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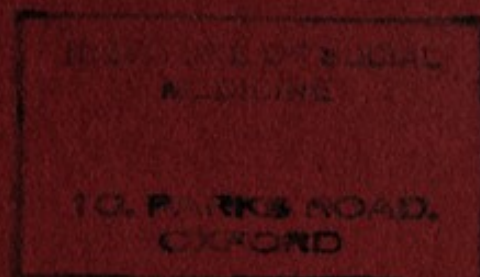
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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

School Medical Officer

THE YEAR 1946



**MEMBERS OF THE MEDICAL INSPECTION AND
CHILD WELFARE SUB-COMMITTEE.**

Chairman : Dr. J. L. COCHRANE

Miss I. M. ALLEN

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Mr. H. W. BOWKER.

Mr. E. BROCKBANK.

Mr. F. A. CAPSTICK

Miss CRAMPTON

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Mr. T. H. DOBIE

Dr. J. F. DOW.

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Mr. W. ELLISON.

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Mr. H. L. GROVES.

Mr. R. L. HALL.

Mr. W. E. JACKSON.

The Rev. W. KING

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Mr. T. E. PARKIN.

Mr. G. N. PATTINSON

Mr. J. C. ROBINSON

Mr. H. SMITH

Mr. H. C. WILSON.

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STAFF OF THE SCHOOL MEDICAL SERVICE

School Medical Officer—John A. Guy, M.D., Ch.B., D.P.H. (appointed 15-7-46).

Joint School Medical Officers—

J. Wright, L.R.C.P. & S., Edin.; L.R.F.P.S., Glas.; D.P.H. (up to 15th July, 1946).

J. F. Dow, M.D., Ch.B. (resigned February, 1946).

Assistant School Medical Officers—

J. Wright, L.R.C.P. & S., Edin.; L.R.F.P.S., Glas.; D.P.H. (from 15th July, 1946).

F. M. Taylor, M.R.C.S., L.R.C.P. (temporary appointment from 1-3-46).

Enid Byrd, M.R.C.S., Eng. (temporary—part-time; resigned 31-7-46).

Mary Ainscow, M.A., M.B., Ch.B. (temporary—part-time; resigned 31-7-46).

School Dental Officer—J. Irvine, L.D.S.

Assistant School Dental Officers—

E. A. Weaver, L.D.S. (temporary appointment — retired 31-1-46).

W. M. Morton, L.D.S. (returned from R.A.F. 1-2-46).

D. H. Watson, L.D.S.

Orthopaedic Nurse—Mrs. D. Williams, S.R.N.

Social Worker—E. C. Woodall, M.A. (resigned 3-10-46).

Educational Psychologist—L. Scobbie.

School Nurse—Miss Holmes, S.R.N.

SPECIAL CLINICS AND CONSULTANTS.

Diseases of the Eye—S. S. Sumner, Hon. Surgeon, Preston Royal Infirmary.

Diseases of the Ear, Nose and Throat—V. Lambert, Hon. Surgeon, Westmorland County Hospital.

Diseases of the Chest—Dr. J. Munro Campbell, County Tuberculosis Officer.

Consulting Psychiatrist—Dr. Muriel Barton Hall.

Orthopaedic Clinics—Jean T. W. Bucknell, M.B., Ch. B., Medical Superintendent, Ethel Hedley Orthopaedic Hospital.

Speech Therapist—Miss Neesham (part-time).

WESTMORLAND COUNTY COUNCIL.

County Hall,
Kendal.

9th April, 1947.

To the Chairman and Members of the Education Committee
of the County of Westmorland.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the School Health Service for the year ended December 31st, 1946.

