[Report 1928] / Medical Officer of Health, Bury County Borough.

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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1928.

G. GRANVILLE BUCKLEY, M.D., D.P.H.,
SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,
AND
CHIEF TUBERCULOSIS OFFICER.

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1929.

PUBLIC HEALTH DEPARTMENT,

CLOUGH STREET, BURY.

March 11th, 1929.

To the Chairman and Members of the Education Committee,
County Borough of Bury.

Ladies and Gentlemen,

I beg to submit for your consideration my Annual Report on the Medical Inspection of School Children during the year ended December 31st, 1928.

One change has taken place in the personnel of the staff during 1928. Dr. Bebbington, having obtained another appointment, left to take up her duties on November 22nd. Dr. Myles F. Fallon was appointed to the vacant post and commenced work on December 3rd.

The most important event of the year was the opening of the new clinics in the Wylde. The building had, for some years, been used as a Tuberculosis Dispensary, and comprised an out-patient and in-patient department with 16 beds. The use of the in-patient department was discontinued on March 31st, 1927, and the building was, later, converted to its present use. The whole of the Corporation Clinics are now under one roof and comprise the following :—

School Clinics :—(a) Minor Ailments; (b) Ophthalmic; and (c) Dental.

Health Department Clinics :—(a) Tuberculosis; (b) Venereal Diseases; and (c) Maternity and Child Welfare.

The building was opened on October 17th by Dr. Brackenbury. A whole-time Dentist (Mr. J. Whitehouse) and Nurse (Miss M. Broadley) have been appointed and a well-equipped clinic has been provided. Dental Inspection and Treatment actually commenced on October 8th, 1928, and a reference to

Table IV., Group IV., on page 30 will indicate how urgently the clinic was required. It will be seen that, out of a total of 1,188 children inspected, no less than 1,121 (94.3 per cent.) were in need of treatment.

I take this opportunity of expressing my thanks to Dr. Bebbington, Dr. Fallon, Dr. Ratcliffe, Mr. Whitehouse, 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 Nurses for the assistance they have given to me, and to you, ladies and gentlemen, for your courtesy and consideration.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. GRANVILLE BUCKLEY.

County Borough of Bury.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

STAFF.

The School Medical Staff consists of:—

The School Medical Officer, who also acts as Medical Officer of Health and Chief Tuberculosis Officer.

One Assistant School Medical Officer, who also acts as Assistant Medical Officer of Health and Assistant Tuberculosis Officer.

One whole time Dentist.

Three School Nurses.

The clerical work is performed by the clerical staff of the Health Department.

Co-ordination of the work of the School Medical Service with that of the other Health Services is assured owing to the fact that the School Medical Staff is also responsible for the control of the various activities of the Health Department.

ELEMENTARY SCHOOLS.

MEDICAL INSPECTION.

Four groups of children are inspected annually, viz. :—

1. "Entrants."
2. "Intermediates" (aged 8 years).
3. "Leavers" (aged 12-14 years).
4. "Specials" (children brought to the notice of the School Medical Officer by the Teachers or Nurses as suffering from some palpable disease or defect).

All children in the above groups who have been referred either for treatment or observation are re-examined after a suitable interval has elapsed. Cases requiring special supervision are seen at the Clinic from time to time with a view to ascertaining whether the necessary medical attention is being received.

The Schedule of Medical Inspection issued by the Board of Education has been followed throughout.

The Teachers and School Nurses have been instructed to bring to the notice of the School Medical Officer any children who, in their opinion, are abnormal in any way. Periodically lists of children considered defective are obtained from Head Teachers. Such children are specially examined and early information as to crippling and other defects is thus obtained. These cases are examined not only on the occasion of the Medical Officer's visits to schools, but may be sent to the clinic on any morning. Valuable information is also received from the School Attendance Officers.

When carrying out Medical Inspection, every effort is made to avoid unnecessary disturbance of the school arrangements. In a few schools there are one or more rooms which are not used as classrooms, and these are always used for Medical Inspection. In the majority of the schools, however, it is necessary to make use of a classroom for the purpose.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Uncleanliness.—During the year under review 25 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 430 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

Two children were found to have verminous or offensively dirty bodies.

