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**COUNTY BOROUGH OF SOUTH SHIELDS.**

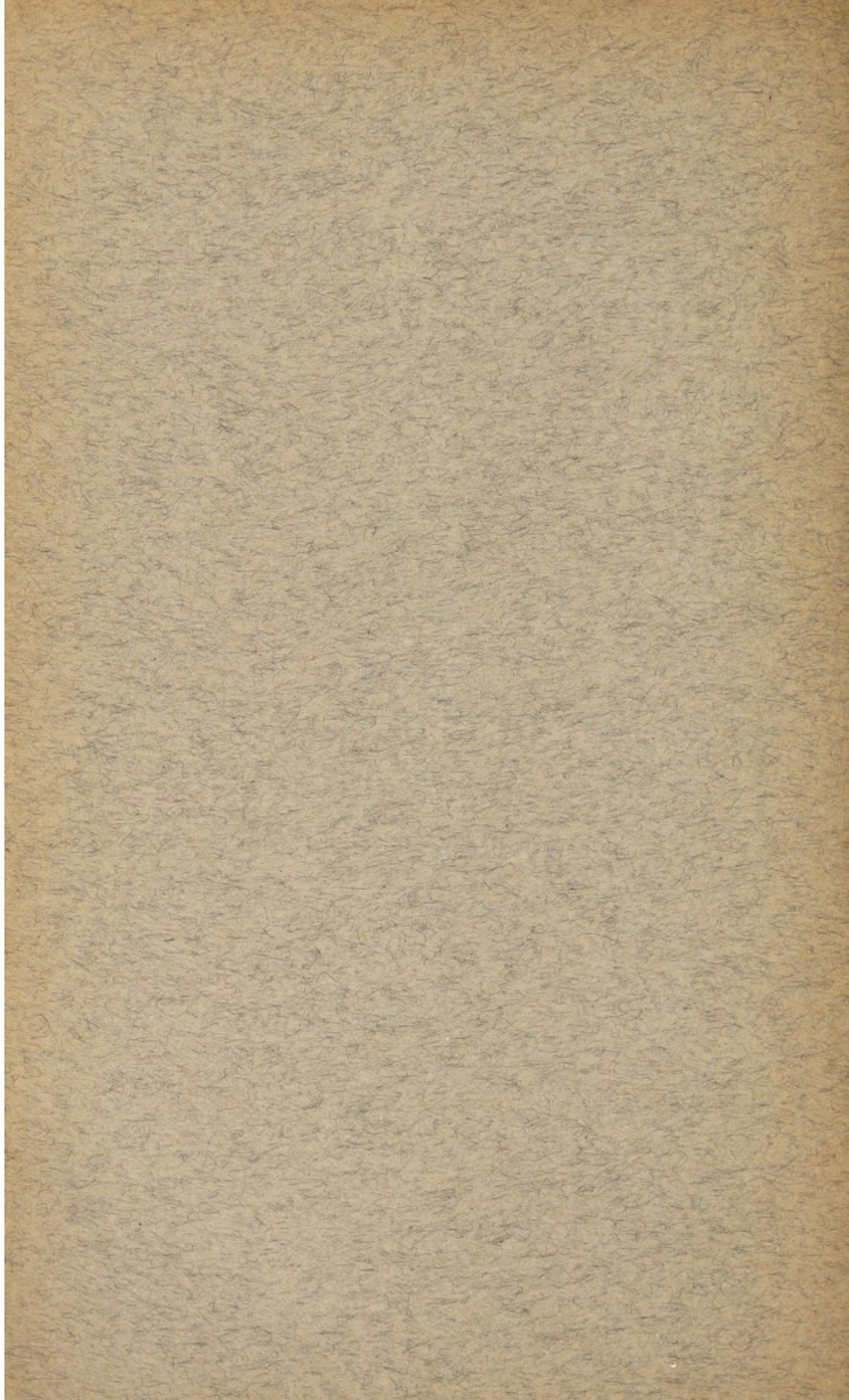


**ANNUAL REPORT OF THE  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1934.**



**W. CAMPBELL LYONS,**

**M.B., Ch.B., D.P.H.**

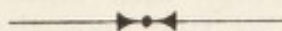


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**FOR THE YEAR 1934.**



**W. CAMPBELL LYONS,**

**M.B., Ch.B., D.P.H.**

*To the Chairman and Members of the Education Committee.*

In presenting the Annual Report as School Medical Officer for the year 1934, I propose, in a short resume, to trace the development of the service from its inauguration in South Shields during the past 25 years. In May, 1909, the first School Medical Officer (Dr. A. Banks Raffle) was appointed to carry out routine medical inspections in the schools. At that time Dr. Raffle carried out the work alone, as well as most of the clerical work involved. A clerk was not appointed until the end of 1910. No treatment clinics were available. Saturday mornings were reserved for the re-examination of children who had been found defective at the routine medical inspections. Provision of glasses for children with defective eyesight was commenced in 1910 and has been extensively used, the spectacles being provided at cost price or free of charge in necessitous cases. During 1912 the Board of Education decided to contribute a proportion of the expense of treating necessitous school children and a school nurse was appointed in 1913. During that year also a dentist was appointed on a part-time basis to treat defective teeth, and a surgeon for the removal of enlarged tonsils and adenoids. In 1925 a full-time dentist was appointed and in 1931 an additional part-time dentist and a dental attendant. In 1913 also a tuberculosis clinic was established and many tuberculous children treated.

In 1913 the School Medical Service was amalgamated with the Public Health Department so that co-operation among the various medical schemes would be closer and more efficient.

As the work increased and consequent on the establishment of tuberculosis and maternity and child welfare schemes, an additional medical officer, at first part-time and later full time, was appointed. The number of health visitors was gradually increased until today there are eleven health visitors who devote part of their time to the school medical service, equivalent to the time of four school nurses. In 1918 an ultra-violet lamp for the treatment of lupus, alopecia, glands, etc., and in 1919 an X.-Ray apparatus for the treatment of ringworm, were provided. Later in 1931, these were transferred to Harton Hospital where the necessary treatment can be more efficiently carried out.

Another development of the service was the opening of the Open Air School for delicate children in 1925. Since the school was opened, nearly 800 children have been educated there with, almost without exception, a marked benefit to their general health. In 1931 the school was enlarged and now accommodates 180 children who are conveyed to and from the school at the cost of the Education Authority. Consequent on the provision of a school for partially-sighted children at Stanhope Road in 1924 (subsequently

transferred to Cleadon Park in 1931) a consultant ophthalmologist was appointed and an examination of the eyes of each child is carried out by him at least once a year. There have been extremely few children attending the school whose sight has not materially benefited from the system of education adopted.

From 1913 to 1928 treatment clinics were held on Saturday mornings in the Town Hall under very adverse conditions and at times with most serious overcrowding. In the latter year new clinics were provided at Stanhope Road and these already have proved to be inadequate for the great amount of work entailed by the school medical service.

In 1928 the Orthopaedic Scheme was commenced which has for its object the cure or amelioration of crippling conditions.

In 1929 arrangements were made with Wolsingham, Stanhope and Stannington Sanatoria for the reception of children suffering from tuberculosis under the Council's Tuberculosis Scheme.

In 1930 South Shields became partners with other authorities in the North East area in Prudhoe Hall Colony where a number of South Shields children who are mentally defective are being educated, and it is hoped shortly to provide a day school or classes where such of these children as can remain at home will be educated by special methods.

