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Borough of Taunton

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

to the

EDUCATION COMMITTEE

For the Year ending 31st December, 1935.

TAUNTON:
Hammett & Co., Printers, 5 b Hammet Street.
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PUBLIC HEALTH & SCHOOL MEDICAL DEPT.,
ST. PAUL'S HOUSE,
PARK STREET,
TAUNTON.

2nd March, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE,
MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my report on the work of the School Medical Service for the year 1935.

Infectious diseases in the form of Diphtheria and Measles were unduly prevalent, and their effect is manifest in the lowered average attendance. The scheme for the provision of milk in the schools commenced on the 18th February, and has, I am convinced, been of the greatest benefit to the children.

I desire to acknowledge the very valuable assistance given by the Teachers, the Voluntary Associations, and all those who are associated with Elementary Education in the Borough.

I am,
Your obedient Servant,
JOHN ALLEN,
School Medical Officer,

Report of the School Dental Officer, For the Year 1935.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report which is as follows :—

Attendances throughout the year continue to be satisfactory, and totalled 2,879.

The number of appointments sent out was 2,720 and of these 2,115 were kept, making an attendance of 77%.

The number of children treated free of charge was 520, and the cash receipts amounted to £15 2s. 6d.

The last complete round of the schools occupied 17 months, from June 1934—October 1935 inclusive. This represents an increase of 5 months since 1925, when a complete round was made in 12 months.

I would like to make the reasons for this extra time taken clear to you.

1925 Round.		1934-35 Round, 17 months.	
Number inspected	2,401	Number inspected	2,631
Specials ...	241	Specials ...	872
Total	<u>2,642</u>		<u>3,503</u>

Extra number of children, 861.

The big increase in specials is without doubt due to the efforts which I have made to induce parents to bring their children to the Clinic for treatment prior to their leaving school, and when they find it necessary to do so.

There is no doubt that the Clinic is becoming more popular and parents are coming up in increasing numbers for consultations.

I have the honour to be

Your obedient servant,

ARTHUR J. PERCY, L.D.S., Eng.
School Dental Officer.

ANNUAL REPORT

of the

School Medical Officer

For the Year ended 31st December, 1935.

ACCOMMODATION IN PUBLIC ELEMENTARY SCHOOLS.

The average number on the roll during the year ending 20th December was 3,089.

The average attendance was 2,834, being a percentage attendance of 91.74.

STAFF.

This was given on pages 2 and 5 of my report for 1932 and remains unchanged.

CO-ORDINATION WITH OTHER SERVICES.

This was described on page 6 of my Report for 1932, and there have been no changes.

SCHOOL HYGIENE.

An inspection of the sanitary condition of all Public Elementary Schools was made in May.

There has been no improvement in the condition of St. Andrew's Infants' School or St. John's, and these are far below modern standards for schools.

MEDICAL INSPECTION.

This was done on the school premises in all the schools. The routine age groups, that is, children entering school, children between 8 and 9 years of age and children who had attained the age of 12 years were examined, and in addition children transferred from other areas and for whom no records were obtainable were also examined. Fifty-two visits were made for this purpose, and 1,044 children were inspected, giving an average of just over twenty children per session of two hours.

The children examined were 985 in the routine age groups, that is, children entering school, children between 8 and 9 years of age, and children who have attained the age of 12 years—and 59 who had come in from other areas, and for whom no records were available.

FINDINGS OF MEDICAL INSPECTION.

These are given in tabular form on pages 15 and 16.

A special table on the nutritional condition of the children examined has now to be included.

In classifying the nutrition of each child as either Excellent, Normal, Slightly Subnormal or Bad, the basis of classification has been the general condition of the child.

It will be seen that 62% were found to be either Excellent or Normal, 35.5% slightly Subnormal and 2.5% Bad, or very definitely below normal.

FOLLOWING UP.

The object of this is to see that children who have been found to have either a defect requiring treatment or a defect which requires observation or watching are kept under supervision.

