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County Borough.**

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COUNTY BOROUGH  
OF  
BARROW-IN-FURNESS.



School Medical Officer's  
Report,

FOR YEAR ENDING DECEMBER 31ST, 1938.





# REPORT OF THE SCHOOL MEDICAL OFFICER

FOR THE  
YEAR ENDED 31ST DECEMBER, 1938.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE COUNTY BOROUGH OF BARROW-IN-FURNESS

Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Medical Service for the year 1938. The Report follows the suggestions of the Board of Education, and is a record of the work carried out amongst the children attending the Public Elementary Schools and the Higher Education Schools of the Borough.

The statistical part applies to the end of the year 1938, when Dr. T. A. Seekings was School Medical Officer. He left the service of the Local Authority on 31st January, 1939, when I took over duties of the Medical Officer of Health and School Medical Officer. It has therefore fallen to my lot to prepare the present report.

I wish to thank the members of your Committee, and the Director and Staff of the Education Department, for their co-operation during my short term of office.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

A. R. FORREST,

Medical Officer of Health and  
School Medical Officer.

## MEDICAL AND NURSING STAFFS:

School Medical Officer ... ..	THOMAS A. SEEKINGS, M.D. (Lond.), D.P.H.
Assistant School Medical Officers ....	A. R. FORREST, M.B., Ch.B., D.P.H. (appointed M.O.H. and S.M.O., 1st February, 1939). F. J. H. CRAWFORD, B.Sc., M.D., D.P.H. DOROTHY G. STEWART, M.B., Ch.B.
School Dental Officers .. ...	J. HUGHLINGS DAVIES, L.D.S. Miss B. I. S. DEWAR, L.D.S.
School Nurses ... ..	A. DAVIS, General Trained. E. HARPER, General Trained, C.M.B. Cert., S.R.N. A. M. RUTHERFORD, General Trained, S.R.N. (resigned 31-10-1938).
Ophthalmic Officer (part-time) ....	GEOFFREY E. PLOWRIGHT, M.B., Ch.B., D.O.M.S.



## SCHOOL PROVISION, &amp;c.

## AREA No. 1—WALNEY ISLAND.

Walney Central.  
 Ocean Road Junior and Infants.  
 Vickerstown Junior and Infants.

## AREA No. 3—HAWCOAT.

Victoria Central Girls.  
 Oxford Street Junior.  
 Victoria Infants.  
 St. Paul's Junior and Infants.  
 Hawcoat Junior and Infants.

## AREA No. 5—CENTRAL.

Alfred Barrow Central Boys. ✓  
 Alfred Barrow Central Girls. ✓  
 Rawlinson Street Junior Boys ✓  
 Rawlinson Street Junior Girls. ✓  
 Barrow Island Junior. ✓  
 St. George's Junior and Infants. ✓  
 Rawlinson Street Infants.  
 Thwaite Street Infants.  
 Barrow Island Infants.

## AREA No. 2—SALTHOUSE.

Risedale Central.  
 Cambridge Street Junior  
 Cambridge Street Infants.  
 Roose Junior and Infants.

## AREA No. 4—HINDPOOL.

Holker Central Boys.  
 St. James' Junior.  
 Holker Street Infants.  
 Blake Street Infants.

## ROMAN CATHOLIC SCHOOLS.

St. Columba's Mixed and Infants.  
 St. Mary's Boys. ✓  
 St. Mary's Girls. ✓  
 St. Mary's Infants.  
 Sacred Heart Mixed and Infants. ✓  
 St. Patrick's Mixed and Infants. ✓

## SPECIAL SCHOOLS.

Blake Street School for Partially Sighted Children.  
 Roa Island Open-Air School.

## CO-ORDINATION.

Co-ordination of the services is obtained by the fact that the Medical Officer of Health is also School Medical Officer, and that all the Assistant Medical Officers are employed in School Medical work and other branches of the Health service.

At present the Nursing Staffs are distinct, but in future all applicants for the post of School Nurse will be required to possess the Health Visitor's Certificate, so that the work may be co-ordinated in so far that each Nurse will be given a definite area of the Borough, and will be responsible for the children therein from the time of birth until leaving School, thereby ensuring there will be no change in personnel.

Records from the Maternity and Child Welfare Department are transferred to the School Medical Department when the child commences School, thus ensuring a complete record of the child's health from the time of birth until he leaves School. These records are available should information be required by the Children's Court, or by the General Practitioners in accordance with the provisions of the N.H.I. (Juvenile Contributors and Young Persons) Act, 1937, Section 6.



Co-ordination with the teaching staffs, the local Society for the Blind, the North Lancashire Association for Mental Welfare, the local branch of the N.S.P.C.C., as well as with the Tuberculosis Department of the Corporation remains the same as described in last year's report, and has worked amicably and beneficially during the year.

#### SCHOOL HYGIENE.

A report on all School premises within the Borough was obtained, a copy of which was forwarded to the Director of Education for attention. During the year plans were submitted to improve the cloakroom and washing facilities in several of the Schools. In many of the older buildings great difficulties are encountered in order to raise them to the standard of that required by the Board for sanitary conveniences, drinking fountains, washing and cloakroom accommodation.

✓ Throughout the year paper towels were used in all Schools. The reports upon this method have been in all cases favourable, and the system has now become a permanent feature.

#### MEDICAL INSPECTION.

Routine Medical Inspection is carried out according to the Code Age Groups, as follows :—

1. " Entrants "—children of 5 years of age, or on first admission to School.
2. " Second Age Group "—children on attaining the age of 8 years, and those who for some reason have missed being previously examined under this head.
3. " Third Age Group "—children who have reached the age of 12 years and upwards, or who have entered School from another area, or who have never been previously examined under this head.
4. " Specials "—children examined as the result of a previous examination, or at the request of the Head Teacher, School Nurse or parent.
5. " Re-examinations "—those children who at the last routine examination had been marked down for observation or treatment.

