[Report 1924] / School Medical Officer of Health, Todmorden Borough.

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BOROUGH OF TODMORDEN

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

Medical Inspection of School Children,

FOR THE

YEAR ENDED DECEMBER 31ST, 1924.

1924.

John Bentley & Sons, Printers, etc., Albion Works, Todmorden.

Todmorden Education Committee.

School Medical Officer's Report, 1924.

Area of Borough ...		12,770 acres.	
Population ...	...	23,660.	
Number of Schools ...	...	...	16
Number of Departments	...	...	25
Number of School Places	...	...	5,298
Average Number of Children on Registers		...	2,971
Average in Attendance	...	...	2,541

Education Committee.

**George Windsor, Esq., J.P. (Chairman); Ald. W. Greenwood (Vice-Chairman); *His Worship the Mayor (Alderman Crabtree), Ald. Ormerod, J.P., C.C., Ald. Pickles, J.P., Councillors Bentley, **Fielden, **Gilmartin, Goucke, **Healey, Holt, **Knighton, **Naesmith, **Sunderland, Whitaker, **Woodhead, and Mrs. Jackson, and Mrs. Windsor.

* Chairman of School Attendance and Medical Inspection Sub-Committee.

** Members of School Attendance and Medical Inspection Sub-Committee.

Medical Officer—CECIL L. WILLIAMS, B.Sc. : Hons : Lond : L.R.C.P., M.R.C.S.Eng : M.R.San.I. : F.R.I.P.H. : D.P.H. Camb.

Public Health Department,
Roomfield,
Todmorden.
March, 1925.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION AUTHORITY OF THE BOROUGH OF TODMORDEN.

LADIES AND GENTLEMEN,

I have the honour to submit herewith my Report upon the work of Medical Inspection and Treatment of School Children in the Borough of Todmorden for the year ending December 31st, 1924.

I am, Ladies and Gentlemen,

Your obedient servant,

CECIL L. WILLIAMS.

BOROUGH OF TODMORDEN.

EDUCATION COMMITTEE.

Report of the Medical Officer on the Medical Inspection and Treatment of School Children for the year ending 31st December, 1924.

1.—THE STAFF.

CECIL L. WILLIAMS, B.Sc. Hons. Lond., L.R.C.P., M.R.C.S. Eng., D.P.H.Camb., M.R.San.I., F.R.I.P.H.

EDWARD B. GIBSON, L.D.S. Manch., School Dentist (part time).

MRS. A. N. GEE, S.R.N., C.M.B., A.R.San.I., Borough Nurse (part time).

MISS A. JOHNSON, S.R.N., C.M.B., Borough Nurse (part time).

MISS J. HOYLE, S.R.N., C.M.B., Borough Nurse (part time).

MISS C. SUTCLIFFE, Clerk, duties divided between L.S.A., and L.E.A.

MISS H. BRIERLEY, Clerk.

Miss Hoyle previously engaged as a half-time nurse, began full-time on 11th November, 1924.

The work of the three Borough Nurses is divided equally between the L.S.A. and the L.E.A.

2.—CO-ORDINATION.

So far as possible in the present divided state of health work co-ordination is maintained. Your Medical Officer, Dental Officer, Nurses and Clerks, being officers both of the L.S.A. and the L.E.A.

The possiblity of co-ordination with those responsible for Factory Legislation, etc., on a voluntary basis, was brought before you last year, but no scholars have availed themselves of the certificates I introduced to your notice in my previous report.

3.—SCHOOL HYGIENE.

With regard to the general question of school hygiene my remarks for the year 1923 still obtain. The possibility of providing means for drying children's clothes throughout the schools of the town should be entertained, and it would be wise to maintain a measure of uniformity with regard to the provision of separate accommodation for the hats of children suffering from ringworm. The very dull weather we have had this year has rather brought the question of lighting to the front. Educational efficiency is now a very different consideration from what it was when most of your schools were first built, and the standard of lighting which may then have been suitable might be quite unsuitable for the requirements of modern education.

I propose dealing with this matter in detail during my inspections for the year 1925.

In some of the schools it is imperative, owing to the number of scholars present, that ventilation during playtime should be looked upon not only as desirable but as absolutely essential. It is not always recognised that playtime loses a part of its value unless the occasion is used for completely changing the atmosphere of the class-rooms.

