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# ANNUAL REPORT

ON THE

## Health & Sanitary Conditions

Of the Borough of

## Weymouth & Melcombe Regis

FOR THE YEAR 1923.

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BY

**W. B. BARCLAY, L.R.C.P., D.P.H., ETC.,**

MEDICAL OFFICER OF HEALTH.



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**W. B. BARCLAY, L.R.C.P., D.P.H., ETC.,**

MEDICAL OFFICER OF HEALTH.



*To His Worship the Mayor, Aldermen and Burgesses of the  
Borough of Weymouth and Melcombe Regis.*

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Ladies and Gentlemen,

I have the honour to present to you for your information and that of the Ministry of Health my Nineteenth Annual Report on the health of the Borough for the year 1923.

Following the instructions of the Ministry of Health this is an "Ordinary Report," and is in accordance with and in the order laid down by the Ministry.

For reasons given in former reports I am unable to accept the Registrar General's estimate of the population as being even approximately correct, but we are constrained to base our statistics upon it. The comparative Vital Statistics are shown in the following table, and a glance at these will shew that our mortality rates compare most favourably with the averages of the rest of the country, and with the 157 smaller towns under which category Weymouth is classed.

The incidence of Infectious Disease and the Death Rates of these have been low, the Diarrhoeal and Infantile mortality rates exceedingly low, the former could not be less.

The Birth rate is our solitary exception, it is decidedly low, where height is desirable and does not call for any adoption of Birth Control, however desirable the promulgation of eugenics may be.

Apart from the housing conditions—which are still deplorable, and due to the persistent ignoring in previous years of the advice of those best qualified to judge, and for which we are now physically, morally and financially suffering—we have every reason for congratulation as to the Health and Sanitary conditions of the Town as a whole.

Your obedient Servant,

W. B. BARCLAY.

March 17th, 1924.



TABLE X.—Birth-rate, Death-rate, and Analysis of Mortality during the year 1923.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1923, while those for the towns have been calculated on populations estimated to the middle of 1922. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1000 Total Population	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.		
		All Causes	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza	Violence.	Diarrhoea and Enteritis (under two years).	Total Deaths under One Year.	Causes of Death certified by Registered Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales ..	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1	
105 County Boroughs and Great Towns, including London	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6	
157 Smaller Towns (1921 Adjusted Populations 20,000—50,000)	19.8	10.6	0.01	—	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3	
London ..	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1	
Borough of Weymouth ..	15	10.3	0.04	0.00	0.04	0.00	0.08	0.00	0.17	0.26	0.0	38	97.0	3.0	0.0	



## (1) GENERAL STATISTICS.

Area of District, in acres, land and inland water ...	1317
Population at Census, June, 1921 ...	24556
Registrar General's estimate, 1923 ...	22260
Number of inhabited houses, 1921 ...	4778
Number of families or separate occupiers, 1921 ...	5468
Rateable Value ...	£128514
Product of a Penny Rate ...	£514

## (2) EXTRACTS FROM VITAL STATISTICS.

	Total.	Male.	Female.	
Births	Legitimate	319	156	Rate 15
	Illegitimate	18	10	
Deaths, all ages ...	230.			Rate ... 10.3
Number of women dying in or in consequence of child birth			From Sepsis ...	Nil.
			From other causes	Nil.

## DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Legitimate ...	13	Rate per 1,000 births	38
Illegitimate ...	0	Rate per 1,000 births	0
Total ...	13	Rate per 1,000 births	38

The average Infantile death rate for the five previous years is 60.5

The average Illegitimate Infantile death rate for the five previous years is 146.7.

Deaths from Measles, all ages ...	1
Deaths from Whooping Cough, all ages ...	2
Deaths from Diarrhoea, under two years of age	0

## BIRTHS.

The number of Births notified under the Notification of Births Act, as occurring in the District is 381. The Registrar General's corrected return of the number of births registered as belonging to Weymouth is 337, with a rate of 15 per 1,000 estimated population.

The average rate for the five previous years is 18.2.

## DEATHS.

The number of Deaths actually registered is 245. The corrected return allowing for transfers out and in, is 230, with a rate of 10.3.

The average rate for the five previous years is 12.4.

Of the total number of deaths of residents actually dying in the area 9.6 per cent. occurred between the ages of 0 to 5; 0.9 per cent. during school life (5 to 15); 10.1 per cent. during mid-life (15 to 45); 28.5 per cent. from 45 to 65; 20 per cent. from 65 to 75; 28 per cent. from 75 to 90; and 2.9 per cent. from 90 and over.

### **INFECTIOUS DISEASES.**

The incidence of infectious disease in the Borough has been, as in the previous year, negligible, and upon the whole must be considered very satisfactory. Scarlet Fever being practically the only Infectious disease we have had to deal with. It has not been necessary to close any of the Elementary Schools for Infectious outbreaks.

Distribution.—Age incidence, deaths (if any), under age groups and numbers admitted to Hospital are shown in the following tables.





## TUBERCULOSIS.

	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	..	..	..	..	..	..	..	..
1—5	..	..	..	1	..	..	..	..
5—10	..	..	1	1	..	..	..	..
10—15	..	1	..	2	..	..	..	..
15—20	1	..	..	..	..	..	..	..
20—25	2	6	1	1	..	..	..	1
25—35	3	2	..	..	..	..	..	..
35—45	4	3	..	..	2	..	..	..
45—55	..	2	..	..	..	..	..	..
55—65	1	1	..	..	1	..	..	..
65 and over	..	..	..	..	..	..	..	..
Total	11	15	2	5	3			1
	26		7		4			
	33							

## OPHTHALMIA NEONATORUM.

There is a considerable decrease in the number of cases

Ophthalmia Neonatorum.	Cases.			Vision Un- impaired	Vision Impaired	Total Blind- ness.	Deaths.
	Notified	Treated.					
		At Home.	In Hospital				
	2	2	0	2	..	..	..



### DIPHTHERIA.

One case in a child was notified. In the early Autumn an outbreak of sore throats gave occasion for the bacteriological examination of a considerable number of swabs, but in none of these was the Diphtheria bacillus present.