The figures show a slight improvement on those of the previous year.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the School Nurses. They again devoted four weeks to a thorough inspection of all the schools immediately after the long vacation, when the children return often in a very neglected condition.

In cases where uncleanliness exists a circular is sent to the parent calling his attention to the fact and giving instructions for cleansing and other advice. If, on subsequent examination, the condition is found to persist a card more strongly worded is sent. If on a third examination the condition still persists the child is excluded. In bad cases the child is excluded at once. All excluded children are inspected at the clinic as to their fitness for return to school, and in every case a sufficient improvement has been effected without resort to prosecution, though the assistance of the attendance officers and of the Inspector for the Prevention of Cruelty to Children has frequently to be invoked. Unfortunately many children quickly relapse.

The loaning of Sacker Combs to parents is proving very successful, combs having been lent on 94 occasions during the year, and mothers frequently borrow them from the clinic of their own accord. Many mothers have now bought their own combs.

Minor Ailments.—The cases of Minor Ailments met with are included under their respective headings, viz.:—Skin Diseases, External Eye Diseases, &c.

Tonsils and Adenoids.—During the year 134 children were found to be suffering from enlarged tonsils requiring treatment, while 166 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Forty-nine children were referred for treatment for adenoids, and 42 for observation, while the corresponding figures for children suffering from both conditions together were 64 and 29 respectively.

Tuberculosis.—Two cases of definite Pulmonary Tuberculosis were discovered, one being referred for treatment and one for observation. Twenty-one suspicious cases were referred for observation. Other forms of Tuberculosis found were:—

Glands: Six referred for treatment and 33 for observation.

Hip: One referred for treatment and 4 for observation.

Other bones and joints: Two referred for treatment and 5 for observation.

Skin: Two referred for treatment.

Other forms: Two referred for treatment and three for observation.

Skin.—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as "specials" to the clinic for treatment. Among the cases of Skin Disease found were:—

	Referred for Treatment.	Referred for Observation only.
Ringworm, Head	32	—
Ringworm, Body	31	1
Scabies	7	—
Impetigo	156	1
Other Skin Diseases (Non-Tubercular)	187	5

The number of cases of Ringworm is almost double the number found in 1927. The figures relating to Scabies and Impetigo, however, show a marked decrease.

External Eye Disease.—Ninety-three cases of external eye disease requiring treatment were found during the year, whilst two further cases were referred for observation only. The following table shows the nature of these cases:—

	Referred for Treatment.	Referred for Observation only.
Blepharitis	38	1
Conjunctivitis	18	—
Keratitis	1	—
Corneal Opacities	5	1
Other conditions	31	—

Defective Vision and Squint.—292 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 233 were cases of defective vision and 59 cases of squint. 285 were referred for treatment and 7 for observation only.

Ear Diseases and Hearing.—Twenty-eight children were found to be suffering from defective hearing, 86 from Otitis Media,

and 15 from other ear diseases. The Head Teachers have been provided with the names of children in their schools who have, in the past, suffered from discharging ears, so that these cases may be kept under better supervision. Children who have been treated at the clinic are called up subsequently, from time to time, in order that any recurrence may be detected.

Dental Defects.—See Dentist's Report, page 22.

Crippling Defects.—Reference to Table III. at the end of the report will show the number of children who were found to be suffering from crippling defects.

INFECTIOUS DISEASE.

Towards the end of March an outbreak of Smallpox occurred in the town. A large number of the sufferers were children attending schools in various parts of the Borough. The majority of these cases had not been attended by any doctor and had not, therefore, been notified. Owing to the widespread nature of the outbreak and the number of schools affected, it was considered advisable to close the whole of the schools in the Borough. The dates of closure were as follow:—

