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TORQUAY EDUCATION COMMITTEE

YEAR 1934

TWENTY-SEVENTH

Annual Report



ON THE

MEDICAL INSPECTION AND TREATMENT

OF

Elementary School Children

ALSO

SEVENTEENTH ANNUAL REPORT

ON THE

Medical Inspection of Scholars

IN THE

Torquay Grammar School



TORQUAY EDUCATION COMMITTEE

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WOMAN'S EDUCATION COMMITTEE

THE YEAR 1901

TWENTY-SEVENTH

Annual Report

MEDICAL INSPECTION AND TREATMENT

Elementary School Children

SEVENTEENTH ANNUAL REPORT



London Grammar School

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STAFF



School Medical Officer :
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J. V. A. SIMPSON, M.D., D.P.H.

Ophthalmic Surgeon :
J. M. THOMSON, M.B., D.O.M.S.

Dental Surgeon :
A. MACDONALD, L.D.S.

School Nurse :
MISS F. M. HUGHES.

Clerk :
MISS E. VYLE.

Dental Assistant :
MISS E. M. MANSFIELD.

BOROUGH OF TORQUAY

AREA OF BOROUGH (in acres)	...	...	...	5,377
POPULATION (1931 Census)	...	...	...	46,165
NUMBER OF ELEMENTARY SCHOOLS	...	...	...	14
NUMBER OF DEPARTMENTS	...	...	...	18
SPECIAL SCHOOL FOR PHYSICALLY DEFECTIVE	...	...	...	1
AVERAGE ATTENDANCE AT ELEMENTARY SCHOOLS	...	...	...	3,858
AVERAGE ATTENDANCE AT SPECIAL SCHOOL	...	...	...	80
AVERAGE NUMBER ON THE SCHOOL REGISTERS	...	...	...	4,283



*To the Chairman and Members of the Torquay Education
Authority.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,—

I have the honour to present to you the Twenty-Seventh Annual Report on the Medical Inspection and Treatment of Scholars attending the Elementary and Grammar Schools in the Borough.

There has been no outstanding feature in the above work, every section of which has been carried on with uniform smoothness; and my thanks are due to those responsible for the efficiency of the various sections.

I would draw your attention to some further research work in connection with the subject of Nutrition, which Dr. Simpson has carried out, following his work in previous years with the kata-thermometer and Ventilation. His results detailed in Appendix A emphasise an important aspect of the subject which is at present not given the consideration it deserves.

Once again I desire to record my appreciation of the co-operation and assistance afforded me by all having the control of the children, and more especially to the members of the Education Authority.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

T. DUNLOP.



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**MEDICAL INSPECTION AND TREATMENT
OF THE
ELEMENTARY SCHOOL CHILDREN
1934**

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the TWENTY-SEVENTH ANNUAL REPORT on the Medical Inspection and Treatment of the Elementary School Children.

I. Staff.

There were no changes of staff.

II. Co-ordination.

The arrangements for the co-ordination of the work of the School Medical Service with that of the Health Department are very complete, and considerable advantages accrue from such a satisfactory state. All the clinic and other treatment facilities are available for the pre-school child. In 1934, ten tonsil and adenoid cases were sent for treatment in children under five years of age not at school; twelve early squint and other eye cases were treated, glasses being ordered and obtained for six of these children: twelve otorrhœa cases were cured at the clinic, and three children with rickets referred for treatment. Many minor ailment cases were treated at the clinic and 225 babies and young children made 613 attendances.

The Orthopædic Scheme and School Dental Service also include pre-school children.

It is through the kind co-operation of the Education and the Maternity and Child Welfare Committees that this is possible, and I am convinced that it affords a striking testimony to the efficiency of co-ordinated effort—such as is by no means always attained—with obvious benefit to the child.

III. The School Medical Service in relation to Public Elementary Schools.

During the past few years quite a considerable amount of excellent improvements have been carried out at the various schools; and this, together with the new schools recently built, has been the means of raising the standard of school buildings to a more satisfactory level.

Full details of the various improvements have been recorded in previous reports.

Madrepore Road and Victoria Park Schools were closed at the end of March.

MEALS.—Arrangements for warming up meals brought to school by the children and the service of meals are in satisfactory operation at several schools—Homelands Central, Upton, West-hill, St. Marychurch, Tor, Priory R.C., Barton—where a number of children stay for dinner. The necessary provision is made of means for warming up the food, and as a rule individual tables are laid; and advantage is taken by those teachers who also remain to supervise the children and ensure a proper regulation of the whole meal so as to make it of definite educative value.

In addition, in certain of the Junior Departments a rest is included after the dinner for the younger children; and this is of considerable importance in maintaining health.

IV. Medical Inspection.

Routine medical inspection and the inspection of special children brought forward by the Head Teachers are carried out in the school premises, and owing to limited accommodation in certain schools, at the St. Marychurch Town Hall and at the school clinic. An inspection clinic is held on four mornings at the school clinic, and to this the children are referred by the school nurse, teachers, attendance officers and parents.

(a) *Age Groups.*

Three groups of children were inspected during the year, viz.:—entrants, children between eight and ten years of age, together with children between twelve and thirteen years of age and all who had not been examined after reaching the age of twelve. A number of other ages who were presented for various reasons were also examined as 'codes.'

The total number of children examined during the past year was 1414 as compared with 1542 in the previous year.

(The statistical particulars are to be found in Table I. at the end of the report.)

- (b) *Extent to which the Board's Schedule of Medical Inspection has not been followed and the reason for such departure.*

The Board's schedule of Medical Inspection has been followed.

- (c) *Steps taken to secure the early ascertainment of crippling defects.*

All children who are suffering from chronic illness or who are away from school for three months are examined by the Medical Officer at the Inspection Clinic at least once a year and many of these children are seen each month. A record is kept of their defects from which a list of all crippled children not in attendance at school was made.

The total number of crippled children in Torquay is 63. Of these, 16 were due to tuberculosis, 12 to infantile paralysis, 2 to rickets, 21 to congenital deformity and trauma, 11 to cardiac disease, and one to diabetes. It should be understood that only very severe cases of cardiac disease are counted as cripples.

Of the 63 cases, 48 were in attendance at the open-air school or the ordinary elementary schools, and 15 were considered to be unfit for school at present.

- (d) *Statement showing the extent to which disturbances of school arrangements was involved by the inspections.*

Each child when inspected is withdrawn from school for about half-an-hour, and when reinspected for not more than a few minutes.

V. Findings of Medical Inspection.

- (a) *Malnutrition.*

Of the 1414 children examined 184 (13.0%) were more or less below normal; and of the latter, 25 required to be referred for treatment. Eight specials suffering from malnutrition were also referred for treatment.

(b) *Uncleanliness.*

Definite cases of uncleanliness of the head numbered 16 (1.1 %) and 4 children (0.3 %) showed evidence of flea bites.

(c) *Minor Ailments and Diseases of the Skin.*

There were 10 cases of skin disease found on routine inspection, all of which were referred for treatment. In addition, 210 special cases were referred for treatment.

Among the special cases, 780 were referred for treatment as minor ailments.

(d) *Visual Defects and External Eye Disease.*

Of the routine cases 42 children with defective vision were referred for treatment, and 20 kept under observation ; while 74 special cases were referred for treatment.

Fourteen cases of external eye disease were found on routine inspection. Thirteen of these and 161 special cases were referred for treatment.

(e) *Nose and Throat Defects.*

On routine inspection 120 children were found to have slight defect of nose and throat, but these were not sufficiently serious to require treatment. In addition, there were 101 cases referred for treatment : these included 30 cases of enlarged tonsils only, 1 of adenoids only, 57 of enlarged tonsils and adenoids, and 13 of other nose and throat defect. There were 21 special cases of enlarged tonsils only, 4 of adenoids only, and 23 of enlarged tonsils and adenoids, all being referred for treatment except 6 cases which were kept under observation. And 378 special cases of acute tonsillitis, etc., were referred for treatment.

(f) *Ear Disease and Defective Hearing.*

Seven cases of defective hearing were discovered on routine inspection and were referred for treatment. In addition 13 cases of defective hearing were treated as specials ; and 76 cases of otitis media and 28 cases of other ear defects referred for treatment as specials.

(g) *Dental Defects.*

In the course of routine inspection 622 children (44%) were found with from one to four carious teeth, and 154 (11%) had more than five teeth defective. Of these 39 were referred for immediate treatment, together with 68 specials.

Further details of the dental defects are found in the Report of the Dental Surgeon on page 26.

(h) *Orthopædic and Postural Defects.*

Eight cases of rickets were found ; and 25 children were found, on routine inspection, with pigeon chests, slight spinal curvature and other postural defects. In 32 of these, treatment was necessary. Ten cases of rickets were found in the special cases, and 13 of other postural defects.

