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

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COUNTY BOROUGH OF SMETHWICK.

EDUCATION COMMITTEE.

ANNUAL REPORT

ON THE

Medical Inspection of School Children For the Year 1936

BY

HUGH PAUL, M.D., B.Ch., D.P.H.
SCHOOL MEDICAL OFFICER.

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INDEX.

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STAFF FOR MEDICAL INSPECTION OF CHILDREN.

School Medical Officer:

HUGH PAUL, M.D., B.Ch., D.P.H.

Assistant School Medical Officers:

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School Oculist: H. W. ARCHER-HALL, D.O. (Oxon.)

School Dentists:

MISS HYLDA M. SHERRY, L.D.S. (to 29.8.36)
MISS BERTHA H. JOHNSON, L.D.S.
MISS E. C. BOSS, L.D.S. (from 9.11.36)
J. DALLAS BRODIE, L.D.S., R.C.S.

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School Nurses (Part Time):

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Medical Inspection Clerks:

MISS FLORENCE E. HOWLETT MISS ELSIE WARD

Dental Attendants and Clerks:

MISS M. FARMER MISS J. ABEL
MISS D. CUNNINGHAM

Clinic Attendant:

MISS D. E. ELWELL

Obituary

ALDERMAN E. HEWITSON, J.P.
MAYOR,
DIED 19TH OCTOBER, 1936.

MEDICAL INSPECTION OF CHILDREN
in the
SMETHWICK PUBLIC ELEMENTARY AND
SECONDARY SCHOOLS.

ANNUAL REPORT

for the Year ended December 31st, 1936.

To the Chairman and Members of the Smethwick
Education Committee:

Mr. Chairman, Mr. Mayor, Ladies and Gentlemen,

The most interesting feature of the year's work has been the inauguration of our scheme of periodic nutritional surveys.

The Committee will remember that about two years ago the Board of Education very strongly advocated closer association between the feeding of school children and medical supervision of the children being fed. After a considerable amount of correspondence between the Committee and the Board, it was decided to provide additional medical services to carry out periodic nutritional surveys of all the elementary school children in the borough. An assistant medical officer was appointed, whose services were divided between the Health and Education Committees in equal proportions. This appointment increased the establishment of the school medical service from the equivalent of approximately one whole time medical officer to that of one and a half.

There are now four assistant medical officers who devote part of their time to the school medical service, and three of them take part in the nutritional surveys. Routine code group inspections are carried out as usual.

I will first of all outline the procedure adopted in carrying out these nutritional surveys. The medical officer visits the school by appointment and consults with the headmaster or head mistress, who brings to his notice any facts bearing on the health of any individual child. He then proceeds to the class rooms, and makes a methodical survey of all the children in the school at the rate of approximately 120 per session. The class teacher and the school nurse give him any information in their possession about each child; e.g., whether the child is being neglected at home, if he exhibits undue tiredness, if he shows signs of illness, etc. Special attention is paid to nutrition. The children are not undressed, and no attempt is made to carry out a complete examination. The children who are of excellent or normal nutrition are passed over, but children who seem to be under-nourished, or undersized, or who appear to have any defect, or about whom the teacher, nurse, or doctor is not quite satisfied, are referred for special examination. Children who are receiving free meals are noted. This examination, superficial though it is, is not confined to nutritional condition, any defect suspected is sought for. Parents are not advised of this examination, and are not present.

The cards of the children specially selected for a more complete examination, are brought to the office, and arrangements are made for this examination to be carried out within a few days. The teachers and parents are notified and the medical session takes place in the usual way at the school. These special examinations, it is found, take up rather more time than the code group inspections, and in a full session about 22 children are seen. The results are recorded on the ordinary school medical card, and the following up arrangements are exactly the same as for the routine inspections. The examinations are thorough and complete, and special attention is paid to nutrition. Children who are found to be under-nourished are carefully followed up to find out the cause of the malnutrition. Most of these can be quickly cured by a period at the Open Air School, at which a doctor attends weekly.

These nutritional surveys have been in operation since last September, and although the period is short, the results are most informative. I am deeply impressed by their usefulness, and consider that the money spent on them is invested wisely. I have the more pleasure in saying this, since I was rather sceptical at the beginning, and feared that the results would not be com-

sensurate with the cost. I am satisfied that this scheme of nutritional surveys is one of the most useful and helpful developments of the school medical service within the past decade.

I had estimated and hoped that our scheme would enable us to examine all the elementary school children every six months, but this estimate has proved to be optimistic. With our present staff it will not be possible to complete the schools more often than once in nine months.

The period during which these surveys have been in operation is only a few months, and I therefore do not propose this year to provide statistical tables dealing with the subject, but there are certain definite conclusions which may be drawn with confidence.

The first conclusion one comes to is that the total amount of malnutrition or under nourishment is really small. This is not surprising, as the year has been one of relative industrial prosperity. When the cause of the malnutrition in the case of those children found to be under par has been sought, it has been found in rather a large percentage of cases that the undernourishment has been accompanied by some definite physical illness or defect.

The cause of the undernourishment is always sought, and it is found that most of the cases fall within four main headings.

1. Late Hours. The modern child goes to bed much too late, and in many of the cases of undernourishment, this lateness seemed to be the main cause. This unfortunate tendency to send the child to bed when the child wishes to go, rather than when the child ought to go is only too common. The universal use of wireless also prevents the children in many of the smaller houses from obtaining any sleep until the parents switch off when going to bed. I am surprised to note that many people turn on the wireless when they come in in the evening, and leave it on until they retire for the night, irrespective of the programme being broadcast. This may denote a catholicity of taste which many of us do not possess, but it cannot but prevent the child from sleeping. It may be that in time children get used to the noise and sleep through it, but it is doubtful if such sleep is really refreshing.

It is really unfortunate that so many parents seem to think that eight or nine o'clock, or even ten o'clock is sufficiently early to send a young child to bed. It is still more unfortunate that many of them, and I have personally found this to be so, are unwilling to take the trouble, or unable to insist on their child going to bed at the proper time. It is easier to inculcate good habits at an early age than to correct faulty ones.

2. PART-TIME EMPLOYMENT. Examination of children over 12 shows that those who have a part time job delivering newspapers are much too frequently below par physically, or show signs of undernourishment, even if they have only been working thus for a comparatively short space of time. The same deleterious effect is not evident when the part time employment is only *after* school hours. This suggests that the evil effects are due to the morning round.

The officers of this department frequently get abusive letters because they have turned down applicants for part-time employment delivering newspapers. In most of these letters it is contended, and usually with truth, that the children are suffering from no physical defect, that they were examined recently by either the school medical officer or by their own doctor and found normal. It is usually further contended that the work is enjoyed by the children, and that it is good for them.

