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LOCAL EDUCATION AUTHORITY,
BURNLEY.

Medical Officer's Report,
1909.



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COUNTY BOROUGH OF BURNLEY.

EDUCATION DEPARTMENT.

MEDICAL OFFICER'S REPORT

FOR THE YEAR 1909.

TO THE CHAIRMAN AND MEMBERS
OF THE BURNLEY EDUCATION COMMITTEE.
GENTLEMEN,

I have the honour to present my annual report as Medical Officer to the Burnley Education Authority. This is the first full year's working since the passing of the Education (Administrative Provisions) Act of 1907, and some estimate of the amount of work and the difficulties entailed in carrying out this Act may now be made, though the work is somewhat imperfect owing to its newness and to the impossibility of always organising to the best advantage, yet it may be considered that much useful work has been accomplished.

The report has been divided into the following :—

- (1) The work in the schools—Medical Inspection.
- (2) The work outside the school—Visitation by Nurse and Health Visitor, Inspection of Absentees.
- (3) Public Health as affecting the School Children—Infectious Diseases, &c.
- (4) General Remarks.

Dr. Glass, my assistant, has carried out most of the inspections ; to him, to the Head masters and Mistresses of the various schools, and to the Staff generally of the Education Department I have to express my thanks for the valuable help I have received in carrying out this work.

I have the honour to be, Gentlemen,

Your obedient Servant,

THOMAS HOLT, M.D.,

Medical Officer to the Education Authority.

Public Health Department,

Burnley.

March, 1910.

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REPORT.

Part I.—WORK IN THE SCHOOLS.

Education
Report.

MEDICAL INSPECTION.—In accordance with the Education (Administrative Provisions) Act, 1907, the inspection of 2,645 children on admission to school and 1473 children before leaving school was carried out during the year.

The arrangements for carrying out this inspection are explained in the following Circular which was issued to the Head Teachers :—

BURNLEY EDUCATION COMMITTEE.

THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

To enable the provisions of the Education Act to be efficiently carried out, it is necessary to have a knowledge of the Memorandum (Circular 576) issued by the Board of Education in November, 1907.

This Memorandum states that the reason for this medical inspection is owing to the fact that :—

“ For some years past evidence has been accumulating that there exists in certain classes of the English people a somewhat high degree of physical unfitness which calls for amelioration, and, as far as possible, for prevention. The Legislature resolved that to grapple effectively with this problem, or at least part of it, it was necessary first to improve the health conditions, both personal and in regard to environment, of the children of the nation. A consideration of the gravity of the need led to the conclusion that medical inspection of school children is not only reasonable but necessary as a first practical step towards remedy. Without such inspection we not only lack data, but we fail to begin at the beginning in any measure of reform. The reasonableness of such inspection, if it is conducted on sensible lines leading to an improvement of the surroundings and physical life of the children, must become evident both to their parents and to the nation as a whole.”

“ The Board are convinced that the work of medical inspection cannot be properly accomplished by medical men without assistance. The teacher, the school nurse (where such exists) and the parents or guardians of the child must heartily co-operate with the school medical officer. In whatever way the system be organised, its success will depend, immediately and ultimately, upon the cordial sympathy and the assistance of the teachers What the mother is in the home, the teacher is in the school. Experience shows that when the teachers understand the necessities and opportunities of the situation they are both willing and able to take their share. Their co-operation in the work already done in this direction has been beyond praise.”

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"It will be clear that the fundamental principle of section 13 of the new Act is the medical examination and supervision not only of children known, or suspected, to be weakly or ailing, but of all children in the elementary schools, with a view to adapting or modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset, and furnishing the facts which will guide Education Authorities in relation to physical and mental development during school life. It is evident that although this work involves (a) medical inspection of school children at regular intervals, (b) the oversight of the sanitation of the school buildings, and (c) the prevention, as far as may be, of the spread of infectious and contagious diseases, including skin diseases—action in these three directions will be incomplete unless (d) the personal and home life of the child are also brought under systematic supervision. The home is the point at which health must be controlled ultimately."

Under the heading, "Character and Degree of Medical Inspection" the Memorandum says:—

"The character and degree of medical inspection will depend on the standpoint from which the subject is viewed, the difficulty being of course to attain a due sense of proportion and uniformity, particularly as to fundamental points. Valuable though the findings of a more thorough and elaborate medical examination might be, it is the broad, simple necessities of a healthy life which must be kept in view. It cannot be doubted that a large proportion of the common diseases and physical unfitness in this country can be substantially diminished by an efficient public health administration, combined with the teaching of hygiene and a realisation by teachers, parents, and children of its vital importance. The spread of communicable diseases must be checked; children's heads and bodies must be kept clean; the commoner and more obvious physical defects, at least, must be relieved, remedied or prevented; school rooms must be maintained in cleanly condition, and they must be properly lighted, well ventilated, and not overcrowded; the training of the mental faculties must not be divorced from physical culture and personal hygiene. It is these primary requirements which must first receive attention."

That the inspection of children entering on school life may be carried out without undue loss of time, and that none may be overlooked, each Infant School will be visited monthly. A list of those children who have entered school since the Medical Officer paid his last visit should be made, and the parents notified of the Medical Officer's visit. It is desirable that one of the parents be present, and it is hoped that the teacher will make every endeavour to attain this object. After the children have been inspected, the Infant Mistress, for her own convenience, should enter a mark opposite the names of the children inspected, in either the admission or attendance register, and in such a way that she will know if a child has been inspected or not, by reference to the said register. A convenient way would be to mark the date of medical inspection in red ink alongside the name of the scholar. If this be done no child need

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be overlooked, for though a child is absent at the first visit of the medical inspector after its admission, it can be brought forward at some subsequent visit.

