

[Report 1925] / School Medical Officer of Health, Wolverhampton County Borough.

Contributors

Wolverhampton (England). County Borough Council.

Publication/Creation

1925

Persistent URL

<https://wellcomecollection.org/works/a2kjdytb>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



County Borough of Wolverhampton.

EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1925.

The order and headings of the Report are those suggested by the Board of Education. This arrangement diminishes any interest the document might otherwise possess as a narrative, but it must greatly facilitate reference to particular subjects by the Central Authority.

1.—Staff.

There were no alterations or additions to the Staff during the year. The clerical staff has remained numerically the same for over five years, during which time the work has more than doubled.

2.—Co-ordination.

The co-operation already practised between the School Medical Service and the Health Department has developed.

(a)—The Health Department notifies from time to time cases that should come under the special notice of the School Medical Department. Similarly, the latter is in frequent communication with the Health Department on matters coming within their particular jurisdiction.

(b)—Nursery Schools are not yet established in this Area.

(c)—The care of debilitated children under school age falls upon the Health Department. The Medical Officer of Health reports* increased attention paid to children between the ages of one and five years. This will probably result in a larger number of notifications being sent to us in respect of defective children attaining the age of five years.

3.—School Hygiene.

The careful attention paid to renovations and repairs is a satisfactory feature of activity, necessary expenditure being incurred in this direction each year. The Committee established in 1922 their own Painting Department which carries out excellent, and to some extent, original work. We have frequently had occasion to note difficulty and delay experienced in effecting the remedy of small structural defects. There would appear to be considerable gain in setting up an Education Works Department capable of dealing promptly with such matters. I understand that this question is now under consideration.

No new Schools were built last year, but plans for new buildings—including an Open Air School—are now under consideration. In one Area, two hutments have been purchased for the temporary use of scholars. Repairs to playgrounds have been effected in two Schools. In two further instances also, folding partitions introduced into schools have effected improvement in classroom accommodation. A large sum has been expended on the provision of modern furniture, which includes a proportion of tables and chairs for the Scholars

4.—Medical Inspection.

(a)—The examination of Entrants, Intermediates and Leav-

*—M.O.H. Annual Report, 1924, page 19.

ers has been continued as in previous years. Consideration was given to the possibility of improving the age basis at present prescribed for use by Teachers in estimating the number of Intermediates due for inspection. This resulted from mention by the Board of a contemplated alteration in the specification of 'Intermediates.' We carefully considered this point and came to the conclusion that for the purpose of including children for examination between the year 8 and 9 as 'Intermediates,' the system already adopted * could not be altered with advantage. Care, however, is necessary to secure the inclusion at a subsequent Inspection of children accidentally missed or absent upon the previous occasion. Our specification is now worded in such a way as to include such cases. We are entirely dependent upon the Teachers for actual information as to numbers. In the majority of instances, the numbers corresponding to the specification given of Entrants Intermediates or Leavers are carefully ascertained upon the basis of information contained in the Admission Register. In a few instances, a child's own statement of age appears to be accepted without verification of the date of birth from the Register. This is probably the explanation of some accidental inaccuracies in the estimates submitted, and of occasional leakage in the examination of the respective age groups.

The statistical particulars of Medical Inspection are to be found on page 29. The total number of routine inspections constituted a record, exceeding the number ever previously examined by us in one year. The excess chiefly concerns the Entrants, though the numbers in the other two groups are also higher than usual. The increase is mainly dependent upon the birth rate of 1920, but variations of numbers may also be due to fluctuations of population consequent upon the development of housing schemes. As we had anticipated an increase in numbers, and as the second half of the year is always more strenuous than the first half, we commenced 'double Routine Inspection' last year very early after the

*i.e., Scholars inspected between Jan. 1 and July 1, 1926, are those born between July 1, 1917 and Jan. 1, 1918.

Scholars inspected between July 1, 1926, and Jan. 1, 1927, are those born between Jan. 1, 1918 and July 1, 1918.

Summer Holidays. This was fortunate, for the numbers exceeded even our anticipations, and the double Inspection was necessarily prolonged till nearly Christmas.

(b)—The Board's Schedule of Medical Inspection is still the basis of our Inspection.

5.—Findings of Medical Inspection.

(a)—*Uncleanliness* at Medical Inspection is an exceptional condition. Only seven cases were reported in which the neglect of soap and water called for notification. On the other hand, 64 notices were issued in accordance with our regular plan for raising the standard with regard to nits in the hair. This matter is further dealt with on pages 23, 24, and 25.

(b)—*Minor Ailments*. Not many of these defects are reported from Routine Inspection, most of the children suffering from contagious skin disease being already excluded from school and under treatment. Thus only three cases of Ringworm of scalp and nine cases of active Scabies are reported among the Routine Inspections, though there were a few more cases of Impetigo and miscellaneous skin defects.

(c)—*Tonsils and Adenoids*. In each variety of respiratory obstruction, the number last year referred for observation exceeded the number notified for treatment. The caution thus exercised in demanding operative treatment is justified by experience. 362 cases of these defects were recorded among the Routine children, of which cases 131 were considered definitely in need of treatment and accordingly notified—a proportion of 2·3 per cent. of the total children examined.

(d)—*Tuberculosis* naturally does not figure to any great extent among our Routine cases in school. Most of our cases are under observation at the Inspection Clinic, where they are super-

vised in close and profitable co-operation with the Medical Officers of the Tuberculosis Dispensary. The number of these defective children is continually recruited and augmented from the large class of malnourished and debilitated children, many of whom already are Tuberculosis contacts. Teachers are now in many instances periodically weighing the Tuberculosis Contacts attending school, and notifying to the School Medical Officer any continued failure to gain weight. (Section 14.)

(e)—*Skin Disease* See (b) above.

(f) and (g)—*External Eye Disease and Defective Vision* are mentioned in Section 8 (e) and (f). They do not call for special mention here.