The School Nurses visit the homes for this purpose and I also re-examine such children in school. Fourteen visits were made to the schools for this purpose, and 740 children re-examined there, while 3,572 re-examinations were made in the Clinic.

ARRANGEMENTS FOR TREATMENT.

These were fully described on page 7 of my report for 1934 and are unchanged.

Attendances at the Clinic for minor ailments totalled 9,402.

Dr. Hawker, the Ophthalmologist paid nine visits of two sessions each and examined 218 children.

It will be noted that the percentage of children who were prescribed spectacles and obtained them is only 58%.

The unusually low figure is due to the fact that the system whereby the spectacles were obtained was under alteration at the end of the year, and a large number of these would obtain their glasses early in the next year.

ARTIFICIAL SUNLIGHT CLINIC.

The alteration whereby this is open only during the months of October, November, December, January, February, March, April and May has proved satisfactory, and I am satisfied that the children attending derive greater benefit from three attendances a week than from two a week. The number of sessions held was 94 and the total attendance numbered 2,238 of which 939 were made by school children. I examine each child once every four weeks. The number of school children who received treatment was 34, and of these 14 were continuing treatment at the end of the year.

The results of the treatment were as follows :—

Disease or Defect.	No. of Cases.	Average No. of exposures per case.	Results.
Rickets	1		Had 5 exposures and ceased to attend.
General Debility	10	27.6	All improved
Nervous Type	4	64.0	Three shewed improvement and one no improvement.
Skin Diseases	4	34.2	Three cured. One no improvement.
Tub. Gland	1	50.0	Keloid cured.

INFECTIOUS DISEASES.

Cases and contacts of infectious disease were dealt with in accordance with the joint Memorandum of the Ministry of Health and Board of Education. I did not advise the closure of any school or class. Diphtheria was unduly prevalent, while Measles became epidemic in September and continued during October, November and December. The system whereby the two School Nurses are also the Attendance Officers has great value in securing the early recognition of infectious disease, for some parents will not call in a Doctor unless required to do so, and so many cases would otherwise go without recognition and notification, and thus lead to greater spread of disease.

Cases of infectious disease notified in children who were between 3 and 15 years of age were :—

Scarlet Fever	...	...	...	10
Diphtheria	...	...	...	49
Diphtheria carriers	...	...	...	7
Dysentery	...	...	...	1
Pneumonia	...	...	...	4
Measles	...	...	...	402

OPEN AIR EDUCATION.

There is no certified Open Air School, but classes are held in the playgrounds, particularly in infant schools. There are no open air classrooms, but the classrooms at the newly erected Priory Senior school approximate very nearly to this condition.

There were no school journeys.

Children were sent to Convalescent Homes at Weston-super-Mare through the agency of the Rotary Club.

PHYSICAL TRAINING.

There is no organiser of physical training for the area. The attendance of children aged 8 to 14 years for swimming instruction at regular intervals is of very great value to them.

PROVISION OF MEALS.

The voluntary scheme whereby a bottle containing one third of a pint of milk could be obtained by any child attending a Public Elementary School for one halfpenny has continued throughout the year from the 18th February when Pasteurised milk was obtainable.

I am informed that 219,663 bottles containing one third of a pint of milk were supplied by the retailer during the year. A scheme whereby undernourished children could be given two bottles of 1/3rd pint per day was also developed and came into operation on the 18th February. The Head Teachers co-operated by referring all undernourished children to me for examination, when after examination of the physical condition of the child the parents were advised in suitable cases to make application for the milk free of cost to themselves. After examination of the financial circumstances it was provided free to necessitous cases, in the others the parents were advised to obtain the milk on payment. Children obtaining the milk free were examined and weighed at the beginning and end of each school term, and the parents were invited to comment on the effect. In some cases remarkable increases of weight and well being were discovered, and I am convinced that even one third of a pint of milk daily has a distinct effect on the well being of the child taking it.

From the 1st May all the milk supplied was efficiently pasteurised at a plant in the town under my own supervision. Samples of this are taken at frequent intervals to check the efficiency of pasteurisation, both by bacteria counts and the phosphatase test.

