PROVINCE OF BRITISH COLUMBIA

THIRTY-FIRST, THIRTY-SECOND, AND THIRTY-THIRD REPORTS

OF THE

MEDICAL INSPECTION OF SCHOOLS

FOR THE

YEARS ENDED JUNE 30TH, 1942, 1943, AND 1944

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PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., December 10th, 1944.

To His Honour W. C. WOODWARD,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Reports of the Medical Inspection of Schools for the years ended June 30th, 1942, 1943, and 1944.

G. S. PEARSON,
Provincial Secretary.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., December 10th, 1944.

The Honourable Geo. S. Pearson,
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Thirty-first, Thirty-second, and Thirty-third Reports of the Medical Inspection of Schools for the years ended June 30th, 1942, 1943, and 1944.

I have the honour to be,
Sir,
Your obedient servant,

G. F. AMYOT, M.D., D.P.H.,
Provincial Health Officer.

REPORT ON MEDICAL INSPECTION OF SCHOOLS.

A complete change in the method of recording, reporting, and appraising the health of school children was put into effect in British Columbia in the school-year 1941–42. To provide a consolidated picture of this phase of public health it was deemed wise to present the results of the new programme for the first three-year period during which, by experience, it was possible to summarize more effectively the results than would have been possible publishing each year's figures separately. Because of the pressure of other tabulation and statistical work related to the war effort, it was difficult to obtain the service necessary to prepare this combined report. These difficulties have now been overcome and herewith are published in a single volume the reports for the school-years ended June 30th, 1942, 1943, and 1944.

The report is divided into four major subdivisions: First, a brief historical review is given showing the changes in policy since 1911; second, certain details are outlined concerning recent revision of records and report forms; third, school health services are dealt with in considerable detail, with particular emphasis on their part in a community health programme as carried on by a Health Unit; and fourth, comments are made on certain highlights of the reports from the School Health Inspectors. The tabulations, by years, from the School Health Inspectors' reports are appended.

HISTORICAL.

The first report on "School Hygiene" in British Columbia was for the year 1911, and consisted of reports from the various School Medical Inspectors throughout the Province on the health of the school children, and also the environmental hygiene of the school building itself. It is interesting to note that, at that time, there were only 538 schools in the Province, and the number of pupils examined was slightly over 24,000. The growth in population during the past thirty years is evidenced by the fact that at the time of publication of the Medical Inspection of Schools Report for the year 1939–40, there were more than 1,100 schools in the Province and a little over 100,000 pupils were examined.

In the second Annual Report upon Medical Inspection of Schools, which was for the school-year ended June 30th, 1913, the findings of the various School Health Inspectors were tabulated under certain specific headings. This tabulation showed, for instance, the number of children at the various schools having such defects as enlarged tonsils, enlarged glands, defective vision, defective hearing, defective teeth, and such others as the School Health Inspector saw fit to report. In addition, the communicable diseases which had occurred in these schools were also given and a brief description of the school building itself. This particular report form continued in use and the tabulation therefrom was published in the annual Medical Inspection of Schools Report up to, and including, the school-year ended June 30th, 1939. Only minor changes were made in the headings on the report form during this period of some twenty-five years.

In 1938 an effort was made to determine whether any statistically significant evaluation could be made from the figures from the preceding ten years. Because of the type of report form, and also the variation from year to year, as well as between the various type schools, this was finally deemed to be impossible. This was further proven by the summary tables which were published in the Medical Inspection of Schools Report for 1938–39. At that time defects were chosen which might have been expected to remain fairly constant each year, as they were of such a type as not to be greatly affected by the presence or absence of epidemics. These tables portrayed no uniformity in the rate of occurrence of these particular conditions, and, in addition, there was no definite trend. Thus, although there was in existence this large volume of data dealing with the physical defects of school children, it was not in a form which could be utilized on a comparative basis, and, in addition, there was no way in which the physical status of the school children could be stated either for the Province as a whole or for specific groups. Such comparative information was felt to be not only practical, but essential, and as a result efforts were directed toward the drafting of a new report form which would provide the basic data from which suitable tabulation and analyses could be made.

In the summer of 1942 it became obvious that circumstances were going to force some modification in so far as examination of school pupils annually was concerned. A goodly number of the medical practitioners of the Province had joined the Canadian armed forces, and, at the same time, there had been a definite increased demand on the services of those medical practitioners carrying on civilian medical care. In certain localities the demand had been so great that drastic measures were necessary for the physicians to meet the demands made on them by the illnesses of the people. In many areas no time was available for the practising physician to perform routine duties in connection with general public health and school medical examinations.

Over the past years, the co-operation of the School Health Inspectors had resulted in a gradually increasing improvement in the standard of school-health work which had been beneficial to the various communities, and it was desired not only to maintain this standard, if possible, but also to continue to carry out the medical examination of school children according to a definite prescribed plan. In view of the above the Provincial Health Officer, in consultation with the Provincial Secretary, and the Superintendent of Education, outlined a plan whereby the former high standard of physical examination of school children would be maintained. Under this plan approximately one-third of the school children would be examined each year. In the larger schools in unorganized territory the pupils in Grades I., IV., VII., and X. would be examined each year. In the smaller one- and two-room schools the group of schools coming under the supervision of each School Health Inspector are divided into three groups, one group of which would be examined each year. In addition, those children of other grades and other schools not examined in any one year are referred by the Public Health Nurse, or teacher, if necessary, for examination by the School Health Inspector, and those taking part in major athletics are examined annually, or as the necessity arises.

The implementing of such a plan has meant that the load on the physician has been reduced considerably, and experience to date would indicate that it

has been working fairly well. The shortage of physicians, the tremendous demand on their time, as well as gasoline and tire rationing, has made it imperative that some such plan be put into effect if school medical inspections were to be carried on at all. The school-year 1944–45 will see the completion of the examination of the majority of the school pupils by this method. In certain unorganized districts some practising physicians were quite keenly interested in this work, and were able, and preferred, to carry out the annual examination of all the school pupils in their area. For this reason the decrease in the number of pupils examined was not so great as might otherwise be expected. It was possible to increase by 50 per cent. the rate of payment to those School Health Inspectors who were carrying on their examinations under the new plan, and for those still able to carry on annual examinations of all pupils the old rate continued in effect until the summer of 1943. At this time the new rate was made applicable to all School Health Inspectors.

REVISION OF RECORDS AND REPORT FORMS.

The Annual Report on Medical Inspection of Schools for the years ended June 30th, 1940 and 1941, pointed out that a special committee of trained public health personnel spent several months in the revision of not only the School Medical Inspection report forms on which the School Medical Inspector reports his findings, but also on the revision of the school health record form on which is kept a record of the health examination of each child examined in the school. This individual child's health record form, together with its accompanying instruction manual, were drafted in such a way as to give the School Health Inspector a basis for appraising the physical status of the child after the examination had been completed. This was done through the medium of a standard code, by which the child's physical status, or general condition, was classified in three major groups as " A," " B," or " C." Under each of these three major groups were two sub-classifications indicated by " d " or " e," depending on whether the child had a physical defect or whether an unsatisfactory environmental factor was present.

To illustrate, a child classified as "A" was one who enjoyed an average satisfactory state of health. If a child was classified as " Ad " this denoted an average satisfactory state of health, with a slight physical defect which did not affect his general health. When a child's physical condition was classified as " Ae " it denoted a good average condition of health in spite of a defective, or unsatisfactory, environmental factor. If a child's condition was classified as " Bd," this denoted moderate impairment of health due to the presence of some physical defect in the pupil himself. A classification as " Be " indicated a physical condition moderately below par and due to some condition outside the pupil himself, such as poor home environment, poor health habits, etc. A classification as " Cd " denoted a physical condition much below par, due to pathological conditions. " Ce " denoted a condition much below par, due to external causes, including heredity as well as environment. " Ade," " Bde," " Cde " were used in the code to denote a combination of physical and environmental defects. By the use of such a classification of school pupils examined, it was hoped to obtain some indication of their physical status, not only for any one year, but also the trend over the following years.

The child's individual school health record follows him through his school-life, and each time he is examined he will be classified under this new physical status code. The findings will be useful to School Health Inspectors, Public Health Nurses, and teachers in following the tendency to good or poor health throughout school-life, and the influence exerted by correction of defects and environment. The new individual health records and the new classification were put into effect with the commencement of the school term in September, 1941.

The new school report form which was mentioned above, and on which the School Health Inspector reports a summary for each school, was also put into effect in September, 1941. Summary tables for the school-years 1941–42, 1942–43, and 1943–44 are appended to this report and comments on the figures will be made later. This new report form for the School Health Inspector represents a very considerable departure from the former type of report. Thus, rather than giving the number of children suffering from various types of physical defects, the number of children in various physical status classifications are given for each of the grades in school. An effort is also made to collect information with regard to the correction of physical defects by medical care. This is assured by having the School Health Inspector report the number of pupils with all defects corrected since the last report, those with some defects corrected, those under treatment at the time of the report, as well as those suffering from non-remedial defects.