A Convalescent Home adjoining the Children's Cottage Home<sup>s</sup> at Cleadon was established in 1932 where a number of school children are cared for and helped to regain normal health after debilitating illness.

Although not strictly a medical service, the provision of free meals commenced in 1921 and free milk in 1934, has had a most beneficial effect on the health of the school children.

As the school medical service developed the gross cost has increased. In 1909 the cost amounted to £318 while for the present financial year it is estimated to be £4,760, exclusive of free meals, educational charges of the special schools and sanatorium treatment.

With regard to the work of the year 1934, which is the subject of this report, I regret to have to record the death of Dr. Crosby who for 21 years held the appointment of operating surgeon to the Authority.

Two special surveys of all the children in the schools were made by the assistant school medical officers to enquire into the nutrition of the children and to prescribe one-third of a pint of milk daily for those who appeared to be undernourished. During the first survey in April 4.6 per cent. of the children appeared to be sub-normal. On the second survey in October the number discovered amounted to 5.6 per cent., but on this occasion several children who

appeared to be "border-line" cases were included. The number found at the routine medical inspections over the whole year to be suffering from malnutrition was 5.6 per cent. of those examined. These figures compare very favourably with those reported for the year 1909 when 13 per cent. of the children were undernourished.

Of the malnourished children found in the schools who were recommended to have milk, 65 per cent. received milk. The parents of most of the remaining 35 per cent. were in receipt of incomes above those fixed by the Authority. In addition to those receiving free milk many children take it on payment. It will be noted that the selection of malnourished children for milk, while carried out on a medical basis, resolves itself into a selection on an economic basis and many children who require milk are excluded from the scheme. The better, if somewhat more expensive, method would be to provide all children with free milk who, on medical examination, are found to be malnourished.

The school dentists report a great improvement in the teeth of the children and in the number of cases in which the parents accept the treatment offered. There was a considerable increase in the number of children who were examined for defective eyesight: this was principally due to the arrears in this work which had accumulated during the year 1933.

I have included under the orthopaedic scheme (page 15) a summary of the results of treatment since the inauguration of the scheme in 1928. It will be seen that of the 93 cases treated, 24 were cured and 25 improved, while 21 are still under treatment. Included in the 93 cases, there were 13 of paralysis of various forms, in which little more than a slight improvement could be hoped for. In eleven cases the children ceased attendance before the completion of treatment, while in nine cases the parents refused the treatment offered. If parents only realised the handicap which these children with crippling defects will suffer in later life, and the excellent results which can be obtained by timely and adequate treatment, there would be no refusals or delinquencies in attendance. The scheme entails considerable expense on the part of the Authority and it is disconcerting to find that there are parents who will not avail themselves of its benefits.

As I stated in my report for last year, the accommodation at the clinics is totally inadequate for the requirements of the service and it is hoped that the provision of new well-equipped clinics where the work can be carried out without undue strain on the staff and with more consideration for the well-being and comfort of the patients, will not be delayed.

W. CAMPBELL LYONS,  
SCHOOL MEDICAL OFFICER.

Town Hall,  
South Shields,  
April, 1935.

## School Medical Service.

### Annual Report of the School Medical Officer.

#### STAFF.

Principal School Medical Officer and Medical Officer of Health	—W. Campbell Lyons, M.B., Ch.B., D.P.H.
Assistant School Medical Officers	—H. Levy, M.B., B.S. Margaret C. P. Hamilton, M.B., Ch.B., D.P.H.
School Dental Surgeons	—F. Innes, L.D.S. —J. Loudon Reid, L.D.S.—(part time).
Consultant Ophthalmologist	—T. Gowans, M.B., Ch.B.—(part time).
Ear, Nose and Throat Surgeon	—W. J. Harrison, M.B., B.S., M.R.C.S., L.R.C.P.—(part time).

Mr. Harrison, the Authority's specialist in diseases of the ear, nose and throat, commenced duties on 7th November, 1934.

There are 11 Health Visitors whose combined duties include school medical service, tuberculosis and maternity and child welfare work, etc.; the time devoted to the school medical service is equivalent to that of four school nurses.

#### CO-ORDINATION

(a) There is complete co-ordination between the School Medical and Infant and Child Welfare Services. Both are under the same administration, and clinics for both services are held in the same building. All records are readily available and the clerical work is carried out by the staff of the Public Health Department.

As the school, tuberculosis and venereal disease clinics are held in adjacent buildings, there is close co-operation between the School Medical Officers and the Tuberculosis Officer and V.D. Medical Officer, and the advice of these officers is always sought and is readily available in suitable cases.

(b) There are no nursery schools in the Borough.

(c) Children under one year and to a lesser extent those between 1 and 5 years are supervised by the maternity and child welfare medical officer and health visitors.



The following are the reports made to me by the Assistant School Medical Officers, the School Dentists and the Consultant Ophthalmologist. They include reports on the work of the School for Partially Sighted and the Open-Air School.

### **THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.**

Number of children on the registers at the end of 1934 ..	19,531
Average attendance for the year (92.6 per cent.) .....	18,474
Number of elementary schools (excluding the School for the Partially Sighted and the Open-Air School) ..	24
Number of Elementary Departments .....	54
Number of children on registers of special schools at end of 1934 .....	231
Average attendance at special schools (86.3 per cent.) ..	199

The average attendance has been very satisfactory although 0.4 per cent. below that of 1933.

#### **School Hygiene.**

At Simonside Mixed School certain alterations and additions were made during the year which undoubtedly effected an improvement on existing arrangements. Two cloak rooms, two wash basins and a window were added and one of the larger rooms was subdivided by another screen. This last measure permitted accommodation for an extra class and facilitated the teaching of the children. Forty desks of modern type were also introduced.

Supervision of cleanliness, sanitation and ventilation in the schools was maintained by the periodic visits of the Assistant School Medical Officers.

The schools are also visited by the Sanitary Inspectors.

#### **Medical Inspection.**

Routine medical inspections at the ordinary elementary schools are carried out three times in the scholar's school life : as soon as possible after admission (age 5) ; after attaining the age of 8 years, and again after attaining the age of 12 years. Parents are notified by the head teachers of the time and date of the proposed inspection by the school medical officer and are invited to attend the examination.

At the Open Air School and the school for the Partially Sighted all the children are specially medically examined at least once a year, apart from the medical supervision provided in the visit of the assistant school medical officer about once a fortnight. The children at the school for partially sighted are also examined once a year at least by the Authority's consultant ophthalmologist.

The number of children examined at routine and special examinations during 1934, is given below :—

(1) ROUTINE MEDICAL INSPECTIONS.

Number of children examined in 1934 :

Entrants (aged 5—6) .....	1,947
Intermediates (aged 8—9) .....	1,896
Leavers (aged 12—13) .....	2,063
Total .....	<u>5,906</u>

(2) OTHER INSPECTIONS.

Number of Special Inspections .....	5,692
„ „ Re-Inspections .....	8,321
Total .....	<u>14,013</u>

As regards "Other Inspections" : these are principally made up of inspections of children sent to the clinic by parents, school attendance officers, teachers, health visitors, and others. It may be of interest to note that of such inspections in 1934, 66 per cent. of the children were sent by teachers and 31 per cent. were brought or sent by parents ; the remaining 3 per cent. having been sent by health visitors and others.

The annual routine inspections at the special schools are included under special inspections, not routine.

The number of special inspections was considerably lower during the year as compared with 1933, but even so the waiting-room accommodation at the school clinic was severely taxed.

The examination made by the assistant school medical officers in connection with the surveys regarding nutrition and the supply of milk to scholars (referred to on page 8 of this Report) have not been included either in routine medical inspections or special inspections in the above table.