(h)—*Ear Disease and Hearing.* The number of children attending school with running ears is worthy of consideration, this defect being a danger not only to the child itself, but also to its neighbours. 57 such cases were recorded at Routine Inspection. These defects are further dealt with in Section 8 (g), page 10.

The proportion of deaf children who occupy positions at the back of the class appears to be relatively high. Whether this is in fact due to a natural tendency for brighter children to gravitate to the front, and for 'dull' children to seek immunity from questions in the comparative obscurity of the back benches, I do not know; but I have certainly been struck by the frequency with which deaf children allege the occupation of a back seat.

(i)—The number of Routine cases recorded by the Medical Officers as requiring *Dental treatment* last year was approximately one-half of the total examined. This is less than the proportion recorded in my earlier reports. The latter records, however, approximate more closely to the figures resulting from examination by the Committee's Dental Surgeon, whose records point to the need of treatment in approximately three of every four children examined

between the ages of five and eight years. The work of the Dental Clinic is mentioned in Section 8 (h).

We are proceeding with our Register of 'Crippling Defects,' taking a broad view of this definition. The number registered as attending school has risen to 116, in addition to which there are 29 registered as not attending school. These cases are being kept under our own supervision at a temporary Orthopædic Inspection Clinic held weekly. Orthopædic treatment is referred to in Section 8 (i).

6.

The duplicate notification by Head Teachers to the School Medical Officer continues to work smoothly and profitably, copies being forwarded by hand to the Medical Officer of Health twice daily, morning and evening. Mutual information concerning infectious cases is supplied by telephone. Cases are notified, visited and excluded as heretofore. During the year a printed schedule of Infectious Diseases drawn up by the School Medical Officer was distributed for the assistance and guidance of Head Teachers. This Schedule stated the periods of exclusion for cases and contacts separately in Junior and Senior Departments respectively, and contained a summary of appropriate action in respect of infectious diseases. The Schedule was approved by the Medical Officer of Health, and issued in July. The attendance at eleven schools at least suffered from the usual epidemic diseases, the average attendance falling to between 60 and 70 per cent. In two schools the attendance temporarily fell below 60 per cent.

Diphtheria gained some prevalence during the year, and there were four deaths from this disease ; two schools were particularly affected. In each case the discovery and isolation of a 'carrier' case attending school was followed by arrest of further spread.

7.

The arrangements for following up physical defects were

as previously described. Altogether 1502 medical defects were followed up by the Nurses, of which number 580 were old cases and 922 notified during the year. As the result of visiting, the position reported at the end of the year was: Treatment obtained, 965 cases; Treatment not obtained, 362 cases; Report not yet available, 175 cases. The Nurses' work was handicapped by absences through more or less serious illness of three members of the staff during the year. Notwithstanding, 679 visits were paid to schools, and 1571 to homes. 1460 attendances were made at Clinic Sessions (including 42 attendances at Sessions held for the purpose of examining children for the holiday camp). The examination by the Nurses in Schools numbered 24,189, their total examinations exceeding 50,000.

8.

(a)—The new cases and total attendances at the Minor Ailments Clinic last year numbered 3,280 and 33,278 compared with 3,305 and 34,729 respectively the previous year. The value of the work was well maintained. Minor Eye Defects numbered 365, compared with 307 the previous year. Reference to the Eye Specialist in suitable cases was made with increased frequency. 112 cases of Ringworm of the Scalp were successfully dealt with, as usual without X-rays. Cases of this complaint not infrequently obtain medical treatment privately at first, and finish by coming to us. The following is an instance:—

J.E., a boy aged 6, was notified to us as a case of suspected Ringworm by the Head Teacher on June 16. We issued on the same day, an 'exclusion until certified fit.' The parents obtained medical treatment privately, and enquiries made three weeks later showed that this treatment was being continued. After three months' exclusion from School, the parent brought the boy to the Minor Ailments Clinic with a request for treatment. The disease being still active, the hair was properly cut forthwith and treatment commenced, the boy being re-admitted to school three weeks later.

In the above case, only three months' school attendance had been lost, but the interval that elapses before adequate measures are taken to effect a cure is not infrequently of much longer duration.

With the object of avoiding unnecessary visits to the Clinic for trivial complaints that might suitably be treated in school, the Committee provided, experimentally, seven 'First-Aid' dressing equipment boxes, which were distributed between certain schools where the problem of attendance was felt to be most difficult. These boxes have proved very useful, and though their effect upon Clinic attendance has not been very marked, they are known to have been of welcome assistance to several head teachers.

Children excluded 'until certified fit' to attend, are still occasionally re-admitted to school without a re-admission certificate. Such irregular admissions are a source of administrative inconvenience, giving rise to visits, enquiries and correspondence that would not otherwise be required.

A considerable proportion of the cases attending the Minor Ailments Clinic are 'heavy' cases, demanding prolonged time and attention for treatment. Some are unsuitable for treatment as 'Minor Ailments'; during the year 1925 such cases were referred to the Hospital, and 102 to private doctors.

The box for Voluntary Contributions in the Minor Ailments Clinic collected a sum of £2 10s. 1d., contributed mostly in pence and half-pence.

(b)—The number of defects of nose and throat operated upon during 1925 was 82, a modest figure compared with that of previous years. It cannot be denied that the objection of parents to operative treatment, based upon belief that the 'child will grow out of it' sometimes appears justified by the event. In certain cases operative treatment is obviously and urgently required, but even then it is not always possible, short of prosecution for cruelty, to secure necessary treatment; and in the majority of such cases, the opposition is really based upon ignorance and prejudice. At the present time the local opposition against operative interference is strong, and demands a good deal of patience and tact in securing treatment for these defects.

(c)—The treatment of our tuberculosis cases is supervised, so far as practicable, at the Inspection Clinic. We are greatly indebted to the Authorities of the Bell Street Tuberculosis Dispensary and to Dr. Hewison, the Medical Superintendent, for the assistance and treatment of this Dispensary. Institutional accommodation for cases requiring admission appears to be quite inadequate. Open-air schools represent a much-needed preventive measure.