Besides the inspection of children entering school, it is required by the regulations of the Board of Education that every scholar be inspected on leaving school. The best way of doing this is for the teachers to prepare a list before the monthly visit of the Medical Officer of those children who will be thirteen years old within the next two months. It would also be well if, subsequent to the inspection of those leaving school, the names were marked off in the register by the teacher, so as to place on record that every child leaving school had been medically inspected before doing so.

The Memorandum also suggests further inspections, and it is proposed to inspect all children when they reach the age of seven years. For this inspection it is requested that the teachers at each school make out a monthly list of children who have attained the age of seven since the previous monthly visit of the Medical Officer. If that be done no child will be overlooked.

It is intended also that a further inspection be made of the children when they reach the age of ten, and the same method of bringing them before the Medical Officer will obtain.

At the second and subsequent inspections it is expected that the Medical Inspector will be able to obtain information as to the medical history of the child, if it has any, since the last inspection. This means that enquiries will be made as to the regular or irregular attendance of the child, and if irregular the reason for it. This information must to some extent be obtained from the teachers, and in order that it may be as accurate as possible, it will be advisable for the teacher to note in the attendance register when a child is absent for some weeks, the reasons for such absence, as for instance, M for Measles, and S. for Scarlet Fever, &c. If it be impracticable to do this in the register, an entry might be made in a note book kept for the purpose. In this way, with very little extra trouble to the teachers, a fairly complete history of each child would be to hand. This latter method would prove to be the best, as fuller detail could be entered in a note book.

At the routine monthly visit of the Medical Inspector all children regarding whom the teacher wishes for advice should be presented, such as cases of deafness, or defective eyesight. If more urgent cases arise, as a supposed infectious disease, the child should at once be sent home, and a note entered on one of the post cards provided, and sent immediately to the Medical Officer at his office in St. James' Street.

Absentees not provided with medical certificates showing cause of absence, are seen on Tuesday afternoons at 3 o'clock at this office. If a teacher wishing for the Medical Officer's advice as to dealing with a scholar be of opinion that it is too long to wait for his next monthly visit, he may send the child to this inspection; the teacher to forward a note by the child stating his reasons for sending.

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Immediately a teacher becomes aware that one of the scholars is suffering from an infectious disease, it is requested that the case be notified at once to the Medical Officer at his office. It is well to do this though the child may not have been at school suffering from the disease. The names of children residing at houses where infectious disease is known to exist, should also be forwarded.

THOS. HOLT, M.D.,

Medical Officer to the Education Authority.

Public Health Department,
St. James' Street,

December 15th, 1909.

As regards the children entering school most of these will have been inspected, for if not present at the first visit of the Medical Officer after their admission they were present at one of his subsequent visits.

With regard to the children leaving school there is a possibility that some of these may have been missed at the beginning of the year, as a large proportion of them being halftimers, many were not at school at the time of the Medical Officer's visit. Later on in the year, however, the arrangements for the visitation were so made that probably none were missed.

RESULTS OF INSPECTION ON ADMISSION.

Table showing Accommodation, Average Attendance, and Number of Infants at the various Schools.

Name of School.	Accommodation.	Average Attendance.	Inspection of	
			Boys.	Girls.
Abel Street	392	321	83	77
Back Lane	72	54	6	6
Burnley Wood.....	410	307	78	109
Coal Clough	367	413	69	65
Fulledge	379	316	89	73
Habergham	117	69	19	12
Hargher Clough	266	202	45	41
Healey Wood	155	146	31	49
Heasandford	350	343	85	94
Lane Head.....	166	51	21	18
Lowerhouse.....	236	54	7	13
Pickup Croft	226	90	43	32
Red Lion Street	114	92	32	24
Rosegrove.....	276	187	42	50
St. Andrew's	231	182	51	62
St. Augustine's	35	25	4	11
St. James'	155	146	50	52
St. John's, Ivy Street	104	91	28	34
St. John's, Gannow	311	273	48	62
St. Mary's	316	193	75	67
St. Mary Magdalene's	158	130	30	33
St. Peter's	318	140	36	46
St. Stephen's	283	144	43	45
St. Thomas'	123	117	34	39
Stoneyholme	364	341	86	92
Trinity	375	317	84	108
Whittlefield	150	153	34	30
Wood Top	145	98	20	28
Total.....	6594	4995	1273	1372

**TABLE SHEWING THE NUMBER OF PARENTS PRESENT AT THE
PRIMARY INSPECTION.**

Name of School.	Total Examined.	Father.	Mother.	Other Relative.	None.
Abel Street	160	4	72	21	63
Back Lane	12	..	4	1	7
Burnley Wood.....	187	2	88	13	84
Coal Clough	134	7	78	13	36
Fulledge	162	9	82	14	57
Habergham	31	2	12	1	16
Hargher Clough	86	1	36	8	41
Healey Wood	80	5	38	11	26
Heasandford	179	14	84	26	55
Lane Head.....	39	1	10	3	25
Lowerhouse	20	1	10	3	6
Pickup Croft	75	..	36	6	33
Red Lion Street	56	1	18	7	30
Rosegrove.....	92	3	45	6	38
St. Andrew's	113	1	32	14	66
St. Augustine's	15	..	3	..	12
St. James's	102	4	45	10	43
St. John's, Ivy Street	62	..	35	10	17
St. John's, Gannow	110	4	52	14	40
St. Mary's	142	5	53	10	74
St. Mary Magdalene's	63	1	21	5	36
St. Peter's	82	2	43	15	22
St. Stephen's	88	3	35	5	45
St. Thomas's	73	1	23	9	40
Stoneyholme	178	8	86	19	65
Trinity	192	5	71	28	88
Whittlefield	64	2	32	11	19
Wood Top	48	2	14	10	22
Total.....	2645	88	1158	293	1106

Father present in 3.3% of the admissions.
 Mother „ 43.7% „ „
 Relatives „ 11.0% „ „
 No one „ 42.0% „ „

The following table shews the result of the enquiries regarding previous illnesses :—

Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Chickenpox.	No history obtained.
788	120	18	455	255	1106

Many of the children had had more than one of the above diseases and the following list shews how far this obtained :—

Total Inspected.	No Disease.	One.	Two.	Three.	Four.	No history obtained.
2645	512	560	314	116	17	1106

Of the 1539 children of whom a history was obtained—

51·2 % of the children had suffered from Measles.

