[Report 1912] / School Medical Officer of Health, Bury County Borough.

Contributors

Bury (Greater Manchester, England). County Borough Council.

Publication/Creation

1912

Persistent URL

https://wellcomecollection.org/works/bss3bbyu

License and attribution

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

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

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





COUNTY BOROUGH OF BURY.

REPORT

ON THE

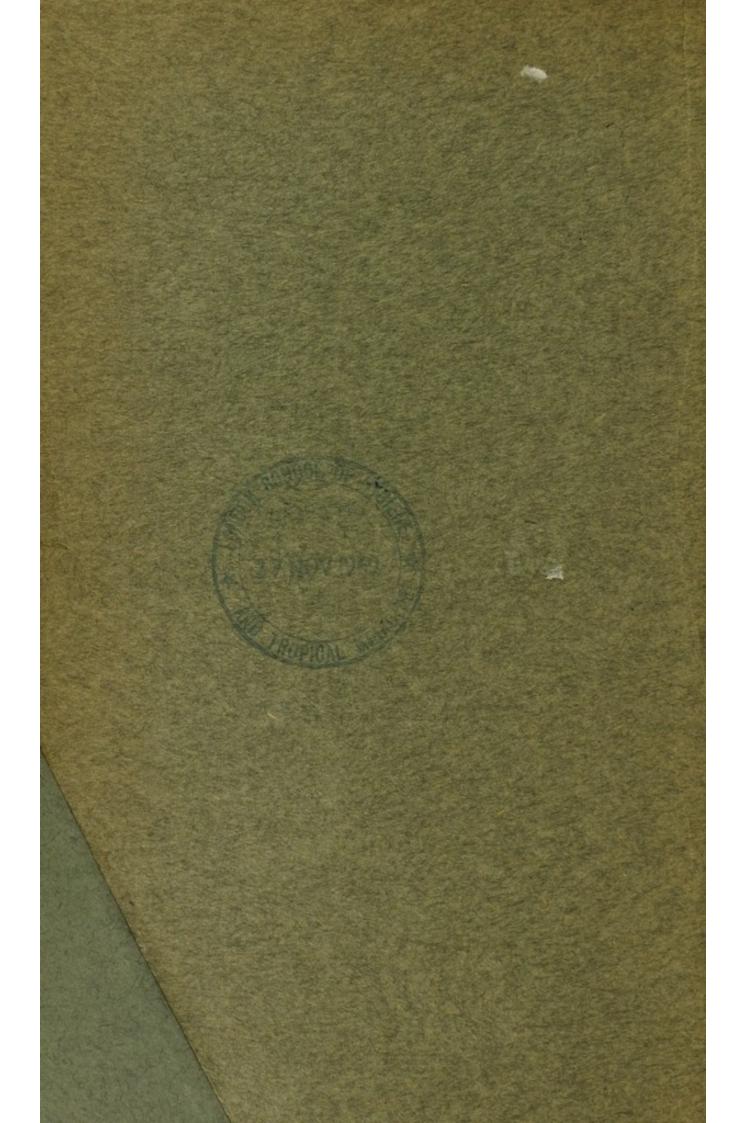
Medical Inspection of School Children,

For the year ending December 31st, 1912.

G. GRANVILLE BUCKLEY, M.D., D.P.H.,

SCHOOL MEDICAL OFFICER.

BURY:
PRINTED AT THE "TIMES" OFFICE, CROSS STREET,
1913.





COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children,

For the year ending December 31st, 1912.

G. GRANVILLE BUCKLEY, M.D., D.P.H.,

SCHOOL MEDICAL OFFICER.

BURY:

PRINTED AT THE "TIMES" OFFICE, CROSS STREET, 1913.



PUBLIC HEALTH DEPARTMENT,

PARSONS LANE, BURY,

May 18th, 1913.

To the Chairman and Members of the Education Committee,

County Borough of Bury.

Ladies and Gentlemen,

I have the honour to submit for your consideration my report on the Medical Inspection and Treatment of School Children during the year ended December 31st, 1912.

The work connected with Medical Inspection is gradually increasing, the number of children examined during 1912 showing an increase of 769 over the corresponding number for the previous year.

One half-day per week is now set aside for the examination of children suffering from minor ailments who are absent from school without a medical certificate.