(d)—See (a) above.

(e) and (f)—New cases dealt with at the Eye Clinic last year numbered 481. Of this number 322 were refraction cases, and 159 cases were referred from the Minor Ailments Clinic; there has been a substantial reduction in the former and a large increase in the latter group. The reduction in the number of new refraction cases is partly due to arrears having now been overtaken. Re-examinations numbered 1530 as against 1213 the previous year. The total attendances were 2011 compared with 1664 the previous year.

Dr. Browne reports :—

“The work of the Eye Clinic in 1925 does not call for any special comment. The number of attendances remains consistent. There has been a very satisfactory increase in the attendance of Minor (Ocular) Ailments, and the facilities for dealing with such cases are being freely availed of. In this connection, it may be remarked that as the *single* waiting room for *all* Clinic cases has now to subserve the Dental Clinic as well as the Inspection and Eye Clinics, it tends to become inconveniently crowded, especially when parents and representatives have also to be accommodated.

The ‘Eye’ cases were of the ordinary type of refractive errors, not calling for any special remark.”

(Signed)

J. M. BROWNE, M.B., B.Ch., D.O. (Oxon).

The amount paid by parents in contributions for Eye Clinic treatment during 1925 was £25 8s. 0d.

Spectacles.—The Committee's contract with Opticians for the supply of spectacles at reduced rates to necessitous cases fell last year to Messrs. Blackham. 175 pairs of spectacles were thus supplied by the Committee at a total cost of £28 13s. 9d., of which number 91 pairs were supplied on a contributory basis, the parents' contributions amounting to £6 18s. 6d., the remaining 84 being supplied free.

The total contributions of parents in respect of Eye treatment and Spectacles amounted therefore to £32 6s. 6d.

(g)—Dr. J. M. Browne directs particular attention to what he characterises as the present unsatisfactory and inadequate treatment of 'Ear' affections. In a written memorandum dealing first with 'ascertainment' and later with 'treatment' he states :

"It is impossible to make more than a very cursory examination of the ears in the course of Routine Inspection ; and as symptoms are frequently only discernible when appropriate apparatus and lighting arrangements are available—apparatus needing special experience to use effectively—it is not improbable that a certain number of such cases escape detection. Personally, in every case where a parent or representative attends, I make a routine enquiry as to any sign of deafness, and utilise the sense of smell to detect the characteristic odour of chronic otorrhœa. I have detected several unsuspected cases by the last method. Such examination is, however, necessarily a very rough and ready method, and cases may easily pass undetected.

Apart from the ascertainment of such cases, the question of adequate treatment is an urgent one. When seeking medical advice for these defects, the parents have before them the choice of either going to the Ear Specialist at the General Hospital, or consulting one of the general practitioners.

A hospital note is only 'good' for three visits. It is, however, only in very rare cases that a case of either deafness or of ear discharge can be cured in such a short period of treatment. A chronic case cannot possibly be cured in such a short time. Consequently, in cases that overcome the initial difficulty of securing a hospital note and do go to the hospital, there is nearly always a break in the continuity of treatment, and, as the consequence, frequently no ultimate good results from treatment. There are numerous cases of chronic otorrhœa amongst the elementary school children that illustrate these facts.

As regards the general practitioner, the majority do not claim to be specialists in this department of work ; moreover, the necessary continuity of treatment that is prevented at the Hospital by the requirement of notes is equally prevented in private practice by the call for payment.

As *deafness* is such an economic handicap in life and as otorrhœa is a condition fraught with danger of brain trouble, the present inadequacy of facilities for suitable treatment of these cases is an urgent matter, and at present constitutes a weak spot in the arrangements of the School Medical Service.—J.M.B.''

(h)—Excellent work was performed at the Dental Clinic last year (Table IV, page 36). Dental Inspection in our Schools originally commenced with children aged six to eight years. When the examination of these had been completed it was found possible to extend the examinations towards the age of nine years whilst still dealing with the six to eight year group. Obviously there is a limit, however, to the amount that can be accomplished by one Dental Surgeon ; during the year that limit was reached, with the result that some hundreds of children whose mouths have been rendered dentally sound will now be relegated, annually, to the condition of dental neglect from which they were temporarily rescued by the help of the Dental Clinic. This is not sound economy. If we are to proceed scientifically with our Scheme of Preventive Dentistry the improvement secured in the Dental Hygiene of the youngest children should be maintained by dental supervision during the rest of their school lives. It would in fact be difficult to over-estimate the benefit to health that would accrue from a satisfactory condition of Dental Hygiene so maintained. This is where our Scheme of Preventive Dentistry at present falls short. The Scheme is well begun, but is incomplete ; the foundations of the fabric of Dental Hygiene are being rendered sound, whilst the rest of the structure is being allowed to fall into decay. The Committee, however, is quite awake to the necessity for a progressive scheme of treatment. Proposals made with the object of meeting the above-mentioned requirements have already been approved by them and forwarded to the Board, whence the encouragement of a progressive Scheme emanated, and with whom the responsibility now rests.

Mr. Bett, reporting on the work of his Department during the year, says :

"I have observed a greatly increased desire on the part of parents of children to take advantage of the benefits offered by the Clinic, there being a very substantial increase in the proportion of cases applying for treatment; this I consider highly satisfactory. The popularity of the Clinic is confirmed by the fact that 1050 special cases applied for, and received, treatment.

758 Inspections at age 8—9 were carried out during 1925, these ages representing an extension beyond the age group with which we commenced our Inspection.

It is unfortunate that at present we cannot accomplish Inspection and Treatment to the full limit of the School age, as it is abundantly evident when treating special cases that the treatment of children from 8½ to 14 years is a vital necessity for their future health and welfare. At the present time we are compelled to put aside records of children already treated in order to deal with new-comers. This is unfortunate, and implies some waste of effort and opportunity. Children whose mouths have been rendered dentally sound should of course be kept under supervision in order to maintain the condition of soundness.