7·8 % „ „ Scarlet Fever.

1·1 % „ „ Diphtheria.

29 % „ „ Whooping Cough.

16 % „ „ Chickenpox.

34 % had not suffered from any of the above diseases.

37 % had suffered from one disease.

20 % „ „ two diseases.

8 % „ „ three diseases.

1 % „ „ four diseases.

In 41 % of the cases there was no history obtainable.

Of the 2645 children inspected 74·8 % had been vaccinated.

HEIGHTS OF CHILDREN ENTERING SCHOOL.

AGE.	Under 30 inches.	30-32 inches.	32-34 inches.	34-36 inches.	36-38 inches.	38-40 inches.	40-42 inches.	42-44 inches.	44-46 inches.	46-48 inches.	Over 48 inches.	Total.
Years.												
3—3½	...	10	69	161	110	14	2	...	...	...	...	366
3½—4	1	7	30	91	142	66	12	3	...	...	...	352
4—4½	...	6	18	67	160	165	63	7	...	...	...	486
4½—5	1	1	9	33	109	163	114	18	2	...	...	450
5—6	1	2	3	18	90	228	233	102	15	...	...	692
6—7	...	...	...	1	5	34	61	79	36	3	1	220
Over 7	...	...	1	...	3	5	11	18	13	9	2	62
Total ...	3	26	130	371	619	675	496	227	6 6	12	3	2628*

* Total number examined was 2645; the correct age of 17 of these was not ascertained at the time of inspection, and they are therefore not included in this or the following table.

AVERAGE HEIGHTS AT VARIOUS AGES.

AGE.	No. Inspected.	Average height in inches.
3 to 3½ years	366	35.3
3½ to 4 „	352	36.5
4 to 4½ „	486	37.4
4½ to 5 „	450	38.9
5 to 6 „	692	40.1
6 to 7 „	220	42.1
Over 7 „	62	42.5

WEIGHTS OF CHILDREN ENTERING SCHOOL.

AGE.	Under 25 lbs.	25-30 lbs.	30-35 lbs.	35-40 lbs.	40-45 lbs.	45-50 lbs.	Over 50 lbs.	Total.
Years.								
3—3½	2	103	213	46	2	...	...	366
3½—4	2	67	173	95	15	...	...	352
4—4½ .....	...	36	220	175	52	3	...	486
4½—5	1	21	143	203	74	8	...	450
5—6	1	16	178	300	172	23	2	692
6—7 .....	...	...	20	72	86	33	9	220
Over 7 .....	...	...	5	14	24	14	5	62
Total	6	243	952	905	425	81	16	2628

AGE.	Number Inspected.	Average Weight in Pounds.
3 to 3½ years ...	366	31.6
3½ to 4 „ ...	352	33.2
4 to 4½ „ ...	486	35.1
4½ to 5 „ ...	450	36.4
5 to 6 „ ...	692	37.5
6 to 7 „ ...	220	41.0
Over 7 „ ...	62	42.3

WEIGHTS OF INFANTS IN ACCORDANCE WITH HEIGHTS.

HEIGHT, in inches.	Under 25 lbs.	25-30 lbs.	30-35 lbs.	35-40 lbs.	40-45 lbs.	45-50 lbs.	Over 50 lbs.	Total.
Under 30 ...	2	...	1	...	...	...	...	3
30—32	2	15	6	2	...	1	...	26
32—34	2	73	48	6	1	...	...	130
34—36 .....	...	111	232	26	2	...	...	371
36—38 .....	...	40	402	172	5	...	...	619
38—40 .....	...	3	218	388	65	1	...	675
40—42 .....	...	1	42	260	182	11	...	496
Over 42 .....	...	...	3	51	170	68	16	308
Total	6	243	952	905	425	81	16	2628

TABLE SHOWING RESULTS OF INSPECTION AT THE VARIOUS SCHOOLS.

NAME OF SCHOOL.	No. Examined.	Cleanliness.	Clothing.	Footgear.	Eyes.	Vision.	Nose and Throat.	Ears.	Glands.	Skin.	Mental Capacity.	Deformities.	Other Defects.	Total Defects.	Vaccinated.
Abel Street	160	8	7	5	3	..	..	3	10	1	..	7	2	46	110
Back Lane	12	..	1	1	..	..	..	..	2	..	..	..	..	4	7
Burnley Wood.....	187	6	6	6	2	..	1	..	23	1	1	3	6	55	133
Coal Clough	134	3	3	1	1	..	1	2	8	1	..	..	2	22	90
Fulledge	162	1	3	3	4	..	..	2	12	..	..	2	2	29	133
Habergham	31	..	..	..	..	..	..	..	1	..	..	..	..	1	22
Hargher Clough	86	7	8	7	4	..	..	..	4	1	..	1	..	32	66
Healey Wood	80	8	8	3	..	..	1	..	6	2	..	..	..	28	65
Heasandford.....	179	4	6	4	1	..	..	..	19	1	..	5	4	44	109
Lane Head	39	3	1	..	..	..	..	..	1	..	..	..	..	5	32
Lowerhouse	20	2	1	..	..	..	1	..	4	..	..	..	1	9	17
Pickup Croft.....	75	17	15	7	2	..	..	..	5	1	..	1	1	49	62
Red Lion Street	56	4	6	2	1	..	..	..	4	..	..	2	1	20	43
Rosegrove	92	2	1	1	..	..	..	..	2	..	..	2	3	11	64
St. Andrew's	113	22	15	13	5	..	1	..	10	2	..	..	1	69	94
St. Augustine's	15	3	4	4	..	..	..	..	..	..	..	..	..	11	14
St. James's	102	19	16	15	4	..	1	..	6	2	..	1	..	64	85
St. John's, Ivy Street ..	62	5	8	7	1	..	..	1	2	..	..	..	1	25	48
St. John's, Gannow	110	..	1	2	7	..	1	..	10	..	..	1	2	24	82
St. Mary's.....	142	15	17	17	2	..	..	2	12	2	..	2	4	73	119
St. Mary Magdalene's ..	63	7	5	4	..	..	1	..	5	..	..	1	3	26	50
St. Peter's	82	17	11	10	3	..	..	1	7	2	..	..	4	55	69
St. Stephen's	88	11	9	6	..	..	..	1	5	..	1	2	..	35	67
St. Thomas's	73	8	16	18	1	..	..	..	8	1	..	3	3	58	60
Stoneyholme	178	5	6	5	3	..	..	..	7	1	..	3	1	31	107
Trinity	192	16	14	15	7	..	..	..	13	..	..	4	3	72	150
Whittlefield	64	1	1	1	5	1	..	9	48
Wood Top.....	48	3	7	6	3	3	..	22	32
Total	2645	197	196	162	51	..	8	13	194	18	2	44	44	929	1978