The law of the land allows such part-time employment, but let us consider what it actually means. The child starts work at about 7-0 a.m. winter and summer, in good and bad weather, rain, hail or sunshine. He works, I am informed by the applicants, about an hour in the morning, and for a rather shorter period in the evening between 6-0 and 7-0 p.m. In addition he goes to school at 9-0 a.m. and remains there till 4-0 p.m. He is expected probably to do at least an hour's home-work. The most recent circular of the Board suggests that home-work for a boy of 12-14 years of age should not exceed four hours a week. This newsboy's working day lasts from 7-0 a.m. till 7-0 p.m. Out of this he has one hour to get his breakfast and walk to school, an hour and a half at dinner time, and two hours in the evening. During this evening two hours he has to get home from school, have tea, and do an hour's home work.

Is it reasonable to claim (*a*) that children enjoy this life, and (*b*) that it does them good? The question as to whether they enjoy it or not, is met by asking another. Would these children do this work if they received no wages for it? Would their parents allow them to do it for nothing—except enjoyment?

These children do not deliver papers for amusement. They work for money and the whole scheme is a commercial one. They do not enjoy going out in the rain on a cold winter's morning, especially as, coming as they usually do, from the homes of the less well-paid workers, they frequently are not suitably clad for inclement weather. They do not enjoy going from house to house delivering papers between six and seven in the evening in preference to playing in the parks or streets. If these children were paid an equivalent sum for playing in the parks, they would deliver no newspapers.

We are told it does them good. Is an hour's soaking in the rain good exercise for a child of 12?. Does it do a boy more good to deliver newspapers than to play football or to swim, or to play other games?

Doubtless our forebears were told that the half-time system in the mills of Lancashire in the last century was good for the children, and that it made men of them. Doubtless it did—old men!

The standard which your medical officers exact in their examinations of children for part-time employment is a high one. The children must be in the first of the four categories of nutrition—namely, excellent. It thus frequently happens that children of normal physique and nutrition, with no physical defects are turned down.

3. Measles and Whooping Cough. A number of children who have been diagnosed as undernourished are found to have suffered from measles or whooping cough. In these cases it is found that the disease has not cleared up completely and has been followed by a more or less lengthy period of ill health and malnutrition. The care and treatment of such children is very important, for if they are neglected, they are liable to develop a chronic lung condition—pulmonary catarrh, bronchiectasis, etc., which not only keeps them below par, but lowers their resistance to pneumonia and tuberculosis.

4. Large families. It is not at all surprising to find that many of the cases of malnutrition come from large families. Mr. Rowntree's recent researches show that in York when he carried out his investigations (and probably everywhere else) a substantial proportion of families with three, four and more children were living below the minimum subsistence level. This raises the important question of children's allowances, but as much has been written on the subject within the past few weeks I do not propose to discuss the question here. In passing however, I would like to stress the fact that quite often very material improvement could be effected in the nutrition of the family if the mother had a more complete knowledge of relative food values. The information is available for all, but relatively few are interested.

I would like to take this opportunity of thanking my colleagues for their very valued help in the work of the school medical service, and more especially the teachers. From what has been said above it will be obvious that the special surveys can only be fully successful if they receive the full and enthusiastic support of the teachers in the schools. Both heads and assistants have co-operated most generously, and have shown

once more that they have the interests of the children at heart. We on the medical side do realise the inconvenience which our constant visits to the schools cause to the routine of the classes, and we are grateful for their consideration.

I am deeply indebted also to Mr. Bennett, the Chief Education Officer, who has taken a very keen interest in the work, and to his staff. My own staff has also rendered valuable service for which I cannot be too grateful.

In conclusion, may I thank the Education Committee, especially the Chairman and members of the Hygiene Sub-Committee for their kind support and interest. Their sympathy and help has made the work smoother and easier.

I have the honour to be,

Your obedient servant,

HUGH PAUL, M.D., D.P.H.,

School Medical Officer.

The School Medical Service in relation to the Public Elementary Schools.

NUMBER of PUBLIC ELEMENTARY SCHOOLS in SMETHWICK

There are at present 16 elementary schools, namely, 13 "provided" and 3 "non-provided." Included in the former are the special school for mentally defective children (65 places) and the Firs Open-Air School (120 places).

SCHOOL		Accommodation	Average Attendance
Abbey Road	Junior Mixed	480	395
	Infants	450	467
Bearwood Road	Junior Mixed	550	369
	Infants	394	272
Brasshouse Lane	Junior Mixed	574	370
	Infants	527	387
Cape	Junior Mixed	500	291
	Infants	350	272
Corbett Street	Junior Mixed	224	177
	Infants	250	181
Crocketts Lane	Senior Boys	600	379
	Senior Girls'	480	395
	Junior Mixed	300	241
	Infants	350	259
Holy Trinity	Mixed	240	229
	Infants	140	124
Oldbury Road	Boys	320	173
	Girls	320	189
	Infants	220	176
St. Matthew's	Junior Mixed and Infants	290	256
St. Phillip's	Mixed	180	144
	Infants	80	68
Slough Lane	Junior Mixed and Infants	214	108
Smethwick Hall	Boys (includes Smethwick Hall House)	530	408
	Girls	480	449
	Infants	500	468
Uplands	Senior Boys	440	316
	Senior Girls	440	381
	Junior Mixed	450	405
	Infants	450	407
Waterloo Road	Senior Boys	360	328
	Senior Girls	360	331
	Infants	450	244
Victoria Special		65	43
"Firs" Open Air School		120	102
		12,678	9,804

The total number on the registers on 31st December, 1936, was as follows:—

	Boys	Girls	Mixed	Total
Seniors only	1,184	1,304	—	2,488
Seniors and Juniors	641	686	429	1,756
Juniors only	—	—	2,383	2,383
Juniors and Infants	—	—	405	405
Infants	—	—	3,704	3,704
Total	1,825	1,990	6,921	10,736

In these figures are included 292 children (155 boys and 137 girls) under 5 years of age.

The percentage of attendance for each of the past ten years was:—

1936	.....	90.5
1935	.....	89.6
1934	.....	91.7
1933	.....	91.3
1932	.....	90.3
1931	.....	88.7
1930	.....	90.6
1929	.....	88.2
1928	.....	90.8
1927	.....	89.6

PRACTICAL CLASSES IN COOKERY, etc.

Domestic Science: at Crocketts Lane, Oldbury Road, Waterloo Road and the Uplands Schools.

Handicraft: at Crocketts Lane, Smethwick Hall, Waterloo Road, and the Uplands Schools.

Junior Evening Institutes for boys and girls were conducted during the Winter Session at Crocketts Lane, Waterloo Road and Uplands Schools.

SCHOOL HYGIENE.

During the year 1936 there was no noteworthy change.

MEDICAL INSPECTION.

Particulars of the age groups of the children inspected are given in Table 1 of Appendix A. Comparison with former years is as follows :—

Year.	Routine Inspctns.	Entrants	Intermediates	Leavers
1927	3974	40.44%	29.34%	30.22%
1928	4521	38.9%	26.3%	34.8%
1929	5082	35.8%	33.7%	30.5%
1930	4763	39.0%	35.5%	25.5%
1931	3524	38.4%	34.0%	27.6%
1932	4272	29.0%	36.6%	34.0%
1933	4339	35.0%	31.2%	33.8%
1934	4524	35.0%	33.3%	31.7%
1935	3621	37.0%	34.7%	28.1%
1936	3318	37.8%	33.9%	28.3%

In addition 181 examinations were made of children outside the code groups during 1936.

