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AC. 4461(1) TODMORDEN

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, 1925.

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

Todmorden Education Committee.

School Medical Officer's Report, 1925.

Area of Borough	...	12,770 acres.	
Population	...	23,330.	
Number of Schools	...	...	16
Number of Departments	...	...	25
Number of School Places	...	...	*5,298
Average Number of Children on Registers	...	...	2,945
Average in Attendance	...	...	2,514

* This figure is at present under revision by the Board of Education. The provisional revised figure is 4,206.

Education Committee.

**George Windsor, Esq., J.P., Chairman; His Worship the Mayor (Alderman Wilson Greenwood), Vice-Chairman; *Alderman Crabtree, J.P., Alderman Ormerod, J.P., C.C., Councillors Bentley, **Fielden, **Gilmartin, Goucke, **Healey, Holt, **Knighton, **Sunderland, **Wadsworth, **Webster, 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.Lond., M.R.C.S.Eng: M.R.San.I.: F.R.I.P.H.: D.P.H.Camb.



Public Health Department,
Roomfield,
Todmorden,

March, 1926.

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, 1925.

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, 1925.

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.

2.—CO-ORDINATION.

Your Medical Officer, Dental Officer, School Nurses and Clerks are officers both of the Local Sanitary Authority and the Local Education Authority, and because of this there is a continuity between the Infant and Child Welfare work under the Health Committee and your School Medical Service.

Your officers too are acquainted with the various agencies which deal with debilitated children under school age and are in close touch with such work as is going on in Todmorden along those lines.

The unification of these services is a matter of National as well as local interest, of which I will not comment further than to say it is desirable there should be a joint committee of the Health Committee and the Education Committee with powers delegated to it covering matters affecting the Staff.

3.—MEDICAL INSPECTION.

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

4.—FINDINGS OF MEDICAL INSPECTION.

(a) **Uncleanliness.**—It will be seen from Table 2, that the number of children found to be unclean as to the head is this year even larger than last year. The standard of cleanliness which we have enforced this past year is the same as that enforced in previous years, and is the low standard you instructed me should be operative in your schools in the year 1922.

This condition is unsatisfactory. No less than 198 Preliminary Notices were sent out during this year.

(b) **Minor Ailments.**—The number of minor ailments continues to diminish. I am well satisfied that the numerous occasions during the week that the Clinic is open, not only curtails in many cases the period of invalidity, but that it stops the spread of impetigo and other conditions which are mildly infectious, with a result that there are less cases.

(c) **Tonsils and Adenoids.**—My remarks last year still obtain, to wit, that the unsatisfactory means of treatment which have hitherto obtained have naturally made us concentrate on the more severe cases, with the result that the number of cases recorded is not an exact representation of the situation.

Writing this report, however, in 1926, I am able to anticipate by saying that arrangements are now completed for tonsils and adenoids to be treated surgically under a scheme propounded by the Local Education Authority, and the situation should now improve.

(d) **Tuberculosis.**—Our findings with regard to Tuberculosis do not show that amongst school children Tuberculosis is worse than might be expected. Close association is maintained with the Tuberculosis Officer. Children suffering from Tuberculosis are not allowed to attend school unless the Tuberculosis Officer expresses the opinion they can do so without injury to themselves or to the children with whom they associate. The Open Air School deals with children of the pre-tubercular type. The fact that this intimate association is maintained with the Tuberculosis Officer, and that strumous children can be dealt with expeditiously, may have something to do with the relatively favourable report I am able to make with regard to Tuberculosis.

(e) **Skin Diseases.**—The number of cases of ringworm shows a further decline for the second year in succession. Naturally one would wish to believe that this decline is due to the care taken in the treatment of ringworm and the care taken in making quite sure that the hair of these children is no longer infectious before they are allowed to mix freely with other children at School. It must, however, be admitted that the type of ringworm seen for the last two years in Todmorden appears to be milder and more amenable of treatment than heretofore. Another factor which has led to this reduction no doubt is that parents are becoming aware of the fact that ringworm is difficult to cure and that the cure of ringworm takes a long time unless it is pursued vigorously, on which account we have a very real measure of co-operation between the parents of these children and your nurses in the treatment of ringworm. As in everything else, however, there is bound to be a small number of people who will not realise and who will not meet their obligations, and I believe that but for this number, the cases of ringworm in Todmorden would be still less than it is.