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Report.

In the above table the number of defects, 929, does not represent that number of individuals but the total number of defects found ; thus a child with a dirty head and also poor clothing—a conjunction of circumstances very often found—will be shown in the column headed clothing, and also in the column headed cleanliness.

It will also be observed that none are shown with defective vision. Children do not know their letters at the time of entering school, it is therefore not practicable to test the vision.

Very few are shown in the column headed mental capacity, the reason for this being that it was found very unsatisfactory and almost impossible to judge of the mental capacity of a child immediately on its entering school. The practice now is to reinspect the child at a later date, and to receive a report from the teacher before any note is made on the schedule. The two shown were those of very marked cases of mental incapacity.

Other defects, 44. This includes 16 children who are marked as delicate or anaemic ; four bronchitis, the others refer mostly to deformities.

RESULTS OF INSPECTION OF CHILDREN LEAVING SCHOOL :—

Table showing Accommodation, Average Attendance, and Numbers of Children Inspected before leaving the various Schools.

Name of School.	Accommodation.	Average Attendance.	Inspection of	
			Boys.	Girls.
Abel Street	760	750	46	64
Back Lane	126	67	4	11
Burnley Wood.....	800	720	42	43
Claremont Street	653	593	59	29
Coal Clough	804	782	48	36
Habergham	348	153	14	25
Hargher Clough	410	342	32	30
Healey Wood	247	256	12	15
Heasandford	760	681	37	37
Lane Head.....	158	119	14	9
Red Lion Street	340	281	31	26
Rosegrove.....	712	521	30	36
St. Andrew's	479	426	25	35
St. Augustine's	104	52	5	4
St. James'	391	261	12	15
St. John's, Ivy Street	263	231	5	12
St. Mary's	640	626	65	30
St. Mary Magdalene's	291	274	19	17
St. Paul's	284	151	18	13
St. Peter's	325	253	29	24
St. Stephen's	380	331	15	24
St. Thomas'	176	160	..	20
Stoneyholme	860	683	35	38
Todmorden Road	840	693	56	47
Trinity	735	668	50	81
Wood Top	217	253	25	24
Total.....	12103	10327	728	745

**Education
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In the above table the number of defects, 929, does not represent that number of individuals but the total number of defects found ; thus a child with a dirty head and also poor clothing—a conjunction of circumstances very often found—will be shown in the column headed clothing, and also in the column headed cleanliness.

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Wood Top	217	253	25	24
Total.....	12103	10327	728	745

HEIGHTS OF CHILDREN LEAVING SCHOOL.

AGE.	Under 48 ins.	48-50 ins.	50-52 ins.	52-54 ins.	54-56 ins.	56-58 ins.	58-60 ins.	60-62 ins.	62-64 ins.	Total.
Under 12...	1	3	6	9	7	2	3	...	...	31
12—12½ ...	...	2	18	33	28	10	1	4	...	96
12½—13 ...	6	15	91	209	294	212	105	30	3	965
13—13½ ...	2	2	15	43	41	32	19	11	3	168
13½—14 ...	1	1	10	41	50	62	29	13	4	211
Over 14 ...	...	1	...	...	...	...	...	1	...	2
Total	10	24	140	335	420	318	157	59	10	1473

AGE.	No. Inspected.	Average height in inches.
Under 12 years....	31	53.3
12 to 12½ „ ...	96	53.9
12½ to 13 „ ...	965	73.3
13 to 13½ „ ...	168	74.9
13½ to 14 „ ...	211	78.8
Over 14 „ ...	2	77.5

WEIGHTS OF CHILDREN LEAVING SCHOOL.

AGE.	Under 50 lbs.	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	70-75 lbs.	75-80 lbs.	80-85 lbs.	85-90 lbs.	90-95 lbs.	95-100 lbs.	100-105 lbs.	105-110 lbs.	Over 110 lbs.	Total.
Years.															
Under 12	...	1	5	5	7	8	2	1	...	2	...	...	...	...	31
12—12½	...	...	4	30	24	15	11	8	1	2	1	...	...	...	96
12½—13	1	9	27	119	154	242	177	120	48	32	23	6	4	3	965
13—13½	...	...	9	21	29	43	20	11	12	9	3	8	1	2	168
13½—14	...	3	5	13	26	45	30	30	24	16	6	6	2	5	211
Over 14	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Total	...	1	13	50	188	240	354	240	171	85	61	33	20	7	1473

AGE.	Number Inspected.	Average Weight in Pounds.
Under 12 years...	31	65.4
12 to 12½ „ ...	96	69.7
12½ to 13 „ ...	965	73.3
13 to 13½ „ ...	168	74.9
13½ to 14 „ ...	211	78.8
Over 14 „ ...	2	77.5

