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Borough of Taunton.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

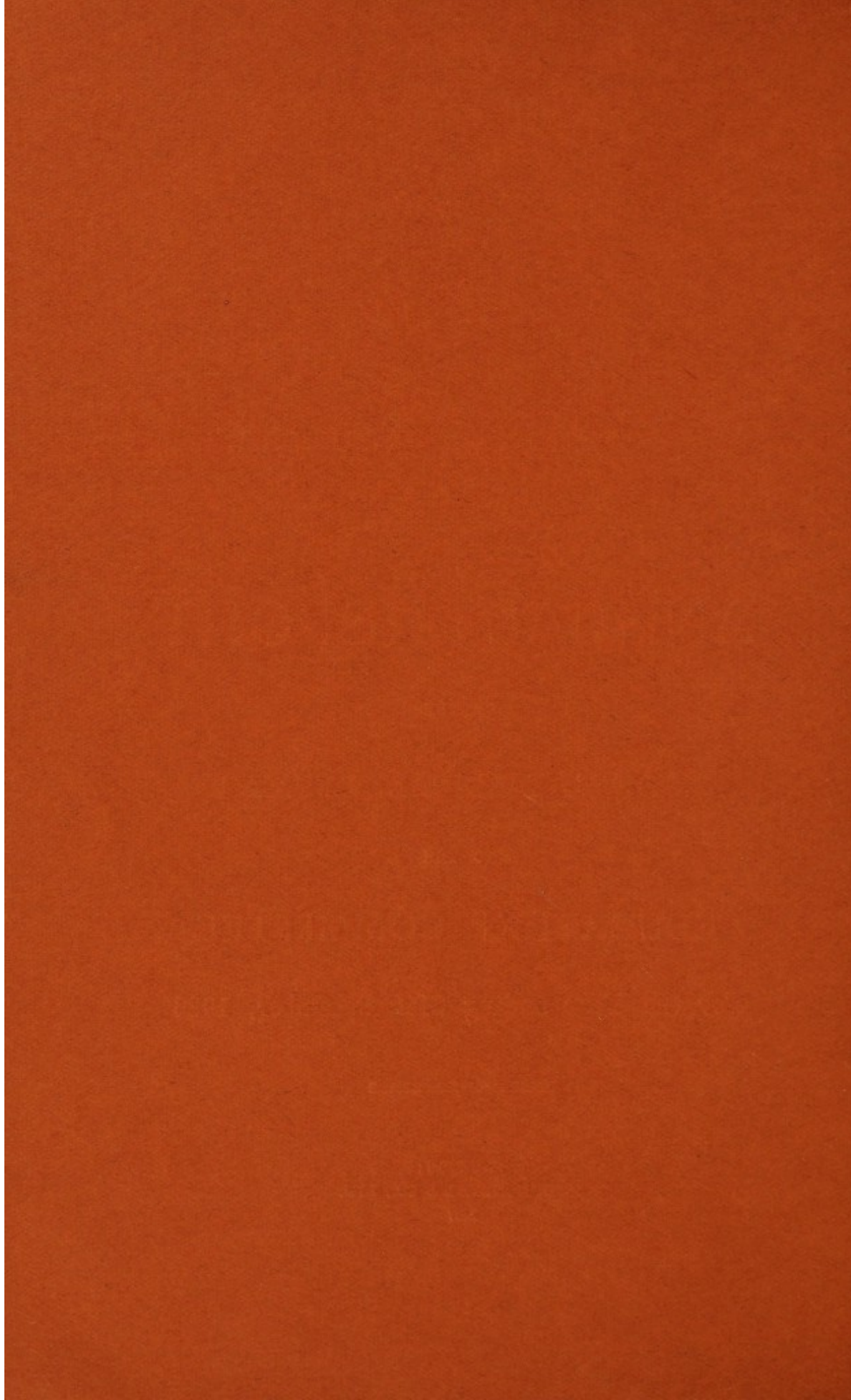
TO THE

EDUCATION COMMITTEE

For the Year ending 31st December, 1936

TAUNTON:
H. G. MOUNTER & CO., LTD.

1937





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Report of the School Medical Officer.