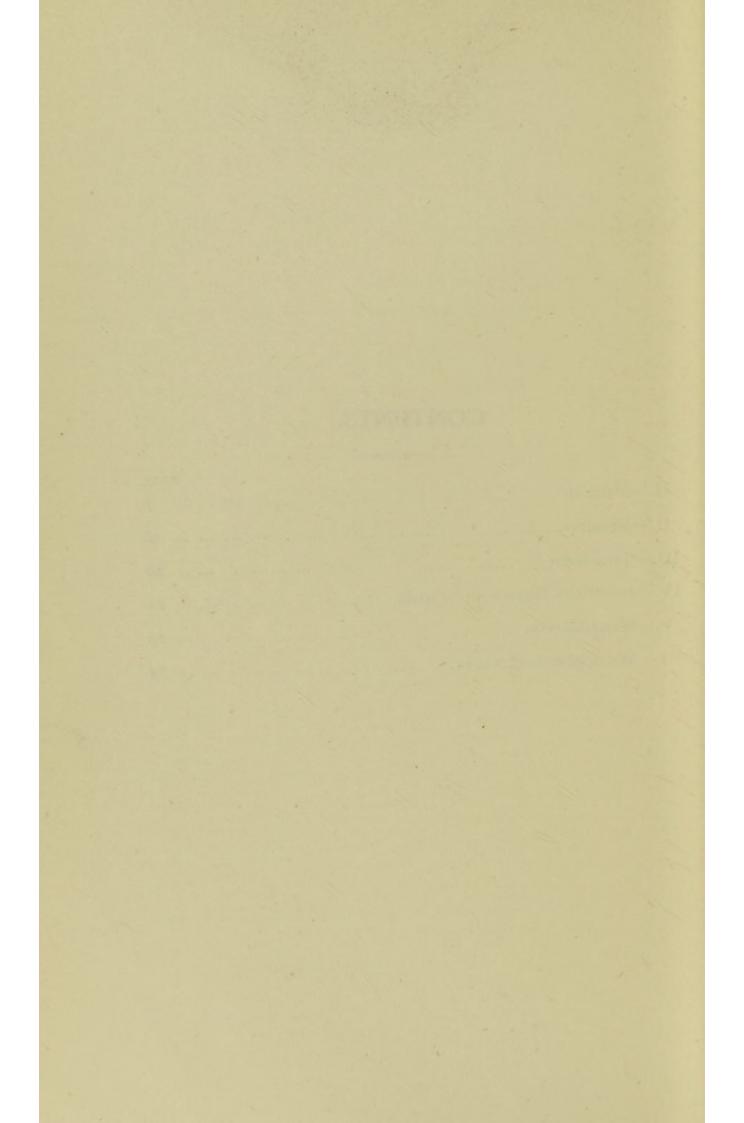
I take this opportunity of expressing my thanks to the Director of Education and his staff, the Head Teachers of the various schools, the clerical staff of the Health Department, and to the School Nurse (Miss L. H. Rishton) for the assistance they have given me, and to you, Ladies and Gentlemen, for your courtesy and kind sympathy.

I am, Ladies and Gentlemen, Your obedient servant.

G. GRANVILLE BUCKLEY.

CONTENTS.

			PA	AGE
I.—Methods		 	 	7
II.—Results		 	 	10
III.—Treatment		 	 	20
IV.—Infectious Disease in Schools		 	 .:.	22
V.—Miscellaneous	٠	 	 	25
VI.—Work of School Nurse		 	 	27



County Borough of Bury.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

1.—METHODS.

The arrangements made in 1911 have been continued during the year under review.

The Medical Officer of Health also acts as School Medical Officer, and carries out the Medical Inspection of School Children personally.

CHILDREN INSPECTED.

During the year three main classes of children were inspected:

I.—" Entrants," i.e., those children who were newly admitted to school during the year.

- II.—"Leavers," i.e., those children who were entitled to leave school during the year.
- III.—" Special Cases," i.e., those children who were noticed by the Teacher, School Nurse, or Medical Officer to be suffering from some palpable disease or defect.

In addition to the above, a number of children were brought to the Health Office for examination, and several were examined for various reasons at their homes.

Early in the year a letter was sent to each of the head teachers detailing the classes of children it was proposed to examine and giving information as to the manner in which the Medical Inspection cards were to be filled up.

The Schedule of Examination issued by the Board of Education was followed throughout.

When the date of inspection at a school was approximately fixed, a week's notice was sent to the head teacher, who then entered on the cards the following particulars:—

Name of school.

Name, address, and age of child.

Date of birth.

Date of admission to school.

Previous school attended (if any).

Previous illness. (This information is obtained from forms filled in by the parents.)

Standard and regularity of attendance.

On the day previous to the inspection a further notice was sent to the head teacher informing him of the hour at which the Medical Officer would attend, and notices were sent to the parents of each child inviting them to be present.

The actual Medical Inspection is carried out by the Medical Officer, with the exception of the following items:—

Height.