**WEIGHTS OF CHILDREN LEAVING SCHOOL IN ACCORDANCE
WITH HEIGHT.**

HEIGHT, in Inches.	Under 50 lbs.	50-55	55-60	60-65	65-70	70 75	75-80	80-85	85-90	Over 90 lbs.	Total.
Under 48 ...	1	3	4	2	...	...	...	...	...	...	10
48—50 .....	...	4	6	12	...	2	...	...	...	...	24
50—52 .....	...	3	26	63	31	14	1	2	...	...	140
52—54 .....	...	3	11	87	105	92	31	5	...	1	335
54—56 .....	...	...	3	23	85	175	90	34	6	4	420
56—58 .....	...	...	...	1	16	61	89	90	35	26	318
58—60 .....	...	...	...	...	2	10	28	35	37	45	157
Over 60 .....	...	...	...	...	1	...	1	5	7	55	69
Total	1	13	50	188	240	354	240	171	85	131	1473

TABLE SHEWING RESULTS OF INSPECTION OF EYES AND TEETH.

School.	No. Inspected.	Defective Eyes.	Defective Teeth.
Abel Street	110	22	85
Back Lane	15	4	10
Burnley Wood	85	11	65
Claremont Street	88	21	75
Coal Clough	84	21	57
Habergham	39	13	37
Hargher Clough	62	13	56
Healey Wood	27	6	25
Heasandford	74	12	55
Lane Head.....	23	1	17
Red Lion Street	57	7	42
Rosegrove.....	66	15	57
St. Andrew's	60	9	44
St. Augustine's	9	2	8
St. James's	27	3	20
St. John's, Ivy Street	17	1	12
St. Mary's	95	16	64
St. Mary Magdalene's	36	5	26
St. Paul's	31	8	30
St. Peter's	53	10	36
St. Stephen's	39	9	30
St. Thomas'	20	10	17
Sandygate	50	16	42
Stoneyholme	73	21	61
Todmorden Road	103	25	84
Trinity	81	31	70
Wood Top	49	21	40
Total.....	1473	333	1165

Of the 1473 examined, 22·6 % had defective eyes, and 79 % had defective teeth.

SUMMARY OF DEFECTS FOUND.

Education Report.	DISEASE.	No.
	Sore heads, Dirty heads, &c.....	155
	Skin diseases	55
	Diseases of the Eye	68
	Diseases of the Ear	17
	Diseases of the Nose and Throat	8
	Glands.....	6
	Tubercular Diseases	11
	Bronchitis	14
	Pleurisy.....	2
	Nervous diseases	20
	Infectious diseases	5
	Deformities	8
	Injuries	6
	Heart Disease.....	7
	General diseases	131
	Total.....	<u>513</u>

DETAILS OF DEFECTS FOUND.

Affections of Scalp	Eczema	117
	Dirty	5
	Nits	1
	Ringworm	31
	Favus	1
Skin Diseases.....	Impetigo.....	21
	Eczema	8
	Scabies	17
	Psoriasis	2
	Sores on Face	1
	Prurigo	1
	Herpes.....	4
	Lupus	1
Diseases of the Eye.....	Brepharitis	14
	Conjunctivitis	29
	Phlyctenular Conjunctivitis...	1
	Ophthalmia	4
	Corneal Ulcer	2

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Diseases of the Eye	Opacity of Cornea	1
	Keratitis	1
	Epiphora.....	1
	Other Defects of the Eyes....	15
Diseases of the Ear.....	Running Ears.....	14
	Deaf.....	3
Diseases of the Nose and Throat...	Sore Throat	1
	Adenoids	5
	Tonsilitis	2
Glands.....	Enlarged.....	3
	Suppurating	2
	Lymphadenoma	1
	Quinsy.....	1
Tubercular Diseases	Phthisis.....	8
	Tubercular Knee	1
	Hip Joint Disease	2
Bronchitis.....		14
Pleurisy		2
Nervous Disease	Chorea	16
	Epilepsy.....	4
Infectious Diseases	Chicken-pox	2
	Whooping Cough.....	2
	Mumps	1
Deformities.....	Spinal Curvature.....	3
	Cleft Palate.....	2
	Incontinence of Urine.....	1
	Paralysis of Leg.....	1
	Paresis of right side.....	1
Injuries	Head	1
	Knee	1
	Foot.....	1
	Ankle	1
	Scalp	1
	Burns	1
Heart Disease		7
General Diseases	Anaemia	10
	Rickets	1
	Debility	86
	Febricula	1
	Catarrh	3

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General Diseases	Influenza.....	1
	Convalescent from Pneumonia	1
	Toothache	1
	Neuralgia.....	1
	Alveolar Abscess	1
	Swelling of Face.....	2
	Rheumatism	5
	Sinus of Right Groin	1
	Sinus of Jaw.....	1
	Necrosis of Nasal Bones.....	1
	Bone Disease.....	1
	Diarrhoea	3
	Nephritis.....	2
	Dropsy	1
	Syphilis	2
	Abscesses	4
	Boils	1
	Total.....	<u>513</u>

School Nurse.—The arrangements for the services of a nurse were continued with the Burnley District Nursing Association throughout the year, and much useful work in the way of supervision has been carried out.

The usual manner of employing a nurse to attend at the schools when the medical officer is carrying out the inspections has not been followed, as it was considered that the services of a trained nurse would be much better utilised in visiting those children who had some minor defect, and required supervision and direction to parents in order to attain its amelioration.