(f) **External Eye Disease.**—The findings of school medical inspection show that external eye disease has been much less frequent during the year under review than for the last few years, and contrary to our experience last year the nature of the cases has been milder than for some time.

(g) **Vision.**—Defective vision does not appear to be particularly common in Todmorden. The standard of visual acuity this year was not raised as suggested in my previous report, from 6/18 to 6/12, but all children who could read with 6/6 were, as suggested in that report, examined further with +1 spheres in front of both eyes. In the year 1926 it is intended to continue the examination with added spheres where necessary, and also to make operative the new standard of 6/12. I have been in touch with others who know Todmorden well and have an opportunity of forming a reasoned opinion that the relative incidence of defective vision amongst children in Todmorden is less than elsewhere.

(h) **Ear Disease and Hearing.**—Ear disease and the condition of hearing remains about the same. Serious cases have not been met and now that there is a scheme for the treatment of Tonsils and Adenoids I expect to find a material improvement with regard to the conditions of ears generally.

(i) **Dental Defects.**—Whilst much is being done in Todmorden with regard to the treatment of dental defects, I have again to report that large numbers of children still leave school with the conditions of their teeth unsatisfactory.

(j) **Crippling Defects.**—The number of crippling defects found is not large, but if and when an orthopædic centre is established the number who should avail themselves of such a service might possibly be greater than the actual figures for the past year or so indicate.

5.—INFECTIOUS DISEASES.

The spread of infectious disease is controlled through various agencies. The Head Teachers bring cases to the notice of your Medical Officer and of your nurses, and where necessary, groups of children, whole classes, and in some cases whole schools, are systematically examined.

In addition to this of course, all notifications of infectious diseases are sent to me as Medical Officer of Health, and these form a useful starting point from which to enquire into cases of infectious disease.

It has not been found necessary to resort to school closure.

6.—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 2121 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.

7.—MEDICAL TREATMENT.

(a) **Minor Ailments.**—A certain number of these are dealt with by private practitioners, but a large percentage are dealt with at the School Clinic. The Clinic is open every morning from Monday to Friday at 9 a.m., and similarly in the afternoons at 3-30 p.m., with the exception of Wednesday afternoons. One thing I have remarked since the Clinic has been open on more occasions than obtained some years ago is, that it is customary for them to continue attendance until they are regularly discharged. This is a circumstance on which you are to be congratulated. It can only mean that the parents of these children are alive to the benefits of the treatment you provide, and intend not only to make use of it, but to co-operate closely with it.

(b) **Tonsils and Adenoids.**—As I have foreshadowed in a previous part of this report, the treatment of tonsils and adenoids for the year 1925 has been unsatisfactory, but for the year 1926 we have a definite scheme for operative treatment, where such surgical interference is necessary.

I was greatly disappointed that in the scheme of charges for this operative treatment there was not an age limit below which treatment would in all cases be quite free. This is a procedure based on a sound principle, which I believe has been established in at least one of the progressive continental countries. The success of the operative treatment of tonsils and adenoids must be measured by the differences between the development which would take place without such interference, and that which may be expected to take place after such tonsils and adenoids have been removed. Obviously this difference will be greater in children who have been operated upon early than in those in whom the operation is deferred until the years of development are getting past. It seems to me that nothing should be put in the way of this operation being done whilst the children are still young, and of course, if parents neglect such an opportunity of free treatment, it then becomes reasonable for them to be expected to contribute towards the cost of such treatment.