An effort has also been made in the new school report form to collect information regarding the immunization status of the school population throughout the Province. Thus, the School Health Inspector reports the number of pupils immunized against smallpox, diphtheria, scarlet fever, whooping-cough, typhoid fever, as well as the number of Dick, Schick, and tuberculin tests carried out.

It is a matter of some moment to know the physical status of every one in a school building, and for this reason space is provided for the School Health Inspector to classify under the same code as for the school pupils the physical status or general health condition of teachers, secretaries, janitors, bus-drivers, cafeteria staff, and any other employees of the local School Board. In addition, the number of chest X-rays in the past two years for all of these employees is requested.

In addition to the above, provision is also made for recording the amount of time spent in carrying out the examination of school pupils and school personnel. It is obvious that the amount of time taken will vary within wide limits, depending on whether the school medical service is on a part-time or full-time basis, as well as on the interest of the physician doing the work.

SCHOOL HEALTH SERVICES AND COMMUNITY HEALTH.

The health of the school child plays an important part in the future of the country. However, the health of the school child cannot be separated from the general health conditions in the community in which the child lives. The best possible school health programme will only produce results in improving the health of the pupils in so far as it is complemented by a well-planned and administered health service for the community as a whole.

It has been found, and it is quite logical, that those factors influencing the health developments of the school child during his first existence in this world and his home environment previous to the time he attains school-age and attends school play an important part in the early development of the child's physical and mental well-being. Physical and mental deficiencies found in a school child are usually an indication that there may be like conditions found among the other members of the family from which the child came, because the same factors that have influenced the school child are still functioning in the home.

It is, therefore, essential that the development of a school health programme, to be of complete value, should be part of and closely correlated with an effective community programme dealing with all the health problems of the people, both in a general and specific family manner. Good, modern health services utilizing trained public health personnel on a full-time basis can supervise the community and the families and improve the health and welfare of the child from the prenatal period through the infant, pre-school, adolescent, and adult phases of his life.

In British Columbia the school health programme has been extensively developed over a period of many years. At first the programme only dealt with the immediate school problems, including the general health of the school pupil, and consisted primarily of school medical examinations by a School Health Inspector who was usually one of the local practising physicians working on a part-time basis. In some areas these School Health Inspectors had help from school nurses. Supervision of the school buildings and grounds in regard to general sanitation, as well as some attention to lighting, heating, and ventilation was included as part of the programme. Co-operation with the teachers and contacts with the homes provided the school and the school child with a certain amount of public health service. However, it was soon realized that although this programme was a tremendous advance, it did not begin to meet nor solve the broad problem of the public health needs of the school child and his home environment.

It was realized that a more far-reaching and effective health service was necessary to serve the entire community. Since the communities in British Columbia, outside of the two larger cities, were comparatively small, a method was devised whereby a group of communities and rural areas could combine their public health resources and with help from the Department of Education and the Provincial Board of Health establish full-time local health services known as Health Units. In this way trained public health personnel serving on a full-time basis were made available to a number of geographic units throughout the Province. Health Units deal with all the public health problems in the local community and develop a programme to progressively meet the needs of the people. Close co-operation and co-ordination with other existing community facilities is maintained so that the main objective, the improvement of the health of all the people of the community, can be obtained as rapidly as possible. In addition, the Health Unit, because of its trained public health personnel, is in a position to be able to utilize to the fullest extent the many specialized public health services provided through the Provincial Board of Health and which are not economically possible for development by a local area. For example, Health

Units are the ideal and logical media for bringing to the people the specialized services of the Provincial Board of Health provided in its Divisions of Tuberculosis Control, Venereal Disease Control, Public Health Laboratory, Vital Statistics, Public Health Engineering and Environmental Sanitation.

The Director of a Health Unit is a graduate physician with postgraduate training in public health and preventive medicine. It is his responsibility to direct and co-ordinate the entire community health programme, and he also acts as Medical Health Officer and School Health Inspector for the territory served by the Health Unit. Naturally, he is keenly interested in the health problems of the community and develops his programme over a period of time to meet the health needs.

Also on the staff of a Health Unit are a number of Public Health Nurses. These staff members are graduate nurses with special postgraduate training in public health. The number on a Health Unit staff is usually determined on a basis of from 2,500 to 6,000 people per nurse, depending upon the density of the population in the territory served. They carry on a complete, generalized public health nursing programme, including school health nursing and, in addition, in many areas also provide a demonstration bedside nursing programme.

One or more Sanitary Inspectors are also members of a complete Health Unit staff. Just as with other technical personnel, this member of the staff must be trained in public health and be nationally certificated by examination before appointment. His work primarily deals with the many problems of sanitation throughout the community, including the schools. As with the Public Health Nurses, the number of Sanitary Inspectors on a Health Unit staff depends on the density of population. The usual population served varies between 8,000 and 15,000 people per Sanitary Inspector.

The fourth type of person employed on a Health Unit staff is the statistical clerk. She works in the central office and is responsible for the clerical work, including accounting, the collection, tabulation, and analysis of certain statistical data under the direction of the Health Unit Director. In addition, she is responsible for the various records, public relations to a degree, certain appointments and numerous other general duties in connection with the operation of a Health Unit.

There is a very definite trend to-day toward the addition of a fifth type of personnel to a Health Unit staff, namely, a Public Health Educator. It is hoped that in the not too far distant future it will be possible to implement such a plan in at least one of the Health Units operating at the present time. This staff member will be a person well grounded through both training and experience in the basic principles of teaching methods, with special postgraduate training in public health. Reduced to its simplest terms the chief function of a local health service is the reduction of unnecessary disease and death and the promotion of health and happiness through an enlightened public opinion on all matters relating to the public health. It will be the function of the Public Health Educator to further these objectives to the fullest possible extent.

The Health Unit with its complement of trained public health personnel has proven, not only in British Columbia but throughout other parts of Canada and the United States, to be the cheapest and most efficient way to provide a

complete, generalized public health service for a community. Such a service protects the health of all the citizens, including the school children. In the Province of British Columbia at the present time over 60 per cent. of the total population is served by full-time local health departments, providing more or less complete services. Some curtailment has, of course, been necessary due to shortage of personnel in war-time. In all, more than 80 per cent. of the Province has the benefit of full-time Public Health Nursing Service.

It is a matter of some pride that British Columbia was the first Province in Canada to develop Public Health Nursing Service using only qualified Public Health Nurses. Since that time very rapid progress has been made in this important phase of the work. It should be noted here that the average total cost *per capita* for a Health Unit at the present time rests between 65 cents and and 80 cents. Only part of this cost, however, is provided locally. The remainder is contributed by grants-in-aid by the Provincial Board of Health.

At the 1944 Session of the Legislature the grants formerly paid to School Boards on behalf of public health workers by the Department of Education were transferred to the ægis of the Provincial Board of Health. In addition to these statutory grants, the Provincial Board of Health also pays additional grants to both Health Units and public health nursing services when developed and organized on a scientific basis to provide generalized, effective service. This is in addition to the specialized services made available to the people of the Province through the Divisions of Tuberculosis Control, Venereal Disease Control, Laboratories, Vital Statistics, and Public Health Engineering. The Provincial Board of Health also makes available highly technical public health supervision and consultant service for the various members of the health unit staff.

The school health programme depends for its success and effectiveness on close co-operation between the local health service and the teachers, parents, children, family physicians, welfare agencies, and other Provincial and local official and voluntary agencies. A brief summary of the various component parts of the school health service developed gradually by the full-time health unit programme will not only be of interest but will give an idea of the protection afforded the community under this co-operative plan.

Medical examination of school children, preferably with the parents present, is provided by the Director of the Health Unit. This is done at as frequent periodic intervals as possible. During the war, instead of a physical examination every year, it has only been possible to routinely examine the children in Grades I., IV., VII., and X. In addition, any child in the other grades referred by the teacher, parent, or nurse because of a specific problem, children taking part in major sport, as well as those children showing a serious physical defect previously are examined by the Health Unit Director. Advice is given to the parent regarding the child's condition and, if necessary, the child is referred to the family physician or other agencies for treatment. The Director of the Health Unit also discusses the general health problem and certain physical defects with the teachers concerned, so that every advantage will be given to assist the child in reaping the fullest benefits from the educational opportunities provided for him.

The Public Health Nurse works in close co-operation with the teachers, parents, and the children, and forms a valuable link between the home, the com-

munity, and the school. She also assists the Director of the Health Unit at the time of physical examination of the pupil. She is keenly interested in the entire school environment as well as that of the home, the mental hygiene problems of the children, and at periodic intervals inspects and supervises the pupils.

The Public Health Nurse also assists in the control of communicable disease, including the development of programmes for the immunization of the children, and gives assistance to the Director of the Health Unit at the time of immunizations. She assists the teachers in the various class-rooms in which communicable disease has occurred, in inspecting the pupils to ascertain their conditions daily and the presence of early symptoms of communicable disease. In the home the Public Health Nurse endeavours to develop an acceptance on the part of the parents of the principles of public health and prevention, and to stimulate them to adopt practices and procedures that will supplement the health teaching in the school. This is done by demonstrating the practical application of the best methods that will help improve the welfare of the children and the others in the home.

