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Contributors

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Borough of Taunton.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

EDUCATION COMMITTEE

For the Year ending 31st December, 1926.

TAUNTON :

GOODMAN AND SON, THE PHOENIX PRESS.

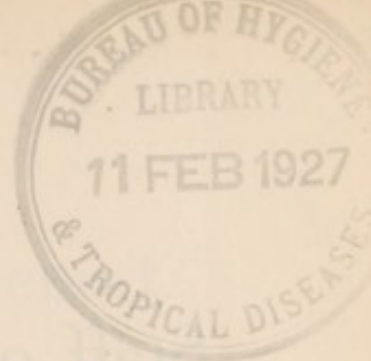
1927.



*With the Compliments of the
Medical Officer of Health
and
School Medical Officer.*

*Health Dept.,
Corporation Street.*





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For the Year ending 31st December, 1926.

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1927.

Staff of School Medical Department.

Medical Officer :

JOHN ALLEN, M.B., Ch.B., D.P.H.

Ophthalmologist :

G. P. HAWKER, M.D.

Dental Surgeon (part time) :

A. J. PERCY, L.D.S., R.C.S. Eng.

School Nurses and Attendance Officers :

MISS J. BELLCHAMBERS.

MISS S. B. COLLINS.

Dental Nurse (part time) :

MISS A. E. CUMSTOCK.

Clerk :

G. J. A. WILKINSON.

Employment of Children Officer :

P.C., D. ARNOLD.



School Medical Officer's Report.

SCHOOL MEDICAL DEPARTMENT,
CORPORATION STREET,
TAUNTON,

12th January, 1927.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit for your perusal my Eighth Annual Report on the work of this Department for the year ending 31st December, 1926.

One third of the children on the roll were examined in the Schools.

About one fourth of these were found to have defects of one kind or another which were in need of treatment.

A most gratifying feature is the continued increase in the number of parents who attend the examination in the Schools. The percentage this year was over 69, which is the highest recorded.

The number of defects which have had treatment varies with the defect, but in each class the proportion treated exceeds that for England and Wales as a whole in 1925.

From these facts it would appear that appreciation of the service is increasing, that it is bearing fruit, and that it is helping to rear a healthier race of burgesses.

I have to express my indebtedness to the Teachers of the Schools and the Members of this Department for their ready help and co-operation.

I am,

Ladies and Gentlemen,

Your obedient Servant,

JOHN ALLEN.

Report of the School Dental Officer

For the Year 1926.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit my Report for the last twelve months.

The work has proceeded satisfactorily, and the continued high percentage of attendances after inspection at the Schools is evidence of the interest being shown by parents in the treatment offered them. This was 71% of the appointments sent out.

On the whole the condition of the children's teeth is good.

A complete round of the Schools can now be carried out in approximately twelve months, and the time devoted to treatment (six sessions per week) is sufficient to maintain this.

The following is a summary of the work done :—

Number of Children Inspected	..	2,222
„ „ Permanent Fillings	..	923
„ „ Temporary Fillings	..	157
„ „ Extractions		1,473
„ „ Special Cases Treated	..	318

The number of children treated without charge was 524, an increase of 41 on last year's total, no doubt accounted for by the increase in the number of unemployed.

The cash receipts amounted to £17 1s. od.

I have the honour to be,

Your obedient Servant,

ARTHUR J. PERCY, L.D.S., R.C.S., Eng.,

School Dental Officer.

ANNUAL REPORT

OF THE

School Medical Officer for the Year 1926.

ADMINISTRATION.

At the 25th December, 1926, there was accommodation for 3,994 children in 19 departments.

The average number on the roll was 2,909; the average attendance was 2,681, being a percentage attendance of 92·16.

Staff.

The names of the members are given on page 3.

The School Medical Officer is also the Medical Officer of Health and Medical Officer for Maternity and Child Welfare, and gives the whole of his time to these duties.

The Ophthalmologist paid eight visits, each consisting of two sessions.

The Dental Surgeon gives six half-days per week during school terms.