(c) **Tuberculosis.**—The treatment of tuberculosis is entirely in the hands of the Medical Officer representing the W.R.C.C. It is my submission that all cases of children who are off school by reason of the fact they are suffering from tuberculosis should forthwith be admitted to resident institutions where, if their health permits, educational facilities should be afforded them. This would require in the West Riding a standard of accommodation which unfortunately does not obtain. It is obvious that these debilitated children will require education above the average if they are to earn a livelihood in later life in one of the more sheltered sedentary occupations, and everything should be done firstly to reduce the period of invalidity to a minimum, and secondly, to maintain the highest standard of education compatible with their physical defect.

Unless and until this is done we are helping to maintain a vicious cycle, for many of these children will themselves grow up to be indifferent wage earners, and so propagate children who both by heredity and environment will be potential consumptives.

(d) **Skin Diseases.**—Impetiginous conditions are dealt with at your Clinic, and so also is ringworm, and reasonable help is afforded patients and guardians of children suffering from verminous sore heads, to help them cure this condition.

(e) **External Eye Disease.**—These cases are treated as heretofore, and this year we have had on the whole a better response to treatment, but unfortunately there are still some unresponsive cases.

(f) **Vision.**—Refraction is dealt with at your Eye Clinic which is held once a week. The method employed is as follows:—The Child comes up to the Clinic on a Friday afternoon and Atropine Ointment is given. If possible we encourage the parent or guardian to come with the child. The atropine ointment is used as directed over the week-end and refraction is carried out on the following Monday afternoon. Further testing is carried out that afternoon and if necessary on the next Monday afternoon.

When first we began this eye testing there was a certain amount of opposition in the use of Atropine Ointment, but this has been less noticed this year than formerly. The public are beginning to realise that in the cases of children sight testing can only be efficiently carried out if and when something is used to dilate the pupils of the eyes.

I may perhaps be allowed once again to emphasise the fact it is much easier to convince a parent that his or her child requires glasses if they have some simple knowledge of optics, and that this knowledge might be imparted to the rising generation in the physics lessons they have during the latter part of their school life.

There is still a certain amount of opposition to wearing glasses, which, however, I feel confident with time will pass away.

(g) **Ear Disease and Hearing.**—My remarks for last year hold good with reference to ear disease and hearing. Syringing of the ear is reduced to a minimum and the local treatment carried out is that advised by the Board of Education.

The Dental Officer, Mr. Gibson, kindly sees, if necessary, all cases with discharging ears and treats them as special dental cases.

(h) **Dental Defects.**—Mr. Gibson attends on two half-days per week. In my annual report for last year I stated unreservedly that a minimum of four half-days per week is necessary in order to carry out the dental work amongst your scholars in a satisfactory manner. I look upon this as a matter which should have not only your serious but your immediate consideration, and beg to advise you that this extension of the Dental Service is overdue.

(i) **Crippling Defects and Orthopædics.**—Crippling defects are dealt with by the large neighbouring hospitals and we have no special Clinic for orthopædics in Todmorden. It is now over a year ago that we were led to suppose that a comprehensive scheme might be expected to operate in the near future whereby the whole of the West Riding would be supplied with Hospital accommodation for these cases, and with Clinics working in association with a central organisation in charge of this large special hospital.

I am awaiting with "hope deferred" the inauguration of such a scheme, and would advise you if and when such a scheme becomes operative, that Todmorden should, if possible, become a part of it. Before closing this section of my report dealing with treatment, I wish to say how pleased we are that during the past year the Clinic has been re-decorated. We had felt for some time that the circumstances under which we were working were not helpful to us in that, however much we tried to make our premises sanitary, they certainly did not appear to support our hygienic teaching. This reproach is now lifted from us, but the disability under which we are working on account of the fact that the structure of the Clinic does not lend itself to the work we are carrying out is the same as ever, and as and when an opportunity arises steps should be taken to re-house the Clinic entirely.

I mention this not in the least to discourage the Committee in the work they have undertaken, for which we are grateful, but because it forms part of a larger scheme with which I am dealing elsewhere, to wit, further Hospital accommodation for Todmorden, in Todmorden. I understand that at least some time or another at no very far distant date, those responsible for the institutional medical treatment of necessitous cases will have to take into their serious consideration the provision of such accommodation.