In nearly every case dealt with at the Dental Clinic alveolar abscesses were present both in Temporary and Permanent teeth. This, in my opinion, aggravates any septic condition of the Tonsils.

I estimate that 35 per cent. of the cases dealt with showed irregularity of the teeth in the primary stage. Had facilities been available for dealing with the regulation of these teeth much advantage would have been gained by the children. I hoped to make two rounds of Inspection during the year, but owing to the large number of Treatment cases dealt with this was found to be impracticable.

I have to express great appreciation of the assistance given to me by all Teachers, both during my Inspections and also as the result of their placing before parents the benefits to be gained from efficient Dental treatment.

(Signed)

D. WILSON BETT, L.D.S."

The charge of 1/- for dental treatment was paid in 2194 cases, representing a total contribution for the year of £109 14s. 0d. No cost was incurred in collection of the charges, and no bad debts were incurred.

(i)—A complete Scheme of Orthopædic treatment has been approved by the Education Committee, incorporated in their 'programme,' and is now before the Board of Education. It is perhaps worth mentioning that the temporary arrangements made last year for the treatment of certain of our cases as visiting out-patients at Orthopædic Clinics in neighbouring towns constitute a relatively

expensive method of dealing with our cases; the expenses incurred in travelling alone in respect of two such cases during 1925 being at the rate of not less than £1 per week. Pending the provision of special facilities for treatment we keep in touch with defective cases by means of our Orthopædic Inspection Clinic, established last year, where we advise parents how to utilise the limited existing facilities for treatment to the best advantage.

9.—Open Air Education.

(a)—The open-air class at Willenhall Road Infants' School was held as usual, from May to October—a period of 19 school weeks. The class, which included 22 boys and 20 girls, was held 128 times out of a possible 179. The children were examined at the commencement and re-examined at the conclusion. Concurrently with education in the open air, half-pint of milk was administered per day to every child. On re-examination I was struck with the general improvement in nutrition of the children. Immunity of this class from measles affecting the rest of the school was an outstanding feature both in 1925 and the year before.

The Committee decided to extend open-air education to Monmore Green Girls' Department by utilising the East Park experimentally for this purpose for a period of 18 months, a sum not to exceed £60 being voted for necessary equipment, i.e., platform and chairs. This experiment gives discretionary power to the Head Teacher to utilise the facilities provided in the East Park to the best advantage of the School as a whole, or of any class in particular. The experiment, which is not limited to any specified period of the year, became effective last Spring.

(b)—School journeys are included in the curriculum of practically all our schools, and play an important part in educational routine throughout the Borough. Although an 'out-of-school' rather than an open-air activity, mention may also here be made of visits to the Art Gallery by children from the Elementary Schools. The

Director of Education reports that during 1924—1925, 84 parties comprising 2574 children and their teachers visited the permanent special Exhibition.

(c)—Kingswood Holiday Camp is not actually an educational enterprise, but it is a valuable auxiliary of elementary education, and is utilised exclusively for the benefit of elementary school children. Last year 889 Boys and 1,065 Girls enjoyed the stimulating benefits of this holiday camp which occupies an excellent site about four miles from Wolverhampton.

(d)—Not all existing Elementary Schools lend themselves to the provision of open-air classrooms. The favourable position of a classroom in one of the Council Schools has led to such provision. The removal of walls on two sides of this room, together with the inclusion and asphaltting of an adjoining portion of playground, provided a large cemented floor space and a useful open air classroom of which suitable use is made when practicable. It had been intended to provide an awning, or temporary roof. If this were done, two classes instead of one could be held in the open air.

(e) and (f)—No Open Air School is yet built, but a Day Open-Air School, plans of which are now before the Board, is included in the Committee's programme. The important question of site is not yet determined. Considerations of economy and of transport suggest the desirability of a site merely on the outskirts of the borough. The fact of urban smoke pollution of the atmosphere, with its attendant loss of sunlight and ultra-violet rays, point, however, to the advantages to health of a site as remote as possible from the town. These are conflicting interests and the only comment necessary is that when money is devoted to the provision of Special Open-Air Schools, the advantages to be derived by the children in this respect should be as far as possible beyond criticism.

10.—Physical Training.

There is cordial agreement on general principles between this

Department and that of Physical Training; though time did not permit the School Medical Officer last year to associate himself with the work of the Organiser of Physical Training as closely as desired.

Miss Mc.Conville in her Annual Report on Physical Training expresses regret that in certain instances halls which ought to be available for physical exercises during wet weather are still occupied by one or more classes; in this connection she mentions the value of covered playgrounds.

In a General Summary she writes :

"It is encouraging to be able to report that a great change is taking place in the average teacher's estimate of the physical training lesson. More and more frequently one meets teachers who obviously enjoy the lesson. This is important, because in the physical training lesson more than any other the successful teacher must lead the class. She can only do this if she herself enters whole-heartedly into the lesson. The teachers are also realising more fully the beneficial effects of properly organised physical activities. This more intelligent appreciation of the subject is already leading to a higher standard of physical work, better standing and walking positions, and a keener spirit of enjoyment amongst the scholars.

Real physical activity as well as precision is sought. There is a tendency with some teachers to allow well-disciplined movements to give place to boisterous games; this is a mistake, and must be corrected.

Physical Exercises, Folk Dancing and Organised Games are now undoubtedly regarded very favourably by the majority of Head Teachers, who realise not only their intrinsic value, but also their importance as an aid to class discipline, tone, and cultivation of esprit de corps."

Special attention is also being paid to Physical Training at the Municipal Secondary School. Arrangements have been made to extend expert teaching to the Boys, the Girls being already under expert instruction.