4.—MEDICAL INSPECTION.

(*a*) (*b*) The age groups of the children inspected are shown in the statistical tables.

(*c*) The early ascertainment of crippling defects is secured by the routine medical inspection, the other visits of the doctor to the schools, and the constant visitation of the schools by your nurses. It is not apprehended that any crippling defect amongst the children attending school is long unnoticed and even where such children do not attend school the constant visits of your nurses, who are also Health Visitors, to the homes, makes it but little likely that such a case could be unnoticed.

(*d*) The measures adopted for restricting the interference with school life which medical inspection is bound to a certain extent to cause are those which have been used in previous years. Briefly they are as follows:—Each inspection is carried out with two nurses and one clerk present besides the doctor. The nurses are responsible for weighing, measuring, testing the acuity of vision, and the acuity of hearing, examining the clothing, footgear, and general cleanliness of the children. They are further expected to make a

note of any deformity which comes to their notice. It is found that by doing all this work on the same day as the medical inspection, and with clerical assistance to write notes dictated whilst the examination is actually proceeding, the number of children who can be examined in any session is larger than it would otherwise be, and that therefore the number of sessions during which the school is disturbed is reduced to a minimum.

5.—FINDINGS OF MEDICAL INSPECTION. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(*a*) **Uncleanliness.**—It will be seen from Table 2, that 62 children were found to be unclean as to the head, this year. The corresponding figure was 46 last year, and 23 the year before. The standard of cleanliness operative this year is not higher than that operative last year, and this figure must be looked upon as unsatisfactory. One hundred and twenty-four Preliminary Notices were sent out in respect of children who were verminous but who did not come within the standard which in accordance with the decision of the authority are dealt with by exclusion.

The question of reverting to your former policy of excluding these children without any Preliminary Notice is one for your serious consideration.

(*b*) **Minor Ailments.**—The number of Minor Ailments appear to be diminishing. Impetigenous and allied conditions are not so common as formerly. The fact that the Clinic is now open nine times per week instead of three, is a help in dealing with these and similar cases.

(*c*) **Tonsils and Adenoids.**—The number of tonsils and adenoids recorded minimises the actual condition of affairs because with the present unsatisfactory means of treatment we have naturally concentrated on the more severe cases. Steps are being taken this year with a view to relieving this condition.

(*d*) **Tuberculosis.**—This disease is dealt with by the County Authorities and very close association is maintained with the Tuberculosis Officer. There are no children to our knowledge in school who have at any time been alleged to have been suffering from Tuberculosis, unless the Tuberculosis Officer has expressed the opinion that they can attend school without injury to themselves or the children with whom they associate.

(*e*) **Skin Disease.**—The number of cases of ringworm met with this year shows a further decline on last year, and the cases appear to have been milder, no doubt owing to the fact that the cases have generally come under treatment at an earlier stage.

Parents in Todmorden now seem to realise that apart from early treatment, such treatment is likely to be prolonged, and are anxious to get the condition dealt with expeditiously.

There are still some exceptions to this favourable report which cause anxiety to the L.E.A., but the circumstances on the whole show an improvement even on last year when I was able to report an improvement on the year before. Contrary to last year I think we may entertain hope that the serious condition of affairs prevalent three or four years ago is improving, thanks especially to the fuller co-operation of the parents of these children.

(*f*) **External Eye Disease.**—External Eye Disease has been met with less frequently this year but the nature of the cases has not materially altered.

(*g*) **Vision.**—The number of cases of defective vision calls for special comment. Owing to the fact that systematic refraction was only commenced the year before last, and owing to the not unnatural reluctance of parents to having their children's eyes tested and to the wearing of spectacles, it was deemed expedient to deal in the first years only with the more serious cases. This policy was pursued for two reasons, firstly in order that the worst cases in which the children were at a distinct educational disadvantage might be dealt with, and secondly so that there should be little difficulty in demonstrating to the guardians of the children that the children were under such disadvantage.

It will be seen this year that one way or another no less than 105 children have been dealt with, the greater part of whom have been examined by your Medical Officer, who has prescribed any necessary spectacles. This figure more than justifies the hope entertained last year that 1924 would show an increase on the figures for the year 1923. The figure corresponding to 105 was last year 55, so that there has been an increase of nearly 100%.