Prior to Medical Inspection a list is prepared of children in the first three age groups, and these children are weighed, measured, and have their sight tested by the School Nurse. At the actual inspection the Medical Officer is accompanied by the School Nurse. The parents are invited to be present, being notified by the Head Teacher of the time of the inspection.



The numbers of children inspected during the year in the various groups were as follows :—

Entrants	....	....	....	....	757
Second Age Group	....	....	....	....	976
Third Age Group	....	....	....	....	995
					—
Total	....	....	....	....	2728
Number of Other Routine					
				Inspections	—
					—
Grand Total	....	....	....	....	2728
					—
Other Inspections :—					
Number of Special Inspections					1566
Number of Re-Inspections	....				2804
					—
Total	....	....	....	....	4370
					—

The number of children examined at Routine Inspections was slightly increased over the previous year, but the number of Special Inspections and Re-Inspections was considerably increased owing to the Special School Clinics working to capacity.

#### FINDINGS AT MEDICAL INSPECTION.

##### MALNUTRITION.

The classification introduced by the Board in 1935 has been continued, and the comparative figures are as follows :—

	1937.	1938.
A—Excellent....	22.4%	12.4%
B—Normal	58.7%	58.2%
C—Slightly Sub-Normal	17.0%	28.5%
D—Bad	0.97%	0.8%

There is some discrepancy in the figures as compared with last year, and this may be explained by the use of the new weight and height tables which are in use in the Borough. This standard is higher than that laid down by the Board in 1927, which in my opinion was too low for Barrow children. Apart from the weight and height standard the general clinical appearance of the child was taken into consideration, and the Medical Officers endeavoured to set the same clinical standards as far as was possible, and this was facilitated by the fact that there was no change of Medical personnel during the year.

All children of sub-normal health are referred to the Clinic for a special examination and advised as to diet, supplementary foods and milk at School being supplied in necessitous cases. These children are kept under observation until such time as they pertain to normal.



#### UNCLEANLINESS.

The number of cases of uncleanness noted at Medical Inspection was 19. In addition to these findings, however, the Schools were inspected periodically by the School Nurses for this purpose (the average number of visits per School being 15) at which inspection 873 children were ascertained.

At present the arrangements for dealing with this problem are for the Nurse to issue exclusion notices only for cases actually infested with vermin, or heavily infested with ova (nits). Cases slightly infested with ova are not excluded in the first instance, but parents are handed printed leaflets giving instructions as to the method of cleansing. All cases discovered by the School Nurses are followed up till cleansing has been secured.

A disturbing feature about verminous conditions of the head is that in many cases it is found that the same children are repeatedly responsible for this condition, in spite of previous treatment and exclusion.

#### MINOR AILMENTS AND DISEASES OF THE SKIN.

95 cases were noted at Medical Inspection and referred to the Minor Ailments Clinic.

#### VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

259 cases (including 223 defective vision and 36 squint) were discovered at Routine Inspection during the year and referred to the Refraction Clinic, and 146 children were found already wearing spectacles. In addition 12 cases of defective vision at special inspections were found.

#### NOSE AND THROAT DEFECTS.

Enlargement of Tonsils or Adenoids was noted in 603 cases, of which 202 required treatment. In addition 71 cases were discovered at Special Inspections.

#### EAR DISEASE AND DEFECTIVE HEARING.

At routine inspection 41 cases were found to require treatment (20 being for Otitis Media) and 71 requiring observation. At special inspections 40 cases were discovered requiring treatment (32 for Otitis Media), and 3 cases requiring to be kept under observation.

#### ORTHOPAEDIC AND POSTURAL DEFECTS.

14 cases of deformities were noted for treatment at Routine Inspection, and 22 cases of rickets requiring observation, as well as 31 cases of other deformities requiring treatment or observation. At special inspections 16 cases of deformity were discovered requiring treatment, and 23 were marked down for observation.



### HEART DISEASE AND RHEUMATISM.

At routine and special inspections, 108 cases of Anaemia were discovered requiring treatment, and 74 requiring observation ; 48 cases of Organic Heart Disease, and 26 cases of Functional Heart Disease were also noted for further observation.

Great care is taken at School Inspection to find early signs of Heart Disease, occurring principally after rheumatism. In early cases it is often difficult to differentiate between an organic and a functional lesion. All cases which show any deviation from the normal are referred for observation to the Clinic at a later date. Cases requiring exclusion from School with adequate rest at home are referred to their private doctors.

### TUBERCULOSIS.

20 cases of Glandular Tuberculosis, and 2 having the disease in other forms, were discovered, and one other case was noted for observation. These cases were referred to their private doctors and the Tuberculosis Officer for further examination and treatment.

### FOLLOWING UP.

At medical inspection a card is made out for each child examined, and any defects found are noted either for treatment or observation. All treatment cases are notified by the Central Office as to the defect present and the need for treatment, which in certain cases may be provided for at the Treatment Centre. All cases marked for observation are notified in due course to attend at the School Clinic to be re-examined by the Medical Officer, and are kept under observation until such time as no further observation is required.

### WORK OF THE SCHOOL NURSES.

The work of the School Nurses has been considerably added to by the increased attendance at the Minor Ailments and Treatment Clinics. The time available for cleanliness inspections has been reduced and falls short of the Board's requirement. In order to remedy this defect in the service the appointment of an additional Nurse is receiving consideration.