The code group inspections were carried out in accordance with the Board's regulations and about one-third of the elementary school population was examined. In addition, the following routine inspections were made in the Secondary Schools.

1929	752	1933	509
1930	834	1934	474
1931	807	1935	571
1932	462	1936	622

FINDINGS OF MEDICAL INSPECTION.

(*a*) UNCLEANLINESS.

During the year, the school nurses made 28,528 inspections of children in the elementary schools, and of these 1,348 individual children were found unclean. Notices under Sec. 87 of the Education Act of 1921 were served in 3 cases.

(*b*) MALNUTRITION.

This subject is dealt with in the introduction to this report.

(*c*) TONSILS AND ADENOIDS.

The number of children found to have unhealthy tonsils and/or adenoids requiring treatment was 112. In addition 496 children were found to have abnormal conditions of the nose or throat which did not require operative treatment.

(*d*) TUBERCULOSIS.

In three cases pulmonary tuberculosis was suspected and five cases of non-pulmonary tuberculosis were found. These cases were referred for observation or treatment to the Chest Clinic.

(*e*) SKIN DISEASES.

There were 23 children found to be suffering from skin disease referred for treatment. Comparison with findings of the previous three years is as follows:—

	1936	1935	1934	1933
Number inspected	3,449	3,899	4,616	4,339
Ringworm (all forms)	6	1	8	4
Scabies	2	3	2	2
Impetigo	3	6	11	9
Other conditions	12	20	19	19
	23	30	40	34
Percentage	0.65%	0.76%	0.86%	0.78%

Facilities are available for refractory cases of Scalp Ringworm to receive X-Ray treatment at the Birmingham Education Committee's Clinic, Great Charles Street. No cases were treated during the year.

(*f*) EXTERNAL EYE DISEASES.

Forty-eight of the children inspected were found to be suffering from Blepharitis, Conjunctivitis or other external eye conditions, 41 being referred for treatment and 7 for observation.

(*g*) DEFECTIVE VISION, INCLUDING SQUINT.

The number of children found to show defective eyesight was 123, all of whom were referred for treatment. In addition 17 cases of squint were referred for treatment. The percentage of defects under this heading was 4%.

(*h*) EAR DISEASES AND HEARING.

The number of children found with defects under this heading was 90 or 2.57% of the total number inspected.

(*i*) DENTAL DEFECTS.

The figures in detail for 1936 during ROUTINE inspections are :—

Perfect dentition (no visibly decayed teeth)	2,093—61.2%
Fair dentition (less than four decayed teeth)	994—27.1%
Bad dentition (four or more decayed teeth)	412—11.7%

	Entrants		Intermediates		Leavers		Other routine	
Perfect	657	52.3%	623	55.4%	239	74.5%	114	63.0%
Fair	367	29.2%	361	32.1%	212	22.6%	54	29.8%
Bad	232	18.4%	140	12.4%	27	2.8%	13	7.1%

(*j*) CRIPPLING DEFECTS.

Thirty-eight cases of rickets, 58 of spinal curvature and 75 of other deformities were met with in the course of inspection, i.e., 4.88% of the total inspected; 153 were referred for treatment.

The Secretary of the Smethwick Cripples Union (Miss V. Jenkins) provides a list of the children of school age at present under their care. The defects included :—

Amputation	1
Paraplegia	7
Hemiplegia	2
Poliomyletis	12
Talipes	103
Rickets	—
Knock Knees	35
Congenital Deformities	5
Scoliosis	99
Dislocations	1
Other conditions	22
	287

INFECTIOUS DISEASES.

The incidence of scarlet fever which had shown a progressive increase during the previous three years declined sharply from 201 cases in 1935 to 139 cases in 1936. The type was, on the whole mild, but two deaths occurred. There was a further increase in the number of cases of diphtheria, but the mortality was happily lower.

The non-notifiable infectious diseases were not markedly prevalent during the year, with the exception of a small epidemic of mumps in St. Philip's School in March and April, and a large number of cases of measles and mumps in Abbey Road Schools in the Autumn.

The campaign for immunization against diphtheria was continued, and a further 163 children in the infants and junior schools were protected.

Scarlet fever and diphtheria notifications at school age for the past ten years were as follows:—

	No. of Cases notified		Deaths at school age (5—15)	
Year	Scarlet Fever	Diphtheria	Scarlet Fever	Diphtheria
1927	54	69	1	3
1928	52	60	-	1
1929	104	62	-	1
1930	176	144	2	9
1931	86	121	-	6
1932	67	35	-	4
1933	110	26	-	-
1934	143	65	-	2
1935	201	70	2	4
1936	139	90	2	2

"FOLLOWING UP."

The arrangements detailed in the Report for 1920 have continued to work satisfactorily.

Statement of work done by School Nurses:

At the schools	1936	1935	1934	
Assisting School Medical Officer	*335	205	231	sessions
Examination of heads re nits, ringworm, etc.	28,528	29,245	34,695	
Visits to Houses.				
Defects and "Following Up"	880	954	1,967	visits
Clinic Cases	415	378	541	„
Eye „	—	—	65	„

At the School Clinics.

Inspection Clinics held on	97	96	96 days
Treatment Clinics „	350	463	441 „
Eye Clinics „	88	105	134 „
Ionization Clinics „	49	48	46 „
At the Skin Clinic.			
Treating children on	61	68	66 „
Number of children treated	22	22	36
Number of baths given	121	111	199

* Including 103 at Nutritional Surveys.

MEDICAL TREATMENT.

No change has been made in the methods available and employed for the treatment of defects from that described in previous Reports. Particulars of the treatment received are given in the tables appended to this Report.

Attendance at Treatment Clinics (excluding Inspection Clinics, Eye Clinics and Baths) :—

1936	1935	1934
15,869	14,440	16,597

The School Clinics are open on the following days and at the times stated :—

"The Firs" Clinic, Coopers Lane :—

Inspection Clinic	Tuesday morning, 9-30 till 12.
Treatment Clinics	Monday, Tuesday, Wednesday, Thursday and Friday mornings, 9-30 till 12.
Eye Clinic	Monday afternoon, 2 till 5 and Wednesday morning, 9-30 till 12
Dental Clinic	Daily, 9-30 till 12-30 and 2 till 5, except Monday and Wednesday afternoons.
Ultra-Violet Radiation Clinic	Monday and Friday afternoons.

Cape, Durban Road.

Inspection Clinic	Friday morning, 9-30 till 12.
Treatment Clinics	Monday, Wednesday, Thursday and Friday mornings, 9-30 till 12.
Ionization Clinic	Tuesday morning, 9-30 till 12.
Skin Clinic	Monday and Wednesday afternoons, 2 till 5.
Dental Clinic	Daily, 9-30 till 12-30 and 2 till 5, except Tuesday and Thursday afternoons.

(*a*) MINOR AILMENTS.