(i) *Heart Disease and Rheumatism.*

Four cases of organic heart disease were referred for treatment, and four functional cases kept under observation. Five special cases were also referred for treatment.

(j) *Tuberculosis.*

Twenty-four cases of suspected phthisis were discovered, and there were two cases of non-pulmonary tuberculosis. In addition, five cases of suspected phthisis were treated as specials, while one suspected case was kept under observation.

(k) *Other Defects and Diseases.*

Forty-two cases of other defects were referred for treatment and 11 kept under observation : among these were cases of hernia, old injuries, general debility, acidosis, etc.

VI. Following-up.

Review of the arrangements for the following-up of children suffering from physical defects, including a summary of the work undertaken by the Nurse.

Children who are found to be suffering from defects requiring treatment are notified to the parents at the time of inspection, and all cases, whether for treatment or observation are entered on special defect cards and so automatically come up for re-examination at the next visit of the Medical Officer. In addition, defective children are re-examined by the Medical Officer one month and three months after the original examination. If no treatment has been carried out, the second notice is sent and the Nurse visits the parents and impresses on them the importance of securing treatment. This is usually sufficient, and few cases escape the proper therapeutic or remedial measures.

Frequently, if the parent is not present at the first examination, the Nurse visits the home immediately afterwards to explain the treatment, as it is found that a few explanatory words will secure what the forms (to many parents a mere unconvincing statement of facts) fail to do.

In addition, the School Nurse attends school medical inspections, approximately three sessions a week, and minor ailment clinics six half days: and she is present with the Ophthalmic Surgeon at the eye clinic on Thursday afternoons.

During 1934, the School Nurse paid 70 visits to schools, and examined 6832 children, finding 134 unclean; and she also paid 726 visits to homes.

VII. Medical Treatment.

The treatment of minor ailments (External Eye Disease, Skin Disease, Otorrhœa, Septic Sores, Cuts and Burns), is carried out at the School Clinic at 15 Castle Road. The Medical Department is open for treatment on Tuesday, Wednesday, Thursday and Saturday mornings, and on Monday and Friday afternoons (when the Nurse only attends).

In conjunction with the Health Committee, the Education Authority have acquired a suitable site for a new Clinic and Infant Welfare Centre for the Barton area; and the necessary arrangements for the plans and building are proceeding.

The following are the clinic totals for the year:—

	No. of Cases	No. of Attendances
Medical Examination	2030	4141
Dressings, Treatments, &c.	2380	8507

(a) *Malnutrition.*

Cases of Malnutrition are sent to the Open-Air School, where the effect on the nutrition of the children is consistently excellent. The proper diet, adequate rest, the stimulating effect of the air on metabolism, the full amount of sunshine, all play a part in bringing about the good results.

(b) *Minor Ailments and Injuries.*

780 cases were treated for septic sores, cuts, chilblains and similar things. It is true that many of the defects are comparatively slight, but adequate treatment is none the less necessary to prevent more serious complications; and this goes far to reduce absence at school by treating the *early* stages of the trouble.

(c) *Skin Disease.*

200 cases of skin disease, as compared with 187 last year, were treated at the clinic.

Ringworm cases numbered 16, and three of these the scalp was affected; all these children were treated by drugs as apart from X-rays, but arrangements are made with the Honorary Radiologist at the Torbay Hospital to supply this latter treatment if necessary.

Eleven cases of scabies were treated at the clinic.

(d) *Visual Defects and External Eye Disease.*

202 cases of defective vision were treated during the year at the Clinic, and 154 have obtained glasses out of 159 for whom spectacles were prescribed. Six cases received private treatment and obtained glasses. Twenty-eight other defects were dealt with at the Eye Clinic.

120 cases of blepharitis and conjunctivitis received Clinic treatment during the year, compared with 118 last year.

For further details, reference may be made to the report of the School Ophthalmic Surgeon on page 25.

(e) *Nose and Throat Defects.*

The Scheme for the operative treatment of enlarged tonsils and adenoids has been continued.

During 1934, 55 have been operated on at the Hospital while 12 were operated on privately. Of the 55 treated under the Authority's scheme, 25 were cases of enlarged or septic tonsils only, three were cases of adenoids only, and 27 were cases of enlarged tonsils and adenoids. The 12 dealt with privately included two cases of enlarged or septic tonsils, and ten of enlarged tonsils and adenoids.

After operation all cases are seen by the Medical Officer, and instructions given for breathing exercises and other necessary points; and some other cases are kept under continual observation until the anæmic and debilitated condition, brought about by the tonsils and adenoids before removal, is quite restored to normal.

(f) *Ear Disease and Hearing.*

The number of ear defects treated was 115, of which 76 were cases of otorrhœa (discharging ears).

(g) *Dental Defects.*

For the treatment of these defects, reference may be made to the report by the School Dental Surgeon on page 26.

(h) *Orthopædic Defects.*

During the year, the full and comprehensive Orthopædic Scheme for the whole County of Devon has been in operation. This Scheme, the Devonian Association for Cripples' Aid, has a central Hospital near Exeter, and Torquay is one of the areas in which a special Clinic is held. The St. Marychurch Parish Hall is used as the local orthopædic centre each Wednesday, and the Surgeon, Mr. Norman Capener, F.R.C.S. visits the clinic twice a month.

In 1934, some 72 Torquay school children have been receiving treatment under this scheme: and the following are the conditions treated:—

Infantile paralysis	...	...	...	12
Talipes	...	...	...	4
Genu Valgum	...	...	...	9
Pes Planus	...	...	...	4
Rickets	...	...	...	2
Torticollis	...	...	...	1
Tuberculous bone or joint disease	...	...	...	5
Other diseases or injuries of bones	...	...	...	18
Old Hemiplegia	...	...	...	4
Hallux Valgus	...	...	...	3
Kyphosis	...	...	...	7
Old injury at birth	...	...	...	3

During the year 18 cases were treated in the Orthopædic Hospitals, and nine cases were discharged cured from the Orthopædic Clinic.

It is very gratifying to feel that the cases are under continuous supervision and expert care; and I acknowledge with much gratitude the excellent help and hearty co-operation of Mr. Norman Capener, the Surgeon, to whose outstanding skill and unbounded enthusiasm such first-class results are due. With these orthopædic organisations now firmly established, it can at last be felt that substantial progress is being made towards the great goal—*A nation free from deformity.*

(i) *Heart Disease.*

Most of the cases of heart disease are treated at the Open-Air School, where very encouraging results have been obtained. Details of this were given in the Annual Report for 1925.

(j) *Tuberculosis.*

All cases of definite or suspected tuberculosis are referred to the County Tuberculosis Officer for his opinion, advice and subsequent observation, if required.

The Tuberculosis Officer supplies the names of all children found to be living in houses where there is a recognised case of phthisis, and all such children are entered on special cards for observation; 98 children in this category were examined from time to time during the year.

SUMMARY OF WORK AT SCHOOL CLINIC DURING 1934.

Disease or Defect	Medical Exams.		Dressings, etc.	
	Individ- ual cases	Visits	Individ- ual cases	Visits
Uncleanliness—Head	2	2	3	5
Skin—Ringworm	16	47	9	36
Scabies	11	33	5	7
Impetigo	71	112	251	531
Others (non-tuberculous)...	104	225	122	558
Defective Eye Conditions ...	217	340	200	1109
Defective Hearing	12	26	9	10
Otitis Media	76	120	81	779
Enlarged Tonsils and Adenoids ...	46	184	—	—
Tonsillitis, etc.	378	740	112	158
Enlarged Cervical Glands ...	55	152	40	96
Heart Disease and Anæmia ...	44	109	—	—
Lungs—Bronchitis	68	165	—	—
Others (non-tuberculous) ...	—	—	—	—
Tuberculosis—Pulmonary ...	—	—	—	—
Definite	—	—	—	—
Suspected	6	16	—	—
Non-Pulmonary	4	6	—	—
Nervous System	14	58	—	—
Rickets	10	17	—	—
Deformities	12	31	—	—
Minor Injuries and Sceptic Sores	244	376	1313	4417
Infectious Diseases	148	247	27	28
Miscellaneous	492	1135	181	229
Amblyoscope Exercises	—	—	21	474
Preparation for Refraction ...	—	—	6	70
Total	2030	4141	2380	8507

VIII. Infectious Disease.

With a view to the earliest possible recognition of infectious diseases the teachers are asked to report to the Medical Officer when any suspicious case is found. The teachers are now well acquainted with the initial symptoms and prodroma of the commoner illnesses of childhood, and consequently are very prompt in sending word to the Health Department. All cases of sore throat are sent to the Clinic and many suspicious throats are swabbed : and 378 such cases were seen at the Clinic.

Sporadic cases of diphtheria occurred throughout the year, and several showed the disease to be of a more virulent type ; 16 children contracted the disease and there was one death.