The ending of the war has coincided with material changes of staff. Dr. Dow has resigned, and one would wish to place on record the valuable services which he rendered to the County Council during those difficult war years, and especially in connection with the difficulties of evacuation, when the school population within the County was swollen by the tide of evacuees. It is a tribute to Dr. Dow's efficiency that the many problems associated with this most trying period of our existence were surmounted successfully. 1946 has also seen the resignation of Drs. Byrd and Ainscow, whose assistance in part-time Medical Inspection of schools in the northern part of the county was much appreciated. Dr. Taylor was appointed temporary School Medical Officer in March, to assist during the leave of absence on account of illness of Dr. Jessie Wright, the Acting School Medical Officer. In July I was appointed School Medical Officer.

In October Miss Woodall, the Social Worker left to go to the staff of the Ministry of Health at the Regional Offices, Leeds. Her work in connection with Mentally Retarded Children and the Psychiatric Clinic has been much appreciated. Miss Medley (appointed November, 1946), her successor, will carry on the work with the efficiency which she has already displayed.

The Education Act, 1944, which came into operation on 1st April, 1945, has made great changes in the duties of the Education Authorities. The provision of free treatment to all children has created fresh problems. The Education Committee has established a Sub-Committee to investigate the best means of accomplishing this. It is felt, however, that many of the changes cannot be put into operation before the National Health Services Act comes into operation.

I wish to thank the members of your Committee, the staff of the Education Department, the Medical, Nursing and Clerical Staff of the School Health Department for their loyal co-operation and help.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

JOHN A. GUY,

School Medical Officer.

SCHOOL MEDICAL INSPECTION.

A modification of the previous system of medical inspection has been made in order to bring the arrangements into line with the recommendations of the Ministry of Education. Accordingly the routine inspection of school children has been carried out, along with special examinations at school and the school clinic at the three code age groups.

If time permits an additional age group will be examined especially for eye defects at 8 years, as it is felt that in younger children eye testing is not feasible and that to wait till the child reaches 10 years is too long.

The Education Act, 1944, has made school medical examinations compulsory and parents are now required to present their children for inspection. This is not likely to make much difference in this county as most parents have been only too willing to avail themselves of this service.

FINDINGS OF MEDICAL INSPECTION.

Nutrition.

The statistical tables show that the nutrition of the school children has been maintained. In this connection one would wish to emphasise again the value of milk and school dinners. It is unfortunate that it is still impossible to supply the bulk of Kendal school children with meals. This, however, is only a temporary condition and will be rectified in the future. In the country areas a number of schools are supplied from central kitchens, the food being conveyed in vacuum containers. In one or two of the more isolated schools an attempt has been made to provide an Oslo Breakfast type of meal instead of the usual sandwich and tea which the children tend to bring. Of the 115 schools in the County, 73 were being supplied with dinners at the end of the year.

The number of schools supplied with milk is satisfactory; only 3 schools have no milk scheme in operation. So far as possible Tuberculin Tested milk is supplied in one-third of a pint bottles. Failing this, Pasteurised milk is supplied. Out of a total of 115 schools the number of schools supplied with milk is 112, as follows:—

Designation of milk supplied.	No. of Schools.
Attested ...	8
Tuberculin Tested ...	55
Accredited ...	3
Pasteurised ...	25
Undesignated ...	19
Dried ...	2
	112

There has been no marked variation in the general nutritional level within the County. The number of children falling within the classification of A (good), B (normal), C (slightly sub-normal) and D (poor) remains much the same.

The methods of assessing nutrition are notoriously variable and every school medical officer has his own idea of what constitutes the normal child. Assessment by means of height and weight averages is not altogether satisfactory and leaves out of account the presence of any debilitating factor such as chronic bronchitis, septic tonsils, etc., which would tend to alter the classification. Some more satisfactory method of assessment has yet to be found.

Uncleanliness.

The state of cleanliness is a feature which is noted by the School Medical Officer at the routine age group inspections and is also the subject of special examination by the school nurse who visits schools in her area for the purpose. 24,680 examinations were carried out under this heading and the number of these children found to be suffering from vermin or nits was 629. The percentage of infested children of those examined was 2.3%. The following table shows the incidence of infestation during the past 10 years.