The number of defects treated under the Authority's Scheme during the year was 2,124, while 57 defects were treated otherwise than under the Scheme. Details of the defects dealt with will be found in Table IV of Appendix A.

(*b*) TONSILS AND ADENOIDS.

A total of 138 cases received operative treatment during the year, while 59 cases received other forms of treatment.

The figures for the past five years are as below :—

1932	186
1933	104
1934	172
1935	122
1936	138

The operations were carried out as follows :—

St. Chad's Hospital	10
Children's Hospital	74
Ear and Throat Hospital	14
Other Hospitals	40
	138

(*c*) TUBERCULOSIS.

Cases of Tuberculosis are referred for diagnosis and treatment to the Chest Clinic, and are often kept under prolonged observation. During the year, 92 children of school age came under the observation of the Chest Clinic, including " contacts " of known cases.

	Pulmonary	Other Forms
Number found Tuberculous	—	7
Number Suspected	2	—
Number found Non-Tuberculous	83	—

X-Ray examinations are made where indicated as an aid to diagnosis.

Close co-operation exists between the School Medical Department and the Tuberculosis Dispensary; the Tuberculosis Officer and the Assistant Tuberculosis Officer are also respectively School Medical Officer and Assistant School Medical Officer.

(*d*) SKIN DISEASES.

These are included under "Minor Ailments" in Table IV of the Appendix.

(*e*) EXTERNAL EYE DISEASE.

Two hundred and sixty-three cases were treated during the year, including cases of Blepharitis, Conjunctivitis, Keratitis, etc. Cases not responding readily to treatment were referred to the Eye Clinic.

(*f*) DEFECTIVE VISION.

REPORT BY MR. ARCHER-HALL, D.O. (OXON.), HONORARY SURGEON TO THE BIRMINGHAM AND MIDLAND EYE HOSPITAL, OPHTHALMIC SURGEON TO THE EDUCATION COMMITTEE OF SMETHWICK.

The bulk of the work of the year has as usual consisted of the examination of children's eyes, with regard to refraction, and also to exclude disease of the retina and other deeper structures of the eye.

With regard to elementary school children, the following cases were examined, diagnosed, and treated by prescription of glasses where necessary.

Myopia	58
Myopic astigmatism	76
Hypermetropia	110
Hypermetropic astigmatism	374
Mixed astigmatism	70
Emmetropia	36
Myopia in one, and hypermetropia in other eye	11

Pupils from the secondary schools showed the following analyses :—

Myopia	36
Myopic astigmatism	30
Hypermetropia	8
Hypermetropic astigmatism	13
Mixed astigmatism	6
Emmetropia	5
Myopia in one, and hypermetropia in the other eye	4

Of the above, it was found necessary to treat twelve cases of squint by operation, and this was carried out by me at the Birmingham and Midland Eye Hospital.

Arrangements have recently been made between the Education Department and the Birmingham and Midland Eye Hospital, whereby cases of squint considered suitable could be treated at the Orthoptic (Fusion-Training) Department of the Hospital.

At special sessions, and to some extent, at the ordinary sessions, I selected these patients, having particular regard to the visual acuity of each eye, in these children, as good vision is necessary in both eyes, before fusion treatment can be performed with advantage.

The results of treatment of the first 22 patients so referred prove the benefit of this recent form of ophthalmic treatment.

In a large majority of patients, binocular vision is being obtained, and the degree of squint is being reduced.

In some cases, progress has gone on so far, and the co-operation of surgical procedure is desirable. After this has been effected, further treatment will be carried out, so that in the end, the child will have straight eyes, together with the priceless boon of binocular sight, with perfect conception of perspective and judgment of distances.

In addition to the above, 9 examinations of Smethwick children, attending the Part-Sighted Schools of Birmingham, were carried out. The number was made up as follows :—

Nystagmus	1
Hypermetropia	1
Nebulae each eye	1
Hypermetropia with astigmatism	2
Myopic astigmatism	4

(*g*) EAR DISEASES AND DEFECTIVE HEARING.

One hundred and fifty-seven cases of ear disease, including 27 cases continued from the previous year were dealt with at the Ear Clinic.

Cases treated	157
Discharged—cured	85
Left school or district	3
Died	1
Referred to Hospital	9
Referred to own doctor	2
Continuing treatment	57

The Ear Clinic at Cape Clinic is held on Tuesday mornings as in previous years. Dr. McLeay is in charge.

(*h*) DENTAL DEFECTS.

Details of inspection and treatment carried out during the year will be found in Table IV (Group IV) of the Appendix.

All school children, elementary, technical and secondary, now come within our scheme, and an attempt is made to examine each child once a year, and to treat all those requiring attention.

The reports of Miss B. H. Johnson, L.D.S., and Mr. J. D. Brodie, L.D.S., are as follows.

Miss B. H. Johnson reports:—

"Reviewing the past year, from my standpoint, it has been one of change. Until August I carried out my work at the High Street Clinic; since then for a short period at the new Cape Schools Clinic and finally at the Firs. These changes, though welcome to me as I am now working under greatly improved conditions, unavoidably interrupted the sequence of work as time had to be taken up for moving apparatus and visits of many children had to be postponed on account of the long distance to Cape Hill.

The work throughout the year has been a steady continuance of a mainly preventive service which is now more firmly established than ever. The old unsatisfactory method, unavoidable at one time, of combating dental sepsis by removing teeth, is gradually giving place to one of conserving them. While in past years, I devoted only afternoons to filling teeth and mornings for extractions, I now find it necessary to give part or whole of every morning session also to fillings since the number of teeth that cannot be saved is so much less.

In both secondary and elementary schools, except in the classes of newly admitted pupils, the state of children's mouths is very much better than a few years ago. I am continually

advising mothers of little children to give them a diet that will produce a healthy permanent dentition. In the senior and junior schools, frequently, I find that only one or two further visits to the clinic for fillings, are necessary to maintain a high state of dental efficiency—this is the outcome of regular treatment already given year by year.

At the school inspections, I have been satisfied to find that there is an increase in the number of children who need no treatment at all. In many departments, of those who showed dental defect, the number of cases found to require fillings well exceeded that for extractions. There were fewer cases of very neglected mouths and very few with acute dental sepsis; these were treated immediately after the inspection.

With the most valuable assistance of those in charge at the schools, on whose influence and co-operation depends greatly the success of the running of the dental scheme, gradually children who have never attended the clinic have been persuaded to come.

Apart from the children who have only been at school a short time, I found that an average of 8% showed neglected mouths, chiefly through disregard of available treatment. This percentage was less in some of the schools in the better areas and greater in the poorer districts. Where outstanding neglect was observed, names have been referred to the health visitors who have succeeded in some, though not all, most difficult cases in getting parents' consent. The acceptance rate of parents, though already comparatively high is still improving. As before, either by direct contact with parents, or letters to them, I have been able to propagate the value of dental treatment.

Although for the last two years we have treated children whose parents have before refused treatment we find, by experience, that it is better to tell the parents that unless they are willing to put the entire decision of the treatment of the child in our hands, we are not prepared to do anything at all for them. By adoption of this method the clinic cannot be used merely as a convenient means for taking out aching teeth but its function to prevent dental disease is recognised.

