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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children

For the Year ended 31st December, 1929.

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

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,

AND

CHIEF TUBERCULOSIS OFFICER.

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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.

Two School Nurses.

One Dental Nurse.

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 19 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 391 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

Not a single child was found to have a verminous or offensively dirty body.

The figures show an improvement on those of the previous year.

It is interesting to compare the above figures with those given in my first Annual Report for 1911. The number of children

excluded from school during that year on account of dirty and verminous heads was 233 (compared with 19 in 1929), and on account of dirty and verminous bodies 24 (compared with none in 1929).

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 uncleanness 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 71 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 136 children were found to be suffering from enlarged tonsils requiring treatment, while 310 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Fifty-five children were referred for treatment for adenoids, and 18 for observation, while the corresponding figures for children suffering from both conditions together were 11 and 23 respectively.

Tuberculosis.—No cases of definite Pulmonary Tuberculosis were discovered. Eighteen suspicious cases were referred for observation. Other forms of Tuberculosis found were:—

Glands: Two referred for treatment and 15 for observation.

Hip: One referred for observation.

Other bones and joints: Two referred for treatment.

Skin: One referred for observation.

Other forms: Three referred for treatment.

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	10	1
Ringworm, Body	13	—
Scabies	4	2
Impetigo... ..	128	4
Other Skin Diseases (Non-Tubercular) ...	124	5

All these figures show a considerable reduction as compared with those of the previous year.

External Eye Disease.—Seventy-one cases of external eye disease were found during the year, 68 being referred for treatment and 3 for observation. The following table shows the nature of these cases:—

	Referred for Treatment.	Referred for Observation only.
Blepharitis	41	—
Conjunctivitis	23	—
Keratitis	1	—
Corneal Opacities	3	3
Other conditions... ..	—	—

Defective Vision and Squint.—470 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 380 were cases of defective vision and 90 cases of squint. 465 were referred for treatment and 5 for observation only.

Ear Diseases and Hearing.—Thirty-four children were found to be suffering from defective hearing, and 76 from

Otitis Media. 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 24.

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.

It has not been necessary to take any special action during the year in connection with Infectious Disease. No schools have been closed.

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	290
Number of visits to schools to examine children for cleanliness	310
Number of visits and re-visits to homes	305
„ examinations for cleanliness	16,295

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 1929 is shown in the following table:—

Number of children attending from 1928	50
" " discharged during 1929	738
" " still attending at end of 1929	51
" fresh children who attended during 1929 ...	739
" attendances	6,368
Clinic open days	278
Average attendance per child	8.5
Average daily attendance	22.9

In addition to the above, 465 children attended on three successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 412 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 241 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 120 received operative treatment—91 under the Local Authority's scheme and 29 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 1928.

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	3	101
Girls	0	0

No cases were treated at other Institutions during the year.

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 two days 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 1928 and 1929:—

	1928.	1929.
Number of children submitted to refraction ...	285	465
“ „ already provided with suitable spectacles	39	101
“ „ not requiring spectacles ...	20	49
“ „ for whom spectacles were prescribed	226	315
“ „ who had obtained the necessary spectacles by the end of the year ...	191	308

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 11. In each instance 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 30.

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., 34 cases of Minor Ear Defect have been treated at the Clinic and 21 have been treated elsewhere during the year.

Dental Defects.—See Dentist's Report, page 24.

Crippling Defects and Orthopædics.—The Local Education Authority has now made arrangements under which Orthopædic cases from Bury are treated under the Scheme of the Lancashire County Council. The scheme falls into three parts:—

1. Orthopædic Centre.
2. Ancoats Hospital, Manchester.
3. Biddulph Orthopædic Hospital, Staffordshire.

1. **ORTHOPÆDIC CENTRE.**—An Orthopædic Clinic is held once weekly at the "Uplands," Whitefield. The Centre is attended each session by the County Orthopædic Nurse. Once a month it is attended by the County Assistant Orthopædic Surgeon, Mr. E. S. Brentnall, F.R.C.S. Mr. Brentnall sees all new cases and supervises all old cases.

2. **ANCOATS HOSPITAL.**—Here cases are seen for further opinion or for further examination, including X-ray photographs) by Mr. Harry Platt, F.R.C.S., Orthopædic Surgeon to the Hospital and to the Biddulph Hospital. Apart from

examination and out-patient treatment, only short stay cases are admitted to the Wards of the Ancoats Hospital.

3. BIDDULPH HOSPITAL.—This Hospital belongs to the Lancashire County Council. It is situated 28 miles south of Manchester, near Congleton.

Particulars of cases treated under this scheme during the year will be found in the following table:—

ORTHOPÆDIC TREATMENT OF SCHOOL CHILDREN, 1929.