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Percent. of child'n found unclean.
1936 ...	21954	434	2.0%
1937 ...	21679	456	2.1%
1938 ...	24212	435	1.8%
1939 ...	29881	1572	5.3%
1940 ...	46782	1266	2.7%
1941 ...	50192	1773	3.5%
1942 ...	40056	1211	3.0%
1943 ...	32561	883	2.7%
1944 ...	32224	600	1.9%
1945 ...	29210	708	2.4%
1946 ...	24680	629	2.5%

Under the Education Act, 1944, inspection for cleanliness is now extended to secondary schools. The powers of the School Medical Officer to ensure cleanliness are also increased. In the treatment of vermin in the scalp the old fashioned method of using oil of sassafras followed by combing has been superseded by the use of Lethane and this in turn is likely to be replaced by the use of 5% D.D.T. in powdered talc. The preliminary tests with this have proved highly satisfactory but a more prolonged period of trial must be given.

Tonsils and Adenoids.

The enlargement of tonsils and adenoids was one of the commonest defects noticed in school medical inspection.

No. of children found to have enlarged tonsils requiring treatment	...	...	...	...	98
No. of children found to have enlarged adenoids requiring treatment	...	...	...	...	11
No. of children found to have enlarged tonsils and adenoids requiring treatment	...	...	...	...	81
No. of children who received operative or other forms of treatment	...	...	...	...	139

Speech.

During the past year the Speech Therapy Clinic has again proved its value. 42 children were treated and the table set out below gives the following results:—

No. of children cured	...	...	...	...	12
No. of children discharged under observation	...	...	...	...	5
No. of children who left the district	...	...	...	...	1
No. of children who ceased to attend of own accord	...	...	...	...	4
No. of children awaiting recommencement of classes	...	...	...	...	20

Unfortunately Miss Neesham has been ill since August and the Clinic has been temporarily suspended.

Psychiatric Clinic.

This Clinic is held at Stramongate School Clinic, Kendal, monthly under Dr. Barton Hall, the consulting Psychiatrist. The clinic was of inestimable value during the war when the question of dealing with maladjusted children was acute. In view of the good work still being carried out at the clinic the Committee have decided to continue the Psychiatric Clinic indefinitely.

Special Ear, Nose and Throat Defects.

Children with special defects or abnormalities are referred to the Westmorland County Hospital to be seen by the consulting surgeon. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness, infected sinuses. The following list illustrates the type of case referred:—

Condition.			No. of children referred.
Otorrhoea	...	...	7
Nasal obstruction	...	...	2
Nasal discharge	...	...	3
Deflected septum	...	...	1
Injury to nose	...	...	1
Defective hearing	...	...	11
			—
			25
			—

Minor Ailments.

No change has been made in the method of dealing with children suffering from minor ailments. In Kendal the Stramongate School Clinic has been held daily throughout the term. In the rural areas children are referred to their own doctors by the school nurse or School Medical Officer. The commoner ailments have been multiple septic sores, minor injuries, impetigo contagiosa, other skin diseases, minor eye defects. In addition to the treatment of minor defects, mothers have frequently sought the advice of the Clinic Doctor on points of health and general hygiene.

Skin Diseases.

The two commonest conditions apart from septic sores and impetigo met with have been scabies and ringworm. There were 67 children found to be suffering from scabies and these were treated by Benzyl Benzoate method with success. In cases of scabies the school nurse was asked to visit the home with the object of ascertaining and recommending appropriate treatment in other cases within the family. The facilities at the E.M.S. Laboratory at the Westmorland County Hospital have been of considerable help in establishing a diagnosis in doubtful cases of ringworm. 33 children were found to suffer from ringworm. When the disease failed to respond to the usual local treatment, X-Ray treatment was employed for the purpose of epilation. Nine children were treated by X-Ray. 62 children were treated for septic sores and impetigo.