PUBLIC HEALTH AND SCHOOL MEDICAL DEPT.,
ST. PAUL'S HOUSE,
PARK STREET,
TAUNTON.

10th February, 1937.

*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 Department for the year 1936.

The scheme for the provision of pasteurised milk in school continued and is of great benefit to the children; 325,930 bottles containing one-third of a pint were distributed.

The acceptance of a new tender for the provision of spectacles has resulted in a considerable saving to parents who have to provide these for their children.

More parents attended the inspection of their children in school and for this year they were present for 84 per cent. of the children examined—this is the highest figure I have so far recorded. I must record the valuable help given by the Head Teachers, the Voluntary Associations and all of 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 1936.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

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

Attendances made at the Clinic throughout the year have been satisfactory; these totalled 3,078. This is the first occasion on which the attendance for any year has reached this figure.

Appointments sent out numbered 2,848 and of these 2,322 were kept, making an attendance of 81 per cent.

The number of children inspected was 1,774. These were from all the schools in the town, except the Priory Infants', Priory Junior and Senior, and the Askwith Schools. These will be dealt with during the early part of the coming year.

The number of permanent fillings was	1,058
The number of temporary fillings was	512
Extractions	1,602
Special cases treated numbered	653

During the latter part of this year, demonstrations were given at some of the larger schools by Miss Scott from the Dental Board.

I had the pleasure of attending one of these demonstrations and was very impressed by the interest the children seemed to take, not only in the models, but in the lecture itself, which was very ably given.

I am of the opinion that such visits will do a large amount of good and should, if possible, be held every year or so.

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 ending 31st December, 1936.

Accommodation in Public Elementary Schools.

The average number on the roll during the year ending 18th December was 3,040.

The average attendance was 2,802, being a percentage attendance of 92.17.

Staff.

This was given on page 2 of my Report for 1932 and there have been no changes.

School Hygiene.

An inspection of the sanitary conditions of all the Public Elementary Schools was made in April.

I have already reported that St. Andrew's Infants' School is unfitted for use as an Infant School owing to lack of natural light and ventilation, and that the large classroom at St. John's School is for a similar reason unfit for use. In Central Junior Mixed and Infants' two rooms known as the Nursery Room and Form I. Room are badly lighted and ventilated.

I also regret to find that trough closets persist in St. Andrew's Infants', St. John's, and St. James's Schools; these are a very distinct anomaly in an educational institution.

Medical Inspection.

This was carried out in the school premises in all the schools, but there is a lack of proper rooms for this purpose in St. Andrew's Senior Mixed and Junior Mixed School. The routine age groups were examined—these consist of children entering school, children between 8 and 9 years of age, children who have attained 12 years of age, and also children transferred from other areas and for whom no records were obtainable. Fifty-one visits were made for this purpose and 972 children were examined.

Findings of Medical Inspection.

Twenty per cent. of the children examined were found to have defects needing attention and a large proportion of these were defects of vision.

A table showing the nutritional condition—or the general well-being of the children examined is given on page 16.

I should here explain that subnormal and bad conditions may be due to other causes than lack of proper food—proper assimilation of the food provided may be affected by lack of enough sleep, insanitary home conditions, lack of air, light and exercise, or mental stress.

Following up.

Children with defects are re-examined by me at frequent intervals either at the Clinic or in the schools, while the nurses also visit the homes when this is necessary. Fifteen visits to schools were made by me for this object and 785 children re-examined. I should if time permitted like to give more time to this work, while the school nurses have also not been able to give the attention necessary to this part of their duties. In addition to the children re-examined in school 3,646 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.

Two cases of tonsils and adenoids were provided with operative treatment at the Taunton and Somerset Hospital.

Full use continues to be made of the Clinic for minor ailments; and attendances for this purpose numbered 9,759.

The Ophthalmologist, Dr. G. P. Hawker paid ten visits of two sessions each and examined 214 children.

A new tender for the provision of spectacles had been accepted and came into operation at the beginning of the year. This has greatly reduced the cost and has resulted in a large increase in the number of children obtaining spectacles—over 95 per cent. of those for whom spectacles had been prescribed had obtained them.

Artificial Sunlight Clinic.