The following is a summary of the work done by the nurse during the year :—

Number of cases on books, January 1st.....	16
New cases sent during the year.....	296
	<u>312</u>

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Number discharged during the year	227
Remaining on books December 31st	85
	<hr/> 312 <hr/>
Number of visits paid	5250

The following is a list of the defects from which these children suffered :—

Affections of the Scalp—Dirty Heads, Ringworm &c.....	152
Diseases of the Skin.....	33
Verminous and Dirty	10
Diseases of the Ears	33
Diseases of the Eyes.....	54
Itch	9
Abscesses	5
	<hr/> 296 <hr/>

The nurse reports that the reception by mothers is on the whole good, and with few exceptions they are desirous and willing to profit by the visit of the nurse.

Cases of neglect and want are in the minority, and most of the cases visited are brought about by ignorance of the mothers or guardians in failing to realise that the diseases are preventible, as a rule, by a more generous use of soap and water, more fresh air, and less overcrowding.

Female Health Visitors.—The services of the Female Health Visitors have also been utilised in visiting school children, but this has been for the purpose of making enquiries as to home and surroundings, and if medical advice was necessary to see that it was obtained.

Visits to school children by Health Visitors :—

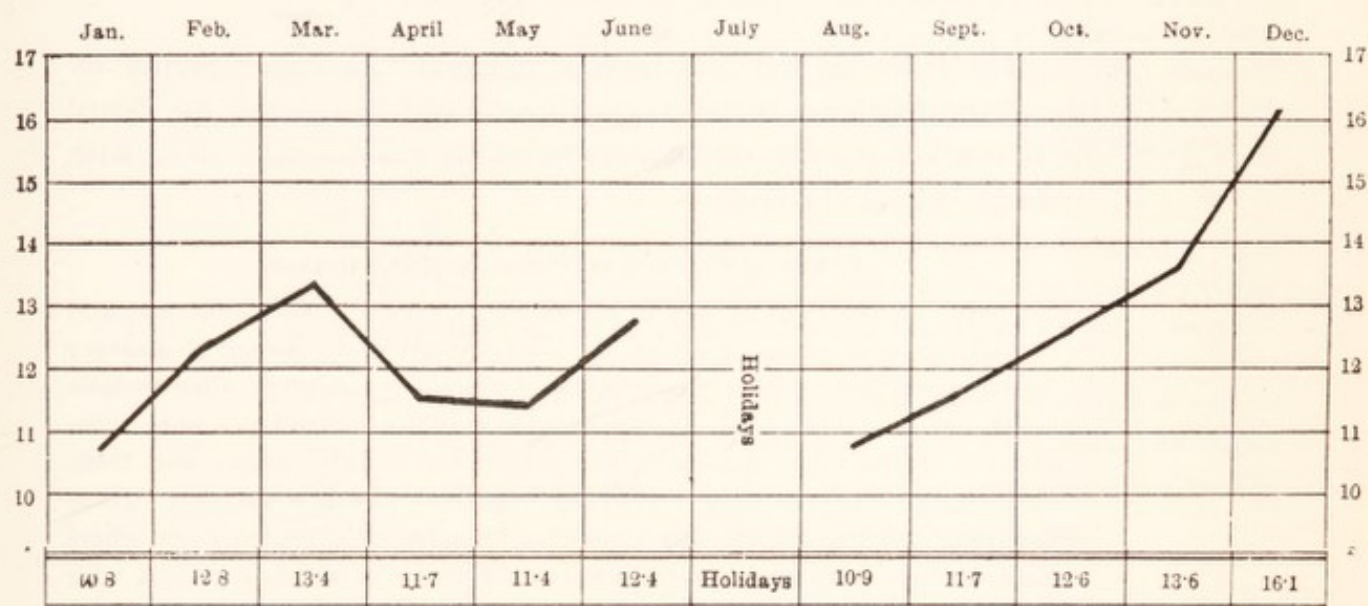
Total children visited during 1909.....	257
Visits made to these	379

Education Report.	Disease.	No. of		Visits paid.
		cases.		
	Verminous Heads	6	...	26
	Dirty	36	...	99
	Sores on Head and Face.....	11	...	20
	Defective Eyes	22	...	40
	Ringworm.....	3	...	4
	Itch.....	5	...	20
	Running Ears	1	...	1
	Deafness	2	...	2
	Mumps	1	...	1
	Mental capacity	1	...	1
	Injury to Wrist.....	1	...	1
	Measles cases visited	164	...	164
	Total.....	257	...	379

Part III—PUBLIC HEALTH AS AFFECTING SCHOOL CHILDREN.

GENERAL CONDITIONS.—The chart given herewith is an endeavour to show in a graphic manner the proportion of children absent from school each month; the great majority of these being absent on account of sickness.

Table showing the Monthly Percentage of Absentees.



The high proportion of absentees at the latter end of the year is due to an outbreak of measles.

MEASLES.—The most serious disease affecting school attendance is measles, and there has been a very great number of children attacked. A system of notification by the teachers to the Health Office has been in force for some years, and the following notifications have been received :—

Heasandford.....	89
Abel Street	65
Stoneyholme	54
Coal Clough	31
Burnley Wood	30
St. Andrew's.....	28
Hargher Clough	19
Back Lane	19
St. James'	18

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Healey Wood	15
Lane Head.....	10
St. Stephen's	8
Red Lion Street	7
St. John's, Gannow	5
Mitre Street.....	1
St. Thomas'	1
Total.....	<u>400</u>

The following extracts from a memorandum issued jointly by the Medical Officers to the Local Government Board and the Board of Education describe the manner in which this disease is dealt with amongst school children :—

RULES FOR THE EXCLUSION OF INDIVIDUALS.

(49) In large towns, and in the smaller districts in which the majority of children over seven years of age who are attending public elementary schools have had measles, the practice is frequently adopted, when measles break out in a household, of excluding from school attendance only those children of the same household who attend the infants' school, and those older children of the same household who have not had measles. These particular children of the same household should be excluded from school until 21 days from the date of onset of the illness of the last patient with measles in the house.