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

Parents.

Invitations to attend the Routine Medical Inspection of their children in school are sent to all parents. As parents were present at the examination of 80 per cent of the children examined it would appear that the examination is appreciated by them.

Teachers.

Most of the Head Teachers are present at the Routine Inspection. They also notify the parents prior to the examination of the date and time at which it will take place.

The scheme for the provision of milk whether on payment or free could not have succeeded without their co-operation. They also supply me at the end of each month with names of all children admitted to or discharged from their schools, and I depend on them for the early notification of children in need of treatment.

In all these and in many other ways their ready help and co-operation is invaluable.

School Attendance Officers.

The two School Nurses are also the only Attendance Officers. They attend the minor ailment clinic each morning, and one of them is present at the Medical Inspection of the children in her district. They visit as far as possible each school in their district at daily intervals, and follow up absentees to ascertain the cause of absence. They also visit the homes to follow up children in need of treatment, and make periodic inspections of all children in school to secure a high standard of cleanliness.

Voluntary Bodies.

The following Voluntary Associations co-operated in work for the welfare of the school child :—

The Taunton and District Tuberculosis Care Committee who continue to render assistance by the provision of extra nourishment and of clothing to the pre-tubercular or tubercular child.

The Voluntary Section of the Orthopaedic Clinic who assist by the preparation of cases and material and by clerical work.

The Artificial Sunlight Clinic. One lady has continued to attend and her services are of great value.

Somerset Association for Mental Welfare. The Taunton Branch of this Association maintains an Occupation Centre for the training of lower grade defective children at Mary Street School. It is open to correspond with the Public Elementary Schools.

The Rotary Club. The Taunton Branch have sent and maintained several boys at their Convalescent Home at Weston-super-Mare for periods varying from 14 days to one month.

The National Society for the Prevention of Cruelty to Children. The assistance of the local Inspector was invoked in the case of 10 children, to their great benefit. These cases were as follows :—

Neglect to obtain spectacles	3	All obtained spectacles.
Neglect to provide operative treatment for defects		
(1) Tonsils (2) Wry neck	2	Operations performed.
General Neglect	5	Circumstances greatly improved.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

I depend for the ascertainment of these on reports by the School Nurses, Health Visitor and Teachers.

The Supervision of Mentally Defective Children.

Fifteen children suffering from this defect are maintained in Special Residential Schools. Two of these have been sent by

the Mental Deficiency Acts Committee of the Somerset County Council, and the thirteen remaining are maintained by you. There are also 9 feeble-minded children attending Public Elementary Schools, 2 attending Private Schools, and four who are between 14 and 16 years have left Public Elementary Schools and are in various employments, and are supervised by the School Nurses.

There is a delay of six months or even longer before places can be secured for children in Special Residential Schools, and more accommodation for these is urgently needed. Eight mentally retarded children were specially examined. Three of these were found to be dull, one to be backward, one to require further examination, two to be feeble-minded and one to be an idiot.

NURSERY SCHOOLS.

There are no Nursery Schools in the area, but a school of this type would be of great advantage in the Lambrook area, when the 966 council houses to be erected there are occupied.

PARENTS' PAYMENTS.

No charge is made for attendance at the Minor Ailments Clinic, the Orthopaedic Clinic or the Eye Clinic. A charge of 1/- per year is made for Dental treatment to those who are able to pay. A charge varying with the family circumstances is made for the provision of spectacles, orthopaedic appliances, residential treatment at the Bath Orthopaedic Hospital and operative treatment for Tonsils and Adenoids. If the family circumstances warrant it these have been provided free.

HEALTH EDUCATION.

I regret that lack of time has made it impossible to co-operate in the teaching of Health in the Schools.

SPECIAL INQUIRIES.

No Special Inquiries were made.

MISCELLANEOUS.**Adoption of Children Act, 1926.**

I have made enquiries and special reports under Article VI. of the Adoption of Children (Summary Jurisdiction Rules, 1926) on two applications. In each a recommendation was made that the application be approved. A special Inquiry into an Adoption Order was made on behalf of the London County Council on a child in this area.

