[Report 1931] / 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 31st December, 1931.

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

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,

AND

CHIEF TUBERCULOSIS OFFICER.

BURY:

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1932.

PUBLIC HEALTH DEPARTMENT,

TITHEBARN STREET, BURY.

March 19th, 1932.

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, 1931.

Two changes in the personnel of the staff have taken place during the year. Owing to the lamented death of Dr. Fallon, Assistant School Medical Officer, in May, it was necessary to appoint a successor. Dr. R. C. Holderness was elected to fill the position. Mr. Wishart, the School Dentist, left to take up another post in July, and Mr. Johnston was appointed to succeed him.

I take this opportunity of expressing my thanks to Dr. Holderness, Dr. Ratcliffe, Mr. Johnston, 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.

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 7 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 297 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

There were no cases of verminous or offensively dirty bodies.

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

Last year I gave the number of children excluded from school on account of dirty and verminous heads, and compared

them with the number of similar children excluded in 1911 (the date of my first Annual Report). The figures were:—

1911 ... ... 233 children.
1930 ... ... 20 ,,

As will be seen above the corresponding figure for 1931 was seven.

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 87 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 187 children were found to be suffering from enlarged tonsils requiring treatment, while 211 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Thirty-five children were referred for treatment for adenoids, and 25 for observation, while the corresponding figures for children suffering from both conditions together were 46 and 10 respectively.

Tuberculosis.—One case of definite Pulmonary Tuberculosis was discovered, and one suspicious case was referred 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	14	—
Ringworm, Body	23	—
Scabies	11	—
Impetigo	173	—
Other Skin Diseases (Non-Tuberculous)	150	5

External Eye Disease.—Fifty-six cases of external eye disease were found during the year, all of which were referred for treatment. The following table shows the nature of these cases:—

	Referred for Treatment.	Referred for Observation only
Blepharitis	42	—
Conjunctivitis	12	—
Keratitis	2	—
Corneal Opacities	—	—
Other conditions	—	—

Defective Vision and Squint.—331 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 300 were cases of defective vision and 31 cases of squint. 327 were referred for treatment and 4 for observation only.

Ear Diseases and Hearing.—Seven children were found to be suffering from defective hearing, and 44 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	303
Number of visits to schools to examine children for cleanliness	321
Number of visits and re-visits to homes	243
,, examinations for cleanliness	16,910

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 1931 is shown in the following table:—

Number of children attending from 1930	71
,, ,, discharged during 1931	662
,, ,, still attending at end of 1931	96
,, fresh children who attended during 1931 ...	687
,, attendances	5,880
Clinic open ... ...days	278
Average attendance per child	7.7
Average daily attendance	21.1

In addition to the above, 327 children attended on three successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 447 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. New arrangements came into force during 1930 with the Board of the Bury Infirmary under which certain cases are treated at that Institution.

No charge is made by the Board to the Education Committee, and correspondingly no charge is made by the Education Committee to parents of children treated. The Local Authority makes an annual grant to the Infirmary in connection with this scheme.

During the year 198 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 156 received operative treatment—110 under the Local Authority's scheme and 46 by private practitioner or otherwise.

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. School children are, however, occasionally sent to St. Anne's Home, Bowdon.

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 Tuberculosis which have received Institutional treatment during the year:—

At the Bury Infirmary:

	No.	Total No. of Days.
Boys	3	285
Girls	0	0

At the Shropshire Orthopædic Hospital:

	No.	Total No. of Days.
Boys	1	177
Girls	1	174

At St. Annes Home, Bowdon:

	No.	Total No. of Days.
Boys	0	 0
Girls	1	 173

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 1930 and 1931:—

	1930.		1931.
Number of children submitted to refraction ...	382	.....	327
,, ,, already provided with suitable spectacles	48	.....	64
,, ,, not requiring spectacles ...	43	.....	31
,, ,, for whom spectacles were prescribed	291	.....	232
,, ,, who had obtained the necessary spectacles by the end of the year ...	279	.....	212

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 6. 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 32.

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., 56 cases of Minor Ear Defect have been treated at the Clinic and 6 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, 1931.