## Findings of Medical Inspection.

### NUTRITION.

All the elementary schools were surveyed by the assistant school medical officers in order that the extent of subnormal nutrition among the children might be ascertained. Two inspections were carried out, in April and October, with the following results :—

	First survey.	Second survey.
Number of children examined (approximately) . . . . .	18,600	18,700
Number found under-nourished . . . . .	*856	*1,054
Percentage found under-nourished . . . . .	4.6%	5.6%
Number supplied with free milk on income basis . . . . .	560	687
Percentage supplied . . . . .	65%	65%

\* All were recommended to be supplied with free milk.

In selecting these children the following conditions were considered.

- (1) Anaemia as shown by pallor of skin or mucous membranes.
- (2) Low body weight and poor physique.
- (3) Imperfect muscular development.
- (4) Enlargement of neck glands.
- (5) Evidence of rickets especially in the case of infants.

In the second survey a number of children were included who were doubtful or border-line cases. These were known necessitous children in whom the physical signs were indefinite, but about whom there was generally a history of ill-health.

### UNCLEANLINESS.

Two surveys were carried out by the school nurses. At the first survey when all the elementary schools were visited, 4.3 per cent. of the children were found to be unclean. The second survey was chiefly confined to the poorer schools, the percentage found unclean being 7.5. This represents 1,245 children unclean out of 23,774 examined or approximately 1 in 19; an improvement on the findings for 1933, the proportion then being 1 in 16. In all 25,434 examinations were made of the 23,774 children inspected by the school nurses. An analysis of the surveys showed that two

boys departments and one mixed department had no case of uncleanness, that the best girls school had less than 1 per cent., and the worst department was a girls school with 36.8 per cent. uncleanness.

The following tables give the figures for both surveys.

FIRST SURVEY.

	Examined.	Verminous or dirty.	Percentage unclean.
Boys .....	4,914	106	2.2
Girls .....	3,588	180	5.0
Juniors and Infants ..	8,543	452	5.3
Total .....	17,045	738	4.3

SECOND SURVEY.

	Examined.	Verminous or dirty.	Percentage unclean.
Boys .....	1,990	58	2.9
Girls .....	936	186	19.9
Juniors and Infants ..	3,803	263	6.9
Total. ....	6,729	507	7.5

The incomplete second survey was due to the shortage of staff among the health visitors.

MINOR AILMENTS.

Under this heading are included such conditions as skin diseases, external eye diseases, discharging ears, sores, cuts, bruises, chilblains, etc.

SKIN DISEASES.

The most common affections were impetigo, scabies and ringworm.

VISUAL DEFECTS.

794 cases of defective vision and 85 cases of squint were referred for further examination following routine or special inspections.

#### EXTERNAL EYE DISEASES.

There was a slight increase in the incidence of conjunctivitis. 187 cases of this condition were found, mainly at special inspections, and referred for treatment, this number being 28 more than in 1933. There were also several cases of corneal ulcer, hordeolum and blepharitis.

#### NOSE AND THROAT DEFECTS.

There was again a decrease in the number of children suffering from abnormalities of the nose and throat.

The number found either at routine or special inspections was as under :

Chronic tonsillitis only .....	1,073
Adenoids only .....	72
Chronic tonsillitis and adenoids .....	657
Other conditions .....	76

Of the total, 1,067 were referred for treatment and 811 for further observation.

Operative treatment is advised in cases of pharyngeal obstruction, recurrent tonsillitis, deafness and chronic otorrhoea, obviously diseased tonsils causing systemic disturbances, nasal catarrh with mouth breathing, and in some cases of neurosis of obscure origin.

#### EAR DISEASE AND DEFECTIVE HEARING.

In 1934, there were 343 children discovered to have defective hearing as compared with 327 in 1933. Those suffering from otitis media numbered 244, and those from various other ear diseases 48.

#### DENTAL DEFECTS.

The number of children found to have dental defects during routine medical inspection was fewer than in 1933. There were 3,242 out of 5,906 children examined, that is 55 per cent. The percentage in 1933 was 58.

#### CRIPPLING DEFECTS (excluding active tuberculosis).

There are 99 crippled children of school age in the borough. Of these 21 are at no school or institution, 2 are in residential schools for crippled children, 9 are in institutions other than schools and the remainder are able to attend elementary schools.

## TUBERCULOSIS.

During 1934, 50 children were referred by the school medical officers for examination by the tuberculosis officer as compared with 44 in the previous year. Of these 17 were proved to be suffering from tuberculosis.

The following shows the incidence of tuberculosis among children of school age as revealed in notifications received by the medical officer of health or otherwise ascertained.

Age-Group.	1934.		1933.	
	Pulmonary.		Pulmonary.	
	Boys.	Girls.	Boys.	Girls.
5—10 years .....	11	14	10	10
10—15 years .....	9	12	12	15
Total .....	46		47	

	Non-Pulmonary.		Non-Pulmonary.	
	Boys.	Girls.	Boys.	Girls.
	5—10 years .....	23	13	14
10—15 years .....	14	13	7	11
Total .....	63		41	

It will be noted that there is a greater incidence of non-pulmonary tuberculosis than in 1933.

## PREVIOUS INFECTIOUS DISEASES.

Of the children examined at routine inspections in 1934,

55.4	per cent.	had previously had	measles.
15.2	"	"	whooping cough
12.7	"	"	chickenpox
2.2	"	"	scarlet fever.
0.5	"	"	diphtheria

## VACCINATION.

47 per cent. of the children examined were found to be unvaccinated.

### Following-up.

The Health Visitors paid 1,075 visits to the homes of school children for the purpose of ascertaining whether the necessary treatment was being obtained; 189 visits in connection with uncleanliness; 565 visits after surgical and dental treatment; 142 in connection with orthopaedic cases; 415 regarding mentally defective children; and 61 visits for other miscellaneous purposes in connection with the school medical service. In addition 462 visits were paid to the schools for similar purposes, 172 visits for routine medical inspection and 219 visits to schools in connection with cleanliness surveys. This is in addition to the visits paid to the homes regarding tuberculosis, infant welfare and infectious diseases.

The health visitors attended 432 sessions at general school clinics, 52 sessions at dental clinics, and 215 sessions at eye refraction clinics, apart from the attendances at child welfare and tuberculosis clinics.

A female dental attendant also assists the dental surgeons at the dental clinic and occasionally at inspections at school.

### Medical Treatment.

During the year 6,179 children attended the school clinic; of these 4,443 were treated. The total attendances numbered 20,066. The numbers are slightly lower than those of 1933. Increased waiting-room, consulting room and treatment room accommodation would greatly facilitate the work.

#### SKIN DISEASES.

The numbers of children who received treatment for skin diseases were as follows:—

Impetigo .....	493
Ringworm (scalp) .....	129
(body) .....	23
Scabies .....	93
Molluscum contagiosum .....	8
Others .....	891

#### EXTERNAL EYE DISEASES.

The most common disease of the eyes of school children is angular conjunctivitis for which condition silver preparations prove effective and are in general use. Phlyctenular conjunctivitis is also fairly prevalent but responds quickly to general and local treatment. A few cases of blepharitis and ulcer of the cornea were also treated.