The Clerk divides his whole time between Education, Public Health and Maternity and Child Welfare.

Co-ordination with other Services.

The School Medical, Public Health and Maternity and Child Welfare Departments are all administered from the same office, while the School Clinic and Infant Welfare Centre are held in the same premises.

The Health Visitor co-operates by passing on her records of all children with defects. These are summarised on a special defect card, and the child is then examined by the School Medical Officer at his next visit to the school.

The Orthopædic Clinic administered by the Somerset County Council is held in the School Clinic, and is available for infants and school children of the Borough.

The Tuberculosis Officer, Dr. V. C. Martyn, has been of great assistance to me. He attends the Dispensary in Taunton on Mondays, and has seen there 45 children referred by me for his opinion and advice.

As a valuable ancillary, the Taunton and District Tuberculosis Care Committee have provided extra nourishment, clothing and boots for children with tuberculosis.

The Somerset Association for Mental Welfare have an Occupation Centre for lower grade defectives, which is held in the Y.W.C.A., in Mary Street. It is now open three days per week, and is most ably managed by Miss Penrose and an assistant.

I hope that fuller recognition of the valuable work done by this Association will be shown at an early date by the formation of a Committee in the town.

Sanitary Condition of the Schools.

A survey of all the premises was made in May, and a report on the defects found presented.

I note with pleasure that the long type of desk and form is now being superseded by a more suitable single desk type.

As regards the latrines at Holy Trinity Schools (first reported by me in 1924), I recommended that these should be demolished. I regret that they are still in use. Their condition must make it difficult for any child to use them. The Managers are now hesitating to replace these until they are certain of the position of the school in the re-organisation scheme.

Infectious Diseases.

The School Nurses, who are also the only Attendance Officers, report to me each day all children whom they have found absent from school on account of any communicable disease. I do not, therefore, ask for lists of these from the Head Teachers.

From these reports I got information of the following communicable diseases :—

Measles	..	..	..	..	18 cases.
Whooping Cough	..	..	..	..	27 „
Chicken-pox	..	..	..	..	137 „
Mumps	..	..	..	..	387 „
German Measles	..	..	..	..	89 „
Doubtful Rashes	..	..	..	..	3 „

Measles, German Measles and Chicken-pox are notifiable in this area, and I have (where the diagnosis was not confirmed by a medical practitioner) visited each child to confirm this. To this end I have visited 349 children during the year, which is over 30% of the cases notified.

The doubtful rashes reported were all cases of Scarlet Fever, which in all probability would otherwise have escaped detection.

Measles was prevalent in February, March, April, and May; German Measles in January, February, March, and April; and Chicken-pox from April to the end of December. Mumps was epidemic in January and February.

As regards Mumps, the incubation period is perhaps the longest of any communicable disease, namely, up to 28 days, and as it is of low infectivity and seldom gives rise to any ill results, I have advised that it is of no advantage to exclude contacts from school

Action under Article 45 (b) and Article 57 of the Code.

I have not as Medical Officer of Health or School Medical Officer recommended the closure of any school or department.

The attendances having fallen below 60%, I have given certificates as follows :—

St. James' Infants' Department, week ending 22-I-1926. Due to Mumps and German Measles.

Central Infants' Department, week ending 22-I-1926. Due to Mumps.

Action under Article 53 (b) of the Code.

Exclusion Notices are sent by me as School Medical Officer from the lists of contacts furnished by the officer investigating any case of a notifiable disease.

The exclusion periods vary with the disease, and are in accordance with the times given in the Memorandum on Closure of and Exclusion from School issued jointly by the Board of Education and the Ministry of Health in March, 1925.

Cases and contacts of Scarlet Fever and Diphtheria are also examined by me before they are allowed to return to school, while

children who have had Tuberculosis, Scabies and Ringworm are also re-examined by me before they are allowed to return.

Medical Inspection.

Arrangements are made to examine each child at least three times during its school career. These routine times are :—

1. Entrants—as soon as possible after admission.
2. Intermediates—between the ages of eight and nine years.
3. Leavers—as soon as possible after attaining the age of twelve years.