### PNEUMONIA.

In the Spring and Autumn a few cases were notified. There is, I am certain, continued laxity in the notification of this disease.

### SCARLET FEVER.

One or two cases were notified at intervals of a month or six weeks throughout the year, all of an exceedingly mild type. The cases were of a sporadic nature and pointed to infection from missed cases or from visitors and probably contracted in public vehicles or places of entertainment. In March four cases were notified within two days, all attending a private school indicating infection from a school source. As pupils came from several outside areas by train we were unable to trace any child in an infectious state. The Easter holidays being nigh, the school was voluntarily closed for a period and no child re-admitted until certified by the Medical Officer of Health to be free from risk of communicating the disease to others.

### POLIO MYELITIS.

One case, the child and its parents being only temporary residents in the District.

### VARICELLA (Chicken Pox).

During the season and with the large number of visitors in the Town, combined with outbreaks of Small-pox elsewhere in the Country, the Medical men were asked to assist the Sanitary Authority by voluntarily notifying cases of Varicella. They responded to the call, as I have invariably found the profession do when the Public weal is at stake, and consultations were held where so desired and a record of cases kept. Fortunately the number of cases, principally in visitors, was small.

### VARIOLA (Small-Pox).

The presence of Small-Pox in the Country in increasing numbers led us to extreme vigilance during the period of greatest incidence, this being co-incident with the greatest influx of visitors to the Town. Our advice was sought by a large number of Hotel and Boarding house proprietors as to the admittance of visitors from infected areas with particular application to Gloucester. In July we were notified by the Acting Medical



Officer of Health of Gloucester that a suspect case had come to this town. The Sanitary Inspector and Deputy Medical Officer of Health, late in the evening found the child and with considerable difficulty was enabled to examine it. They were satisfied that the case, then in the scabbing stage, was in all probability a case of Small-pox, but that, an obstructing parent could have no cause for doubt, obtained the following day, a consultation with the Port Medical Officer of Health who confirmed their opinion. The parents and child were given the option of removal to the Isolation Hospital or return to Gloucester; they chose the latter and were sent off per motor ambulance the following morning. The prompt and firm action taken by the Deputy Medical Officer of Health and the Sanitary Inspector in the face of the increasing obsession of the parents probably saved this Town from an outbreak at a period of the year that would have inflicted grave hardships upon the majority of the residents. In my Report of last year I commented upon the non-vaccinated state of the community and the low percentage (19 per cent.) of children vaccinated, under the average for the country generally.

#### TUBERCULOSIS.

This disease, whilst notified to the Local Sanitary Authority is for all other purposes under the care of the County Authority with whom we co-operate to such an extent as they desire. The notification has improved. In only one case was the Death registration the first notification of the disease, this being a case of Tubercular Meningitis in which the diagnosis was doubtful. In all cases of non-notification the Medical man is written to asking for an explanation of the neglect, if the reply is not satisfactory, the case is referred to the Health Committee for further action.

#### DIARRHOEAL DISEASES.

No deaths are recorded of these diseases, and the incidence of them amongst children, judged by the cases noted through the Maternity and Child Welfare Centre, was less than in the previous year.

#### ENTERIC FEVER.

No cases have occurred in the Town for several years. One death has been returned by the Registrar General, of a former Weymouth resident, living in a Public Institution at a distance, where he contracted and died from this disease. According to rule this is classed under our deaths, and breaks the record of many years.

#### (3) CAUSES OF SICKNESS.

The year throughout has been a favourable one with the exception of one outbreak in the early Autumn (as mentioned under Diphtheria), of a type of Influenza affecting principally the throat and confined to a great extent to over populated houses.



(4) SUMMARY (for reference) of Nursing arrangements, Hospitals and other Institutions available for the District.

#### PROFESSIONAL NURSING IN THE HOMES.

(a) General. Nursing Homes, some of which provide in addition, nurses for private cases, private nurses, and three district nurses provided by private associations, are available for all classes, none of these are subsidized by the Local Authority.

(b) Infectious Cases. The Health Visitors are to some extent available and when considered necessary ample accommodation is available and used at the Isolation Hospital.

Midwives.—No Midwives are directly employed or subsidized by the Local Authority. The number of midwives practicing in the district is six.

#### CLINICS AND TREATMENT CENTRES.

*Provided by Local Authority—*

<i>Name.</i>	<i>Situation</i>
Maternity & Child Welfare Centre	Enderby House, Weymouth
School Clinics (including Dental)	Enderby House, Weymouth

*Provided by County Council—*

<i>Name.</i>	<i>Situation.</i>
Tuberculosis Dispensary	New Street, Weymouth.
Venereal Clinic	Port Sanitary Hospital, Wyke Regis.

(Not in Local Authority's Area).

Available for	Name.	HOSPITALS by whom provided or subsidised.	Receiving	Number of Beds avail- able
Tuberculosis	Weymouth and District Hospital (within the District).	County Council subsidy	Surgical Tubercular Cases	6
Maternity	"	Local Authority subsidy	Maternity cases	2
Children	"	Local Authority subsidy	Medical and Surgical Cases	as required
Fever	Borough Isolation Hospital (in Weymouth Rural District).	Local Authority wholly provided	All Infectious Diseases	64
Smallpox	"	Local Authority wholly provided	Smallpox Cases	6
Convalescent Children	"	Dorset Red Cross Hospital, Swanage, not subsidized	Convalescent Children	?



## ISOLATION HOSPITAL.

Cases are received here from outside the area. The number and distribution of the cases is as undernoted:—

<i>Enteric.</i>	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Total.</i>
1	26	6	33

of these numbers nine were received from outside areas.

## AMBULANCE FACILITIES.

During the year the horse ambulance was replaced by a motor ambulance, provided by the Local Authority, of which ample use has been made for the removal of accident and sickness cases to hospitals and elsewhere. The Local Authority provide the driver and for infectious cases a male attendant or nurse, but in all other cases the St. John's Ambulance Brigade render voluntary service.

It is to be regretted that the general public do not render more support to this voluntary organization whose skilled service in the rendering of first aid in accident cases and the removal of the sick and injured are so highly appreciated by the medical profession. A wheeled manual ambulance is also provided by the Local Authority and kept under police care at the Guildhall.