This was open for three sessions each week during the months of January, February, March, April, May, and after being closed during the summer re-opened for October, November and December. The number of sessions held was 98 and the total attendance numbered 2,508 of which 779 were made by school children. Each child attending is examined by me at least once every four weeks. The number of school children who received treatment was 30; six of these were under treatment at the end of the year.

Disease or Defect.	No. of cases.		Average No. of exposures per case.	Results.
	Referred for treatment.	Attended for treatment.		
General Debility ...	12	11	31.3	All improved.
Nervous Type ...	2	2	23.0	Both much improved.
Chilblains ...	3	3	14.0	Healed.
Tuberculosis—				
Ear ...	1	1	48.0	Steady increase in weight, but discharge persists.
Glands ...	3	3	55.6	1 to Sanatorium, 2 quiescent.
Skin ...	1	1	Contd. for 3 years	No improvement.
Asthma ...	5	3	45.5	3 no attacks while under treatment, 1 greatly improved.

Infectious Diseases.

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

Scarlet Fever	...	...	...	32
Diphtheria	...	...	...	34
Dysentery	...	...	...	1
Pneumonia	...	...	...	3
Measles	...	...	...	71
German Measles	...	...	...	1
Acute Poliomyelitis	...	...	...	3

Cases and contacts were dealt with in accordance with the joint Memorandum of the Ministry of Health and Board of Education.

I have not advised the closure of any school or class as I do not believe that this step prevents the spread of infectious disease. The epidemic of Measles which arose in September, 1935, continued until the end of March, 1936. This disease now tends to recur in epidemic form at intervals of about 30 months.

The three cases of Acute Poliomyelitis or Infantile Palsy were notified in September and did not appear to have any common point of contact; they were all removed to the Bath and Wessex Orthopædic Hospital.

Open Air Education.

There is no Open Air School—but playground classes are held in the infant schools when the weather permits.

Physical Training.

There is no organiser of Physical Training for the area, but steps are being taken to secure the provision of this in connection with the Somerset County Education Committee.

Provision of Meals.

The voluntary scheme whereby a bottle containing one-third of a pint of pasteurised milk could be obtained by any child attending school for one halfpenny was continued throughout the year and I am informed that 293,622 bottles were sold.

Arrangements for the supply of milk to necessitous children were continued and in these cases each child was given a bottle in the morning and another in the afternoon session. These children were examined and weighed at the beginning and end of each school term and remarkable improvement was noticed in some of the children.

Samples of the milk supplied were tested at frequent intervals to check the efficiency of pasteurisation. The number of bottles supplied under the scheme totalled 32,318.

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

(a) Medical Inspection.

Most of the Head Teachers make a point of being present at the routine inspection in school. They also are responsible for the completion and forwarding of notices to the parents giving the date and time at which it will take place. As a necessary preliminary to routine medical inspection each Head Teacher supplies at the beginning and end of each term a list of all children admitted and discharged. The Head Teachers have also returns to complete regarding the provision of milk and whether for necessitous or other children. A card system for each child attending the Clinics has been developed so that the Head Teachers know the reason for absence in these cases.

Parents were present at the examination of 84 per cent. of the children examined in school; this is the highest figure I have so far recorded and it would appear that the opportunity of being present is appreciated.

(b) Following-up.

This is done at either the School Clinic or at a special visit to the school. When this is done at the Clinic a notice is sent inviting the attendance of the parent with the child—but it has not been possible to extend this system to those re-examined in school, although I should prefer to do this if time permitted. The two School Nurses also visit the homes of children found to need treatment and advise the parents as to the methods by which they may obtain it.

As these two nurses are also the Attendance Officers they have unusual opportunities for visiting the homes. The development of re-housing areas on the periphery of the town along with the re-organisation of the schools has made their work more arduous and it is not now possible for them to devote the time which I consider should be given to this part of their work.

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

THE TAUNTON AND DISTRICT TUBERCULOSIS CARE COMMITTEE, who continue to render valuable assistance by the provision of extra nourishment and clothing to the pre-tubercular or tubercular child.

SOMERSET V.A.D. No. 106, who assist the Orthopædic Scheme by the preparation of cases and materials and the provision of clerical assistance.