Steps have already been taken to deal with this matter more thoroughly next year. The standard of visual acuity has been raised from 6/18 to 6/12 and it is proposed to test the acuity of vision for each child not only in the usual way but with +1 spheres in front of the eyes.

(*h*) **Ear Disease.**—Ear Disease has not been found to be more serious in its incidence, although as pointed out last year the unsatisfactory position with regard to tonsils and adenoids makes its presence felt in this direction.

(*i*) **Dental Defects.**—It has been ascertained that a large number of children still leave school with the condition of their teeth unsatisfactory. The circumstances are much better than they were before the inauguration of the Dental Service, but cannot be looked upon as altogether satisfactory.

(*j*) **Crippling Defects.**—The number of crippling defects is not actually large, and is favourable for such an industrial town as Todmorden.

6.—INFECTIOUS DISEASES.

School closure was carried out in one instance to prevent the spread of Measles. It achieved this end satisfactorily for the time but unfortunately as the epidemic spread to anp from the different parts of the town the school became later affected.

The attention of parents is particularly directed to the spread of the common ailments such as Measles and Whooping Cough. Children who are in an infectious stage are allowed to play with other children. The suppression of these epidemics is a matter which is largely in the hands of the parents, and until this is realised any accessory activities on the part of the local authority cannot meet with success.

7.—FOLLOWING UP.

The clerical arrangements to ensure adequate following up are those suggested by the Board of Education and after each inspection your nurses visit the homes of the children in order that treatment may be obtained where necessary.

In this way home visits have been paid by your nurses respecting 1842 children.

You have further directed Head Teachers at the end of each term to submit lists to your Medical Officer of outstanding cases in need of medical attention.

8.—MEDICAL TREATMENT.

(*a*) **Minor Ailments.**—When necessary these are referred to their own doctors, but largely they are dealt with at the School Clinic.

(*b*) **Tonsils and Adenoids.**—In my last report I pointed out the inadequate treatment provided for these cases, and at the present time the matter is in hand.

(*c*) **Tuberculosis.**—Very intimate association is maintained with the work of the West Riding in this direction and few children are actually off school by reason of the fact that they are suffering from Tuberculosis. Children who have at one time or another been diagnosed tubercular are admitted back to school if and when the Tuberculosis Officer is of opinion they may do so without detriment to themselves or to other children. The Open Air School is used for cases of pre-tuberculosis.

(*d*) **Skin Diseases.**—Impetigo is treated at your clinic and presents little difficulty except in certain cases where the social conditions are unsatisfactory. Verminous Sore Heads are dealt with by exclusion and parents are expected to treat them but any necessary help is given them in carrying out this work.

The treatment of ringworm has been easier this year than previously, apparently the fungus has not been so difficult to subdue, but most of all I think this improvement is due to the fact that the parents of Todmorden now appreciate the fact that no treatment is likely to be efficacious unless the hair over the affected part is kept short. The usual exclusions are carried out and children so soon as possible are returned to school under the three conditions, to wit :—

(1) That the hair is kept short.

(2) That efficient treatment is maintained.

(3) That the child wears a suitable washable cap.

(*e*) **External Eye Disease.**—These cases are treated as heretofore but they do not respond to treatment so well as might be expected. It is unfortunate we have no hospital in which the more refractory cases could be dealt with expeditiously.

(*f*) **Vision.**—Visual defects are dealt with at your Eye Clinic. The antipathy noted last year to the wearing of glasses seems to be beginning to pass away but much work still remains to be done in educating the parents of Todmorden in the need there is for their children to wear glasses if they are to obtain the fullest possible benefit from their education. As I pointed out last year this antipathy would pass away in time if the rising generation were taught the simple physics which explain vision, and the need there is for glasses in certain cases.

(*g*) **Ear Disease and Hearing.**—The association of ear disease and teeth is recognised, and cases with discharging ears are now referred to the dentist as special cases. The local treatment carried out is that advised by the Board of Education.

(*h*) **Dental Defects.**—Mr. Gibson attends on two half-days per week. A minimum of four half-days per week is necessary in order to carry on the dental work in a satisfactory manner. As last year, I advise that steps be taken to extend this service to the necessary four half-days.