In addition to the preparation of the children and assistance at routine inspection with the Medical Officers, the following is a summary of the work of the School Nurses during the year :—

No. of Children examined (cleanliness surveys, etc.)	....	....	24,438
No. of visits paid to the homes of children	....	....	889
No. of attendances at Minor Ailments Clinics	....	....	504
No. of attendances at Immunisation Clinics	....	....	21
No. of attendances at Ophthalmic Clinics	....	....	91



## ARRANGEMENTS FOR TREATMENT.

## MINOR AILMENTS AND SPECIAL INSPECTION CLINICS.

The Minor Ailments Clinic is held daily at the Municipal Clinic, Abbey Road. There are two Nurses in attendance to carry out the dressings, and the Assistant School Medical Officer sees every new case, and supervises treatment generally of the return cases, and examines the latter before discharge.

In addition to the above Clinic (Group 1 cases) four special Medical Inspection Clinics are held weekly at which the Medical Officer sees by appointment the following cases :—

GROUP 2—All cases referred by the teachers who appear for any reason to be in sub-normal health (including cases receiving free milk who are not gaining weight satisfactorily).

GROUP 3—All children who have returned to School after an absence by reason of sickness of two weeks or more, or have had repeated absences of shorter periods.

GROUP 4—Those absent at Medical Inspection.

GROUP 5—All cases referred at routine medical inspection for any defect requiring observation or treatment.

Re-appointments are made for all cases to be seen at the Clinic at intervals appropriate to their condition until no further treatment or observation is required.

The Head Teacher is informed by letter of the Medical Officer's findings at the special examination, and of the line of treatment recommended.

For the past year the number of children treated under the different groups was as follows :—

GROUP 1                      1603 children made 6169 attendances.

GROUPS 2 TO 5      914 children were specially examined by the Medical Officer.

## VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

There are two Ophthalmic Clinics per week under the direction of Dr. Geoffrey E. Plowright, M.B., Ch.B., D.O.M.S. All cases are seen by appointment, and provision is made for the examination of certain cases suffering from eye diseases such as conjunctivitis and blepharitis. Arrangements are provided for the examination of pre-school children referred from the Maternity and Child Welfare Clinics, and in this way eye defects are remedied prior to the children entering School.



All cases of refraction are supplied with spectacles through a contractor who attends at one Clinic per week along with the Ophthalmic Surgeon, who is therefore able to check the lenses and the fitting of the glasses supplied.

The following is the report of the Ophthalmic Surgeon :—

" This year in the Ophthalmic Department 692 children were treated. Of these 532 were refraction cases and 160 other cases. Most of these attended at least twice, and some of them for many weeks.

" In a number of cases admission was arranged to the North Lonsdale Hospital for more intensive treatment, in some cases operation.

" In a few cases general disease was found during routine refraction which had not been suspected before.

" There are 15 children at the Sight Saving Centre, and 4 new cases have been sent during the year. In only two cases has the degree of myopia greatly increased during the year and in almost every case the visual acuity has improved."

#### REFRACTIONS—

Hypermetropia ....	21
Hypermetropic Astigmatism ....	154
Myopia ....	68
Myopic Astigmatism ....	66
Mixed Astigmatism ....	19

#### SQUINTS—

Convergent....	165
Divergent ....	10

#### TREATMENT—

Conjunctivitis ....	33
Phlectenula Disease....	20
Paralytic Squint ....	Nil.
Foreign Bodies on Cornea ....	4
Blepharitis....	38

#### Other conditions included :—

Cataract	Epiphora
Mydriasis	Albino
Hydrocephalus	Coloboma of Iris
Retinitis	Haematoma of Nose
Septic Chalazion	Epicanthus
Corneal Nebula	Mystagmus
Keratitis	Ptosis
Ophthalmia Neonatorum	Lachrymal Abscess
Optic Atrophy	Styes

### EAR, NOSE AND THROAT DEFECTS.

The arrangement with the North Lonsdale Hospital for the operative treatment of Tonsils and Adenoids was continued throughout the year, but is, in certain ways, unsatisfactory. It is most desirable that operation cases should be retained in Hospital the night following operation and examined the next day prior to discharge. It is also desirable that the operation should be carried out by a specialist in this branch of surgery. At the moment such a scheme is under consideration.

The volume of work accomplished under this heading for the year 1938 is as follows :—

#### NUMBER RECEIVED OPERATIVE TREATMENT.

Under the Scheme of the Local Education Authority .....	12
From Private Practitioner or Hospital (apart from Authority's Scheme) .....	254
	<hr/>
	266
	<hr/>

The number of cases of diseases of the ear has increased owing to the increased number of Clinics, and the greater facilities for treatment available. The Medical Officer of these Clinics has conducted special sessions for the examination and treatment of ear disease. The number of cases dealt with were as follows :—

At the Special Inspection Clinic .....	70
At the Minor Ailments Clinic .....	171
Referred to own doctor for home treatment .....	42

### ORTHOPAEDIC CASES.

The Scheme in operation is for a special orthopaedic clinic every three months in Barrow. The Medical Superintendent of the Ethel Hedley Hospital, Windermere, attends these Clinics and examines all cases referred from School inspection, School Clinics and Welfare Centre. Cases requiring special treatment are admitted to the Ethel Hedley Hospital; those requiring operative treatment by means of appliances or plasters are supervised at intermediate sessions at the School Clinic by the Assistant Medical Officer.

An arrangement exists with the Ethel Hedley Hospital whereby emergency cases can be examined at the Hospital by the Orthopaedic Surgeon to prevent delay between Clinics.

The following numbers of School Children were dealt with through this Clinic during the year :—

	Tuberculous.		Non-Tuberculous.		Total.
	Boys.	Girls.	Boys.	Girls.	
No. of Children attending ....	—	—	22	29	51
Total attendances ....	—	—	37	44	81



The conditions for which orthopaedic treatment was required were as follows :—Congenital—Dislocation of Hip, 5 ; Talipes equina varus, 1 ; Meningocele, 1 ; Flat foot, 2 ; Paralysis-mono-and diplegias, 6 ; Deformity of spine, 3 ; Pes cavus, 1 ; Erbs palsy, 1 ; Little's disease, 1 ; Miscellaneous, 12. Acquired—Paralysis (post infantile), 2 ; Birth Palsy, 1 ; Osteochondritis spine, 2 ; Pseudocoxalgia, 1 ; Poliomyelitis, 2 ; Athetoses, 1 ; Scoliosis, 1 ; Flat feet, 3 ; Miscellaneous, 5.