SOMERSET ASSOCIATION FOR MENTAL WELFARE. The Taunton Branch of this maintains an Occupation Centre for the training of lower grade defective children. The number of children from the Borough in attendance at the end of the year was 13.

THE ROTARY CLUB. The Taunton Branch have sent several boys to the Convalescent Home at Weston-super-Mare for periods of a fortnight or more and the boys sent have derived great benefit from this.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN have been of considerable assistance in several difficult cases, and Inspector Jarvis has proved a most valuable ally. The help of the Society was invoked in 9 cases with the following results:—

General neglect	...	...	1	Condition greatly improved.
Failure to provide proper treatment for tonsils and adenoids			3	Proper treatment arranged for two.
Failure to provide proper treatment for eye defects			5	Proper treatment provided for five.

Blind, Deaf, Defective and Epileptic Children.

I depend for the ascertainment of these on reports by the Head Teachers, School Nurses and Health Visitor and believe that these are satisfactory.

A certain small number of children who are either physically or mentally defective are sent to small private schools and these miss the special measures available for their benefit. Two feeble-minded children who were attending special residential schools were notified to the Somerset County Mental Deficiency Acts Committee on attaining the age of 16 years.

Three mentally retarded children were examined: one was certified as feeble-minded and referred to the Occupation Centre on trial and the other two were deferred for further examination after an interval.

Nursery Schools.

There are no Nursery Schools in the town—but I am convinced that a school of this type would be of very great advantage in the Lambrook and Halcon area, where there will ultimately be over 800 Council houses.

Parents' Payments.

No charge is made for attendance at either the Minor Ailments Clinic, the Orthopædic Clinic, the Eye Clinic or Sunlight 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, orthopædic appliances, residential treatment in the Orthopædic Hospital and operative treatment for tonsils and adenoids, but in necessitous cases charges for these services have been remitted.

Health Education.

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

Special Inquiries.

No special inquiries were made.

Adoption of Children Act, 1926.

The Adoption of Children (Summary Jurisdiction) Rules, 1926, ceased to have effect on 1st April, 1936, when the Adoption of Children (Summary Jurisdiction) Rules, 1936, came into force. I have made enquiries and special reports on two applications during the year. In one a recommendation that the application be approved was accepted and the other, an interim order for a limited period, was advised; this was not proceeded with.

Children and Young Persons Act, 1933.

A scheme whereby a complete report on each case is submitted to the Justices was continued. This scheme involves the medical and psychological examination and consultation with the Head Teacher and Probation Officer, and other agencies before the report is made. Under this scheme reports were submitted on five children and six young persons—all males. Two children were sent to approved schools.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1936.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number 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.
(1)					(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp	...	...	...	—	—	1	1
	(2) " Body	...	...	...	—	—	—	—
	(3) Scabies	...	...	...	—	—	26	—
	(4) Impetigo	...	...	...	1	—	86	—
	(5) Other Diseases (Non-Tuberculous)	...	...	...	12	1	609	—
Total (Heads 1 to 5)					13	1	722	1
Eye	(6) Blepharitis	...	...	...	—	—	1	—
	(7) Conjunctivitis	...	...	...	2	—	10	—
	(8) Keratitis	...	...	...	—	—	4	—
	(9) Corneal Opacities	...	...	...	—	—	1	1
	(10) Other Conditions (excluding Defective Vision and Squint)	...	...	...	1	4	32	1
	Total (Heads 6 to 10)	...	...	...	3	4	48	2
Ear	(11) Defective Vision (excluding Squint)	...	...	...	42	25	19	—
	(12) Squint	...	...	...	13	12	3	—
	(13) Defective Hearing	...	...	...	6	1	7	—
Nose and Throat	(14) Otitis Media	...	...	...	2	2	20	—
	(15) Other Ear Diseases	...	...	...	—	—	8	—
	(16) Chronic Tonsillitis only	...	...	...	32	9	14	—
Nose and Throat	(17) Adenoids only	...	...	...	8	—	1	—
	(18) Chronic Tonsillitis and Adenoids	...	...	...	7	—	9	—
	(19) Other Conditions	...	...	...	2	—	21	—
(20) Enlarged Cervical Glands (Non-Tuberculous)...					21	2	33	—
(21) Defective Speech					—	5	2	1
Heart Disease—								
Heart and Circulation.	(22) Organic	...	...	...	4	5	3	—
	(23) Functional	...	...	...	—	1	1	—
	(24) Anæmia	...	...	...	5	—	7	—

TABLE II.—Continued.