Scarlet fever showed a considerable increase compared with preceding years, and there was a widespread incidence of the disease : fortunately the type remained mild clinically, although there were more septic complications than occurred in former recent years. In all there were 66 notifications among school children ; one death was recorded.

Ilsham school was closed for ten days before the Whitsun holiday on account of an outbreak of measles.

Vaccination. A careful record was made of all children showing evidence of successful vaccination ; of the 1414 children examined 567 (40%) had satisfactory marks.

IX. Open-Air Education.

A review of the arrangements for open-air education (other than in certified open-air schools), e.g. by means of (a) playground classes, (b) open-air classrooms in public elementary schools, (c) school journeys and camps.

Reference is made under Section XIII to the work of the certified day open-air school, as requested in the new arrangements for Annual Reports suggested by the Board.

In certain ordinary elementary schools playground classes are held when conditions are favourable ; and in the new schools, like Westhill and Barton, the construction on the " Derbyshire Plan " allows two opposing sides of each classroom to be thrown right open, or opened as is required under varying weather conditions. These schools give excellent ventilation and air-movement as measured by the Kata-thermometer.

There were no school camps during 1934.

X. Physical Training.

There is no organiser of physical training in the elementary schools, and the teachers themselves carry out the work according to the usual syllabus. Approximately one hour a week in school is devoted to this section of the curriculum, and a varying amount of outdoor games played in addition.

Mr. F. R. Leach, Hon. Secretary of the Schools' Athletic Association, has kindly supplied me with the following details :—

“The Association still functions in nearly all branches of sport, thus supplementing the more formal work done in the schools under the Board of Education 1933 Syllabus. This is a great advance on the old syllabus, calling for greater and more varied activities and stressing team and group work, and calling for more initiative and thought from the pupils. The activities when once explained to, and mastered by the children, are entered into with keen enjoyment as evidenced by the wonderful display of physical exercises, and country dancing given in aid of the N.S.P.C.C., on the Recreation Ground in the summer, the biggest combined display ever organised by the schools.

“Windmill Hill has again proved its importance in the educational scheme of the town and on this fine breezy open space, hundreds of children are building up healthy bodies and learning the importance of the team spirit in work and play. All the various branches of sport, catered for by the Association, have provided keen competition. The annual Athletic Sports again provided keen contests and in the Junior Section it is good to see all the smaller schools sending in their teams and competitors, though they have not much chance of winning trophies or prizes. This fact alone proves that the right spirit is being fostered and that the work of the Association is proceeding on the right lines.”

Mr. W. J. Slee, Hon. Secretary of the Torquay Schools' Swimming and Rowing Association, kindly reports fully as follows :—

“The Torquay Schools' Rowing and Swimming Association has again sought to encourage the teaching and practice of aquatic sports among the children of the Borough during the year 1934.

“The fullest advantage has again been taken of the facilities offered by the Education Committee for free instructional lessons at the Baths after school hours; and for such opportunities we record both thanks and appreciation.

"Children have again been encouraged by the awarding of certificates as they were successful in swimming the length and width respectively, and approximately boys have obtained 63 width and 35 length certificates, and girls 56 width and 24 length certificates during the season, making a total of about 120 children who could not swim at the beginning of the year. We miss our two original teacher instructors Miss Boardman (now Mrs. Wynne) and Mr. Wilkinson, who have both left the town, and their places have been ably filled by Miss Battershill, Miss Tiffany and Mr. Triance.

"Four School Galas were held during the year: Upton School had their usual enthusiastic function in May, and the Junior Schools met for their annual competitions on the 23rd July. On this occasion the Abbey Road and Westhill Junior Boys tied for the first position and share the Byrne Trophy for six months each; and the Westhill Girls won the Warneford Cup. On the 17th October the usual crowd taxed the utmost capacity of the Baths to witness the Senior Schools Competitions in 26 events. Upton again carried off the Leander School Boys' Shield, but the Westhill Girls managed to secure the Sermon Trophy for the Girls' Team Race. All races were very keenly contested and it is remarkable how the standard of swimming improves in each succeeding year. Westhill Senior School held yet another Gala on the 7th November. These functions go to prove that interest in this sport is still increasing, and to all who have encouraged, helped and stimulated these activities we tender our appreciative thanks.

"A special deputation waited upon the Sub-Developments' Committee on the 13th October, 1934, to put before the Education Authority the pressing need of providing an opportunity for ALL the children of the Borough to learn this healthy and most important branch of physical training. We pointed out that a Children's Bath in some central position was essential and that swimming should be placed upon the school time table as the physical training period for the last year in the Junior Schools and the first year in the Senior Schools.

"The Committee has promised to give this matter their earnest consideration and request us to bring the subject again before their notice in twelve months' time when commitments will not be so heavy.

"In Rowing we are happy to report that all parties concerned took up the matter in good time this year, and the Torquay Rowing Club came generously forward to provide the

necessary instructors. The boys received efficient and regular training and the heats in July and the final races at the Regattas were very close and exciting contests. Ellacombe and Westhill Schools secured the Torquay and Babbacombe Regatta Shields respectively."

XI. Provision of Meals.

Meals are supplied, as has been described, at the Open-Air School (at a very nominal cost, according to the circumstances of the case).

The scheme for the provision of milk for school children under the National Milk Publicity Council was started at the beginning of November, and about 2,820 children took advantage of the arrangements. Provision has been made for 120 children, certified by the Medical Officer under Section 84 of the Education Act, 1921, to receive the milk free.

All milk supplied is pasteurised and is approved by the Medical Officer of Health, who arranges for frequent analyses to be made. There is no doubt that the addition of an allowance of milk each day to children will considerably improve their health, and research has fully confirmed this; but, from the physician's point of view, it is rather to be regretted that the milk could not be given at meal-times, as milk is a food. It is not easy to reconcile the mid-morning milk with the teaching of those of us who are physicians to Infant Welfare Centres—or indeed with the physiology of digestion.

Perhaps these disadvantages will be offset by the educational value of the parents and children (who are the future parents) becoming "milk-minded," with the result that the value of milk will be more appreciated and that more milk will be utilised—for as a nation we have fallen far short of the desired amount per person. And having made the public realise the importance of milk in the diet of the young, we may finally get the diet arranged on the best physiological lines, as the crowning achievement which is greatly desired.

XII. Co-operation of Parents.

Parents are especially requested to be present at the examination of their children, and in the past year 751 (53% of the scholars examined) were accompanied by parent or guardian. Nearly every case coming to the clinic is attended by a parent; and where a parent is unable to come, it is by no means

infrequent to find a neighbour coming so as to take back to the parent all the necessary information. This is very gratifying, and many of the parents value the work done, often remarking that they wished it had been available in their school days, because they find it such a benefit to their children.

Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.

The co-operation of all three sections is greatly appreciated by the Medical Department: the help of the teachers is a great assistance to the successful work of the School Medical Service, and the extra time and labour involved by the inspection and treatment of the children are most willingly undertaken.

Many cases of prolonged absence due to illness are reported by school attendance officers to the medical department and this is frequently the means of ensuring early and adequate treatment. The N.S.P.C.C. gives most valuable help through the local inspector (Mr. K. C. Brooks), who calls at the clinic every week, and is always ready to investigate and supervise any cases of neglect or ill-treatment. In 1934, one case was investigated in this way.

The King Edward Cot League (by its voluntary collections among the children), to which I have referred in previous reports, continues to be of great assistance. The grant of £15 to the Rosehill Children's Hospital has been continued, and has enabled several cases to have prolonged and adequate treatment. Furthermore, there was a grant of £20 for sending cases to Convalescent Homes: seven children during 1934 derived tremendous benefit from this generous provision, which has proved of inestimable value. All this considerable help is acknowledged with much gratitude.

XIII. Blind, Deaf, Defective and Epileptic Children.

- (a) *Review of the methods adopted for ascertaining and dealing with children who are defective within the meaning of Part V. of the Education Act, 1921, and of the adequacy of such methods.*

The Head Teachers, School Attendance Officers, School Nurse, parents and voluntary bodies bring to the notice of the Medical Officer any case thought to be specially defective under this heading, while the Health Visitors bring information of children under school age, so that they can be dealt with at the earliest opportunity.

(b) *Statement of the arrangements made for the supervision of mentally defective children not in Special Schools.*

Every effort is made to try and get each mentally defective child to a special school; unfortunately the residential schools are full, and several of our cases have been awaiting vacancies for a considerable time. Other mentally defective children are retained, pending further arrangements, in the ordinary schools; while some cases are excluded from school as being unsuitable. In each case, the home is visited by the School Nurse every two months, and after they pass out of the school medical survey, the local Voluntary Association for the Care of Mentally Defectives supervise the cases. During the year, four cases were notified to the Mental Deficiency Committee.