A child developing any defect between these periods may be seen by me either when visiting the school or by attending the Clinic, while a child who has been absent for any cause at the routine time is examined at my next visit to the school.

Names of the children to be examined are collected from a card index of all school children, which is revised at monthly intervals from returns furnished by the Head Teachers of all children who have been admitted to or discharged from their schools.

Co-operation of the Parents.

The parents are given notice by the Head Teacher of the date and time at which medical inspection will take place, and everything possible is done to encourage their attendance.

The number attending shows a continuous and gratifying increase, being 723, or 69·6% of the children examined, as compared with 62·5% in 1925 and 62·3% in 1924. It would thus appear that the parents appreciate the examination and the opportunity it offers for the discussion of problems relative to the well being of their children.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Just under one-quarter of the children examined in the routine groups were found to have defects in need of treatment. The actual percentage was 24. This is almost identical with a percentage of 23·8 for England and Wales in 1925.

The proportions of defects found in the separate groups are :—

	Taunton.	England & Wales.
Entrants	26·6	23·1
Intermediates	28·5	26·8
Leavers	18·4	24·5
Total for Code Groups	23·8	24·6
Other Routine Inspections	22·0	26·0

Defective Vision and Squint.

The proportion found to require treatment for bad eyesight, apart from squint, shows little variation from year to year, but the number found to require treatment for squint has shown an increase in the past three years, being 1·0% in 1924, 1·4% in 1925, and 3·0% in 1926.

Enlarged Tonsils and Adenoids.

There had been a steady decrease in the number found to require treatment—from 5·2% in 1920 to 2·1% in 1925; but in 1926 the proportion had increased to 5·0%. The proportion in England and Wales in 1925 was 5·3%.

Pulmonary Tuberculosis.

The number found in the last five years has varied from 0·3 to 0·6%. For this year the figure is 0·3%.

Each of the cases has been confirmed either by the Tuberculosis Officer or a general practitioner.

Organic Heart Disease.

The number of cases found has averaged 0·3% for the past seven years. This year the proportion is 0·6%.

Deformities.

The number discovered and found to be in need of treatment was 22, or 2·1%. This is considerably in excess of that for England and Wales, but the fact that we now have a scheme for the correction of such defects means that a careful look-out is kept for any child in need of such treatment, and when this scheme has been in operation for some time the numbers should be considerably lessened.

Uncleanliness.

The number found to be in need of active treatment for this condition was 15, or 1·1%, and 0·1% less than in 1925.

The School Nurses have made on an average four visits to each department and examined all the children present. They found that 1·3% of the number inspected were suffering from this defect. This figure compares most favourably with 6·5% for England and Wales, and it would appear that the standard of cleanliness is good, and that it is even getting better.

THE HEALTH OF THE YOUNG CHILD ON ADMISSION TO SCHOOL.

The Chief Medical Officer of the Board of Education, in his Annual Report for 1925, devotes a special article to this subject, in which he stresses the serious amount of physical defect which is found among the infants when they enter school. He believes that the chief causes of this are :—

1. Faulty nutrition.
2. Infective processes, such as tuberculosis, and ear disease after measles.
3. Unhealthy home surroundings.
4. Nervous conditions affecting the sense organs and even the nervous system, due to the stresses and strains of life.

He analyses the reports of numerous authorities, which show that over a period of years there is not much evidence of any substantial improvement in the condition of the entrants.

He therefore invites all Local Education Authorities and their school doctors to consider these facts carefully.

I find that it is not possible to make any comparison of the children here prior to 1924, but it appears that the percentage found to need treatment here was 10·1 in 1924, 20·4 in 1925, and 26·6 in 1926. From this it would appear that the proportion is on the increase.

On comparing the percentage of defects found in the Entrants with those found in the Intermediates and Leavers combined, there is a much higher proportion of those with Squint, Enlarged

Tonsils and Adenoids, Otitis Media, and Deformities among the Entrants. There is little difference among those with Malnutrition, Defective Hearing, Organic Heart Disease, and Nervous Defects, while there are fewer cases of Tuberculosis.