(*i*) **Crippling Defects and Orthopaedics.**—Last year I reported a movement was on foot in the West Riding to deal with these cases as a County problem, but nothing of a practical nature has come into existence as yet. For the purpose of any such scheme Todmorden may be looked upon as a rural area and the difficulties of dealing with these children are therefore obvious. Some of these cases require residential treatment and some of them require to attend a special clinic where they can be treated by a special orthopaedic surgeon and special orthopaedic nurses or attendants.

This matter is at present under consideration.

9.—OPEN AIR EDUCATION.

(*a*) **Playground Classes.**—The climatic conditions which have prevailed during the last year have made these almost impossible, but the very sparsity of the sunshine we enjoy in Todmorden should be an excuse for making the most of it whenever it comes, even if this entails a slight modification in the ordinary curriculum.

(*b*) **School Journeys.** (*c*) **School Camps.**—These are so infrequent as to need no special comment. A party of children who went to Wembley were inspected before they started and the necessary certificates granted.

(*d*) **Open Air Classrooms in Public Elementary Schools.** The construction of your schools does not lend itself to the formation of such classrooms.

(*e*) **Day Open Air Schools.**—One of these is provided with an average number of 50 on the register. The possibility of this becoming a residential school should always be entertained because otherwise it is not working at its maximum efficiency, and further the importance of re-arranging the calendar for this school in order to make the most of whatever summer Todmorden may have, should be entertained.

(*f*) **Residential Open Air Schools.**—None are provided.

10.—PHYSICAL TRAINING.

My remarks of last year still obtain. It is unfortunate the classes for physical training are so large that it must be a matter of great difficulty indeed, and in some cases an impossible task for the educator to take the individual notice necessary if breathing and other exercises are to be carried out efficiently.

11.—PROVISION OF MEALS.

The Medical Officer inspects the meals which are provided, and the place or places where the children have their meals.

He is responsible for seeing that the children who come to his knowledge and have need for such meals, obtain them. There has been no difficulty in obtaining such meals where necessary.

12.—SCHOOL BATHS.

During the summer, swimming at the baths is a detailed operation of the school curriculum.

13.—CO-OPERATION OF PARENTS.

The presence of parents during Routine Examination is requested, and a form is sent to them some little time before such Inspection takes place. A large number of parents avail themselves of the opportunity afforded of attending this Inspection, but the industrial conditions prevent many mothers from being present.

The attendance of the mothers at the Clinic during re-inspection and treatment is fair.

Your Nurses in their "following up" endeavour wherever possible to encourage mothers to be present on these occasions.

14.—CO-OPERATION OF TEACHERS.

1. Medical Inspection.—On all hands the Educators have shown particular zeal in facilitating medical inspection, and without their cordial co-operation it would have been impossible to carry out inspection so expeditiously as it has been carried out, and to carry it out with a minimum interference to school life.

2. Following Up.—This is a difficult matter in Todmorden, but under the present system it is not apprehended that many serious cases are overlooked. The educators co-operate with the Health Staff in sending at the end of each term a list of outstanding cases to which they wish to call our attention.

3. Medical Treatment of School Children.—Whereas two or three years ago medical treatment was carried out on three mornings per week the clinic is open now nine times per week, that is every morning and every evening with the exception of Wednesday evenings. This re-arrangement has been a very great help to the educators and in that the children have been under more continuous supervision it has been a very great help to us, but it has the difficulties which must be associated with the fact that not unnaturally the children look upon their day's work as ending at 4 o'clock and therefore regard the evenings somewhat as overtime. The attention of the educators is called to this in order that they may sympathetically co-operate with us in getting these children to attend the evening clinic. This co-operation will help the present method to be a success and will obviate a lot of following up which owing to the scattered nature of our district is often times a costly business.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers do not deal with (1) Medical Inspection, (2) Following Up, (3) Medical Treatment of the children, but on the other hand by telephone and otherwise they are helped in their work of finding out why children are off school.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The ladies who help voluntarily at our Clinic engage their attention with Maternity and Child Welfare, but such work of necessity overlaps education work, and the value of the services of these ladies to the young children attending our schools is considerable.

17. BLIND, DEAF, DEFECTIVE and EPILEPTIC CHILDREN.

These children are at present engaging your serious attention. The routine and special examination of school children is so thorough that most of these children are known to your officers.

18.—NURSERY SCHOOLS.

There are no Nursery Schools.

19.—SECONDARY SCHOOLS.