(c) *General review of the work of the Authority's Special Schools during the year, including a statement of the arrangements made for after-care, and a summary of the records of the after-careers of the children.*

The year at the Open-Air School has been one of steady and most satisfactory work; and the striking results which are obtained are in a great measure due to the untiring zeal and enthusiasm of the whole staff, who do everything possible for the benefit of each individual child. It is not easy to over-estimate the good which is done by this school: and the value of the work is even more precious in times of economic depression.

The children in attendance are suffering from the following diseases or conditions:—

- i. General debility, anæmia, insufficient or incorrect feeding, etc.
- ii. "Pretuberculous": contacts of phthisical cases.
- iii. Surgical tuberculosis (quiescent).
- iv. Crippling conditions (non-tuberculous); old infantile paralysis.
- v. Heart disease, chorea.
- vi. External eye disease.

There are no special schools in Torquay for the blind, deaf, mentally defective, and epileptic children.

XIV. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There is no provision for this in Torquay.

XV. Nursery Schools.

There are no nursery schools at present in this area.

XVI. Secondary Schools.

The work of the School Medical Service in the Torquay Grammar Schools is detailed in a separate Report.

XVII. Parents' Payments.

In the Authority's most recent scheme for the operative treatment of Nose and Throat Defects, started in April, 1929, the Authority pays the Hospital an agreed charge per case and recovers part of the cost from parents (except those in necessitous circumstances) who are not in the Hospital Contributory Scheme; the Hospital refunds part of the charge in the case of members of the Contributory Scheme.

In the Orthopædic Scheme and at the Open-Air School, the Authority's Committee fixes the charge for each case after considering the usual statement of economic conditions from the parent. In the Dental Scheme, a scale of charges has been adopted, but is not enforced. And no charge is made for minor ailment treatment, although a box for voluntary contributions is placed in the waiting room: during 1934 the amount collected was £2 11s. 4d. In certain cases where parents are unable to provide the necessary treatment, assistance was given by the provision of Cod-liver Oil Emulsion or Malt, etc. Sixty-nine cases received this free of cost, while 99 paid part or whole cost, in all £11 14s. 2d.

The whole question of parents' payments, with special reference to local conditions, was the subject of a detailed report to the Board of Education in June, 1933.

XIX. Special Enquiries.

Appendix A contains the results of some work I have carried out on "Metabolism and Nutrition."

XX. Miscellaneous.

During the year, 11 teachers were examined by me to determine their fitness to take up appointments under the Local Authority.

CONCLUSION.

One-Way Street Turn Left.

Drivers of vehicles have recently become familiar with many traffic signs, and much has been acclaimed which is definitely original and new. But, on deeper thought, one-way traffic is an idea scarcely of recent invention; although Addison had envisaged no Ministry of Transport to embellish it, the bridge in the Vision of Mirzah was a one-way thoroughfare, and life itself is a one-way street. There is no turning back and starting again. And in addition to this similarity to modern streets, the thoroughfare of life is quite as dangerous, quite as deserving of every measure to reduce the toll of the road.

Education then has an especially heavy responsibility, and there is need to make full use of the various organisations among which the school medical service plays no small part. Never in history has there been as much attention paid to academic learning and to physical well-being; but "intelligence without character leads to disaster" and physique alone is a likewise perilous possession. So if education is to obtain the best results, wise extension is now required.

In the first place nursery classes are urgently needed, or ultimately a general lowering of the school entrance age, which some physicians of children's diseases consider more urgent than the raising of the leaving age. No one denies that a good home is the best place for the toddler, but until every home is a good home, there should be some attempt to prevent the deterioration in physique and the increase in defects which occur in many children between the ages of two and five years. Much of the success of Infant Welfare is allowed to waste owing to the lack of proper supervision and management among toddlers. The early years are vitally important in preventing defects and in character building—and life is a one-way street.

Another matter is a definite scheme to deal with the educable mentally defective, the retarded, and the "problem" children within the area. This is not an easy task and all the schemes recently suggested have been defeated; but however

faulty these schemes have been, not one of them is worst than hopeless inactivity. It is much more impressive, no doubt, to lay foundation stones and build institutions for the destitute and for the delinquent in adult life; and these will unhappily be needed for many years yet. But is that in keeping with true Education? There must be some definite attempt to help the retarded, to adjust the mal-adjusted by special clinics, and to try to prevent in childhood the perilously easy descent towards a life of crime and destitution.

The problem child and the delinquent have always been present in every generation, and they especially need to obtain social training, an understanding of environment, and a preparation for after-life.

The results may be difficult to achieve, but that is all the more reason for determined and co-ordinated effort. And life is a one-way street. It needs the co-operation of Central Authority, Local Authority, teachers, parents, voluntary agencies, medical services, and the children themselves to do anything at all; but may we not hope that such an heterogeneous group will yet be

“Where order in variety we see,
And where, though all things differ, all agree.”

Finally the proper concern of our service is not cataloguing and treating defects, but is preventive medicine; and towards this final goal our efforts must now be extended. Nursery schools, child guidance, measures for the abolition of dental caries and of rickets, for sound nutrition, and for the inculcation into the young of a hygienic way of life, are some of the subjects needing immediate thought and action. The opportune time never arrives if we wait listlessly for it; but research has already shown that with our present knowledge there is good reason to expect excellent results, if only the knowledge is applied with diligence, perseverance and accuracy. “The business of life” said Dr. Johnson, “is to go forward,” and we must therefore press on for greater results in the true mission of preventing the toll of the road in that one-way street we call LIFE.

I have the honour to be,

Sir,

Your obedient Servant,

J. V. A. SIMPSON,

Assistant Medical Officer.

REPORT OF THE OPHTHALMIC SURGEON.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the Report for 1934 on the work of this department, which has been carried out with good results during the year. Some 370 children made 1261 attendances at the Ophthalmic Clinic.

The arrangements are unaltered; and the volume of the work, which is increasing, shows that the facilities afforded by this clinic are appreciated and fully utilised. Part of this increase in the work is due to the more frequent visits which the myopic children are asked to make.

Fusion training is being continued with the squint cases, both before and after operation where operation is necessary, and in the early cases which may avoid operation. These exercises are carried out by the children on regular days under the able supervision of the School Nurse. During the year 21 of these cases made 474 attendances.

As usual, close co-operation has been maintained with the various other departments, and I have again been indebted to Dr. Simpson for his valuable help in those numerous cases which I have had to refer to him, in which there has been some other defect or disease as well as the eye condition.

I have the honour to be,

Sir.

Your obedient Servant,

J. MASTERTON THOMSON.

REPORT OF THE SCHOOL DENTAL SURGEON.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the Report, for the year 1934, on the Dental Inspection and Treatment of Children attending the Elementary Schools.

The Report relating to pupils attending the Torquay Grammar School appears on page 51.

Inspection.

Dental Inspection was carried out at 13 schools, 24 half-days being devoted to the work. This includes two visits in the course of the year to Homelands Open-Air School, which is visited at intervals of six months.

The statistical table appended shows the age groups inspected, the number of routine examinations being 2,550. To this number is added 892 examinations at the Clinic as "specials", the combined figure totalling 3,442, of which 1,668 were boys and 1,774 girls.

2,359 (68.5 per cent) of those examined were found to require treatment, the percentages for boys and girls being 68.0 and 69.0, respectively.

The ultimate classification of these cases was as follows :— 1,804 or 76.5 per cent. were treated at the Clinic, the percentage for boys being 73.6, and for girls 79.1. 321 or 13.6 per cent. promised to obtain private treatment. 112 or 4.7 per cent. objected to treatment, (boys 5.6 per cent., girls 3.9 per cent.), the objections in most cases being to conservative work. 46 or 1.9 per cent. did not return the dental notices as requested. 64 or 2.7 per cent. failed to keep their clinic appointments. 12 cases are awaiting treatment at the end of the year.

The average number of inspections at school per session was 106.2.

Treatment.

Fillings in *permanent* teeth amounted to 1,521, the number for boys being 724, and for girls 797. Amalgam fillings in posterior teeth constituted the major portion of this work.

Extractions of *permanent* teeth numbered 309, an increase of over 100 compared with the previous year. This is accounted for by the greater number of children treated, many of whom had objected to conservative treatment in previous years. In such cases treatment is given on the definite understanding that no objections will be raised to any form of treatment advised as the result of subsequent examination.

The considerable increase in the number of extractions and the slight decrease in fillings, together reduce the ratio of fillings to extractions, which now stands at 490 to 100. As pointed out, however, in a previous report, this does not mean that for every 100 teeth lost 490 teeth were saved, as one tooth does not necessarily mean only one filling. It would be advantageous if all school dental officers were called upon to state in their annual reports the number of teeth saved rather than the number of fillings inserted in the teeth. Figures under the headings "Extractions" and "Other Operations" are clearly expressed in terms of actual number of teeth dealt with, and if the heading "Fillings" were expressed in the manner suggested, a better view of the situation might be obtained.