There still linger in the schools certain traditions whose passing should be expedited. One is associated with the early Victorian dancing-master's idea as to the correct position of the feet at an angle of something like 67 degrees in standing. This position is anatomically indefensible, and in my opinion is both a cause and a result of flat feet. The inner margins of feet should be approximately parallel. Making allowance for the projection caused by the ball

of the great toe this gives the long axes of the feet, with the heels placed together, a slight inclination outwards which is normal. In practice, this outward inclination is frequently grossly exaggerated.

The other tradition, equally deserving of relegation to the barbarous ages, is the 'square' copy. Distinct encouragement to lateral curvature is still occasionally given in school by insistence upon the copy being kept square. In most schools this fallacy is understood and the practice abandoned; but in some instances the 'square' copy is still encouraged and taught. It should be fully realised now that a 'square' copy generally implies a crooked back; and conversely, that to secure straight backs, 'crooked' copies should not only be permitted, but suitably encouraged.

11.—Provision of Meals.

The number of meals provided last year at the School Kitchen was 18,960, of which 94% were provided free. The number supplied the previous year was 17,822, of which 97% were free.

The Committee reviewed during the year the position with regard to certain long continued attendances at the School Kitchen. Reporting to the Committee in September, Mr. Dishman stated:

"Many of the children whose names appear on the Canteen Register have attended the Centre for a considerable period, and have derived great benefit thereby. This is not only the testimony of grateful parents, but is borne out in actual fact by the School Medical Officer. Supervision has been well maintained throughout the year. The general organisation has proved effective.....The same degree of co-operation between the Guardians, the School Medical Service and ourselves has been observed as in former years. This has been to the mutual advantage of the three services and to the undoubted benefit of the child."

Unemployment is mentioned in Section 13, page 18.

12.—School Baths.

At present School Baths are not included in the equipment

of Schools with the exception of Beckminster Special School, where an installation of spray baths has been experimentally fitted. The circumstances here constitute a special difficulty, but some modification of type is under consideration. When we are clear as to the most suitable form of apparatus for our purpose the provision of School baths will probably be extended.

13.—Co-operation of Parents.

This has been secured as usual and with customary success, the attendance last year representing a slight increase on the previous year. The attendance for the last six years has been as follows :—

1920	...	87.7
1921	...	91.7
1922	...	92.2
1923	...	91.9
1924	...	90.5
1925	...	91.6

Such attendance provides unique opportunities for securing the parents' co-operation in the treatment of defects. Generally speaking there has never been much difficulty experienced in securing the parents' co-operation ; but there has been great deficiency in the facilities available for adequate treatment. The Committee's institution of Clinic facilities for treatment of Minor Ailments, Teeth, and Defective Vision, and the provision of Malt and Oil have done a great deal to remove these deficiencies and to facilitate the parents' willing co-operation. The difficulties that still remain to be overcome, and which occasionally result from the imposition even of small charges for Eye Treatment or Spectacles, etc., only serve to emphasise the hopelessness of the position in which many parents were placed previous to the institution of special facilities.

Under Sec. 81 of the Education Act, 1921, it is compulsory for Education Authorities to make a charge for special facilities provided for Medical Treatment, the charge being remitted in necessi-

tous cases. In view of much unemployment (though happily decreasing) and a good deal of poverty, the following summary of parents' contributions in 1925 affords, if further proof be desired, practical and satisfactory evidence of their co-operation. It should be added that all the contributions represent small sums, the largest being five shillings, and many being pence and half-pence :—

Contributions by Parents.

	£	s.	d.
Eye Treatment, (Sec. 8 f)	25	8	0
Spectacles, (Sec. 8 f)	6	18	6
Dental Treatment, (Sec. 8 h)	109	14	0
Malt and Oil, (Sec. 23)	3	17	6
Minor Ailments Voluntary Contribution Box, (Sec. 8 a)	2	10	1
	£148	8	1

The amount of local unemployment together with the tendency towards improvement are indicated by the following figures based upon information supplied by the courtesy of the officials of the Labour Exchange and of the Juvenile Employment Bureau respectively :—

Number Totally Unemployed.

Year		End of June		End of December
1924	...	5,818	...	5,876
1925	...	3,447	...	3,652

14.—Co-operation of Teachers.

Our Head Teachers submit the numbers of children due for Medical Inspection, prepare the schedule cards, and are responsible for a certain number of entries which, in the case of children over six years of age include a preliminary test of vision. They are not in Wolverhampton responsible for measuring the heights and weights of routine cases, nor for records of clothing, footgear, and cleanliness. Additional responsibilities however, are now in many cases most usefully undertaken by our Teachers in connection with Tuberculosis Contacts whose names are notified to them by the

School Medical Officer (Sec. 5 d), and in facilitating the work of Dental Inspection in school, together with the subsequent treatment, by the distribution of Dental Reports, and by the collection and forwarding of parents' applications for dental treatment. In these and many other ways, the Teachers render valuable assistance to the work of the School Medical Service.

15.

Co-operation of School Attendance Officers.

In the period of 12 months ending August 31st, 1925, the Attendance Officers paid 677 visits to homes in connection with the Inspection and Minor Ailments Clinics. A further 240 visits were paid in following up special cases on our behalf. The Attendance Department also undertakes responsibility for the transfer of Medical Schedules. In a number of other directions the assistance of this Department has been placed at our disposal. I know of no other area where co-operation between the Attendance and School Medical Departments is equally thorough, and productive of such good results.

16.—Co-operation of Voluntary Bodies.

We are again indebted to the N.S.P.C.C. for the valuable co-operation of their local representative—Capt. Rice—by whose assistance certain cases of considerable importance and difficulty have been satisfactorily dealt with. The number of cases referred to him during the 12 months ended September, 1925 was 47, of which 18 were new cases.

The Kingswood Children's Holiday Camp, organised entirely by voluntary subscriptions, has already been mentioned in Section 9 (c). This well-managed Camp provides usually week-end holidays for about 90 of the poorer children each week.