My submission is that you should maintain the closest touch with those who are responsible for the provision of such accommodation, so that if and when such accommodation is provided the possibility may be re-considered of centralising the whole of such medical service, including such in-patient treatment as is at present under the control of the Guardians, and such out-patient treatment as you undertake at the present time.

In such a comprehensive scheme arrangements might be made to include suitable clinics for the orthopædic work to which I have already called your attention, and further, for artificial light treatment of which we in Todmorden stand in particular need.

8.—OPEN AIR EDUCATION.

In a previous report I have made the remark that the occasions when such classes could be made in Todmorden are not numerous, and it would be wise to take the advantage of every opportunity which presents itself.

From my standpoint I think it is imperative that educators should be given to understand that all education should be given in the open air unless (a) the climatic conditions prohibit this, or (b) the special nature of the work demands that it should be done indoors.

This is not the outlook of our educators, nor do I in the least blame them, inspected and inspected as they are by persons who look upon education essentially as an intellectual development, and whose only interest in health is that the children should be kept sufficiently healthy to stand the strain of the intellectual development they encourage.

(a) **School Journeys.**—These are not a feature which would call for comment because they are so infrequent.

(b) **School Camps.**—There have been no organised school camps associated with public elementary education, but Mr. Ronald Cunliffe, whose work in the musical training of boys is so well-known, crowned this work last year with a most successful holiday camp on the moors within walking distance of the town. This camp has now been running for some years, and it is hoped that the success it achieved will encourage someone else to carry on this excellent work now that Mr. Cunliffe has left Todmorden.

(c) **Open Air Classrooms in Public Elementary Schools.** Your schools were built more as places of retreat than as places for the physical and intellectual development of young persons. They do not lend themselves to the formation of open air classrooms. I beg, however, to advise you that if and when you build new schools or extend old schools, the bad old plans on which your schools have been built should be scrapped, and such schools or extensions built on modern lines.

May I commend to your attention the ordinary elementary school at Newnham which may well serve as a model for your future building.

(d) **Day Open Air Schools.**—One of these is provided. There is an average number of fifty on the Register. I am firmly persuaded that if we had a Residential School the children would make progress out of proportion to any increased expenditure, that we should be able to pass more

children through the school, and so reduce the waiting list, which is always a source of anxiety to me. Once again I would like to suggest that the vacations at this school should differ from those of ordinary elementary schools, and that on no account should the school be closed during the ordinary summer vacation. To realise how short the summer is that Todmorden ever experiences is to realise how necessary it is to make the fullest use of the little summer we have.

(c) **Residential Open Air Schools.**—None are provided in Todmorden.

9.—PHYSICAL TRAINING.

There is no area organiser of physical training, but your Medical Officer takes every opportunity of observing children whilst they are taking part in the physical training which forms part of their ordinary curriculum. It is now fairly well agreed that especially in boys, children develop generally so well as their chests will allow them, and that where the development of the chest is poor the development of the rest of the body is likely to be poor also. It is therefore almost impossible to give too much time to the exercises which have to do with the development of the chest, but unfortunately the exercises which are intended to develop the chest often-times fail because on account of the large numbers of children being drilled at one time it is impossible for the educators to tell whether children are really expanding their chests or merely simulating such expansion. Unless there is any postural deformity there is no need for children to be expressly commanded to keep their shoulders back during expansion of the chest, for if children are expanding their chests the shoulders will of necessity be carried a little backward by such expansion. On the other hand, where children are encouraged to bring their shoulders back, this gives a relative prominence to the chest which makes it appear, often-times quite wrongly, that it is being expanded.

It has occurred to me further that during such physical exercises, if and when children are marching, great care should be taken to see that the length of the pace is suited to the smallest child present. I have noted that where this is not so children tend to develop an undue hollow back, which is not right for any of them, and is likely to be a distinct disadvantage to girls.

10.—PROVISION OF MEALS.

Your 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.

11.—SCHOOL BATHS.

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

12.—CO-OPERATION OF PARENTS.

