medical Officer of Health.

No. of ...	...	...	...
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...

...



...

...

...

...

...

Scarborough Education Authority, 1937.

**MEDICAL INSPECTION RETURNS.**

Year ended 31st December, 1937.

**TABLE I.**

**MEDICAL INSPECTIONS OF CHILDREN  
ATTENDING PUBLIC ELEMENTARY SCHOOLS**

(see note a).

**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the Prescribed Groups  
(see note b).

Entrants ... ..	638
Second Age Group ... ..	510
Third Age Group ... ..	406
Total ... ..	1554
Number of other Routine Inspections ... .. (see note c).	166
Grand Total ... ..	1720

**B.—OTHER INSPECTION.**

Number of Special Inspections ... .. (see note d).	1098
Number of Re-Inspections ... .. (see note e).	1200
Total ... ..	2298

**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**).

**Note.**—No individual child should be counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and **once only** in Column 4. Similarly a child suffering from two defects other than defective vision should appear once only in Column 3 and once in Column 4.

Group.	For defective vision (excluding squint).	For all other con- ditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants .....	2	116	118
Second Age Group .....	38	100	138
Third Age Group .....	47	69	116
Total (Prescribed Groups) ...	87	285	372
Other Routine Inspections ...	11	18	29
Grand Total .....	98	303	401

## 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 17 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);
  - (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 prescribed age-groups, e.g., *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 head 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, 1937.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.		
	No. of Defects.		No. of Defects.		
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
Skin	(1) Ringworm—Scalp ...	..	..	3	..
	(2) " Body ...	..	..	1	..
	(3) Scabies .....	1	..	14	..
	(4) Impetigo .....	5	..	34	..
	(5) Other Diseases (Non-Tuberculous)	21	2	49	4
	TOTAL (Heads 1 to 5)	27	2	101	4
Eye	(6) Blepharitis .....	5	..	4	..
	(7) Conjunctivitis .....	3	..	17	..
	(8) Keratitis .....	..	..	..	..
	(9) Corneal Opacities ...	..	1	1	..
	(10) Other Conditions (excluding Defective Vision and Squint) .....	2	3	4	..
	TOTAL (Heads 6 to 10)	10	4	26	..
Ear	(11) Defective Vision (excluding Squint)	92	79	16	3
	(12) Squint .....	19	20	3	..
	(13) Defective Hearing	3	6	3	3
	(14) Otitis Media .....	9	6	14	..
	(15) Other Ear Diseases	8	3	17	1
Nose and Throat	(16) Chronic Tonsillitis only .....	23	63	15	17
	(17) Adenoids only .....	2	18	6	5
	(18) Chronic Tonsillitis and Adenoids ...	32	21	12	5
	(19) Other Conditions ...	42	3	31	5
(20) Enlarged Cervical Glands (Non-Tuberculous) ...	5	3	11	7	
(21) Defective Speech .....	9	29	20	12	
Heart and Circulation	Heart Disease:				
	(22) Organic .....	4	6	1	3
	(23) Functional .....	1	37	..	10
(24) Anaemia .....	20	..	28	..	
Lungs	(25) Bronchitis .....	20	6	8	2
	(26) Other Non-Tuberculous Diseases	10	14	18	14



TABLE II.—continued.

DEFECT OR DISEASE.  (1)	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.
	(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary:—			
	(27) Definite .....	...	...	...
	(28) Suspected .....	...	4	3
	Non-Pulmonary:—			
	(29) Glands .....	...	1	1
	(30) Bones and Joints .....	...	...	...
(31) Skin .....	...	...	...	
(32) Other Forms .....	...	...	1	...
TOTAL (Heads 29 to 32)	...	1	1	1
Nervous System.	(33) Epilepsy .....	...	2	3
	(34) Chorea .....	...	1	1
	(35) Other Conditions ..	1	12	3
Defor- mities	(36) Rickets .....	...	1	1
	(37) Spinal Curvature .....	...	1	...
	(38) Other Forms .....	26	9	10
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) .....	32	47	127	53
Total number of defects ...	401	398	471	161

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

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	638	280	43·88	302	47·33	56	8·77	...	...
Second Age-group .....	510	137	26·86	300	58·82	69	13·52	4	0·78
Third Age-group .....	406	123	30·29	214	52·70	69	17·00	...	...
Other Routine Inspections	166	44	26·50	68	40·96	54	32·53	...	...
Total ...	1720	584	33·95	884	51·39	248	14·41	4	0·23

## TABLE III.

### Return of all Exceptional Children in the Area.

**PLEASE  
READ  
CAREFULLY.**

The returns on this Form can be of value only if they are made as closely as possible in accordance with the directions printed at the head of each category. Particular attention is called to the directions in the categories of Physically Defective Children.

The returns should be in respect of all exceptional children in the area of an Authority, and should not be confined only to those for whom suitable accommodation is available.

It is assumed that every Authority will have a complete list of all exceptional children in their own area compiled from returns made continuously during the year and kept constantly up to date.

For the purpose of this Table no child should be included who has not been examined by the School Medical Officer, by a medical member of the Authority's Staff, or by the Tuberculosis Officer.

In order to secure uniformity, Authorities are requested to make up this Table from their list of exceptional children as it stands on the last day of each calendar year.