No. in which improvement was affected following treatment as recommended	.....	13
No. referred for Institutional treatment with a view to operative treatment	.....	9
No. written off as cured	.....	3
No. in which no improvement was noticeable	.....	15
No. recommended for remedial exercises	.....	9
No. whose parents objected to treatment	.....	2

#### TUBERCULOSIS.

During the year 89 children attended at the Corporation Tuberculosis Dispensary for examination.

I append herewith Dr. Crawford's report on Tuberculosis occurring in School Children :—

" During the year 24 new notifications were received of children of School age suffering from some form of tuberculosis. The majority of these cases, 15 in number, were children suffering from glandular infection. There were also 4 notifications of pulmonary disease, 4 abdominal and 1 hip joint.

Most cases of this disease are notified by general medical practitioners in the town, but others are referred by the School Clinic and from School medical inspections. All cases are seen by the Assistant Tuberculosis Officer at the Dispensary at 64, School Street, which acts as a clearing house for supervision of cases and obtaining treatment. The majority of cases of non-pulmonary tuberculosis in children are caused by the consumption of raw milk containing the germs of tuberculosis. By pasteurisation the milk is made safe to drink, and transmission of tuberculosis in this way is prevented. Other cases of the disease among children arise by direct infection from an adult or other person suffering from pulmonary tuberculosis in an active stage.

" Frequent examinations are therefore made of children living in contact with such persons, and by this means it is hoped to detect early cases and so arrest the spread of infection. The use of the Tuberculosis Test (Vollner Patch Test) is helpful in discovering cases in what may be termed the pre-clinical stage of the disease, at which time treatment may be available to prevent the onset of actual disease.



" For well-developed cases treatment is arranged at the North Lonsdale Hospital or Alder Hey Hospital, Liverpool, for non-pulmonary cases, and at Blencathra Sanatorium, near Keswick, for pulmonary cases.

" There were no deaths from tuberculosis among School children during the year."

#### INFECTIOUS DISEASES.

Every case of notifiable infectious disease is brought to the notice of the School Medical Officer in his capacity of Medical Officer of Health, and particulars are sent to the Director of Education who notifies the Head Teachers. By this arrangement children suffering from infectious disease and contacts are excluded from School until free from infection. The exclusion period is that adopted by the Board of Education.

There has been no epidemic of Scarlet Fever or Diphtheria during the year, the comparative figures for the last three years being :—

	1936.	1937.	1938.
Scarlet Fever .....	180	44	25
Diphtheria .....	176	87	88

The benefits of immunisation against diphtheria have been brought to the notice of the public by means of pamphlets, circularised throughout the Schools and Welfare Centres.

Facilities for carrying out the injections at the Schools and Central Clinic were provided free of charge. The method employed was that of 2 injections of Alum Precipitated Toxoid which is almost painless, and in the majority of cases gives no local reaction. The disease can be prevented by these injections, provided sufficiently large numbers of the child population between the ages of 1 year and 15 years are immunised. Up to the time of writing this report 4,955 children have been immunised. Another campaign to secure immunisation against diphtheria is contemplated during the coming year.

#### SCHOOL JOURNEYS AND CAMPS.

The School Camp was held at St. Bees during the Summer holidays and was attended by 100 boys from the Elementary Schools.

#### PHYSICAL TRAINING.

The School curriculum includes periods of physical training and organised games and in the Senior Schools attendance at the Swimming Baths. Any physical condition found at medical inspection which necessitates exclusion from physical training is reported to the Head Teacher by the Medical Officer. Certain postural defects which can be remedied by remedial exercises are notified to the Head Teacher, so that the appropriate exercises can be carried out at School. All cases of discharges from the ears and eyes are excluded from attendance at baths until appropriate treatment has been undertaken.



## PROVISION OF MEALS.

There are no meal centres provided for School children. In accordance with the Milk Marketing Scheme  $\frac{1}{3}$  of a pint of milk is issued daily where parents desire it upon payment of  $\frac{1}{2}$ d. Necessitous cases are provided with  $\frac{1}{3}$  of a pint twice daily free of charge. The number of bottles of milk issued to necessitous children during the year was 261,209. Necessitous cases are selected on the recommendation of the Teachers, School Medical Inspectors and on the application of parents, and these children are then inspected by the School Medical Officer.

During the year pasteurised milk has been supplied to all Schools and it is hoped that the incidence of tuberculous glands will be greatly reduced thereby.

During the year I was instrumental in arranging a dietary survey of 100 families in Barrow. The survey was carried out by a team of workers from the Rowett Institute, Aberdeen, whose Director is Sir John Boyd Orr, the well-known authority on nutrition. I regret that the statistical results are not yet available for publication, and I hope to include the findings of this survey in my next Report.

## CO-OPERATION.

It is again a pleasure to acknowledge the co-operation readily given by the Barrow, Furness and Westmorland Society for the Blind, the N.S.P.C.C., the North Lancashire Association for Mental Welfare, the Unemployment Assistance Board, the Medical Practitioners in the area, the Education Department, and the Teaching Staff.