On reviewing the work of the year, the figures for which are included in this report, I am encouraged to find that the number of permanent teeth that I extracted has fallen slightly. The number of fillings done by me exceeded that of extractions both for permanent and temporary teeth together. For the first eight months of the year Miss Sherry too filled a large number of teeth in both dentitions.

I still set a high value on dental cleanliness and throughout all schools I did not pass a dirty mouth, even if the teeth were sound. Under the heading of "other operations" in my report are included 963 patients, 121 of whom were at secondary schools, whose teeth were thoroughly scaled and polished. Under this heading, too, comes a considerable amount of treatment for unhealthy gums, root fillings of incisors and treatment of caries by silver nitrate.

Our analysis of the extractions of permanent teeth show that nearly as many teeth have been lost for orthodontic reasons, among my patients, as from neglect to attend the clinic. I had to sacrifice a number of teeth to make room in over crowded mouths. Although this is not an ideal method it has been the only one open until the present. I hope that sometime in the near future, I shall be able to adopt the much more satisfactory way of regulation by appliances, the need for which I have always felt.

I have kept a careful watch upon the "school leavers" at all three times, Easter, Midsummer and Christmas. I have given every one who needed it a special opportunity to come for treatment before the end of term. That these boys and girls leave school with good teeth is most important as most of them will have no opportunity of receiving further treatment until they are included in an insurance scheme about two years afterwards. It has been encouraging to see how many now reach school leaving age with teeth that have been looked after. I noticed specially that in the poorer schools there was a definite improvement in their teeth. Many of them came voluntarily for me to examine them before they passed out of my care. From several schools every "leaver" came when notified. I am sorry that there are any at all who leave school with carious teeth. Fortunately these are few but then it is entirely their own fault, since they will not take the advice proffered to them.

I have continued to give my special attention to the children in the Open Air School. The acceptance rate here is always very high; consequently healthy mouths have resulted. When there has been any opposition by parents to treatment it has been satisfactorily dealt with.

In the secondary schools, the condition of the teeth has similarly improved and again the work necessary is mainly fillings. I noticed that at the Girls' High School 66% needed no treatment whatsoever. The boys from the Junior Technical School and from Holly Lodge High School, both boys and girls, have attended excellently. Very few refused treatment, and of these there were a fair number who have always attended private dentists, these however, readily took the advice given to them to receive dental attention.

In conclusion, I would like to express my thanks to the Head Teachers and the staffs of all the schools for their constant interest and help in the work of the Clinic."

Mr. J. Dallas Brodie, reports :—

"This is my first annual report, having commenced as part-time dental officer, September 2nd, 1935, so I cannot give comparisons with previous years, but I hope the figures given herewith, will show that there is a general improvement in the children's teeth at the schools, for whose treatment I am responsible.

Inspected	2,195
Attendances made by children for treatment	2,326
Found to require treatment	1,604
Fillings Permanent Teeth	1,187
Fillings Temporary Teeth	129
Fillings Total	1,316
Extractions Permanent Teeth	245
Extractions Temporary Teeth	1,580
Extractions Total	1,825
Other operations, scaling, etc.	373

I have noticed that since my second inspection of these children, there has been a marked improvement in their dental fitness, and that their mouths are now reasonably healthy, and in the case of the older children, they are now leaving with sound teeth. I make a special effort to see that this is done, as there is such a gap between school leaving age and the time when they can get their teeth attended to under the National Health Insurance. It is my hope to prevent the loss of their teeth during the years after they have left our care.

It is my view, and I think that of my colleagues, that preventive dentistry is preferable to immediate treatment, or in simple terms, permanent fillings are preferable to permanent extractions. Of course, this "utopia" is not always possible, as one must have the full confidence and support of the parents of these children to attain this result. Still I must say that this is better now than when I first commenced, due to advising those parents who do come to the clinic with their children, and have their interests at heart, and also to the help and co-operation of the headmasters, headmistresses and teachers, who have seen that the children keep their appointments.

There are permanent extractions down in my figures, which will no doubt be noticed, but some of these teeth have been extracted for orthodontic reasons. Sometimes as many as four teeth (two in each jaw), have to be sacrificed not because they are necessarily decayed, but because the jaws are not large enough to accommodate the second dentition. This is necessary work, and I am pleased to state that there is a possibility of more of this work being done in the future, and I hope regulation appliances for those children whose teeth cannot be rectified otherwise, as these conditions, besides being unsightly the child cannot masticate its food properly, and thus the general health suffers in the long run. The other permanent extractions have been due to either bad tooth structure, or neglect of these children's teeth in the past, often the parent not believing in having teeth filled, and then when the tooth hurts them, having them out, or from children who have come from other districts, and have not been under our supervision.

The number of refusals is steadily getting less, which is a good sign, and the acceptances at two of my schools is up to 90%, which shows a marked improvement, and justifies the perseverence which has produced this result.

In conclusion, I would like to add my thanks to the Education Committee, School Medical Officer, and Staff, whose co-operation have helped to achieve these aims and ambitions."

The following table shows the reasons for the extraction of 1,209 permanent teeth during the year :—

	Elementary		Secondary	
	Children	Teeth	Children	Teeth
1. Neglect of parents	181	222	20	28
2. Orthodontic reasons	202	255	30	33
3. Illness of child causing postponement of treatment	34	44	3	3
4. Child absent from school inspection through long illness	26	38	—	—
5. Permanent tooth unsavable at first dental examination (e.g., child new to district)	128	154	32	34
6. Bad tooth structure, e.g. hypoplasia and rapid caries	189	214	18	18
7. Other causes	132	151	14	15
Totals	892	1078	117	131

(*i*) CRIPPLING DEFECTS.

The Education Committee have no orthopaedic scheme of their own, but the Smethwick Cripples' Union, a voluntary body, administers a very complete scheme and works in the closest harmony with this department. Cases of crippling defects are referred by the school medical officer to the Union, who supply all necessary treatment. Mr. F. Wilson-Stuart is the surgeon to the Union and attends on the second and fourth Tuesday of each month. The staff includes two full-time orthopaedic nurses, two part-time masseuses, and a full-time secretary, and all grades of defect are dealt with. Treatment is provided in all cases, either locally or in Birmingham, and children requiring in-patient treatment are sent to the "Woodlands" Northfield or to "The Forelands," Bromsgrove. Some cases of surgical tuberculosis are treated at the Children's Hospital, Birmingham. During the year 9 children of school age received in-patient treatment at one or other of these institutions, and a large number of children of school age are included in those attending the clinic of the Smethwick Cripples' Union each morning for massage.

PHYSICAL TRAINING.

This is included in the school curriculum and conducted in accordance with instructions, etc., contained in the Board of Education official publications re Physical Exercises, copies of which are in possession of each member of the teaching staff.

PROVISION OF MEALS.