The method adopted for securing the presence of parents at medical inspection is, that they are notified by the Head Teacher of the forthcoming examination. Generally speaking the mothers having children in Infants' Departments attend in greater numbers than those whose children are in the Mixed Departments, and it has been noted that the attendance of mothers varies considerably between district and district. The fact that so many of the mothers of Todmorden work in the Mills makes the attendance of parents at School Inspection less than it might otherwise be.

With reference to special examination at the Clinic, we find that parents turn up well, and this enables us in a large measure to get any necessary treatment carried out.

13.—CO-OPERATION OF TEACHERS.

The educators have continued to show particular readiness in doing everything possible to facilitate medical inspection and to help us to carry it out so expeditiously as possible with the minimum interference of 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 the term a list of outstanding cases to which they wish to call our attention.

3. Medical Treatment of School Children.—Once again may I say how much I appreciate the work which has been done by teachers in forwarding the treatment at our School Clinic. It is however necessary for me to point out that whilst my own personal relationship with educators remains most happy, I cannot help feeling that the educators in Todmorden as a whole do not appreciate the value to the children and to themselves of medical service generally.

This was convincingly demonstrated at a Conference which was called during the year at my suggestion between the ladies and gentlemen of the Local Education Authority on the one hand, and the ladies and gentlemen who are Head Teachers, on the other.

This Conference discussed certain reports and recommendations which I had put forward with regard to the treatment of defective children, and I was amazed to find that certain speakers who were Head Teachers, actually went so far as to criticise my advice that an orthopædic clinic should be set up in Todmorden, saying they believed such money as would be spent on that, could far better be spent on what they represented as "education proper" but what perhaps I may be permitted to speak of as "education of the mind as something apart from the education of the body." These speakers were persons with years of service and experience, nor were there dissenting voices from amongst the educators generally. The position to me is amazing and perfectly inexplicable. Indeed I shall make no effort whatsoever to try to explain the situation, but merely recall it to show that whilst my personal relationships are very happy, it still remains for us in Todmorden to show that the children are entitled by their birthright of a healthy body, and to the meagre percentage of the total cost of education spent on them for the provision of this birthright.

14.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

In answering specific enquiries of the Board of Education under this heading as to (1) Medical inspection (2) Following Up, and (3) Medical treatment of the children, it would be necessary for me to say that the School Attendance Officers co-operate in none of these things, but this direct answer would be misleading because the same Committee which deals with medical inspection and treatment deals also with school attendance, and so there is a very close co-operation, and the School Attendance Officers are constantly in touch with the Clinic on questions affecting school attendance.

I am still of opinion the school attendance would be best improved by doing away with School Attendance Officers, as and when occasion arises, and adding to your nursing staff, who are after all best able to deal with the only plea it is difficult to contradict, to wit, that the child is off colour, or ill.

15.—CO-OPERATION OF VOLUNTARY BODIES.

It is impossible to divide the Health Service and so although we have no Childrens' Care Committees, etc., for children of school age, these children benefit to no inconsiderable amount by the voluntary work which is being done in association with our Maternity and Child Welfare Clinics. The National Society for the Prevention of Cruelty to Children also are represented in Todmorden by an officer who lives at Halifax, and from time to time I understand the Education Committee are in touch with him. This Society is doing useful work in Todmorden, and, of course, their work is necessarily useful to the Education Authority.

16.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These children are ascertained usually through the following agencies:—(1) Maternity and Child Welfare work. Either by attendance at one of our three Clinics or by the attendance of one of your Borough Nurses as a Health Visitor. Most if not all of the infants of your Town are known to us, and this knowledge is used by your Officers, who, as you know, are servants both of the Health and Education Committees.

(2) Head Teachers. From time to time Head Teachers refer children who in their opinion should be the subject of special investigation. (3) Routine and Special Inspections. During these examinations a certain number of children are ascertained. Sometimes during eye testing, etc., one comes to the conclusion that a child is very backward.

So far as Todmorden is concerned I am of opinion that our records are fairly complete. The question of how best to deal with the problem these records present is under consideration.

17.—NURSERY SCHOOLS.

There are no Nursery Schools in Todmorden.

18.—SECONDARY SCHOOLS.

