

**[Report 1936] / School Medical Officer of Health, Salop / Shropshire
County Council.**

Contributors

Shropshire (England). County Council.

Publication/Creation

1936

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ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

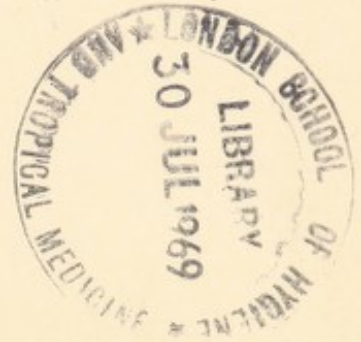
TO

The Education Committee


OF THE

SALOP COUNTY COUNCIL

1936.



WILLIAM TAYLOR, M.D., D.P.H.



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School Medical Officer :

WILLIAM TAYLOR, M.D., D.P.H.

Deputy School Medical Officer :

BERNARD A. ASTLEY WESTON, M.B., Ch.B., D.P.H.

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.S.A.

MABEL BLAKE, M.B., Ch.B.

LESLIE WILSON EVANS, M.B., Ch.B., D.P.H. (part-time).

ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H.

WILLIAM AINSLIE, L.R.C.S., L.R.C.P., D.P.H.

School Dental Officers :

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training :

MRS. K. W. DAVEY, Diploma of the College of Physical Education.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1936, which is mainly of a routine nature, but special reference may be made to the Milk in Schools Scheme of the Milk Marketing Board.

Under this Scheme, milk, which the Board of Education requires to have been approved by the Medical Officer of Health, may be supplied to school children on school premises at a halfpenny per third of a pint, and it is a matter for regret that no real progress has been made with this scheme during the year. Although this milk is available in more than fifty per cent. of the schools in the County, less than fifty per cent. of the children attending these schools take it.

The most disconcerting feature is, however, that there is a large number of schools in which no milk supply is available, and there is also a tendency for producers to discontinue to cater for schools which so far have been able to obtain a supply. The position would appear to be that the payment received is not considered commensurate with the cost and trouble of distribution, especially in rural districts ; and one is forced to the conclusion that, unless the Milk Marketing Board can see its way to add to the remuneration of the producer, the Milk in Schools Scheme will gradually break down in some districts and is unlikely in others ever to come into operation.

I am, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

*County Medical Officer and
School Medical Officer.*

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

20th May, 1937.

**AREA COVERED BY THE SALOP EDUCATION AUTHORITY, NUMBER OF SCHOOLS,
DEPARTMENTS, AND CHILDREN ON REGISTER.**

The area covered by the Salop Education Authority now comprises 853,665 acres, and on April 1st, 1934, when the revision of county districts under the Salop Review Order was effected, had an estimated population of 206,775. With the exception of the area represented by the Borough of Shrewsbury, which is an independent Authority for Elementary Education, it is co-extensive with the administrative county.

At the end of the year there were 313 departments, comprised in 271 schools, and there were on 31st December, 1936, 26,922 children on the register, a decrease of 826 during the twelve months.

STAFF.

The staff consists of the Deputy School Medical Officer, five Assistant Medical Officers, one of whom holds the position of District Medical Officer of Health within the County, and three whole-time Dental Officers. Seven-tenths of the time of the Medical Officers is devoted to the work of School Medical Inspection, the remainder being given to other branches of the health services.

In addition to the Medical Officers and Dental Officers above mentioned, the staff during the year consisted of :—

- 3 Dental Helpers.
- 1 Organiser of Physical Training.
- 2 Whole-time School Nurses.
- 10 Health Visitors undertaking school nursing.
- 84 District Nurses undertaking school nursing.
- 2 Nurses working independently.

The apportionment of the children amongst the nurses is as follows :—

Whole-time School Nurses (2)	4,590
Whole-time Health Visitors (10)	5,901
District Nurses acting as School Nurses (84)	14,896
Health Visitors and District Nurses jointly (5)	89
Nurses working independently (2)	1,937
	*27,413

* No. on Register at end of June, 1936 was used in the compilation of these figures.

CO-ORDINATION.

The areas for which the School Medical Inspectors are responsible are, as far as possible, made the same as those for which they act in their capacity as Medical Officers under the Maternity and Child Welfare Scheme. The children whom they see at the Welfare Centres under the Maternity and Child Welfare Scheme are thus the children whom, later, they examine in the schools, and sometimes treat for minor ailments in the school clinics, which are also held in the Child Welfare Centres. In addition, the Orthopaedic Clinics, at which fifty per cent. of the attendances are made by school children, are held, with three exceptions, in the same building and on the same day as the Child Welfare Centres. As the co-operation between the Assistant School Medical Officers and the Orthopaedic Surgeons who attend these clinics is very close, a further linking up of the health services is thus secured ; and, in addition, a child attending any of these clinics can be referred for examination to the Tuberculosis Medical Officers.

HYGIENIC CONDITION OF THE SCHOOLS.

In a rural county, such as Shropshire, it is quite impossible to attain anything like uniformity of standard in the hygienic condition of the schools, varying as they do in size and situated as they are both in urban and rural districts. It should be recognised, however, that many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and that the nature of the sanitary conveniences provided in certain instances is only partly justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

The School Medical Inspectors are required to report after each visit to a school on any sanitary defects discovered at the time of the medical inspection. These are forwarded to the Secretary for Education with a view to their being dealt with by the Works Committee. In order, however, to obtain a more precise, if more general, idea of the hygienic condition of the schools in the county as a whole, a card has been printed with a series of questions, all of which must be answered in one of three ways, namely, "good," "moderately satisfactory," and "unsatisfactory."

The following table gives the information with regard to the condition of the schools at the time of the last visit of inspection and also for the previous year :—

	Good.		Moderately satisfactory.		Un-satisfactory.	
	1936	1935	1936	1935	1936	1935
Environment	196	196	100	93	17	22
Classrooms :—						
Ventilation	101	102	145	147	67	62
Lighting	117	126	148	136	48	48
Heating	93	92	171	160	49	58
Desks	208	210	92	82	13	19
Sanitation :—						
Drainage	156	167	121	109	36	33
Disposal of refuse.. .. .	165	165	136	120	12	24
Sanitary Conveniences :—						
Closets—Boys	54	60	146	139	100	96
Girls	55	59	147	135	98	100
Disposal of contents	134	139	110	81	65	69
Urinals	41	42	182	162	78	90
Lavatories	79	85	157	138	77	84
Water Supply :—						
Drinking	157	160	113	110	38	39
Washing	179	186	110	88	24	36
Cloakrooms :—						
Accommodation	114	128	154	127	45	56
Means for drying Clothes and Boots	30	27	49	46	234	236
Cleanliness (Schoolrooms and Cloakrooms)	153	151	143	145	17	13
Playgrounds	78	62	94	100	141	146

Meals for School Children.

The health of the children is likely to be improved by arrangements whereby a really good meal can be provided in the school during the middle of the day, and at the present time the problem of how to do this is being dealt with in individual schools to varying extents by different methods. The number of schools in which a good hot meal is provided is not large, but in many schools something is being done as a result of the initiative of the head teachers, and full credit and every encouragement should be given to those who try to provide for the needs of the children in this respect.

Milk.

In 145 schools a regular supply of milk, which is consumed as a rule in the middle of the forenoon, is now being provided in bottles containing a third of a pint at a cost of $\frac{1}{2}$ d. In a large number of schools a hot drink, usually consisting of cows' milk modified in some way and sold under a trade name, is sold to the children. Although this last is all to the good and many children prefer such a drink to one consisting entirely of cows' milk, the chief nutritive value of these preparations lies, as a rule, in the cows' milk which they contain.

Milk Marketing Board's Scheme for supplying Milk to School Children.

This scheme is a most important one owing to its beneficial effect on the health and nutrition of the school children, and it is very unfortunate that greater facilities for securing a supply of milk for the children are not available. Even when the farm where the milk is produced is in close proximity to the school, the producer complains that the remuneration is not commensurate with the trouble and expense involved; and this is certainly so when a small quantity of milk has to be delivered to a country school some distance away. When one remembers that the milk must be supplied in bottles, and that these bottles have to be washed, sterilised, filled, capped, delivered, collected and replaced when they get broken, it will readily be appreciated that there is not much profit in the scheme for the milk-producers, many of whom supply the milk to certain of the schools merely on compassionate grounds, in the belief that it is good for the children.

The experience of another year has served to confirm the opinion that there is little possibility of the present scheme covering the whole of the county; indeed the tendency is for producers who have supplied milk to the schools to give it up through dissatisfaction with the financial return.

This scheme requires that all milk supplied to schools should be approved by the County Medical Officer of Health, and the Board of Education states in Circular 1437 that "where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. In other areas, all possible precautions should be taken to ensure as far as practicable the safety of the supply."