Meals have been provided throughout the year at the undermentioned Centres :—

Brasshouse Lane School	22,692
Church Lane Centre	32,149
Bearwood Road School	10,716
Slough Lane School	4,329
Victoria Special School	2,224
	72,110

There are fewer children being fed than has been the case for a considerable time. The total meals provided during the past seven years are given hereunder :—

1930	48,794 meals
1931	96,612 meals
1932	201,194 meals
1933	210,716 meals
1934	135,598 meals
1935	81,458 meals
1936	72,110 meals

MID-MORNING MILK.

A total of 1,177,905 milk meals were supplied during the year, 113,526 free and 1,064,379 for payment.

The highest number of children partaking of milk meals during the year was 5,352 for payment and 642 free of charge—a further decrease in the total number of children partaking of mid-morning milk, although the milk meals supplied were 37,124 more than last year.

SCHOOL BATHS.

The numbers attending the Smethwick Baths for the past five years were as follows:—

	Elementary			Secondary		
	Boys	Girls	Total	Boys	Girls	Total
1932	16,593	15,743	32,336	2,200	1,093	3,293
1933	18,912	15,754	34,666	2,480	806	3,286
1934	19,201	16,208	35,409	3,457	1,047	4,504
1935	12,893	11,405	24,298	2,801	958	3,759
1936	23,627	20,084	43,711	3,651	1,448	5,099

Grand Totals—

1932	35,629
1933	37,952
1934	39,913
1935	28,057
1936	48,810

CO-OPERATION OF PARENTS.

One or other parent or relative was present at 3,499 examinations, or 88.9%, a very satisfactory figure. It is evident that the parents in Smethwick take a very considerable interest in the health and welfare of their children, and this interest is of great value in assisting the school medical service. The presence of a parent at an examination enables the doctor to explain the nature of any defect found in the child, and to indicate what treatment is necessary, and where and how it may be obtained.

CO-OPERATION OF TEACHERS.

The co-operation of the teachers in the work of school medical inspection and treatment during the year has been most helpful. They have always been ready to give assistance and

they have continued to confer with the medical officers and nurses in connection with the health of individual children, and have taken a great deal of interest in the physical welfare of their scholars.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

There is mutual co-operation between the nurses and the school attendance officers. Absentees from school who are found to be having no treatment are referred to the clinics by the attendance officers, who in turn are notified of the names and addresses of those children whose treatment has been completed. Absentees from the clinics are visited by the School Nurses.

CO-OPERATION OF VOLUNTARY BODIES.

The Smethwick Cripples' Union and the National Society for the Prevention of Cruelty to Children have given help in a number of cases during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(*a*) All blind and deaf children are sent to institutions on a report being sent by the school medical officer to the Education Office that such action is desirable. At the present time the Education Authority have children at the following institutions:

Institution	Boys	Girls	Total
Royal Institution for Blind (Birmingham)	11	6	17
Institution for Instruction of Deaf and Dumb	4	5	9
Gem Street Day School	1	—	1

(*b*) The Victoria Special School in Suffrage Street for mentally defective children, has accommodation for 65 children. In addition to basket making, rug making, and leather work, the boys receive instruction in simple manual work, and the girls in sewing and cookery. All the scholars engage in gardening as the weather permits.

The school is visited periodically by the School Medical Officer for special and routine inspection, and every child is examined frequently.

Victoria Special School.

	Boys.	Girls.	Total
Number on Register, December 31st, 1935	25	25	50
Admitted during the year 1936	7	4	11
*Discharged during the year 1936	6	7	13
Number on Register, December 31st, 1936	26	22	48
*Of those who left :—			
Reached the age limit (16 yrs.)	4	6	10
Deceased	1	1	2
Physically unfit to attend school	1	—	1
Number examined (new cases)	17	10	27
Number certified—			
(*a*) for admission to Special School	7	3	10
(*b*) Ineducable	2	3	5
Number not M.D. (dull or backward)	5	3	8
Number under observation ...	3	1	4

The places are filled after cases referred to the school medical officer have been examined at the Firs Clinic. During the year, I examined 27 cases, of whom I certified 10 as suitable for admission to the Special School, and 5 as ineducable; to be dealt with under Mental Deficiency Acts. Eight were not mentally defective, and 4 are being kept under observation as borderline cases.

The names of all children who become eligible to leave the Special School are reported to the Education Office at the end of each term and details of each case are referred to the Statutory Committee under the Mental Deficiency Act, 1913. The cases are visited periodically by the nurses in the health department, who supervise their after-care.

NURSERY SCHOOLS.

I am pleased to be able to record that plans have now been passed for the erection of a Nursery School in the Brasshouse Lane Area, and that actual building will soon commence. The plans provide for 100 places.

OPEN-AIR EDUCATION.

The Firs Open Air School in Coopers Lane has accommodation for 120 chiidren, the number on the registers at the end of

the year being 117. The average attendance during the year was 88.3. The school is visited weekly by the school medical officer during the school term, and 349 examinations of children attending were made during the year. The school continues to be popular and to show good results. There have been no changes in the routine of the school during the year.

SECONDARY SCHOOLS.

A school for boys, known as the Junior Technical School, is situated in Crocketts Lane and has accommodation for 400 boys. At the end of the year there were 244 names on the register.

Holly Lodge High School for Girls was opened in September, 1926, and has accommodation for 550 girls. At the end of the year 385 names were on the register.

Holly Lodge High School for Boys was opened in September 1932, and has accommodation for 608 pupils. At the end of the year there were 373 names on the register.

The examination and following up of the children at these three schools is on the same lines as at the elementary schools, and has been fully described in last year's report.

The number inspected, the defects found and the treatment given are set out in tables in Appendix B.

Candidates for admission to all three secondary schools are also examined before they can enter as pupils.

CONTINUATION SCHOOLS.

There are none in the area.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Bye-Laws made under Sec. 1 of the Employment of Children Act, 1903, and Part VIII of the Education Act of 1921, are in force in the Borough.

The number of Certificates granted during the year was 231 of which 213 were for boys and 18 for girls. There was an increase compared with the previous year when 196 certificates were granted. Certificates were refused in 21 instances on

medical grounds. The view of the medical officer is that education is a whole-time occupation and that only exceptional circumstances should subject a child to the strain of carrying out other additional duties.

Nature of proposed employment :	Boys	Girls
Delivering Newspapers	122	3
,, Milk	5	—
,, Firewood	2	—
,, Greengrocery	13	—
,, Meat	12	1
,, Bread	9	2
,, Grocery	19	—
Errands	30	—
To assist in shop	—	12
Factory Work	1	—
	213	18

REPORT ON ARTIFICIAL LIGHT TREATMENT OF CHILDREN OF SCHOOL AGE DURING THE YEAR 1936.

During the year ended 31st December, 1936, 119 children of school age received treatment at the Light Clinic, compared with 109 in the previous year and 142 in 1934. These children made 1,799 attendances against 1,701 in the previous year and 2,111 in 1934.

The equipment includes two "K.B.B." Mercury Vapour Lamps for general use, and one with shrouded cowl and applicators for local use, and one Carbon Arc Lamp for general light baths. The period of treatment is a first period of six weeks, when the patient is re-examined by the medical officer at the clinic. The treatment is then either cancelled or continued for a further period. The treatment is given as a rule twice a week.