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The following table shows the number of children examined, together with recommendations made under the various categories :—

(a) Physically Defective ....	128
(b) Blind or Partially Blind ....	4
(c) Deaf Mute or Semi-Deaf Mute ....	—
(d) Epileptic ....	—
(e) Merely backward....	—
Merely dull or backward ....	2 } 3
Merely dull and backward....	1 }
(f) Neurotic or unstable ....	—
(g) Mentally defective—feeble-minded low-grade	1 }
" high-grade ....	2 } 3
" low-grade and epileptic	— }
(h) Moral defective ....	—
(i) Imbecile ....	2
(j) Idiot ....	—
(k) Normal child ....	—
Total ....	140



At the end of the year there was 1 child at a Certified School for the Blind, 4 at Certified Schools for the Deaf, and 15 children at a School for the Partially Sighted. In addition there were 12 children certified as Mentally Defective (Feeble-minded) in attendance at Public Elementary Schools. These children are supervised by the North Lancashire Association for Mental Welfare. Of the Physically Defectives at Certified Schools 3 cases of Pulmonary Tuberculosis are at Blencathra Sanatorium, and of the 5 Non-Pulmonary cases 4 are at the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, and one at Alder Hey Hospital, Liverpool. 119 are at Roa Island Open Air School. The two Special Schools at Barrow are the School for the Partially Sighted at Blake Street and the Roa Island Open Air School. The children attending the Sight Saving Centre mostly suffer from a high degree of myopia and are regularly seen by the Ophthalmic Surgeon.

All cases of Mental Deficiency are referred by the Head Teachers on Form 41D and examined by the Medical Officer approved by the Board for this work. It is not expedient to certify children before the age of 7 years. If certified M.D. they are either educable in a Special School or ineducable, in which case they should be referred to the Occupation Centre held at Thwaite Street School. There is no special school for educable mental defectives at Barrow.

#### ROA ISLAND OPEN AIR SCHOOL.

The number of pupils attending the School is 119 and is now maintained at this number. Candidates are selected after examination by the Medical Officer at the Central Clinic. Those children who appear to be sub-normal as regards nutrition and those with complaints of repeated attacks of bronchitis and nasal catarrh are placed on the waiting list and admitted when a vacancy occurs. Complete medical examinations are carried out on each child at the beginning and end of each School term and progress noted. Any special complaint is treated at the School. Deep breathing exercises, and handkerchief drills, are carried out as routine, as the majority of these children are defective in their method of breathing.

The children are conveyed by 'bus to the School and on arrival breakfast is provided. There is an interval during the morning when 1/3 of a pint of milk and a small dose of an iron preparation is supplied. Lunch is served at 12-30 p.m. followed by an hour's rest in bed. In the afternoon lessons are resumed, and at 4 o'clock 1/3 of a pint of milk and a dose of cod liver oil and malt is supplied. Certain children have special treatment recommended by the Medical Officer depending on the condition present. All skin affections requiring dressings are treated at the School daily and those requiring medical supervision are referred to the Central Clinic on Saturday mornings for inspection.



The diet has been analysed so as to ensure that it is properly balanced and contains an adequate amount of first-class protein, carbo-hydrate and fat, together with mineral salts and vitamins.

During the year an estimation of the blood (haemoglobin) was carried out on the children. The enquiry showed that in the majority of cases the children were anaemic, hence the introduction of a special diet and the preparation of iron. It was shown that in almost every case the haemoglobin became normal after, at most, two terms at the School.

One finds that the parents of the children are enthusiastic over the results, and note with satisfaction the general improvement of the children after a period at the Open Air School.

The success of the School is in no small measure due to the enthusiastic co-operation of the Head Teacher and her Staff in carrying out the medical recommendations.

#### SCHOOLS FOR HIGHER EDUCATION.

These Schools are comprised of the Grammar School for Boys, Grammar School for Girls, Junior Technical School and Junior Instruction Centre for Girls.

GRAMMAR AND JUNIOR TECHNICAL SCHOOLS. So far as the Grammar and Junior Technical Schools are concerned, a condition of admission is that all entrants shall have had remedial defects treated prior to entry. All entrants are therefore examined at special sessions at the Central Clinic, and any defect found must be remedied. Routine medical inspection is carried out at the Schools on entrants and leavers, and a less detailed examination of all intermediates each year. The same follow-up system as applies to the Elementary Schools is in operation. During the year the "Milk in Schools" Scheme was introduced in these Schools whereby milk is obtainable by the pupils at a cost of  $\frac{1}{2}$ d. per  $\frac{1}{3}$  pint.

A dental inspection of all Schools is carried out each year and treatment made available.

JUNIOR INSTRUCTION CENTRE FOR GIRLS. Monthly examinations of the pupils attending the Centre are carried out by the Medical Officer. Facilities for treatment at the Minor Ailments, Ophthalmic and Dental Clinics are provided.

#### PARENTS' PAYMENTS.

The Authority's approved scale of charges to parents, based on income, for institutional treatment, surgical apparatus the treatment of minor ailments, dental defects, removal of enlarged tonsils and adenoids, and the provision of spectacles, applicable to children attending the Public Elementary Schools, the Grammar Schools, and the Junior Technical School, brought in a total of about £117.



## MISCELLANEOUS.

(a) OTHER EXAMINATIONS. In addition to the examinations referred to previously in this report, the following examinations have been carried out by the Medical Staff during the year :—

Teachers appointed to various posts .....	17
Pupils admitted to the Advanced Course at the Grammar Schools .....	9
Students proceeding to Training Colleges .....	11
Entrants to Grammar Schools .....	176
Entrants to Junior Technical School .....	46
Children and Young Persons Act .....	10
Candidates for Royal Air Force .....	15

(b) VISIT OF MEDICAL OFFICERS OF THE BOARD. During the year Drs. J. E. Underwood and A. F. Alford paid a visit to the Authority's area.

In the subsequent report it was stated that the Board was glad to learn that the School Medical Service in your area was planned on sound lines and ably administered. They advised certain modifications in certain branches of the service in order to bring the efficiency of the work up to modern standards.