Weight.

Cleanliness of body and head.

Vision. Hearing. Older children only are tested;

These are undertaken by the School Nurse, who also prepares the children for examination by the Medical Officer.

When a child is found to be suffering from some disease or defect, a form is sent to the parent pointing out the nature of the defect and advising medical attention. The homes of these children are, after a reasonable interval, visited by the School Nurse, who makes inquiries as to any treatment obtained. If treatment has not been obtained she re-visits again and again as required.

All Routine Inspections take place on the school premises.

At a few of the Schools the arrangements for Medical Inspection are very good, but in the majority a classroom has to be emptied for the purpose. In one or two instances the medical inspection has to be carried out in the cloakroom.

Any instructions from the Medical Officer to the teachers regarding a particular child are entered on the card in a space provided for the purpose. Any instructions given to the parent are also noted.

The Medical Inspection cards are kept in the school in a locked metal cabinet, the key of which is in the possession of the head teacher. Thus the teacher is always able to refer to the card when necessary. Cards of children requiring further attention are furnished with a special clip, and are thus easily referred to. When the child has received satisfactory treatment this clip is removed.

All the information on the cards is copied on to summary sheets, one being used for each sex in each school. These sheets are for the use of the Medical Officer and School Nurse, and are kept at the office.

A note-book is kept by the School Nurse for each school department. In this she enters the name and address of each child found to be suffering from defect or disease, together with the nature of the defect and particulars of her visits to the home of the child.

The school children are examined periodically by the School Nurse with the object of ascertaining the condition, as to cleanliness, of their heads. Special attention is directed towards the girls.

In cases where only a few nits are found a white card (M.I. 20) is sent giving a few general hints on the care of the hair. In more pronounced cases a green card (M.I. 21) is sent. This calls attention to the condition of the child's head, and asks the parent to remedy the same within a week. (Directions for cleansing the head are given on the back of the card.) At the end of that time the child is re-examined, and, if no improvement has taken place, a red card (M.I. 22) is sent, and the child is excluded from school for a week.

The Education Committee have now authorised the Medical Officer to take further action under the Children Act of 1908 in cases where the above procedure fails to produce the desired effect.

II.—RESULTS.

Number of Visits to Schools and Departments.—The total number of visits paid to schools and departments during the year was 137. Ninety-nine of these were for the purpose of Medical Inspection, and 38 for other purposes—the control of infectious disease, &c.

Number of Children Examined during the year.—The total number of children examined during 1912 was 2,509, and was made up as follows:—

Routine Inspection	("Entrants "	 	 	 1,082
Routine Inspection	"Leavers"	 	 	 749
	" Specials "	 	 	 139
	Routine Case "Specials".			
Other Cases examin				
				2,509

This is an increase of over 700 on the number of children examined during 1911.

In addition to the above, a large number of children were examined for dirty and verminous conditions, signs of infectious disease, &c.

Sex and Age.—The following table shows the sex and age of the children who underwent the routine inspection (excluding the "Special" cases):—

Attendance of Parents.—As previously stated, the parents of the children are invited to be present at the Medical Inspection of their children. In the case of the "Leavers," 13.62 per cent. of the parents attended, while, in the case of the younger children,

28.28 per cent. were present. This is a much lower percentage than attended in 1911, when 25 per cent. of the "Leavers'" parents attended and 36 per cent. of the "Entrants'," and is probably due to the fact that parents are now becoming accustomed to the idea of Medical Inspection, and do not, therefore, take the trouble to attend. This is to be regretted, as valuable information is sometimes to be obtained from the parents as to the past medical history of the children—it also removes the opportunity of verbally advising the parents as to any defective or diseased conditions found in their children.

When the Medical Inspection of School Children was first commenced a comparatively large number of parents objected to the examination of their children, but it is now very rare for them to do so.

Previous Infectious Disease.—Previous to the Inspection of the children, forms (M.I. 4) are sent to the parents asking if the children have suffered from any infectious disease, and if so, at what age.

The following table summarises the information obtained, and, for comparison, the percentages for 1911 are given:—

Disease.	No. D	had the disease.	Percei	ntage. 1911.	Total Boys & Girls.	Percei	ntage.
Measles	Boys Girls	607 625	64.99 69.68	60.23 61.57	1232	67.28	60.90
Whooping Cough	Boys Girls	301 356	32.22 39.68	24.64 26.41	6 ₅₇	35.88	25.52
Scarlet Fever	Boys Girls	107 89	9.92	10.43 9.79	} 196	10.70	10.12
Diphtheria	Boys Girls	16 19	1.71	1.69	35	1.91	1.96
Chicken Pox						22.88	17.23

Height and Weight.—The following table shows the height and weight of the children at various ages. For purposes of comparison a set of averages is given for a large number of children in urban areas. These figures were compiled by Dr. Tuxford and Dr. Glegg, and refer to children weighed and measured in ordinary indoor clothing, but without boots.