Generous facilities for children's holidays of a different char-

acter and of longer duration were placed at our disposal last year, when altogether about 90 of our delicate children enjoyed holidays of a week or a fortnight in the country at Claverley, at the expense of a fund organised and presided over by Mrs. Iles. The executive arrangements were generously and enthusiastically carried out by Miss Hill. To both ladies we must express sincere appreciation of their kind and valuable help.

To the Mayoress' fund also we are indebted for valuable and timely assistance that enabled us to send two very delicate children to Rhyl, with great advantage to their health.

17.

Blind, Deaf, Defective and Epileptic Children.

(a)—Our methods of 'ascertainment' in the case of Blind, Deaf, Defective and Epileptic Children have already been described. The efficiency of these methods is suggested by a comparison of our recorded numbers with the Board's estimated numbers of defectives.

(b)—Arrangements have been made in accordance with the Board's Circular 1341 to bring all Mentally Defective children not attending the Special School under special supervision until the age of 16, when if necessary they will be notified officially or unofficially as the case may be, to the Local Authority. This work of supervision is now being carried out effectively by one of the School Nurses, who already has had 27 cases placed under her supervision for visiting and report.

(c)—The accommodation provided by Beckminster Special School has enabled us to admit a larger number of Mentally Defective Children. An increase of Staff effected during the year still further advanced these facilities, permitting better grading of defectives and improving the school organisation. Arrangements for transport also were improved last year by the Tramways Committee allocating a special car for the benefit of children going to and re-

turning from Beckminster. Seven boys and four girls left the school during the year. Of these children, one left the district, three went to the Cottage Homes, and two were reported to the Local Authority.

The garden at Beckminster continues to be a great attraction to the children during the Spring and Summer. Asphalting has been carried out over a portion of the front drive ; this improvement compensates to some extent for the lack of proper playground accommodation, felt more acutely by reason of the field not being available for this purpose during the winter. Serious insufficiency of heating was experienced in the school during the year. This matter is receiving attention. Apart from the foregoing, perhaps the most pressing need is for improved accommodation for the boys' Handicraft Instruction, the room at present utilised for that purpose being small and unsuitable. The Headmistress has regularly attended the weekly 'M.D. Clinic' examinations held at the Education Offices, and in this way has given valuable assistance to the Certifying Officer.

The visits of the School Medical Officer to Beckminster have been restricted owing to pressure of work at the office. There is room also for more frequent and systematic visitation by a school nurse if this could be arranged. As already stated (page 7), the School Nurses were short-handed last year.

18.—See Section 2 (b).

19.—Municipal Secondary School.

81 Boys and 67 Girls were examined as New Admissions or potential Leavers, the remaining 109 Boys and 101 Girls being re-examined. This was in accordance with our plan of submitting every scholar to a complete examination on entering, and before leaving, the School, and to an annual re-examination of a less formal nature in the intervening years. Defects were notified and

followed up. Speaking generally, the physical condition of scholars in this School compared favourably with that of children in the Elementary schools.

Courses of lectures on Hygiene and on Home Nursing were re-commenced at this school in the latter half of the year by the School Medical Officer and Nurse A. Higgs respectively.

20.—Continuation Schools.

The three Continuation Schools at present established here are Evening Schools, held between September and March, which do not come within the scope of our Medical Inspection.

21.—Employment.

(i)—Supervision of the employment of children and young persons is effectively carried out by the Attendance Department. From the Report of the Superintendent, it appears that in the period of 12 months ended August 31st, 1925, 505 licences were issued, 167 interviews held at the Office with the infringers of Bye Laws, and a total of 91 infractions of Regulations reported by the Patrol Officer. Street traders under 16 are reported to be diminishing in numbers, and it is stated that close co-operation with the School Medical Service has been maintained.

(ii)—In the absence of suitable arrangements for the co-ordination of our work with that of the Juvenile Employment Committee and of the Certifying Factory Surgeon, we are not utilising to the best advantage a mass of information laboriously acquired concerning many children about to leave school. This medical information would frequently be of assistance in deciding the question of suitable employment. Two circumstances at present effectually bar further development in this and other directions. We are short of accommodation for filing the necessary records at the office; and the clerical staff being already occupied to the limit of its capacity can undertake no additional burden whatever. (See Section 1).

The unfortunate Bye Law under which, in the case of children unsuitable for employment, a licence with official badge and card is first formally granted and then taken away, still causes quite unnecessary trouble and disappointment, and constitutes a blot on otherwise satisfactory arrangements.

(iii)—112 children were medically examined under this Bye Law, the licence being approved in 94 cases, and refused in 18. The causes of rejection included convalescence from recent illness, heart defects, anæmia, scholastic retardation, and malnutrition.

22.

It is an important question whether any real advance is being made in the standard of cleanliness and personal hygiene of elementary school children. This question implies some reference to the problem of pediculosis affecting clothing and scalp, particularly the latter. It should first be stated that the general condition of cleanliness of a large number of elementary school children leaves little or nothing to be desired. As we have maintained from the first, infestation with vermin and neglect of soap and water are different, if not distinct problems; it frequently happens that a well kept and habitually clean child is found to have its scalp infested with nits. The facilities for spread of vermin in the elementary schools and in overcrowded homes require a much higher standard of preventive measures than would otherwise suffice to secure a satisfactory condition of personal hygiene. Even in the early days of Medical Inspection, comparatively little was found amiss with the standard of soap and water cleanliness, whilst the condition as regards vermin was deplorable. The latter problem as it affected girls' hair was particularly serious. In the year 1909 for example, the first complete year of Medical Inspection, of 485 girls 'Leavers' examined at Routine Inspection, 456 had nits in the hair. It would have been unwise to issue notices of defects to all affected—a proportion of 94% of those examined. An arbitrary standard was therefore adopted, representing a compromise between