- (i) NURSING SERVICES. It was pointed out that owing to the increased demand of clinic duties upon the Nurses, the following up in cleanliness work in the Schools was deficient and an increase in the Nursing Staff is desirable.
- (ii) TREATMENT OF EAR, NOSE AND THROAT COMPLAINTS. The Board regard it as essential that children should be operated on by a Surgeon with special experience in ear, nose and throat surgery, and that the children should be retained in hospital the night following operation, and that the present arrangement be terminated.
- (iii) ORTHOPAEDIC SCHEME. It is suggested that the Orthopaedic Clinics should be more frequent, and that there should be after-care clinics for massage, remedial exercises and the adjustment of appliances of patients who have been treated in hospital; also that the services of an orthopaedic nurse should be available for these clinics.

## STATISTICAL TABLES.

The following Statistical Returns, required by the Board of Education in accordance with Form 6M, indicate the work which has been completed during the year :—



TABLE I.—RETURN OF MEDICAL INSPECTIONS, 1938

## A—ROUTINE MEDICAL INSPECTIONS.

## Number of Prescribed Group Inspections—

Entrants ... ..	757
Second Age Group ... ..	976
Third Age Group ... ..	995
Total ... ..	2728
Number of other Routine Inspections ... ..	—

## B.—OTHER INSPECTIONS.

Number of Special Inspections ... ..	1566
Number of Re-Inspections ... ..	2804
Total ... ..	4370

## C—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection  
to require treatment.

(Excluding defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For Defective Vision (exclud- ing squint).	For all other conditions recorded in Table II A.	Total.
Entrants ....	3	141	143
Second Age Group ....	102	173	257
Third Age Group ....	118	98	203
Total ....	223	412	603
Other Routine Inspections ....	—	—	—
Grand Total ....	223	412	603

No individual is counted more than once in any column of above Table.

TABLE II—A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31ST DECEMBER, 1938.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIALS	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin ...	Ringworm—Scalp...	3	...	1	...
	Body...	7	...	1	...
	Scabies ... ..	29	...	8	...
	Impetigo... ..	23	...	5	...
	Other Diseases ... (non-Tubercular)	26	7	30	...
Eye ...	Blepharitis ... ..	20	...	3	...
	Conjunctivitis ... ..	10	1	1	...
	Keratitis... ..	...	...	...	...
	Corneal Opacities ... ..	1	...	1	...
	Defective Vision ... ..	223	13	12	17
	Squint ... ..	36	34	...	15
Ear ...	Other Conditions ... ..	63	60	8	16
	Defective Hearing...	16	23	...	27
	Otitis Media ... ..	20	45	32	...
Nose and Throat	Other Ear Diseases	15	3	8	3
	Chronic Tonsillitis only	94	374	...	170
	Adenoids only ... ..	39	6	30	69
	Chronic Tonsillitis and Adenoids ... ..	52	7	41	...
	Other Conditions ... ..	17	14	...	...
Enlarged Cervical Glands (Non-Tubercular) ... ..		65	272	...	96
Defective Speech ... ..		10	1	4	...
Heart & Circulation	Heart Disease—				
	Organic ... ..	...	48	...	34
	Functional ... ..	...	26	...	62
Lungs ...	Anaemia... ..	108	...	240	...
	Bronchitis ... ..	50	60	168	56
	Non-Tubercular Dis.	2	...	2	...
	Pulmonary—Definite	...	...	1	...
Tuberculosis	Suspected	...	...	...	1
	Non-Pulmonary—				
	Glands... ..	20	...	...	36
	Bones and Joints	1	...	...	...
	Skin ... ..	...	...	...	...
Nervous System	Other forms ... ..	1	1	...	3
	Epilepsy ... ..	4	2	10	...
	Chorea ... ..	...	3	...	19
	Other Conditions ... ..	8	3	...	71
Deformities	Rickets ... ..	1	22	...	8
	Spinal Curvature ... ..	2	...	9	...
	Other Forms ... ..	11	31	7	15
Other Defects and Diseases ... ..		2	1	96	130



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

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants....	757	48	6.3	447	59.0	253	33.4	9	1.1
Second Age-Group ....	976	120	12.2	577	59.1	270	27.6	9	0.9
Third Age-Group ....	995	171	17.1	564	56.6	256	25.7	4	0.4
Other Routine Inspections	....	....	....	....	....	....	....	....	....
Total ....	2728	339	12.4	1588	58.2	779	28.5	22	0.8

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN  
THE AREA.

	At Certified Schools	At Public Elementary Schools	At Certified Schools for Partially Sighted.	At Other Institutions	At No School or Institution	Totals
Bind ....	1	....	....	....	....	1
Partially Sighted Children	....	....	15	....	....	15
Deaf ....	4	....	....	....	....	4
Partially Deaf ....	....	....	....	....	....	....
Mentally Defective (feeble- minded) ....	....	12	....	....	4	16
Epileptic (severe) ....	....	....	....	....	....	....
PHYSICALLY DEFECTIVE—						
(A) Tuberculous :						
(i) Pulmonary ....	3	13	....	....	2	18
(ii) Non-Pulmonary ....	5	64	....	1	....	70
(B) Delicate Children ....	119	9	....	....	....	128
(c) Crippled Children ....	....	47	....	....	4	51
(d) Heart Disease (severe)	....	....	....	....	....	....

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP VI.).