Medical work with reference to Secondary Schools is carried out by the West Riding. I have previously pointed out the possibility of linking this work up with your own system of following up and treatment, and am convinced such a unification would be beneficial.

20.—CONTINUATION SCHOOLS.

There are no Continuation Schools in the Borough.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

1. The employment of young children in the Borough is governed by the Bye-laws. The chief work carried on in the town which attracts the greatest number of young persons is that of Cotton Weaving.

2.—Your Medical Officer is responsible for supplying certificates wherever necessary, as to the fitness of any particular child to engage in work outside school hours.

22.—SPECIAL ENQUIRIES.

In accordance with a request of the Chief Medical Officer of the Ministry of Health special notes have been taken on children whose thyroid glands are sufficiently enlarged to make a swelling of the neck visible to the naked eye.

24.—STATISTICAL TABLES.

The statistical tables required by the Board are herewith submitted.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	296
Intermediates	280
Leavers	582
Total	1,158
Number of other Routine Inspections	170

B.—Other Inspections.

Number of Special Inspections	408
Number of Re-Inspections	1,092
Total	1,500

TABLE II.—A.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924.

DEFECT OR DISEASE. (1)	ROUTINE INSPECTIONS.		SPECIALS.	
	No. referred for treatment. (2)	No. requiring to be kept under observation, but not for treatment. (3)	No. referred for treatment. (4)	No. requiring to be kept under observation, but not for treatment. (5)
MALNUTRITION	—	15	—	—
UNCLEANLINESS	3	—	62	—
SKIN—Ringworm—Scalp	1	—	18	—
Ringworm—Body	1	—	13	—
Scabies	1	—	—	—
Impetigo	6	—	32	—
Other Diseases. (Non-Tubercular)	5	2	39	1
EYE—Blepharitis	6	—	10	—
Conjunctivitis	4	—	12	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	1	—
Defective Vision (excluding squint)	69	—	25	1
Squint	8	—	11	2
Other Conditions	—	1	8	—
EAR—Defective Hearing	4	3	2	3
Otitis Media	—	—	—	—
Other Ear Diseases	—	—	4	—
NOSE AND THROAT—				
Enlarged Tonsils only	21	50	3	9
Adenoids only	—	2	5	7
Enlarged Tonsils and Adenoids	—	—	—	—
Other Conditions	1	—	1	1
ENLARGED CERVICAL GLANDS (Non-Tub.)	—	3	3	5
DEFECTIVE SPEECH	—	—	—	—
TEETH—Dental Disease	827	—	3	—
HEART AND CIRCULATION—				
Heart Disease:				
Organic	—	3	1	8
Functional	5	19	1	3
Anaemia	—	22	1	6
LUNGS—				
Bronchitis	—	42	—	11
Other Non-Tubercular Diseases	3	16	—	—
TUBERCULOSIS—PULMONARY—				
Definite	—	—	—	1
Suspected	—	—	—	2
TUBERCULOSIS—NON-PULMONARY—				
Glands	—	—	—	2
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy	—	—	—	—
Chorea	1	—	—	—
Other Conditions	—	—	—	2
DEFORMITIES—				
Rickets	—	39	—	8
Spinal Curvature	—	6	—	—
Other Forms	2	8	—	3
OTHER DEFECTS AND DISEASES *	10	78	17	55
MINOR INJURIES	16	—	56	—
Total	990	309	328	124

* This includes 35 cases of enlarged Thyroid requiring to be kept under observation.

TABLE II.—B.

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

Group. (1)	Number of Children.		Percentage of Children found to Require Treatment. (4)
	Inspected. (2)	Found to Require Treatment. (3)	
Code Groups:			
Entrants	296	39	13·17
Intermediates ..	280	42	15·0
Leavers	582	59	10·13
Total (Code Group) ..	1,158	140	12·08
Other Routine Inspections ..	170	18	10·58

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total
BLIND (including partially Blind) suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	...	1
	Attending Public Elementary Schools	...	...	...
	At other Institutions	...	...	...
	At no School or Institution	...	...	...
Suitable for training in a School or Class for the partial Blind.	Attending Certified Schools or Classes for the Blind	...	...	...
	Attending Public Elementary Schools	...	...	...
	At other Institutions	...	...	...
	At no School or Institution	...	...	...
DEAF (including Deaf and Dumb and Partially Deaf). 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	...	...	...
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	...	...	...

