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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children

For the Year ended 31st December, 1935.

G. M. DAVIDSON LOBBAN, M.B., D.P.H.,

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH.

AND

CHIEF TUBERCULOSIS OFFICER.

BURY :

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PUBLIC HEALTH DEPARTMENT,

TITHEBARN STREET, BURY.

March, 1936.

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, 1935.

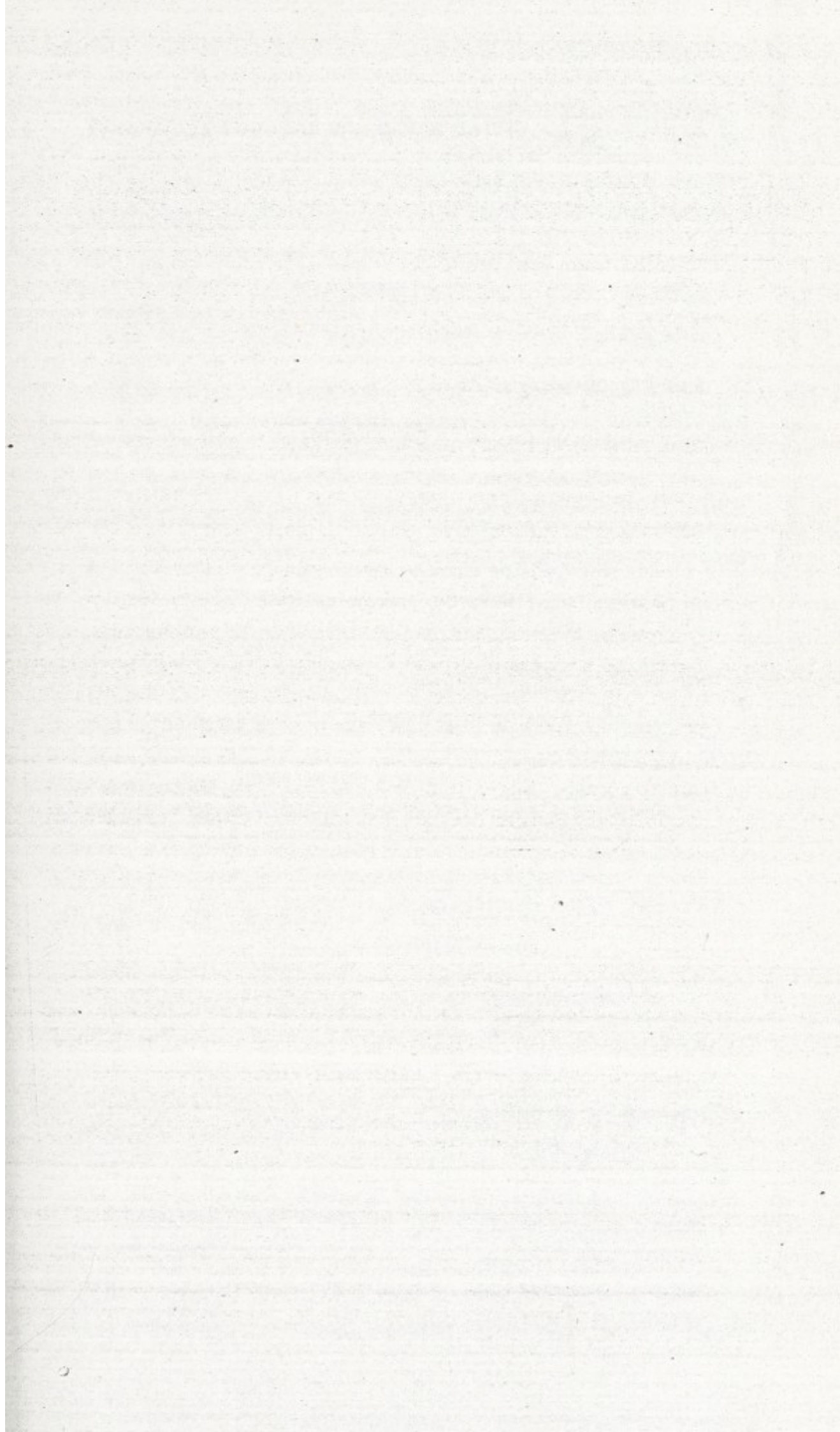
The adoption of the Local Government and Other Officers' Superannuation Act, 1922, by you necessitated one alteration in the personnel of the staff, and I avail myself of this opportunity of alluding to the services of Nurse Lilian H. Rishton, whose resignation you accepted with regret. Nurse Rishton joined the School Medical Staff in 1909, and she has devoted herself untiringly to the duties of that office, and in May of this year she was awarded the King George V. Silver Jubilee Medal. I feel you are in accord with me in placing on record our sense of loss in the well-merited retirement of so faithful a servant.