The following are the particulars with regard to the progress of this scheme in this County:—

Total number of children on the Registers of the Secondary and Elementary Schools in this County	.. .. .	30,744
Number of children on the Registers of the schools which are obtaining milk under the Milk Marketing Board's Scheme	.. .. .	17,442

Grades of Milk supplied to these schools and the number of children for whom each special grade is available are as follows:—

Tuberculin Tested Milk	1,235	} 17,442
Accredited Milk	.. .. .	9,825
Pasteurised Milk	.. .. .	5,847
Boiled Milk	.. .. .	535

Grants of Free Milk to Malnourished Children.

Under the above-mentioned scheme of the Milk Marketing Board the Local Education Authority can also obtain milk at the reduced rate of a halfpenny per third of a pint for the purpose of making grants of free milk to under-nourished school children.

The following information relating to and governing the provision of free meals (including milk) for school children is extracted from various memoranda, circulars, and reports issued by the Board of Education :—

- (a) The powers of the Local Education Authority in this matter are governed by Section 84 of the Education Act, 1921, the object of which is to ensure that public funds are not wasted in attempting to educate children who, owing to subnormal nutrition, are not in a fit condition to benefit from the education provided. *Free meals were never meant to be a mere form of poor relief*, and it is necessary, therefore, to relate the provision of free meals to the physical and educational capacity of the children.
- (b) The Board would regard it as proper that children should be selected who show any symptoms of subnormal nutrition, however slight. In the case of children whose nutrition is found to be subnormal, it will often be necessary to give more than one-third of a pint of milk per day.
- (c) The Board consider that the selection of children for free meals should be made on *medical grounds* by the Medical Officers of the Local Education Authority, and that when children are provided with free milk they should be re-examined from time to time to ascertain whether the provision of free milk should be continued. In addition, the Board considers that the School Medical Officers should keep under observation the results of the provision of milk for any children whether free or on payment.
- (d) The parents of some under-nourished children are in a position to pay for extra nourishment, and it is very desirable that such parents be urged to allow their children to receive milk in school on payment.

The Education Committee decided to take advantage of the Milk Marketing Board Scheme, by making grants of free milk to school children in respect of whom these conditions had been complied with, but directed that no grant of milk should be made without an assessment of the family income.

On the 31st March, 1937, 1,147 children were getting one-third pint of milk in school at the cost of the Local Education Authority ; and during the year ended 31st March, 1937, a total of 185,102 third of a pint bottles of milk, paid for by the Local Education Authority, were supplied to the children under this scheme.

In 125 schools in which the Milk Marketing Board's Scheme is not in operation 602 children were found by the Assistant School Medical Officers to be malnourished. In the majority of these cases the parents would be unable to afford to buy additional milk for the children, and it is much to be regretted therefore, that, owing to the milk in Schools Scheme not being in operation, advantage could not be taken of the willingness of the Local Education Authority to supply free milk.

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

In addition to the instruction which the children receive from the teachers in health matters as part of the school curriculum, addresses are given by the Assistant School Medical Officers when they visit the schools if time and opportunity allow.

Summary of the Assistant Medical Officers' Addresses to School Children.

	1936	1935	1934
Dr. Blake ..	31 lectures	50 lectures	63 lectures
Dr. Proctor ..	0	5 "	1 "
Dr. Weston ..	0	3 "	4 "
Dr. Priestley ..	0	3 "	13 "
Dr. Roberts ..	0	2 "	0 "
Dr. Evans ..	0†	1* "	0
Dr. Harris ..	0	0	3 "
Dr. Ainslie ..	11 "	0	0
Dr. Jones ..	8 "	0	0
	50	64	84

* Lecture at 18 Schools during Oswestry Health Week.

† " 11 " " " " "

FINDINGS OF MEDICAL INSPECTION.

During the year, 192 schools were visited once only, 119 twice, and 2 three times. This represents a total of 509 medical inspections as opposed to 440 during the previous year. There was a decrease of 274 in the number of children who underwent *routine* examination.

The following are particulars of the number of children who underwent medical examination by the Assistant School Medical Officers:—

	ROUTINE EXAMINATIONS.			Special Cases.	Re-examinations.	Total.
	Aged 5.	Aged 8.	Aged 12.			
Dr. Weston	423	383	372	192	1,124	2,494
Dr. Blake	626	578	502	225	1,554	3,485
Dr. Priestley	542	479	566	213	2,269	4,069
Dr. Evans	422	418	323	146	1,278	2,587
Dr. Ainslie	483	421	319	267	2,378	3,868
Dr. Jones	659	661	592	25	2,114	4,051
Totals for 1936	3,155	2,940	2,674	1,068	10,717	20,554
Totals for 1935	3,001	3,248	2,794	1,516	9,746	20,305

Pediculosis.—Although this branch of the school medical service is more particularly that of the school nurses, it is convenient to include it under the findings of the school medical inspection work.

Below are the numbers of inspections and the number of children found verminous:—

	No. of Primary Inspections.	No. of Inspections of children.	No. found verminous.	Percentage verminous.	No. of subsequent Inspections.	No. of children found verminous.			
						Second. Inspection.	Third. Inspection.	Fourth. Inspection.	Fifth. Inspection.
1935	1186	85936	2954	3.4	1594	1346	480	183	104
1936	1240	88165	2464	2.8	1549	1171	386	137	68

During the year the percentage of children found verminous on primary inspection was 2.8, a decrease of 0.6 per cent. on the previous year. The percentage of verminous heads for 1936 is therefore the lowest which has yet been recorded. The average percentage of verminous children in the three preceding five year periods was:—

1921—1925	..	..	..	..	9.3 per cent.
1926—1930	..	..	..	..	5.6 per cent.
1931—1935	..	..	..	..	4.2 per cent.

It is the policy to give every assistance and advice before prosecuting and summonses are only issued as a last resort. Prosecutions, however, are an essential part of any scheme for getting the children's heads clean, and legal proceedings were taken in 12 cases, during 1936 (and in 14 cases during the previous year). Fines ranging from 1/- to £1 were imposed.

Ringworm.—Of the children examined by the Medical Inspectors, one was found to be suffering from ringworm of the scalp, but 92 cases were notified by the teachers, although these were not usually based on medical opinion.

Defects of Nose and Throat.—Of the 8,769 children belonging to the code groups who were examined, 455 or 5.2 per cent. required treatment on account of diseases or defects of the throat and nose.

Inclusive of special cases, there were in all 1,504 children who were found at medical inspections during the year to be suffering from defects of the throat and nose, of whom 551 required treatment, 953 being kept under observation. Of those recommended for treatment, the following are the particulars:—

	Tonsils and Adenoids.	Tonsils only.	Adenoids only.	Other conditions.	Total.
1931..	.. .. 439	607	73	14	1133
1932..	.. .. 235	342	53	11	641
1933..	.. .. 157	223	54	28	462
1934..	.. .. 125	224	30	20	399
1935..	.. .. 122	218	20	25	385
1936..	.. .. 237	243	32	39	551

Tuberculosis.—Cases of tuberculosis amongst school children are discovered by the Medical Inspectors, either in the course of ordinary routine inspection or by the examination of cases specially referred to them by teachers or school nurses. In addition, all school children who come from homes in which a case of phthisis has been diagnosed are the subject of special examination at each medical inspection. Of 544 children from phthisis homes, 492 were examined by the medical inspectors, and 6 suspected cases were referred to the Tuberculosis Medical Officers for further examination.

The particulars regarding the total number of school children from all sources examined by the Tuberculosis Medical Officers during the year are as follows:—

	Pulmonary Tuberculosis.			Non-pulmonary Tuberculosis.		
	Diagnosed.	Suspected.	No evidence.	Diagnosed.	Suspected.	No evidence.
Children referred by A.S.M.O.'s (37)	1	1	21	7	1	6
Other cases (187)	10	..	111	39	..	27
Total (224)	11	1	132	46	1	33

Eye Defects.—There were 457 children with defective eyesight or squint requiring treatment, and 138 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 397 belonged to the code groups, and 60 were special cases. As children aged 5 are not systematically examined for defective eyesight, the code group cases are mostly aged 8 and 12, and the percentage amongst these children needing treatment was 6.1.

The following table shows the percentage of children *at the age of 12* requiring treatment for eye defects since the war:—

Year	Percentage of defects.	Year	Percentage of defects.
1920	10.2	1935	5.6
1925	7.9	1936	5.9
1930	8.9		

Ear Disease and Hearing.—Forty routine cases and 11 special cases were referred for treatment either on account of deafness or otorrhoea, or both. The figures for the previous year were, 42 routine cases and 12 special cases.

Dental Caries.—The following tables show percentages of dental caries at the various age periods amongst the children examined. For the purpose of these statistics teeth which have been extracted or filled are included with the decayed teeth. The percentages of decayed teeth found by the School Medical Inspectors correspond fairly closely with those given by the School Dental Officers.