Orthopaedic Scheme.

No substantial change has been made in the County Orthopaedic Scheme. Clinics are held at three monthly intervals in Kendal and Penrith while weekly clinics are held in the Ethel Hedley Hospital. Children with orthopaedic defects are noted at school examinations and referred to orthopaedic clinics where a diagnosis is made and the

appropriate treatment advised. Follow-up work is done by a part-time nurse who has had experience of orthopaedic work. During the year 265 children attended clinics; 13 children received in-patient treatment; 252 children received out-patient treatment or advice; 7 children received operative treatment. 712 visits to children at their homes or at schools were made by the orthopaedic nurse. The principle defects found were: Flat feet, knock knees, hallux valgus, hammer toe, postural defects, and old congenital deformities.

Handicapped Pupils.

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers to the School Medical Officer who examines them and reports to the Local Education Authority. The number of new cases examined during the year is 27, shown in the table below under the headings given in the Handicapped Pupils Regulations, 1945.

Category.				No. of Children Examined.	
Blind	...	...	...	2	
Deaf	...	...	...	1	
Delicate	...	...	...	2	
Educationally subnormal	...	...	...	6	
Epileptic	...	...	...	1	
Physically handicapped	...	...	...	4	
Pupils suffering from speech defects				11	

The object being to place the Handicapped Child in a school or class where he will receive special education calculated to make the best use of his limited capabilities. Unfortunately, owing to Dr. Wright's illness, there has been an accumulation of cases waiting to be seen. It is, however, hoped to reduce these to zero before the next report is issued. The position with regard to the placing of pupils in special boarding schools is far from satisfactory and many more such schools will require to be built before the problem is solved.

Diphtheria Immunisation.

The practice of immunising infants at or before the first birthday and again on entering school is adhered to. All parents are urged to give their consent to their children having a "booster" dose at 5 years old and this has been found to work satisfactorily. There have been no epidemics of diphtheria during the past year—only 8 children contracted the disease and there were no deaths. (For numbers of children immunised during the year see table on page 11.)

Ultra Violet Ray Clinics.

There are two Ultra Violet Ray Clinics within the County—one at Kendal and one at Windermere. The following cases were treated:

Clinic.	No. of Children.
Kendal	47
Windermere	109

Education Act, 1944—Treatment of Children.

Proposals for dealing with comprehensive treatment of school children are under consideration and a special committee has been set up to consider the best means of putting this section—48 (3)—of the Act into operation.

Miscellaneous.

The Assistant School Medical Officers have in addition to the work of school inspection continued to attend Infant Welfare Clinics. Dr. Wright has examined all the children with defective vision. Dr. Taylor examines the children in the Nursery School and at Brantfield Residential Nursery. Special cases are also examined at the request of the Director of Education. Superannuation examinations of County Council staff are also undertaken.

THE EDUCATION AREA.

County of Westmorland (including Kendal):—

Area	...	...	...	504,903 acres
Population (estimated)	...	...	...	67,130
Estimated product of 1d. rate for Education, 1946-47	...	...	...	£1774
Number of Schools—Primary	...	...	...	105
Secondary	...	...	...	10

SUMMARY OF WORK DONE IN 1946.

Medical Inspection (children inspected)	...	...	4,356
Dental Inspection (children inspected)	...	...	7,100
Dental Treatment (children treated)	...	...	3,697
Special Eye Examination (children examined)	...	...	297
School Nurses' Visits:—			
(a) Visits to children at home	...	...	976
(b) To Schools	...	...	844
(c) Examinations in School	...	...	19,962
Children resident in the Ethel Hedley Orthopaedic Hospital			
School in 1946	...	...	13
No of school children who attended Orthopaedic Clinics	...	...	265

SCHOOL CLOSURES AND INFECTIOUS DISEASES.

During 1946, 15 closure certificates were issued in respect of 7 schools.