It is further suggested that a standard dental record card should be used in all areas, also a standard dental statistical sheet to facilitate the collection of the information required for these reports. This would conduce towards that uniformity in statistics which is so necessary for purposes of comparison.

Although extractions are carried out mostly under local anaesthesia, it has been necessary on 89 occasions to administer a general anaesthetic, and 33 temporary and 88 permanent teeth were thus removed. 72 of the permanent teeth were recorded as septic.

Other operations include the following:—141 linings to cavities prior to filling; 31 scalings; 423 teeth from which stains, mostly green stain, were removed; and 94 silver nitrate dressings.

47 orthodontic cases were recorded (25 boys and 22 girls). 16 teeth were extracted to relieve irregularities. In other instances advice as to treatment was given to parents.

Attendances at the Clinic numbered 2,371, an increase of 103 compared with last year. This gives an average figure of 7.8 cases per session. In 1,090 instances parents or guardians accompanied their children to the Clinic.

In March a new dental chair of modern design was provided, and this latest addition to the equipment of the surgery is much appreciated.

A special visit was paid to Tor School where the Head Teacher had arranged for the exhibition of a film showing the process of dental decay and emphasising the importance of oral hygiene. Mr. Bartlett kindly invited me to address the children at the conclusion of the film and I was glad of the opportunity to do so. There can be no doubt that the boys and girls learned much in that half-hour regarding the necessity for clean, healthy mouths.

Again I have to acknowledge the co-operation of the Head Teachers and their Staffs. In great measure it is due to them that the work has proceeded smoothly. I also wish to thank Dr. Simpson for his assistance throughout the year, especially with those cases where general anaesthetics were required. Nurse Hughes has followed up some of the cases which did not attend the Clinic; the Dental Attendant (Miss Mansfield) has carried out her many duties most willingly; and the Clinic Clerk (Miss Vyle) has been helpful on many occasions; for all of which I am most grateful.

I have the honour to be,

Sir,

Your obedient Servant,

A. MACDONALD,

Dental Officer.

XXI. STATISTICAL TABLES.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTION.

Number of Inspections in the prescribed Groups—

Entrants ...	...	...	447
Second Age Group ...	...	...	455
Third Age Group ...	...	...	457
Total			1359

Number of other Routine Inspections	...	...	55
-------------------------------------	-----	-----	----

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2055
Number of Re-inspections	...	...	5837
Total			7892

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1934.

DEFECT OR DISEASE.				Routine Inspections: No. of Defects.		Specials No. of Defects.	
				Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
Malnutrition, etc. 				25	—	8	—
SKIN	..	Ringworm—					
		Scalp 	—	—	3	—	
		Body 	1	—	13	—	
		Scabies 	—	—	11	—	
		Impetigo 	1	—	75	—	
Other Diseases (Non-Tuberculous)				8	—	108	—
EYE	..	Blepharitis 		6	1	14	—
		Conjunctivitis 		3	—	91	—
		Keratitis 		1	—	—	—
		Corneal Opacities 		—	—	—	—
		Defective Vision (excluding 		36	19	53	1
		Squint) 		6	1	21	2
Squint 				6	1	21	2
Other Conditions 				3	—	56	1
EAR	..	Defective Hearing 		7	—	13	—
		Otitis Media 		3	—	76	—
		Other Ear Diseases 		3	—	28	—
NOSE AND THROAT		Chronic Tonsillitis only 		30	90	16	5
		Adenoids only 		1	—	4	—
		Chronic Tonsillitis and Adenoids 		57	30	22	1
		Other Conditions 		13	—	378	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)				6	8	55	—
DEFECTIVE SPEECH 				2	—	1	—

TABLE II.—*continued.*

(1)				(2)	(3)	(4)	(5)
HEART AND CIRCULATION	{	Heart Disease—					
		Organic	4	—	4	—	
		Functional	—	4	1	—	
		Anæmia	27	2	40	—	
LUNGS ..	{	Bronchitis	18	1	69	—	
		Other Non-Tuberculous Diseases	2	—	—	—	
TUBER- CULOSIS	{	Pulmonary—					
		Definite	—	—	—	—	
		Suspected	15	9	5	1	
		Non-Pulmonary—					
		Glands	1	—	2	—	
		Bones and Joints	1	—	3	—	
		Skin	—	—	—	—	
		Other Forms	—	—	—	—	
NERVOUS SYSTEM	{	Epilepsy	—	—	—	—	
		Chorea	2	—	8	—	
		Other Conditions	6	—	6	—	
DEFOR- MITIES	{	Rickets	8	—	10	—	
		Spinal Curvature	11	—	4	—	
		Other Forms	13	1	9	—	
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ..				42	11	830	10
Total				362	177	2037	21

B—NUMBER OF *individual children* FOUND AT *Routine MEDICAL INSPECTION* TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.	
	Inspected.	Found to require treatment.
(1)	(2)	(3)
PRESCRIBED GROUPS :		
Entrants	447	98
Second Age Groups	455	111
Third Age Groups	457	73
Total (Prescribed Groups) ..	1359	282
Other routine inspections ..	55	24
Grand Total ..	1414	306

TABLE III.

Return of all Exceptional Children in the Area.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defects :—

*Blindness (NOT Partial Blindness).**Deafness (NOT Partial Deafness).**Mental Defect.**Epilepsy.**Active Tuberculosis.**Crippling.**Heart Disease.*

The Number of Children suffering from any combination of the above defects | 3

BLIND CHILDREN

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	1	1	2

PARTIALLY BLIND CHILDREN

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	1	—	1

DEAF CHILDREN

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	1	1

TABLE III.—continued.
PARTIALLY DEAF CHILDREN

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
—	—	—	—	—	Nil

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.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	25	2	12	41

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

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

PHYSICALLY DEFECTIVE CHILDREN

Physically Defective children are children who, by reason of physical defect, are incapable 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 physically defective children.

A. TUBERCULOUS CHILDREN

1.—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
1	1	—	3	5

TABLE III.—continued.

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

(This category should include 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	—	3	8

B. DELICATE CHILDREN

This section should be 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. Such children should be included irrespective of the actual provision of Open-Air Schools in the area or of the practicability in present circumstances of sending the children to Residential Schools.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
81	6	—	1	88

C. CRIPPLED CHILDREN

This section should be 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.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
8	19	—	5	32

D. CHILDREN WITH HEART DISEASE

This section should be confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
7	2	—	2	11

TABLE IV.

*Return of Defects treated during the Year ended
31st December, 1934.*

TREATMENT TABLE.

*Group I.—Minor Ailments (excluding Uncleanliness, for which
see Group 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)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	3	—	3
Ringworm—Body ...	13	—	13
Scabies ...	11	—	11
Impetigo ...	71	4	75
Other Skin Diseases ...	102	6	108
<i>Minor Eye Defects—</i> (External and other, but exclud- ing cases falling in Group II.)	120	13	133
<i>Minor Ear Defects ...</i>	115	1	116
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	780	50	830
Total ...	1215	74	1289

TABLE IV.—*continued.*

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	202	6	208
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	28	—	28
Total ...	230	6	236

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme ... 159

(b) Otherwise ... 6

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme ... 154

(b) Otherwise ... 6

TABLE IV.—*continued**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)
Tonsils only	25	2	27	—	67
Adenoids only	3	—	3	—	
Tonsils & Adenoids	27	10	37	—	
Other conditions	—	—	—	—	

Group IV.—Orthopaedic and Postural Defects

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	18	—	72	—	—	—	72

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	23	} Total ... 2550
	6 ...	291	
	7 ...	293	
	8 ...	281	
	9 ...	294	
	10 ...	306	
	11 ...	323	
	12 ...	319	
	13 ...	337	
	14 ...	80	
	15 ...	3	

Specials ... 892

Grand Total 3442

(b) Found to require treatment ... 2359

(c) Actually treated ... 1804

(2) Half-days devoted to	...	{ Inspection ... 24	} Total ... 329
		{ Treatment ... 305	
(3) Attendances made by children for treatment	...	...	2371
(4) Fillings	...	{ Permanent teeth 1521	} Total ... 1544
		{ Temporary teeth 23	
(5) Extractions	...	{ Permanent teeth 309	} Total ... 1986
		{ Temporary teeth 1677	
(6) Administrations of general anæsthetics for extractions	...	Total ...	89
(7) Other operations	...	{ Permanent teeth 815	} Total ... 1000
		{ Temporary teeth 185	

Group V.—Uncleanliness and verminous conditions.

(i) Average number of visits per school made during the year by the School Nurse	...	...	4.4
(ii) Total number of examinations of children in the schools by School Nurse	...	...	6832
iii) Number of individual children found unclean	...	...	134
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...	Nil
(v) Number of cases in which legal proceedings were taken :			
(a) Under the Education Act, 1921	...	...	Nil
(b) Under the School Attendance By-laws	...	...	Nil

METABOLISM AND NUTRITION.