	Age 5.			Age 8.			Age 12.		
	No. of children Examined.	Average No. of decayed teeth per child.	Per-centage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Per-centage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Per-centage of children free from caries.
Dr. Blake	460	5.2	17	511	4.7	6	451	1.9	28
Dr. Evans	296	3.3	27	367	2.7	17	340	1.7	31
Dr. Priestley	491	4.9	14	431	4.7	7	555	2.1	24
Dr. Weston	311	4.6	21	333	5.3	5	359	1.9	33
Dr. Ainslie	390	2.5	32	408	2.6	22	312	1.6	35
Dr. Jones	556	2.9	28	619	3.8	12	569	1.6	35
Medical Officers.	2504	3.9	23	2669	3.9	11	2586	1.8	31
Mr. Birch	766	5.7	11	825	5.6	1	751	2.2	10
Mr. Catchpole	719	3.7	18	918	3.6	5	770	2.8	16
Mr. Keenan	769	2.6	26	1107	2.6	15	958	1.4	33
Dental Officers	2254	4.0	19	2850	3.8	8	2479	2.1	21

The following table gives in detail the results of inspection by the School Dental Officers of children of all ages, and it will be observed that between the ages 6 and 14 the average number of decayed teeth per child tends to diminish; it will also be noted that the percentage of children free from active caries tends to increase from the age of eight years, and that 25 per cent. of the children at the time of their last dental examination before leaving school are found to be free from all signs of active dental caries.

Age	Under											
	5	5	6	7	8	9	10	11	12	13	14	
Average number of teeth decayed	2.8	4.0	4.4	4.3	3.8	3.3	2.7	2.2	2.1	2.0	1.8	
Percentage of children free from caries ..	31	19	11	9	8	8	13	18	21	25	26	

Average number of decayed teeth per child found by the Medical Inspectors in the years 1920—1936 is as follows. This table shows that during the last five or six years there has been a gradual increase in the average number of decayed teeth per child, which is very disconcerting but which is difficult to account for.

Year	Age 5.	Age 8.	Age 12.
1920 ..	2.16	3.8	2.1
1925 ..	3.1	3.4	1.6
1930 ..	3.2	2.7	1.8
1935 ..	4.0	3.9	1.7
1936 ..	4.0	3.8	2.1

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 45, spinal curvature 54, other forms 436.

School children found to be in need of treatment are admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Particulars of cases admitted to Hospital for Treatment.

Congenital Defects and Deformities (18 cases or 21.43% of admissions).

(a) Club Foot	4 cases or 4.76 per cent. of admissions.
(b) Claw Foot	9 „ 10.72 „ „
(c) Hip Joint	1 „ 1.19 „ „
(d) Neck	4 „ 4.76 „ „

Acquired Deformities (16 cases or 19.04% of admissions).

(a) Spine	7 cases or 8.33 per cent. of admissions.
(b) Knees	4 „ 4.76 „ „
(c) Feet	3 „ 3.57 „ „
(d) Hip	2 „ 2.38 „ „

Other Diseases (34 cases or 40.48% of admissions).

(a) Rickets	3 cases or 3.57 per cent. of admissions.
(b) Osteomyelitis and Epiphysitis	9 „ 10.72 „ „
(c) Tuberculosis	21 „ 25.00 „ „
(d) Arthritis (Septic) ..	1 „ 1.19 „ „

Nutrition.—The Medical Inspection Committee has issued an instruction that all children attending ordinary elementary schools, who qualified on nutritional grounds to receive milk in school, free or on payment, should be ascertained. This ascertainment is at present in process of being carried out, but in order to cover all the school children in the County time is required. The procedure adopted is to report on the nutrition of each child brought forward for Routine medical examination, and at the same time to ask the Head Teacher and School Nurse to bring forward for special examination any children who in their opinion are in need of extra nourishment.

The Board of Education now requires the state of nutrition of each child to be expressed for statistical purposes under one of the following designations:—Excellent, normal, slightly subnormal, bad.

During the year, the nutrition of 8,769 children was ascertained as a result of routine inspection, and the findings of the Medical Officers may be expressed in percentages as follows:—

		Excellent.	Normal.	Slightly subnormal.	Bad.
1935	..	8.15	79.95	11.5	.40
1936	..	9.35	75.85	14.41	.39

The details given in Table IIB., on page 30, show that the highest percentage of "bads" was amongst the entrants, and of "excellents" amongst the older children.

The greatest difficulty with regard to nutrition is to decide exactly what is "normal." To assume that the state of nutrition of the average child is normal is to take a very great deal for granted. This tendency is liable always to vitiate the findings, and the probability is that normality in the matter of nutrition is the exception rather than the rule. Even amongst the children of the "well to do" evidence of malnutrition, attributable no doubt to improper feeding, is not uncommon, and it is probable that, strictly speaking, there is evidence of past or present malnutrition in the great majority of children who enter school at the age of five. Certainly few are free from very minor forms of orthopaedic defect, evidence of which disappears in most cases with further growth. Statistics relating to height and weight are but poor indications of the actual state of nutrition, and their chief value lies in the fact that brawn and brain usually go together.

Infectious Diseases.—The following table gives the notifications which were sent in during 1936 by the *Head Teachers*. For purposes of comparison those received during the previous year are also given:—

	1936	1935		1936	1935
Coughs and Colds and Sore Throats	.. 3038	3733	Impetigo	.. .. 195	176
Measles	.. .. 954	2049	Mumps	.. .. 1918	150
Influenza	.. .. 188	1175	Ringworm	.. .. 92	89
Chicken-pox	.. .. 899	805	German Measles	.. .. 104	51
Whooping Cough	.. .. 702	594	Conjunctivitis	.. .. 9	42
Scarlet Fever	.. .. 168	206	Bronchitis	.. .. 9	31
Diphtheria	.. .. 237	180	Tonsillitis	.. .. 20	26
Other Diseases	.. .. 341	179	Scabies	.. .. 18	19

Certificates of Exclusion.—1,361 certificates of exclusion from school on account of infectious disease and other conditions were sent in by the *Assistant School Medical Officers and Tuberculosis Officers*, of which the following are the particulars:—

Impetigo	139	Bronchial Catarrh	50
Coughs and Colds	88	Rheumatism	34
Sore Throat	60	Suspected Phthisis	15
Tonsilitis	88	Whooping Cough	24
Debility	84	Otorrhoea	9
Bronchitis	60	Chorea.. .. .	11
Scabies	43	Mumps	122
Influenza	13	Tubercular Peritonitis	2
Tuberculous Glands	30	Chicken-pox	31
Heart Conditions	17	Anaemia	31
Ringworm of Body	34	Conjunctivitis	19
Ringworm of Scalp	11	Scarlet Fever	15
Pulmonary Tuberculosis	7	Various Conditions	324

Closure of Schools.—During the year 16 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year:—

Measles	7
Diphtheria	7
Scarlet Fever	2

In seven instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result:—

In 4 instances no further cases occurred. Closure in these instances must therefore be considered to have been without effect and, therefore, unnecessary.

In 1 instance cases occurred during closure, and further cases developed after re-opening. Closure again proved to be without effect.

In 1 instance no cases occurred during closure, but one or more cases developed after re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In the one remaining instance cases occurred during the closure, and did not return to school until free from infection. There was no further outbreak, and it is justifiable to conclude that the closure was effective in checking the spread of the disease.

Upon notification of a single case of measles from a school where the number of susceptible children is less than 50 per cent. of the number on the register it has been considered preferable to exclude these children rather than to close the whole school. During 1936 susceptibles were excluded in 9 instances, with the following results:—

In 4 instances no further cases of measles developed either during exclusion or after re-admission.

In 2 instances cases occurred both during exclusion and after re-admission.

In 1 instance cases developed after re-admission, none having occurred during the exclusion.

In 2 instances cases occurred during exclusion and none afterwards.

This action may therefore be said to have justified itself in only 2 instances out of 9, but it may be claimed that this procedure involved less interference with education than the closure of the whole school, in that the attendance of 50 per cent. or more of the children in these schools was not interrupted.

FOLLOWING-UP.

The whole of the following-up, except such assistance as is given from time to time by the Attendance Officers, is done by the School Nurses. The following statement shows how cases recommended for treatment are visited and gives particulars of the number of visits paid :—

	Total No. of Cases in book.	TREATMENT CASES.			OBSERVATION CASES.			Total No. of Visits.
		No.	No. not visited.	No. treated during the year.	No.	No. visited.	No. not visited.	
District Nurses (84)	2447	1845	125	1134	602	473	129	6409
Nurses working on their own account (2)	244	215	23	147	29	17	12	531
Whole-time School Nurses (2) ..	536	398	15	244	138	125	13	1318
Whole-time Health Visitors (10) ..	913	716	50	389	197	162	35	1856
	4140	3174	213	1914	966	777	189	10114

Facilities for Treatment provided by the County Council.—The following arrangements have been made to provide treatment for school children at hospitals and at clinics held in the County :—

At Hospitals :—

- Eye Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; Newtown Infirmary.
 Ear Defects—Eye, Ear and Throat Hospital, Shrewsbury.
 Throat Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; The Lady Forester Hospitals at Broseley and Much Wenlock ; Oswestry, Wellington, Ellesmere, Chirk, Shifnal and Tenbury Cottage Hospitals.
 Orthopaedic Conditions—Robert Jones and Agnes Hunt Orthopaedic Hospital.
 Pulmonary Tuberculosis—King Edward VII. Memorial Sanatorium, Shirlett ; Prees Heath Sanatorium.