The teacher is responsible for the day-to-day observation of the children and the recording of any behaviour, attitude, or problem exhibited by the children that may be due to physical, mental, or other health reasons. She reports these to the Public Health Nurse who in turn sees that they are dealt with in a satisfactory manner. More and more teachers are realizing the value of checking the children of their classes each morning for any signs or symptoms of communicable disease, including the common cold, and the taking of any temporary action that is necessary to prevent the spread of the disease within the school. The same policy should be adopted by drivers of school buses and any other person first coming into contact with the school children.

The Public Health Nurse also co-operates with the teacher in planning the school activities of the children to conform with their physical and mental ability. From the Public Health Nurse and other members of the Health Unit staff the teacher can receive specific and up-to-date information on public health and preventive measures.

Again, the Public Health Nurse in co-operation with the teacher assists in developing a programme of first-aid training, and also instructs the teacher not only in the rendering but also the teaching of first aid to the children. She checks the needs of the school in regard to first-aid equipment and gives such assistance as possible in providing this. She is interested in accident-prevention and such safety measures as are taken within the school and school-grounds. Also coming within the purview of the Public Health Nurse, in co-operation with the Sanitary Inspector, is the lighting, ventilation, and heating of the school building, as well as the general sanitation, including the proper use and care of toilets and lavatory facilities. At the present time very effective co-operation is being developed with the teaching staff in the matter of an active interest in pack and hot lunches as well as the conditions under which they are served. Not to be forgotten here is the importance of proper dish-washing, cooking methods, and food-handling in general.

The Sanitary Inspector acts as consultant to the Public Health Nurse in the many applications in the school of general sanitation and related subjects, particularly as they apply to equipment and its function. This includes the

safety of the school and grounds, toilet and lavatory facilities, sanitation in the class-rooms, halls, gymnasium, lunch-room, kitchen (if any), as well as the matter of lighting, heating, and ventilation. The water-supply and milk-supply as well as the food-supply utilized in the school is a matter of vital interest to the Sanitary Inspector and also all other members of the Health Unit staff.

The recording of these findings and their analyses is done through the Health Unit office by the statistical clerk in co-operation with the other members of the Health Unit staff and the school staff. It will be seen from the above that there is a great deal of co-operative planning necessary between the various members of the Health Unit staff, the teaching staff, the parents, the children, and the community at large in developing a proper, adequate, and effective school health programme. No mention has yet been made of the broad subject of teaching health in the schools.

The teaching of health in the schools is the responsibility of the teacher who is trained in the methods, procedure, and techniques of teaching. She alone is responsible for this phase of the work, but from all members of the Health Unit staff she can receive a great deal of help and technical information. The Health Unit staff not being qualified teachers confine their instructional work to the homes and the community in which phase of education they are well trained and qualified, and only assist in demonstrational types of education within the schools other than individual instruction of children for specific purposes.

Plans for the complete coverage of the people of the Province by a full-time Health Unit service are under way so that this development can take place as rapidly as possible in the post-war period. During the war considerable developments have taken place, but these were primarily in strategic war areas where new and difficult public health problems developed or were likely to develop. The public health nursing services have been maintained with only slight decrease in spite of the shortage of qualified personnel and many other difficulties due to the war.

In many areas of the Province not served by the full-time health service of a Health Unit there is a Public Health Nurse. She, in co-operation with one of the local practising physicians who is appointed as School Health Inspector, carries out as extensive a school health programme as possible. It is obvious that this is only a partial public health programme compared with that possible under a Health Unit but, nevertheless, it has provided in many instances a valuable aid to the schools. In those areas where there is not a Public Health Nurse only the part-time School Health Inspector service is available. This varies in its effectiveness with the physician concerned and the demands on his services from private practice. There is considerable variation in the effectiveness with which the medical examinations are performed and the amount of immunization done. In spite of these variations and the difficulties due to the shortage of physicians and Public Health Nurses, it has been possible during the war years to considerably expand the programme, first through the Health Units, then through the Public Health Nurses in areas where a Health Unit has not yet been established, and even through some of the more progressive part-time School Health Inspectors.

The Provincial Board of Health co-operates on the Provincial level with the Department of Education and also with the various School Inspectors. These Inspectors have performed a great deal of valuable service in acquainting the people and the teachers with the types of service that can be developed and have assisted in organizing new public health nursing districts where they have been most urgently needed. From three to five nursing districts have been added each year during the last four years.

An extensive nutrition programme under the joint auspices of the Provincial Nutrition Committee, of which the Provincial Health Officer is chairman, and the Provincial Board of Health has been carried out in co-operation with the principals, home economics teachers, other teachers, and local groups in the schools as well as in the community. The Education Department have put a great deal of energy and planning into the development of school-lunch programmes and have assisted in the broad community programme in a manner which has produced a progressive and worth-while nutrition programme in many parts of the Province.

The teachers are taking more and more interest in the development of their health teaching programmes by undertaking routine weighing and measuring of school children as well as other demonstration activities, particularly those that can be incorporated into and as part of the health teaching programme to make it more practical and applicable to present-day problems and living. Some teachers also undertake the screening eye test and hearing tests of the children, referring those found below normal to the health authority for further checking. By a close day-to-day observation of the children many defects come to light that could not always be ascertained by the screening type of medical inspection or examination.

Such a school health programme as has been outlined above assists in no small measure in aiding pupils to absorb readily the teaching provided in the school as well as in curtailing absenteeism and repeating of grades. The results of such a programme co-ordinated with an effective and adequate programme for the pre-school child and the general programme of the community should, over a period of years, improve the general health and well-being of the school children, the communities, and the people as a whole of British Columbia.

HIGHLIGHTS FROM REPORTS OF SCHOOL HEALTH INSPECTORS.

In the summary tables which are appended it will be noted that those for the three school-years, namely, 1941–42, 1942–43, and 1943–44, are shown separately. Dealing with those for the school-year 1941–42, it will be noted that the first table shows the number of pupils enrolled and the number examined for both the whole Province as well as organized and unorganized territory. The figure of only, roughly, 50 per cent. being examined is explained by a number of factors. In some places the practice has been to examine only Grade I. pupils. In others, the School Health Inspector occasionally does not find it possible to examine all the school pupils in his area, even although he has planned to endeavour to do so. Further, following the introduction of new forms in 1941–42, a number of School Health Inspectors continued to use the old

report form, with the result that it was not possible to tabulate their findings with those for the rest of the Province. If it had not been for these factors, the percentage examined would have been considerably higher and would have formed a greater contrast with the percentage examined in the school-years 1942–43 and 1943–44.

It is indeed interesting to note that the bulk of the children have been placed in the first two physical status classifications; approximately 49 per cent. in Grade " A " and approximately 35 per cent. in Grade " Ad " for the school-year 1941–42. One of the functions of a local school health service is not only to discover the presence of physical defects in the school children, but also to carry this information back to parents and endeavour to point out the wisdom and need of securing medical correction of these defects in order to have the child in as good a physical condition as possible. This is of importance not only with regard to the school-life of the child but may have a very direct bearing on the physical condition of these individuals in later life.

Tables are also appended showing the physical status classification of the pupils in Grade I., in Grades II. to VI., inclusive, Grades VII. to IX., inclusive, and Grades X. to XIII., inclusive. It is interesting to note that the percentage of children placed in physical category " A " shows a steady rise from 37 per cent. in Grade I. to 60 per cent. in Grades X. to XIII., inclusive, and that pupils in physical category " Ad " show a steady decline from 42 per cent. in Grade I. to 27 per cent. in the higher grades. It is felt that one may rightly conclude that the school health service carried on by various Health Units and public health nursing services throughout the Province are having a salutary effect in improving the physical status of school children through the education of parents in the homes with regard to the correction of physical defects. However, a note of caution must be introduced with regard to the use of these percentage figures at absolute level. The apparent improvement in physical status must be considered only as a trend. There are a number of factors which enter the picture which should make one particularly cautious about accepting these percentage figures at their face value. In the first place, it must be remembered that the form on which the medical examiner reported his findings was a new one, and also that this method of grading pupils on a physical status was an entirely new departure from what had been carried on in the past. The first two or three years will have to be considered as a period of transition during which time the medical examiners will become familiar with the new procedure. In addition, the general medical practitioner is much more experienced in the examination of an ill person rather than in appraising the physical status of an apparently healthy individual. For this reason there is likely to be considerable variation in the figures for a few years, and until such time as a larger area of the Province is covered by full-time Health Units under the direction of public health physicians.

Tables are also appended showing the physical status classification of pupils by urban and rural breakdowns for the Province at large. There is nothing particularly significant in these tables other than the fact that urban municipalities, in general, show a somewhat lower percentage of pupils of " A " classification for all school grades and a significantly higher percentage of pupils in

" Ad " classification. It would be extremely difficult at this time to give any accurate interpretation of this fact.