In Bury the boys were weighed and measured without coat, waistcoat, and boots, and the girls without boots.

BOYS (Height and Weight).

Age.	No. Examined	Average Height in Inches	Average Height in Centi- metres	Urban Areas Average Centi- metres	Average Weight in Pounds	Average Weight in Kilo- grammes	Urban Areas Average Kilo- grammes
3-4	134	36.92	93.78	91.3	32.86	14.91	14.74
4-5	198	39.43	100.12	97.7	35.82	16.25	19.10
5-6	160	41.44	105.56	102.7	38.54	17.49	17:34
6-7	48	43.28	110.69	107.5	43.00	19.21	19.31
7—8	5	44.75	113.66	114.3	44.25	20.08	21.01
8-9	1	40.20	102.87	119.0	37.00	16.78	22.75
9-10							
10-11							
11-12	1	50.20	128.27	133.7	60.20	27.45	29.47
12-13	310	54.87	139.39	138.9	72.97	33.11	32.45
13—14	57	55'44	140.82	142'4	76.10	34.55	35.03
14—15	1	57.00	144.78	146.8	78.00	35.39	38.06

GIRLS (Height and Weight).

Age.	No. Examined	Average Height in Inches.	Average Height in Centi- metres	Urban Areas Average Centi- metres	Average Weight in Pounds	Average Weight in Kilo- grammes	Urban Areas Average Kilo- grammes
3-4	123	36.35	92.33	90.9	31.55	14.17	14.29
4-5	149	39.12	99'44	96.7	35.12	15.95	15.69
5-6	151	40.90	103.88	102.0	37.34	16.94	16.92
6-7	58	43.10	109.49	107.2	41.54	18.71	18.44
7-8	6	45.16	114.70	113.4	43.83	19.88	20.40
8-9					:		
9-10	/·						
10-11							
11-12	I	53.75	136.23	132.3	68.50	31.08	29.16
12-13	295	54.49	138.40	139.3	71.80	32.28	32.79
13—14	50	55.26	141.15	144.0	77.92	35.35	35'94
14-15	I	58.00	147.20	148.7	75.00	34.03	39.65
15—16	1	44.20	113.03		48.20	22.01	

Note:—The discrepancy between the number of children medically inspected (see page 10) and the number weighed and measured is due to the fact that several children who attended when the inspection took place were absent when the weighing and measuring was carried out.

Clothing.—The clothing was either insufficient or in a bad state of repair in the case of fifteen boys (1.66 per cent.) and nine girls (1.00 per cent.).

Foot-gear.—The boots of six boys (0.64 per cent.) and one girl (0.11 per cent.) were in a bad state of repair.

Cleanliness of Head and Body.—Among the boys there were 31 (3.32 per cent.) whose heads were verminous or had a considerable number of nits, whilst among the girls 209 (23.30 per cent.) were in a similar condition. In addition to these there were a large number of children who were affected in a less degree.

The bodies of 13 boys (1.39 per cent.) were dirty, while five (0.53 per cent.) were verminous. Of the girls, three (0.33 per cent.) were dirty and six (0.67 per cent.) verminous.

The children are, on the whole, in a very much cleaner condition than they were a year or two ago, but there are still a few cases in which it is most difficult to obtain any improvement. It is intended to deal with such cases under the Children Act, 1908. The general improvement in the children's condition is mainly due to the efforts of the School Nurse, a large proportion of whose time is taken up with this work.

Nutrition.—Five boys (0.53 per cent.) and four girls (0.44 per cent.) were ill-nourished. In some instances the condition was due to deficient assimilation of the food, while in others it was, no doubt, due to lack of sufficient food.

Teeth.—The total number of children who had one or more carious teeth was 1,170 (63.90 per cent.).

This number was made up as follows:-

Children with less than four carious teeth... 184 163 Leavers. Boys. Girls. 201 186
Children with four or more carious teeth... 113 114 107 102

Thus, while among the younger children (the "Entrants") 227 out of 1,082 (20.98 per cent.) had four or more carious teeth, the proportion among the "Leavers" was increased to 209 out of 749 (27.90 per cent.).

Tonsils.—Sixty-one boys (6.53 per cent.) and 83 girls (9.25 per cent.) had tonsils enlarged to such a degree that treatment was considered necessary, while a number of children had them enlarged to a lesser degree.