TABLE III.—Continued.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
MENTALLY DEFECTIVE.	Feeble minded (cases not notifiable to the Local Control Authority.	Attending Certified Schools for Mentally Defective Children ...	...	...	...
		Attending Public Elementary Schools	7	6	13
		At other Institutions	...	...	...
		At no School or Institution	1	2	3
	Notified to the Local Control Authority during the year.	Feebleminded	...	...	...
		Imbeciles	...	...	...
		Idiots	...	...	...
EPILEPTICS.	Suffering from severe Epilepsy.	Attending Certified Schools for Epileptics	...	...	...
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elementary Schools	...	...	...
		At no School or Institution	1	...	1
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	...	...	...
		At no School or Institution	...	...	...

TABLE III.—Continued.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health for the Board	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Non-infectous but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	8	3	11
		At other Institutions	...	...	...
		At no School or Institution	1	1	2
	Delicate children (e.g. pre-or latent Tub. Malnutrition Debility, Anæmia etc.)	At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Scholos	13	14	27
		At Public Elementary Schools	7	8	15
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Active Non-Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	1	...	1

TABLE III.—Continued.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE, etc.	Crippled children (other than those with active Tub. disease) e.g. children suffering from Paralysis, etc. and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	10	8	18
		At other Institutions	...	...	...
		At no School or Institution	2	2	4

Owing to a system operating until the end of last year in the West Riding, whereby diagnoses of Tuberculosis were made by the D.T.O. and intimated to the M.O.H. from the County Hall without definite notification, the statutory register kept by the M.O.H. contains many names for whom there are no statutory notifications. In view of the regulations as to this Register recently issued by the Ministry of Health, correspondence has taken place between the L.S.A. and the County Hall, and the Register is being revised. For this reason this section is difficult to compile and the figures will not be so accurate as they should be, this year.

TABLE IV.

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

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding uncleanliness, for which see Group V.)

DISEASE OR DEFECT	No. of Defects Treated or under Treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp	15	4	19
Ringworm—Body	12	2	14
Scabies	1	—	1
Impetigo	36	—	36
Other Skin Disease	39	7	46
Minor Eye Defects—			
External and other, but excluding cases falling in Group II. ...	28	5	33
Minor Ear Defects	13	2	15
Miscellaneous—			
e.g. Minor Injuries, Bruises, Sores, Chilblains, etc.	137	16	153
Total	281	36	317

TABLE IV.—Cont.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1.)

DEFECT OR DISEASE	Under the Authority's Scheme	No. of Defects dealt with		Total
		Submitted to Refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) ...	94	4	7	105
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—	—
Total	94	4	7	105

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme—90.

(*b*) Otherwise—11.

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme—86.

(*b*) Otherwise—11.

TABLE IV.—Cont.

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects. Under the authority's Scheme, in Clinic or Hospital—0. Received Operative Treatment. By Private Practitioner or Hospital, apart from the Authority's Scheme—9. Total—9. Received other forms of Treatment—11. Total number treated—20.

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(*a*) Inspected by the Dentist, aged :—

Routine Age Groups.

5 years	3	10 years	152
6 years	58	11 years	153
7 years	87	12 years	166
8 years	112	13 years	151
9 years	147	14 years	26

Specials..... 0.
Total.....1055.

Grand Total.....1055.

Found to require treatment—830. Actually treated, 685. Re-treated during the year as the result of periodical examination—312.

Half-days devoted to
Inspection—11. Treatment—77. Total 88.

Attendances made by children for treatment—972.

Fillings.—Permanent Teeth—340. Temporary Teeth, 262. Total—602.

Extractions.—Permanent Teeth—123. Temporary Teeth—667. Total 790.

Administrations of general anæsthetics for extractions—466.

Other Operations.—Permanent Teeth—537. Temporary Teeth—268. Total 805.

TABLE IV.—Cont.

GROUP V.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurses—3.

Total number of examinations of children in the schools by School Nurses—4,859.

Number of individual children found unclean—65.

Number of children cleansed under arrangements made by the Local Education Authority—0.

Number of cases in which legal proceedings were taken.

(*a*) Under the Education Act, 1921—0.

(*b*) Under School Attendance Bye-laws—0.

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