CHILDREN AND YOUNG PERSONS ACT, 1933.

The scheme adopted whereby reports are supplied to the Justices has continued. A complete medical examination with mental tests was made for the Justices on 11 Children and on 10 Young Persons. Two Young Persons and one Child were sent to Approved Schools.

**TABLE I.—Medical Inspections of Children Attending
Public Elementary Schools.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	347
Second Age Group	311
Third Age Group	327
Total	985

Number of other Routine Inspections 59

Grand Total 1,044

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,035
Number of Re-Inspections	4,312
Total	5,347

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to Require
Treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups—		Percentage of number examined.
Entrants	66	19
Second Age Group	61	19.6
Third Age Group	39	11.8
Total (Prescribed Groups)	166	16.9
Other Routine Inspections	7	11.8
Grand Total	173	16.5

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1935.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
(1)					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
					(2)	(3)	(4)	(5)
Skin	(1)	Ringworm—Scalp	...	...	—	—	—	—
	(2)	„ Body	...	...	—	—	1	—
	(3)	Scabies	...	...	—	—	27	—
	(4)	Impetigo	...	...	2	—	95	—
	(5)	Other Diseases (Non-Tuberculous)	...	...	20	1	549	—
		Total (Heads 1 to 5)	...	...	22	1	672	—
Eye	(6)	Blepharitis	...	...	—	—	—	—
	(7)	Conjunctivitis	...	...	—	—	3	—
	(8)	Keratitis	...	...	—	—	2	—
	(9)	Corneal Opacities	...	...	—	—	—	—
	(10)	Other Conditions (excluding Defective Vision and Squint)	...	...	—	4	36	—
		Total (Heads 6 to 10)	...	...	—	4	41	—
Ear	(11)	Defective Vision (excluding Squint)	...	...	24	22	10	6
	(12)	Squint	...	...	4	21	4	—
	(13)	Defective Hearing	...	...	5	1	12	—
	(14)	Otitis Media	...	...	5	—	14	—
Nose and Throat	(15)	Other Ear Diseases	...	...	1	—	8	—
	(16)	Chronic Tonsillitis only	...	...	17	3	8	1
	(17)	Adenoids only	...	...	7	1	2	—
	(18)	Chronic Tonsillitis and Adenoids	...	...	7	—	5	—
	(19)	Other Conditions	...	...	3	2	32	—
	(20)	Enlarged Cervical Glands (Non-Tuberculous)	...	...	18	1	26	—
	(21)	Defective Speech	...	...	—	1	—	—
Heart Disease								
Heart and Circulation	(22)	Organic	...	...	2	4	8	—
	(23)	Functional	...	...	—	1	—	—
	(24)	Anaemia	...	...	2	2	4	—

TABLE II—Con.

(1)					(2)	(3)	(4)	(5)	
Lungs	{	(25) Bronchitis	...	...	...	2	—	7	—
		(26) Other Non-Tuberculous Diseases	...			—	—	—	—
Tuber- culosis	{	Pulmonary :—							
		(27) Definite	...	...	...	—	—	—	—
		(28) Suspected	...	...	...	1	4	1	—
		Non-Pulmonary :—							
		(29) Glands	...	...	...	2	—	1	—
		(30) Bones and Joints	...	...	...	—	—	1	—
		(31) Skin	...	...	...	1	—	1	—
	{	(32) Other Forms	...	...	...	—	—	—	—
		Total (Heads 29 to 32)	...	...	3	—	3	—	
Nervous System	{	(33) Epilepsy	...	...	...	—	1	3	—
		(34) Chorea	...	...	...	—	1	4	—
		(35) Other Conditions	...	...	...	1	13	13	—
Defor- mities	{	(36) Rickets	...	...	...	3	9	1	—
		(37) Spinal Curvature	...	...	...	18	2	1	—
		(38) Other Forms	...	...	...	7	11	13	—
(39) Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases					...	10	6	140	7
Total					...	162	111	1032	14

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

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly (subnormal))		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	347	39	11.2	182	52.5	120	34.6	6	1.7
Second Age-group	311	33	10.6	150	48.2	114	36.7	14	4.5
Third Age-group	327	51	15.6	157	48.1	112	34.2	7	2.1
Other Routine Inspections	59	5	8.5	29	49.2	25	42.3		
Total	1044	128	12.3	518	49.7	371	35.5	27	2.5

TABLE III.**RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.**

No Child is entered under more than one heading.