Adenoids.—The probable existence of adenoids is judged from the facial characteristics of the child, and no attempt is made to confirm the diagnosis by digital examination. Fourteen boys (1.50 per cent.) and 12 girls (1.34 per cent.) were suspected to be suffering from adenoids, and the parents were advised to seek medical advice.

Glands.—In five boys (0.53 per cent.) and three girls (0.34 per cent.) the glands of the neck were enlarged to such a degree that medical treatment was considered advisable. Several of the cases were due to dirty heads or decayed teeth, &c. There is always a possibility of these glands becoming tubercular, and it is important, therefore, that treatment should be obtained.

External Eye Disease.—The following cases of disease of the external eye were met with:—

```
      Strabismus (Squint)
      13 boys (1.39%), 10 girls (1.11%).

      Blepharitis
      4 boys (0.43%), 6 girls (0.67%).

      Conjunctivitis
      3 boys (0.32%), 3 girls (0.33%).

      Keratitis
      3 boys (0.32%), 5 girls (0.56%).

      Injury to eye
      1 girl (0.11%).
```

Vision.—The vision of the "Leavers" only is tested, and this is carried out by the Nurse.

Snellen's Test Types are used, and the parents of all children whose vision is of less acuity than 6/12 are advised to obtain treatment.

Forty-one boys (4.39 per cent.) and 50 girls (5.57 per cent.) were thus referred for treatment.

Ear Disease.—Chronic ear discharge was present in 18 boys (1.93 per cent.) and 11 girls (1.23 per cent.)

Hearing.—Six boys (0.64 per cent.) and four girls (0.44 per cent.) were found to be suffering from defective hearing to a greater or lesser degree.

Heart.—Organic disease of the heart was diagnosed in the case of 22 boys (2.35 per cent.) and 17 girls (1.89 per cent.). Of these 24 occurred among the "Entrants," and 15 among the "Leavers."

Lungs.—Seven boys (0.75 per cent.) and 13 girls (1.45 per cent.) were suffering from Bronchitis at the time of examination. Seven boys (0.75 per cent.) and one girl (0.11 per cent.) were found to be suffering from Phthisis.

The death rate from Phthisis in the Borough in 1912 was 1.30 per 1,000.

Nervous System.—Four boys and three girls were found to be suffering from diseases of the Nervous System.

Tuberculosis.—In addition to the above-mentioned cases of Phthisis, ten children were discovered to be affected by various forms of Tuberculosis, viz.:—

Tuberculosis of Bone... 2 boys.

Rickets.—16 boys (1.71 per cent.) and four girls (0.43 per cent.) presented signs of Rickets.

Deformities.—The following list shows the various deformities found among the children:—

Various 3 girls.

Infectious Disease.—No cases of infectious disease were discovered in the routine inspection.

Contagious Disease.—The following cases of contagious disease were discovered:—

Impetigo 6 boys (0.64%), 2 girls (0.22%). Ringworm.. ... 1 boy (0.11%). Miscellaneous.—Among the diseases not classified under the above headings were:—

	Boys.	Girls.
Enlarged Thyroid Gland	—	2
Hernia	4	I
Debility	6	2
Anæmia	2	3
Injury to elbow	I	_
Appendicitis	I	_
Incontinence of urine		

Summary of Diseases or Defects Discovered during 1912.

Footgear insufficient 6 0.64 1 0.11 7 0 Dirty Head 31 3.32 239 26.64 270 14	.31 0.38 1.74 1.34 0.49
Dirty Head 31 3.32 239 26.64 270 14	.74 .34 .49
	.34
Dirty or Verminous Rody 22 2 42 11 122	.49
Dirty or Verminous Body 32 3.42 11 1.23 43 2	
Defective Nutrition 5 0.53 4 0.45 9 0	
Carious Teeth (less than	-
four) 285 30.51 349 38.91 634 34	.62
Carious Teeth (four or more) . 220 23.56 216 24.08 436 23	18.
Enlarged Tonsils 61 6.53 83 9.25 144 9	.86
Adenoids 14 1.50 12 1.34 26	.42
Enlarged Glands 5 0.53 3 0.33 8 0	.44
External Eye Diseases 23 2.46 25 2.78 48 2	.62
Defective Vision 41 4.39 50 5.57 91	.97
Ear Discharge 18 1.93 11 1.23 29	.58
Heart Diseases 22 2.36 17 1.89 39	.13
Bronchitis 7 0.75 13 1.45 20	.09
	.44
	0.38
Tuberculosis (excluding	
Phthisis) 4 0.43 0 — 4 0	0.22
Rickets 4 0.43 1 0.11 5 0	.27
Deformities 15 1.61 10 1.11 25	.37
Infectious and Contagious	
Diseases 7 0.75 2 0.22 9 0	.49
Miscellaneous 15 1.61 8 0.89 23	.26

Special Cases.