## HOSPITAL ACCOMMODATION FOR SMALL-POX CASES.

A full history of all action taken for provision of a joint hospital by the several local Authorities in the neighbourhood was given in last year's Report, but all efforts of this Authority to gain general concurrence for the formation of a joint Hospital Board, have ended in failure, and the status quo ante remains.

## LABORATORY WORK.

Bacteriological and pathological examinations are made at the Local Authority's Laboratory at the Public Health Offices.

Diphtheria Antitoxin is issued free if its use is considered necessary by the Medical Officer of Health.

Tetanus Antitoxin is provided by the County Council and kept at the Weymouth Hospital.

## LIST OF ADOPTIVE ACTS AND BYE-LAWS AND LOCAL REGULATIONS RELATING TO PUBLIC HEALTH.

<i>Adoptive—</i>	<i>Date of Adoption.</i>
Public Health Amendment Act, 1890	1892.
Public Health Acts Amendments Act	May 14th, 1909.
<i>Local Act—</i>	
Weymouth and Melcombe Regis Act, 1914	Aug. 7th, 1914.



*Bye-Laws—*

New Streets and Buildings	Dec. 22nd, 1897.
Common Lodging Houses	Oct. 31st, 1902.
Nuisances	Dec. 10th, 1903.
Tents, Vans, Sheds and similar structures	Nov. 29th, 1909.
Boiling or steaming of Pig wash or food	May 14th, 1912.
Houses let in Lodgings	May 14th, 1912.
Offensive Trades	Nov. 11th, 1913.
Dairies, Cowsheds and Milkshops	May 29th, 1923.
Slaughter-houses	May 30th, 1923.

**MATERNITY AND CHILD WELFARE.**

An analysis of the causes of death in infants during the past few years shows, that whilst there has been a reduction of 50 per cent. in the number of deaths occurring in the first year of life, the reduction in the first month is small in comparison with the ever increasing ratio as the age increases.

Practically all these are due to pre-natal causes and every endeavour is being made to have the expectant mother come under our or other medical supervision at an early date in pregnancy. Progress is being made, but not so rapidly as is desirable. The prejudices and suspicions of the midwives, that we might interfere with their professional work, has had to be overcome and has now to some extent been accomplished. During the year 75 per cent. of the infantile deaths were due to prematurity or congenital causes, some of which might possibly have been prevented had proper treatment been carried out during pregnancy. For the second time during my tenure of office, the first being in 1915, the death rate of illegitimately born infants is less than that of those legitimately born, being nil.

The care of these generally unwanted children, who in the great majority of cases, are placed under foster mothers, has always had our special attention and has had to be conducted under more than the usual difficulties through the thinly veiled opposition of the Inspector under the Infant Life Protection Act. This reached its climax this year by such open hostility, that (though this had been shown on previous occasions and only elicited a protest from me, in the desire to work amicably) it caused me to lay the matter before the Ministry of Health and ask for an open enquiry. The latter was not granted but a thorough investigation was made by an Inspector of the Ministry. The report of the Ministry has not been made public by the Guardians, but from other sources as from the fourth clause of the report forwarded to me by the Ministry, it entirely justifies this department and the action it has taken. Had it been otherwise, it is certain from previous experience that there would have been little delay in making public anything that could by any possible means reflect adversely upon the Health Officials.



We have, for many years, under great provocation attempted to co-operate to the fullest extent with those administering the Infant Life Protection Act, but without avail; it is hoped that the appointment of a new Inspector (a lady) will lead to a more healthy and pleasant atmosphere than has existed for some years, if not, the fault will not be ours. It speaks much for the interest taken in the Child Welfare Centre that mothers come regularly from Portland, Wyke, Chickerell, Upwey, Abbotsbury, Preston, etc., sometimes under considerable difficulty as to means of transport, that they may take advantage of the skilled advice of the Health Visitors. Temporary visitors from other towns where Welfare Centres exist seek out the Centre at the first opportunity.

The following Table gives a summary of the work of the year.

#### MATERNITY AND CHILD WELFARE STATISTICS.

Registered Births 353. (1) Legitimate 340; (2) Illegitimate 13; Total 353.

Notified within 36 hours of birth—(1) Live Births 362; (2) Still Births 19; Total 381.

Notified by—(1) Midwives 326; (2) Parents and Doctors 96.

Infantile Deaths 13. (1) Legitimate 13; (2) Illegitimate 0; Total 13.

Rate per 1,000 births—(1) Legitimate 38; (2) Illegitimate 0; Total 38.

Maternal Deaths. Number of women dying in or in consequence of Child birth—(1) from Sepsis 0; (2) from other causes 0.

Midwives. Number practising in the District—(1) Trained 4; Untrained 2.

Health Visitors. Visits paid by Health Visitors during the year—

To Expectant Mothers	(1) First visits	30	(2) Total visits	112
To Infants under 1 year	(1) First visits	322	(2) Total visits	3512
To Children 1 to 5			Total visits	964

Municipal Maternity Homes—

Number of beds	2	number of cases received during the year	16
Total number of weeks spent in Hospital by such cases			60.4

Municipal Homes and Hospitals for Children under 5 years—

Number of beds		As required.
Number of children under 5 received for treatment during the year		3
Total number of weeks spent in the Homes by such cases		11.4



In addition to the above figures, those of the Centre are :—

New children registered, all ages ...	275
Number of individual children attending ...	649
Total attendance of children under 1 year	2062
Total attendance of children 1 to 5 years	2223
Total attendance of Expectant Mothers ...	101
Average attendance of children per session	42.5
Average attendance of adults per session ...	44.3
Number of individual mothers and children consulting Medical Officer ...	312
Total consultations with Medical Officer ...	610
Number of mothers and children receiving an assisted supply of milk ...	19
Number of visits paid for home nursing ...	139