BLIND CHILDREN.

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

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

PARTIALLY SIGHTED CHILDREN.

This Section includes only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are *not* included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
2	—	3	2*	—	7

*Private Schools.

TABLE III.—Con.

DEAF CHILDREN.

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

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

PARTIALLY DEAF CHILDREN.

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

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	5	—	—	5

TABLE III.—Con.

MENTALLY DEFECTIVE CHILDREN.**FEEBLE-MINDED CHILDREN.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15(a)	9	2(b)	4(c)	30

(a) 13 of these are maintained by L.E.A. and 2 by S.C.C. (b) Private Schools.

(c) These 4 are over 14 and under 16 years of age and have left school.

EPILEPTIC CHILDREN.**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

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

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

TABLE III.—Con.

PHYSICALLY DEFECTIVE CHILDREN.**A. TUBERCULOUS CHILDREN.****I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.**

(Including pleura and intra-thoracic glands).

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

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

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

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

B. DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	126	1	6	133

TABLE III.—Con.**C. CRIPPLED CHILDREN.**

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	20	—	7	28

D. CHILDREN WITH HEART DISEASE.

This Section is confined to children who are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	3	3	6	12

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

TABLE IV.

TREATMENT TABLES.

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

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other „	—	—	—
Ring-worm Body	1	—	1
Scabies	27	—	27
Impetigo	98	1	99
Other skin disease	76	6	82
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.) ...	53	2	55
MINOR EAR DEFECTS	35	2	37
MISCELLANEOUS			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	672	24	696
Total	962	35	997

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

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint)	192	—	192
Other defect or disease of the eyes (excluding those recorded in Group I).	13	—	13
Total	205	—	205
No. of Children for whom spectacles were			
(a) Prescribed	105	—	105
(b) Obtained	58	3	61

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

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
1		4		18	1	11		19	1	15		27	62

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

TABLE IV.—Con.**GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Resi- dential treat- ment with educa- tion. (i)	Resi- dential treat- ment without educa- tion. (ii)	Non-resi- dential treat- ment at an ortho- paedic clinic. (iii)	Resi- dential treat- ment with educa- tion. (i)	Resi- dential treat- ment without educa- tion. (ii)	Non-resi- dential treat- ment at an ortho- paedic clinic. (iii)	
	Number of children treated.	5	—	48	—	—	

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by Dentist

(a) Routine age-groups

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	158	170	157	178	183	187	265	292	269	28	1,887

(b) Specials 684

(c) Total (Routine and Specials) 2,571

(2) Number found to require treatment 1,785

(3) Number actually treated 1,184

(4) Attendances made by children for treatment 2,879

(5) Half-days devoted to :—

Inspection 15

Treatment 223

Total 238

(7) Extractions :—

Permanent Teeth 187

Temporary Teeth 994

Total 1,181

(6) Fillings :—

Permanent Teeth 866

Temporary Teeth 223

Total 1,089

(8) Administrations of general anaesthetics for extractions

Nil

(9) Other Operations :

Permanent Teeth 274

Temporary Teeth 144

Total 418

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	53
(ii).	Total number of examinations of children in the Schools by School Nurses	...	...	...	13,064
(iii).	Number of individual children found unclean	...	...		141
(iv).	Number of children cleansed under arrangements made by the Local Education Authority	...	...		Nil
(v).	Number of cases in which legal proceedings were taken :				
(a)	Under the Education Act, 1921	...	...	...	Nil
(b)	Under School Attendance Byelaws	...	...	...	Nil

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