When the Medical Officer visits a school for the purpose of Medical Inspection, advantage is taken of the opportunity to examine such children (not falling into one of the two classes "Entrants" and "Leavers") as have been noticed by the teachers to be suffering from some palpable disease or defect. The total number of such children brought to the notice of the Medical Officer during the year was 139.

The following is a summary of the defects or diseases found:-

The following is a st	11111	nary	01 1	ne de	rect	S OF C	nsea	ses ic	ound	
D:	I		Depa	artment.				rtment.	7	
Carious Teeth		Boys.		Girls.		Boys.		Girls.		Total.
Enlarged Tonsils		_		I		2		I		4
Adenoids		_		_		5		5		10
Defective Vision		_		1		4		18		22
External Eye Diseases		I		3		6		5		15
Ear Discharge		_		_		I		3		4
Deafness	••••	_				2		I		3
Deaf Mute		_		2		_		_		2
Defective Speech		2		_		I		I		4
Stammerers		_		_		2		_		2
Mentally Defective		I		4		2		1		8
Backward		I		I		4		I		7
Heart Diseases		I		_				2		3
Anæmia		_		_		1		I		2
Bronchitis		_		_		I		I		2
Phthisis		_		2		I		I		4
Infantile Paralysis		_		1		I		-		2
Chorea		_		I		_		I		2
Epilepsy		_		_		_		2		2
Diabetes		_		_		I		_		I
Dirty and Verminous				3		-		5		8
Deformities		2		-		_		-		2
Impetigo		1		2		I		-		4
Debility		_		_		-		I		I
Tumour of Neck		_		_		1		_		1
Neglected		_		-		I		-		I
No defect Discovered		_	***	(1)		(12)		(9)	((22)
		-		_		-		-		-
Total Defects		9		20		38		50		117
		-		-		-		-		-
Total Children examin	ned	9		21		50		59		139
		_		-		_		-		-

Miscellaneous Examinations.

These consist of children examined at the office and comprise such minor ailments as dirty and verminous conditions, ringworm, impetigo, &c. Saturday morning of each week is now set apart for the examination of these children at the Health Office.

During the year 176 of such examinations have been made and comprise the following cases:—

ise the following cases.	
Dirty and Verminous Conditions	54
Scabies	9
Defective Vision	1
Keratitis	2
Conjunctivitis	10
Blepharitis	5
Ear Discharge	4
Infantile Paralysis	I
Mentally Defective	1
Epilepsy	I
Chorea	2
Backward	1
Incontinence of Urine	1
Eczema	1
Psoriasis	1
Impetigo	12
Ringworm	38
Deaf Mute	1
Whooping Cough	1
Phthisis	8
Enlarged Tonsils	2
Adenoids	3
Heart Disease	5
Bronchitis	1
No Defects Found	3
Various	8
	_
Total	176

III.—TREATMENT.

METHODS EMPLOYED OR AVAILABLE FOR THE TREATMENT OF DEFECTS.

In all conditions requiring treatment a note is sent to the child's parents pointing out the nature of the disease or defect, and urging them to seek medical advice. After an interval the home is visited by the Nurse, who makes enquiries as to what action has been taken in the matter. If no treatment has been obtained the parents are again urged to see their doctor and are re-visited later. The child is also re-examined at school in order to ascertain the effect of any treatment obtained.

The chief agencies for treatment existing in Bury are:

- (1) The private medical practitioner.
- (2) The Bury Infirmary, with an out-patient department and special department for diseases of the eye.

Many patients also attend the special hospitals in Manchester, which is but a few miles distant.

The Guardians and the Charity Organisation Society have, at various times, rendered valuable help in the providing of spectacles and in many other ways. The Corporation subscribe to the Bury Infirmary, and thus it has been possible to provide a number of children requiring treatment at that Institution with recommends.

Cases Treated during the Year 1912.