Walmersley. March 22nd to April 5th (inclusive).
Chesham. March 23rd to April 16th (inclusive).
St. Stephen's. March 23rd to April 16th (inclusive).
All Saints'. March 24th to April 16th (inclusive).
Bircle. ,, ,, ,,
Brunswick. ,, ,, ,,
Clerke Street. ,, ,, ,,
Church Central. ,, ,, ,,
George Street. ,, ,, ,,
Guardian Angels'. ,, ,, ,,
Holy Trinity. ,, ,, ,,
St. Chad's. ,, ,, ,,
St. Joseph's. ,, ,, ,,
St. John's. ,, ,, ,,
St. Mark's. ,, ,, ,,
St. Marie's. ,, ,, ,,
St. Paul's (Bell) ,, ,, ,,
St. Paul's (Huntley) ,, ,, ,,

St. Peter's.	March 24th	to April 16th	(inclusive).
St. Thomas'.	,,	,,	,,
Elton Council.	,,	,,	,,
East Ward Council.	,,	,,	,,
Junior Technical.	,,	,,	,,
Secondary.	,,	,,	,,

The School Medical Officer receives, as Medical Officer of Health, notification of all cases of notifiable Infectious Disease occurring in the Borough, and is thus enabled to take prompt action when necessary.

"FOLLOWING UP."

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are "followed up" in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows:

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.

In certain special cases (defective vision, tonsils and adenoids, &c.) arrangements are made, where necessary, for the child to receive treatment under the scheme of the Local Authority. Such schemes at present in operation are detailed in a succeeding paragraph.

All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

The institution of the School Clinic has greatly facilitated the work of "following up." Frequently, parents who have received notice of defect or disease in their children, and who have not been present at the inspection, have attended at the Clinic to obtain further particulars as to what treatment is required. It is thus possible to explain the condition much more fully than can be done by letter, with the result that treatment is often obtained in cases which would otherwise remain untreated.

During the year the School Nurses have carried out the following visits, &c. :—

Number of visits to school departments in connection with medical inspection...	322
Number of visits to schools to examine children for cleanliness	306
Number of visits and re-visits to homes	471
,, examinations for cleanliness	15,945
,, visits with children to Ophthalmic Surgeon's rooms	47

MEDICAL TREATMENT.

Minor Ailments.—Some years ago, a Clinic for the treatment of Minor Ailments was opened at the Public Health Office, but, owing to lack of accommodation, the work was carried out under great difficulties. With the opening of the new Clinics, however, the difficulties have been removed, and the work is now performed under agreeable conditions. The accommodation consists of waiting room, dressing room, consulting room, and nurses' room.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

To reduce to a minimum the period of absence from school every school exclusion is recorded on a chart, so that it is under constant observation till the child is fit to return.

One of the nurses on duty is in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children attending the Minor Ailments Clinic during the year 1928 is shown in the following table:—

Number of children attending from 1927	42
,, ,, discharged during 1928	833
,, ,, still attending at end of 1928	50
,, fresh children who attended during 1928 ...	841
,, attendances	7,322
Clinic open ... ...days	246
Average attendance per child	8.29
Average daily attendance	29.8

In addition to the above, 285 children attended on two successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 464 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

Much prolonged treatment is caused by children ceasing to attend the Clinic before being cured, and then relapsing and

coming back in as bad a state as they were at the commencement of their treatment.

Tonsils and Adenoids.—Many of the cases requiring operative interference are treated by general practitioners. Arrangements are in force with the Board of the Bury Infirmary under which certain cases are treated at that Institution and the fees paid by the Education Committee. When the Education Committee considers that the parents are able to pay the whole or part of the cost, efforts are made to recover the amount.

During the year 211 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 92 received operative treatment—61 under the Local Authority's scheme and 31 by private practitioner or otherwise.

The number of cases of Enlarged Tonsils and Adenoids receiving treatment at the Bury Infirmary again shows an increase over the corresponding number for 1927.

Tuberculosis.—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institutions of the Bury and District Joint Hospital Board, but the Board does not admit children under 14.

An agreement is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children. Cases are also occasionally sent for treatment to the Shropshire Orthopædic Hospital at Oswestry and to the Manchester Royal Infirmary.