With regard to the tables for the school-years 1942–43 and 1943–44, it should be particularly noted that the figures given for enrolment do not refer to the total Province but rather only to the total enrolment in the school grades which were examined. As has been mentioned earlier, in the larger schools and school districts this only refers to the pupils of Grades I., IV., VII., and X., while in the smaller one- and two-room schools it refers to all grades in that school, since in these latter cases all the pupils in the school were examined. The number of pupils examined during these two school-years is roughly one-third of the total enrolment in the Province. While the various percentage figures for physical status classifications and immunizations in the tables for these two school-years cannot be taken as the figure for the Province at large, nevertheless they are a significant sample and can be considered as being indicative in a general way of the situation throughout the whole Province. It is interesting to note that again the bulk of the pupils have been placed in the first two physical status classifications; approximately 45 per cent. in Grade " A " and approximately 40 per cent. in Grade " Ad " for the school-year 1942–43, and 40 per cent. in Grade " A " and approximately 41 per cent. for the following year. Again, is to be noted an increase in the percentage of children placed in physical category " A " in Grades X. to XIII., inclusive, in comparison with those in Grade I. There is also a decline in the number of pupils categorized in Grade " Ad " as they progress from the lower to the higher grades for the school-year 1942–43, but not during the following year. There is still the lower percentage of pupils in " A " classification, and the higher percentage of pupils in " Ad " classification for urban municipalities as was mentioned earlier for the school-year 1941–42.

Immunization against preventable diseases, particularly diphtheria, smallpox, and scarlet fever, has been advocated by the Provincial Board of Health for many years. This is important during normal times, but becomes more important during war-time because of the movement of troops and shifting of population that occurs. The figures for the Province at large for the three diseases mentioned, for the school-year 1941–42, show a most unsatisfactory situation. When one realizes that diphtheria takes its greatest toll of life in the pre-school period, and that the majority of the individuals suffering from the disease are in the school-age and early adult group, it is possible to appreciate the fact that the percentage of school children immunized against this preventable disease should be much higher than 21 per cent. Further, in the light of the experience of this Province with smallpox, and also because of the apparent increase in the number of cases to the south of us, 21-per-cent. protection in the school population was a very low index.

Early in 1941 the Provincial Board of Health began a very intensive educational campaign with regard to immunization. This was carried on largely through the local health services who did everything possible to increase the amount of immunization in their areas. The success of this work was reflected in two ways. The demand for biological products for immunization increased very considerably during 1941 and the figure for the calendar year 1942 was approximately double for that of 1941. The results are also reflected in the

figures for immunization of school children for the school-years 1942–43 and 1943–44. Reference to the appended tables will show that there was a rise in diphtheria immunizations from approximately 21 per cent. in 1941–42 to 71 per cent. in 1943–44. For smallpox there was an increase from 21 per cent. to approximately 59 per cent. For scarlet fever there was an increase from 5 per cent. to 26 per cent. While it is true that this is a very gratifying increase, particularly with regard to protection against diphtheria and smallpox, nevertheless there is still much work to be done. Experience has proven that there is no better way to prevent a widespread outbreak of these preventable diseases than by having a very high percentage of not only infant, pre-school, and school children, but also the adult population protected.

With regard to the appended tables showing the percentage immunization for the various groups of school grades, it is interesting to note the higher percentages in the lower grades, with a very definite falling off toward the upper grades, for the school-year 1941–42. This might be accounted for by the fact that the emphasis on immunization in the local areas has in the past been somewhat confined to only the lower grades of school in addition to the infant and pre-school children. However, there are probably other factors involved about which no very accurate statements can be made at the moment. This trend varies from being only slightly present to absent in the following two school-years. Education of the public in all areas where there are either Public Health Nurses or full-time local health services, as to the need and importance of immunization, is continuing in an endeavour to bring to as high a level as possible the protection against preventable diseases.

Tables are also appended with regard to physical examination of school personnel. Again, as with the pupils, the bulk of those examined are classified as either " A " or " Ad." However, the same remarks as were made with regard to the face value of these figures in connection with school pupils also applies to school personnel. Further, the percentage of school personnel examined is extremely small, and it is hoped that in succeeding years the number examined will be considerably higher.

In summary, it can be said that this presentation of data, inaccurate to some degree though it may be, does give us a picture of school health conditions which was not possible before. It is felt that the time and effort spent on the revision of school health records and report forms, as well as their adoption, has been fully warranted. The information presented herein is tangible and the reports for the next few years should give a much more accurate picture of school health than has been possible in the past.

MEDICAL INSPECTION OF SCHOOLS.

PHYSICAL STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1943–44.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	78,443	68,225	10,218
Total pupils examined	34,383	26,579	7,804
Percentage of pupils enrolled examined	43.8	39.0	76.4
Physical status—percentage of pupils examined—			
A	40.0	39.0	43.5
Ad	41.4	43.4	35.1
Ae	1.9	1.4	3.5
Ade	3.3	3.9	1.1
Bd	8.4	8.6	7.9
Be	1.6	1.6	1.6
Bde	1.4	1.4	1.4
Cd	0.4	0.2	0.7
Ce	0.1	0.1	0.2
Cde	1.5	0.4	5.0

Grade I.

Total pupils enrolled in grades examined	10,204	8,562	1,642
Total pupils examined	6,914	5,504	1,410
Percentage of pupils enrolled examined	67.8	64.3	85.9
Physical status—percentage of pupils examined—			
A	35.3	34.1	40.4
Ad	45.1	47.6	35.8
Ae	1.3	0.4	4.7
Ade	3.0	3.5	1.1
Bd	10.8	11.2	9.2
Be	1.4	1.1	2.3
Bde	1.3	1.3	1.3
Cd	0.4	0.2	1.0
Ce	0.2	0.1	0.3
Cde	1.2	0.5	3.9

Grades II.–VI.

Total pupils enrolled in grades examined	36,155	30,330	5,825
Total pupils examined	16,090	10,439	5,651
Percentage of pupils enrolled examined	44.5	34.4	97.0
Physical status—percentage of pupils examined—			
A	32.1	35.9	25.0
Ad	46.9	42.8	54.7
Ae	2.5	2.6	2.2
Ade	4.2	5.9	1.0
Bd	7.3	8.1	6.0
Be	2.0	2.4	1.1
Bde	2.8	1.6	5.0
Cd	0.3	0.2	0.5
Ce	0.1	0.1	0.1
Cde	1.8	0.4	4.4

Physical Status, Organized and Unorganized Territory, 1943–44—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	19,771	17,593	2,178
Total pupils examined	8,751	6,573	2,178
Percentage of pupils enrolled examined	44.3	37.4	100.0
Physical status—percentage of pupils examined—			
A	36.6	38.2	32.2
Ad	48.5	45.7	56.0
Ae	1.1	1.0	1.4
Ade	1.6	2.0	0.5
Bd	8.1	9.6	4.3
Be	1.2	1.1	1.3
Bde	1.5	1.8	0.6
Cd	0.3	0.3	0.4
Ce	0.1	0.1	0.2
Cde	1.0	0.2	3.1

Grades X.–XIII.

Total pupils enrolled in grades examined	9,951	9,248	703
Total pupils examined	5,795	5,092	703
Percentage of pupils enrolled examined	58.2	55.1	100.0
Physical status—percentage of pupils examined—			
A	50.6	54.7	32.9
Ad	41.4	37.6	58.0
Ae	1.4	0.6	4.8
Ade	0.6	0.7	0.1
Bd	4 1	4.6	2.0
Be	0.7	0.8	0.3
Bde	0.5	0.6	0.1
Cd	0.2	0.2	0.3
Ce	0.1	0.1	----
Cde	0.4	0.1	1.5

Urban and Rural Summaries of Physical Status, 1943–44.

Total Pupils examined.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	78,443	51,935	9,380	61,315	5,330	11,798	17,128
Total pupils examined	34,383	18,993	4,354	23,347	2,185	8,851	11,036
Percentage of pupils enrolled examined	43.8	36.6	46.4	38.1	41.0	75.0	64.4
Physical status — percentage of pupils examined—							
A	40.0	38.2	39.8	38.5	44.6	42.9	43.2
Ad	41.4	43.9	49.1	44.8	27.8	35.9	34.3
Ae	1.9	1.8	0.4	1.6	0.3	3.2	2.6
Ade	3.3	3.4	1.2	3.0	13.9	1.2	3.8
Bd	8.4	8.6	8.6	8.6	7.1	8.2	8.0
Be	1.6	1.7	0.1	1.4	4.0	1.6	2.0
Bde	1.4	1.7	0.6	1.5	0.9	1.4	1.3
Cd	0.4	0.2	0.1	0.2	0.5	0.7	0.7
Ce	0.1	0.1	----	0.1	0.1	0.2	0.2
Cde	1.5	0.4	0.1	0.3	0.8	4.7	3.9

URBAN AND RURAL SUMMARIES OF PHYSICAL STATUS, 1943–44—*Continued.*

Grade I.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	10,204	6,423	1,180	7,603	773	1,828	2,601
Total pupils examined	6,914	3,953	912	4,865	480	1,569	2,049
Percentage of pupils enrolled examined	67.8	61.5	77.3	64.0	62.1	85.8	78.8
Physical status — percentage of pupils examined—							
A	35.3	36.0	24.8	33.8	39.2	38.5	38.6
Ad	45 1	45.4	60.5	48.2	37.3	38.2	38.0
Ae	1.3	0.6	.....	0.5	0.2	4.2	3.3
Ade	3.0	3.4	1.2	3.0	8.5	1.2	3.0
Bd	10.8	11.0	12.8	11.3	10.6	9.4	9.7
Be	1.4	1.2	0.1	1.0	2.3	2.2	2.2
Bde	1.3	1.4	0.4	1.3	1.5	1.3	1.3
Cd	0.4	0.2	0.1	0.2	0.2	1.0	0.8
Ce	0.2	0.2	.....	0.2	.....	0.3	0.2
Cde	1.2	0.6	0.1	0.5	0.2	3.7	2.9

Grades II.–VI.