### HOUSING.

The housing problem still remains with us and with no amelioration of the conditions that existed at the close of last year. The remarks I made in my last year's report are still applicable and are emphasized by the statement of one in authority with a competent knowledge both of the local conditions and those prevailing in other districts, that a more deplorable state of affairs scarcely existed. My report to the Health Committee in the beginning of September states :—  
 “Applications for assistance in securing houses continue to be made to the Health Department in increasing numbers under the mistaken idea that our influence will be of benefit to them. All of these are from people who through no fault of their own are compelled to exist—not live, in the proper sense of the word—in insufficient and overcrowded lodgings, in unconverted and unsuitable tenements and in houses that have been condemned as unfit for human habitation. I have written so frequently and strongly as to the lack of sufficient and suitable housing in the Town, with practically no amelioration of the deplorable, and I may say, disgraceful conditions that continue to exist, that any further appeal seems like ‘ploughing the sands.’ The 30 houses recently erected and the 50 now to be erected barely touch the fringe of our necessities, and I strongly urge that an earnest endeavour be made without delay to proceed with the original estimate of 400 houses, all of which could be occupied as soon as built. Surely some of the monies being found at present for improvement schemes could be found to build what is so urgently needful for the general community.”

Since the close of the year the full census returns have been received and these show that whilst there are 5,468 private families resident in the Town, there are only 4,778 structurally separate dwellings to house them, a deficiency of 690 houses to



allow each family a separate dwelling. This does not accurately represent the deficiency as many private houses are counted as separate dwellings which in actual fact are not, also that a large number of those dwellings are such in name only, being unfit for human habitation ; also to be taken into account is the density of the population, more particularly in the Melcombe Regis South and the Weymouth Wards. The former, though containing such open spaces as the Alexandra and Melcombe Regis Gardens, and a portion of the Backwater, having the deplorable density of 72.8 persons per acre, in an area officially stated to consist of 67 acres of land and inland waters. Weymouth Ward, with an area of 211 acres and containing such open spaces as the Nothe Gardens, Allotment Gardens and a large residential district not yet fully developed, has still a density of 35.1 persons per acre. The congested parts of these areas have been scheduled and reported upon for many years as requiring an improvement scheme, but nothing can be done until proper housing is provided.

#### NUISANCES.

I had to again report the receipt of complaints as to nuisances alleged to emanate from the Corporation property and the Backwater, and in June and September reported these. In the latter month my report ran somewhat as follows :—

“ The following complaints have been received and the necessary steps, so far as the Health Department are capable of dealing with them, have been taken. I regret that the conditions prevailing at the Corporation Yard and Destructor, as reported last summer, following upon complaints, have recurred.

I infer from the report made to me and from further observations at a later date, that this specified complaint was from incomplete combustion at the Destructor. I have frequently officially reported and personally called the attention of the Engineer-in-charge to the necessity for complete incineration at a high temperature, of all articles at the Destructor and not for a mere passing through the fire of materials. In many cases of putrescible material even this is not done and huge accumulations are allowed to collect for an indefinite period.

I was unable to substantiate the complaint of the . . . . . though I visited the place with the Sanitary Inspector shortly after receipt of the letter. The Engineer-in-charge of the Pumping Station states—that pumping into the Backwater did not occur during the period mentioned nor for some weeks previously.

I have also to again call attention to the condition of that portion of the Backwater lying between the old weir and the Westham Road Embankment. At low tide this is both unsightly and unsavory.”



The sewers serving the Rodwell District and discharging into the Portland Roads have not yet had attention, though at the close of the year I learn that estimates for the work to be carried out have been received for one of these.

The Mosquito complaints, so prevalent throughout the Southern portions of England in former years, were practically negligible during the summer and autumn. The dry condition of the Backwater and Chafey's Lake lessened the breeding grounds by some 200 acres, and the Marshlands to the North, through the steps taken to clear the outfalls and the channels, rendered destruction of the larvæ a simpler process than formerly.

Though not a nuisance in the official sense, the increase in the number of cesspits (formerly entirely absent), to receive the drainage of some of the recently erected private houses, must be considered retrogressional. As I had been consulted regarding a still further increase, from the absence of sewers on two projected building estates, I reported the need for a definite principle to be laid down, and suggested for this purpose the immediate preparation of the Town Planning Scheme.

Overcrowding is still rife, but under present conditions it has to be tacitly ignored. During the past year three gross cases of not less than five families occupying houses not structurally constructed for more than one family has come under notice.

#### **FOODS.**

All places where food is prepared are systematically visited by the Sanitary Inspector at frequent and irregular intervals and less frequently by the Medical Officer of Health. Inspection of Ice Cream makers premises, their materials and articles used in distribution, is almost continuous throughout the summer season. Some premises have been voluntarily closed for manufacture when their attention has been called to their insanitary condition, others have remedied them to our satisfaction.

No formal notices have required to be served under the above heading.

#### **SLAUGHTER-HOUSES.**

Four in number with ten occupiers, all licensed yearly. One has been reconstructed. Number of visits paid, 284.

New Byelaws making compulsory the use of the Humane killer have been sanctioned, and with one exception have been observed since coming into force.

All carcasses slaughtered in the area are examined and passed by the Food Inspector. Following is a list of articles of food voluntarily surrendered or seized by the Inspector as being unfit for human consumption. One prosecution was instituted, the vendor being fined. The case was, in our opinion, a bad one, and we consider the penalty inflicted grossly inadequate and tending to the encouragement of such cases.



DATE.	ARTICLES.	APPROX. WEIGHT lbs.	Magistrates Order.	REMARKS.
26	30 boxes bloaters	300	1	Siezed at Railway Station, unsound.
10	20 boxes bloaters	200	1	Seized on Inspection.
10	15 boxes bloaters	150	1	Seized on Inspection.
23	Carcase and organs of cow	896	1	Seized on Inspection at Slaughterhouse, General Tuberculosis.
9	11 boxes kippers	110	1	Seized on Inspection; unsound.
24	2 boxes sheep kidneys	20	1	Seized on Inspection; defrosted, unsound.
2	1 kit of whiting	106	1	Seized on Inspection; unsound.
18	Bacon	25	1	Seized on Inspection; unsound.
2	Corned beef	7	—	Surrendered; blown tin, unsound.
3	4 hind quarters beef	738	1	Seized on Inspection; defrosted, unsound.
9	1 bag whelks	156	1	Seized on Inspection; unsound.
11	15 rabbits	33	1	Seized on Inspection; being exposed for sale. Proceedings taken against owner; fined 10/- and costs.
27	Herrings	63	1	Seized on Inspection; being hawked in street, unsound. no proceedings taken, cautioned.
2	16 boxes kippers and 13 boxes bloaters	290	1	Seized on Inspection; unsound.
12	Carcase and organs of cow	924	1	Seized on Inspection at Slaughterhouse, General Tuberculosis.
	Total ...	4018.	14	



### SANITARY INSPECTOR'S REPORT.

*To the Medical Officer of Health.*

I beg to submit to you my Annual Report dealing with the general sanitary work of the year.