Arrangements have been made with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite or suspected Tuberculosis which have received Institutional treatment during the year:—

At the Bury Infirmary:	No.	Total No. of Days.
Boys	2	 98
Girls	0	 0

At the Shropshire Orthopædic Hospital:

	No.	Total No. of Days.
Boys	1	9
Girls	0	0

At the Manchester Royal Infirmary:

	No.	Total No. of Days.
Boys	0	0
Girls	1	39

At the Manchester and Salford Hospital for Diseases of the Skin:

	No.	Total No. of Daily Attendances.
Boys	1 (Out-patient)	39
Girls	0	0

Skin Disease.—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV., Group I., at the end of this Report.

External Eye Disease.—The same remarks apply to cases of External Eye Disease. Particulars of cases treated will be found in Table IV., Group II.

Vision.—The majority of children suffering from defective vision are now examined by the Ophthalmic Surgeon to the Local Authority.

On the day preceding the examination and, also, on the day of the examination the Nurse introduces atropine into the eyes of the children, and is present at the clinic.

The following table gives the figures for 1927 and 1928:—

	1927.	1928.
Number of children submitted to refraction ...	325	285
,, ,, already provided with suitable spectacles	45	39
,, ,, not requiring spectacles ...	34	20
,, ,, for whom spectacles were prescribed	246	226
,, ,, who had obtained the necessary spectacles by the end of the year ...	225	191

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered was 8. In each case spectacles were provided free.

Cases are continually arising where the parent refuses or neglects to provide the necessary spectacles for his child. These parents are interviewed by the Care of Children Section of the Education Committee and warned that, unless spectacles are obtained within a reasonable time, further action will be taken. In every case, so far, this has had the desired effect.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II., page 29.

Ear Disease and Hearing.—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 63 cases of Minor Ear Defect have been treated at the Clinic and 13 have been treated elsewhere during the year.

Dental Defects.—See Dentist's Report, page 22.

Crippling Defects and Orthopædics.—No special provision has hitherto been made for dealing with these defects, but the matter is now receiving the consideration of the Local Authority. Many of the sufferers attend the local Infirmary or the Manchester Children's Hospital.

Co-operation of Parents.—Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was :—

"Entrants"	58.2%
"Intermediates"	26.9%
"Leavers"	8.3%

Particulars of the methods used to ensure the further co-operation of parents in securing treatment for their children are given in another portion of the report.

Co-operation of Teachers.—Many of the teachers render invaluable assistance in connection with the medical inspection and treatment of the children. In many cases the teacher is present at the inspections, and any defects found are pointed out. The

teacher is thus enabled to explain to the parent in a subsequent interview the importance of obtaining treatment, and so to assist the Medical Officer very substantially.

Co-operation of School Attendance Officers.—The School Attendance Officers assist the School Medical Officer in many ways, and interviews are constantly taking place between them and the School Medical Staff. Their services are specially valuable in connection with the Minor Ailments Clinic, as they are able to secure the attendance of the children in a way that would be otherwise impossible.

Mention should here be made of the co-operation of the Inspector for the National Society for the Prevention of Cruelty to Children. The Inspector pays regular visits to the School Medical Department and discusses with the staff cases which it is thought advisable to keep under observation. His work is most valuable and helpful.

OPEN-AIR EDUCATION.

There are no open-air day or residential schools in the Borough. In summer many of the classes are held in the playgrounds, and visits are made to the various recreation grounds.

PHYSICAL TRAINING.

The Organiser of Physical Training reports as follows:—

During the year ended 31st December, 1928, the arrangements for the organisation of Physical Training have been similar to the those for the previous year. The duties of the Organiser were re-allocated in September so as to permit of his attendance for instructional purposes at the Municipal Secondary School on five half-day sessions per week.

In July a new Gymnasium was opened at the Municipal Secondary School.

The provision of suitable times for Physical Training and Organised Games in Elementary Schools has been continued.

During the year the Education Committee have continued to pay grants towards the maintenance of school playing fields and to supply games material such as footballs, rubber balls, rounders balls, skipping and jumping ropes, bean bags, &c.

PROVISION OF MEALS.