No.	Age.	Sex.	Diagnosis.	Treatment.	Result of Treatment.	Prognosis.
1.	6 years	F.	Bow Legs - Rickets ...	Diet, Medicine, Observation ...	Not completed ...	Good
2.	4 ,,	M.	Knock-knee Deformity ...	Knock-knee Braces, ...	,, ,, ...	,,
3.	12 ,,	F.	Valgus Feet ...	Valgus Wedges ...	Improved ...	Fairly Good
4.	4 ,,	M.	Defective Posture ...	Recommended Biddulph for Exercises	Not completed ...	,, ,,
5.	4 ,,	F.	? Early Scoliosis ...	,, ,, ,,	,, ,, ...	Good
6.	5 ,,	M.	Knock-knee Deformity ...	Observation ...	Improved ...	,,
7.	12 ,,	M.	Web-finger ...	No Treatment Recommended ...	—— ...	,,
8.	5 ,,	F.	Defective Posture ...	To attend Whitefield Clinic for Exercises.	Improved ...	,,
9.	5 ,,	F.	Cavus Deformity of Feet ...	Recommended Biddulph for Operation	Not completed ...	Favourable
10.	5 ,,	F.	Birth Palsy, Left Arm ...	,, ,, ,,	,, ,, ...	Fair

In addition 11 of the previous year's cases attended the Whitefield Clinic.

Total Number of Cases..... 21. Total Number of Attendances..... 77.

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"	70.6%
"Intermediates"	28.3%
"Leavers"	3.1%

These figures show a considerable increase on those for the previous year.

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, 1931, the arrangements for the organisation of Physical Training have been similar to those for the previous year.

The provisions for Physical Training and Organised Games in Elementary Schools have been continued as hitherto.

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 20,769 meals to school children—9,549 more than the number provided in the previous year. All were dinners and were provided by and served at five restaurants in various parts of the town. The average total cost per meal was 6.40d.

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 in receipt of Free Meals attend at the School Clinic once monthly, where they are weighed and examined and a record kept of the condition of each child. During 1931, 201 children made 748 attendances.

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

27th April to 30th October, 1931. The total attendances made were 14,920, being an increase of 3,355 on those for the period 25th June to 30th October, 1930.

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.

During 1931 the following children were maintained in special schools or hospitals :—

Blind	5	Epileptic	1
Deaf	5	Physically defective ...	1

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 60 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

SECONDARY SCHOOLS.

In a Circular dated 13th January, 1932, the Board of Education state that :—

" Experience has shown that in the case of the majority of Local Education Authorities for Higher Education the Reports furnish very little information as to the nature and extent of the work of the School Medical Service in connection with Secondary Schools and other institutions of Higher Education. As it is desirable that the Board should possess fuller information regarding this work, they would be glad to receive in the Reports for 1931 (in addition to the usual figures showing the total number of Secondary School pupils subjected to Medical Inspection during the year) particulars of the arrangements at present in force as regards the medical inspection and treatment of pupils attending Secondary Schools, &c. It is assumed that such information can easily be supplied without imposing any appreciable burden upon the Authorities or their School Medical Officers, and it would be convenient to the Board if separate particulars could be given in respect of each type of institution (Secondary Schools, Junior Technical Schools, &c.) under the following heads :—

" 1. Medical Inspection.

" (a) Numbers of schools concerned, showing separately schools provided by the Authority, those not provided but aided, and those which are neither provided nor aided."

The schools concerned are—

The Municipal Secondary School.
The Junior Technical School.

Both are provided by the Local Authority.

" (b) Frequency and character of medical inspection, e.g., whether the pupils are submitted to a full medical inspection annually, or to a full inspection on admission and at certain subsequent ages and to a general survey in the intervening years."

All children are submitted to a full inspection annually.

" (c) Whether all pupils attending the schools are inspected."

All pupils attending the schools are inspected.

" (d) The arrangements for following-up the defects discovered by inspection."

The arrangements are exactly similar to those in force in the Elementary Schools and already described.

" 2. MEDICAL TREATMENT."

" (a) Forms of treatment provided under arrangements made by the Authority."

Exactly as in the case of the Elementary Schools.

" (b) Types of pupil for whom treatment is available (e.g. all, or free place pupils only)."

Available for all.

" (c) Arrangements for recovering the cost of treatment from the parents."

Exactly as in the case of the Elementary Schools.

The children attending the Secondary Schools were first inspected in 1920.