At Clinics :—

- School clinics for minor ailments are held at Bridgnorth, Church Stretton, Dawley, Ellesmere, Highley, Ludlow, Ironbridge, Market Drayton, Newport, Oakengates, Oswestry, Wellington, Wem and Whitchurch. These are attended daily by the school nurses, and are visited once a week by the Assistant School Medical Officers, with the following exceptions :—Newport, which is held daily but is only visited fortnightly by the Medical Officer, and Church Stretton, Ellesmere, Highley, and Wem, which are only held fortnightly.
 Eye clinics are held from time to time at Bishop's Castle, Bridgnorth, Highley, Shifnal, Ellesmere, Ironbridge, Cleobury Mortimer, and Whitchurch, and attended by an Assistant School Medical Officer.
 An Eye Clinic at Oswestry is held occasionally and attended by a general practitioner with special experience in eye work.
 Eye clinics attended by specialists are held weekly at Ludlow, and occasionally at Market Drayton.
 Orthopaedic Clinics, attended by the staff of the Robert Jones and Agnes Hunt Orthopaedic Hospital, are held weekly at Oswestry, Shrewsbury and Wellington, and fortnightly at Bridgnorth, Dawley, Ellesmere, Ironbridge, Ludlow, Market Drayton, Newport, Oakengates, Wem and Whitchurch.

Tuberculosis Clinics are held at Bridgnorth, Ludlow, Oswestry, Shrewsbury, Wellington, and Whitchurch.

X-Ray Treatment for ringworm is provided at a clinic in Birmingham by special arrangement with the Birmingham Education Authority.

Skin Disease.—In addition to 975 children treated at the County Council School Clinics, particulars of which are given on page 19, 3 cases were sent to Birmingham for X-Ray treatment for ringworm.

Tuberculosis.—During the year 10 school children suffering from phthisis were admitted to the Shirlett Sanatorium and one to Prees Heath Sanatorium. Children suffering from tuberculosis of the bones and joints were dealt with at the Robert Jones and Agnes Hunt Orthopaedic Hospital, and are included in the particulars given below.

Crippling Defects and Orthopaedics.—The following is a summary of cases of all ages treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during 1936, and paid for by the Public Health and Medical Inspection Committees :—

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.	Total.
<i>Congenital Defects and Deformities :—</i>				
(a) Club Foot	1	4	..	5
(b) Claw Foot .. .. .	..	9	..	9
(c) Spine	1	..	..	1
(d) Hip	3	1	..	4
(e) Neck	2	4	..	6
<i>Acquired Deformities of :—</i>				
(a) Spine	1	7	..	8
(b) Knees .. .. .	..	4	..	4
(c) Feet .. .. .	..	3	..	3
(d) Hip .. .. .	..	2	..	2
<i>Rickets</i> .. .. .	..	3	..	3
<i>Osteomyelitis and Epiphysitis</i> .. .. .	..	9	..	9
<i>Tuberculosis</i>	6	21*	29	56
<i>Arthritis :—</i>				
(a) Septic	1	1	..	2
<i>Nervous System :—</i>				
(a) Poliomyelitis (new cases)	2	1	..	3
(a) Poliomyelitis (old cases) .. .. .	..	6	..	6
(b) Paraplegia	3	1	..	4
<i>Injuries :—</i>				
(a) Bones	3	6	..	9
(b) Joints	1	1	..	2
(c) Other .. .. .	..	1	..	1
Total for 1936	24	84	29	137
Total for 1935	19	88	28	135

* Includes 3 Shrewsbury Borough School Children.

In addition to those treated in the Orthopaedic Hospital during the year, a much larger number of cases received treatment at the various After-Care Centres. Some of these cases had already received in-patient treatment at the hospital, but most of the patients had never received hospital treatment.

Full particulars of the patients attending the Orthopaedic Clinics are given in the tables facing this page, but the following is a summary of the attendances and cases dealt with at these centres during 1936 :—

No. of attendances	.. .. .	11,664†
No. of patients treated	.. .. .	2,443
No. on the books on 1st January	.. .. .	1,545
No. on the books on 31st December	.. .. .	1,510
No. of new cases	.. .. .	898
No. of cases discharged	.. .. .	693

In addition, 65 cases were examined and no treatment found necessary. There were also 240 attendances for supervision of appliances.

† 1,875 under five years ; 5,743 five to sixteen years ; 2,958 over sixteen years, and 1,088 tubercular cases—all ages.

Eye Defects.—Ten hundred and sixty-six children were treated for defects of vision, particulars being given below. In addition, 23 children received treatment for other defects or diseases of the eyes and seven children were operated on for squint.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	No. change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No. Glasses or treatment necessary.	Told to return for treatment but did not do so.
Salop Eye, Ear and Throat Hospital ..	693	421	420	212	28	..	31	1
Ludlow Eye Clinic ..	150	134	134	6	3	..	7	..
Oswestry Eye Clinic	71	63	62	3	2	..	3	..
Market Drayton Eye Clinic	35	34	34	1	..	..	..	..
Kidderminster Hospital	18	13	13	2	..	..	3	..
Newtown Infirmary	1	1	1	..	..	..	..	..
Assistant School Medical Officer at Whitchurch Eye Clinic	25	17	17	6	..	2	..	..
Bridgnorth do.	29	21	21	6	..	..	2	..
Ellesmere do.	12	7	7	3	..	..	2	..
Much Wenlock do.	8	5	5	1	..	2	..	..
Newport do.	12	6	5	2	..	2	2	..
Shifnal do.	12	7	7	2	..	3	..	..
Totals for 1936 ..	1066	729	726	244	33	9	50	1
Totals for 1935 ..	1168	787	786	237	49	16	72	7

Ear Disease and Hearing.—The ear conditions on account of which children are referred to hospital for treatment are chiefly intractable otorrhoea and deafness. In most cases of otorrhoea there is usually an accompanying degree of deafness, but in a smaller number of cases deafness of somewhat obscure origin is the only condition recognised to be present. In the past six years the number of children referred to hospital on account of ear conditions has varied from 27 to 59, and the following are the particulars for 1936 :—

No. sent to hospital for treatment	31	Remedied	18
		Improved	10
		No change	3

Diseases of the Nose and Throat.—Fourteen children suffering from purely nasal conditions were seen at the Salop Eye, Ear and Throat Hospital, and 12 were found to require treatment.

The commonest conditions, however, which necessitated hospital treatment were unhealthy tonsils and adenoids, particulars of which are as follows :—

Hospital.	Number of Children seen.	Operated on.	Other treatment.	No. treatment necessary.
Salop Eye, Ear and Throat Hospital	160	160	..	..
Broseley and Wenlock Hospitals	39	39	..	..
Oswestry Cottage Hospital	38	38	..	..
Ellesmere Cottage Hospital	10	10	..	..
Wellington Cottage Hospital	115	115	..	..
Chirk Cottage Hospital	3	3	..	..
Shifnal Cottage Hospital	4	4	..	..
Kidderminster Hospital	2	2	..	..
Totals for 1936	371	371	..	..
Totals for 1935	314	314	..	..

In addition to the above, 66 cases were operated on under private arrangements, making a total of 437 operations for the year 1936.

Reports received from the Medical Officers on 313 children who had undergone operative treatment for tonsil and adenoid conditions showed, on the whole, a very great improvement in the health of the children, although in a number of cases the tonsils and adenoids had not been completely removed. Below is given in tabular form a brief summary of these reports. It is very creditable to the surgeons carrying out this operative treatment that out of 313 cases only 13 could be described as not having been completely dealt with.

No. of children operated on				No. of cases completely dealt with.	Cases not completely dealt with.		
For Tonsils and Adenoids.	For Tonsils only.	For Adenoids only.	Total.		Tonsils.	Adenoids.	Tonsils and Adenoids.
285	26	2	313	300	5	..	8

EFFECTS OF OPERATION UPON HEALTH.

	<i>Cured.</i>	<i>Improved.</i>	<i>Not improved.</i>
General Health	—	161	5
Mouth Breathing	37	17	—
Otorrhoea	7	—	—
Deafness	3	2	—
Catarrhal Symptoms	34	25	1
Enlarged Glands	108	36	20
Minor Deformities	—	1	—
Bronchitis	4	1	—
Sore Throats	6	1	—
Asthma	2	1	—

School Clinics for Minor Ailments.

Table showing conditions for which treatment was received.