Notices issued 1923 and Results :—

	<i>Served. Amended.</i>	
Informal Notices, Public Health and Housing Acts ... ..	98	96
Statutory Notices Public Health Acts ...	7	5
Section 28 Housing Acts, 1919 ... ..	3	1
Rent Restriction Act ... ..	1	—

Notices issued and not complied with in previous year :—

Informal Notices, Public Health and Housing Act ... ..	44	44
Statutory Notices, Public Health Act ...	2	2

The following Table gives the number and details of the work accomplished :—



**No. of HOUSES INSPECTED AND DEFECTS FOUND.**

Number of Houses	...	...	...	...	...	187
Defective Drains	...	...	...	...	...	54
Insanitary yards	...	...	...	...	...	48
Foul and insanitary W.C. pans	...	...	...	...	...	43
Drains not disconnected or ventilated	...	...	...	...	...	30
Inspection chambers improperly constructed	...	...	...	...	...	5
Without and defective scullery sinks	...	...	...	...	...	21
Scullery sink waste pipes untrapped	...	...	...	...	...	40
Defective walls and ceilings	...	...	...	...	...	26
Dirty and dilapidated premises	...	...	...	...	...	9
Drains choked	...	...	...	...	...	31
Offensive accumulations	...	...	...	...	...	17
Defective gullies and down spouts	...	...	...	...	...	35
Fowls kept insanitarily	...	...	...	...	...	5
Overcrowding	...	...	...	...	...	3

**No. of HOUSES REMEDIED, etc.**

Number of Houses	...	...	...	...	...	96
No of new buildings—Houses 17, Bungalows 15, 4 conversions into flats 11, Shops 2, Garages, etc. 13	...	...	...	...	...	58
No. of houses re-drained—(a) stoneware; (b) iron	...	...	...	...	...	a 68 b 2
No. of house drains repaired	...	...	...	...	...	a 10
No. of yards re-paved	...	...	...	...	...	46
No. of yards repaired	...	...	...	...	...	20
No. of pedestal pans fixed	...	...	...	...	...	116
No. of flushing cisterns fixed	...	...	...	...	...	110
No. of disconnecting traps fixed	...	...	...	...	...	49
No. of ventilating shafts fixed	...	...	...	...	...	75
No. of fresh-air inlets fixed	...	...	...	...	...	57
No. of traps fixed to bath, lavatory and scullery waste pipes	...	...	...	...	...	111
No. of inspection chambers constructed	...	...	...	...	...	105
No. of Gully traps fixed	...	...	...	...	...	200
No. of new scullery sinks fixed	...	...	...	...	...	58
Walls and ceilings of premises cleaned	...	...	...	...	...	24
Defective gutters and down spouts repaired	...	...	...	...	...	33
Complaints received	...	...	...	...	...	86
No. of choked drains	...	...	...	...	...	31
Offensive accumulations cleared	...	...	...	...	...	17
Floors repaired	...	...	...	...	...	29
Visits paid	...	...	...	...	...	2423
No. of tests to drains	...	...	...	...	...	285

F. A. FANNER, A.R.San.I.,  
Sanitary Inspector.



Disinfection and Disinfestation are carried out by means of a Washington Lyons Steam Disinfector at the disinfecting and cleansing station. Formalin and other disinfectants are used for rooms, etc.

2365 articles and 117 rooms were disinfected whilst 26 articles were destroyed.

Two Lethal Chambers and a Saftel Humane Killer were presented by the Royal Society for the Prevention of Cruelty to Animals to the Corporation for the destruction of unwanted animals. Nine dogs and 21 cats have been destroyed.

### DAIRIES, COWSHEDS AND MILKSHOPS.

Cow houses, six in number ; one has been reconstructed and all may now be considered to be brought into line with modern requirements and capable of being kept in a clean and sanitary state.

Wholesale purveyors of milk having premises within the Borough number five. Retail purveyors, having premises within the Borough, number 25. Those having premises outside the area but retailing within, number 16.

New Byelaws have been sanctioned giving increased powers as regards cleanliness of premises, utensils, production, storing and distribution of milk.







**COUNTY OF DORSET** (acting within the Borough of Weymouth and Melcombe Regis) January 1st to December 31st, 1923.

**Milk; and Cream not sold as Preserved Cream.**

(a) Number of Samples examined for the presence of a preservative.	(b) Number in which Preservative was reported to be present, and percentage found in each sample.
Milk ... 27	0
Cream ... 1	0

**Cream sold as Preserved Cream.**

Correct statements made	...	...	5
Statements incorrect	...	...	—
		Total	5

Percentage of Preservative  
found in each sample.

0.15  
0.16  
0.18  
0.27  
0.28

Percentage stated on  
statutory label.

0.40  
0.40  
0.40  
0.40  
0.40

Determination of milk fat in cream sold as preserved cream.

(1) Above 35 per cent.	...	...	5
(2) Below 35 per cent.	...	...	—
		Total	5



## PUBLIC HEALTH STAFF

All the officers of this Department are whole time officials and are as under.

Medical Officer of Health, who is also School Medical Officer, Medical Officer to the Maternity and Child Welfare Centre and of the Isolation Hospital.

Sanitary Inspector, who is also Housing Inspector, Meat Inspector, and Inspector under the Food and Drugs Act.

An unqualified assistant Sanitary Inspector for all purposes.

Senior Health Visitor and School Nurse who is a qualified Sanitary Inspector and carries out inspections under the Factories and Workshops Acts of such places as females are employed in.