During the year it was found necessary to provide 5,075 meals to school children—1,368 less than the number provided in the previous year. All were dinners and were provided by and served at three restaurants in various parts of the town. The average total cost per meal was 6.55d. The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family.

Children who are in receipt of free meals are regularly examined and a note made of their weight, height, and general condition. During the year 46 such children have made 161 attendances at the School Clinic.

SCHOOL BATHS.

No baths are provided at any of the schools.

Classes of children attended the Corporation Baths, during school hours, for instruction in Swimming during the period from 20th June to 12th October, 1928. The total attendances made were 9,051.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions. There is no provision for Mentally Defective or Epileptic children.

During the year four children were maintained at an institution for the Blind.

Six children were inmates of institutions for the Deaf, and one was a day pupil.

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 68 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

SECONDARY SCHOOLS.

The children attending the Secondary Schools (the Municipal Secondary School and the Junior Technical School) were inspected for the first time in 1920. During the year under review every child in each school has been medically inspected.

The total number inspected was 500 (an increase of 3 on the previous year). All the children in these schools are inspected annually. Particulars as to age and sex of the children inspected will be found in the following table :—

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	4	31	59	97	55	42	18	3	1	—	310
Girls ...	2	27	38	41	42	23	9	6	2	—	190
Totals..	6	58	97	138	97	65	27	9	3	—	500

As in the case of Elementary School children, the schedule of the Board of Education has been followed in its entirety.

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their valuable assistance.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—The standard of cleaniness in the Secondary Schools still continues to be high, only 7 children out of the 500 inspected being found to require attention in this respect. Five of these were cases of neglected heads and two of uncleanliness of body and clothing. These figures compare very favourably with those for previous years.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Eighteen children were found to have enlarged tonsils. Four of these were considered to require operative treatment, and the rest were referred for observation.

One child was referred for observation for adenoids only, and one for enlarged Tonsils and adenoids.

Enlarged Glands.—Fourteen cases of Enlarged Cervical Glands came under notice, three of which were referred for treatment and the remainder for observation.

Tuberculosis.—Four cases of Tuberculosis of the Cervical Glands were discovered. One was referred for treatment and the rest for observation.

Skin Diseases.—One case of Impetigo was found during the year.

External Eye Diseases.—One case of Blepharitis was found and was referred for treatment.

Defective Vision.—Forty-three cases of seriously defective vision were found, and all were referred for treatment. These were chiefly among the children who were admitted to the schools during the year under review, but a few were children who had been referred for treatment on a previous occasion. In these cases a strongly worded notice was sent to the parent.

Ear Disease and Defective Hearing.—Two cases of Defective Hearing were discovered and three cases of Otorrhœa were referred for treatment.

Dental Defect.—Twenty-one of the worst cases of Dental Defect were referred for treatment. Many other children had already received conservative treatment from a dentist before presenting themselves for inspection.

Crippling Defects.—Several cases of Flat Foot and Spinal Curvature have come under notice, most of which were of slight degree. One case of Infantile Paralysis was found.

Heart and Circulation.—Nine cases of Organic Heart Disease were referred for treatment, and three were referred for observation. Several of these had already been under the care of medical practitioners.

Six cases of Functional Heart Disease and three cases of Anæmia were referred for observation, whilst two further cases of the latter disease were referred for treatment.

Lungs.—Four cases of Bronchitis were referred for observation.

Infectious Disease.—As previously mentioned in this report, it was found necessary duirng the year to close the whole of the schools in the Borough owing to the prevalence of Smallpox. The Secondary Schools were closed from March 24th to April 16th (inclusive). Apart from the outbreak of Smallpox no action in respect of infectious diseases was necessary during the year.

MEDICAL TREATMENT.

Uncleanliness.—Of the five cases of uncleanliness of head referred for treatment, all were thoroughly cleansed at the date of re-inspection. The two children referred for treatment for dirty bodies were also in a satisfactory condition when re-examined.

Minor Ailments.—Four children from the Secondary Schools attended the Minor Ailments Clinic during the year. Two were suffering from Impetigo, one from Head Injury, and the remaining one had been referred for treatment for uncleanliness.