Medical work with reference to your Secondary School is carried out by the West Riding. Once again I wish to make my annual suggestion that the unification of all your school medical work in the Town would be in the best interests of the children.

19.—CONTINUATION SCHOOLS.

There are no Continuation Schools.

20.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The chief work carried on in Todmorden is in association with the cotton industry, and the conditions of employment of children and young persons within your area is essentially associated with a cotton industrial town.

Your Medical Officer is responsible for supplying certificates wherever necessary as to the fitness or otherwise of children to engage in work outside school hours. Your Medical Officer is further in touch with the certifying Factory Surgeon for the District. I am of opinion that these two branches of the medical service should be much more closely co-ordinated than they are at present. Elsewhere in a previous report I have urged the desirability of introducing school leaving certificates as to medical efficiency, and consider it would be beneficial for it to be obligatory that all children seeking employment which demands the certificate of a Factory Surgeon, should require such a report from your Medical Officer to the Medical Officer under the Home Office. The children of school age seek certificates chiefly that they may be employed as newspaper boys, errand boys and caddies.

21.—SPECIAL ENQUIRIES.

Last year in accordance with the request of the Chief Medical Officer of the Ministry of Health, special notes were taken of children whose goitre glands were sufficiently enlarged to make a swelling of the neck visible to the naked eye. Special cards were made out so that during the present year these children have come up for review to see whether these cards should or should not be closed, and in by far the greater majority of cases it has been found that such visible swellings as were discovered had not led to any constitutional changes.

22.—MISCELLANEOUS.—Nil.

23.—STATISTICAL TABLES.

The statistical tables required by the Board of Education are herewith submitted.

TABLE I.**RETURN OF MEDICAL INSPECTIONS.****A.—Routine Medical Inspections.**

Number of Code Group Inspections—

Entrants	353
Intermediates	189
Leavers	171
Total	713

Number of other Routine Inspections 160

B.—Other Inspections.

Number of Special Inspections	844
Number of Re-Inspections	923
Total	1,767

TABLE II.—A.

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1925.**

DISEASE OR DEFECT. (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	—	32	—	—
UNCLEANLINESS	1	—	71	—
SKIN—Ringworm—Scalp	—	—	14	—
Ringworm—Body	1	—	11	—
Scabies	—	—	2	—
Impetigo	10	—	25	—
Other Diseases. (Non-Tubercular)	2	—	16	—
EYE—Blepharitis	5	—	2	—
Conjunctivitis	1	—	8	—
Keratitis	—	—	—	—
Corneal Opacities	—	1	4	—
Defective Vision (excluding squint)	41	—	13	—
Squint	5	1	2	—
Other Conditions	—	—	3	—
EAR—Defective Hearing	1	—	—	1
Otitis Media	—	—	—	—
Other Ear Diseases	8	—	15	—
NOSE AND THROAT—				
Enlarged Tonsils only.....	34	35	9	9
Adenoids only	2	9	4	1
Enlarged Tonsils and Adenoids	2	—	—	—
Other Conditions	—	1	1	2
ENLARGED CERVICAL GLANDS (Non-Tub.)	1	4	1	3
DEFECTIVE SPEECH	1	—	—	—
TEETH—Dental Disease	720	—	25	—
HEART AND CIRCULATION—				
Heart Disease:				
Organic	—	3	—	—
Functional.....	3	20	—	1
Anaemia	—	11	—	—
LUNGS—				
Bronchitis	2	36	—	9
Other Non-Tubercular Diseases.....	1	4	—	—
TUBERCULOSIS—PULMONARY—				
Definite	—	—	—	—
Suspected	—	—	—	—
TUBERCULOSIS—NON-PULMONARY—				
Glands	—	4	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	2	—	—	—
Skin	—	—	—	—
Other Forms	1	—	—	—
NERVOUS SYSTEM—				
Epilepsy	—	—	—	1
Chorea	—	—	—	—
Other Conditions	—	—	—	—
DEFORMITIES—				
Rickets	—	13	1	1
Spinal Curvature	—	2	—	—
Other Forms	—	2	1	—
OTHER DEFECTS AND DISEASES... ..	2	34	49	26
MINOR INJURIES	4	2	56	—
Total.....	850	214	333	54