DISEASE OR DEFECT.	No. of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp... ..	....	—	....
Ringworm—Body... ..	13	—	13
Scabies ... ..	105	—	105
Impetigo... ..	266	—	266
Other Skin Disease ... ..	707	—	707
Minor Eye Defects... ..	148	—	148
(External and other, but excluding cases falling in Group II.).			
Minor Ear Defects... ..	171	42	213
Miscellaneous... ..	163	4	167
(e.g. minor injuries, bruises, sores, chilblains, etc.).			
Total ... ..	1603	46	1649

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

DEFECT OR DISEASE.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total
Errors of Refraction ... ..	532	8	540
(including Squint)			
Other Defect or Disease of the eyes (excluding those recorded in Group I) ....	160	—	160
Total .... ..	692	8	700

Total number of Children for whom Spectacles were prescribed—

(a) Under the Authority's Scheme... .. 485

(b) Otherwise ... .. 8



**Total number of Children who obtained or received Spectacles—**

(a) Under the Authority's Scheme...	480
(b) Otherwise ...	8

**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

	RECEIVED OPERATIVE TREATMENT				Received other forms of Treatment	Total Number Treated
	Tonsils only	Adenoids only	Tonsils and Adenoids	Other Defects of Nose and Throat		
Under Authority's Scheme in Clinic or Hospital ...	2	—	10	—	—	12
By Private Practitioners or Hospital apart from Authority's Scheme ...	92	15	122	25	—	254

**GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

	UNDER THE AUTHORITY'S SCHEME. (1)			OTHERWISE. (2)			Total Number Treated.
	Residential Treatment with Education	Residential Treatment without Education	Non-residential Treatment at an Orthopaedic Clinic.	Residential Treatment with Education	Residential Treatment without Education	Residential Treatment at an Orthopaedic Clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ....	—	—	51	—	—	—	51

**GROUP V.—DENTAL DEFECTS.****(1) Number of Children who were :—****(a) Inspected by the Dentist—**

		Aged :
Routine Age Groups	4 ...	—
	5 ...	782
	6 ...	752
	7 ...	897
	8 ...	928
	9 ...	925
	10 ...	901
	11 ...	693
	12 ...	709
	13 ...	758
	14 ...	380
	15 ...	24
		Total 7749

(b) Specials ... .. 1197

(c) Grand Total ... .. 8946

(2) Found to require treatment	....	....	....	....	....	....	....	5673
(3) Actually treated	....	...	...	...	...	...	...	4612
(4) Attendances made by Children for Treatment	...	...	...	...	...	...	...	7109
(5) Half-days devoted to	Inspection	...	...	...	...	...	...	69
	Treatment	...	...	...	...	...	...	752—Total
								821
(6) Fillings	...	...	...	...	...	...	...	Permanent Teeth 4341
								Temporary Teeth 211—Total 4552
(7) Extractions	...	...	...	...	...	...	...	Permanent Teeth 902
								Temporary Teeth 4027—Total 4929
(8) Administrations of General Anaesthetics for Extractions	...	...	...	...	...	...	...	227
(9) Other Operations	...	...	...	...	...	...	...	Permanent Teeth 173
								Temporary Teeth 2620—Total 2793

#### GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of Visits per School made during the year by the School Nurses	....	....	....	....	....	....	....	15
(ii) Total number of Examinations of Children in the Schools by School Nurses	...	...	...	...	...	...	...	24,438
(iii) Number of individual Children found Unclean	...	...	...	...	...	...	...	873
(iv) Number of Children Cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	...	Nil.
(v) Number of Cases in which Legal Proceedings were taken :—								
(a) Under the Education Act, 1921	...	...	...	...	...	...	...	Nil.
(b) Under School Attendance Bye-laws	...	...	...	...	...	...	...	Nil.

#### REPORT OF THE SCHOOL DENTIST.

Ladies and Gentlemen,

I beg leave to submit the Annual Report on the work done in the Dental Department during the year ended 31st December, 1938.

The figures for last year are again arranged in separate sections for higher and elementary education, and both sections show a continuance of the growth of figures noted during the last four years. The number of children inspected at all schools last year was 10,084, of whom 8,793 were actually inspected during routine examinations at the schools, and 1,291 attended as casuals or special cases.

Following the routine examinations, 58% required treatment, and of these requiring treatment, 75% accepted it at the Clinic, both figures showing an improvement over previous years. Improvement in the acceptance rate is difficult to maintain, for, as the dental health of the schools improves, the number of would-be acceptors of treatment declines in proportion to the persistent refusers. Any increase in the acceptance rate is evidence that inroads are being made into the latter group.



It is now essential for children at the Grammar Schools to produce a certificate of dental health from a private practitioner if they do not have the treatment undertaken by the School Dental Surgeon, and this has affected a marked improvement in the dental condition of these schools. Instead of the refusals remaining untreated from year to year as was formerly the case, it is possible to count upon their receiving treatment, and last year 150 certificates of dental health were completed. When considered as a proportion of the whole school population this figure is regrettably low, for it probably represents the majority of the bona fide signatures for private treatment, and the remainder of such signatures can be taken as valueless.

Credit must be given to the Head Teachers of all schools, who, realising the necessity of dental treatment and the futility of these undertakings to obtain private treatment, take considerable trouble and spend much time in interviewing parents in the hope of getting them to change their minds. Without the constant help of the teaching staffs the acceptance rate would not be so high.

Regular inspection and treatment is now maintained at all schools, and the number of permanent teeth saved has increased perceptibly. Four years ago a considerable proportion of the parents refused to allow their children to have their teeth filled, and during 1934 the number of teeth so treated was 2,486. As a result of persevering with the more responsive type of parent this prejudice is gradually being reduced, and the number of teeth filled last year was 5,103, an increase of 841 over the previous year, and double the number completed in the same period four years ago. At the same time the number of extractions of permanent teeth continues to decline, and the extractions of temporary teeth also show a decrease. Under the heading of "Other Operations," 2,620 temporary teeth have been treated with Silver Nitrate with a view to their retention, and 185 permanent teeth have received temporary dressings. Gas and oxygen general anaesthesia has been administered on 227 occasions, and 3,335 local anaesthetics have been given. Orthodontic treatment was given to several cases during the year, but this branch of dentistry can only be utilised when the full co-operation of the patient and the patient's parents is assured, as the treatment is in many cases necessarily prolonged. One child was supplied with a partial denture to replace teeth lost in an accident. Forty girls from the Junior Instruction Centre made over sixty attendances for treatment at the clinic, but a number of cases referred by the Medical Officer did not appear and probably failed to obtain treatment elsewhere.