External Eye Disease and Defective Vision.—Forty-three new cases of defective vision were referred for treatment. All of these underwent ophthalmascopic examination. Spectacles were prescribed in 35 cases, and in each instance they had been obtained at the time of re-inspection.

In addition to the above, twenty-two children who were wearing spectacles which were considered unsatisfactory underwent refraction, and the necessary action was taken.

One case of Blepharitis was referred for treatment and on re-examination was found to be cured.

Ear Disease and Hearing.—One case of deafness was referred for treatment, and on re-examination was found to be cured.

Dental Defect.—Twenty-one of the worst cases of Dental Defect were referred for treatment. Of these only 8 consulted a dentist, whilst the rest received no treatment.

Nose and Throat.—Of the four cases of enlarged tonsils referred for treatment, two had received operative treatment at the time of re-inspection.

Heart and Circulation.—Three cases of organic Heart Disease were referred for treatment, and showed some improvement on re-examination.

Co-operation of Parents.—Very few parents now attend the inspections except in the case of entrants.

REMEDIAL EXERCISES.

Owing to the re-arrangement of the duties of the Organiser of Physical Training the classes for children suffering from flat feet and spinal curvature have been temporarily suspended.

CONTINUATION SCHOOLS.

There are at present no Continuation Schools in the Borough.

Report of the Dental Inspection and Treatment of School Children.

By JOSEPH WHITEHOUSE, L.D.S., School Dentist.

SCOPE OF THE SCHEME.

The first report of the working of the Dental Clinic covers only the short period from September 1st to December 31st, 1928, and relates to the establishment and organisation of the clinic and to actual treatment.

At the present time only children of 5, 6, and 7 years of age are being taken as routine work, and these will be kept under supervision during the whole of their school life. Each year the entrants will be embraced within the scheme, and so eventually the whole of the school population will be part of the routine work. This work includes active conservative treatment of the temporary and permanent dentitions, the object being to prevent, as far as possible, the onset of decay in the permanent dentition, particularly the first permanent molars, which are subject to removal, as a direct result of neglect of the temporary dentition.

INSPECTIONS.

During the period September 1st to October 8th, 1928, the whole of the time was devoted to the actual furnishing of the clinic and providing the necessary dental equipment. The whole of the schools were also visited in order to outline the scheme to the head teachers with a view to obtaining their aid and co-operation. Having completed this organisation the dental inspection of the elementary school children began on October 8th. The proceedure is as follows:—

1st. A date is fixed on which it is intended to inspect the children, and the head of the school is informed. At the same time notices are sent to the parents of each child through the head teacher of the school, informing them of the date and time of inspection and requesting them to be present.

2nd. The dental record cards are distributed to the children by the teachers, either before or on arrival of the Dental Officer.

3rd. An uninterrupted inspection of the teeth of the children is then carried out, the teachers assisting by so regulating the children that the Dental Officer is constantly employed until the inspection of the department is completed.

As a result of this inspection notices are sent to the parents of children with defective teeth, again through the head teacher, advising them to have their children treated either by a private practitioner or allow them to have the treatment provided at the dental clinic.

Attached to this notice is a slip which the parent or guardian is asked to fill in and sign indicating which of the alternatives they wish to accept. The slips are then returned by the children to the head of the school, and he, in turn, returns them to the dental clinic. The Dental Officer is then in a position to make appointments for treatment for those children whose parents desire them to attend the clinic, and does so by sending the appointment slips, through the head teacher, to the parents, who are again invited to be present during treatment. The children of 8 years of age and upwards, who are not yet included in the routine work, also have the privilege of attending the dental clinic by making application to the head of the school, and these cases are referred to later as " Specials " or " Casuals." I am most grateful to the teaching profession for their active support throughout the whole scheme, and they too appear satisfied in so much that co-operation very materially reduces the time occupied at inspection, and therefore interferes less with the normal routine of the school.