During the year 1931 the total number inspected was 504. Particulars as to age and sex will be found in the following table:

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	22	49	45	74	79	40	13	3	—	—	325
Girls ...	9	40	26	22	34	24	17	6	1	—	179
Totals..	31	89	71	96	113	64	30	9	1	—	504

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 School still continues to be high, only 5 children out of the 504 inspected being found to require attention in this respect. Three of these were cases of neglected heads and two of uncleanliness of body and clothing.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Twenty-one children were found to have enlarged tonsils. Four of these were considered to require operative treatment, and the rest were referred for obsrvation. Three cases of Adenoids were referred for treatment.

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

Tuberculosis.—No cases of Tuberculosis were discovered.

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

External Eye Diseases.—No cases of External Eye Disease were found.

Defective Vision.—Thirty-two 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.

Ear Disease and Defective Hearing.—Four cases of defective hearing were discovered.

Dental Defect.—Twenty-two of the worst cases of Dental Defect were referred for 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 deformity of chest was found. One case of deformity of the coccyx was referred to the Orthopædic Clinic and one case of deformity of the shoulder was referred for observation.

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

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

Lungs.—One case of Bronchitis was referred for observation.

Nervous System.—One case of Chorea was referred for observation.

MEDICAL TREATMENT.

Uncleanliness.—Of the three 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.—Seven children from the Secondary Schools attended the Minor Ailments Clinic during the year. Three were suffering from Impetigo, one from a burn on the arm and three from Otorrhœa. These latter were old cases.

External Eye Disease and Defective Vision.—Thirty-two new cases of defective vision were referred for treatment. All of these underwent ophthalmascopic examination. Spectacles were prescribed in 22 cases, and in each instance they had been obtained at the time of re-inspection.

In addition to the above, 24 children who were wearing spectacles which were considered unsatisfactory underwent refraction, and the necessary action was taken.

Ear Disease and Hearing.—Four cases of deafness were referred for treatment, and on re-examination were found to be improved.

Dental Defect.—Of the twenty-two cases of Dental Defect referred for treatment, 14 consulted a dentist and received appropriate treatment. In addition to the above, 26 children attended the Dental Clinic for treatment.

Nose and Throat.—Of the four cases of enlarged tonsils referred for treatment, three underwent operation and were found to be cured. The fourth showed slight improvement. Of the three cases of adenoid referred for treatment, two underwent operation and the remaining one received no treatment.

Heart and Circulation.—On re-inspection all the cases of organic and functional heart disease which had been referred for observation were found to be improved.

Crippling Defects.—In the case of deformity of the coccyx referred to the Orthopædic Clinic no treatment was found necessary. A case of Genu Valgum which had been sent to the Biddulph Orthopædic Hospital during 1930 was discharged in 1931. The result was extremely satisfactory.

REMEDIAL EXERCISES.

No special classes for Remedial Exercises were arranged for the year 1931.

Report of the Dental Inspection and Treatment of School Children.

By C. A. JOHNSTON, L.D.S.

The Report of the School Dental Clinic for the year 1931 shows it to be firmly established as a very important and increasingly popular branch of the School Medical Service.

The problem of the poor condition of the children's teeth is one which gives the School Medical Service cause for great concern. As many infections gain entrance to the body by way of the mouth, it can be readily appreciated that a healthy condition of the mouth and teeth is one of the greatest safeguards against ill-health.

As stated in the Report of last year, it was considered that too much time was being devoted to the conservative treatment of temporary teeth, making it very difficult for the older children to receive routine treatment. To overcome this difficulty active conservation of these teeth has been discontinued this year, and children of 11 and 12 years of age have been included in school inspections.

It is now encouraging to note, once again, a considerable decrease in the percentage of children with defective teeth, there being 74.6 per cent. as compared with 83.4 per cent. for last year, a decrease of 8.8 per cent. When it is remembered that in 1928, the first year of the Clinic in the Borough, the percentage of dentally defective children was 94.3, the progress made must be considered remarkable, as it shows a decrease of 20 per cent. in the short space of three years.

The total number of children examined during the year was 4,580, including Specials, and of this number 3,418 were found to require treatment. The time devoted to inspections was 37 half-days and to treatment 345 half-days, during which time 2,318 children were actually treated and the number of attendances at the Clinic was 3,145. Twenty-one general and 1,783 local anæsthetics were administered.