BY

J. V. A. SIMPSON, M.D. Lond., D.P.H. Camb.

The foundation of true national health is laid in no small measure on the sound nutrition of the individual; and during the years of economic stress the subject of nutrition has deservedly received increasing attention. Much has been written on standards, on diet, on minimal requirements, and on purchasing power; and all these are important factors. But it is opportune to be reminded that metabolism plays a part, if less obvious, no less important and essential; and the results of open-air schools show this. The diet at open-air schools is physiologically as sound as modern science can achieve; yet the spectacular gains in weight and the dramatic improvement in nutrition are due not only to an adequate diet, but also to the stimulation of metabolism which the cooling power and movement of the air produce upon the children.

The brilliant work of Leonard Hill (1) on the science of Open-Air Treatment has been one of the outstanding features of this century; and many of his results have been invaluable in demonstrating the good stimulating effect of moving air. His kata-thermometer shows quite easily the cooling power of the air, and many experiments were carried out in Torquay in previous years (2) showing the excellent readings at the open-air school, and the variable readings obtained in schools of different design, some good, others indifferent. Definite improvements in buildings followed the recommendations made as a result of that work.

Leonard Hill (3) also showed how the metabolism of children undergoing open-air treatment in England and in Switzerland is increased. "The heat production of the resting subject, stimulated by this cooling power is put up, above that taken indoors in London some 40% to 50% in the case of clothed adults, and 69% to 225% in the case of children exposed more or less nude to the sunny calm Alpine winter atmosphere. Increased appetite, better digestion and more active breathing and circulation of the blood result from this increased heat production."

Furthermore, Campbell, Hargood-Ash and Leonard Hill (4) showed that the metabolism (in terms of millicalories per sq. cm. per second) of subjects sitting quietly on a chair and wearing ordinary winter clothing, with a dry kata cooling power of about 7, could be calculated approximately from the formula $\frac{H_2}{4.5}$. H_2 is obtained from the formula $H_2 = H_1 \frac{\Theta_2}{\Theta_1}$ where H_2 is the dry kata cooling power at cheek temperature, H_1 is the dry kata cooling power, Θ_1 is 36.5 deg. C. minus the dry-bulb air temperature and Θ_2 is the mean cheek temperature minus the dry-bulb air temperature. They also showed that when the dry kata cooling power was between 15 and 20 the metabolism could be calculated approximately from the formula $\frac{H_2}{6.5}$. Under fixed conditions, therefore, the metabolism may be determined fairly accurately from the formula $\frac{H_2}{\text{a constant}}$ and the cheek temperature is of value in the approximate calculation of body metabolism.

The subjoined tables A and B give the detailed results of a series taken under ordinary conditions in winter; table A is a series taken in the classrooms and resting-sheds of the open-air school at Torquay, while B represents conditions in ordinary schools and official buildings like the Town Hall offices. As previously stated, the method is only a rough and approximate estimation of metabolism, but it is seen that the heat loss in Kg. calories per sq. m. per hour (which is 36 times the figure $\frac{H_2}{\text{constant}}$ of millicalories per sq. cm. per sec.) is from the basal figure 45 to 50 for children's metabolism up to 40% above that level. The children were wearing ordinary winter clothing, and on most of the occasions the atmosphere was still and quiet with cooling power at its lowest for winter weather. These may be taken as mean figures; and when, as is usual for most of the year, the children are out-of-doors in an atmosphere with a high cooling power, the metabolism rates will be correspondingly very much greater. For as Leonard Hill puts it "while exposure to open-air stimulates body metabolism, the cooling power of the atmosphere appears to be the main factor."

By contrast, the readings in table B show a definite slowing of metabolism, well below the limit of 40 adult males, or of 35 for adult females, and far short of the high rates of 45 and 50 which children usually need. The readings of the dry and wet kata previously taken in these schools (2) show that the ventilation, after the suggested improvements, is with a rare exception here

and there reasonably good ; but the present figures of heat loss emphasise how indoor sedentary conditions definitely slow down metabolism.

Experiments 38 and 39 are illustrative of the effect of different ventilation. They were adjacent classrooms of the latest pattern in the Derbyshire plan with doors and windows on opposite sides, exactly similar in every respect, and the readings were taken within a few minutes of one another. In experiment 38 the windows were well open with plenty of stimulating air movement, and the kata reading is high with an increased heat loss ; in experiment 39 only one part of a window was open, the atmosphere was stagnating and the effect is apparent in the marked slowing of metabolism.

The readings (40 to 50) in the municipal offices tend to show a slightly lower level of metabolism than in the schools.

All this is extremely important because "Growth may be stunted and consumption predisposed to by actual deficiency of food..... These results may also be caused in the confined sedentary worker who has enough to satisfy his appetite but whose metabolism is depressed by occupation and conditions of environment to a very low level" (1). Moreover, poverty may cause people to crowd together and keep warm, in order to save buying as much food as they would otherwise require. This is a dangerous practice ; for not only is metabolism depressed and health lowered, but also droplet infection is alarmingly increased in a moist warm stagnating atmosphere. The public (and many authorities) need teaching these simple well-proved facts. For it is not easy to estimate the reduction in mortality, in morbidity, and in unnecessary ill-health, which would follow if only the results of physiological research could be applied in actual everyday practice.

The growing child especially needs his metabolism to be adequately stimulated by the cooling power of the open-air, and not reduced by too close confinement in sedentary work. Not only the growing child, but the adolescent and adult working in shop, factory or office, together with those unfortunately in no work at all, need metabolism maintained and stimulated if nutrition is to be kept physiologically sound.

Essential therefore as is a physiological diet, with the provision of extra milk or meals, there is need not to lose sight of metabolism and of the necessity for a good environment at home, at school, in the factory, office or shop, and in playing-field

swimming bath and camping activities. It is not simply a question of provision of food, but of stimulus by open-air exposure to eat and absorb the food. And there is great truth in the statement that "Health is more affected by atmospheric conditions than by any other influence." (5)

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TABLE A

No. of Expt.	Air Temp. Deg. c.	Mean Cheek Temp. Deg. c.	Θ_1	Θ_2	H ₁	H ₂	H ₂ Constant	Kg. cal. per sq. m. per hour.
1	6.5	26.5	30.0	20.0	13.8	9.2	1.61	58
2	12.0	30.0	24.5	18.0	9.3	6.9	1.40	51
3	10.5	28.0	26.0	17.5	11.3	7.7	1.44	52
4	10.0	27.5	26.5	17.5	14.8	9.8	1.63	59
5	12.5	29.0	24.0	16.5	10.4	7.2	1.41	51
6	12.0	27.5	24.5	17.5	12.9	9.2	1.62	58
7	9.0	25.5	27.5	16.5	9.6	5.8	1.16	42
8	9.0	26.0	27.5	17.0	11.0	6.8	1.29	47
9	9.0	26.0	27.5	17.0	11.1	6.9	1.30	47
10	11.5	27.0	25.0	15.5	11.6	7.2	1.33	48
11	12.5	27.5	24.0	15.0	11.5	7.2	1.33	48
12	14.0	27.5	22.5	13.5	10.9	6.6	1.24	45
13	11.5	27.0	25.0	15.5	10.0	6.2	1.22	44
14	11.0	27.5	25.5	16.5	9.7	6.3	1.26	45
15	10.5	27.0	26.0	16.5	10.3	6.6	1.29	47
16	11.0	27.0	25.5	16.0	9.6	6.1	1.21	44
17	12.5	28.0	24.0	15.5	12.5	8.1	1.45	52
18	12.0	29.0	24.5	17.0	11.2	7.8	1.47	53
19	12.0	27.5	24.5	15.5	11.2	7.1	1.34	49
20	11.5	27.0	25.0	15.5	13.0	8.1	1.41	51
21	10.0	24.5	26.5	14.5	12.2	6.7	1.22	44
22	10.5	25.0	26.0	14.5	11.4	6.4	1.20	43
23	12.0	25.5	24.5	13.5	11.6	6.4	1.20	43
24	6.0	23.0	30.5	17.0	13.2	7.4	1.24	45
25	3.5	22.0	33.0	18.5	12.6	7.1	1.26	45