During the period October the 8th to December 31st, 1928, 1,188 children were inspected, including casuals, and 1,121 (or 94.3 per cent.) were found to be defective. This percentage, as compared with 67.3 per cent. for the whole of the country, is extremely high, and points out the need there has been for an institution such as the dental clinic, which has now been established. The time devoted to inspection was 18 half-days, and to treatment 91 half-days, during which time 483 children were actually treated and the number of attendances at the clinic was 645.

Eighty-two permanent and 409 temporary teeth were filled. The number of extractions being 49 permanent teeth and 876 temporary teeth.

It is to be noticed that of the 131 permanent teeth treated 37.4 per cent. were extracted, the remainder being filled. This percentage of permanent extractions must be reduced because, to my mind, the success of any scheme of school dentistry is dependent on the retention in the mouth, in a healthy condition, of all permanent teeth, and the loss of any one permanent tooth, through caries, signifies failure on the part of the parent or dentist, in that particular case.

The total number of extractions of temporary and permanent teeth was 925, and 367 administrations of local anæsthetic were performed. It must not be assumed that every tooth extracted was unsaveable as a result of caries. Certainly the majority were removed for that reason, but one finds it necessary to extract a fair number of apparently sound teeth in order to prevent future irregularity, an abnormality which, in itself, is a predisposing factor to caries. The evidence in this report shows the dire need for the routine dental inspection and treatment of school children, and such a scheme cannot be carried out except by the active co-operation of the numerous professional, administrative, and voluntary agencies. Especially would I select for special mention the members of the teaching profession. There is a " continued absence of any real and general attempt to combat the evil of uncleanliness of the teeth," and the teachers being in a unique position, in that they meet the children day after day, are the only individuals who can really insist on the teeth of the children they educate being thoroughly clean. Nothing has ever been written to destroy the truth of that axiom, " A clean tooth will not decay." (For details of the work of the Dental Clinic, see Table IV., Group IV., page 30).

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	840
Intermediates	775
Leavers	617
Total	2232

Number of other Routine Inspections ... ... —

B.—Other Inspections.

Number of Special Inspections	1002
Number of Re-inspections	3032
Total	4034

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1928.

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections Number of Defects.	
	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)
MALNUTRITION	2	26	3	13
UNCLEANLINESS:	(See Table IV., Group V.)		..	
SKIN: Ringworm: Scalp	8	..	24	..
Ringworm: Body	9	1	22	..
Scabies	3	..	4	..
Impetigo	8	1	148	..
Other Diseases (Non-Tubercular)	12	5	175	..
EYE: Blepharitis	3	1	35	..
Conjunctivitis	..	..	18	..
Keratitis	..	..	1	..
Corneal Opacities	2	1	3	..
Defective Vision (excluding Squint)	192	..	41	..
Squint	55	7	4	..
Other Conditions	31	..	..	..
EAR: Defective Hearing	7	8	13	..
Otitis Media	30	6	50	..
Other Ear Diseases	7	8	..	..
NOSE & THROAT:				
Enlarged Tonsils only	95	142	39	24
Adenoids only	31	42	18	..
Enlarged Tonsils and Adenoids	29	29	35	..
Other Conditions	4	..	..	..
ENLARGED CERVICAL GLANDS (Non-Tubercular)	9	40	23	..
DEFECTIVE SPEECH	..	8	..	..
TEETH: Dental Diseases	(See Table IV., Group IV.			
HEART AND CIRCULATION:				
Heart Disease: Organic	5	13	2	2
,, ,, Functional	9	89	..	21
Anæmia	..	43	..	22
LUNGS:				
Bronchitis	8	27	37	23
Other Non-Tubercular Diseases	5	29	..	9
TUBERCULOSIS:				
Pulmonary:				
Definite	1	1	..	..
Suspected	..	2	..	19
Non-Pulmonary:				
Glands	6	33	..	..
Spine	..	..	..	..
Hip	1	..	..	4
Other Bones and Joints	2	..	..	5
Skin	2	..	..	..
Other Forms	2	..	..	3
NERVOUS SYSTEM:				
Epilepsy	..	4	..	2
Chorea	4	2	..	15
Other Conditions	..	2	..	2
DEFORMITIES:				
Rickets	3	20	..	4
Spinal Curvature	..	6	..	..
Other Forms	9	27	4	..
OTHER DEFECTS & DISEASES	11	21	59	23

TABLE II.—Continued.