Following upon the decision regarding temporary teeth no temporary fillings have been inserted during the year, but as a simple conservative measure 377 were treated with nitrate of silver. Temporary extractions totalled 2,696, as against 4,922 last year, showing that among the new entrants there is also a pronounced decrease in dental caries.

With regard to permanent teeth, 2,252 were filled, while 694 were extracted. From this it will be noted that of 2,946 permanent teeth found on inspection to be defective, 23.5 per cent. were so hopelessly decayed as to require removal. In my opinion this percentage, although showing a decrease of 5 per cent. on last year, is still high, and is accounted for by the fact that some parents have persistently refused the offer of treatment in preceding years when these teeth would have yielded to satisfactory conservative treatment. It is regrettable that even after repeated warnings as to the urgency of the matter, some parents still remain apathetic towards conservative treatment. In the interests of the children I sincerely hope that all those in a position to do so will endeavour to convince those parents that their thoughtlessness leads to the premature loss of permanent teeth.

While the most earnest efforts are made at the Clinic to inculcate the habit of oral cleanliness in the minds of children, they are obviously of little use unless the parents make every endeavour to see that the instructions given at the Clinic are carried out in the home. The teachers can also give yeoman service by impressing upon the scholars under their daily care the supreme importance of clean teeth. There is no doubt that the best results are obtained in the schools where the teachers recognise the importance of dental welfare.

I desire to tender my thanks to the head teachers and staffs of the various schools for their valuable co-operation during inspections and at all other times.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants	736
Intermediates	772
Leavers	453
Total	1961

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

B.—OTHER INSPECTIONS.

Number of Special Inspections	815
Number of Re-inspections	3075
Total	3890

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1931.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring treatment.	Special Inspections Number of Defects. Requiring treatment.	Special Inspections Number of Defects. Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	..	17	..	22
UNCLEANLINESS:		(See Table IV.,	Group V.)	..
SKIN: Ringworm: Scalp	..	..	14	..
Ringworm: Body	..	..	23	..
Scabies	..	..	11	..
Impetigo	..	..	173	..
Other Diseases (Non-Tuberculous)	2	..	148	..
EYE: Blepharitis	6	..	36	..
Conjunctivitis	..	..	12	..
Keratitis	..	..	2	..
Corneal Opacities	..	..	..	..
Defective Vision (excluding Squint)	280	..	20	..
Squint	24	3	3	1
Other Conditions	..	..	..	..
EAR: Defective Hearing	2	5	..	..
Otitis Media	8	4	32	..
Other Ear Diseases	..	..	..	..
NOSE & THROAT:				
Enlarged Tonsils only	165	211	22	..
Adenoids only	14	25	21	..
Enlarged Tonsils and Adenoids	28	10	18	..
Other Conditions	..	8	..	..
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	2	22	12	..
DEFECTIVE SPEECH	..	15	..	..
TEETH: Dental Diseases		(See Table IV.,	Group IV.)	
HEART AND CIRCULATION:				
Heart Disease: Organic	..	1	..	1
,, ,, Functional	..	131	..	9
Anæmia	..	3	..	12
LUNGS:				
Bronchitis	..	32	16	27
Other Non-Tuberculous Diseases	..	17	..	..
TUBERCULOSIS:				
Pulmonary:				
Definite	..	..	1	..
Suspected	..	1	..	..
Non-Pulmonary:				
Glands	..	..	..	..
Spine	..	..	..	..
Hip	..	..	..	..
Other Bones and Joints	..	..	..	..
Skin	..	..	..	..
Other Forms	..	..	..	..
NERVOUS SYSTEM:				
Epilepsy	..	..	..	..
Chorea	..	1	..	6
Other Conditions	..	9	..	..
DEFORMITIES:				
Rickets	..	3	..	..
Spinal Curvature	1	4	..	..
Other Forms	5	23	..	..
OTHER DEFECTS & DISEASES	..	49	62	25