As the pre-school child is under the care of the Maternity and Child Welfare Committee (there are no Day Nurseries in this area), it is necessary to explain what this Committee is doing. It has a Health Visitor who devotes her whole time to the care of infants between birth and attendance at school. The average number of children born each year is about 350. She visits the homes according to a definite scheme, which is, for the first year 6 visits, for the second year 3 visits, for the third year 2 visits, and then 1 visit per year if the child does not go to school until he is five.

This scheme is not intended to be a hard and fast one, and the visits are varied according to the necessities of the case.

The Health Visitor records her impressions on a card, and these are summarised and entered on the school record card.

The Maternity and Child Welfare Committee has an Infant Welfare Centre which is held in the same place as the School Clinic. It is open every Tuesday afternoon from 2 to 5 p.m., and every mother is welcome. Here she can bring her children, have them weighed, and have them medically examined. She can also attend various classes where lectures and demonstrations on infant nurture are given.

The average number of medical consultations in 1925 was 29 per session. The chief difficulty is lack of persistence in attending. It is difficult to convince the mother that after the child has "run away" he still needs to be weighed and examined. As evidence of this 80% of the attendances are children under one year of age. The toddlers need just as much care as the babes in arms, but it is unusual for them to get it.

The Maternity and Child Welfare Committee have joined the Orthopædic Scheme of the Somerset County Council, which was begun in September, 1925, and if the mothers will only take advantage of this it will do much to reduce the number of those who are found to have crippling defects of all kinds.

The large number of Council houses which have been let in the past few years should also help to reduce the crippling caused by rickets.

As regards the other defects mentioned, namely Squint, Enlarged Tonsils and Adenoids and Ear Discharge, the Maternity and Child Welfare Committee have no scheme of treatment for these ; but I would put education of the mother as to the need for regular and periodic examination of their children as perhaps the most potent factor in their remedying, and to this effect a scheme is being developed.

The control of infectious disease has much to do with these last three defects, and to this effect the Maternity and Child Welfare Committee supply nursing aid to cases of Measles, Whooping Cough and Ophthalmia Neonatorum, while the Public Health Committee have made Measles, German Measles and Chicken-pox notifiable diseases.

If the mothers can be convinced that it is necessary for even the healthiest looking infant to be examined at least once a quarter many defects can be discovered soon after they have arisen, when they are easily remedied and before they have had time to give cause to the chain of secondary defects.

FOLLOWING UP.

The object of this is to secure that the defects found to need treatment have this. The agencies concerned are the School Nurses and myself.

To this end the Nurses visit the homes and enquire as to what has been done, and urge the need of treatment where no steps to secure this have been taken.

At the latter end of the year, I re-visit each school and re-examine all children known to have defects in need of treatment. The number re-examined by me in 1926 was 863. Where nothing has been done a letter is sent inviting the parent to attend with the child at the Clinic on a definite date and time. The majority of these special invitations have been accepted, and will result in treatment being obtained.

MEDICAL TREATMENT.

Full details of the sources from which this is obtainable were given on pages 19 and 20 of my Report for 1925.

The School Clinic.

The attendances here numbered 6,991, including 474 children brought up by the parents as new cases for examination and advice.

The Clinic is open daily during the school terms from 9 to 10 a.m., and on Tuesdays and Fridays, when I attend, from 9 to 11 a.m.

Enlarged Tonsils and Adenoids.

The average number who have had operative treatment during the past seven years was 43%. During 1926 47% of those known to need operative treatment had obtained this. The proportion having operative treatment is not high, but it compares favourably with that of 45% for England and Wales.

Defective Vision and Squint.

The arrangements you have made for the treatment of these conditions were described very fully on page 13 of my Report for 1925.

The Ophthalmologist, Dr. G. P. Hawker, paid eight visits, which were of two sessions each. He examined 173 children, 86 of these being new cases attending for the first time.

The Chief Medical Officer of the Board of Education stated that in a good treatment scheme 5% of the children in attendance at school should be examined by an oculist each year. The percentage here was 5.7 for 1926.