Cause.	No. of Certificates.
Whooping Cough	4
Whooping Cough, Influenza and Colds ...	2
Weather conditions, frozen pipes, etc. ...	5
Absence of teachers through illness ...	1
Inadequate heating	2
Chickenpox	1

13 Low Attendance Certificates were issued in respect of 8 schools.

Cause.	No. of Certificates.
Influenza	9
Whooping Cough	3
Influenza and Whooping Cough ...	1

Tuberculosis.

In 1946, 6 school children were admitted to the Westmorland Sanatorium, Meathop, Grange-over-Sands. Three children with tuberculosis of bones or joints were treated at the Ethel Hedley Orthopaedic Hospital, Windermere.

DIPHTHERIA IMMUNISATION.

No. of children immunised during the year 1946:—

Area.	0—4 years.	5—14 years.	Total under 15 years.
Appleby	28	47	75
Lakes	44	126	170
Windermere	43	78	121
North Westmorland ...	195	278	473
South Westmorland ...	194	399	593
Borough of Kendal ...	145	226	371

These figures include "booster" doses or re-immunisations.

REPORT BY DR. WRIGHT ON SPECIAL EYE EXAMINATIONS AND REFRACTION IN PRIMARY AND SECONDARY SCHOOLS.

The total number of children examined this year was 215 Primary, 82 secondary; and 161 Primary and 59 Secondary were new cases. Refraction cases numbered 193 and 72 respectively.

An analysis of the defects found is given below:—

			Primary.	Secondary.
(a) Refractive Errors	...	...	203	83
Hypermetropia (longsight):—				
Simple	...	...	49	20
Simple Astigmatism	...	...	35	15
Compound Astigmatism	...	...	76	25
Emmetropia (incipient shortsight in the child)	...	...	1	1
Myopia (shortsight):—				
Simple	...	...	13	3
Simple Astigmatism	...	...	2	1
Compound Astigmatism	...	...	12	11
High Myopia	...	...	2	1
Mixed Astigmatism	...	...	13	6
(b) Defects other than Refractive Errors (sometimes occurring concurrently with refractive errors):—				
Squint Cases	...	...	72	10
Other defects	...	...	15	8

Nine cases were referred for specialist examination and treatment.

Two children were referred for treatment at the Lancaster Orthoptic Clinic.

Of the 213 who had new glasses prescribed in 1946, it has been ascertained that 168 had obtained them at the end of the year.

ROUTINE MEDICAL INSPECTION IN PRIMARY SCHOOLS.

Age Group	No. Seen	Found to Require Treatment	A Excellent	NUTRITION			D Bad
				B Normal	C Slightly Sub-Normal		
Entrants	.. 996	181	535	425	36		—
2nd Age Group	.. 447	109	214	209	24		—
3rd Age Group	.. 214	38	90	115	9		—
Others	.. 17	3	5	11	1		—
	1674	331	844 50.4%	760 45.4%	70 4.2%		—
Specials	.. 746	445					

The number of defects found for treatment or observation was 1,157.

The commonest defects found were as follows:—

• Ear, Nose and Throat—Enlarged tonsils and adenoids, deafness, otorrhoea.

Eye—Defective vision and squint.

Orthopaedic Conditions—Flat feet, postural defects and other orthopaedic defects.

Skin—Impetigo, scabies and other skin diseases.

Enlarged glands, heart conditions and chest conditions were also observed.

MEDICAL INSPECTION IN SECONDARY SCHOOLS.

Age.	No. Inspected.	No. requiring treatment. (Excluding Dental Decay)	NUTRITION.			
			A.	B.	C.	D.
4	2	—	2	—	—	—
5	6	1	4	2	—	—
6	4	2	4	—	—	—
7	9	1	7	1	1	—
8	7	—	3	4	—	—
9	6	2	2	3	1	—
10	55	14	16	34	5	—
11	349	94	85	222	42	—
12	260	58	95	149	16	—
13	421	98	227	190	4	—
14	290	63	143	143	4	—
15	242	30	140	101	1	—
16	162	25	98	64	—	—
17	107	18	71	36	—	—
18	15	4	9	6	—	—
19	1	—	1	—	—	—
Total	1936	410	907 46.8%	955 49.3%	74 3.8%	— —

Number of defects found in Secondary Schools for treatment or observation—550.