I have the honour to be,  
 Ladies and Gentlemen,  
 Your obedient servant,  
 J. HUGHLINGS DAVIES L.D.S., (U.L'pool),  
 Dental Officer.

## SCHOOLS FOR HIGHER EDUCATION.

## ROUTINE MEDICAL INSPECTION.

## (a) RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1938.

Defects.	Grammar School. (Boys)	Grammar School. (Girls)	Junior Technical School.	Junior Instruct. Centre. (Girls).	Totals
Nutrition .....	—	—	—	—	—
Skin—Uncleanliness (Head) .....	—	—	—	3	3
Ringworm (Body).....	—	—	—	—	—
Scabies .....	—	—	—	1	1
Nose and Throat—					
Tonsils .....	1	10	1	11	23
Tonsils and Adenoids .....	—	—	1	—	1
Enlarged Glands .....	—	—	—	1	1
Ear Disease—					
Otitis Media .....	—	—	—	—	—
Other Ear Disease .....	—	—	—	—	—
Eye Disease—					
Defective Vision .....	9	11	18	45	83
Squint .....	—	1	1	3	5
Corneal Opacities .....	—	—	—	—	—
Conjunctivitis.....	—	4	—	—	4
Blepharitis .....	1	2	2	1	6
Keratitis.....	—	—	—	—	—
Defective Speech .....	—	—	—	—	—
Heart—Organic.....	—	—	—	—	—
Functional .....	3	—	—	—	3
Anaemia .....	4	4	—	2	10
Bronchitis .....	—	—	—	1	1
Deformities—Scoliosis .....	—	—	—	3	3
Rickets .....	—	—	—	1	1
Nervous System—Chorea.....	—	—	—	—	—
Tuberculosis—Pulmonary .....	—	—	—	—	—
Non-Pulmonary .....	—	4	—	1	5
Other Defects and Diseases .....	—	—	—	—	—
Number of pupils examined .....	206	240	146	222	814
Number of Individual Children having Defects .....	86	104	64	103	357
Number Recommended for Specific Medical Treatment	10	64	26	66	166



## (b) DENTAL TREATMENT.

## 1. No. of Children

## (a) Inspected by Dentists :

Ages			
11	84	}	1044
12	159		
13	242		
14	249		
15	198		
16	86		
17	21		
18	4		
19	1		
Specials		94	1138
(b) Selected for treatment	....	....	694
(c) Actually treated	....	....	511
2. No. of attendances made for treatment	....	....	841
3. No. of half-days devoted to (a) Inspection	....	10	
(b) Treatment	....	75	
		—	85
4. No. of fillings—permanent teeth	....	....	732
5. No. of extractions—(a) Permanent teeth	....	236	
(b) Temporary teeth	....	22	
		—	258
6. No. of local anæsthetics	....	....	188
7. Other operations—Permanent teeth	....	....	15

HIGHER EDUCATION SCHOOLS.  
NUMBERS EXAMINED AT VARIOUS AGES BY MEDICAL AND DENTAL OFFICERS.

SCHOOL.	AGES.									
	11	12	13	14	15	16	17	18	19	Total.
(a) MEDICAL INSPECTION.										
Grammar School for Boys .....	64	28	—	15	59	30	5	5	—	206
Grammar School for Girls .....	—	1	65	86	63	20	5	—	—	240
Junior Technical School .....	—	—	—	72	66	8	—	—	—	146
Junior Instruction Centre (Girls) .....	—	—	—	3	62	67	89	1	—	222
Totals .....	64	29	65	176	250	125	99	6	—	814
(b) DENTAL INSPECTION.										
Grammar School for Boys .....	30	82	91	89	88	48	12	3	1	444
Grammar School for Girls .....	54	77	88	81	59	38	9	1	—	407
Junior Technical School .....	—	—	63	79	51	—	—	—	—	193
Totals .....	84	159	242	249	198	86	21	4	1	1044

40 pupils from the Junior Instruction Centre also attended for dental treatment, and made 63 attendances.



TABLE I. - SUMMARY OF DATA FOR THE FIRST FIVE YEARS OF THE SURVEY.

Year	1911					1912					1913					1914					1915				
	Jan	Feb	Mar	Apr	May	Jan	Feb	Mar	Apr	May	Jan	Feb	Mar	Apr	May	Jan	Feb	Mar	Apr	May	Jan	Feb	Mar	Apr	May
Total number of birds	100	120	150	180	200	110	130	160	190	210	120	140	170	200	220	130	150	180	210	230	140	160	190	220	240
Number of birds seen in the morning	50	60	70	80	90	55	65	75	85	95	60	70	80	90	100	65	75	85	95	105	70	80	90	100	110
Number of birds seen in the afternoon	50	60	80	100	110	55	65	85	105	115	60	70	90	110	120	65	75	95	115	125	70	80	100	120	130
Number of birds seen in the evening	0	0	0	0	10	0	0	0	0	5	0	0	0	0	15	0	0	0	0	10	0	0	0	0	20
Number of birds seen in the night	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of birds seen in the day	100	120	150	180	200	110	130	160	190	210	120	140	170	200	220	130	150	180	210	230	140	160	190	220	240
Number of birds seen in the month	100	120	150	180	200	110	130	160	190	210	120	140	170	200	220	130	150	180	210	230	140	160	190	220	240
Number of birds seen in the year	100	120	150	180	200	110	130	160	190	210	120	140	170	200	220	130	150	180	210	230	140	160	190	220	240

TABLE II. - SUMMARY OF DATA FOR THE LAST FIVE YEARS OF THE SURVEY.