Two Health Visitors and School Nurses, one of whom is a qualified masseuse in addition.

One Clerk.

## HOUSING.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	32
(b) With State assistance under the Housing Acts, 1919 or 1923 :—						
(i) By the Local Authority	..	...	...	...	...	—
(ii) By other bodies or persons	...	...	...	...	...	—

1. Unfit Dwelling-houses :—

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	187
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	76
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	3

2. Remedy of Defects without Service of Formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	96
---	-----	-----	-----	-----	----

3. Action under Statutory Powers :—

A.—Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	3
---	-----	-----	-----	-----	---



(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners ... ..	I
(b) by Local Authority in default of owners	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	I
B.—Proceedings under Public Health Acts.	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	6
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners ... ..	5
(b) by Local Authority in default of owners	—
C.—Proceedings under Section 17 and 18 of the Housing, Town Planning, etc., Act, 1909.	
(1) Number of representations made with a view to the making of Closing Orders ... ..	2
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	2
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ...	I
(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	I
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	—

# ANNUAL REPORT

ON THE

## EDUCATION (ADMINISTRATIVE PROVISIONS) ACT

Of the Borough of

### Weymouth & Melcombe Regis

FOR THE YEAR 1923.



BY

**W. B. BARCLAY, L.R.C.P., D.P.H., ETC.,**

MEDICAL OFFICER OF HEALTH.



**TO THE EDUCATION COMMITTEE OF THE BOROUGH  
OF WEYMOUTH AND MELCOMBE REGIS.**

Ladies and Gentlemen,

I have the honour to submit to you for presentation to the Board of Education my fifteenth Annual Report as School Medical Officer. It is gratifying, despite the continued prevalence of unemployment, to be able to report an all round improvement in the health and physical condition, and more especially the manifest improvement in the cleanliness of the children.

**GENERAL INFORMATION.**

The Elementary Schools in the Borough consist of two provided Schools and five Non-provided Schools. Of the non-provided Schools one is an Infants' and Junior School, one a mixed School for boys, girls and infants, one for girls and infants, the two remaining having departments for boys, girls and infants. One of the provided schools is for boys only, the other has a junior school and boys and girls department organized as a Central School under Section 20 of the Education Act, 1921, providing advanced instruction for the older and more intelligent scholars. There are in addition a Manual Instruction Centre and a Cookery School each in a separate building.

No Special Schools are provided.

The School Medical, the Public Health and the Maternity and Child Welfare staffs are one and the same securing the best of all means of co-ordination.

The arrangements for the systematic medical inspections have been slightly altered to meet the changed conditions arising from the institution of the Central Schools. Visits are now made to the various Schools as new entries and the maturing from age requires.

The School Clinic is open each morning, Saturdays included, from 9 a.m. and continues open during the school holidays throughout the year, if necessary.

No alteration in the Sanitary conditions prevailing in the different schools has yet taken place. The recommendations made in previous Reports up to 1920 not yet being carried out in their entirety. Further playground accommodation, more especially in the non-provided schools, is desirable.

The co-operation of the teaching staff in all matters pertaining to the health of the children, has been freely extended and our thanks are due to them for their kind assistance at all times.



## FINDINGS OF MEDICAL INSPECTION AND TREATMENT OF DEFECTS.

(a) *Uncleanliness.* (Head). The marked improvement, much greater in extent this year than in any previous year, though it has been continuous is a matter for congratulation. Without the co-operation of the teaching staff, some of them much keener than others, however, this could not have been accomplished. It has become apparent that the children themselves feel the disgrace of their condition and that this reacts upon the negligent mothers. The worst time of the year has always been the re-opening of the schools in September, but the percentage was so low as to scarcely warrant the exclusion of any child, whilst even the percentage of cases showing nits only was smaller than in any previous year.

Though the figures show a fair number of children compulsorily cleansed, this had to be done in consequence of the continued presence of nits (these being potential lice) and the difficulty of persuading a few of the parents that such a condition required to be dealt with. In all cases the mothers were first invited to the clinic and a demonstration given them of the use of the Sacker Comb which was then lent them to complete the cleansing, failure to do so resulted in a Cleansing Order and compulsory cleansing.

(Body and Clothing). The improvement in this direction was even greater than in the heads. The inspection of the houses by the Sanitary staff in cases where children's bodies showed much evidence of insect bites and the cleansing of the houses, if verminous, either voluntary or compulsory, has had a most beneficial effect.

Compulsory cleansing is carried out either at the School Clinic or at the Corporation Cleansing Station. The general condition of the clothing as to quantity and repair leaves little to be desired, very few cases of "rags and tatters" come under our observation or of insufficiency. Cases of defective foot gear are also few. All suitable cases are referred to the Destitute Children's Aid Society for relief, the School Medical Service and the teaching staff being fully represented upon the Relief Committee of that Society.

For particulars under this heading see Table 4, Group 5 post.

(b) *Minor Ailments.* These are treated at the School Clinic and are enumerated in Table 4.

(c) *Tonsils and Adenoids.* Little has been done for the treatment of these from (a) the inability of the parents to pay the fee required for private treatment by operation, (b) the almost insuperable difficulty of securing tickets for hospital treatment,



(c) the apathy of many parents. Towards the end of the year the Education Committee came to an agreement with the Weymouth Hospital for the operative treatment of necessitous cases, which should, if the consent of the Board of Education is obtained to the terms, come into operation in 1924.

(d) *Tuberculosis.* Only one case of Pulmonary Tuberculosis was detected. Three suspected cases were referred to the Tuberculosis Dispensary for further investigation and treatment.

(e) *Skin Disease.* Whilst few cases were detected at the Routine Inspection, these being Ringworm and Impetigo, a large number were detected at Special examinations, Ringworm in the head in particular is still found very difficult to cope with, entailing in so many cases prolonged absence from school in the absence of X-Ray treatment which it has been found impossible to arrange for. An attempt was made at one period to allow the affected children to attend school wearing special caps, but the majority of the teaching staff objected and it had to cease. The greater number of skin diseases are treated at the School Clinic, it being found that this hastens the recovery considerably, the home-treatment not being carried out so thoroughly or so regularly as that at the Clinic.