The defects found were mainly enlarged tonsils and adenoids, defective sight, flat feet and postural defects and heart conditions.

REPORT OF THE SOCIAL WORKER ON WORK CARRIED OUT DURING 1946.

Number of new cases referred—52.

These comprised:—

Psychiatric cases	...	...	24	involving	33	visits.
Speech therapy	...	...	11	„	11	„
Home enquiries:—						
(a) Medical Inspection	...	...	4	„	4	„
(b) Approved and special schools	...	...	3	„	5	„
Educational problems	...	...	5	„	7	„
Boarding out	...	...	2	„	3	„
Evacuation	...	...	3	„	4	„

The follow-up of old cases required a further 149 visits.

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1946.

Ladies and Gentlemen,

I have the honour to submit the Annual Report on dental inspection and treatment of primary and secondary school children in the County of Westmorland. The total figures will be found on page 19.

Staff.

Mr. W. M. Morton resumed duty on his release from the R.A.F. on 1st February, but at the end of the year tendered his resignation to take effect at 31st January, 1947. Mr. Colin Parkinson, L.D.S., was appointed to succeed Mr. Morton and will commence duty on 1st February, 1947.

Miss Mary Procter, dental attendant, resigned on 30th June and the vacancy was filled by Miss Elizabeth Murray.

Primary and Secondary Schools.

With the return to normal staffing conditions, much of the leeway in inspection and treatment has been made up and most of the County Schools are now back to regular yearly visits.

A total of 7,100 children were inspected and of the 4,485 children found to require treatment, 3,697 were actually treated. This is an increase of 1,174 over last year and speaks well for the success of the A.B.C. Consent Scheme. The percentage of A consents in primary schools is nearly 80 per cent. and every effort is being made to encourage the B and C signatories to reconsider their decisions and to join the A group.

Many Secondary School children still attend private dentists but not all of these have complete dental treatment and are rendered dentally fit. At dental inspections the dental officers, with the co-operation of the Head Teachers, stress the importance of the necessity for complete dental fitness and we have been encouraged by the numbers which have changed over to A consents.

Every endeavour has been made to save as many temporary teeth as possible, and this is reflected in the large number of fillings inserted in temporary teeth—1,188—which is more than one to every three temporary teeth extracted. During the Winter term there were actually more fillings than extractions of temporary teeth.

Other operations included 235 scalings, 350 dressings, root treatments, gum sprayings, silver nitrate applications, etc. 17 dentures were provided for children attending primary and secondary schools.

Orthodontic Treatment.

We commenced the year with 31 cases on treatment by appliances and during the year new cases undertaken totalled 57. Two children left the district before their cases were completed and three were abandoned due to lack of co-operation. 74 appliances were provided during the year and 44 cases were completed. Over 600 visits were made by children to the Clinics for fittings and adjustments.

A few fixed appliances were fitted but the majority of cases were treated by means of movable appliances. Many of the cases were instanding and inlocked incisors and most of these responded to treatment well. Expansion plates, inclined planes, oral screens and plates with retraction wires were also used and one child was fitted with an obdurator for cleft palate.

In addition to the above, 205 received treatment, preventative or remedial, by means of extractions of teeth. 228 permanent teeth and 97 temporary teeth were extracted for this purpose. Many of these teeth were extracted for reasons of symmetry, i.e., the deliberate extraction of sound, slightly carious or filled teeth because the opposing teeth have had to be removed, and others were deliberately removed to allow neighbouring teeth to move into the space provided.