a condition that could and that could not reasonably be tolerated, the ulterior motive always being, of course, to gradually raise this standard. The justification for this course has been the continued co-operation of parents in securing amelioration, where more drastic and wholesale measures would simply have caused irritation whilst failing to secure their object. This arbitrary standard in the toleration of nits is a practical necessity in cleansing reform, but the liability to variation of the standard renders comparisons that are based upon it precarious. It comes about, therefore, that comparative records of this condition of scalp can be based with absolute safety only upon a condition of complete freedom from every trace of vermin. This standard being a fixed one, the accuracy of the record consequently depends only upon good eyesight, sufficient illumination, and thoroughness of examination. The proportion of the girls 'Leavers' already referred to whose heads showed this complete freedom from every trace of vermin in the year 1909 was 6%. The corresponding proportion last year (1925) was 57%. Two circumstances should be mentioned in connection with this gratifying comparison. The examinations last year were shared by four Nurses, whereas in 1909 one Nurse only was concerned; also in 1909, rather more time was given to individual examination; this no doubt resulted that year in the discovery and recording of one or two nits, when rather more hurried examinations such as were occasionally necessary last year would possibly have failed to discover them.

We are particularly fortunate, however, in being able to make further comparisons between certain identical schools examined both in 1909 and 1925 by the same observer—Nurse Higgs, who is thus able to supply us with comparative records of exceptional value, taken after an interval of 16 years. Examining 116 girls 'Leavers' at six schools in 1909, our Records show that Nurse Higgs found the scalp entirely free from all trace of vermin in 11 girls only—a proportion of 9.5%. Examining 204 girls 'Leavers' at the *same schools* in 1925 the *same observer* found 80 girls entirely free—a proportion of 39.2%. These figures concerning Routine Inspection tend to confirm the improvement already indicated.

Enquiry along the line of *unexpected examination* by the School Nurses reveals a similar state of affairs. It has been our practice since 1910 for the School Nurses to make periodical visits to schools for the purpose of careful and complete examinations of the scalp in the case of a limited number only of girls. This method of examination takes time and is expensive from an administrative point of view, but it is of special value for the purpose of indicating progress by comparative records. In 1910, 1,299 girls were thus examined without notice, and the proportion found 'entirely free' was 5%. In 1925, of 872 girls examined, the corresponding proportion was 44.3%. In this comparison, the examinations in 1925 were shared between three Nurses, two of whom also shared the examinations in 1910.

But in each of the two following comparisons between records taken in 1919 and 1925 respectively, the examinations were made of the *same* age Groups, by the *same* observers, and at the *same* schools.

Nurse Medley, examining without previous notice girls aged 8—14 attending five schools, found—

In 1919, of 267 examined, 13.8% entirely 'free.'

In 1925, of 240 examined, 35.0% entirely 'free.'

Nurse Higgs, similarly examining without previous notice girls aged 8—14 attending seven other schools, found—

In 1919, of 348 examined, 17.5% entirely 'free.'

In 1925, of 360 examined, 42.2% entirely 'free.'

The conclusion is thus inevitable, that a great and progressive improvement has taken place. This improvement follows the institution of the School Medical Service, the Teachers' continuous campaign for cleanliness receiving the effective and unceasing practical support of the School Nurses. It is true that much remains to be done; but that which *has* been accomplished already gives much hope for the future.

The elevation of the personal standard of hygiene to which these records bear testimony has been effected under conditions which have been frequently difficult and sometimes distinctly unfavourable. Notwithstanding difficulties and occasional disappointments, the tendency towards improvement continues, however, profiting by the constant encouragement of teachers and the sustained activities of the School Nurses. In practice, the hygiene of the scalp in girls is facilitated by their craze for short hair, and by the introduction of superior types of combs. The latter being of metal and somewhat expensive, we have made suitable arrangements for lending the combs to any parents who experience difficulty in obtaining them. This arrangement works well, and the new combs have effected desirable reform in many cases. But more important than the physical improvement, and a most gratifying feature to report, is the increase of self-respect noticeable among elementary school girls themselves. This is a fundamental improvement and justifies high hopes for the general advancement of personal hygiene in the schools.

A Memorandum by Dr. Browne on the treatment of Ear Defects is submitted in Sec. 8 (g), pages 10 and 11.

23.—Malt and Oil.

Arrangements for the supply of Malt and Oil in necessitous cases were adopted by the Committee in 1924 on account of the difficulty experienced by many parents in obtaining these articles when prescribed for their children. The special facilities provided accordingly worked very well, and were much appreciated by parents. At the instance of the Board of Education, our arrangements were modified last year. Malt and Oil is no longer permitted to be supplied to parents direct, but is forwarded to the Schools for administration by the Teacher to the child on school premises.

The transfer of responsibility for the actual administration of medicine to children, from their parents to their teachers, appears

to me to be fundamentally unsound in principle. In practice it is strongly objected to by the parents themselves. The present arrangement appears to give unnecessary support to the generally mistaken notion that Medical Inspection tends to diminish the parents' responsibility.

During the year, 179 jars of Malt and Oil and 48 bottles of Cod Liver Oil Emulsion were issued at a total cost of £9 1s. 7d. Of these 227 total issues, a contribution towards the cost was made by the parent in 164 cases, the contributions amounting to £3 17s. 7d., and the average contribution being 5½d. In the remaining 63 cases, the issue was free.

Wolverhampton was honoured last year by a visit of Foreign Medical Officers for whom a comprehensive educational programme that had been arranged was carried out on February 19th and 25th. Demonstrations, visits, and talks were arranged covering a large field of our normal Educational Activities. A copy of Explanatory Notes was supplied to each Medical Officer beforehand. Every effort was made to render this visit interesting and profitable to the distinguished visitors, who left us with generous expressions of appreciation.

The usual Scholarship holders were examined. These included five Bursars, 17 Free place scholarships at the Grammar School, 15 Free place scholarships at the Girls' High School, and 38 Free place scholarship holders at the Municipal Secondary School examined in the course of the Annual Inspection at that School. (Sec. 19).