Total pupils enrolled in grades examined	36,155	22,249	4,796	27,045	2,656	6,454	9,110
Total pupils examined	16,090	7,687	1,627	9,314	692	6,084	6,776
Percentage of pupils enrolled examined	44.5	34.5	33.9	34.4	26.1	94.3	74.4
Physical status — percentage of pupils examined—							
A	32 1	33.1	49.3	35.9	37.1	25.6	26.8
Ad	46.9	44.8	39.3	43.8	28.7	53.9	51.4
Ae	2.5	3.4	0.3	2.9	0.7	2.1	1.9
Ade	4 2	5.9	1.6	5.1	19.1	1.1	2.9
Bd	7.3	8.0	8.1	8.0	6.0	6.5	6.5
Be	2.0	2 6	0.2	2.2	6.2	1.1	1.7
Bde	2.8	1.8	1.0	1.7	1.2	4.8	4.4
Cd	0.3	0.2	0.1	0.2	0.1	0.5	0.4
Ce	0.1	.....	.....	.....	0.3	0.1	0.1
Cde	1.8	0.2	0.1	0.2	0.6	4.3	3.9

Grades VII.–IX.

Total pupils enrolled in grades examined	19,771	13,549	2,444	15,993	1,119	2,659	3,778
Total pupils examined	8,562	4,326	1,171	5,497	608	2,457	3,065
Percentage of pupils enrolled examined	43.3	31.9	47.9	34.4	54.3	92.4	81.1
Physical status — percentage of pupils examined—							
A	36.5	36.3	37.3	36.5	48.1	34.0	36.7
Ad	48.6	47.5	51.4	48.3	28.0	53.9	49.0
Ae	1.1	1.1	1.2	1.1	0.2	1.2	1.0
Ade	1.6	1.2	0.9	1.1	9.7	0.6	2.3
Bd	8.1	10.1	8.5	9.8	7.4	5.0	5.4
Be	1.2	0.8	0.3	0.7	5.1	1.2	2.0
Bde	1.5	2.5	0.3	2.0	0.5	0.5	0.5
Cd	0.3	0.2	0.1	0.2	0.8	0.5	0.5
Ce	0.1	0.1	.....	0.1	.....	0.2	0.2
Cde	1.0	0.2	.....	0.2	0.2	2.9	2.4

Urban and Rural Summaries of Physical Status, 1943–44—*Continued.*

Grades X.–XIII.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	9,951	7,580	962	8,542	479	930	1,409
Total pupils examined	5,206	3,506	646	4,152	225	829	1,054
Percentage of pupils enrolled examined	52.3	46.3	67.2	48.6	47.0	89.1	74.8
Physical status — percentage of pupils examined—							
A	50.6	59.8	41.3	57.0	59.6	35.7	39.5
Ad	41 4	32.0	53.7	35.4	24.9	55.5	50.7
Ae	1.4	0.8	.....	0.7	.....	4.4	3.7
Ade	0.6	0.4	0.5	0.4	6.2	0.3	1.2
Bd	4.1	4.8	4.2	4.7	6.7	2.1	2.8
Be	0.7	0.9	.....	0.8	1.3	0.4	0.6
Bde	0.5	0.7	0.3	0.6	0.4	0.1	0.1
Cd	0.2	0.3	.....	0.2	0.9	0.2	0.3
Ce	0.1	0.1	.....	0.1	.....	.....	.....
Cde	0.4	0.2	.....	0.1	.....	1.3	1.1

Immunization Status, Organized and Unorganized Territory, 1943–44.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	78,443	68,225	10,218
Percentage immunized—			
Diphtheria	71.2	72.1	64.8
Scarlet fever	25.8	24.0	37.1
Smallpox	59.6	59.8	58.5

Grade I.

Total pupils enrolled in grades examined	10,204	8,562	1,642
Percentage immunized—			
Diphtheria	64.5	61.6	79.5
Scarlet fever	24.4	21.2	41.0
Smallpox	58.3	56.1	69.4

Grades II.–VI.

Total pupils enrolled in grades examined	36,155	30,330	5,825
Percentage immunized—			
Diphtheria	82.9	86.2	65.8
Scarlet fever	24.9	22.3	38.4
Smallpox	63.3	64.0	59.6

IMMUNIZATION STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1943–44—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	19,771	17,593	2,178
Percentage immunized—			
Diphtheria	74.5	76.8	56.1
Scarlet fever	36.0	37.1	27.0
Smallpox	61.1	62.5	49.0

Grades X.–XIII.

Total pupils enrolled in grades examined	9,951	9,248	703
Percentage immunized—			
Diphtheria	50.4	50.3	52.2
Scarlet fever	33.9	34.9	21.2
Smallpox	61.5	62.7	45.4

RURAL AND URBAN IMMUNIZATION STATUS, 1943–44.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	78,443	51,935	9,380	61,315	5,330	9,384	14,714
Percentage immunized—							
Diphtheria	71.2	70.9	74.4	71.4	73.4	86.5	81.7
Scarlet fever	25.8	23.4	32.2	24.8	17.4	43.6	34.1
Smallpox	59.6	58.6	54.3	57.9	72.5	78.5	76.3

Grade I.

Total pupils enrolled in grades examined	10,204	6,423	1,180	7,603	773	1,828	2,601
Percentage immunized—							
Diphtheria	64.5	56.5	86.4	61.2	56 4	81.6	74.1
Scarlet fever	24.4	22.5	24.0	22.7	9.7	37.5	29.3
Smallpox	58.3	52.7	62.2	54.2	68.0	71.1	70.2

Grades II.–VI.

Total pupils enrolled in grades examined	36,155	22,249	4,796	27,045	2,656	6,454	9,110
Percentage immunized—							
Diphtheria	82.9	85.2	90.2	86.1	85.7	68.3	73.4
Scarlet fever	24.9	22.2	25.6	22.8	18.7	36.0	31.0
Smallpox	63.3	61.5	59.2	61.1	88.9	62.0	69.9

Rural and Urban Immunization Status, 1943–44—*Continued.*

Grades VII.–IX.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	19,771	13,549	2,444	15,993	1,119	2,659	3,778
Percentage immunized—							
Diphtheria	74.5	79.5	60.4	76.6	74 5	61.9	65.7
Scarlet fever	36.0	40.0	31.4	38.7	22.5	25.7	24.8
Smallpox	61.1	65.3	45.7	62.3	56.6	55.2	55.6

Grades X.–XIII.

Total pupils enrolled in grades examined	9,951	7,580	962	8,542	479	930	1,409
Percentage immunized—							
Diphtheria	50.4	50.9	26.2	48.2	74.9	58.8	64.3
Scarlet fever	33.9	31.1	86.8	36.2	14.6	22.6	19.9
Smallpox	61.5	64.9	42.4	62.4	64.5	51.8	56.1

Medical Inspection of School Personnel, Organized and Unorganized Territory, 1943–44.

	Total.	Organized.	Unorganized.
Total personnel employed in grades examined	2,926	2,472	454
Total personnel examined	365	156	209
Percentage of personnel employed examined	12.5	6.3	46.0
Physical status—percentage of personnel examined—			
A	69.8	73.8	67.0
Ad	19.5	19.2	19.6
B	4.4	2.6	5.7
Bd	6.0	3.8	7.7
C	-----	-----	-----
Cd	0.3	0.6	-----

Medical Inspection of Rural and Urban School Personnel, 1943–44.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total personnel employed in grades examined	2,926	1,913	288	2,201	179	546	725
Total personnel examined	365	94	17	111	10	244	254
Percentage of personnel employed examined	12.5	4.9	5.9	5.0	5.6	44.7	35.0
Physical status — percentage of personnel examined—							
A	70.1	92.6	23.6	82.0	100.0	63.1	64.6
Ad	19.5	4.3	52.9	11.7	-----	23.8	22.8
B	4.4	2.1	-----	1.8	-----	5.7	5.5
Bd	6.0	1.0	17.6	3.6	-----	7.4	7.1
C	-----	-----	-----	-----	-----	-----	-----
Cd	-----	-----	5.9	0.9	-----	-----	-----

PHYSICAL STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1942–43.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	77,844	67,926	9,918
Total pupils examined	40,006	31,813	8,193
Percentage of pupils enrolled examined	51.4	46.8	82.6
Physical status—percentage of pupils examined—			
A	45.3	44.3	49.5
Ad	39.6	40.9	34.5
Ae	0.9	0.7	1.6
Ade	1.9	1.9	1.9
Bd	8.7	8.7	8.8
Be	0.9	0.8	1.1
Bde	1.9	2.0	1.5
Cd	0.5	0.4	0.8
Ce	0.1	0.1	0.1
Cde	0.2	0.2	0.2

Grade I.