Many of the orthodontic cases which present themselves to us show very clearly the ill effects of premature extractions of temporary teeth. Unfortunately, only too many totally unsaveable teeth are seen when children first present themselves, and this can only be

overcome as parents become more and more educated regarding the very great importance of the temporary teeth. Much is being done through Maternity and Child Welfare Clinics and by District Nurses to encourage mothers to bring their young children to the clinics for early treatment. This, together with the good work of teachers in obtaining A consents from parents of entrants, will in time bear fruit and will give the dental officers an opportunity of saving more and more temporary teeth.

Maternity and Child Welfare.

During the year 50 sessions were devoted to this branch of the dental service.

Clinics.

Permanent premises for new clinics were obtained at Kirkby Lonsdale and Ambleside. These were equipped and opened in March and June respectively, and are both very satisfactory. Efforts to obtain a Services released Mobile Dental Unit of the self-propelled type have been unavailing and an order for a new Unit has now been placed. This should prove of great value in bringing treatment to the outlying schools.

In conclusion, I wish to thank all the members of the dental staff, both dental officers and dental attendants, for their work and co-operation during the year. We were sorry to part with Mr. Morton who has been associated with us since September, 1939, and has given much valuable service in Kendal and the County. Our best wishes go with him as he takes up his new appointment.

I have the honour to be,

Your obedient servant,

J. IRVINE,

School Dental Officer.

THE BOARD'S STATISTICAL TABLES.

TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY & SECONDARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	1434
2nd age group	...	...	...	...	...	1418
3rd age group	...	...	...	...	...	741
Total	...	...	...	...	...	3593
Number of other Routine Inspections	...	...	...	...	...	17
Grand Total	...	...	...	...	...	3610

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections ... 746.

TABLE II.

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

No. of Children Inspected	A (Excel- lent)		B (Normal)		C (Slightly sub- normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
3610	1751	48.5	1715	47.5	144	4.0	—	—

TABLE III.

Group I.—Treatment of Minor Ailments (excluding uncleanliness).

Total number of defects treated or under treatment
during the year under the Authority's Scheme ... 2124

Group II.—Treatment of Defective Vision and Squint.

	Under the Authority's Scheme.
Errors of Refraction (including squint) ...	368
Other defect or disease of the eyes (excluding those recorded in Group I) ...	23
	391

No. of Children for whom spectacles were :—

(a) Prescribed ...	213
(b) Obtained ...	168

Group III.—Treatment of Defects of Nose and Throat.

Received operative treatment ...	130
Received other forms of treatment ...	9
Total number treated ...	139

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were				
Inspected by the Dental Surgeons :				
(a) Routine Age Groups	..	..	..	7047
(b) Specials	..	..	..	53
(c) Total (Routine and Specials)	..	..		7100
(2) Number Found to require treatment	..	..		4485
(3) Number Actually treated	..	..		3697
(4) Attendances made by pupils for treatment				5363
(5) Half-days devoted to	$\left\{ \begin{array}{l} \text{Inspection .. 137} \\ \text{Treatment 949} \end{array} \right\}$			Total 1086
(6) Fillings	$\left\{ \begin{array}{l} \text{Permanent teeth.. 3602} \\ \text{Temporary teeth .. 1188} \end{array} \right\}$			Total .. 4790
(7) Extractions	$\left\{ \begin{array}{l} \text{Permanent teeth .. 767} \\ \text{Temporary teeth .. 3262} \end{array} \right\}$			Total .. 4029
(8) Administration of general anaesthetics for extractions				132
(9) Other operation :	$\left\{ \begin{array}{l} \text{Permanent teeth .. 1185} \\ \text{Temporary teeth .. 161} \end{array} \right\}$			Total 1346

Table V.—Uncleanliness and verminous conditions.

- (ii) Total number of examinations of children in the Schools by School Nurses or other authorised person 24,680.
- (iii) Number of *individual* children found unclean, 629.