Defect or Illness.	Children referred at S.M.I.	Other Children.	Examina- tions by M.O.	Attend- ances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Skin :—							
Ringworm—head .. .. .	..	21	46	236	21	..	..
Ringworm—body	5	30	70	308	32	3	..
Scabies	3	29	72	242	30	2	..
Impetigo	13	371	456	3370	379	5	..
Minor Injuries	21	677	806	4526	657	16	25
Other skin diseases	11	492	673	5699	489	8	6
Ear Disease	27	177	383	1740	148	34	21
Eye Disease (external and other)	46	241	439	1587	221	50	16
Verminous conditions .. .. .	..	20	3	84	20	..	..
Tonsils and Adenoids	15	52	120	131	67	..	..
Other conditions	103	1629	2354	7442	1393	186	153
Total for 1936	244	3739	5422	25365	3457	304	221
Total for 1935	359	3062	4238	20912	2975	203	178

Table showing attendances at each Clinic.

Clinic.	Children referred at S.M.I.	Other Children.	Examina- tions by M.O.	Attend- ances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Bridgnorth	2	375	412	3195	358	19	..
Church Stretton .. .. .	..	26	41	41	18	7	1
Dawley	35	230	728	2573	251	12	2
Ellesmere .. .. .	..	52	52	94	26	20	6
Highley	6	40	83	96	36	10	..
Ironbridge	4	505	509	4343	466	23	19
Ludlow	31	436	445	2874	431	35	1
Market Drayton	24	232	439	3078	210	42	4
Newport	20	111	131	997	125	6	..
Oakengates	4	458	836	2324	434	28	..
Oswestry	62	589	528	2228	461	66	124
Wellington	46	468	581	1673	496	14	4
Wem	4	15	43	43	5	4	10
Whitchurch	6	202	594	1806	140	18	50
Totals for 1936	244	3739	5422	25365	3457	304	221

Teeth.—The success or failure of the Dental scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment. Children of all ages in the schools are dealt with at each visit of the Dental Officer. Not only are all ages dealt with, but the schools are now being visited on an average about once in ten months. The results of inspection and treatment are given in the tables at the end of the report.

One school was not visited at all during the year owing to special circumstances, and in three schools inspection was carried out but the treatment was not done until the beginning of 1937. With these exceptions treatment was carried out in all the schools once and in 29 schools twice.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme. In 24,911 examinations of children, only 3,190 unsaveable permanent teeth were found, and 2,575 of these were due to refusal of treatment at the previous inspection. Only 615 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number 280 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion, 79 were due to unusually long inter-inspection period, and only 256 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures show that if there were no refusals, and no extra long periods between inspections, there would be very few permanent teeth destroyed. In the East of the County the total number of unsaveable teeth apart from refusals, was only 2.

Including 1,214 cases brought forward from 1935, a total of 14,659 children were referred for treatment and 9,859 were treated.

The following table sets out in detail the particulars regarding the 4,800 children referred for treatment but to whom no treatment was given. It is satisfactory to note that the number of children whose parents refused to accept treatment fell by 483 as compared with the previous year.

Area of County.	Referred for Treatment.	Refusals.	Absent on day of Treatment.	Left School.	To be treated next year.	Treatment deferred.
East (Mr. Birch)	4961	1054	177	37	359	0
South (Mr. Keenan)	4838	1095	74	19	119	76
North (Mr. Catchpole)	4860	1086	138	25	510	31
Totals for 1936	14659	3235	389	81	988	107
Totals for 1935	15408	3718	450	90	1214	101

The parents of 741 children declined treatment under the Local Education Authority's Scheme, but gave an assurance that they would have the necessary treatment carried out privately.

The School Nurses investigated 645 of these cases and ascertained the following information :

All necessary treatment has been carried out	60
Arrangements for treatment have been made	77
Parents promised to make arrangements	217
Parents gave consent for treatment under the Local Education Authority's scheme	73
No action taken or promised	194
Left School, etc.	24
	645

The table below shows the schools in which the percentage of "consents" was either unusually high or unusually low. The number of schools in which the number of "consents" was 90 per cent. or more of those referred for treatment is 41, the same number as in the previous year; and the number of schools in which the number of consents was 50 per cent. or less of those referred for treatment was 16, an increase of 1 as compared with the previous year.

SCHOOLS WITH CONSENTS OF 90 PER CENT. OR OVER.

<i>School.</i>		<i>School.</i>	
Kynnersley	100	Sheinton	93
Broughall	100	Wombidge Council Junior ..	93
Stanton-on-Hine-Heath	100	Malins Lee C.E. Infants'	93
Bishop's Castle Council Infants' ..	100	Worfield	92
Whitton and Greete	100	Ketley Council Senior	92
Westbury Forest	100	Melverley	92
Acton Burnell	100	Upton Magna	92
Longdon-on-Tern	98	Pool Hill Council Mixed	91
Newport R.C.	97	Kinnerley	91
Wellington R.C.	97	Fitz	91
Lee Brockhurst	97	Cleobury Mortimer Boys'	91
Buildwas	96	Bicton	91
Richards Castle	95	Berwick	90
Bettws-y-Crwyn	95	Westbury C.E.	90
Adderley	95	Yockleton	90
Woodcote	95	Cardington	90
Little Wenlock	95	Astley Abbots	90
Church Aston	95	Quatt	90
Broseley C.E. Boys'	94	Eaton Constantine	90
Berrington	94	Wrockwardine C.E. Mixed	90
Ashford Carbonell	94		

SCHOOLS WITH NOT MORE THEN 50 PER CENT. OF CONSENTS.

<i>School.</i>		<i>School.</i>	
Knockin	50	Porthywaen	47
Alveley	50	Chirbury	45
Ditton Priors	50	Kinlet	44
Middleton Priors	50	Bitterley	43
Neen Sollars	50	Little Ness	42
Tetchill	48	Marton	41
Ludlow C.E. Infants'	48	Shelve	36
Bridgnorth St. Mary's Infants' ..	47	Button Oak	10

OPEN AIR EDUCATION.

Playground Classes are encouraged, but they are held only in a comparatively small number of schools.

Residential Open-Air Schools.—The Local Education Authority maintains three beds in residential open-air schools to which children who are in a persistently poor state of health, not traceable to any definite physical defect, but probably attributable in most instances to poor home circumstances, lack of proper food and unhygienic conditions, can be sent. These beds are not occupied continuously by the same children, but carefully selected children are sent for a period of three months, when their places are taken by other children equally suitable.

In this County, during the year 1936, the School Medical Inspectors reported 1,298 of the children examined at routine medical inspections as suffering from malnutrition due to one cause or another. As the number of children so examined only represented about one-third of the children on the registers, it can be calculated that about 3,900 children attending Elementary Schools suffer from poor health, which shows itself in the form of malnutrition. These figures are sufficient to show that, if a special open-air residential school were provided, where the children would be well fed and would live under the best hygienic conditions, the expenditure involved would be abundantly justified in the benefit to health of a large number of the child population of school age. As a result of recent investigation by Assistant School Medical Officers, it was estimated that 547 children of all ages were suitable for open-air school education.

At the beginning of the year there were three Shropshire school children in the Liverpool Open-air Hospital, Leasowe, and one in St. Catherine's Home, Ventnor, Isle of Wight, and fourteen other cases were sent to these schools during the year. Fourteen of these children were discharged during the year, leaving three children in the Liverpool Open-air Hospital and one in the St. Catherine's Home. All the children discharged were found to have improved in health, some in a very marked degree.

Dr. Weston comments as follows on the results of the treatment:—"Fourteen children (9 girls, 5 boys) were sent to Open-air Schools, 11 going to the Liverpool Open-air School and 3 to St. Catherine's Home, Ventnor. One case was removed by the parents, against advice, after 2½ months, because they considered that he had been away long enough; as his condition then had greatly improved, the desired result had been obtained.

"The conditions for which admission was advised were, as stated in last year's report, malnutrition, anaemia, lack of energy (mental and physical), combined with a bad home environment such as overcrowding, contact with tuberculosis or malnutrition. In every case improvement was reported, the children showing increased energy, brighter mentality and a better physical condition. Wherever possible, steps are taken to improve the home environment, where it is bad, before a child returns, so that the benefit obtained at the Open-air School may become permanent.

"If all under-nourished children could be treated in an Open-air School during the initial stage, when only signs of malnutrition are evident, most of them would become normal and would be saved from swelling the numbers of those who are permanently damaged."

School Camps.—The only school known to have sent children to a School Camp was Broseley C.E. Boys' School.

PHYSICAL TRAINING.

The following is the report made by MRS. DAVEY, Organiser of Physical Training:—

"In reviewing the work done in the Schools one is impressed by the range of work which the Teachers are encouraged to attempt as a regular part of the physical training scheme. In addition to the physical training lessons games, dancing, swimming, athletics, etc., form a part of the programme. Yet it is realised that the subject is still expanding, and in future "Physical Education" will include all activities which lead to a healthy way of living.

"In a large rural county such as Shropshire, the range of work in the schools varies enormously; while some schools, especially those possessing halls and fields, can attempt gymnastic work with apparatus, and a well-planned organized games period, sports, etc., some of the smaller rural schools find that the work is necessarily limited by conditions. For instance, the fact that a school is surrounded by fields is no guarantee that it has the use of a grass playing field.