No.	Age.	Sex.	Diagnosis.	Treatment.	Result of Treatment.	Prognosis.
1.	11 years	F.	Right sided Hemiplegia	Splinting, right limbs	No change	Unfavourable
2.	13 "	M.	Genu Valgum	Observation	Improved	Good
3.	7 "	M.	Right sided Torticollis	Recommended Biddulph for Operation	Treatment refused	Stationary
4.	8 "	M.	Genu Valgum. Rickets	Operation at Biddulph	Cured	Good
5.	11 "	M.	Right sided Hemiplegia	No treatment advised		Bad
6.	11 "	F.	Spasticity of all limbs	No treatment advised.		Bad
7.	12 "	M.	Ankylosis, left shoulder joint...	Recommended Biddulph for Operation	Treatment refused	Stationary
8.	9 "	M.	Congenital Coxa Vara	" "	Treatment not completed	Good
9.	6 "	F.	Old Infantile Paralysis, Claw foot	" "	Treatment not completed	Good
10.	5 "	M.	Genu Valgum. Rickets	Knock knee irons	Improved	Good
11.	10 "	M.	Coxa Vara. Old Rickets	No special treatment advised. Had operation at 2½ years		Fair
12.	12 "	M.	Birth Palsy, left arm	No treatment advised		Favourable
13.	13 "	M.	Left Infantile Hemiplegia	Observation and re-education	Improved	Fair
14.	10 "	M.	Left Infantile Hemiplegia	No special treatment advised		Fair
15.	5 "	F.	Genu Valgum	Diet. Wedges and re-education	Improved	Good
16.	5 "	F.	Genu Valgum. Old Rickets...	Knock knee irons	Improved	Good

Total Number of Cases..... 16. Total Number of Attendances..... 29.

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 "	58.6%
" Intermediates "	29.5%
" Leavers "	11.4%

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 parents 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, 1929, the arrangements for the organisation of Physical Training have been similar to those for the previous year. During the period the duties of the Organiser have continued as they were re-allocated in September, 1928, namely, to permit of his attendance for instructional purposes at the Municipal Secondary School on five half-day sessions per week.

The provisions for Physical Training and Organised Games in Elementary Schools have been continued as in the previous year, and were not altered when, at the end of August, 1929, a scheme of reorganisation, establishing Junior and Senior Departments, was put into operation.

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.

The Education Committee in this year considered the offer of the purchase of a piece of land between Chesham New Road and Chesham Fold Road, and decided to accept such offer, having in mind the need for the provision of playing field accommodation for schools in the vicinity. By the end of the year the Committee had formulated a scheme for the draining, fencing, and levelling of the land, and the marking-out of playing pitches, such scheme to be submitted for approval to the Board of Education.

PROVISION OF MEALS.

During the year it was found necessary to provide 4,350 meals to school children—725 less than the number provided in the previous year. All were dinners and were provided by and served at three, and for a short period during the year at four, restaurants in various parts of the town. The average total cost per meal was 6.38d.

The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family.

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 13th May to 18th October, 1929. The total attendances made were 15,021, being an increase of 5,970 on those for the period 20th June to 12th October, 1928.

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 three children were maintained at an institution for the Blind.

Eight children were inmates of institutions for the Deaf.

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 83 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 493 (a decrease of 7 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 ...	6	25	59	98	53	45	14	6	1	1	303
Girls ...	3	25	43	34	39	31	10	2	8	—	190
Totals..	9	50	102	127	92	76	24	8	4	1	493

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 cleanliness in the Secondary School still continues to be high, only 12 children out of the 493 inspected being found to require attention in this respect. Seven of these were cases of neglected heads and five of uncleanliness of body and clothing.

Minor Ailments are referred to under their respective headings.

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

Enlarged Glands.—Seven cases of Enlarged Cervical Glands came under notice, all of which were referred for observation.

Tuberculosis.—One case of Tuberculosis of the Cervical Glands was discovered, and was referred for treatment.

Skin Diseases.—Two cases of Impetigo were found during the year.

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

Defective Vision.—Twenty-six 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.—One case of Defective Hearing was discovered and one case of Otorrhœa was referred for treatment.

Dental Defect.—Thirty-eight of the worst cases of Dental Defect were referred for treatment. In addition a special inspection was made by the School Dentist of 117 Secondary School Children. Of these 108 were found to require treatment.

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.—One fresh case of Organic Heart Disease was referred for treatment, and several old cases are under observation. Most of these are under the care of medical practitioners.

Six cases of Functional Heart Disease and one of Anæmia were referred for observation.

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

MEDICAL TREATMENT.

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

Minor Ailments.—Seven children from the Secondary Schools attended the Minor Ailments Clinic during the year. Two were suffering from Impetigo, three from Hand Injury, and the remaining two had been referred for treatment for uncleanliness.