The total number found to be in need of treatment, either as routines or specials, was 102, and 89, or 87.2%, of these had proper treatment. The corresponding figure for England and Wales was 80.0%.

Tuberculosis.

The Somerset County Council is the authority responsible for the treatment of this disease, and the Tuberculosis Officer, Dr. V. C. Martyn, has examined for me 45 children about whom I had

suspicion as the result of either routine or special examinations. Of these, he found that 12 were definite cases of Tuberculosis, that 6 were doubtful, and 27 were not Tubercular.

Crippling Defects.

The Orthopædic Scheme adopted by the Somerset County Council has a Clinic, which is held in the Lecture Hall here.

The Surgeon, Miss Forrester-Brown, M.S., M.D., attends on the second Friday in each month, and the Sister every Friday.

Cases sent by the Somerset C.C. are seen in the morning on the Surgeon's day, and those from the Borough in the afternoon.

Mrs. Scott, of Nailsbourne, has organised an enthusiastic voluntary section of ladies, including Misses Sibley, Sutcliffe, Thicknesse, and Welch, who assist in the remedial and other sections. Mrs. Scott has also developed a follow-up scheme to warn those who are due to attend and to remind those who omit to turn up.

During the year 37 children were advised to have treatment, and 34 attended. Operative treatment was advised in 5 cases, but none have had this. Remedial exercises were prescribed for 25, and 21 have attended for these. Appliances were prescribed for 19, and 12 have had these. Skiagrams were advised for 1, and these were taken.

OPEN-AIR EDUCATION.

During the warmer months of the year classes are held in the playgrounds in North Town School, Priory Junior School, St. Andrew's Infants' School, Original Infants' School, and Holy Trinity School.

During July and August the Somerset County Education Committee held a Summer Camp for delicate children in the grounds of the Quantock Sanatorium. Ten children were sent by you for a month's stay. They derived considerable benefit from it, and greatly enjoyed the experience.

CHILDREN WITH SPECIAL DEFECTS.

On page 20, and headed Table III., are given particulars of all children in this area with certain special defects.

Mentally Defectives.

These have all been re-examined by me during the year and the list revised.

I dealt at some length with the various classes in my Report for 1925 on pages 14 to 19.

Blind.

It is difficult to see how provision can be made for the 6 partly blind children. It is difficult to teach them properly in an ordinary school, and the best system is in a myope class ; but the small number hardly warrants the establishment of such a class.

Deaf.

Five children are suffering from deafness to such a degree as to render it difficult for them to benefit from attendance at an ordinary school. But the number does not warrant the establishment of a special class, nor does it seem advisable to send them to a residential special school.

Mentally Defective.

At the end of 1926 there were 33 boys and 30 girls known to me, while there were 7 boys and 5 girls between 14 and 16 years old who had left school. These who have left school are visited at frequent intervals by the School Nurses and their progress noted.

As a result of these visits one boy who had proved to be unemployable in several situations was sent to a residential institution, and steps are being taken to send another.

One girl is under careful observation in a situation where she has been placed by her guardians.

Three girls, under 14 years, have been sent to a residential school, at Sandhill Park, chiefly on account of unsatisfactory home conditions.

During the year 36 children have been specially examined. One was found normal, 13 were dull or backward, 17 were found to be feeble-minded, and 3 were certified as imbeciles. In two cases it was difficult to come to a definite conclusion, and these will be examined again.

It must be understood that the term feeble-minded means that the child is unable to benefit from the education provided in an ordinary school. I would prefer to use some other phrase, such as mentally retarded, in order to differentiate clearly from the term feeble-minded as used in the Mental Deficiency Act.

Tuberculosis.

Careful revision and re-examination has resulted in a considerable reduction in the number known to be affected with this disease. The total shown last year of those with the pulmonary or glandular type in a non-infectious form was 48; the number stands this year at 32. Those known to have active non-pulmonary tuberculosis have decreased from 11 in 1925 to 5 in 1926.