## VISION.

909 cases were submitted for refraction by the school medical officers, spectacles being prescribed in 873 of the cases examined. The number supplied through the Education Authority's scheme was 864. Of these 703 were supplied free and the remainder at cost price. The incidence of refractive errors found was :—

Hypermetropia .....	26.9	per cent.
Myopia .....	7.6	„
Simple hypermetropic astigmatism .....	13.1	„
Simple myopic astigmatism .....	3.6	„
Compound hypermetropic astigmatism ..	35.6	„
Compound myopic astigmatism .....	10.0	„
Mixed astigmatism .....	3.2	„

## NOSE AND THROAT DEFECTS.

During 1934, 211 elementary school children received operative treatment at Harton Hospital. Of these 117 were cases of enlarged tonsils and adenoids, 92 were cases of tonsils only and 2 cases of adenoids only. The arrangements at Harton Hospital still continue to be very satisfactory, the children being admitted on the night prior to operation and discharged on the second day after operation. In addition 60 children were treated by other surgeons. Fifty-one children received non-operative treatment for diseases of the nose and throat.

## EAR DISEASE.

Middle ear disease with otorrhoea was the most common condition treated at the clinic. A few cases of external ear diseases were also treated.

## DENTAL DEFECTS.

The report of the school dental surgeon, Mr. F. Innes, L.D.S., is as follows :—

“ I have pleasure in submitting my report for the year 1934. The work has been carried out in a manner similar to that of the preceding year, with the addition of another age-group. Children attending the elementary schools have been inspected at the routine dental inspections up to the age of 13, and all children attending the Open Air School and the School for Partially Sighted have been inspected. Westoe and St. Bede's Central Schools were included in the inspections for the first time. Where the parents consent was obtained, the necessary treatment was carried out at the clinic.



17,924 children were examined at the routine inspections, and 12,266 were found to be in need of treatment (68.4 per cent.), a slight increase on the previous year. This does not necessarily indicate that the teeth are in a worse condition; on the contrary, there has been a definite improvement in the general state of the mouths, and a really dirty mouth is not found very frequently during the course of a dental inspection, except at one or two schools where the number of acceptances of treatment is abnormally low. Many of the defects found are slight and are soon remedied.

The number of children treated at the clinic after the routine inspections was 3,793 (31 per cent. of those requiring treatment) necessitating 5,126 attendances. In addition to this, 200 children (including 12 pupils from higher schools) were treated as special cases, with 333 attendances, making a total of 3,993 children treated with 5,459 attendances.

While the number of children treated has increased, the number of extractions of permanent teeth is almost the same as in the year before, and the number of fillings in permanent teeth has greatly increased. This is a sure sign of a general improvement. The number of fillings completed was 1,510 as against 870 in the previous year. This is the largest number of fillings that has been completed in any year.

The number of permanent teeth extracted was 1,882 as against 1,886 in 1933. This is an improvement as more children were treated, *i.e.*, 3,993 as against 3,777 in the previous year.

There are still some parents who want extractions when fillings are indicated, and education is still necessary in this direction. Sometimes fillings are asked for when teeth are in a hopeless condition but this is a fairly rare occurrence.

Toothache, I am afraid, is the only thing that will bring some people to the dentist, and, as a consequence, many teeth which should have been saved are ultimately lost by extraction.

During the year, visits have been paid by the nurses, where parents had consented to treatment and did not keep the appointment when the children were sent for. This innovation has been very successful and the majority have attended the clinic for treatment when sent for a second time."

## CRIPPLING DEFECTS.

Nine children were referred for orthopaedic treatment during 1934. The following is a brief description of the cases.

Four children had spinal deformities. The treatment adopted consisted of massage, electric treatment and exercises.

There were 2 cases of rickets, both of which were referred for operation.

Two children had paralysis. In one no treatment was necessary; the deformity of the other was treated by operation.

One girl was handicapped by flat feet. Electric therapy and massage were advised.

There were also 10 cases whose treatment was continued from a previous year, so that a total of 19 children received attention at the orthopaedic centre at the local general hospital. This included 4 operations, 272 outpatient attendances and 499 in-patient days in hospital. Three mechanical appliances for the correction of deformity were supplied.

In addition to the above, 10 crippled children received treatment elsewhere: 4 at residential schools for cripples, and 6 at hospitals outside the borough. Six of these ten cases were also provided with mechanical appliances at the cost of the Authority.

The Education Authority's orthopaedic scheme was commenced in December, 1928. In all, 93 cases have come under the scheme either for in-patient treatment or for massage or other forms of treatment as out-patients at the hospital clinic. Cases of crippling due to tuberculosis are not included (except in two or three instances where the diagnosis was in doubt) as such patients are referred to and dealt with by the Tuberculosis Officer.

The following is an analysis of the causes of the crippling and a summary under each condition of the results of treatment. Several conditions (*e.g.* talipes, lordosis, etc.), due to or following infantile paralysis have been classified to the secondary condition. The four cases of hemiplegia followed (1) measles and whooping cough; (2) fits; (3) infantile paralysis; (4) chorea. One case of lobster-claw hand has not been included as no treatment was recommended. The child was also suffering from torticollis, and for that condition is included under that heading.

	Cured	Im- proved.	Ceased attend- ance.	Still attend- ing clinic.	Refused treat- ment.	Total.
Rickets (causing spinal curvature, bow-legs, knock-knees, etc.) ..	7	9	4	4	5	29
Torticollis (wry neck)	9	1	..	1	2	13
Pes cavus (claw foot) ..	2	..	1	3	1	7
Pes planus (flat foot) ..	1	1	1	1	..	4
Talipes (club foot) ....	..	4	..	3	..	7
Hammer-toes .....	1	..	..	..	..	1
Infantile paralysis .....	..	1	2	4	..	7
Paralysis : Erb's .....	Treat	ment	not	recom	ended	..
Bell's.....	1	..	..	..	..	1
Hemiplegia ..	..	3	1	..	..	4
Coxa vara (curvature neck of femur) ....	..	..	..	1	..	1
Arthritis, hip .....	..	(Died from faecal fistula)	..	..	..	1
Dislocated hip .....	..	..	..	1	..	1
Hip disease (ankylosed)	Treat	ment	not	recom	ended	..
Subluxation knee .....	1	..	..	..	..	1
Spinal curvature .....	..	3	1	3	..	7
Cleft palate .....	1	1	..	..	1	3
Hare-lip .....	1	..	..	..	..	1
Fingers contracted (congenital) .....	..	1	..	..	..	1
Hand deformed .....	..	1	..	..	..	1
Shoulder damaged .....	..	..	1	..	..	1
Total .....	24	25	11	21	9	93

Of the 11 patients who ceased attendance, 2 left the town, 5 discontinued attendance on leaving school or at age 16, and one case of rickets died from influenza and bronchitis.

#### HEART DISEASE.

Cases of heart disease found at inspections are noted and advice is generally given regarding exercises ; where necessary the children are prohibited from taking part in games and drill at school. In addition a few of the more serious cases were admitted to the Convalescent Home. A number of heart cases have in the past been sent to the Open Air School but they were found to be unsuitable for that school.

#### ULTRA VIOLET RAY THERAPY.

Seven children of school age were referred by the school medical officer for light treatment at the centre at Harton Hospital during 1934 : two for rickets, two for paralysis and one each for debility, cervical adenitis and alopecia areata.

Nine school cases recommended in previous years also continued their treatment, these 16 cases making 397 attendances.

In addition 43 children of school age referred by the Tuberculosis Medical Officer made 1,563 attendances.