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	353	45	12·75
Intermediates ..	189	27	14·28
Leavers	171	11	6·43
Total (Code Group) ..	713	83	11·64
Other Routine Inspections ..	160	8	5·0

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	2
	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	1	...	1
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	1	...	1
	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 ...	10	9	19
	At other Institutions ...	...	...	...
	At no School or Institution ...	2	2	4
Notified to the Local Control Authority during the year.	Feebleminded ...	...	...	...
	Imbeciles ...	...	...	...
	Idiots ...	...	...	...
				21
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
EPILEPTICS.	Attending Public Elementary Schools ...	...	...	...
	At no School or Institution ...	2	...	2

TABLE III.—Continued.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total
Infectious Pulmonary and Glandu- lar Tuber- culosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health for the Board	...	...	...
	At other Institutions	...	...	...
	At no School or Institution	...	...	...
Non-infect- ous but act- ive Pulmon- ary 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	...	...	...
	At other Institutions	8	6	14
	At no School or Institution	...	...	...
	
PHYSICALLY DEFECTIVE.				
Delicate children (e.g. pre-or latent Tub. Malnutrition Debility, Anæmia etc.)	At Certified Residential Open Air Schools	...	...	...
	At Certified Day Open Air Schools	39	37	76
	At Public Elementary Schools	1	4	5
	At other Institutions	...	...	...
	At no School or Institution	1	1	2
Active Non- Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	...	...	...
	At Public Elementary Schools	1	1	2
	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	12	22
	At other Institutions	...	...	...
	At no School or Institution	3	...	3
	

TABLE IV.**RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED DECEMBER 31st, 1925.****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	12	2	14
Ringworm—Body	11	1	12
Scabies	2	—	2
Impetigo	33	2	35
Other Skin Disease	15	3	18
Minor Eye Defects—			
External and other, but exclud- ing cases falling in Group II.	20	3	23
Minor Ear Defects	19	3	22
Miscellaneous—			
e.g. Minor Injuries, Bruises, Sores, Chilblains, etc.	75	15	90
Total	187	29	216

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) ...	60	5	4	69
Other defect or disease of the eyes (exclud- ing those recorded in Group I.) ...	—	—	—	—
Total ...	60	5	4	69

Total number of children for whom spectacles were prescribed :—

- (a) Under the Authority's Scheme—60.
- (b) Otherwise—Nil.

Total number of children who obtained or received spec-
tacles :—

- (a) Under the Authority's Scheme—51.
- (b) Otherwise—6.

TABLE IV.—Cont.

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects. Received Operative Treatment. Under the authority's Scheme, in Clinic or Hospital—9. By Private Practitioner or Hospital, apart from the Authority's Scheme—10. Total—10. Received other forms of Treatment—25. Total number treated—35.

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were:—

(a) Inspected by the Dentist, aged:—

Routine Age Groups.

5 years	9	10 years	66
6 years	46	11 years	71
7 years	52	12 years	53
8 years	41	13 years	52
9 years	72	14 years	3

Specials..... 0.

Total..... 465.

Grand Total..... 465.

Found to require treatment—390. Actually treated, 370. Re-treated during the year as the result of periodical examination—298.

Half-days devoted to

Inspection—5. Treatment—80. Total 85.

Attendances made by children for treatment—886.

Fillings.—Permanent Teeth—267. Temporary Teeth, 171. Total—438.

Extractions.—Permanent Teeth—82. Temporary Teeth—641. Total 723.

Administrations of local anæsthetics for extractions—404.

Other Operations.—Permanent Teeth—580. Temporary Teeth—204. Total 784.

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—5,762.

Number of individual children found unclean—71.

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.

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—5,732.

Number of individual children found unclean—74.

Number of children cleaned and treatment made by the School Sanitation Authority—11.

Number of cases in which legal proceedings were taken—0.

(a) Under the Education Act, 1921—0.

(b) Under School Attendance Acts—0.