External Eye Disease and Defective Vision.—Twenty-six new cases of defective vision were referred for treatment. All of these underwent ophthalmoscopic examination. Spectacles were prescribed in 21 cases, and in each instance they had been obtained at the time of re-inspection.

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

Ear Disease and Hearing.—One case of deafness was referred for treatment, and on re-examination was found to be improved. The case of Otitis Media also showed an improvement.

Dental Defect.—Thirty-eight of the worst cases of Dental Defect were referred for treatment. Of these, 28 consulted a dentist and received appropriate treatment. In addition to the above, 21 children attended the Dental Clinic for treatment following on the special inspection already referred to.

Nose and Throat.—Of the three cases of enlarged tonsils referred for treatment, two received operative treatment.

Heart and Circulation.—The case of organic Heart Disease already referred to unfortunately proved fatal.

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 were, during the year ended 31st December, 1928, temporarily suspended.

These classes have not yet been re-established.

CONTINUATION SCHOOLS.

There are at present no Continuation Schools in the Borough.

Report of the Dental Inspection and Treatment of School Children.

By JAMES RANKIN WISHART, L.D.S., R.C.S.Ed.

The year 1929 comprises the first complete working year of the School Dental Clinic, and as such is decidedly interesting, giving, as it does, a very definite idea of the reception accorded to what is, in Bury, a new venture, and also pointing very strongly at what the ultimate result of the scheme will be.

It is gratifying to note that the Dental Clinic is greatly appreciated by parents and children alike, and there is every reason to believe that this satisfaction will steadily increase as parents are realising now, more so perhaps than at any other period, how essential is a healthy mouth to the welfare of their children.

INSPECTIONS.

During the year the work has been carried out on the lines mentioned in last year's report, with the result that in the Routine Age Groups, 2,510 children were examined, 2,281 of which required dental treatment, and in the Specials 571 were examined, of which 562 were Dentally Defective. It should be noted that in this Group 117 were examined at a Special Inspection of the Secondary School in March, the remaining 454 having come to the Clinic at their own request.

The total number of children examined is thus 3,081, and of these 2,843, i.e., 92.2 per cent., were in need of dental treatment, showing a decrease of 2 per cent. as compared with last year. It is pleasing to note this, but bearing in mind that the percentage for the whole country is 67.3, it is all too evident that a great improvement is essential.

Children of 8 years have been included in the inspections in the latter part of the year, and the system will include an extra age group each year until all children attending school are included in the periodic school examinations.

During the year 1,490 children were treated, the attendance being 3,628. Conservative work has been vigorously carried out

where practicable, 1,947 temporary and 586 permanent teeth having been filled, whilst 3,504 temporary and 405 permanent teeth have been extracted. The number of permanent extractions is decidedly high, and this but accentuates how dire was the need of a Dental Clinic, as satisfactory conservative treatment was impossible with all of those teeth. With regard to temporary extractions, although the majority of these teeth were badly decayed, a great number required extracting to allow the second dentition to erupt normally, thus eliminating one of the predisposing causes of caries, i.e., irregularity. Three general and 1,819 local anæsthetics have been administered, whilst 364 half-days have been devoted to treatment and 42 half-days to inspection.

I desire to thank the teaching staff for their invaluable co-operation during inspection, and especially congratulate those who have endeavoured to maintain a degree of oral hygiene among their schools. From personal observation I find the result of their efforts distinctly encouraging, and I sincerely hope that they will continue their very excellent and praiseworthy endeavour.

Oral hygiene is, unfortunately, too seldom enforced in the home, and it is the teaching profession that we must, to a very great extent, rely on to see that the advice given at the clinic regarding oral cleanliness is carried out, as they are in daily association with the children and have unlimited opportunities to do so.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants.....	806
Intermediates	896
Leavers	483
Total.....	2185

Number of other Routine Inspections

B.—OTHER INSPECTIONS.

Number of Special Inspections	880
Number of Re-inspections.....	2879
Total.....	3759

TABLE II.