#### OTHER DEFECTS.

The other defects which were treated are summarised below :—

Disease or Defect.	No. of Defects treated.		
	Under the Authority's Scheme.	Other-wise.	Total.
Lung disease (not tuberculous).....	680	..	680
Anaemia and debility .....	775	..	775
Acute infectious diseases .....	70	..	70
Enlarged glands .....	68	..	68
Enteritis .....	28	..	28
Gastritis .....	18	..	18
Rheumatism .....	144	..	144
Diseases of the nervous system.....	82	..	82
Other defects and diseases .....	303	16	319
Total .....	2,168	16	2,184

#### Treatment of Uncleanliness.

The work of the school nurses in cleanliness surveys is summarised in table 4, Group VI, page 36 and is also referred to on page 8. In only one case was it necessary to serve notice on the parents under Section 87 of the Education Act, 1921. No child was compulsorily cleansed. The school nurses paid 189 visits to parents regarding the uncleanly state of their children at school.

#### Infectious Diseases.

Scarlet fever was very prevalent during 1934; 496 cases occurred. This was the greatest number of cases since 1924.

Diphtheria : 45 cases were notified during the year.

Measles was prevalent from the end of February till the beginning of July.

Whooping cough, chickenpox and mumps were at no time of serious consequence. Influenza and colds were much in evidence during the first quarter of the year, especially at the end of March and again in November. It was not necessary to resort to class or school closure at any time during 1934 on account of infectious disease, and no certificates were issued by the school medical officer under the Board's attendance instructions.

### Provision of Meals.

There was a decrease in the number of children provided with free meals. This was undoubtedly due to the fact that a reduction was made in certain cases in the parents' unemployment relief, consequent on their children attending a free meals centre. It is certainly a matter for real regret that such voluntary withdrawal of needy cases should occur and it is hoped that means will be found to prevent the children having to forego a good mid-day meal. Actually 2,784 children were provided with free meals at the various centres, at a cost of £7,846 5s. 6d. The total number of free meals given in 1934 was 418,468. In 1933, 2,906 children received 316,489 meals at a cost of £6,226 17s. 11d.

At the end of 1934, there were eight free meals centres in the borough.

### Provision of Milk.

Following on the special surveys referred to on page 8. 815 children were provided with free milk in the schools at a cost of £179 5s. 2½d.—representing a total of 58,784 "milk meals" (3,017 gallons of milk).

It was estimated that in November 1934, 12,332 children were being supplied with milk in the schools at the reduced charge under the scheme of the Milk Marketing Board.

### School Baths.

At one of the elementary schools bathing arrangements are provided, and at the High School the scholars have the use of shower baths after games.

During the year, school children made 60,664 attendances at the Derby Street public baths (boys 46,665 and girls 13,999) under the Education Authority's instructors.

The number of swimming certificates gained during the year was as follows :—

1. Under the Education Authority :

Honours .....	61	} Total
1st Class .....	418	
2nd Class .....	510	
3rd Class .....	717	
		1,706

## 2. By the Royal Life Saving Society :

Elementary .....	221	} Total
Intermediates .....	289	
Medallions .....	251	
		761

**Co-operation of Parents.**

Parents were present at 80 per cent. of the medical inspections at routine medical examinations. There were 18 objections to medical examinations all of which were from secondary schools. The following is a statement of the amounts contributed at the various clinics in accordance with the scale of charges approved by the Board of Education.

	£	s.	d.
Eye Clinic .....	25	3	8
Surgical Clinic .....	18	8	1
Dental Clinic .....	114	4	6
General Clinic .....	12	9	3
	<hr/>		
	£170	5	6
	<hr/> <hr/>		

In 1933 the total amount was £144 4s. 7d.

**Co-operation of Teachers and Attendance Officers.**

It is pleasant to have to place on record the valuable help rendered by the teachers and attendance officers. The work of the school medical service was undoubtedly facilitated by their useful and willing co-operation.

**Co-operation of Voluntary Bodies.**

**SHOELESS CHILDREN FUND.**—The honorary Secretary, Chief Constable Wilkie, informs me that 5,005 children were supplied with boots and stockings during 1934.

**POOR CHILDREN'S HOLIDAY ASSOCIATION.**—Through this organisation 40 children were given the benefit of a holiday in the country.

**NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.**—The assistance given by the Inspector for the N.S.P.C.C. in five cases referred to him is gratefully acknowledged.

### BLIND, DEAF AND DEFECTIVE CHILDREN.

Such exceptional children are referred to in table 3—the Board of Education's form 8 c.M.

During the year, 86 children were examined from the point of view of mental deficiency and were certified as follows:—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Normal (average mentality) . . . . .	1	..	1
“ Delinquent ”—for approved school but not M.D. . . . .	1	..	1
Inconclusive (to be re-examined) . . . .	1	3	4
Dull or Backward . . . . .	32	13	45
Feeble-minded:—			
For day school . . . . .	6	4	10
For residential school . . . . .	11	6	17
Ineducable (to notify Local Control Authority) . . . . .	4	4	8
Idiot . . . . .	..	..	..
Imbecile . . . . .	..	..	..
 *Total . . . . .	 56	 30	 86

\* Includes 4 re-examined from 1933.

There were also reported informally to the Local Control Authority—being under 7 years of age:

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Idiot . . . . .	1	..	1
Imbecile . . . . .	2	..	2
Ineducable feeble-minded . . . . .	1	1	2
 Total . . . . .	 4	 1	 5

Three girls (including one certified by Home Office Medical Officer) and one boy about to be discharged from special schools having reached the age of 16 were re-certified and notified to the Local Control Authority. One boy also 16 years old, was de-certified and permitted to leave a special school.

Thirty-one children, including four mentioned above, in attendance at the special residential school at Prudhoe Hall were examined during the year by the school medical officer. All the children looked happy and contented and the majority had improved in their physical condition. Although actual improvement in their mental condition could not be expected, it was evident that the efforts of the teachers and nurses of the institution to create and encourage the children's interests, and to teach them to be useful, were successful.

At the end of 1934 there were 130 educable feeble-minded children. They may be grouped as follows :—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
At Blind Residential School (being mentally defective and blind) . . . . .	..	1	1
At Certified Residential Schools for mentally defectives . . . . .	19	10	29
At Public Elementary Schools . . . . .	57	28	85
At no school or institution . . . . .	8	7	15
Total . . . . .	84	46	130

Of those not at school, 6 girls and 6 boys are over 14 years of age : the other 3 are, apart from their defective mental condition, physically unfit for school.

The educable feeble-minded children who are not in special schools are visited at their homes once a quarter by the health visitors, who report to the school medical officer on their condition and circumstances, and advise the parents on points of difficulty which may arise in the conduct of the children. 415 such visits were paid during the year.

It is evident that further provision for these cases is necessary and it is hoped that in the near future a day school or classes for mentally defectives will be provided in the borough.

#### PARTIALLY SIGHTED CHILDREN.

Towards the end of 1934, there were 50 pupils in attendance at the special day school for partially sighted children. They are grouped below according to their visual defects :—

Highly myopic . . . . .	21
Cataracts . . . . .	8
Nystagmus . . . . .	8
Corneal opacities following ulcer . . . . .	5
Opacities from keratitis . . . . .	2
Changes of the choroid . . . . .	3
Congenital ptosis . . . . .	1
Optic nerve atrophy . . . . .	1
Coloboma of iris and choroid . . . . .	1

Mr. Gowans, the consultant ophthalmologist, visited the school in November and examined the pupils. He reports as follows :—

“ The Myope School at Cleadon, is now well established and one can judge accurately the benefit it is doing to the class of cases that attend there. I think there can be no doubt at all that it has fully justified its existence, the physique of the children attending has improved almost out of recognition and in almost every case



there has been improvement in the various eye conditions from which they are suffering. Mrs. Sinclair takes the greatest interest in the welfare of the children and a good deal of the success of the school is due to the personal interest she gives to each individual case. Dr. Levy's work in connection with the school is uniformly excellent and I found very few cases in which I had to alter the glasses or treatment of the children."