The following is a list of the cases which have been ascertained to have received treatment during the year:—

Disease or Defect.	re	o. of Cas ferred for reatment	r	Number treated.	P	ercentage.
Clothing dirty or insufficient		40		31		77.50
Dirty and verminous head		270		270		100.00
,, body		43		43		100.00
Carious teeth (four or more)		436		144		33.03
Enlarged tonsils		148		137		92.57
Adenoids		36		26		72.22
Enlarged glands		8		8		100.00

	o. of Cases eferred for reatment.	Number treated.	Pe	rcentage.
External eye diseases	63 .	 36		57.14
Defective vision	113 .	 84		74.34
Ear discharge	33	 23		69.69
Heart diseases	42 .	 38		90.48
Phthisis and other Tuberculous				
diseases	14	 6		42.14
Bronchitis	22 .	 10		45.45
Nervous system	13 .	 3		23.08
Deformities	27 .	 2		7.41
Infectious and contagious diseases	13 .	 7		53.85
Miscellaneous	23 .	 18		78.26

TREATMENT OF TUBERCULOSIS.

The Bury and District Joint Hospital Board were, in 1910, presented with the residence known as Holcombe Hall for use as a Sanatorium. The necessary alterations and additions were carried out, and the Institution was opened in August, 1910.

Suitable cases of Phthisis are admitted from the district of the Board, and remain for varying periods of time.

More advanced cases are treated in the Florence Nightingale Hospital, another of the Joint Board's Institutions. Children under 10 years of age are not treated by the Board, but are occasionally sent to the Sanatorium at Delamere.

During the year the following cases have been treated at the above Institutions:—

Initials.	Age.	Institution.	Admitted.	Discharged.	Length of stay.
H.A W.D.	years	Aitken Sanatorium	Jan. 18/12 Feb. 27/12		
* *	 "	Florence Nightingale	Nov. 25/12		
		Hospital, transferr'd to Aitken Sanatori'm		May 5/13	126 ,,

As will be seen from the table, the treatment of the various diseases and defects discovered on Medical Inspection is still far from satisfactory, in spite of the fact that most of the figures

show an improvement on the previous year. Perhaps the most gratifying feature is the increase in the number of children who have received treatment for carious teeth. Among other diseases which show a marked improvement are Enlarged Tonsils, Adenoids, Enlarged Glands, and Defective Vision.

In a certain proportion of cases the treatment obtained cannot be considered satisfactory, as often the parents do not persevere sufficiently. This applies especially to such cases as Chronic Ear Discharge, &c.

In my opinion, the time has come when the question of providing a School Clinic for minor ailments and such conditions as carious teeth should be considered. A proportion of the cost would be recovered as a grant from the Board of Education.

IV .- INFECTIOUS DISEASE.

REVIEW OF ACTION TAKEN TO PREVENT INFECTIOUS DISEASE.

The Head Teachers of all the school departments are provided with forms on which to notify the Medical Officer of cases of Infectious Disease occurring among the scholars.

When a case of Infectious Disease in a school-child is notified to the Health Department, the Medical Officer sends notice to the Head Teacher of the department which the child attended. Particulars are given as to the length of time the patient and other members of the family must remain away from school.

(a) Notifiable Infectious Diseases.

Scarlet Fever.—The following table shows the number of cases of this disease which have been notified as having occurred among the children attending the various schools:—

School.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Clerke Street	2			1						2			5
George Street	1										2		3
Holy Trinity		2									2		4
St. Marie's		1				1				1			3
Brunswick									1		1		2
St. John's					**								
Chesham	-	1	1		**	1		1			1000	1	5
Walmersley			1		110	-	1						
	**				**					**	**	**	
St. Mark's		4	1		**			1	**/				6
St.Joseph's					2		**	4.5		**	**		, 2
St. Paul's (Bell)		**		1						1			1
St. Paul's(Huntl'y)			2	3					1	1	1		9
EastWard Council	1	**			1	**	1	1	**	2	**		6
Bircle						1							1
St. Thomas's	2	7	8	7		1	2		1	2			30
Christian Church.	1								2	7	1	1	12
St. Chad's				3	1							**	4
St. Peter's							1						1
Parish Church	1	1											2
Warth Fold					1								1
St. Stephen's		1		1									2
All Saints'		1	1				1						3
Guardian Angels'.													
Elton Council						2					1		3
Total	9	18	13	16	5	6	5	3	5	15	8	2	105

Diphtheria.—The following table shows the number of cases of Diphtheria which have occurred during the past year amongst school children:—

School.	Jan.	Feb.	Mar.	April.	May.	June	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
				1									
Clerke Street													
George Street													
Holy Trinity	1											**	1
St. Marie's													
Brunswick			1										1
St. John's													
Chesham													
Walmersley													
St. Mark's													
St. Joseph's													
St. Paul's (Bell)			1										1
St. Paul's(Huntl'y)	1			1									2
EastWard Council					1	1							2
Bircle													
St. Thomas's													
Christian Church.													
St. Chad's													
St. Peter's													
Parish Church											1		1
Warth Fold		1											1
St. Stephen's													
All Saints'													
Guardian Angels'.													
Elton Council											**		
Total	2	1	2	1	1	1					1		9

(b) Non-Notifiable Infectious Diseases.