B.—Number of Individual Children Found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants	840	127	15·1
Intermediates	775	164	21·2
Leavers	617	126	20·4
Total (Code Groups)	2232	417	18·7
Other Routine Inspections.....	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls.	Total
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	..	..	..
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	2	2	4
		Attending Public Elementary Schools	1	..	1
		At other Institutions	..	..	..
		At no School or Institution	..	1	1
Deaf (including deaf & dumb & partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the deaf	1	2	3
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	1	1	2
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the deaf	2	1	3
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	1	1	2
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	..	..	..
		Attending Public Elementary Schools	20	4	24
		At other Institutions	..	..	..
		At no School or Institution	3	2	5
	Notified to the Local Control Authority during the year.	Feebleminded	1	..	1
		Imbeciles	..	..	..
		Idiots	1	..	1
Epileptics.	Suffering from severe epilepsy.	Attending Certified Schools (Special) for Epileptics	..	..	..
		In Institutions other than Certified Special Schools	..	..	..
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	..	1	1
		At no School or Institution	..	1	1
		Attending Public Elementary Schools	4	3	7
		At no School or Institution	..	1	1
Physically Defective.	Infectious, Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	2	2
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	..	..	..
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	3	3	6
		At other Institutions	..	..	..
		At no School or Institution	1	6	7
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility anæmia, etc).	At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	62	63	125
		At other Institutions	2	..	2
		At no School or Institution	..	4	4
	Active non-pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	..	..	..
		At Public Elementary Schools	7	9	16
		At other Institutions	..	..	..
		At no School or Institution	3	5	8
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	48	26	74
		At other Institutions	..	..	..
		At no School or Institution	4	1	5

TABLE IV.

Return of Defects treated during the year ended 31st December, 1928.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp	24	3	27
Ringworm, Body	22	...	22
Scabies	14	3	17
Impetigo	148	2	150
Other Skin Disease	175	2	177
Minor Eye Defects—External and other, but excluding cases falling in Group II	53	4	57
Minor Ear Defects	63	13	76
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	82	15	97
Total	581	42	623

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.	Submitted to Refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction—(including Squint)	285	4	6	295
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	4	4
Total	285	4	10	299

TABLE IV.—Continued.

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme.....226

(b) Otherwise 4

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 191

(b) Otherwise 4

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

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under Local Education Authority's Scheme. Clinic or Hospital.	By Private Practitioner or Hospital.	Total.		
(1)	(2)	(3)	(4)	(5)
61	31	92	119	211

GROUP IV.—DENTAL DEFECTS.

(1.) Number of children who were :—

(a) Inspected by the Dentist :—

Routine age groups	5..... ...	Total	...1113
	6.....		
	7.....		
	.....		
Specials	9..... 11	Total	75
	10..... 11		
	11..... 7		
	12..... 21		
	13..... 16		
	14..... 9		
		Grand Total..	...1188

(b) Found to require treatment during inspection 1121

(c) Actually treated (including casuals) 483

(d) Re-treated during the year as the result of periodical examination..... —

(2.) Half-days devoted to :—

Inspection	18	
Treatment	91	Total..... 109

TABLE IV.—Continued.

(3.) Attendances made by children for treatment			645
(4.) Fillings : Permanent teeth	82		
Temporary teeth 409		Total.....	491
(5.) Extractions : Permanent teeth	49		
Temporary teeth 876		Total.....	925
(6.) Administration of Local anæsthetics for extractions.....			367
,, ,, General ,, ,, ,, ...			—
(7.) Other operations : Permanent teeth	14		
Temporary teeth	6		
Scaling and cleaning..	9	Total.....	29

NOTE.—These figures are for the period October 8th, 1928 (when actual dental inspection commenced) to December 31st, 1928.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	4
(ii.) Total number of examinations of children in the Schools by School Nurses.....	15945
(iii.) Number of individual children found unclean	25
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	11
(v.) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	—