I take this opportunity of expressing my thanks to Dr. Drummond, Dr. Ratcliffe, Mr. Byrom, 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. M. DAVIDSON LOBBAN.



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 Deputy Medical Officer of Health and Clinical 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. Second Age Group (aged 8 years).
3. Third Age Group (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 14 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 324 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

There were seven cases of offensively dirty bodies and clothing, and one child was found to be in a verminous condition.

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, with one exception, 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 has been discontinued. Parents can purchase the combs at the school clinic and receive instruction in their use. Many mothers have 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 233 children were found to be suffering from enlarged tonsils requiring treatment, while 113 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Seven children were referred for treatment for adenoids, and 8 for observation, while the figure for children suffering from both conditions together was 27 requiring treatment.

Tuberculosis.—No case of definite Pulmonary Tuberculosis was discovered.

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, Scalp	5	—
Ringworm, Body	9	—
Scabies	33	—
Impetigo	105	—
Other Skin Diseases (Non-Tuberculous) ..	170	15

External Eye Disease.—69 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	28	—
Conjunctivitis	16	—
Other	25	—

Defective Vision and Squint.—355 cases of defective vision (of less acuity than $\frac{1}{12}$ in either eye) and squint were found. Of these 334 were cases of defective vision and 21 cases of squint. 265 were referred for treatment and 69 for observation only.

Ear Diseases and Hearing.—Three children were found to be suffering from defective hearing, and 25 from Otitis Media. 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 Table IV Group V., at end of report.

INFECTIOUS DISEASE.

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. Where necessary visits are paid to schools and contacts and suspects are examined. This procedure enables the Medical Staff to detect infective early or missed cases.

No school was closed during 1935 on account of Infectious Disease.

Diphtheria Immunisation: School Children: 1935.—Facilities for the immunisation of school children against Diphtheria were offered in July to parents, and although the response was not satisfactory this procedure was adopted in September. However, it was noted that the interest and response of the parents was awakened and apparently stimulated by the results in the first few cases. Parents were encouraged to seek advice and to consult the medical staff with regard to technique, after-effects and results. Many parents availed themselves of this, and many children have received the benefit and protection of immunisation as a result of these informal talks.

The results to the end of 1935 are set out below, and the work is being continued during 1936:—

Number of original acceptances	535
Number of children who completed course	472
Number commencing course but failing to complete...	17
Number of children failing to commence course	46
Total number of injections... ..	1439

The following table shows the reaction arising as a result of the injections:—

REACTIONS.	INJECTIONS.		
	1st	2nd	3rd
None	465	448	—
R. (Slight)	13	19	—
R. + (Moderate).....	1	2	—
R. + + (Severe)	—	2	—

Up to the present time no information is available as to the reaction arising from the third injections.

" 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	292
Number of visits to schools to examine children for cleanliness	410
Number of visits and re-visits to homes	219
„ examinations for cleanliness	14,631

MEDICAL TREATMENT.

Minor Ailments.—A Clinic for the treatment of Minor Ailments is held at The Wylde. 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 1935 is shown in the following table:—

Number of children attending from 1934... ..	99
„ „ discharged during 1935	655
„ „ still attending at end of 1935	62
„ fresh children who attended during 1935 ..	618
„ attendances	6,376
Clinic open days	284
Average attendance per child	8.89
Average daily attendance	22.45

In addition to the above, 355 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 636 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 233 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 192 received operative treatment—116 under the Local Authority's scheme and 76 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, sent to the Liverpool Open-Air Hospital for Children, Leasowe.