Total pupils enrolled in grades examined	9,024	7,629	1,395
Total pupils examined	6,649	5,295	1,354
Percentage of pupils enrolled examined	73.7	69.4	97.1
Physical status—percentage of pupils examined—			
A	35.1	34.0	39.6
Ad	51.0	52.8	44.0
Ae	0.8	0.7	1.0
Ade	1.7	1.8	1.2
Bd	7.1	6.5	9.7
Be	1.1	1.1	1.2
Bde	2.2	2.2	2.0
Cd	0.5	0.5	0.7
Ce	0.2	0.1	0.5
Cde	0.3	0.3	0.1

Grades II.–VI.

Total pupils enrolled in grades examined	37,707	32,813	4,894
Total pupils examined	15,701	11,710	3,991
Percentage of pupils enrolled examined	41.6	28.0	81.5
Physical status—percentage of pupils examined—			
A	41.0	39.7	44.8
Ad	39.6	40.1	38.1
Ae	1.1	0.8	1.7
Ade	2.6	2.6	2.7
Bd	11.0	11.8	8.9
Be	0.9	0.8	1.1
Bde	2.5	2.8	1.8
Cd	0.9	1.0	0.6
Ce	0.1	0.1	*
Cde	0.3	0.3	0.3

* Less than 0.1 per cent.

Physical Status, Organized and Unorganized Territory, 1942–43—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	20,034	17,959	2,075
Total pupils examined	8,058	6,353	1,705
Percentage of pupils enrolled examined	40.2	35.4	82.2
Physical status—percentage of pupils examined—			
A	61.9	63.0	57.4
Ad	21.7	19.2	31.3
Ae	0.9	0.7	1.7
Ade	1.7	1.9	0.9
Bd	9.8	10.7	6.4
Be	1.1	1.1	0.9
Bde	2.1	2.5	0.8
Cd	0.6	0.6	0.6
Ce	*	0.1	-----
Cde	0.2	0.2	*

* Less than 0.1 per cent.

Grades X.–XIII.

Total pupils enrolled in grades examined	9,705	9,018	687
Total pupils examined	5,044	4,483	561
Percentage of pupils enrolled examined	52.0	49.7	81.7
Physical status—percentage of pupils examined—			
A	61.2	60.3	68.9
Ad	30.9	32.0	22.6
Ae	0.7	0.5	1.8
Ade	0.5	0.5	0.4
Bd	4.3	4.2	5.2
Be	0.8	0.8	0.5
Bde	0.7	0.7	0.2
Cd	0.5	0.6	0.2
Ce	0.2	0.2	-----
Cde	0.2	0.2	0.2

Urban and Rural Summaries of Physical Status, 1942–43.

Total Pupils examined.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	77,844	47,932	10,640	58,572	7,710	11,562	19,272
Total pupils examined	40,006	23,066	4,849	27,915	2,466	9,625	12,091
Percentage of pupils enrolled examined	51.4	48.1	45.6	47.7	32.0	83.2	62.7
Physical status — percentage of pupils examined—							
A	45.3	46.5	34.6	44.5	43.2	48.5	47.4
Ad	39.6	38.5	58.3	41.9	30.1	35.4	34.3
Ae	0.9	0.7	0.6	0.7	1.3	1.4	1.4
Ade	1.9	1.2	1.2	1.2	10.0	1.7	3.4
Bd	8.7	8.9	4.5	8.1	11.9	9.5	10.0
Be	0.9	1.0	*	0.9	0.9	1.0	1.0
Bde	1.9	2.3	0.6	2.0	2.3	1.4	1.6
Cd	0.5	0.5	0.1	0.4	0.2	0.8	0.7
Ce	0.1	0.2	-----	0.1	-----	0.1	*
Cde	0.2	0.2	0.1	0.2	0.1	0.2	0.2

* Less than 0.1 per cent.

URBAN AND RURAL SUMMARIES OF PHYSICAL STATUS, 1942–43—*Continued.*

Grade I.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	9,024	4,922	1,403	6,325	1,091	1,608	2,699
Total pupils examined	6,649	3,651	865	4,516	577	1,556	2,133
Percentage of pupils enrolled examined	73.7	74.2	61.7	71.4	52.9	96.8	79.0
Physical status — percentage of pupils examined—							
A	35.1	36.1	28.3	34.6	31.2	38.3	36.4
Ad	51.0	53.1	63.7	54.9	35.4	45.0	42.5
Ae	0.8	0.6	0.2	0.6	2.1	0.8	1.2
Ade	1.7	1.3	1.3	1.3	6.2	1.2	2.5
Bd	7.1	4.2	5.4	4.4	19.6	10.5	12.9
Be	1.1	1.5	.....	1.2	0.9	1.0	1.0
Bde	2.2	2.2	0.8	2.0	4.0	2.0	2.5
Cd	0.5	0.6	0.2	0.6	0.3	0.6	0.5
Ce	0.2	0.1	.....	0.1	.....	0.4	0.3
Cde	0.3	0.3	0.1	0.3	0.3	0.2	0.2

Grades II.–VI.

Total pupils enrolled in grades examined	37,707	22,184	5,392	27,576	4,487	5,644	10,131
Total pupils examined	15,701	8,767	1,166	9,933	1,164	4,604	5,768
Percentage of pupils enrolled examined	41.6	39.5	21.6	36.0	25.9	81.6	56.9
Physical status — percentage of pupils examined—							
A	41.0	41.8	24.6	39.8	40.3	43.6	43.1
Ad	39.6	38.0	64.7	41.2	30.4	38.6	36.9
Ae	1.1	0.8	*	0.7	1.6	1.6	1.6
Ade	2.6	1.6	1.9	1.6	12.4	2.4	4.4
Bd	11.0	12.2	6.5	11.5	11.5	9.8	10.2
Be	0.9	0.9	0.2	0.8	0.9	1.2	1.1
Bde	2.5	3.0	1.7	2.9	2.6	1.8	1.9
Cd	0.9	1.2	0.2	1.0	0.3	0.7	0.6
Ce	0.1	0.2	.....	0.2	.....	*	*
Cde	0.3	0.3	0.2	0.3	*	0.3	0.2

Grades VII.–IX.

Total pupils enrolled in grades examined	20,034	13,490	2,659	16,149	1,398	2,487	3,885
Total pupils examined	8,058	4,676	828	5,504	456	2,098	2,554
Percentage of pupils enrolled examined	40.2	34.7	31.1	34.1	32.6	84.4	65.7
Physical status — percentage of pupils examined—							
A	61.9	70.2	35.4	65.0	52.2	55.6	55.1
Ad	21.7	10.0	56.2	17.0	31.6	32.1	32.0
Ae	0.9	0.8	0.4	0.8	0.2	1.5	1.3
Ade	1.7	1.8	1.3	1.7	5.5	0.9	1.7
Bd	9.8	11.5	5.9	10.6	9.6	7.6	7.9
Be	1.1	1.5	0.1	1.3	.....	0.8	0.6
Bde	2.1	3.3	0.4	2.8	0.7	0.7	0.7
Cd	0.6	0.6	0.2	0.5	0.2	0.8	0.7
Ce	*	0.1	.....	0.1	.....	.....	.....
Cde	0.2	0.2	0.1	0.2	.....	*	*

* Less than 0.1 per cent.

Urban and Rural Summaries of Physical Status, 1942–43—*Continued.*

Grades X.–XIII.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	9,705	6,891	1,260	8,151	633	921	1,554
Total pupils examined	5,044	3,740	337	4,077	183	784	967
Percentage of pupils enrolled examined	52.0	54.3	26.7	50.0	28.9	85.1	62.2
Physical status — percentage of pupils examined—							
A	61.2	62.0	39.2	60.1	65.6	66.1	66.0
Ad	30.9	30.1	57.0	32.3	22.4	25.9	25.2
Ae	0.7	0.6	.....	0.6	0.5	1.3	1.1
Ade	0.5	0.3	.....	0.3	6.0	0.4	1.5
Bd	4.3	4.3	3.8	4.3	1.1	5.1	4.4
Be	0.8	0.8	.....	0.7	4.4	0.4	1.1
Bde	0.7	0.7	.....	0.7	.....	0.6	0.5
Cd	0.5	0.7	.....	0.6	.....	0.1	0.1
Ce	0.2	0.3	.....	0.2	.....	.....	.....
Cde	0.2	0.2	.....	0.2	.....	0.1	0.1

Immunization Status, Organized and Unorganized Territory, 1942–43.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	77,844	67,926	9,918
Percentage immunized—			
Diphtheria	51.9	54.0	37.6
Scarlet fever	12.6	11.4	20.6
Smallpox	51.1	52.6	40.7

Grade I.

Total pupils enrolled in grades examined	9,024	7,629	1,395
Percentage immunized—			
Diphtheria	54.8	59.3	30.5
Scarlet fever	13.2	11.8	20.4
Smallpox	52.4	56.1	32.1

Grades II.–VI.