"It is encouraging to report that general conditions are steadily improving. An increasing number of playgrounds are being surfaced, more schools are procuring playing fields, and new swimming centres are being opened.

"Training children in a "healthy way of living" involves more than the taking of enough exercise, and one cannot overlook the necessity for proper and adequate food, sunshine and fresh air, sleep and happiness.

"All these factors do not come directly under the control of the teachers, but influence in these matters can be (and is) brought to bear in many ways. Well aired class-rooms, cleanliness of person, neatness of dress, etc., can be encouraged; advice can be given about such questions as sleep and daily habits, and when children are kept busy and interested they are generally happy.

"In the campaign for a higher standard of fitness these aspects of health education cannot be neglected. It is more imperative that teachers be convinced of the importance of good training in its widest sense than that they should merely succeed in being themselves expert gymnasts or record-breakers.

"However, for a thoroughly successful Teacher, knowledge must be added to sincerity of purpose. To be wholly beneficial an exercise must be performed correctly—skill comes as a result of good technique, good training and practice.

"To enable Teachers to acquire knowledge of the work, classes are arranged where they not only learn and practise the correct performance of an exercise, but where they learn how to command and how to manage a class.

"The response of the Teachers to the opportunities offered by these classes continues to be excellent.

"In Towns or Industrial Areas, it is possible to arrange classes of a somewhat specialized nature, that is, Teachers of senior children can be instructed together, while another class caters for Teachers of Juniors or Infants. It is also possible to hold separate classes for men and women Teachers and thus concentrate on the type of work most helpful to each group of teachers.

"In rural areas these specialised classes are not possible. The class must of necessity cater for men and women, and work suitable for all age groups must be covered.

"When the organizing staff is increased it is hoped that a greater number of special classes will be possible. Extra training for teachers who use apparatus is absolutely necessary. It is essential that they should know how to assist children when using apparatus and so lessen the possibility of accidents when attempting the more adventurous types of activity.

"During the year classes were arranged as follows:—

COURSES FOR TEACHERS, 1936.

Centre.	Duration.		Class Hours.	Students.		Student Hours.	Percentage of possible attendances
	From	To		Men.	Women.		
Minsterley	4th May	29th June	12	8	39	489	86.7
Bridgnorth	6th May	15th July	15	9	38	629	89.2
Wellington	21st Sept.	23rd Nov.	12	26	35	561	76.6

SWIMMING.

"Before the opening of the Swimming Season a memorandum was sent to each school where swimming was taught, giving instructions and advice on the "class method" of teaching.

"The results this year were, generally speaking, very satisfactory. In most of the Baths a time is reserved for school children and this makes class teaching possible. When the general public is admitted at the same time it is extremely difficult for the Teacher to control the class as a whole.

"It is gratifying to report that arrangements were made for children to attend two new open air baths, namely, Prees Heath and Alveley.

"The children from Stanton Lacy School were taken to the River Onny for lessons; the children themselves improvised their own changing rooms, at a minimum of cost—sacks were opened and tacked on to broom sticks.

"It is felt that this question of rural swimming needs to be developed. One is aware of certain difficulties, such as improving safety devices, clearing the bottom of stones or broken glass, etc., and also the possibility of the Teacher knowing little or nothing of swimming. However, where conditions allow it is hoped that a far greater number of teachers will try to overcome difficulties.

DANCING.

"This is taught where conditions are possible, *i.e.*, where there is sufficient space, a piano and someone who can play it, and when the children are suitably shod. A good many schools try Country Dancing in lieu of a games period in wet weather, but owing to lack of space the children have to be taught in relays. Morris and Sword Dancing are taught in one or two schools only.

"Expansion and development of Physical Education in the County will depend largely on the extension of the Organizing Staff.

"With additional help it is hoped to develop on the following lines:—

- 1.—The encouragement and organization of recreational physical training all over the County.
- 2.—The training of "play leaders."
- 3.—Supervision of work in Secondary and Technical Schools, and in Evening Classes.
- 4.—The development of rural swimming and school camps.
- 5.—Procuring more playing fields and advice as to their use.
- 6.—The provision of more portable apparatus to certain schools and encouragement of suitable dress and foot gear.

"With the opportunity of more frequent visits to schools it is hoped that the general standard of physical training will be raised and progress will be speeded up in all directions."

K. W. DAVEY,

Organiser of Physical Training.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There were 23 mentally defective, 3 blind, 2 epileptic, and 28 physically defective children certified as "Exceptional" by the Medical Officers during the year.

The number of children admitted to Special Schools during 1936, whether ascertained that year or previously, was as follows:—8 mentally defectives, 5 blind, 1 deaf, and 70 physically defective children.

Mental Defectives.—Although 23 mentally defective children were certified as suitable for a special school, only 3 of these were admitted during the year, thus leaving 20 for whom no special provision was made. The reasons for their non-admission were as follows:—

Parents' refusal	14
Too old on certification	3
Awaiting vacancies	1
Rejected by Special School as unsuitable ..	1
Left County.. .. .	1

The above is typically representative of what happens annually to the children found to be feeble-minded and suitable for special schools by the Assistant School Medical Officers. There are thus a large number of feeble-minded children allowed to remain in attendance at ordinary elementary schools.

In addition to the 23 mentally defective children found suitable for admission to special schools, 21 mentally defective children were notified to the Local Control Authority under the Mental Deficiency Act. Of these, 10 were imbeciles, 3 were idiots, 3 were feeble-minded but uneducable children, 4 were feeble-minded children notified on leaving the Special School at 16 years of age, and one was a "special circumstances" feeble-minded child.

Four other children admitted to a special school in previous years, having reached the age of 16, were discharged and notified to the Local Control Authority.

There are at present 13 children in Sandlebridge Special School, 9 at Monyhull Residential School, and 1 at Allerton Priory R.C. Special School, Liverpool.

Blind and Deaf Children.—In both of these classes of children accommodation in special schools is always found if the parents are willing for removal. Every effort is made to get these children admitted as early as possible.

Physical Defectives.—On the recommendation of the School Medical Officer, the more serious orthopaedic cases are admitted to the Orthopaedic Hospital, which is also a special school for physically defective children within the meaning of the Education Act. The cases are discovered principally by the School Medical Officers and nurses, every effort being made to ascertain the cases as early as possible.

NURSERY SCHOOLS.—The Local Education Authority has not so far seen its way to open Nursery Schools in the County. One, however, has been established by voluntary effort in the village of Hodnet about six miles from Market Drayton. The number of children in attendance is 12, and their ages range from 2 to 4 $\frac{3}{4}$. As it is believed that this is the first nursery school in this country which has been opened in a rural district, it must be regarded as something in the nature of pioneer work, and also perhaps as something of an experiment. As the school was opened on 9th March, 1936, it is yet too soon to attempt accurately to assess the value of the work which is being carried on, but its progress cannot but be watched with sympathetic interest.

CONTINUATION SCHOOLS.—There are no Continuation Schools in the County.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children over 12 years of age in private employment come under the notice of the Assistant School Medical Officers at each visit to the Schools. If a Medical Officer considers that any of these employed children are not in a fit state of health for employment outside of school hours, the facts are transmitted to the Secretary for Education for appropriate action to be taken.

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

PARENTS.—A notice is sent to all parents inviting their presence at the routine medical and dental inspections, and a special effort is always made to get the parents of seriously defective children to attend.

TEACHERS.—In addition to the help which the teachers give at ordinary school medical inspections, the assistance which they render during the inter-inspection periods in bringing their influence to bear on the parents to secure the treatment which has been advised is very great. This is especially so in the matter of dental treatment, and the effect of a change of head teacher is often very markedly reflected in the number of children whose parents consent to treatment.

SCHOOL ATTENDANCE OFFICERS.—School Attendance Officers are present at the medical inspections when required, and are available for bringing up children who are absent and whose examination is considered desirable. In persistently verminous cases, where it is necessary to take legal proceedings and the nurse objects to appearing in court, they are always present at the final examination of the child, and are therefore able to give evidence when required.

VOLUNTARY BODIES.—The Inspectors of the National Society for the Prevention of Cruelty to Children have been of great help in obtaining medical treatment where other means have failed, and in dealing with cases of gross neglect.

SECONDARY SCHOOLS.

Medical inspection is carried out in 15 of the 17 Secondary Schools in the County. Four of the Secondary Schools are Aided Schools; and of these Aided Schools two undergo medical inspection. As four of the Secondary Schools, namely, Bishop's Castle, Bridgnorth Grammar, Coalbrookdale High and Market Drayton Grammar are mixed schools, they have to be inspected by male and female medical officers. An effort is made to carry out an inspection in each school every term, and with the exception of 3 inspections this has been done. The number of children in attendance in Secondary Schools in the County in September, 1936, was 3,414, and the number of children on the registers of those secondary schools which undergo medical inspection was, on that date, 2,996.