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 the Liverpool Open-Air Hospital for Children, Leasowe.

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	288
Girls	2	40

At Liverpool Open-Air Hospital for Children, Leasowe:

Boys	3	557
Girls	0	0

At Shropshire Orthopædic Hospital, Oswestry:

Boys	1	17
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 Dr. James Ratcliffe, the Ophthalmic Surgeon to the Local Authority.

On three 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 1934 and 1935:—

	1934.		1935.
Number of children submitted to refraction ...	331		355
" " already provided with suitable spectacles ...	73		69
" " not requiring spectacles ...	48		55
" " for whom spectacles were prescribed ...	210		231
" " who had obtained the necessary spectacles by the end of the year...	199		218

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 15. 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 33.

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., 21 cases of Minor Ear Defect have been treated at the Clinic.

Dental Defects.—See Table IV., Group V.

Crippling Defects and Orthopædics.—An arrangement is in force 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. E. S. Brentnall, 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 dealt with at the Orthopædic Centre during the year will be found in the following table:—

NEW CASES:—

First Consultation with Surgeon	10
Second or subsequent Consultations with Surgeon...	8

OLD CASES :—

Total Consultations with Surgeon	22
	—
Total Consultations with Surgeon—all cases	40
	—

NEW CASES.—Analysis of Defects :

Defective Posture	1	Pigeon Chest	1
Knock-knees	2	Spastic Paraplegia... ..	1
Pronated Feet	1	Mal-united Fracture Tibia	
Severe Valgus, left foot ...	1	and Fibula... ..	1
Schlatters Disease	1		—
Spina Bifida Occulta	1	Total	10

HOSPITAL TREATMENT.—Ancoats Hospital... .. 2 cases.

Biddulph Hospital ... 2 cases.

ARTIFICIAL SUNLIGHT TREATMENT.

The treatment of Minor Ailments among the school children was extended in scope and increased in efficiency by the purchase of a Mercury Vapour Ultra-Violet Light lamp, and this method of Therapy was commenced in May of the year under review. The wide variety of uses and application of this method of treatment in Minor Ailments is seen on perusal of the accompanying table. In all cases where the treatment has been instituted a marked improvement in the condition and amelioration of the symptoms has resulted. This is particularly the case with conditions as sub-nutrition, anæmia, or the " weedy " child with multiple septic sores.

The use of the Mercury Vapour Lamp has been proved to be of great benefit in the arrest and cure of tubercular gland or skin conditions. It has enabled tubercular school children to receive treatment at the Clinic with marked benefit to this type of patient. The table shows the relative figures in this latter group.

Artificial Sunlight Clinic Cases and Attendances:—

(a) Analysis of Cases.

(i) Elementary Schools.

Non-tubercular:

Anæmia... ..	12
Malnutrition... ..	10
Bronchitis	13
Bronchiectasis	1
Adenitis (not T.B.)	3
Alopecia Areata	2
Furunculosis	2
General Debility (congenital heart).	2
„ „ (post Scarlatinal).	4
„ „ (post Influenzal)...	1
Nervous debility	3
Schlatter's disease	1

Total 54

Tuberculosis, glands	8
„ abdomen	1

Total 9 Total under both heads, 63.

(ii) Secondary Schools.

Tubercular adenitis	1
----------------------------	---

(b) Attendances.

(i) Elementary School Children.

Non-tubercular cases—54 children made 555 attendances
 Tubercular cases — 9 children made 155 attendances

(ii) Secondary School Children.

Tubercular case — 1 child made 24 attendances

Total attendances 734

Average attendance per child=11.4.

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 "	74.79%
" Second Age Group "	30.82%
" Third Age Group "	6.54%

The figures for the first age group again show an increase on those for the previous year. This is very gratifying, and the co-operation of the parents is invaluable in this group, because it is among the " Entrants " that the greatest number of defects is found.