Total pupils enrolled in grades examined	37,707	32,813	4,894
Percentage immunized—			
Diphtheria	57.9	60.0	43.8
Scarlet fever	12.2	10.4	25.1
Smallpox	56.4	58.3	43.7

IMMUNIZATION STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1942–43—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled in grades examined	20,034	17,959	2,075
Percentage immunized—			
Diphtheria	44.7	45.9	34.2
Scarlet fever	10.6	9.6	19.2
Smallpox	50.5	52.0	37.4

Grades X.–XIII.

Total pupils enrolled in grades examined	9,705	9,018	687
Percentage immunized—			
Diphtheria	40.7	41.4	31.3
Scarlet fever	8.8	8.3	15.9
Smallpox	56.2	57.7	36.7

RURAL AND URBAN IMMUNIZATION STATUS, 1942–43.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	77,844	47,932	10,640	58,572	7,710	11,562	19,272
Percentage immunized—							
Diphtheria	51.9	58.2	51.6	57.0	34.1	37.7	36.2
Scarlet fever	12.6	11.4	10.4	11.2	10.6	20.8	16.7
Smallpox	51.1	58.8	33.3	54.2	40.2	42.7	41.7

Grade I.

Total pupils enrolled in grades examined	9,024	4,922	1,403	6,325	1,091	1,608	2,699
Percentage immunized—							
Diphtheria	54.8	66.1	53.4	63.2	42.0	30.4	35.1
Scarlet fever	13.2	12.4	13.8	12.7	6.3	19.6	14.2
Smallpox	52.4	67.9	32.8	60.1	34.7	33.9	34.2

Grades II.–VI.

Total pupils enrolled in grades examined	37,707	22,184	5,392	27,576	4,487	5,644	10,131
Percentage immunized—							
Diphtheria	57.9	67.0	54.7	64.6	34.9	43.4	39.7
Scarlet fever	12.2	9.1	12.2	9.7	11.6	24.7	18.9
Smallpox	56.4	66.5	37.2	60.8	44.7	44.4	44.5

Rural and Urban Immunization Status, 1942–43—*Continued.*

Grades VII.–IX.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled in grades examined	20,034	13,490	2,659	16,149	1,398	2,487	3,885
Percentage immunized—							
Diphtheria	44.7	48.1	45.4	47.6	28.5	35.1	32.7
Scarlet fever	10.6	9.1	7.8	8.9	12.7	20.0	17.4
Smallpox	50.5	56.0	39.5	53.3	33.0	42.5	39.1

Grades X.–XIII.

Total pupils enrolled in grades examined	9,705	6,891	1,260	8,151	633	921	1,554
Percentage immunized—							
Diphtheria	40.7	45.9	23.7	42.4	30.0	32.7	31.6
Scarlet fever	8.8	8.8	3.1	7.9	4.4	19.9	13.6
Smallpox	56.2	63.8	33.3	59.1	37.1	43.8	41.1

Medical Inspection of School Personnel, Organized and Unorganized Territory, 1942–43.

	Total.	Organized.	Unorganized.
Total personnel employed in grades examined	1,615	1,095	520
Total personnel examined	427	176	251
Percentage of personnel employed examined	26.4	16.1	48.3
Physical status—percentage of personnel examined—			
A	73.4	81.3	67.7
Ad	18.0	10.2	23.5
B	2.6	4.5	1.2
Bd	4.9	3.4	6.0
C	0.9	0.6	1.2
Cd	0.2	.....	0.4

Medical Inspection of Rural and Urban School Personnel, 1942–43.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total personnel employed in grades examined	1,615	534	346	880	150	585	735
Total personnel examined	427	107	7	114	25	288	313
Percentage of personnel employed examined	26.4	20.0	2.0	13.0	16.7	49.2	42.6
Physical status — percentage of personnel examined—							
A	73.4	87.0	100.0	87.7	92.0	66.1	68.0
Ad	18.0	3.7	.....	3.5	8.0	24.7	23.3
B	2.6	7.5	.....	7.0	.....	1.0	1.0
Bd	4.9	0.9	.....	0.9	.....	6.9	6.4
C	0.9	0.9	.....	0.9	.....	1.0	1.0
Cd	0.2	.....	.....	.....	.....	0.3	0.3

PHYSICAL STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1941–42.

	Total.	Organized.	Unorganized.
Total pupils enrolled	118,405	94,447	23,958
Total pupils examined	59,642	40,659	18,983
Percentage of pupils enrolled examined	50.4	43.0	79.2
Physical status—percentage of pupils examined—			
A	48.7	47.7	50.9
Ad	35.2	35.4	34.7
Ae	2.0	1.9	2.5
Ade	1.7	1.6	2.0
Bd	8.0	7.7	8.5
Be	1.2	1.8	-----
Bde	1.6	2.3	-----
Cd	0.9	0.9	0.9
Ce	*	-----	0.1
Cde	0.6	0.7	0.4

Grade I.

Total pupils enrolled	12,409	9,061	3,348
Total pupils examined	9,578	7,321	2,257
Percentage of pupils enrolled examined	77.2	80.8	67.4
Physical status—percentage of pupils examined—			
A	37.3	36.1	41.3
Ad	42.0	42.4	41.1
Ae	2.2	1.7	3.6
Ade	3.0	3.0	3.0
Bd	10.0	10.4	8.8
Be	0.8	1.1	-----
Bde	2.2	2.8	-----
Cd	1.0	1.0	1.2
Ce	0.1	-----	0.5
Cde	1.3	1.5	0.5

Grades II.–VI.

Total pupils enrolled	57,568	44,029	13,539
Total pupils examined	23,495	14,329	9,166
Percentage of pupils enrolled examined	40.8	32.5	67.7
Physical status—percentage of pupils examined—			
A	45.8	46.1	45.0
Ad	38.2	37.3	39.6
Ae	2.0	1.4	3.0
Ade	1.9	1.5	2.7
Bd	8.1	7.8	8.4
Be	0.8	1.4	-----
Bde	1.7	2.9	-----
Cd	0.8	0.9	0.7
Ce	*	-----	0.2
Cde	0.6	0.7	0.4

* Less than 0.1 per cent.

Physical Status, Organized and Unorganized Territory, 1941–42—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled	30,701	25,336	5,365
Total pupils examined	13,704	10,178	3,526
Percentage of pupils enrolled examined	44.6	40.2	65.7
Physical status—percentage of pupils examined—			
A	52.1	50.8	56.6
Ad	34.3	34.9	32.4
Ae	2.0	2.0	1.9
Ade	0.9	0.7	1.5
Bd	6.8	7.0	6.2
Be	1.4	1.8	-----
Bde	1.2	1.7	-----
Cd	0.9	0.8	1.1
Ce	*	-----	*
Cde	0.3	0.3	0.2

Grades X.–XIII.

Total pupils enrolled	17,727	16,021	1,706
Total pupils examined	8,675	7,375	1,300
Percentage of pupils enrolled examined	48.9	46.0	76.2
Physical status—percentage of pupils examined—			
A	60.4	59.3	67.7
Ad	27.9	28.2	25.6
Ae	2.2	2.4	1.2
Ade	0.7	0.7	0.6
Bd	4.5	4.5	4.4
Be	2.1	2.5	-----
Bde	1.3	1.5	-----
Cd	0.5	0.6	0.2
Ce	*	-----	*
Cde	0.3	0.3	0.2

* Less than 0.1 per cent.

Urban and Rural Summaries of Physical Status, 1941–42.

Total Pupils examined.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled	118,405	66,808	13,518	80,326	13,229	24,850	38,079
Total pupils examined	59,642	30,962	5,854	36,816	2,996	19,830	22,826
Percentage of pupils enrolled examined	50.4	46.3	43.3	45.8	22.6	79.8	59.9
Physical status — percentage of pupils examined—							
A	48.7	51.9	30.8	48.5	43.0	49.9	49.2
Ad	35.2	32.0	56.1	35.8	29.3	35.0	34.2
Ae	2.0	2.0	1.0	1.9	2.3	2.4	2.3
Ade	1.7	1.8	1.0	1.7	0.4	2.0	1.8
Bd	8.0	6.8	8.1	7.1	12.8	8.9	9.4
Be	1.2	1.9	1.0	1.7	3.3	*	0.5
Bde	1.6	2.4	1.1	2.2	3.8	0.1	0.6
Cd	0.9	0.7	0.8	0.7	1.9	0.9	1.1
Ce	*	-----	-----	-----	-----	0.2	0.1
Cde	0.6	0.5	*	0.4	3.2	0.5	0.8

* Less than 0.1 per cent.