A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1929.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Number of Defects.		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.....	8	..	8	27
UNCLEANLINESS:	(See Table IV., Group V.)			..
SKIN: Ringworm: Scalp.....	..	1	10	..
Ringworm: Body.....	..	..	13	..
Scabies.....	..	2	4	..
Impetigo.....	..	4	128	..
Other Diseases (Non-Tubercular)	..	5	124	..
EYE: Blepharitis.....	4	..	37	..
Conjunctivitis.....	..	..	23	..
Keratitis.....	..	..	1	..
Corneal Opacities.....	..	3	5	..
Defective Vision (excluding Squint).....	316	..	64	..
Squint.....	85	5	5	..
Other Conditions.....	..	..	..	..
EAR: Defective Hearing.....	9	21	4	..
Otitis Media.....	17	21	38	..
Other Ear Diseases.....	..	..	..	..
NOSE & THROAT:				
Enlarged Tonsils only.....	136	310	24	..
Adenoids only.....	55	18	7	..
Enlarged Tonsils and Adenoids	11	23	18	..
Other Conditions.....	..	..	..	..
ENLARGED CERVICAL GLANDS (Non-Tubercular).....	5	30	13	..
DEFECTIVE SPEECH.....	..	..	..	..
TEETH: Dental Diseases.....	(See Table IV., Group IV.)			..
HEART AND CIRCULATION:				
Heart Disease: Organic.....	1	10	2	3
" " Functional....	4	75	..	18
Anæmia.....	..	55	..	28
LUNGS:				
Bronchitis.....	3	46	34	20
Other Non-Tubercular Diseases	..	17	..	..
TUBERCULOSIS:				
Pulmonary:				
Definite.....	..	..	..	..
Suspected.....	..	1	..	17
Non-Pulmonary:				
Glands.....	2	15	..	..
Spine.....	..	..	..	..
Hip.....	..	1	..	..
Other Bones and Joints.....	..	..	..	..
Skin.....	..	1	..	..
Other Forms.....	3	..	..	..
NERVOUS SYSTEM:				
Epilepsy.....	1	2	..	3
Chorea.....	..	7	..	5
Other Conditions.....	..	3	..	2
DEFORMITIES:				
Rickets.....	2	21	..	..
Spinal Curvature.....	..	5	..	..
Other Forms.....	6	23	..	..
OTHER DEFECTS & DISEASES	24	29	124	..

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	806	126	15·6
Intermediates	896	173	19·3
Leavers	483	79	16·4
Total (Code Groups	2185	378	17·3
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.....	1	2	3
		Attending Public Elementary Schools	1	2	3
		At other Institutions.....	..	..	..
		At no School or Institution	..	..	..
	(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
Deaf (including deaf & dumb & partially deaf).	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the deaf	3	2	5
		Attending Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution.....	..	..	..
	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ..	..	..	..
		Attending Public Elementary Schools	8	1	9
		At other Institutions.....	..	..	..
		At no School or Institution	1	..	1
	Notified to the Local Control Authority during the year.	Feeble-minded	..	..	..
		Imbeciles	1	1	2
		Idiots.....	..	..	..
		Attending Certified Schools (Special) for Epileptics	..	..	..
Mentally Defective.	Suffering from severe epilepsy.	In Institutions other than Certified Special Schools.....	..	..	..
		Attending Public Elementary Schools	..	1	1
		At no School or Institution	..	1	1
		Attending Public Elementary Schools	3	1	4
	Suffering from epilepsy which is not severe.	At no School or Institution	1	..	1
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	1	1
	Infectious, 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.....	7	7	14
Epileptics.	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At other Institutions	..	..	..
		At no School or Institution	1	..	1
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anæmia, etc).	At Public Elementary Schools.....	39	46	85
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	..	..	..
	Active non-pulmonary Tuberculosis.	At Public Elementary Schools.....	10	9	19
		At other Institutions	..	..	..
		At no School or Institution	1	1	2
		At Certified Hospital Schools	1	..	1
Physically Defective.	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 Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools....	..	..	..
		At Public Elementary Schools.....	38	21	59
		At other Institutions.....	2	..	2
		At no School or Institution	..	2	2

TABLE IV.
Return of Defects treated during the year ended
31st December, 1929.

TREATMENT TABLE.

GROUP 1.—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	10	1	11
Ringworm, Body	13	...	13
Scabies	4	2	6
Impetigo.....	128	4	132
Other Skin Disease	124	5	129
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	64	7	71
Minor Ear Defects	34	21	55
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	125	6	181
Total.....	502	46	548

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1.).

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)	465	3	...	468
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	5	5
Total	465	3	5	473

TABLE IV.—Continued.

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme.....315
 (b) Otherwise 3

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme308
 (b) Otherwise 8

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)
91	29	120	121	241

GROUP IV.—DENTAL DEFECTS.

(1.) Number of children who were :—

(a) Inspected by the Dentist :—

Routine age groups	{	5.....	}	Total ...2510
		6.....		
		7.....		
		8.....		
Specials	{	4.....	45	Total454
		9.....	84	
		10.....	67	
		11.....	60	
		12.....	68	
		13.....	105	
		14.....	21	
		15.....	4	
Grand Total.. ...2964				

(b) Found to require treatment during inspection2848

(c) Actually treated (including casuals)1490

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

(2.) Half-days devoted to :—

Inspection	42	
Treatment	364	Total..... 406