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, 1935, the arrangements for the organisation of Physical Training have been similar to those for the previous year.

The Education Committee have continued to pay grants towards the maintenance of school playing fields and to supply games materials.

The increased facilities for the provision of Games Materials to schools, granted in October, 1935, will no doubt have a beneficial effect upon the children throughout the area.

The " Board of Education Syllabus for Physical Training for Schools (1933) " is now the basis of all Physical Education in Elementary Schools. Deportment and posture, so essential to the healthy child, are improving slowly but surely, and the time can be foreseen when only a very small percentage of the children will require remedial treatment. The general standard of Physical Education in the Borough is improving, and except in medical cases no child can be deemed " physically illiterate."

The building and opening of the Hoyle Playing Field Pavilion marked another advance in the realms of Physical Education. This excellent building provides ample accommodation for the schools using the field. The children can now change in comfort for games, and the hygiene and physical benefit of good washing facilities must be noted.

SCHOOL BATHS.

No baths are provided at any of the schools.

Classes of children attended at the Corporation Baths during school hours for instruction in swimming from 12th May to the

31st October, 1935. This season was slightly shorter than that of the previous year. The total attendance during this period was 20,167.

The results of the swimming instruction are as follows:—

Total number of children taught to swim	1,039
Total number of children to pass tests of ability in swimming	1,330

The number of awards given at the end of the session were:

1st Class Certificates	289
2nd Class Certificates... ..	440
3rd Class Certificates	601

The Inter-School Swimming Gala was held at the end of the season. The all-round increase in ability was very evident, and the performance as a whole showed a general advance on previous years.

As a result of the teaching method, it is confidently hoped that it will be possible for every medically fit child to attend the Baths to learn to swim before the end of his or her school career.

PROVISION OF MEALS AND MILK.

During the year it was found necessary to provide 44,652 meals and 36,282 bottles of milk to school children. All the meals were dinners and were provided by and served at restaurants in various parts of the town. The average total cost for meals and milk was 3.36d.

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

It had been the custom for children in receipt of free meals to attend at the School Clinic once monthly, when they were weighed and examined and a record kept of the nutrition and condition of each child. This practice was discontinued by the Education Committee in April, 1934, but was re-established in May, 1935, and 240 children were examined and their nutrition kept under observation.

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 1935 the following children were maintained in special schools or hospitals:—

Blind	7	Physically defective ...	7
Deaf	4	Orthopædic cases ...	4

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

NUTRITION.

As requested in the Ministry of Education Circular No. 124 of the 31st December, 1934, the Nutrition of School Children was recorded in accordance with the new new grades or classifications recommended. This information was necessary for the new Statistical Table adopted by the Ministry. The Nutritional Survey was carried out on strict clinical grounds, and not on an age, weight, height ratio or other mechanical formula.

From the results as set out in Table II.B, page 29, it will be seen that the school population contains a small proportion of children of definitely poor or bad nutrition, and when this figure is taken in conjunction with the sub-normal figures the resulting combined percentage is still gratifyingly low. The results as a whole are quite satisfactory, and there is no serious malnutrition among the school population.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 64 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 January, 1934, the Board of Education ask for a statement of the work of the School Medical Service in connection with pupils attending Secondary Schools and other Institutions of Higher Education, showing the provision made for medical inspection and treatment.

The information asked for is given 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 in Bury are—

The Bury High School.

The Junior Technical School.

Both are provided by the Local Authority.

“ (b) Frequency and character of medical inspection, i.e., whether full inspection or otherwise.”

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.

2. FOLLOWING-UP AND MEDICAL TREATMENT.

“ (a) The arrangements for following-up the defects discovered.”

Exactly as in the case of Elementary Schools.

“ (b) Forms of treatment provided under arrangements made by the Authority.”

Exactly as in the case of Elementary Schools.

“ (c) Types of pupil for whom treatment is available (e.g., all, or necessitous cases only).”

Available for all.