The following schools have been closed during the periods stated on account of the prevalence of Non-Notifiable Infectious Diseases:—

- Holy Trinity School, Infants' Department, Whooping Cough: Closed from February 2nd to February 26th.
- St. Peter's School, Infants' Department, Measles and Whooping Cough: Closed from March 8th to March 31st.
- Warth Fold School, Whooping Cough and Chicken-pox: Closed from April 29th to May 17th.
- Chesham School, Infants' Department, Whooping Cough and Chicken-pox: Closed from May 17th to May 29th.
- St. Mark's School, Infants' Department, Measles: Closed from May 17th to May 29th.
- All Saints' School, Infants' Department, Measles: Closed from July 22nd to July 26th.

V.-MISCELLANEOUS.

Exclusion from School.—Fifty-eight children have been excluded from school during the year by the Medical Officer.

Particulars are given in the following table:-

Reason for Exclusion.	Nu	mber uded.	Sc		ys	Average Number of School Days Absent
Impetigo		9	 	83		. 9.2
Ringworm		6	 	185		. 30.8
Ear Discharge		I	 	25		. 25.0
Blepharitis		I	 	5		. 5.0
Conjunctivitis		7	 	102		. 14.5
Keratitis		1	 	15		. 15.0
Phthisis		2	 	105		. 52.5
Anæmia		I	 	15		. 15.0
Dirty and Verminous	5 2	3	 	162		. 7.0
Scabies		3	 	105		. 35.0
Heart Diseases		1	 	15		. 15.0
Furuncles		2	 	30		. 15.0
Rheumatism		I	 	15		. 15.0
Totals	5	8		422		

BLIND, DEAF, MENTALLY AND PHYSICALLY DEFECTIVE, AND EPILEPTIC CHILDREN.

The following is a list of the children maintained by the Local Authority in special schools:—

	Sex.	Age.	School.	Admitted.	Due to Leave		
G.H.A	M.	1211	Lostock (Industrial).	May 14/12	June 12/16		
J.G.	M.	11,6	,, ,,	Dec. 9/12	Nov. 10/17		
H.G.	M.	12 12	Royal Schools for the Deaf,	Mar 30/08	April 12/17		
W.A.	M.	912	Old Trafford, Manchester.	Jan. /10	April 1/20		
N.F.	F.	914	,, ,,	Feb. 1/12	Jan. 25/20		
D.D.	M.	9	,, ,,	Jan. 13/13	May 5/20		
V.D.	F.	11,5	" "	Jan. 13/13	Dec. 29/17		
J.H.	М.	1312	Starnthwaite Epileptic Colony School.	Mar. /08	Aug. 30/13		
A.T.	М.	13	National Institution (Sandwell Hall) for Persons requiring Care and Control.	Feb. 26/10	Feb. 13/16		
S.W.	M.	20 .	Henshaw's Blind Asylum, Manchester.	1906	July 31/13		

In addition to the above there are ten children who have been sent to Industrial Schools by the Borough Magistrates, and whose maintenance is charged to the Borough Fund.

INSTRUCTION IN PERSONAL HYGIENE.

Instruction in personal hygiene is given in the majority of the schools.

PHYSICAL EXERCISES.

Physical and breathing exercises, based on the "Syllabus of Physical Exercises for Public Elementary Schools," which was issued by the Board of Education in 1909, are carried out in the schools.

OPEN AIR SCHOOLS, &c.

No open air schools or camps have been arranged, but at most of the schools classes are held out of doors in fine weather.

In summer many classes are held in the Public Recreation Grounds, of which the Borough possesses several.

Education (Provision of Meals) Act, 1906.

No meals have been served to school children during the year under review.

VI.—SUMMARY of the Work of the SCHOOL NURSE during the year 1912.

382 visits have been paid to the various school departments.

This number is made up as follows:—

99 visits with the Medical Officer to assist at the routine inspection.

283 visits for other purposes—examination of children for cleanliness, &c.

1,297 visits have been made to the homes of dirty children and children found on Medical Inspection to be suffering from some disease or defect.

131 visits to homes of children reported by the Head Teachers to be suffering from the non-notifiable infectious diseases—Measles, Whooping Cough, Chicken-pox, Mumps, &c. (In addition the Health Visitor has paid 406 visits to homes for a similar purpose.)

Visits were paid to all schools for the purpose of giving instructions to the children, especially the girls, in personal clean-liness, care of the hair, &c.