The accompanying table shows the various conditions treated, together with a statement of the condition of the patients on discharge.

CASES TREATED DURING 1936.

DISEASE	Total cases treated.	Number Discharged.	Condition on Discharge.				Continuing Treatment
			Very much improved.	Improved.	In *statu quo* or worse.	Course not completed.	
Adenitis	3	2	—	1	—	1	1
Alopecia	9	6	2	3	—	1	3
Anorexia	1	—	—	—	—	—	1
Bronchitis and "Colds" ...	55	36	17	13	—	6	19
Cervical Glands	6	5	2	2	—	1	1
Chilblains	1	1	—	1	—	—	—
Conjunctivitis	1	1	—	1	—	—	—
Debility	30	15	8	4	1	2	15
Malnutrition	7	3	1	2	—	—	4
Rheumatism	3	2	—	1	1	—	1
Whooping Cough ...	3	3	—	2	—	1	—
TOTAL	119	74	30	30	2	12	45

County Borough of Smethwick.

Appendix "A"

Statistical Tables

for

Elementary Schools,

1936

Prepared in accordance with the requirements of the Board of Education.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	1,256
Second Age Group	1,124
Third Age Group	938
	3,318
Number of other Routine Inspections	181
	3,499

B.—Other Inspections.

Number of Special Inspections	10,401
Number of Re-Inspections	4,432
	14,833

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

Prescribed Groups—			
Entrants	4	291	295
Second Age Group	51	139	190
Third Age Group	58	121	179
	113	551	664
Other Routine Inspections	10	51	61
	123	602	725

TABLE II.—ELEMENTARY SCHOOLS

A.—Return of Defects Found in the Course of Medical Inspections in 1936.

DEFECT OR DISEASE.	Routine Inspections. No. of Defects		Special Inspections. No. of Defects	
	Requiring Treatment	Requiring to be kept under observation, but *not* requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but *not* requiring Treatment
Skin: Ringworm:— (1) Scalp	5	—	6	—
(2) Body	1	—	13	—
(3) Scabies	2	—	25	—
(4) Impetigo	3	—	34	—
(5) Other diseases (non-tuberc's)	12	96	60	—
Total (Heads 1 to 5)	23	96	138	—
Eye: (6) Blepharitis	26	—	31	—
(7) Conjunctivitis	11	—	55	—
(8) Keratitis	1	—	—	—
(9) Corneal Opacities	—	3	—	—
(10) Other Conditions	3	4	28	—
Total (Heads 6 to 10)	41	7	114	—
(11) Defective Vision	123	—	—	—
(12) Squint	17	—	1	—
Ear: (13) Defective Hearing	3	13	5	—
(14) Otitis Media	10	—	83	—
(15) Other Ear Diseases	49	15	76	—
Nose and Throat: (16) Chronic Tonsillitis only	95	485	48	—
(17) Adenoids only	1	1	3	—
(18) Chronic Tonsillitis and Adenoids	16	10	8	—
(19) Other conditions	18	3	54	—
(20) Enlarged Cervical Glands (non-tuberculous)	4	3	12	—
(21) Defective Speech	6	—	11	—
Heart & Circulation: Heart Disease:- (22) Organic	—	—	23	—
(23) Functional	6	8	2	—
(24) Anaemia	48	5	6	—
Lungs: (25) Bronchitis	51	17	23	—
(26) Other Non-Tub. Diseases	12	10	29	—
Tuberculosis: Pulmon.: (27) Definite	—	—	—	—
(28) Suspected	2	1	4	—
Non-Pulmon.: (29) Glands	1	—	2	—
(30) Bones & Joints	—	—	3	—
(31) Skin	—	—	1	—
(32) Other Forms	—	4	—	—
Total (Heads 29 to 32)	1	4	6	—
Nervous System: (33) Epilepsy	—	1	4	—
(34) Chorea	4	3	15	—
(35) Other Conditions	5	—	5	—
Deformities: (36) Rickets	37	1	—	—
(37) Spinal C'vature	45	13	2	—
(38) Other Forms	71	4	17	—
(39) Other Defects and Diseases excluding Uncleanliness and Dental Diseases)	120	10	588	—
Totals	808	710	1277	—

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

Age-groups	Number of Children Inspected	A (Excellent)	B (Normal)	C (Slightly Sub-normal)	D (Bad)
		No. %	No. %	No. %	No. %
Entrants	1,256	419—33.4	773—61.6	57—4.5	7—0.5
Second Age-group	1,124	509—45.3	593—52.8	22—1.9	— —
Third Age-group	938	367—39.1	556—59.3	14—1.5	1—0.1
Other Routine Inspections	181	70—38.7	107—59.1	4—2.2	— —
Total	3,499	1365—39.0	2029—58.0	97—2.8	8—0.2

TABLE III.

Return of All Exceptional Children in the Area.

	At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no school or Institution	Total
Children suffering from Multiple Defects.					
(*a*) Deaf and Dumb and Crippled	1	—	—	—	1
(*b*) Mentally Defective and Crippled	—	1	—	1	2
(*c*) Epileptic and Crippled	—	—	—	1	1
(*d*) Epileptic and Mentally Defective	1	—	—	—	1
Blind Children	8	—	—	—	8
Partially Blind Children	9	—	—	—	9
Deaf Children	6	—	—	—	6
Partially Deaf Children	3	1	—	—	4
Mentally Defective Children–Feebleminded	54	2	4	6	66
Epileptic Children. Children suffering from Severe Epilepsy	1	4	1	—	6
Physically Defective Children.					
A.–Tuberculous Children I. Children suffering from Pulmonary Tuberculosis	1	14	—	—	15
II. Children suffering from non-pulmonary Tuberculosis	5	44	5	—	54
B.—Delicate children	103	62	—	3	168
C.—Crippled children	1	277	1	9	288
D.—Children with Heart Disease	6	15	—	3	24

TABLE IV.—ELEMENTARY SCHOOLS

Return of Defects Treated During the Year Ended 31st December, 1936.

TREATMENT TABLE.

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

Disease or Defect.	Number of Defects Treated, or Under Treatment During the Year.		
	Under the Authority's Scheme.	Otherwise	Total.
Skin:			
Ringworm—Scalp			
(i) X-Ray Treatment	—	—	—
(ii) Other	6	—	6
Ringworm—Body	13	—	13
Scabies	25	—	25
Impetigo	130	—	130
Other Skin Disease	147	4	151
Minor Eye Defects: (External and other, but excluding cases falling in Group II)	263	—	263
Minor Ear Defects	233	1	234
Miscellaneous	1307	52	1359
Total	2124	57	2181

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

Defect or Disease.	Number of Defects Dealt With.			
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint)	744	—	—	744
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	26	3	—	29
Total	770	3	—	773

Total Number of Children for whom Spectacles were prescribed:—
(*a*) Under the Authority's Scheme 426
(*b*) Otherwise — —

Total Number of Children who obtained or received Spectacles:—
(*a*) Under the Authority's Scheme 411
(*b*) Otherwise — —

Group III.—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS.