Delicate Children.

The number listed is 70, and this represents the number who would benefit from education in a school on open-air lines.

Crippled Children.

This list includes about 60 with crippling defects of various types, such as severe knock-knee and stiff or flail-like limbs. Fourteen have heart disease of a severe type, and 6 have cleft palates.

The Orthopædic Clinic should do much to reduce the number if the parents will only take advantage of the facilities provided, and, what is perhaps equally important, if they will persist in the treatment prescribed. It must be remembered that a deformity which has existed for years cannot be remedied in a month.

PROVISION OF MEALS.

The Canteen has not been re-opened during the year.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Thirty-six applications for the employment of children out of school hours were made. These children were all examined by me, and in 6 cases it was found that the employment or the state of the child would be prejudicial to his health or physical development. The applications were all in respect of boys. There were no applications for licences for street trading.

The particulars are :—

	Applications.		Found Fit.	
Errands	32	..	26	
House Boy	4	..	4	

Proceedings were taken against the parent of one child for employing him contrary to the Bye-laws, and the parent was ordered to pay 4/- costs.

Warnings were sent to four others for contravening the Bye-laws.

TABLE I.—Return of Medical Inspections in 1926.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	..	..	..	..	..	..	..	398
Intermediates	..	..	..	..	..	..	..	189
Leavers	..	..	..	..	..	..	..	369
Total	..	..	..	..	..	..	..	956

Number of other Routine Inspections 82

Total Routine Inspections 1,038

B. OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	474
Number of Re-inspections	..	..	..	..	..	..	2,462
Total	..	..	..	..	..	..	<u>2,936</u>

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1923.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	15	4	12	1			
	Uncleanliness	15	0	4	0			
	(See Table IV., Group V.)							
	Ringworm :							
	Scalp	0	0	11	0			
	Body	2	0	9	0			
	Scabies	2	0	4	0			
	Impetigo	4	0	21	0			
Eye	Other Diseases (Non-Tuberculous)	8	0	136	0			
	Blepharitis	2	0	6	0			
	Conjunctivitis	2	0	11	0			
	Keratitis	0	0	0	0			
	Corneal Opacities	0	0	2	0			
	Defective Vision (excluding Squint)	47	25	7	0			
	Squint	32	11	9	0			
	Other Conditions	1	2	4	0			
Ear	Defective Hearing	8	1	2	0			
	Otitis Media	7	0	12	0			
	Other Ear Diseases	1	0	0	0			
Nose and Throat	Enlarged Tonsils only	42	16	6	0			
	Adenoids only	6	6	0	0			
	Enlarged Tonsils and Adenoids	4	2	3	0			
	Other Conditions	0	1	7	0			
Enlarged Cervical Glands (Non-Tuberculous) ..					15	3	10	0
Defective Speech					3	4	0	0
Teeth					9	0	2	0
(See Table IV., Group IV.)								

TABLE II.—*Con.*

					(1)	(2)	(3)	(4)	(5)
Heart and Circulation.	{ Heart Disease :								
	{ Organic				6	13	2	0	
	{ Functional				0	0	0	0	
	{ Anæmia				3	0	1	0	
Lungs	{ Bronchitis				10	0	8	0	
	{ Other Non-Tuberculous Diseases ..				1	1	1	0	
	{ Pulmonary :								
	{ Definite				4	9	16	0	
	{ Suspected				15	3	14	0	
Tuberculosis	{ Non-pulmonary :								
	{ Glands				0	0	6	0	
	{ Spine				0	0	0	0	
	{ Hip				0	0	0	0	
	{ Other Bones and Joints ..				1	0	0	0	
	{ Skin				0	0	0	0	
	{ Other Forms				1	0	1	0	
Nervous System	{ Epilepsy				2	1	5	0	
	{ Chorea				1	0	3	0	
	{ Other Conditions				3	0	2	0	
Deformities	{ Rickets				11	9	2	0	
	{ Spinal Curvature				1	1	0	0	
	{ Other Forms				10	7	13	1	
Other Defects and Diseases					11	46	57	72	

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants	398	106	26.6
Intermediates	189	54	28.5
Leavers	369	68	18.4
Total (Code Groups) ..	956	223	23.8
Other Routine Inspections ..	82	22	26.8

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

ON 31ST DECEMBER, 1926.