TABLE B

No. of Expt.	Air Temp. Deg. c.	Mean Cheek Temp. Deg. c.	Θ_1	Θ_2	H_1	H_2	$\frac{H_2}{\text{Constant}}$	Kg. Cal. per sq. m. per hour.
26	17.5	28.0	19.0	10.5	5.7	3.2	0.70	25
27	14.5	27.0	22.0	12.5	7.2	4.1	0.91	33
28	15.0	28.0	21.5	13.0	6.2	3.8	0.84	30
29	18.0	28.5	18.5	10.5	6.7	3.8	0.84	30
30	17.0	28.0	19.5	11.0	5.1	2.9	0.64	23
31	14.5	26.5	22.0	12.0	6.8	3.7	0.82	30
32	16.0	28.0	20.5	12.0	6.2	3.6	0.80	29
33	14.5	26.0	22.0	11.5	6.5	3.4	0.76	27
34	13.5	26.5	23.0	13.0	6.6	3.7	0.83	30
35	16.5	27.5	20.0	11.0	6.2	3.4	0.76	27
36	17.0	27.5	19.5	12.5	6.5	4.2	0.93	33
37	14.5	27.5	22.0	13.0	8.0	4.8	1.01	36
38	15.0	26.5	21.5	11.5	10.1	6.1	1.19	43
39	17.5	29.0	19.0	11.5	5.9	3.6	0.79	29
40	17.0	30.0	19.5	13.0	5.7	3.8	0.84	30
41	16.0	28.5	20.5	12.5	6.3	3.8	0.85	31
42	16.5	29.5	20.0	13.0	6.2	4.0	0.90	32
43	16.5	29.0	20.0	12.5	5.4	3.4	0.75	27
44	18.5	30.0	18.0	11.5	4.9	3.1	0.70	25
45	17.5	30.5	19.0	13.5	5.7	4.0	0.90	32
46	15.5	29.0	21.0	13.5	6.5	4.2	0.93	33
47	15.5	28.0	21.0	12.5	6.2	3.7	0.82	30
48	13.5	27.5	23.0	14.0	7.1	4.3	0.96	35
49	13.0	25.0	23.5	12.0	6.7	3.4	0.76	27
50	14.0	26.0	22.5	12.0	7.5	3.7	0.82	29

SEVENTEENTH

ANNUAL REPORT

ON THE

Medical Inspection & Treatment

OF

TORQUAY

GRAMMAR SCHOOL

CHILDREN

1934

MEDICAL INSPECTION TORQUAY GRAMMAR SCHOOL, 1934.

*The School Medical Officer,
Torquay.*

SIR,

I have the honour to submit the Seventeenth Annual Report on the Medical Inspection and Treatment of the pupils at the Torquay Grammar School.

I. Introduction. School Buildings.

The Senior School is situated at the junction of Barton Road with Newton Road, and comprises a main block of buildings, used by the Boys' and Girls' Departments, with three sets of huts and rooms in a house on the grounds of the premises. The main block is of modern construction, with efficient lighting, heating and ventilation: but conditions of working in the huts leaves much to be desired.

Some helpful renovations and redecorations have been carried out, both in the house and in the huts; but with the increase in number of pupils the time has surely arrived when the Authority should seriously consider replacement of these obsolete premises by buildings really worthy of the School and its excellent work.

The premises of the Preparatory Grammar School are at St. Mary's, which is a house standing in very pleasing grounds in close proximity to the senior departments. The house itself has administrative and other accommodation for the staff, and in the grounds there are five classrooms of modern design, in single storey, with adequate window space, excellent lighting and through cross-ventilation. In addition there are satisfactory staff-room and cloakroom accommodation, and a good playground: and the whole premises should be of great value, for the Preparatory School, after all, plays a most important part in every respect in preparing the children to benefit more effectively by the course through which they are to pass in the Senior Departments.

The general cleanliness and tidiness of all the premises have been, on the many occasions on which I have visited the school, very good and entirely satisfactory.

II. Medical Inspection.

The arrangements for the examination of the pupils at this school are similar to those described for the elementary schools : each department (Boys', Girls and Preparatory), was visited several times during the year and routine and special cases seen on each occasion. As was the case in 1933, an endeavour was made to examine all the pupils in actual attendance, and of about 700 on the roll, 566 were examined as routine cases compared with 577 inspected in 1933. This ensures that nearly every child is seen each year, and must be considered a highly satisfactory arrangement ; 65 special cases were examined at the request of parents and teachers. The routine medical inspection consists of the usual full clinical examination.

Every attempt is made to secure the correct and adequate treatment for each defect, and the defective cases are frequently re-examined with this end in view ; and during 1934, 595 re-examinations were made.

Excluding dental disease, 108 individual pupils had defects requiring treatment—i.e. 18.2%, as compared with 21.1% in 1933.

III. Findings of Medical Inspection.

(a). *Uncleanliness.* The standard of general cleanliness is quite good, and no case of uncleanliness was found in the examination of pupils. The general tone of the school and the personal appearance of the pupils are most satisfactory, and there is evidently a strong desire on the part of the scholars to avoid anything in their appearance or behaviour which would be detrimental to their school.

The *clothing* and footgear were without exception satisfactory in every way, and the uniformity of the type of clothes in both Boys' and Girls' Departments is doing much to foster the high tone which prevails.

(b). *Nutrition.* 512 children were of normal and good nutrition, and 54 were more or less below normal.

(c). *Tonsils and Adenoids.* 36 pupils were found to have markedly enlarged tonsils or adenoids ; 14 were referred for treatment, and 22 for palliative measures and continued observation. There were three cases of nasal catarrh, referred for treatment.

In addition five special cases of nose and throat defect were referred for treatment. During the year, four cases were operated on for enlarged or septic tonsils.

(d). *Tuberculosis*. One suspected case of mediastinal glands was discovered, and is kept under treatment.

(e). *Vision and External Eye Disease*. The pupils are all carefully tested, both for distant and near vision, and for evidence of colour blindness. 20 cases were found to have defective vision in one or both eyes: these and seven specials were referred for treatment, while two routine cases were kept under observation.

Thirty-one pupils attended the Clinic and were submitted to refraction; and glasses were prescribed and obtained in 26 cases; 12 others were treated privately and obtained the necessary glasses.

All cases having defective vision are kept under close observation throughout their school lives in an attempt to ensure that glasses are properly worn and changed when required.

One case of external eye disease was discovered on routine inspection; this, together with two special cases, received the necessary treatment.

(f). *Ear Disease and Hearing*. Eight pupils were suffering from deafness and six were referred for treatment; while two were kept under observation.

(g). *Dental Defects*. 433 pupils (76%), had clean mouths, and 133 (24%) minor defects of one kind or another.

The separate Report of the Dental Surgeon is found on page 51.

(h). *Heart Disease and Anæmia*. Seven children were found to have heart defects, four being organic and the others functional.

There were 24 routine cases of anæmia, and three special cases; 24 were referred for treatment.

(i). *Lung Disease (Non-Tuberculous)*. One case of bronchitis was discovered, and referred for treatment.

(j). *Crippling Defects*. 18 children had narrow or pigeon chests, 22 showed evidence of slight spinal curvature, and two were flat-footed. One case of Dupuytren's contraction was under treatment.

(k). *Other Defects*. Five routine cases of other defects were referred for treatment; while 27 specials received treatment, these cases being mainly injuries, enlarged glands and septic conditions.

IV. Infectious Disease.

In the three Departments, no large outbreaks of infectious disease have occurred in 1934; and this freedom from serious epidemics may be due to the fact that many of the pupils have acquired immunity to the school epidemic diseases earlier in childhood.

V. Following-up.

Every attempt is made to secure adequate and correct treatment for defective cases on the lines described for elementary school children; and an endeavour is made to explain in many cases personally to the parents, on some occasions the School Nurse visiting the homes for this purpose. By this and by frequent re-examinations, the defects are almost without exception remedied, and general work of following-up is not difficult, as both parents and pupils realise the necessity of proper treatment.

Treatment is provided in the Authority's Ophthalmic and Dental departments for those pupils whose parents state that they are unable to obtain the necessary treatment privately. No parents' payments are levied, and most of the cases are free-place scholars.

VI. Clinic Work.

The number of pupils attending the minor ailment Clinic is not large, as every effort is made to refer to their private doctor cases in which the financial condition of the parents will allow. A small number of children (58) attending the Clinic for treatment, the number of attendances being 162.

VII. Physical Training.

The physical training is very well carried out at these schools, in accordance with the existing syllabus, and it is fortunate that this subject is in the hands of such able exponents as the instructors there; the difference in the physique, as the time during which the pupil has been at the school increases, is in many instances very marked.

The staff are very enthusiastic to do whatever is best for the individual pupil, to try to increase physical fitness in the less robust, to avoid overstrain in the more healthy. It is realised that it is most essential to search for and find a proper adjustment of the phases of physical and mental activity, the effective accomplishment of which would be to increase efficiency in both directions.

VIII. Provision of Meals.

A most valuable part of the general school régime is the provision of dining halls, one for the Boys' and one for the Girls' Department. Here every day a hot dinner is served for the sum of 9d. ; and in addition, arrangements are made so that those pupils who wish to bring their own dinners may have their food warmed up and any extras supplied as required. On the average about 110 boys and 125 girls stay each day for dinner, and of these numbers about 35 boys and 40 girls take the school dinner.