#### OPEN AIR SCHOOL.

This school continues to prove itself a very important means of treating the physically defective child. During 1934 there were admitted 81 children who are classified below according to the physical defects.

Anaemia .....	18
Debility.....	24
Bronchitis .....	22
Rickets .....	1
Healed tuberculosis.....	8
Epilepsy .....	2
Crippled .....	2
Old empyema .....	1
Rheumatism.....	2
Post-encephalitis .....	1

Of those who were discharged during the year 57 were certified as fit to leave, 2 left the district, 4 were sent out on account of poor attendance, 9 were regarded as unsuitable owing to ill-health and 2 were returned to the elementary schools at the parents' request.

20 children had been in attendance for 3 years or more, 12 from 2 to 3 years, 8 from 1 to 2 years, and 17 for shorter periods.

Regarding those fit for discharge, 2 gained over 40 lbs. in weight, 11 from 31 to 40 lbs., 10 from 21 to 30 lbs., 18 from 11 to 20 lbs., and 16 from 4 to 10 lbs. This represents an average gain per child of 19.0 lbs. for an average stay of 29.8 months. The following table gives a comparison of similar findings for the past 5 years.

	1930	1931	1932	1933	1934
No. of children certified fit for discharge	28	24	66	59	57
Average stay per child (in months) . . . .	30.2	40.0	32.1	25.3	29.8
Average gain per child (in lbs.) . . . . .	19.0	23.6	20.2	15.3	19.0
Estimated annual average gain (in lbs.)	7.50	7.00	7.55	7.23	7.66

Considering the type of child under review these results are very gratifying. It can be said that each year approximately one-third of the total on the roll are able to leave the school. Apart from the

improvement in the general physical condition, the child has usually become more alert mentally and is of a more cheerful disposition. In view of the fact that the classes are changing term by term, that lessons are frequently interrupted for dressings and medicines, and in many cases children of 7 or 8 years have had no previous tuition, the educational difficulties are considerable. The head teacher and her assistants certainly deserve praise for their patience and care in dealing with their delicate charges.

Since the opening in 1925, 625 children have passed through the school including 34 re-admitted. Twenty-two of these have died but the large majority are fit and well and are leading useful lives. The average attendance for 1934 was 150.5, the percentage average attendance being 85.7.

Among children at the school, 4 cases of infectious disease occurred but all were contracted during holidays.

#### SCHOOL CAMPS.

The Toc H organisation again arranged a very successful camp on the Open Air School premises during the four weeks of the summer vacation. Games, excursions and sports days were arranged and the boys were greatly benefited as a result.

40 boys camped each week, the 160 being selected from the following schools :—

Baring St. Boys .....	20
Westoe Boys .....	18
Dean Road Boys .....	26
Ocean Road Boys .....	20
St. Hilda's Mixed .....	16
Stanhope Road Boys .....	22
St. Mary's Mixed .....	24
Mortimer Road Boys .....	14

#### CONVALESCENT HOME.

Commencing in April, one of the buildings at the Cleadon Cottage Homes was opened as a Convalescent Home for delicate school children.

During 1934, 80 children were received there on the recommendation of the Assistant School Medical Officers. In all 2,948 in-patient days were spent there by the children, an average of 11 patients per day in the Home.

Generally each child was advised a stay of 2 to 3 months but unfortunately a number sought their discharge after being only a few days in residence being unable to settle in the strange surroundings. A few of the parents took away the children because the unemployment benefit was reduced in consequence of the child being in the Home.

The average stay of each child was 30 days.

## HIGHER EDUCATION OF BLIND, ETC.

When children are about to be discharged from Blind Schools and other special schools on attaining the age of 16, the cases are considered by the appropriate sub-committee of the Education Committee and arrangements are made for further full-time higher education or training suitable to the abilities of the pupil. At the end of the year, 11 blind persons (8 young men and 3 young women) were in attendance at the South Shields Institution for the Blind. The boys are receiving training in the making of baskets, brushes and mattresses; and the girls in chair cane making, knitting (hand and machine) and machine sewing. The trainees are also allotted periods in their course of training for Braille reading and writing. They also take part in the social work of the Institution. When they are approved by the Regional Supervisor as competent to earn a living at the trade in which they have received training, they are taken into the Institution's workshop, if trade allows; otherwise they come under the Blind Persons Act Committee for assistance.

## SECONDARY SCHOOLS.

Number of Secondary Schools .....	2
viz., Westoe Secondary School (Mixed) and the High School (for boys only). Both are provided by the Education Authority.	
Number of pupils on the registers at the end of 1934	864
Average attendance .....	807
Percentage average attendance.....	94.7

No changes were made in the arrangements for medical inspection, following-up of defects or treatment as described in my report for 1931. Each pupil is given a full medical examination each year and while it is not always practicable to examine new entrants in their first term it should be remembered that all scholarship and special place candidates are examined by the assistant school medical officers before they are enrolled at the schools.

The defects found in the course of routine medical inspection are summarised in the statistical tables: defective vision (51 cases) was the principal defect among the 60 conditions referred for treatment. Postural defects are frequently found among the children of the Westoe Secondary School Girls Department. The home conditions and nutrition of these children are generally superior to those of the elementary school children and it would appear that this state of affairs is probably due to the very small amount of physical instruction and exercise included in the curriculum. In the majority of classes only 45 minutes per fortnight is

devoted to physical instruction and in the youngest class no time is included at all. School games are practised on alternate weeks. It is suggested that physical instruction be given a much larger space in the curriculum.

Only one pupil from a higher school attended the minor ailments clinic during the year; 12 pupils were treated at the dental clinic; 26 had spectacles prescribed at the eye clinic; and one received operative treatment under the Authority's scheme for nose and throat affections.

### HEALTH EDUCATION.

As reported in the Annual Report for 1933 (page 24) a copy of the Board of Education's new handbook on Health Education has been supplied to each head teacher.

The magazine entitled "Better Health" is also circulated from the school clinic and other centres and about 700 copies are sent to the schools, one for each teacher and a copy for each pupil in certain of the older classes at particular schools. The articles in this publication which have been contributed by medical members of the Health Department's staff have ranged over a wide variety of subjects: Teeth; Tuberculosis; Rickets; Measles; Scarlet Fever; German Measles; Cleanliness of Food; Rheumatism in Children; The Common Cold; Exercise; Deafness, etc.

The leaflets issued by the Dental Board are also extensively used for educational purposes, and the Board's illustrated enamelled placques are awarded to children for well-kept teeth and mouths. It was not found possible in 1934 to arrange with the Dental Board for a series of lectures on dental hygiene similar to the exhibition arranged in 1933, but it is hoped to have such a course of lectures and talks in the coming year.

### MISCELLANEOUS.

#### EXAMINATION OF CANDIDATES FOR H. M. FORCES.

Six boys, candidates for artificers for the Royal Air Force, were examined. One was regarded as unsuitable for nomination.

#### EXAMINATION OF SCHOLARSHIP OR SPECIAL PLACE CANDIDATES.

74 such pupils were also inspected, the defects observed being:—

Cariou teeth .....	13
Defective vision .....	7
Enlarged tonsils and adenoids .....	1
Enlarged tonsils .....	5
Defective hearing due to wax .....	3

These defects were brought to the notice of the parents and appropriate treatment was arranged.