			Boys.	Girls.	Total.
Blind.	1. Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.. Attending Public Elementary Schools At other Institutions .. At no School or Institution			
	2. Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.. Attending Public Elementary Schools At other Institutions .. At no School or Institution	2 3	0 3	2 6
Deaf.	1. Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions .. At no School or Institution	3	0	3
	2. Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions .. At no School or Institution	0 2	1 3	1 5
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions .. At no School or Institution	1 31 1	6 23 1	7 54 2
	Notified to the Local Control Authority during 1925.	Feebleminded Imbeciles Idiots	3	0	3

TABLE III.—*Con.*

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ..			
		Attending Public Elementary Schools	1	0	1
		In Institutions other than Certified Special Schools			
		At no School or Institution	1	0	1
Physically Defective.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	3	1	4
		At no School or Institution	1	0	1
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
		At other Institutions ..			
		At no School or Institution	1	2	3
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	3	6
		At Certified Residential Open Air Schools ..			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	9	6	15
		At other Institutions ..			
		At no Schools or Institution	7	4	11
	Delicate children (e.g., pre-or latent tuberculosis, mal-nutrition, debility, anæmia, etc.	At Certified Residential Open Air Schools ..			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	43	27	70
		At other Institutions ..			
		At no School or Institution			
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board			
		At Public Elementary Schools	2	1	3
		At other Institutions ..			
		At no School or Institution	1	1	2
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	1	0	1
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Public Elementary Schools	42	28	70
		At other Institutions ..			
		At no School or Institution	6	3	9

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1926.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE
GROUP V.).

Disease of Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp	13	1	14
Ringworm-Body	11		11
Scabies	6		6
Impetigo	28		28
Other Skin Diseases	30		30
MINOR EYE DEFECTS—			
External and other, but excluding cases falling in Group II. ..	27	3	30
MINOR EAR DEFECTS	25	3	28
GOITRE	19	1	20
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	201	47	248
Total	360	55	415

TABLE IV.—*Con.*

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.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint, but not including operations)	85	0	1	86
Other Defects or Diseases of the Eyes (excluding those recorded in Group I). ..	1	2	0	3
Total	86	2	1	89

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	70
(b) Otherwise	3

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	61
(b) Otherwise	4

GROUP III.—TREATMENT OF DEFECTS OF THE 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 Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
3	26	29	4	33

TABLE IV.—*Con.*

GROUP IV.—DENTAL DEFECTS.

1. Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5	..	..	300	}	Total	..	2,222
	6	..	..	301				
	7	..	..	180				
	8	..	..	160				
	9	..	..	210				
	10	..	..	235				
	11	..	..	279				
	12	..	..	247				
	13	..	..	263				
	14	..	..	45				

Specials 2

Grand Total 2,540

(b) Found to require treatment 1,536

(c) Actually treated 1,141

(d) Re-treated during the year as a result of periodical re-examination 432

2. Half-days devoted to { Inspection .. 26 } Total 257
 { Treatment .. 231 }

3. Attendances made for treatment 2,566

4. Fillings { Permanent Teeth .. 644 } Total 923
 { Temporary Teeth .. 279 }

5. Extractions { Permanent Teeth .. 105 } Total 1,473
 { Temporary Teeth .. 1,368 }

6. Administrations of general anæsthetics for extractions nil

7. Other operations .. { Permanent Teeth .. 157 } Total 158
 { Temporary Teeth .. 1 }

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per School made during the year by the School Nurses 4

2. Total number of examinations of children in the Schools by the School Nurses 8,195

3. Number of individual children found unclean 119

4. Number of children cleansed under arrangements made by the Local Education Authority nil

5. Number of cases in which legal proceedings were taken :

(a) Under the Education Act, 1921 nil

(b) Under School Attendance Bye-Laws nil