(50) The above procedure can be recommended as the result of experience in large districts. It is a compromise which is obviously not a counsel of perfection, and may need future modifications. Even under present conditions the procedure may need to be modified in accordance with the special circumstances of a particular district, with special reference to its past history as to measles. The schedules for the medical inspection of school children, if kept carefully will, in course of time, place at the disposal of the Medical Officer of Health and of the School Medical Officer the history of each child as to measles, as well as to other infectious diseases, and they will thus be able to decide when a case of measles occurs in a particular class, which scholars in that class should, and which should not, be excluded from attendance at school.

(51) School closure has probably more frequently taken place on account of epidemics of measles than for any other disease, but as the closure has been commonly deferred until a large proportion of the children are already absent, it has proved useless in populous districts at least, for the purpose of preventing the spread of the disease.

If measles is introduced into a school, the first crop of secondary cases will occur about 12 days after the original case, and in twelve days more

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there will be a second crop comprising the majority of the unprotected children. Thus school closure, as ordinarily practised after the second crop of cases has occurred fails to prevent an epidemic. In view of this experience a class closure of short duration after the occurrence of the first case of measles in the class may be substituted, the class being closed on the ninth day after the sickening of the first child, for a period of five days only. After this period, only those who have sickened may be excluded, along with those in the same households who have not had measles or who attend the infants' school.

(52) Warning notices to parents have been found to be valuable in preventing the spread of measles through the attendance at school of infecting children. These warnings should be sent out as soon as measles has appeared in a class, the parents being warned to watch their children and to keep them from school if the slightest symptoms of "cold" develop during the following three weeks.

The warning notice should also suggest that the parent should at once inform the teacher if these symptoms develop. The teacher can then report the case to the Medical Officer of Health and the School Medical Officer.

During the early period of the epidemic when it was found that a child had been present in an infectious state in a class, an order was made to close that class at a period from the tenth to the fourteenth day after the last date of the child's presence at school.

The following is a list of Infant School closures :—

Heasandford (two weeks)—Sept. 20th to Oct. 4th.

St. Andrew's (one class)—Sept. 30th and Oct. 1st.

Abel Street (one class)—Oct. 11th and 12th.

Stoneyholme (one class), one week—Oct. 18th to 22nd.

Hargher Clough (one class)—Oct. 25th, 26th, and 27th.

Abel Street (week)—Nov. 8th to 12th.

Stoneyholme (week)—Nov. 15th to 19th.

Hargher Clough (one class)—Dec. 7th, 8th and 9th.

Burnley Wood (one class)—Dec. 9th and 10th.

The schools were cleansed and disinfected, but in spite of school closure and visitation of the cases the disease has spread from district to district that by the end of the year half of the town had been infected.

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The diseases affecting school children other than measles are scarlet fever, diphtheria, whooping cough, and mumps. The two notifiable ones are scarlet fever and diphtheria, and the numbers attacked between the ages of 5 and 15 are :—

Scarlet Fever.		Diphtheria.
285	.....	30

With regard to mumps and whooping cough we have had notifications from the schools as follows :—

Mumps.		Whooping Cough.
116	48

Part IV.—GENERAL REMARKS.

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Every effort has been made to carry out the spirit of the memorandum issued by the Board of Education, which says—"Valuable to science though the finding of a more thorough and elaborate medical examination might be, it is the broad simple necessities of a healthy life which must be kept in view."

It has been with this end always in view that the children have been inspected, and if any condition calling for and open to improvement has been discovered, it has been followed up by nurse or visitor, or has been notified to the parents by the Medical Officer. The amount of the work done in this direction is shown by the figures of the nurse's work and those of the Health Visitors. That great improvement in the general conditions of many children will follow is undoubted, but an actual demonstration of this will probably take a few years.

The standards of height and weight, both of the children entering school and those leaving school, show variation from certain results which are given below, but at this early period of our medical inspection it does not appear advisable to draw any definite conclusions from these variations.

The following is an extract from tables given in the Report of the Royal Commission of Physical Training (Scotland) which was issued in 1903 :—

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Extract from Table 14, showing the average stature (without shoes) and the average weight (including clothes) of children in the Artisans Towns of Great Britain.

HEIGHTS.

Age last Birthday.	Males.	Height in Inches.	Females.	Height in Inches.
3	11	36·23	24	35·33
4	88	37·63	68	37·30
5	167	39·72	104	39·77
6	231	41·9	131	41·84
12	194	53·72	93	53·98
13	614	55·81	58	56·22

WEIGHTS.

Age last Birthday.	Males.	Weight in lbs.	Females.	Weight in lbs.
3	30	35·0	22	30·8
4	86	38·6	68	35·8
5	164	40·9	108	40·3
6	189	44·6	122	43·1
12	146	73·0	183	74·9
13	640	79·0	65	84·9

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From the above the averages of males and females together are as follows :—

Age last Birthday.	Height in Inches.	Weight in lbs.
3	35.8	33.2
4	37.4	36.7
5	39.7	40.6
6	41.8	43.9
12	53.8	74.0
13	55.8	79.4

Table shewing the averages given above compared with the averages for Burnley.

Age last Birthday.	HEIGHT IN INCHES.		WEIGHT IN LBS.	
	Great Britain.	Burnley.	Great Britain.	Burnley.
3	35.8	35.9	33.2	32.3
4	37.4	38.1	36.7	35.8
5	39.7	40.1	40.6	37.5
6	41.8	42.1	43.9	41.0
12	53.8	54.7	74.0	72.8
13	55.8	55.8	79.4	77.1

Nutrition.—This is a somewhat vague term and will probably have a varying meaning in the reports of different medical officers.

Of the 2,645 children entering school, 16 were noted as suffering from Debility or Anæmia. This is not a large number, and must not be taken as representing the numbers suffering from these complaints, for it must be borne in mind that there might be many

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children suffering in this way in Burnley who would not be sent to school at the usual age for entering for these very reasons, and therefore did not come under the observation of the Medical Officer.