## EMPLOYMENT OF CHILDREN.

New byelaws regulating the employment of children and new byelaws regarding street trading by persons under the age of 16 were adopted by the Local Authority during the year and approved by the Home Office. The byelaws adopted in 1920 were revoked. Towards the end of the year a special Juvenile Employment Officer was appointed by the Education Authority to enforce the provisions of the byelaws.

16 children who required certificates for stage performances were examined, and all were granted the necessary certificates according to the requirements of the Board of Education.

## DEATHS OF SCHOOL CHILDREN.

The following is a statement of the causes of death during 1934, of children of school age.

CAUSES OF DEATH.	Boys.		Girls.		Total.
	5-9 years.	10-14 years.	5-9 years.	10-14 years.	
Measles .....	..	..	2	..	2
Scarlet fever .....	..	..	1	..	1
Diphtheria .....	1	..	1	..	2
Influenza .....	2	1	..	2	5
Acute poliomyelitis .....	..	1	..	..	1
Tetanus .....	..	1	..	..	1
Pulmonary tuberculosis .....	..	3	2	4	9
Tuberculous meningitis .....	4	5	3	4	16
Intestinal tuberculosis .....	..	1	1	..	2
Generalised tuberculosis .....	..	1	..	2	3
Rheumatic fever .....	..	..	1	..	1
Diseases of the thymus .....	..	..	1	1	2
Meningitis .....	1	..	..	..	1
Convulsions .....	..	..	1	..	1
Cerebral tumour .....	1	..	..	..	1
Diseases of ear and mastoid .....	..	2	1	..	3
Valvular disease of heart .....	..	..	..	1	1
Broncho-pneumonia .....	1	1	..	..	2
Lobar pneumonia .....	1	1	..	1	3
Pneumonia (type not stated) .....	..	..	3	..	3
Empyema .....	1	..	..	..	1
Diseases of teeth and gums .....	1	..	..	..	1
Tonsillitis .....	..	..	2	1	3
Enteritis .....	1	1	2	..	4
Appendicitis .....	2	1	1	..	4
Other disease of intestines .....	1	..	..	..	1
Acute nephritis .....	..	..	..	1	1
Disease of bones .....	..	..	1	..	1
Accidents : road vehicles .....	4	..	2	..	6
Total .....	21	19	25	17	82

ELEMENTARY AND HIGHER SCHOOLS.

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**TABLE 1—RETURN OF MEDICAL INSPECTIONS DURING  
THE YEAR ENDED 31st DECEMBER, 1934.**

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A.—ROUTINE MEDICAL INSPECTIONS.

	<i>Elementary.</i>	<i>Higher.</i>
Number of Inspections in the prescribed Groups :—		
Entrants .....	1,947	
Second Age Group (Intermediates) ....	1,896	745
Third Age Group (Leavers) .....	2,063	
Total .....	5,906	745
	5,906	745

Number of other Routine Inspections :—

B.—OTHER INSPECTIONS.

Number of Special Inspections.....	5,692	2
Number of Re-Inspections.....	8,321	9
Total .....	14,013	11
	14,013	11

## ELEMENTARY AND HIGHER SCHOOLS.

TABLE 2.—(A.) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934.

Defect or Disease.		Routine Inspections.				Special Inspections.			
		No. of Defects.				No. of Defects.			
		Requiring treatment.		Requiring to be kept under observation but not requiring treatment.		Requiring treatment.		Requiring to be kept under observation but not requiring treatment.	
		El.	Hr.	El.	Hr.	El.	Hr.	El.	Hr.
Skin.	Malnutrition .....	1	..	329	1	2	..	..	..
	Ringworm :—								
	Scalp .....	6	..	..	..	129	..	..	..
	Body .....	2	..	2	..	23	1	..	..
	Scabies .....	4	..	2	..	91	..	..	..
	Impetigo .....	19	..	12	..	488	..	..	..
	Other diseases (non-tuberculous) .....	5	1	35	1	920	..	..	..
Eye.	Blepharitis .....	7	..	57	4	119	..	..	..
	Conjunctivitis .....	4	..	4	..	183	..	..	..
	Keratitis .....	..	..	1	..	..	..	..	..
	Corneal opacities .....	..	..	..	..	..	..	..	..
	Defective vision (excluding squint) .....	454	51	782	194	340	..	..	..
	Squint .....	35	..	99	3	50	..	..	..
	Other conditions .....	1	..	14	9	92	..	..	..
Ear.	Defective hearing .....	..	..	321	8	22	..	..	..
	Otitis media .....	3	..	59	..	182	..	..	..
	Other ear diseases.....	1	..	11	..	36	..	..	..
Nose and Throat.	Chronic tonsillitis only .....	105	7	747	73	221	..	..	..
	Adenoids only .....	16	..	44	1	12	..	..	..
	Chronic tonsillitis and adenoids .....	501	1	..	..	156	..	..	..
	Other conditions .....	6	..	20	1	50	1	..	..
	Enlarged cervical glands (non-tuberculous) .....	..	..	300	4	69	..	..	..
	Defective speech .....	..	..	74	1	..	..	..	..

TABLE 2 (A.)—CONTINUED.

Defect or Disease.		Routine Inspections.				Special Inspections.			
		No. of Defects.				No. of Defects.			
		Requiring treatment.		Requiring to be kept under observation but not requiring treatment.		Requiring treatment.		Requiring to be kept under observation but not requiring treatment.	
		El.	Hr.	El.	Hr.	El.	Hr.	El.	Hr.
Heart and Circulation	Heart Disease :—								
	Organic .....	2	..	29	5	11	..	..	..
	Functional .....	..	..	37	4	1	..	..	..
	Anaemia .....	11	..	265	23	770	..	..	..
Lungs.	Bronchitis .....	12	..	150	6	609	..	..	..
	Other non-tuberculous diseases .....	..	..	..	..	67	..	..	..
Tuberculosis.	Pulmonary :—								
	Definite .....	..	..	..	..	..	..	..	..
	Suspected .....	..	..	4	..	18	..	..	..
	Non-pulmonary :—								
	Glands .....	..	..	1	..	..	..	..	..
	Bones and Joints .....	..	..	..	..	..	..	..	..
	Skin .....	..	..	5	..	..	..	..	..
	Other forms .....	..	..	..	..	..	..	..	..
Nervous System.	Epilepsy .....	..	..	13	..	11	..	..	..
	Chorea .....	2	..	10	..	66	..	..	..
	Other conditions .....	..	..	9	..	2	..	..	..
Deformities	Rickets .....	1	..	66	..	15	..	..	..
	Spinal curvature .....	4	..	74	4	3	..	..	..
	Other forms .....	1	..	35	2	5	..	..	..
Other defects and diseases (excluding uncleanliness and dental diseases) .....		6	..	60	31	906	..	91	..
Total .....		1209	60	3671	375	5669	2	91	..



**TABLE 2.—(B.) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding uncleanliness and dental diseases).**

GROUP.	Number of Children.			
	Inspected.		Found to require treatment.	
	El.	Hr.	El.	Hr.
Prescribed Groups :				
Entrants .....	1,947	} 745	282	} 60
2nd Age Group (Intermediates) .....	1,896		394	
3rd Age Group (Leavers) .....	2,063		395	
Total (Prescribed Groups) .....	5,906	745	1,071	60
Other routine inspections .....	..	..	..	..
Grand Total .....	5,906	745	1,071	60

El.—Elementary.