Received Operative Treatment.												Total Number Treated
Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total				Received other Forms of Treatment	
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	59	197
—	—	—	—	111	2	25	—	111	2	25	—		

(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		Otherwise	Total number treated
Residential treatment with education	Non-residential treatment at an orthopaedic clinic		
19	268	—	287

Group V.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentists:

	Aged:			
Routine Age Groups—	4	221	Total	9,611
	5	973		
	6	1118		
	7	1108		
	8	1488		
	9	1141		
	10	1140		
	11	816		
	12	673		
	13	657		
	14	276		
			Specials	466
			Grand Total	10,077

(*b*) Found to require treatment 6,821

(*c*) Actually treated 4,381

(*d*) Re-treated during the year as the result of periodical examination 179

(2) Half-days devoted to Inspection, 96; Treatment, 891; Total, 987.

(3) Attendances made by children for treatment, 13,362.

(4) Fillings, Permanent teeth, 4,743; Temporary teeth, 1,158; Total 5,901

(5) Extractions, Permanent teeth, 1,079; Temporary teeth, 6,361; Total, 7,440.

(6) Administrations of General Anæsthetics for extractions, Nil.

(7) Other operations, Permanent teeth, 3,121; Temporary teeth, 808; Total, 3,929.

Group VI.—Uncleanliness and Verminous Conditions.

1. Average number of Visits per School made during the year by the School Nurses, 15.5.
2. Total number of Examinations of Children in the Schools by the School Nurses, 28,528.
3. Number of individual Children found unclean, 1,348.
4. Number of individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921, 5.
5. Number of cases in which legal proceedings were taken:—

(*a*) Under the Education Act, 1921	Nil.
(*b*) Under School Attendance Byelaws	1

Appendix "B"

Statistical Tables

for

Secondary Schools,

1936

Prepared in accordance with the requirements of the Board of Education.

SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—Routine Medical Inspections.

Age	10	1	Total	622
	11	126		
	12	91		
	13	190		
	14	53		
	15	103		
	16	41		
	17	11		
	18	5		
	19	1		

B.—Other Inspections.

Number of Special Inspections	171
Number of Re-Inspections	52
	223

TABLE II.—SECONDARY SCHOOLS

A.—Return of Defects Found in the Course of Medical Inspection in 1936.

DEFECT OR DISEASE.	Routine Inspections. No. of Defects		Special Inspections. No. of Defects	
	Requiring Treatment	Requiring to be kept under observation, but *not* requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but *not* requiring Treatment
Skin: Ringworm:—				
(1) Scalp	—	—	—	—
(2) Body	—	—	—	—
(3) Scabies	—	—	—	—
(4) Impetigo	1	—	—	—
(5) Other diseases (non-tuberc's)	11	27	2	—
Total (Heads 1 to 5)	12	27	2	—
Eye: (6) Blepharitis	8	—	—	—
(7) Conjunctivitis	3	—	2	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	—	—	—
(10) Other Conditions	—	3	—	—
Total (Heads 6 to 10)	11	3	2	—
(11) Defective Vision	40	—	—	—
(12) Squint	—	—	—	—
Ear: (13) Defective Hearing	—	—	—	—
(14) Otitis Media	1	—	2	—
(15) Other Ear Diseases	2	—	—	—
Nose and Throat: (16) Chronic Tonsillitis only	4	5	—	—
(17) Adenoids only	—	2	—	—
(18) Chronic Tonsillitis and Adenoids	1	2	—	—
(19) Other conditions	6	—	1	—
(20) Enlarged Cervical Glands (non-tuberculous)	—	2	—	—
(21) Defective Speech	1	—	—	—
Heart & Circulation: Heart Disease:- (22) Organic	—	1	—	—
(23) Functional	2	5	—	—
(24) Anaemia	9	1	—	—
Lungs: (25) Bronchitis	7	2	—	—
(26) Other Non-Tub. Diseases	4	3	—	—
Tuberculosis: Pulmon.: (27) Definite	—	—	—	—
(28) Suspected	—	—	—	—
Non-Pulmon (29) Glands	—	—	—	—
(30) Bones & Joints	—	—	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
Total (Heads 29 to 32)	—	—	—	—
Nervous System: (33) Epilepsy	—	—	—	—
(34) Chorea	—	—	—	—
(35) Other Conditions	5	—	—	—
Deformities: (36) Rickets	7	—	—	—
(37) Spinal C'vature	27	4	—	—
(38) Other Forms	68	1	1	—
(39) Other Defects and Diseases excluding Uncleanliness and Dental Diseases)	13	3	3	—
Totals	220	61	11	—

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Age	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
10	1	—	—
11	126	61	48.4
12	91	21	23.1
13	190	48	25.3
14	53	15	28.3
15	103	26	25.2
16	41	11	26.8
17	11	1	9.1
18	5	1	20.0
19	1	—	—
Total	622	184	29.6

TABLE IV—SECONDARY SCHOOLS—Return of Defects Treated During the Year Ended 31st December, 1936.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects Treated, or under Treatm't during the year		
	Under the Authority's Scheme.	Otherwise	Total.
Skin: Ringworm—Scalp	—	—	—
Ringworm—Body	—	—	—
Scabies	—	—	—
Impetigo	—	—	—
Other Skin Disease	2	—	2
Minor Eye Defects (External and other, but excluding cases falling in Group II)	2	—	2
Minor Ear Defects	2	—	2
Miscellaneous	5	—	5
Total	11	—	11

Group II.—Defective Vision and Squint.

(Excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme	Submitted to Refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	102	—	—	102
Other Defects or Disease of the Eyes (excluding those recorded in Group 1)	2	1	—	3
Total	104	1	—	105

Total number of Children for whom Spectacles were prescribed:—

(*a*) Under the Authority's Scheme 76
(*b*) Otherwise .... Nil.

Total number of Children who obtained or received Spectacles:—

(*a*) Under the Authority's Scheme 75
(*b*) Otherwise .... Nil.

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

NUMBER OF DEFECTS.

Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Auth'ity's Sch.	Total		
(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)		
— — — —	1 — 1 —	1 — 1 —	2	4

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

Group V.—Dental Defects.

(1) Number of Children inspected by the Dentist:

(*a*) Aged:

11	66		
12	150		
13	221		
14	211		
15	160	Total	913
16	74		
17	23		
18	5		
19	3		

Specials	Nil.
Grand Total	913

(*b*)	Found to require treatment	434
(*c*)	Actually treated	295
(*d*)	Re-treated during the year as the result of periodical examination	21

(2) Half-days devoted to Inspection, 11; Treatment, 60; Total 71.

(3) Attendances made by children for treatment, 959.

(4) Fillings, Permanent teeth, 693; Temporary teeth, Nil; Total, 693.

(5) Extractions, Permanent teeth, 110; Temporary teeth, 54; Total, 164.

(6) Administration of general anaesthetics for extractions, Nil.

(7) Other operations, Permanent teeth, 322; Temporary Teeth, Nil; Total, 322.