At the leaving age a number of girls appeared to be somewhat anæmic, but this condition was not of such prevalence as to call for any special remark.

At a later period the teachers reported on all the children who were admitted to school during the year as to whether any of them appeared to suffer from insufficiency of food. 19 were brought forward but none showed any signs that might be construed by the Medical Officer as demonstrating this.

The general conclusion is that practically the whole of the children inspected appear, at any rate, to get sufficient to eat, how far the diet is suitable is a matter about which further evidence will have to be forthcoming before a definite statement can be made.

Apart from the 19 new admissions as above, 20 other children who had not been medically inspected were brought forward by the teachers because it was thought that they did not get enough to eat. None of them, however, appeared to suffer from ailments which could in any way be attributed to insufficiency of food.

The homes of all the 39 were visited and full enquiries were made into the circumstances and surroundings. The 39 children lived in 28 homes. In 11 of these homes there was undoubtedly poverty. Half the homes were put down by the visitor as "dirty."

Cleanliness.—It was considered unsatisfactory to give the results of the observations taken at the time of a child's admission to school regarding its cleanliness, therefore the figures given, which will give a more accurate idea regarding the state of the children, are obtained by receiving a report from the teacher after the child had been in school for some months. The result is that 197 of these admissions came to school habitually dirty. This figure represents the marked cases, there is also a much larger number who are very near the border line.

Visitation and threats obtain for a time an improvement, in some cases permanent, but in 197 cases it has not been so. The

difficulty with many of these is that the parents may be both working or possibly there may be no mother to look after the child.

Clothing.—The same method as for judging of cleanliness was followed regarding clothing and footgear, that is, a report was received from the teacher after the child had been attending school for some months. The result of the enquiry is that 196 of the 2645 admissions came to school with the clothing as a rule in an unsatisfactory state, this means ragged and dirty.

Footgear.—The usual gear is clogs, and as a result of enquiries 162 had as a rule defective clogs or boots, this may be taken to mean that the footgear was not capable of keeping out the wet.

Enlarged Glands.—This affection, which is common in children, was found to affect 194 children. It is however, as a rule, of a temporary nature.

Eyes.—The 51 children who had some defect of the eyes on admission were practically all suffering from Conjunctivitis, which in every case was either referred to the medical men, if not already being attended by one, or ~~in all~~ the cases proved to be of a temporary nature.

Vision.—The facts revealed by the inspection of vision show the marked prevalence of defects.

Notices have been sent to parents from this office during the year. Many of these notices refer to the defective vision of one eye, this may or may not be shown by a squint.

It is generally difficult to get a parent to seek medical advice because the child has defective sight in one eye only. Such a child appearing to the parent to be able to see quite well. It is important for everybody to realise that deficiency of vision in one eye (perhaps obscured by normal vision in the other eye) can only be remedied in childhood. The extreme importance of binocular vision in a textile community like ours must be evident to everyone.

How far the parents of the children leaving school avail themselves of the advice of the notice sent them it is impossible to say, for these children owing to leaving school were not followed up.

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As our medical inspection progresses, these children with defective eyesight will be discovered before they reach the leaving age, and therefore a fuller history of the defect and its treatment should be available for future reports.

As a result of the testing of vision in many other towns, and the results appear to be pretty much the same in Burnley, a lower standard than has heretofore been accepted as necessary will have to be taken in future.

Teeth.—Children on admission presenting a perfect set of teeth were exceedingly rare, and of those leaving school 79 per cent. had some condition of the teeth that was thought to require attention.

There is reason to believe that pretty nearly the same condition obtains amongst the majority of the school children of this country, as in Burnley, and that it is not at all confined to children of the poorer class but is if anything the reverse, the children of the lower or poorer classes having the better teeth.

This condition of the teeth arises chiefly from lack of attention and want of cleanliness, the soft food on which the children are so commonly fed does not help to cleanse the teeth. Through lack of attention no advice is sought by the parents when the child suffers from toothache, which is looked upon as one of the ordinary ailments of childhood and has to be borne like measles, whooping cough, or other children's diseases. If the parent at the first signs of any toothache were to seek advice much subsequent trouble through defective teeth would be avoided.

The desirability or necessity for periodic inspection of the teeth by a dentist, who could advise the parents as to the proper course to pursue is a matter for future consideration. A little expert advice to the parents of a child of four or five as to its teeth would be of immense value.

Public Health Administration.—The performance of the school medical work by the Public Health Authority ensures that there shall be no overlapping when any infectious disease is prevalent either among the school children or the rest of the population. The Medical Officer of Health being the School Medical Officer immediately becomes aware of this prevalence in school, and being Medical

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Officer of Health he is notified of any notifiable infectious disease outside the school. The Medical Officer can take such precautions as he thinks fit for the protection of the scholars of any or all of the schools, and all this without any loss of time through one department having to communicate with another before any action can be taken.

Though the Medical Officer soon becomes aware of the existence of any infectious disease in a school child over five, knowledge of the existence of such disease in a child under that age is more or less a matter of chance, and some arrangement should be made whereby every child on being absent from school for sickness should be visited and the nature of the disease ascertained.

Further, no regular proof that a child is safe to mingle with others is required by the teachers on the return to school of a child who has been absent owing to infectious disease. An arrangement can easily be made that every child having been absent owing to any disease must be inspected by the School Medical Officer and certified as safe to return to school before being allowed to do so.

By this means it is probable that what are called "carrier" cases might be discovered. Carrier cases includes those persons capable of giving a disease to others though not apparently suffering from it. This term perhaps applies to diphtheria and typhoid fever more than any other disease. The first of these two being the most important to a School Medical Officer.

If such steps were taken, we might possibly stamp out from our schools such diseases as diphtheria, ringworm, and impetigo; at any rate it must lead to a lessening of the number of sufferers from them.