The children who undergo routine medical examination at the visit of the medical inspector are entrants, children aged 12 and 15, and leavers. In addition, re-examination is carried out in the case of those children in whom some defect has been found at a previous examination, and progress is recorded on a treatment card till further examination on account of defects found is no longer indicated. The head master or head mistress also brings forward for special examination any children, not included in the groups mentioned above, in whose case there seems to be a condition or defect requiring medical attention.

Arrangements were made during the year for medical inspection to be carried out, also, at the two Junior Technical Schools, namely, Oswestry Technical Institute and the Walker Technical College, Oakengates, and at the Junior Day Classes at the Shrewsbury Technical College; the total number on the registers on 31st July, 1936, being 286.

The courses of instruction taken by the children usually commence in September and last two years. It was considered desirable, therefore, to concentrate upon examination of entrants in the Autumn Term and leavers in the Summer Term, and in 1936 a commencement was made by inspecting entrants in the Autumn Term. One hundred and thirty-nine boys and 147 girls attend the Technical Colleges and arrangements had to be made for the girls to be examined by women doctors. In all 144 children (82 girls and 62 boys) were medically examined, and as the number of examinations was relatively so small the findings have been included in the Secondary School Tables on pages 36 and 37.

Number of Children Medically Examined.—Below is given in tabular form particulars of the children who underwent routine medical examination:—

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total.
Boys	1	7	1	1	6	7	71	116	151	53	75	164	24	10	15	2	0	704
Girls	2	7	5	2	9	13	79	162	214	75	102	211	34	23	18	1	0	957
Totals for 1936 ..	3	14	6	3	15	20	150	278	365	128	177	375	58	33	33	3	0	1661
Totals for 1935 ..	1	7	2	5	25	29	148	248	333	63	92	411	46	37	34	11	2	1494

	RE-EXAMINATIONS.	SPECIAL EXAMINATIONS.	TOTAL.
Boys	651	6	657
Girls	609	13	622
Totals for 1936	1260	19	1279
Totals for 1935	1152	44	1196

Arrangements for securing Treatment.—No general arrangements have been made by the Local Education Authority for providing treatment for children attending Secondary Schools in whom defects are discovered. If, however, a special place scholar is found to be in need of treatment for a visual defect, and the parents are unable to secure the necessary treatment, the Local Education Authority undertake to provide facilities.

In addition, dental inspection of all scholars is carried out in Secondary Schools just as in the case of Elementary Schools, but dental treatment under the scheme of the Local Education Authority is provided only for those special place holders who are exempt from payment of fees.

The Orthopaedic After-care Centres are, of course, available for scholars from Secondary Schools, just as for Elementary School children, but the Local Education Authority does not undertake to provide beds in the Orthopaedic Hospital in the case of the former.

The parents of Secondary School scholars are not visited by school nurses, as is the case in Elementary Schools, and the whole question of securing treatment is left in the hands of the Head Masters and Head Mistresses, who write to the parents regarding any children for whom treatment has been advised by the medical inspectors.

Amongst Secondary School children treatment for defects of the grosser type is more readily obtained by the parents than amongst Elementary School children, but when a defect is of the minor type, a large number of those discovered in Secondary School children go untreated. This last is probably to be attributed partly to the fact that, after a medical inspection in an Elementary School, the homes of the children in whom defects have been found are visited by the school nurses, who point out to the parents the necessity for obtaining treatment at the earliest possible moment, and partly to the fact that facilities for treatment of children in attendance at elementary schools are provided by the Local Education Authority. As, however, about half of the children in attendance at Secondary Schools come from substantially the same class of home as the children in Elementary Schools, the considerations which make desirable the provision of treatment under County Council Schemes for children in attendance at Elementary Schools apply with at least equal force to about 50 per cent. of the children in attendance at Secondary Schools.

Defects found and Treatment received.—The table on page 36 gives details of defects found, requiring either observation or treatment; and below is given in convenient form for reference a summary of the defects, with a statement of the number of children found during the year by the medical inspectors to have obtained treatment for defects discovered at previous examinations:—

	Defective Eyesight.	Tonsils & Adenoids.	Ear Conditions.	Skin Disease.	Orthopaedic Defects.	Other Conditions.	Total.
Defects discovered	144	19	13	7	67	62	312
Defects treated	126	7	6	2	46	1	188

During the year, 26 cases of defect of vision were dealt with under the scheme of the Local Education Authority, and 100 through private practitioners or hospitals.

Spectacles were prescribed and obtained in 117 cases, and of these 25 were obtained under the Local Education Authority's scheme, and 92 otherwise.

Dental Inspection and Treatment.—All the schools in which medical inspection is carried out are visited by the Dental Officers, and all the scholars are inspected at each visit.

In all schools inspection and treatment was carried out once during the year.

The findings of the School Dental Officers are given in the tables below, in which the condition of the mouths of special placers, fee paying and elementary school children are compared.

AVERAGE NUMBER OF DECAYED TEETH PER CHILD.

Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18	All Ages.
Special Place	2.2	2.2	2.3	2.9	2.6	3.4	4.6	4.4	5.4	3.0
Fee-paying	..	4.2	3.7	3.4	2.6	2.5	2.4	2.7	2.9	3.7	4.1	4.5	3.0
Elementary	3.8	3.3	2.7	2.2	2.1	2.0	1.8	..	..	..	3.1

PERCENTAGE FREE FROM CARIES.

Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18	All Ages.
Special Placers	18	13	22	13	18	12	12	4	14	15
Fee-paying	..	14	6	7	12	12	17	18	18	11	14	12	15
Elementary	8	8	13	18	21	25	26	..	..	..	15

On page 37 a statement is given in tabular form of the number of children inspected by the School Dental Officers in Secondary Schools, of the findings of these inspections, and of the number of Special-placers who were actually treated by them. The following are the chief facts :

	Fee-paying.	Special-placers.
Total No. of Inspections	1476	1280
No. of children referred for treatment	707	698
No. of children actually treated	—	506

STATISTICAL TABLES—ELEMENTARY SCHOOLS.

TABLE I.—A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups—

Entrants	3,155
Intermediates	2,940
Leavers	2,674
Total ..	8,769

Number of other Routine Inspections

B—OTHER INSPECTIONS.

Number of Special Inspections	4,807
Number of re-inspections	12,400
Total ..	17,207

C—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding defects of nutrition, uncleanliness and dental diseases).

Group. (1)	For defective vision (excluding squint). (2)	Total. (3)
Entrants	11	472
Second Age Group	174	492
Third Age Group	152	419
Total (prescribed Groups)	337	1383
Other Routine Inspections .. .. .	..	..
Grand Total	337	1383

TABLE II.—A.—RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION IN THE YEAR ENDING
31ST DECEMBER, 1936.

Defect or Disease. (1)	Routine Inspections.		Special Inspections.		
	No. of Defects.		No. of Defects.		
	Requiring treatment. (2)	Requiring to be kept under observation, but <i>not</i> requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but <i>not</i> requiring treatment. (5)	
Skin	Ringworm—				
	Scalp .. .. .	..	..	1
	Body	4	..	1	
	Scabies	3	..	2	
	Impetigo	15	..	2	
§ Eye	Other Diseases (Non-Tuberculous)	23	1	2	
	Blepharitis	25	12	4	
	Conjunctivitis	10	2	4	
	Keratitis .. .. .	..	..	..
	Corneal Opacities .. .. .	..	..	..
	Defective Vision (excluding Squint)	337	114	49	
	Squint	60	22	11	
	Other Conditions	8	2	..	
	Ear	Defective Hearing	13	12	6
		Otitis Media	27	8	5
Other Ear Diseases		11	1	2	
Nose and Throat		Chronic Tonsilitis only	203	715	40
	Adenoids only	25	44	7	
	Chronic Tonsilitis and Adenoids	199	122	38	
	Other Conditions	28	36	11	
Enlarged Defective	Cervical Glands (Non-Tuberculous)	4	398	1	
	Speech .. .. .	..	66	..
Heart and Circula- tion.	Heart Disease—				
	Organic	5	65	1	
	Functional .. .. .	..	32	..
Lungs	Anaemia	17	40	3	
	Bronchitis	12	31	2	
	Other Non-Tuberculous Diseases Pulmonary—	14	38	2	
Tuber- culosis	Definite	1	..	..
	Suspected	1	..	..
	Non-Pulmonary—				
	Glands	18	2	1	
	Bones and Joints	2	..	1	
	Skin .. .. .	..	..	..
	Other Forms	4	..	..
Nervous System	Epilepsy	2	3	1	
	Chorea	1	..	..
	Other Conditions	4	6	..	
Deform- ities	Rickets	17	28	1	
	Spinal Curvature	36	18	2	
	Other Forms	304	132	36	
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases)	118	216	19	40	
Total	1551	2166	255	147	

§ In addition there were 192 "Routine" and 16 "Special" cases of defective vision which had been corrected by glasses at the time of examination.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	3155	157	4.98	2539	80.48	444	14.07	15	.48
Second Age-group	2940	218	7.41	2217	75.41	490	16.67	15	.51
Third Age-group	2674	445	16.64	1895	70.87	330	12.34	4	.15
Other Routine Inspections .. .. .	..	..	..	..	..	..	..	..	..
Total	8769	820	9.35	6651	75.85	1264	14.41	34	.39

TABLE III.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA AT THE END OF 1936.