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	736	207	28·13
Intermediates	772	170	22·02
Leavers	453	160	35·32
Total (Code Groups)	1961	537	27·38
Other Routine Inspections.....	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls.	Total
Children suffering from the following types of Multiple Defects, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease..			3	..	3
The actual combination of defects and the types of School, if any, attended, is shown separately. (See Addenda to this table)					
Blind (including partially blind).	(i.) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ..	..	1	1
		At Public Elementary Schools.....	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution	..	..	..
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or partially blind	1	2	3
		At Public Elementary Schools.....	1	1	2
		At other Institutions.....	..	..	..
		At no School or Institution	..	..	..
Deaf (including deaf & dumb & partially deaf)	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the deaf....	..	1	1
		At Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution	..	..	..
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the deaf or partially deaf	..	1	1
		At Public Elementary Schools	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution.....	..	..	..
Mentally Defective.	Feebleminded.	At Certified Schools for Mentally Defective Children.....	..	..	..
		At Public Elementary Schools	10	3	13
		At other Institutions.....	..	..	..
		At no School or Institution.....	1	..	1
	Notified to the Local Mental Deficiency Authority during the year.	As given on Form 307 M	1	..	1
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics..	..	..	..
		At Certified Residential Open Air Schools	..	..	..
		At Certified Day Open Air Schools..	..	..	..
		At Public Elementary Schools	..	1	1
		At other Institutions	..	..	..
	Suffering from epilepsy which is not severe.	At no School or Institution	..	..	..
		At Public Elementary Schools.....	2	..	2
		At no School or Institution	..	..	..
Physically Defective.	Active pulmonary tuberculosis (including pleura & intrathoracic glands).	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.....	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	3	3
	Quiescent or arrested pulmonary tuberculosis (including pleura & intrathoracic glands).	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.....	2	4	6
		At other Institutions	..	..	..
		At no School or Institution	..	..	..

TABLE III.—Continued.

			Boys.	Girls.	Total.
Physically Defective (continued).	Tuberculosis of the peripheral glands	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	1	6	7
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
	Abdominal 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	1	1	2
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	..	..	..
		At Public Elementary Schools	2	2	4
		At other Institutions	..	..	..
		At no School or Institution	..	1	1
	Tuberculosis of other other organs (skin, etc).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	..	..	..
		At Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be especially selected for admission to an Open Air School,	At Certified Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools	..	..	..
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	6	9	15
		At other Institutions	..	..	..
		At no School or Institution	..	..	..
	Crippled Children (other than those with active tuberculous disease), who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	..	1	1
		At Certified Day Cripple Schools	..	..	..
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	5	5	10
		At other Institutions	..	..	..
		At no School or Institution	..	1	1
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools	..	..	..
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution	..	..	..

ADDENDA TO TABLE III.

Children Suffering from Multiple Defects.

	Boys.	Girls.	Total.
Feebleminded and Blind. In Certified Schools for Mental Defectives	1	...	1
Feebleminded and Dumb. At no School or Institution	1	...	1
Feebleminded and Epileptic. At Certified Home for Epileptics	1	...	1

TABLE IV.

Return of Defects treated during the year ended 31st December, 1931.

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	14	...	14
Ringworm, Body	23	...	23
Scabies	11	...	11
Impetigo.....	173	...	173
Other Skin Disease	150	...	150
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	56	6	62
Minor Ear Defects	...	...	...
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	68	5	73
Total.....	495	11	506

TABLE IV.—Continued.

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)	327	4	...	331
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	6	6
Total	327	4	6	337

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme 232

(b) Otherwise 4

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 212

(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, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
110	46	156	42	198

TABLE IV.—Continued.

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist : —Aged :

Routine age groups	5	671	Total ...4332
	6	467	
	7	592	
	8	682	
	9	757	
	10	864	
	11	299	
	12	...	
	13	...	
	14	...	
Specials ...			248
		Grand Total	...4580

(b) Found to require treatment ... 3418

(c) Actually treated ... 2318

(2) Half-days devoted to :—

Inspection	37	
Treatment	345	Total ... 382

(3) Attendances made by children for treatment ... 3145

(4) Fillings : Permanent teeth ... 2252
Temporary teeth ... Total ... 2252

(5) Extractions : Permanent teeth ... 694
Temporary teeth ... 2696 Total ... 3390

(6) Administration of General anæsthetics for extractions ... 21

(7) Other operations : Permanent teeth ... 240
Temporary teeth ... 577 Total ... 817

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 ... 16910

(iii) Number of individual children found unclean ... 7

(iv) Number of children cleansed under arrangements made by the Local Education Authority ... 7

(v) Number of cases in which legal proceedings were taken :

(a) Under the Education Act, 1921 ... ...

(b) Under School Attendance Bye-laws ... ...