(1)		(2)	(3)	(4)	(5)
Lungs	(25) Bronchitis	3	—	7	—
	(26) Other Non-Tuberculous Diseases..	—	—	2	—
Tuber- culosis	Pulmonary—				
	(27) Definite	—	2	2	—
	(28) Suspected	1	4	9	—
	Non-Pulmonary—				
	(29) Glands	—	2	3	—
	(30) Bones and Joints	—	—	—	—
	(31) Skin	1	—	—	—
	(32) Other Forms	—	—	—	—
	Total (Heads 29 to 32) ...	1	2	3	—
Nervous System	(33) Epilepsy	1	3	4	—
	(34) Chorea	—	1	4	—
	(35) Other Conditions	9	11	22	2
Deform- ities	(36) Rickets	5	8	1	—
	(37) Spinal Curvature	6	—	—	—
	(38) Other Forms	8	5	4	1
(39) Other Defects and Diseases (excluding Unclean- liness and Dental Diseases		23	7	294	21
TOTAL		215	110	1,257	28

**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	413	102	24.8	215	52.0	90	21.8	6	1.4
Second Age-group	291	53	18.2	128	44.0	105	36.2	5	1.6
Third Age-group	242	59	24.4	97	40.0	82	33.9	4	1.7
Other Routine Inspections	26	4	15.4	15	57.6	7	27.0	—	—
TOTAL	972	218	22.4	455	46.9	284	29.2	15	1.5

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

AT 31st DECEMBER, 1936.

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	—	7	2*	1	12

* Private Schools.

TABLE III.—Continued.

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.—Continued.

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 by 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.
13(a)	2	5(b)	4(c)	24

(a) 7 of these are maintained by L.E.A. and 6 by S.C.C.

(b) Private Schools or Occupation Centre.

(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.—Continued.

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.
2	—	—	—	2

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.
2	3	—	—	5

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.
—	113	1	5	119

TABLE III.—Continued.

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	14	1	3	19

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.
—	8	1	2	11

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 „	1	—	1
Ringworm Body	—	—	—
Scabies	34	—	34
Impetigo	86	1	87
Other skin disease	82	5	87
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.) ...	48	—	48
MINOR EAR DEFECTS	43	2	45
MISCELLANEOUS			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	803	33	836
Total	1,097	41	1,138

TABLE IV.—Continued.

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)	193	5	198
Other defect or disease of the eyes (excluding those recorded in Group I.)	16	—	16
Total	209	5	214
No. of Children for whom spectacles were (a) Prescribed	122	3	125
(b) Obtained	114	5	119

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)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	2	—	15	—	16	—	15	—	18	—	4	37

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

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
Number of children treated ...	4	—	42	—	—	—	46

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 ...	193	249	243	219	223	247	131	134	117	18	1,774

(b) Special ... 653

(c) Total (Routine and Specials) ... 2,427

(2) Number found to require treatment ... 1,878

(3) Number actually treated ... 1,203

(4) Attendances made by children for treatment ... 3,078

(5) Half-days devoted to:—

Inspection ... 15

Treatment ... 236

Total ... 251

(7) Extractions:—

Permanent Teeth ... 194

Temporary Teeth ... 1,403

Total ... 1,602

(8) Administration of general anæsthetics for extractions Nil

(6) Fillings:—

Permanent Teeth ... 797

Temporary Teeth ... 261

Total ... 1,058

(9) Other operations:—

Permanent Teeth ... 202

Temporary Teeth ... 310

Total ... 512

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	5.0
(ii) Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	...	12,905
(iii) Number of individual children found unclean	...	...	...	...	...	111
(iv) Number of children cleansed under Sec. 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	1
(v) Number of cases in which legal proceedings were taken:—						
(a) Under the Education Act, 1921	...	...	...	...	...	Nil
(b) Under School Attendance Byelaws	...	...	...	...	...	Nil