Children sent by the Authority to day or residential schools outside the area should be included in this Table; children who are living in residential schools in the area, or attend day schools in the area, but who come from other areas, should not be included.

No child should be entered under more than one heading in this Form.

#### BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	...	...	...	1

#### PARTIALLY SIGHTED CHILDREN.

Enter in this Section only children 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 for the partially sighted.

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.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	3	...	...	3

TABLE III.—continued.

**DEAF CHILDREN.**

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	...	...	...	2

**PARTIALLY DEAF CHILDREN.**

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	...	...	...	...

**MENTALLY DEFECTIVE CHILDREN.**

**FEEBLE-MINDED CHILDREN.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect 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 Special Schools for mentally defective children.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools. Special Class	At other Institutions.	At no School or Institution.	Total.
...	19	...	2	21

**EPILEPTIC CHILDREN.**

**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

**TABLE III.—continued.**

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.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	...	...	...

**PHYSICALLY DEFECTIVE CHILDREN.**

**A. TUBERCULOUS CHILDREN.**

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act., 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

**I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.**

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
...	...	...	...	...

**II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.**

(This category should include tuberculosis of all sites other than those shown in I. above.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
...	...	...	...	...

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

TABLE III.—continued.

**B. DELICATE CHILDREN.**

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	22	...	...	22

**C. CRIPPLED CHILDREN.**

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	13	...	2	17

**D. CHILDREN WITH HEART DISEASE.**

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	...	...	...	1

TABLE III.—continued.

**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Information is only required in respect of children suffering from any combination of the following types of defect:—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C above).
- Heart Disease.

The clinical condition causing the defect need not be specified; it will, for example, be sufficient to enter in Column 1,

- Blind and Feeble-minded.
- Deaf, Crippled and Heart.

Should there be no children suffering from Multiple Defects, please enter "Nil."

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools. Special Class.	At other Institutions.	At no School or Institution.	Total.
M.D. & Crippling	...	3	...	...	3

**TABLE IV.**  
**TREATMENT TABLE.**

(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) The heading "Under the Authority's Scheme" 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 Section 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) The tables 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 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. (Form 8 b.M.).

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

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—			
(i) X-Ray Treatment. If none, indicate by dash ... ..	2	...	2
(ii) Other " ... ..	1	...	1
Ringworm—Body ... ..	3	...	3
Scabies ... ..	14	...	14
Impetigo ... ..	180	...	180
Other skin disease ... ..	74	...	74
<i>Minor Eye Defects—</i>			
(External and other, but excluding cases falling in Group II.).	65	...	65
<i>Minor Ear Defects—</i>			
(Treatment for more serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.	60	...	60
<i>Miscellaneous</i> ... ..	546	...	546
(e.g., minor injuries, bruises, sores, chilblanes, etc.)			
Total ... ..	945	...	945

TABLE IV.—continued.

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

Disease or Defect.	No. of Defects dealt with.		
	Under the Authority's Scheme (see note b).	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	193	6	199
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	20	32	52
Total ... ..	213	38	251
No. of Children for whom spectacles were			
(a) Prescribed ... ..	90	6	96
(b) Obtained ... ..	85	6	92

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Under the Authority's Scheme, in Clinic or Hospital (see note b).				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total				Received other forms of Treatment	Total number treated.
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
5	2	12	...	.	.	53	...	5	2	65	...	31	103

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.  
(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Postural defects which received non-residential treatment otherwise than at an orthopaedic clinic should not be recorded in this Table.

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

Number of Children treated.	Under the Authority's Scheme (see note b)			Otherwise.			Total number treated (see note above)
	(1)			(2)			
	Residential treatment with Education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
	3	...	96	...	...	...	99



TABLE IV.—continued.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

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 routine age-group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

\* Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE ...	5	6	7	8	9	10	11	12	13	14	TOTAL
Number	287	267	303	354	370	372	451	453	411	281	3549

(b) Specials (see note above) .....	71
(c) TOTAL (Routine and Specials) .....	3620
(2) Number found to require treatment .....	2111
(3) Number actually treated .....	1768
(4) Attendances made by children for treatment .....	2597
(5) Half-days devoted to:—	(7) Extractions:—
Inspection ... .. 34	Permanent Teeth ... 696
Treatment ... .. 185	Temporary Teeth ... 2016
Total ... 219	Total ... 2712
(6) Fillings (see note above):—	(8) Administrations of general anaesthetics for extractions ... 1140
Permanent Teeth ... 680	(9) Other Operations:—
Temporary Teeth ... 71	Permanent Teeth ... 175
Total ... 751	Temporary Teeth ... 30
	Total ... 305

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITION.

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.

All cases of uncleanliness, however slight, should be recorded.

The Return should relate to individual children and not to instances of uncleanliness.

- (i) Average number of visits per school made during the year by School Nurses, 8.5.
- (ii) Total number of examinations of children in the School by School Nurses, 12,793.
- (iii) Number of individual children found unclean (see note above), 623.
- (iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921, 20.
- (v) Number of cases in which legal proceedings were taken:—
  - (a) Under the Education Act, 1921
  - (b) Under School Attendance Bye-laws
 } Nil.