The inspections and re-inspections associated with the visits of 889 boys and 1,065 girls to the Kingswood holiday camp, made rather a formidable addition to the work of both Medical Officer and Nurses on two, and sometimes three, evenings per week during the

five months of the year when the Camp was held. This work however, is really necessary, and it is equally desirable that the services of a trained Nurse should be always available at the Camp.

The Cleansing Station was used last year infrequently, largely owing to the depletion of the Nursing Staff and consequent pressure of other work. Nine children were dealt with under the Act, of whom five were compulsorily cleansed.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. SPENCER BADGER.

MARCH 29TH, 1926.

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS (page 3).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	2214
Intermediates	...	...	...	...	...	1688
Leavers	...	...	...	...	...	1741
				Total	...	5643

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	3129
Number of Re-Inspections	...	...	...	...	5603
				Total	...	8732

TABLE IIA.—Return of Defects found in the Course of Medical Inspection in 1925.

DEFECT or DISEASE.					ROUTINE INSPECTIONS.		SPECIALS.	
					Number requiring treatment.	Number requiring to be kept under observation but not requiring treatment.	Number requiring treatment.	Number requiring to be kept under observation but not requiring treatment.
	Malnutrition	17	73	27	33	
Skin	Ringworm—	Head	...	3	
		Body	...	1	
	Scabies	...	9	1	...	...
	Impetigo	...	24	3	...	...
	Other Diseases (non-Tubercular)	...	20	8	2	1		
Eye	Blepharitis	...	20	10	...	...
	Conjunctivitis	...	6	1	...	1		
	Keratitis	...	2	...	...	...
	Corneal Opacities	...	...	3	...	...
	Defective Vision	...	197	109	16	1		
	Squint	...	65	33	6	...		
	Other Conditions	...	12	8	1	...		
Ear	Defective Hearing	...	18	26	3	...		
	Otitis Media	...	46	11	10	2		
	Other Ear Diseases	...	...	2	...	...
Nose and Throat	Enlarged Tonsils	...	60	142	4	7		
	Adenoids	...	37	43	3	2		
	Enl. Tonsils and Adenoids	...	25	25	5	2		
	Other Conditions	...	9	21	3	3		
	Enlarged Cervical Glands (Non-Tubercular)	...	4	31	9	5		
	Defective Speech	...	...	1	...	...
	Teeth, Dental Disease	...	2933	...	7	...		
Heart and Circulation	Heart Disease, Organic	...	5	22	7	17		
	„ „ Functional	...	2	101	5	15		
	Anæmia	...	5	6	2	2		
Lungs	Bronchitis	...	55	101	31	19		
	Other Non-Tubercular Diseases	...	1	10	2	11		
Tuberculosis	Pulmonary, Definite	...	4	2	2	...		
	„ „ Suspected	...	3	7	12	2		
	Non-Pulmonary, Glands	...	...	2	1	1
	„ „ Spine	...	...	...	...	2
	„ „ Hip	...	...	1	5	1
	„ „ Other bones and joints	...	2	...	1	4		
	Skin	...	...	...	2	...
	Other forms	...	1	...	3	1		
Nervous System	Epilepsy	...	4	7	8	3		
	Chorea	...	1	7	13	5		
	Other conditions	...	6	33	8	16		
Deformities	Rickets	...	...	1	2	...
	Spinal Curvature	...	1	14	1	...		
	Other forms	...	7	28	5	4		
	Other Defects and Diseases	...	58	81	40	40		

TABLE II. 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.	
CODE GROUPS :—			
Entrants ...	2214	234	10.5
Intermediates ...	1688	234	13.8
Leavers ...	1741	224	12.8
Total (Code Groups) ...	5643	692	12.2

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 ...	2	5	7
	(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 ...	... 5 ... 2	... 11 ... 1	... 16 ... 3
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 ...	10	4	14
	(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 ...	... 7 ... ...	... 4 1 ...	... 11 1 ...
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 ...	59 18 1 16	46 4 1 9	105 17 2 25
	Notified to the Local Control Authority during the year	Feeble-minded ... Imbeciles ... Idiots ...	2	3 3 1	5 3 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 ...	... ... ... 2	... ... 2 5	... ... 2 7
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools ... At no School or Institution ...	8 ...	6 5	14 5

TABLE III.—(continued)

PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	2	2
		At other Institutions ...	...	...	...
		At no School or Institution ...	3	15	24
	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	5	6	11	
	At other Institutions ...	...	...	...
	At no School or Institution ...	4	1	5	
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, &c.)	At Certified Residential Open Air Schools ... ..	..	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	258	279	537
		At other Institutions ...	...	...	...
		At no School or Institution ...	41	50	91
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	2	2	4
		At Public Elementary Schools	2	7	9
		At other Institutions ...	...	...	...
		At no School or Institution ...	7	11	18
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease	At Certified Hospital Schools	2	...	2
		At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Public Elementary Schools	58	58	116
		At other Institutions ...	2	2	4
		At no School or Institution ...	11	18	29

TABLE IV.—Return of Defects treated during the Year ended 31st December, 1925.

TREATMENT TABLE. (page 7).

Group 1.—Minor Ailments (excluding Uncleanliness for which see Group V).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm-Scalp	112	10	122
Ringworm-Body	120	—	120
Scabies	21	—	21
Impetigo	761	4	765
Other Skin Disease	330	18	348
MINOR EYE DEFECTS	365	18	383
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS	25	7	32
MISCELLANEOUS	1546	13	1559
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)			
Total	3280	70	3350

TABLE IV.—continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects
Treated as Minor Ailments—Group I.) (Page 9.)

Defect or Disease.	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital	Otherwise	Total
Errors of Refraction (including Squint)	322	68	5	395
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	14	14
Total	322	68	19	409

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	228
(b) Otherwise	59

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	210
(b) Otherwise	50

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		
—	82	82	27	109