Hr.—Higher.

**TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA FOR THE YEAR 1934.**

CHILDREN SUFFERING FROM MULTIPLE DEFECTS :—

Mentally Defective and Blind—	.. .. .	
At Special Residential School for Blind, Mentally Defective Children .....		1
Mentally Defective and Epileptic—		
At no School or Institution .....		1
Mentally Defective and Non-Pulmonary Tuberculosis—		
At no School or Institution .....		1
Total .....		<u>3</u>

BLIND CHILDREN—

At Certified Schools for the Blind .....	6
At Public Elementary Schools .....	..
At Other Institutions .....	..
At no School or Institution .....	1
Total .....	<u>7</u>

TABLE 3.—CONTINUED.

## PARTIALLY SIGHTED CHILDREN—

At Certified Schools for the Blind .....	..
"                                    Partially Sighted.....	55
" Public Elementary Schools .....	..
" Other Institutions.....	..
" no School or Institution .....	1
	—
Total .....	56
	==

## DEAF CHILDREN—

At Certified Schools for the Deaf .....	11
" Public Elementary Schools.....	3
" Other Institutions.....	..
" no School or Institution .....	2
	—
Total .....	16
	==

## PARTIALLY DEAF CHILDREN—

At Certified Schools for the Deaf .....	..
"                                    Partially Deaf.....	..
" Public Elementary Schools .....	4
" Other Institutions.....	..
" no School or Institution .....	..
	—
Total .....	4
	==

## MENTALLY DEFECTIVE CHILDREN—

At Certified Schools for Mentally Defective Children ..	29
" Public Elementary Schools .....	85
" Other Institutions .....	..
" no School or Institution .....	13
	—
Total .....	127
	==

## EPILEPTIC CHILDREN (Severe Epilepsy)—

At Certified Special Schools.....	..
" Public Elementary Schools.....	1
" Other Institutions.....	..
" no School or Institution .....	3
	—
Total .....	4
	==

TABLE 3.—CONTINUED.

## PHYSICALLY DEFECTIVE CHILDREN :

	At Certified Special Schools.	At Public Element'ry Schools.	At other Institu- tion.	At no School or Insti- tution.	Total.
*A. Tuberculous children :					
I. — Children suffering from Pulm. Tuberc. ....	3	5	22	21	51
II. — Children suffering from Non-Pulm. Tuberc.	7	30	21	14	72
B.—Delicate Children ....	162	390	1	30	583
C.—Crippled Children ....	2	67	9	21	99
D.—Children with Heart Disease .....	..	13	..	1	14

\*The decrease in "pulmonary tuberculosis" and "non-pulmonary tuberculosis" as compared with the numbers for 1933 is due to the transference by the Tuberculosis Officer of 288 such cases to the heading "delicate children."

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1934.

GROUP I.—TREATMENT OF MINOR AILMENTS.  
(Excluding Uncleanliness).

## ELEMENTARY SCHOOLS.

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 ....	129	..	129
Body .....	23	..	23
Scabies .....	93	..	93
Impetigo .....	493	..	493
Other skin diseases .....	899	..	899
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II.) .....	360	2	362
MINOR EAR DEFECTS .....	220	..	220
MISCELLANEOUS, (e.g., minor injuries, bruises, sores, chilblains, etc.) .....	397	3	400
TOTAL .....	2,614	5	2,619

## HIGHER SCHOOLS.

One pupil suffering from ringworm of body was treated at the School Clinic.

TABLE 4.—CONTINUED.

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

Disease or Defect.	Number of Defects dealt with.					
	Under the Authority's Scheme.		Otherwise.		Total.	
	El.	Hr.	El.	Hr.	El.	Hr.
Errors of refraction (including squint) .....	909	26	..	..	909	26
Other defect or disease of the eyes ..	..	..	..	..	..	..
Total .....	909	26	..	..	909	26

Total number of children for whom spectacles were prescribed :—

	<i>Elementary.</i>	<i>Higher.</i>
(a) Under the Authority's scheme .....	873	26
(b) Otherwise .....	..	..

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme .....	864	25
(b) Otherwise .....	..	..

TABLE IV.—CONTINUED.

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

Number of Children—

	<i>Elementary.</i>				<i>Higher.</i>			
	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)
(1) Received operative treatment :—								
(a) Under the Authority's scheme, in Clinic or Hospital.....	92	2	117	..	..	..	1	..
(b) By Private Practitioner or Hospital, apart from the Authority's scheme	2	1	57	..	2	..	..	..
Total .....	94	3	174	..	2	..	1	..
(2) Received other forms of treatment .....	51				..			
Total number treated	322				3			

NOTE.—(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of the Nose and Throat.

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

## ELEMENTARY SCHOOLS.

Number of Children treated—

(1) Under the Authority's Scheme :

(a) Residential treatment with education .....	4
(b) " " without education .....	4
(c) Non-residential treatment at an Orthopaedic Clinic .....	15

(2) Otherwise :

(a) Residential treatment with education .....	..
(b) " " without education .....	..
(c) Non-residential treatment at an Orthopaedic Clinic .....	6

Total number treated—28\*.

\*Some of the children are recorded in more than one of the above categories.

TABLE 4.—CONTINUED.

## GROUP V.—TREATMENT OF DENTAL DEFECTS.

## ELEMENTARY SCHOOLS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

<i>Age.</i>	<i>Routine.</i>	<i>Specials.</i>	<i>Total.</i>
Under 5 .....	3	31	34
5 .....	1,511	2	1,513
6 .....	1,835	2	1,837
7 .....	2,006	6	2,012
8 .....	2,148	2	2,150
9 .....	2,230	5	2,235
10 .....	2,505	2	2,507
11 .....	2,228	..	2,228
12 .....	2,085	10	2,095
13 .....	1,291	65	1,356
14 .....	77	66	143
15 .....	4	14	18
16 and over .....	1	3	4
Total .....	<u>17,924</u>	<u>208</u>	<u>18,132</u>

(b) Found by Dentist to require treatment .... 12,266 208 12,474

(c) Actually treated (by School Dentist)..... 3,793 189 3,982

(2) Half-days devoted to—

Inspection, 147 ; Treatment, 588 ; Total, 735.

	<i>Routine.</i>	<i>Specials.</i>	<i>Total.</i>
(3) Attendances made by children for treatment .....	5,126	316	5,442
(4) Fillings :—Permanent teeth	1,425	85	1,535
Temporary teeth	25	..	
(5) Extractions :—Permanent teeth	1,601	262	10,595
Temporary teeth	8,432	300	
(6) Administration of general anaesthetics for extractions	139	25	164
(7) Other operations :—			
Permanent teeth .....	281	39	481
Temporary teeth.....	146	15	

TABLE 4.—GROUP V.—CONTINUED.

## HIGHER SCHOOLS.

12 pupils made 17 attendances at the Dental Clinic : 11 pupils were treated. The treatment comprised 22 extractions (3 temporary teeth ; 19 permanent teeth), and 5 permanent fillings.

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

	<i>First Survey.</i>	<i>Second Survey.</i>
(i.) Average number of visits per school made during the year by the School Nurses ..	5	5
(ii.) Total number of examinations of children in the schools by School Nurses :—		
(a) Children examined .....	17,045	6,729
(b) Examinations made .....	18,040	7,394
(iii.) No. of individual children found unclean ..	738	507
(iv.) No. of children cleansed under arrangements made by the Local Education Authority ..	..	..
(v.) No. of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921 ..	..	..
(b) Under the School Attendance Byelaws .....	..	..