URBAN AND RURAL SUMMARIES OF PHYSICAL STATUS, 1941–42—*Continued.*

Grade I.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled	12,409	6,041	1,444	7,485	1,490	3,434	4,924
Total pupils examined	9,578	5,637	1,091	6,728	479	2,371	2,850
Percentage of pupils enrolled examined	77.2	93.3	75.5	89.9	32.1	69.0	57.9
Physical status — percentage of pupils examined—							
A	37.3	37.3	30.8	36.3	32.4	41.4	39.8
Ad	42.0	40.0	57.6	42.8	36.9	41.1	40.4
Ae	2.2	2.0	1.2	1.8	0.2	3.4	2.9
Ade	3.0	3.8	*	3.2	0.8	2.9	2.6
Bd	10.0	10.2	7.6	9.8	18.2	8.9	10.5
Be	0.8	1.3	0.4	1.1	0.8	*	0.2
Bde	2.2	3.3	1.1	3.0	0.8	*	0.2
Cd	1.0	0.9	1.2	1.0	1.3	1.0	1.1
Ce	0.1	.....	.....	.....	.....	0.5	0.4
Cde	1.3	1.2	*	1.0	8.6	0.6	1.9

Grades II.–VI.

Total pupils enrolled	57,568	29,527	7,153	36,680	7,003	13,885	20,888
Total pupils examined	23,495	10,698	1,988	12,686	1,190	9,619	10,809
Percentage of pupils enrolled examined	40.8	36.2	27.8	34.6	17.0	69.3	51.7
Physical status — percentage of pupils examined—							
A	45.8	50.8	26.1	46.9	41.8	44.8	44.5
Ad	38.2	34.5	60.0	38.5	27.4	39.1	37.8
Ae	2.0	1.6	0.7	1.4	1.3	2.8	2.7
Ade	1.9	1.6	1.1	1.5	0.7	2.6	2.4
Bd	8.1	6.1	9.6	6.7	15.7	9.0	9.7
Be	0.8	1.6	0.4	1.4	1.1	*	0.2
Bde	1.7	2.8	1.4	2.6	5.3	0.2	0.7
Cd	0.8	0.7	0.6	0.7	2.7	0.8	1.0
Ce	*	.....	.....	.....	.....	0.1	0.1
Cde	0.6	0.3	*	0.3	4.0	0.5	0.9

Grades VII.–IX.

Total pupils enrolled	30,701	18,479	3,455	21,934	3,142	5,625	8,767
Total pupils examined	13,704	8,227	1,066	9,293	693	3,718	4,411
Percentage of pupils enrolled examined	44.6	44.5	30.9	42.4	22.1	66.1	50.3
Physical status — percentage of pupils examined—							
A	52.1	53.9	31.6	51.2	54.3	54.2	54.1
Ad	34.3	31.7	57.7	34.7	29.8	34.0	33.4
Ae	2.0	2.2	1.4	2.2	0.9	1.8	1.7
Ade	0.9	0.8	0.8	0.8	.....	1.4	1.2
Bd	6.8	6.6	4.9	6.4	10.7	7.0	7.6
Be	1.4	1.9	2.1	1.9	0.7	*	0.2
Bde	1.2	1.8	1.2	1.7	1.3	*	0.2
Cd	0.9	0.8	0.2	0.8	1.4	1.2	1.2
Ce	*	.....	.....	.....	.....	*	*
Cde	0.3	0.3	*	0.3	0.9	0.3	0.4

* Less than 0.1 per cent.

URBAN AND RURAL SUMMARIES OF PHYSICAL STATUS, 1941–42—*Continued.*

Grades X.–XIII.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled	17,727	12,761	1,466	14,227	1,594	1,906	3,500
Total pupils examined	8,675	5,847	1,089	6,936	378	1,361	1,739
Percentage of pupils enrolled examined	48.9	45.8	74.3	48.8	23.7	71.4	49.7
Physical status — percentage of pupils examined—							
A	60.5	63.8	36.7	59.7	60.9	64.9	64.1
Ad	27.9	22.8	52.1	27.4	37.3	27.8	29.8
Ae	2.2	2.8	0.8	2.5	0.8	1.2	1.1
Ade	0.7	0.7	0.6	0.7	.....	0.7	0.5
Ba	4.5	4.2	7.0	4.7	0.5	4.8	3.9
Be	2.1	3.0	0.9	2.7	.....	.....	.....
Bde	1.3	1.7	1.3	1.6	0.5	.....	0.1
Cd	0.5	0.6	0.6	0.6	.....	0.4	0.3
Ce	*	.....	.....	.....	.....	*	*
Cde	0.3	0.4	.....	0.3	.....	0.1	0.1

* Less than 0.1 per cent.

IMMUNIZATION STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1941–42.

	Total.	Organized.	Unorganized.
Total pupils enrolled	118,405	94,447	23,958
Percentage immunized—			
Diphtheria	21.4	19.6	28.1
Scarlet fever	5.2	3.7	11.0
Smallpox	21.2	18.5	31.7

Grade I.

Total pupils enrolled	12,409	9,061	3,348
Percentage immunized—			
Diphtheria	27.2	31.0	16.8
Scarlet fever	3.7	3.1	5.4
Smallpox	23.8	27.1	14.8

Grades II.–VI.

Total pupils enrolled	57,568	44,029	13,539
Percentage immunized—			
Diphtheria	17.2	16.0	21.2
Scarlet fever	3.6	4.2	9.1
Smallpox	18.5	16.7	24.3

IMMUNIZATION STATUS, ORGANIZED AND UNORGANIZED TERRITORY, 1941–42—*Continued.*

Grades VII.–IX.

	Total.	Organized.	Unorganized.
Total pupils enrolled	30,701	25,336	5,365
Percentage immunized—			
Diphtheria	15.9	14.6	22.1
Scarlet fever	3.5	2.2	9.5
Smallpox	17.7	16.1	25.1

Grades X.–XIII.

Total pupils enrolled	17,727	16,021	1,706
Percentage immunized—			
Diphtheria	11.9	10.8	22.0
Scarlet fever	3.1	2.1	12.1
Smallpox	19.1	18.1	28.3

RURAL AND URBAN IMMUNIZATION STATUS, 1941–42.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled	118,405	66,808	13,518	80,326	13,229	24,850	38,079
Percentage immunized—							
Diphtheria	21.4	17.3	30.9	20.1	19.2	28.2	25.1
Scarlet fever	5.2	3.7	1.2	3.3	5.0	11.6	9.2
Smallpox	21.2	15.9	24.5	17.4	21.9	30.9	27.7

Grade I.

Total pupils enrolled	12,409	6,041	1,444	7,485	1,490	3,434	4,924
Percentage immunized—							
Diphtheria	27.2	26.5	53.5	31.7	26.0	17.9	20.3
Scarlet fever	3.7	2.7	1.2	2.4	5.6	5.9	5.8
Smallpox	23.8	25.5	28.7	26.2	28.3	18.6	21.6

Grades II.–VI.

Total pupils enrolled	57,568	29,527	7,153	36,680	7,003	13,885	20,888
Percentage immunized—							
Diphtheria	17.2	13.8	12.5	13.5	21.9	21.9	21.9
Scarlet fever	3.6	3.9	1.0	3.4	6.3	10.2	8.9
Smallpox	18.5	13.3	18.8	14.4	25.6	22.8	23.8

Rural and Urban Immunization Status, 1941–42—*Continued.*

Grades VII.–IX.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
Total pupils enrolled	30,701	18,479	3,455	21,934	3,142	5,625	8,767
Percentage immunized—							
Diphtheria	15.9	7.07	21.5	9.2	13.9	21.9	19.0
Scarlet fever	3.5	2.1	0.9	1.9	3.6	9.8	7.6
Smallpox	17.7	14.8	19.3	15.5	15.3	24.8	21.4

Grades X.–XIII.

Total pupils enrolled	17,727	12,761	1,466	14,227	1,594	1,906	3,500
Percentage immunized—							
Diphtheria	11.9	9.0	26.0	10.8	11.7	19.7	16.1
Scarlet fever	3.1	2.1	2.7	2.2	1.6	11.5	7.0
Smallpox	19.1	16.3	36.7	18.4	12.4	23.8	18.6

Medical Inspection of School Personnel, Organized and Unorganized Territory, 1941–42.

	Total.	Organized.	Unorganized.
Total personnel employed	4,224	3,057	1,167
Total personnel examined	1,002	225	777
Percentage of personnel employed examined	23.7	7.4	66.6
Physical status—percentage of personnel examined—			
A	84.4	89.8	82.8
Ad	11.7	6.2	13.3
B	1.8	2.2	1.7
Bd	1.3	0.9	1.4
C	0.4	.....	0.5
Cd	0.4	0.9	0.3

Medical Inspection of Rural and Urban School Personnel, 1941–42.

	Total.	Cities.	Urban Municipalities.	Total, Urban.	Rural Municipalities.	Unorganized and Villages.	Total, Rural.
No. enrolled	4,224	2,100	416	2,516	467	1,241	1,708
No. examined	1,002	115	24	139	47	816	863
Percentage of personnel employed examined	23.7	5.5	5.8	5.5	10.1	65.8	50.5
Physical status — percentage of personnel examined—							
A	84.4	89.5	87.5	89.3	100.0	82.8	83.7
Ad	11.7	5.2	4.2	5.0	.....	13.5	12.7
B	1.8	1.7	8.3	2.9	.....	1.7	1.6
Bd	1.3	1.7	.....	1.4	.....	1.3	1.3
C	0.4	.....	.....	.....	.....	0.5	0.5
Cd	0.4	1.7	.....	1.4	.....	0.2	0.2

* Less than 0.1 per cent.

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