	At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Certified Schools for Mentally Defective Children.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blind Children	9	..	..	..	..	..	..	..	1	10
Partially Sighted Children	5	..	..	..	..	..	11	..	1	17
Deaf Children	10	..	..	..	2	..	2	14
Partially Deaf Children	2	..	..	..	3	..	2	7
Mentally Defective Children—Feeble-Minded Children	23	..	109	..	52	184
Epileptic Children—Children suffering from Severe Epilepsy	1	..	..	7	8
PHYSICALLY DEFECTIVE CHILDREN.										
A.—Tuberculous Children—										
I.—Children suffering from Pulmonary Tuberculosis	11	9	20
II.—Children suffering from Non-pulmonary Tuberculosis	9	86	8	32	135
B.—Delicate Children	4	114	2	36	156
C.—Crippled Children	10	96	4	36	146
D.—Children with Heart Disease	1	47	1	22	71

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Severe Heart Disease..	..	1	..	..	1
Feeble-minded and Crippling	1	1
Deafness and Severe Heart Disease	1	1
Crippling and Severe Heart Disease	1	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1936.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease. (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm Scalp—			
(i) X-Ray Treatment	3	..	3
(ii) Other	21	2	23
Ringworm—Body	35	1	36
Scabies	32	..	32
Impetigo	384	1	385
Other Skin Diseases	503	8	511
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II)	287	10	297
Minor Ear Defects	204	5	209
Miscellaneous (<i>e.g.</i> , Minor injuries, bruises, sores, chilblains, etc.) ..	2517	6	2523
Total	3986	33	4019

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.			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)	Prescribed. (1)		Obtained. (2)	
				(i) Under the Authority's Scheme.	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
Errors of Refraction (including squint)	1001	94	1095				
Other Defect or Disease of the Eyes	19	4	23				
Total	1020	98	1118	768	77	763	76

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

Number of Defects.												Received other forms of Treatment. (4)	Total number treated. (5)
Received Operative Treatment.										Total.			
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)									
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
67	14	271	15	21	3	41	1	88	17	312	16	16	449

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

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
	Number of children treated ..	76	..	1113	..	1		..	1117

GROUP V. DENTAL DEFECTS.
NUMBER OF CHILDREN DEALT WITH.

Age	AGE GROUPS INSPECTED.												Specials.	Total.
	Under 5	5	6	7	8	9	10	11	12	13	14	15		
East of County (Mr. Birch)	139	766	789	815	825	873	862	820	751	751	132	—	—	7523
South of County Mr. Keenan()	236	769	1016	989	1107	1150	1097	1021	958	974	169	4	—	9490
North of County (Mr. Catchpole)	144	719	888	892	918	959	906	856	770	709	137	—	—	7898
Total ..	519	2254	2693	2696	2850	2982	2865	2697	2479	2434	438	4	—	24911

Age	NO. OF CHILDREN REFERRED FOR TREATMENT.												Specials.	Total.
	Under 5	5	6	7	8	9	10	11	12	13	14	15		
East of County	46	379	483	568	555	581	526	442	389	343	53	—	—	4365
South of County	44	268	503	598	698	700	579	485	400	355	54	1	—	4685
North of County	35	302	502	544	594	628	531	481	425	299	54	—	—	4395
Total ..	125	949	1488	1710	1847	1909	1636	1408	1214	997	161	1	—	13445

(b) Referred for Treatment 13445
(c) Actually treated 9859

NUMBER OF TEMPORARY TEETH DECAYED.

Age	SAVEABLE.												UNSAVEABLE.											
	Under 5	5	6	7	8	9	10	11	12	13	14	Under 5	5	6	7	8	9	10	11	12	13	14		
East of County	549	3590	4004	3636	3215	2400	1492	775	286	87	8	77	787	1061	1139	944	819	556	311	175	64	4		
South of County	412	1627	2146	1774	1576	1040	486	202	101	24	6	57	395	790	930	973	812	518	305	170	62	9		
North of County	267	1744	2057	1704	1226	1038	557	280	100	43	4	100	916	1582	1523	1352	1110	637	383	171	51	8		
Total ..	1228	6961	8207	7114	6017	4478	2535	1257	487	154	18	234	2098	3433	3592	3269	2741	1711	999	516	177	21		

NUMBER OF PERMANENT TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	5	6	7	8	9	10	11	12	13	14	15	5	6	7	8	9	10	11	12	13	14	15
East of County	11	58	222	265	350	398	412	411	469	73	—	—	1	1	5	28	51	64	113	154	17	—
South of County	2	33	100	187	308	295	302	310	324	46	1	—	3	36	73	148	173	101	195	253	21	—
North of County	10	84	305	450	557	593	560	531	524	85	—	—	9	51	89	217	277	330	356	357	67	—
Total ..	23	175	627	902	1215	1286	1274	1252	1317	204	1	—	13	88	167	393	501	495	664	764	105	—

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics. and Schools.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp orary Teeth
East of County. 76	306	3393	189	1619	3282	138	1786	—	275	716
South of County. 80	323	3724	408	1202	2751	87	1310	—	499	367
North of County. 71	321	3557	458	1933	3361	34	2054	—	170	15
Total 227	950	10674	1055	4754	9394	259	5150	—	944	1098

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (1) Average number of visits per school made during the year by the School Nurses .. 8.9
- (2) Total number of examinations of children in the schools by the School Nurses.. .. 97,600
- (3) Number of individual children found unclean 2,110 (approx).
- (4) Number of children cleansed under arrangements made by the Local Education Authority 0
- (5) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 0
 - (b) Under School Attendance Bye-Laws 12

RETURN OF DEFECTS (SECONDARY SCHOOLS).

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	Ringworm—				
	Scalp .. .. .	..	..	..	..
	Body .. .. .	..	..	..	..
	Scabies .. .. .	..	..	..	..
Nose and Throat	Impetigo .. .. .	..	..	..	..
	Other diseases (Non-Tuberculous)	7	..	..	..
	Enlarged Tonsils only	11	62	1	1
	Adenoids only	1	..	..	..
	Enlarged Tonsils and Adenoids ..	5	..	1	..
Enlarged Cervical Glands (Non-Tuberculous) ..	Other Conditions	4	4	1	..
		..	13	..	..
Eye	External Eye Disease	4	3	1	..
	Defective Vision (including squint)	138	32	6	..
Ear	Defective Hearing	3	1	..	..
	Otitis Media	9	..	..	..
	Other Ear Diseases	1	..	..	..
Defective Speech .. .. .	..	5	..	..
Intelligence (backward)	1	23	..	..
Heart and Circulation	2	14	..	..
Anaemia	5	3	..	1	
Tuberculosis	Pulmonary—				
	Definite	1	..	..	..
	Suspected .. .. .	..	..	..	..
	Non-pulmonary—				
	Glands	6	..	..	..
Lungs	Bones and Joints .. .. .	..	..	..	..
	Skin .. .. .	..	..	..	..
	Other Forms	1	..	..	..
Nervous System	Bronchitis .. .. .	..	7	..	..
	Other Non-Tuberculous Diseases	1	2	..	..
Rheumatism	Headache .. .. .	..	2	..	..
	Signs of Overstrain .. .. .	..	17	..	..
Digestion	Chorea .. .. .	..	..	1	..
		2	2	..	..
Deformities		..	11	..	1
	Spinal Curvature	12	42	..	..
	Flat Foot	38	65	..	..
Other Defects	Other Deformity	17	48	..	..
		30	40	2	1
Remedial Exercises advised		89		12	
Number of individual children found at Routine Inspection to require treatment		269		—	

CLASSIFICATION OF THE NUTRITION OF SECONDARY SCHOOL CHILDREN.
ROUTINE INSPECTIONS.

Number of Children.	Excellent.	Normal.	Slightly Sub-normal.	Bad.
1661	262	1352	46	1
	15.8	81.4	2.8	.06

DENTAL INSPECTION OF SECONDARY SCHOOL CHILDREN.

Age	Age Groups Inspected.													Total.
	7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over		
Fee-paying	36	35	45	97	177	240	283	256	179	93	26	9	1476	
Special-place .. ..	..	..	3	92	182	209	213	194	199	110	56	22	1280
Total	36	35	48	189	359	449	496	450	378	203	82	31	2756	

Age	No. of Scholars referred for treatment.													Total.
	7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over		
Fee-paying	13	15	20	47	82	111	143	131	90	42	11	2	707	
Special-place .. ..	..	..	2	51	109	108	131	93	106	54	34	10	698*
Total	13	15	22	98	191	219	274	224	196	96	45	12	1405	

*Actually treated (Special-place) 506

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN (SECONDARY SCHOOLS).

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics and Schools.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp-orary Teeth
26	78	686	132	697	95	0	715	0	91	0