The arrangements in the Preparatory School are similar, and 60 children stay to dinner, about 25 taking the school dinner.

IX. Co-operation of Staff.

Every facility is afforded the Medical Officer in his visits to the schools, and the smooth and harmonious way in which the inspection is done must necessarily be the result of much care, forethought, and extra work on the part of the Heads of the three schools. The weighing and measuring of each pupil is done in advance, and ample good accommodation provided for the inspection itself ; and the care shown by the Staff in individual cases, especially the defective pupils, is all that can be desired. Perhaps much more satisfying than the gratitude which the School Medical Service obviously owes for such courtesies, the Staff at these schools can certainly feel that it is their co-operation which is, to a very large extent, ensuring the fullest possible measure of results.

X. Co-operation of Parents.

A few parents were present at the routine examinations, 86 attending in 1934 (compared with 83 in 1933). The difficulties of coming in from surrounding places, the fact that some of the pupils have been examined at the elementary schools, or the fact that all except "entrants" have been examined previously at the Grammar School, may account in part for the absence of the majority of the parents. But in any case there is never any difficulty in obtaining treatment for any defect, and the absence of parents would not seem to indicate indifference or lack of interest.

I have the honour to be,
Sir,

Your obedient Servant,

J. V. A. SIMPSON,

Assistant Medical Officer.

REPORT OF DENTAL SURGEON.

(GRAMMAR SCHOOL)

The School Medical Officer,
Torquay.

SIR,

I have the honour to submit the Report on the Dental Inspection and Treatment of pupils attending the Torquay Grammar School during the year 1934.

Inspection.

The table on page 59 shows the number inspected in routine age groups, the total being 715, which with the addition of 61 "special" cases seen at the Clinic in the course of the year, makes a grand total of 776 inspections. (427 boys and 349 girls).

Of these, 448 or 57.7 per cent. were found to require treatment, boys numbering 238 and girls 210, the respective percentages being 55.7 and 60.1.

The following is the classification of the cases requiring treatment:—285 or 63.6 per cent. were treated at the Clinic; the percentages for boys and girls being 64.3 and 63.3, respectively. In 146 cases, or 32.6 per cent., replies were received that private treatment would be obtained. In only two instances were there definite objections to treatment, whilst 8 dental notices were not returned as requested, and 7 failed to attend at the Clinic for treatment.

Six half-days were devoted to inspections at school, the average number examined per session being 119.

Treatment.

Fillings in *permanent* teeth numbered 408, the figures for boys being 213, and for girls 195.

66 permanent teeth were extracted, making the ratio of fillings to extractions 6.2 to 1.

Other operations include the lining of cavities prior to filling of which there were 18; silver nitrate and other dressings 52; scalings 14; and removal of stains from teeth (mostly green stain) 66.

General anaesthetics were administered on 7 occasions for the removal of 8 permanent teeth, 6 of which were extracted on account of sepsis.

Five orthodontic cases were recorded, and in one of these a sound tooth was extracted to relieve the irregularity. In the others advice as to treatment was given.

Two girls received certificates as to dental fitness as they were about to enter professions (teaching and nursing).

My thanks are due to the Heads of the Departments and their Staffs for their assistance, so willingly given, and for their co-operation to ensure that the full benefits of dental inspection would be obtained by urging the pupils to have the necessary treatment carried out either privately or at the Clinic.

I have the honour to be,

Sir,

Your obedient Servant,

A. MACDONALD,

Dental Officer.

GRAMMAR SCHOOLS.

TABLE I. (GRAMMAR).

*Number of Children Inspected 1st January, 1934,
to 31st December, 1934.*

AGE.	4	5	6	7	8	9	10	11	TOTAL.
Boys - -	—	6	12	8	17	6	35	49	133
Girls - -	1	2	12	9	14	18	16	28	100
TOTALS	1	8	24	17	31	24	51	77	233

AGE.	12	13	14	15	16	17	18 & over	TOTAL	GRAND TOTAL.
Boys - -	41	56	32	17	20	3	—	169	302
Girls - -	32	40	40	29	15	7	1	164	264
TOTALS	73	96	72	46	35	10	1	333	566

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	65
Number of Re-inspections	...	...	595
			—
Total	...	...	660
			—

TABLE II. (GRAMMAR)

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1934.

DEFECT OR DISEASE.				Routine Inspections: No. of Defects.		Specials No. of Defects.	
				Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation, but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
Malnutrition, etc. 				—	—	—	—
SKIN	..	Ringworm—					
		Scalp 	—	—	1	—	
		Body 	—	—	—	—	
		Scabies 	—	—	—	—	
		Impetigo 	—	—	1	—	
Other Diseases (Non-Tuberculous)				3	—	9	—
EYE	..	Blepharitis 		1	—	—	—
		Conjunctivitis 		—	—	1	—
		Keratitis 		—	—	—	—
		Corneal Opacities 		—	—	—	—
		Defective Vision (excluding Squint) 		20	2	7	—
		Squint 		—	—	—	—
Other Conditions 				—	—	6	—
EAR	..	Defective Hearing 		6	2	1	—
		Otitis Media 		—	—	1	—
		Other Ear Diseases 		—	—	1	—
NOSE AND THROAT		Enlarged Tonsils only 		11	21	2	—
		Adenoids only 		2	—	—	—
		Chronic Tonsillitis and Adenoids 		1	1	—	—
		Other Conditions 		4	—	3	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)				1	2	1	—
DEFECTIVE SPEECH 				—	—	1	—

TABLE II.—continued.

(1)				(2)	(3)	(4)	(5)
HEART AND CIRCULATION	{	Heart Disease—					
		Organic	4	—	1	—	
		Functional	1	2	—	—	
		Anæmia	21	3	3	—	
LUNGS ..	{	Bronchitis	1	—	2	—	
		Other Non-Tuberculous Diseases	—	—	—	—	
TUBER- CULOSIS	{	Pulmonary—					
		Definite	—	—	—	—	
		Suspected	—	—	1	—	
		Non-Pulmonary—					
		Glands	1	—	—	—	
		Bones and Joints	—	—	—	—	
		Skin	—	—	—	—	
		Other Forms	—	—	—	—	
NERVOUS SYSTEM	{	Epilepsy	—	—	—	—	
		Chorea	—	—	—	—	
		Other Conditions	2	2	1	—	
DEFOR- MITIES	{	Rickets	—	—	—	—	
		Spinal Curvature	22	—	—	—	
		Other Forms	21	—	—	—	
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ..			5	2	25	—	
Total			127	37	68		

B—NUMBER OF *individual children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.	
	Inspected.	Found to require treatment.
(1)	(2)	(3)
PRESCRIBED GROUPS :		
Entrants	165	28
Second Age Groups	53	10
Third Age Groups	86	16
Total (Prescribed Groups) ..	304	54
Other routine inspections ..	262	54
Grand Total ..	566	108

TABLE IV. (GRAMMAR)

*Return of Defects treated during the Year ended
31st December, 1934.*

TREATMENT TABLE.

*Group I.—Minor Ailments (excluding Uncleanliness, for which
see Group 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)
<i>Skin—</i>			
Ringworm—Scalp			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	1	—	1
Ringworm—Body ...	—	—	—
Scabies ...	—	—	—
Impetigo ...	1	—	1
Other Skin Diseases ...	10	—	10
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	7	—	7
<i>Minor Ear Defects ...</i>	4	1	5
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	25	2	27
Total ...	48	3	51

TABLE IV.—*continued.*

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ...	31	12	43
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	1	—	1
Total ...	32	12	44

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme ... 26
 (b) Otherwise ... 7

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme ... 26
 (b) Otherwise ... 7

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)
Tonsils only	—	4	—	—	4
Adenoids only	—	—	—	—	—
Tonsils & Adenoids	—	—	—	—	—
Other conditions	—	—	—	—	—

Group V.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	6 ...	20	} Total ... 715
	7 ...	24	
	8 ...	19	
	9 ...	29	
	10 ...	48	
	11 ...	96	
	12 ...	115	
	13 ...	114	
	14 ...	139	
	15 ...	82	
	16 ...	24	
	17 ...	4	
	18 ...	1	

Specials ... 61

Grand Total 776

(b) Found to require treatment ... 448

(c) Actually treated ... 285

(2) Half-days devoted to	...	{ Inspection ... 6	} Total ... 72
		{ Treatment ... 66	
(3) Attendances made by children for treatment	...	...	411
(4) Fillings	...	{ Permanent teeth 408	} Total ... 414
		{ Temporary teeth 6	
(5) Extractions	...	{ Permanent teeth 66	} Total ... 155
		{ Temporary teeth 89	
(6) Administrations of general anæsthetics for extractions	...	Total ...	7
(7) Other operations	...	{ Permanent teeth 150	} Total ... 150
		{ Temporary teeth —	