(f) *External Eye Disease.* Few cases of minor importance calling for no particular mention.

(g) *Vision.* About the average number of these have been found. Increasing difficulty is found in having the necessary refractions carried out. These were done at the Eye Infirmary, external tickets being procured in former years without difficulty, but now with ever increasing difficulty. The School Clinic being already overburdened it will be difficult, without further extension of premises, for this to be carried out in the same building, so at the close of the year the Local Education Authority sanctioned a grant to the Eye Infirmary for the necessary refraction work to be carried out there.

(h) *Ear Disease.* Otorrhœa and Mastoid (1 case) the latter requiring operative treatment and referred for such treatment to the Hospital, were found.

(i) *Dental Defects.* Inspection and treatment continue as formerly, vide Table 4. The Dental Surgeons report as under :—

“To the School Medical Officer,

The periodical inspection reveal a marked improvement in the teeth of the children, this being particularly noticeable in the elder scholars, where conservative treatment is now nearly always indicated ; extraction of teeth being far more infrequent.



The aim of the Dental Clinic is to render the mouth as clean and healthy as possible, by removing at their source those septic conditions arising from carious teeth and to restore mastication ; it being obvious that though every care be taken in the selection and preparation of good food its value is greatly impaired when brought in contact with carious teeth and becoming contaminated with the septic conditions arising therefrom, can only lead to impaired general health. It is a pleasure to note the decreasing number who refuse treatment and also the increased interest shown by the parents in the treatment given to their children's teeth.

E. FARWELL, L.D.S."

"To the School Medical Officer,

The most noticeable feature in the Dental returns must be the number of fillings executed in comparison with the number of teeth extracted. This, of course, will be due to the early age at which the children now receive Dental treatment. As the Deciduous teeth are complete by the end of the second year the teeth are often badly decayed by the time the patient is three and a half years old, and if left longer would often mean loss of the teeth (particularly the molars). It is needless to state that the development of the jaws and the whole of the Permanent Dentition is affected greatly by the premature loss of the temporary teeth. The earlier in life a child is able to receive dental treatment the less likely is the need in later years.

H. WALLIS, L.D.S."

(j). *Crippling Defects.* These, as in former years, were few and principally the result of attacks of Poliomyelitis.

*Open-Air Education.* Where playgrounds are suitable and weather permitting, classes are frequently relegated to the open air during the summer months. There is no need for a special school of this class but much more could be done in this direction were the playgrounds of the non-provided schools of greater extent.

*Physical Training.* This is carried out by the teaching staff in the various schools. After two years' observation of the Central School and the exceptional progress in physical development shewn, particularly in the Girls' School, it is evident that specialization in this branch, as in all other matters, is of inestimable benefit and is called for in the interests of the health and



development of the children. I strongly urge that much more time and attention be given to this subject and that special tuition be considered.

*Provision of Meals.* Careful observation and investigation was carried out throughout the year as to any deterioration or lack of progression in the physical welfare or nutrition of the children which might be due to the lack of an adequate supply of food, but all indications have pointed to the nutrition of the children not being in any degree inferior, but if anything better, than in the years prior to 1914. Consequently no steps, other than a few individual cases being relieved by the teachers under the general powers granted them for that purpose by the Committee in former years, were taken.

*School Baths.* None are provided and no public baths are available, hence, baths, other than sea baths during the summer months (and these are not as much used as they ought to be) can only be carried out in private houses, the majority of these not possessing a proper bath-room and bath. The provision of public baths is urgently called for.

*Co-operation of Parents.* An invitation is always issued to these to be present at the Routine Medical Inspection, 54.5 responded to the invitation.

*Infectious Diseases.* The Schools have been singularly free from any epidemic. Much of this is due to the care exercised by the teaching staff in reporting, without delay, any suspicious case of illness detected in the schools or from information reaching them as to cause of absence of any child, and also the readiness of parents to report any suspicious case of illness direct to the Health Office. This may be illustrated by the fact that of nine cases of Scarlet Fever occurring amongst children in the Elementary Schools six were diagnosed and reported by the Medical Officer of Health from information received by the above means, whilst a considerable number of cases were visited by the School Nurse and Medical Officer of Health, fortunately not proving of an infectious character.

*Secondary and other Schools.* No Routine Medical Inspection is carried out by the Borough School Medical Officer.

*Employment of Children and Young Persons.* The Bye-laws dealing with this were in active operation during the whole of the year. Considerable leniency has been shewn during this, the first period of operation, in dealing with children previously employed, unless in very gross cases of unsuitability. The number of medical rejections have been few as the byelaw has acted as a deterrent in many cases.



*Following up and Summary of Work carried out by the School Medical Staff.* Little is known by the general public of the time given, the patience exercised, the interviews held, the detailed information given, the arguments used and finally the tact and firmness necessary to induce recalcitrant and generally ignorant (in the medical sense) parents, to have defects in their children remedied. The numbers as shewn, convey practically nothing of the above.

Where means are provided by the Local Authority for the remedying of defects, it is steadily persisted with until our end is accomplished, and if necessary legal proceedings are taken under the Children's Act. This has, fortunately, not been necessary this year.

Where means are not provided by the Education Authority every endeavour is still made to have the defect remedied by giving assistance in the procuring of Hospital tickets, if hospital treatment is advised, or by referring the case to private sources or societies who can render the needed assistance.

The National Society for the Prevention of Cruelty to Children have been of inestimable benefit in providing orthopaedic appliances for crippled children, and the Ladies Auxiliary Committee of the Maternity and Child Welfare Centre, who undertake to assist children up to the age of 8, in sending suitable cases to convalescent homes and paying Hospital expenses.

W. B. BARCLAY,  
*School Medical Officer.*







TABLE II.

## A. Return of Defects found by Medical Inspection in the Year ended 31st Dec.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)	
	Malnutrition ... ..	...	4	...	...
	Uncleanliness ... .. (See Table IV., Group V).	...	45	6	...
Skin	Ringworm :—				
	Scalp ... ..	6	...	46	...
	Body ... ..	...	...	12	...
	Scabies ... ..	...	...	8	...
	Impetigo ... ..	5	...	13	...
	Other Diseases ... .. (non-tubercular)	4	...	...	5
Eye	Blepharitis ... ..	...	...	...	...
	Conjunctivitis ... ..	...	...	...	...
	Keratitis ... ..	...	...	...	...
	Corneal Opacities ... ..	...	...	...	...
	Defective Vision (excluding Squint) ... ..	34	...	6	3
	Squint ... ..	...	...	...	...
	Other Conditions ... ..	6	...	...	...
Ear	Defective Hearing ... ..	2	...	...	...
	Otitis Media ... ..	2	...	...	...
	Other Ear Diseases ... ..	1	...	8	2
Nose and Throat.	Enlarged Tonsils only ... ..	29	144	...	3
	Adenoids only ... ..	...	13	...	...
	Enlarged Tonsils & Adenoids ... ..	6	36	...	...
	Other Conditions ... ..	...	2	2	3
	Enlarged Cervical Glands ... .. (non-tubercular)	...	...	...	...
	Defective Speech ... ..	1	...	...	...
	Teeth—Dental Diseases ... .. (see Table IV., Group IV.)	220	...	11	8
Heart and Circulation.	Heart Disease :—				
	Organic ... ..	2	...	...	...
	Functional ... ..	...	6	...	...
	Anæmia ... ..	1	...	...	...
Lungs	Bronchitis ... ..	8	...	6	...
	Other Non-Tubercular Diseases ... ..	4	...	2	...



	(1)	(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary :—				
	Definite ... ..	I	...	...	...
	Suspected ... ..	3	...	6	...
	Non-pulmonary :—				
	Glands ... ..	2	...	3	...
	Spine ... ..	I	...	I	...
	Hip ... ..	...	...	I	...
	Other Bones and Joints	...	...	I	...
	Skin ... ..	...	...	...	...
Nervous System.	Other Forms ... ..	...	...	...	...
	Epilepsy... ..	...	2	4	5
	Chorea ... ..	...	...	3	...
Deform- ities.	Other Conditions ... ..	...	...	...	...
	Rickets ... ..	...	...	...	...
	Spinal Curvature ... ..	...	...	...	...
	Other Forms ... ..	2	...	...	...
	Other Defects and Diseases...	...	6	38	3

**B. Number of individual children found at Routine Medical Inspection to require Treatment (excluding uncleanliness and dental diseases).**

Group.	Number of Children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants ... ..	238		
Intermediates ... ..	317		
Leavers ... ..	283		
Total (code groups) ...	838	108	13·8
Other routine inspections ...			



TABLE III.  
Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution	1	—	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution	2 2	— —	2 2
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution	— — 1	1 1 —	1 1 1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution			
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution	— 2 1	1 1 1	1 3 2
	Notified to the Local Control Authority during the year.	Feeble-minded ... Imbeciles ... Idiots ...	1	—	1
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified Special Schools Attending Public Elementary Schools ... At no School or Institution	—	3	3
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... At no School or Institution			

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At other Institutions ... .. At no School or Institution			
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution	3	5	8
	Delicate children (e.g., pre - or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools ... .. At Certified Day Open Air Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution			
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution	—	1	1
	Crippled children (other than those with active tuberculosis disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Cripple Schools ... .. At Certified Day Cripple Schools ... .. At Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution	4 4	7 6	11 2



TABLE IV.—Return of Defects treated during the Year ended 31st December.

## TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>Skin—</b>			
Ringworm-Scalp ... ..	34	18	52
Ringworm-Body ... ..	12	—	12
Scabies ... ..	4	4	8
Impetigo ... ..	13	5	18
Other Skin Disease ... ..	—	—	—
<b>Minor Eye Defects—</b> (Eternal and other, but excluding cases falling in Group II). ... ..	1	—	1
Minor Ear Defects ... ..	13	—	13
<b>Miscellaneous—</b> (e.g., minor injuries, bruises, sores, chilblains, etc). ... ..	19	—	19
<b>Total</b> ... ..	<b>96</b>	<b>27</b>	<b>123</b>

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

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Error of Refraction (includ- ing Squint) (Operations for squint should be recorded separately in the body of the Report).	—	40	—	40
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ... ..	—	—	5	5
<b>Total</b> ... ..	<b>—</b>	<b>40</b>	<b>5</b>	<b>45</b>

Table IV. (continued).

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	—
(b) Otherwise	...	...	37

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	—
(b) Otherwise	...	...	37

*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)
	8	8	—	—

*Group IV.—Dental Defects.*

(i) Number of Children who were :—

(a) Inspected by the Dentist :—  
Aged :—

Routine Age Groups	5	.....	} Total 2243
	6	.....	
	7	.....	
	8	.....	
	9	.....	
	10	.....	
	11	.....	
	12	.....	
	13	.....	
	14	.....	

Specials	...	...	...	...	106
<b>Grand Total</b>	...	...	...	...	<b>2349</b>

(b) Found to require treatment	...	...	1811
(c) Actually treated	...	...	424
(d) Re-treated during the year as the result of periodical examination	...	...	156



Table IV. (continued).

(2) Half-days devoted to	{	Inspection ...	11	}	Total ...	70
		Treatment ...	68			
(3) Attendances made by children for treatment					...	607
(4) Fillings	{	Permanent teeth	230	}	Total ...	853
		Temporary teeth	623			
(5) Extractions	{	Permanent teeth	58	}	Total ..	502
		Temporary teeth	444			
(6) Administrations of general anaesthetics for extractions						88
(7) Other Operations	{	Permanent teeth	14	}	Total ...	19
		Temporary teeth	5			

*Group V.—Uncleanliness and verminous conditions.*

(i) Average number of visits per school made during the year by the School Nurse	...	...	...	27
(ii) Total number of examinations of children in the Schools by School Nurses	...	...	...	3489
(iii) Number of individual children found unclean	...			227
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...		9
i(v) Number of cases in which legal proceedings were taken :—				
(a) Under the Education Act, 1921	...			—
(a) Under School Attendance Bye-laws	...			5

- (1) ... devoted to ...
- (2) ...
- (3) ...
- (4) ...
- (5) ...