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

During the year 1935 the total number of children inspected was 571. 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 ...	7	53	55	99	88	50	12	3	1	—	368
Girls ...	9	43	46	84	38	23	8	2	—	—	208
Totals..	16	96	101	183	126	73	20	5	1	—	571

Total number of visits of School Medical Staff for the purposes of Medical Inspection:—

Doctor	26
School Nurse	45

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.

Nutrition.—The following Table shows the classification of the nutrition of the pupils examined at the Secondary Schools during the year under review:—

	No. of Pupils Examined.	Excellent.		Normal.		Slightly Sub Normal.		Poor.	
		No.	%	No.	%	No.	%	No.	%
Boys	368	72	19.57	255	69.29	36	9.78	5	1.35
Girls	203	70	34.48	114	56.16	16	7.88	3	1.47
Totals...	571	142	24.86	369	64.62	52	9.12	8	1.40

Uncleanliness.—Four children were found to require treatment for uncleanliness.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—18 children were found to be suffering from enlarged tonsils. Seven of these were considered to require treatment, and the rest (11) were referred for observation.

Tuberculosis.—No cases of Tuberculosis were discovered.

Skin Diseases.—No cases of Impetigo or Scabies or other Skin Disease were reported.

External Eye Diseases.—Two cases of Blepharitis were found.

Defective Vision.—19 new cases of seriously impaired vision were found and were referred for treatment.

Ear Disease and Defective Hearing.—Three cases of slightly defective hearing were referred for observation, and one case of Otorrhœa was referred for treatment.

Crippling Defects.—20 cases of flat-foot, one case of curvature of the spine, three cases of defective posture, and one case of knock-knee were all of a slight degree and were referred for remedial exercises at school. No case required treatment at the Orthopædic Clinic.

Heart and Circulation.—Three fresh cases of Organic Heart Disease were discovered during the year, together with three cases of functional disease and four of Anæmia. All were referred for observation.

Lungs.—Three cases of slight Bronchitis were referred for observation. One case of Bronchitis was referred for treatment.

Minor Ailments.—Eight children from the Secondary Schools attended the Minor Ailments Clinic during the year. One was suffering from Boils, one from a cut finger, one from a cut hand,

and one boy attended for treatment for Seborrhœic Dermatitis. Four girls with nits in the hair attended for advice and treatment.

External Eye Disease and Defective Vision.—19 new cases of Defective Vision were referred for treatment. 17 of these were seen by the Ophthalmic Surgeon and spectacles were prescribed in 14 cases. 13 of these children had obtained spectacles at the time of re-examination. In addition to the above, 32 children who were wearing glasses which were considered unsatisfactory underwent refraction and the necessary action was taken. The remaining cases of external eye disease received appropriate treatment and, on re-inspection, were found to be cured.

Uncleanliness.—On re-inspection the four girls were found to be clean.

Ear Disease and Hearing.—The three cases of defective hearing were found, on re-inspection, to have improved, and the one case of Otorrhœa was receiving treatment from his doctor.

Dental Defect.—12 cases of Dental Defect were referred for treatment, and of these five consulted a dentist and received appropriate treatment. In addition to the above, 7 children attended the Dental Clinic for treatment.

Nose and Throat.—Of the 7 cases of Enlarged Tonsils referred for treatment, four underwent operation. The remainder showed improvement.

Heart and Circulation.—On re-inspection all the cases of Heart Disease, with one exception, were found to be improved.

Crippling Defects.—All the cases showed signs of improvement.

ARTIFICIAL SUNLIGHT TREATMENT.

Artificial sunlight treatment was given to one Secondary School child. Particulars of this will be found on page 17.

REMEDIAL EXERCISES.

Special classes for Remedial Exercises were arranged for the year 1935.

PHYSICAL TRAINING.

The Education Committee has purchased a piece of land off Manchester Road as a Games Field for the Bury High School. When fencing, draining, and levelling have been completed the High School will have an excellent Sports Ground, and a long-felt gap in the Physical Education of Secondary School children will be adequately filled.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	718
Second Age Group	717
Third Age Group	673
Total	2108

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	771
Number of Re-inspections	2969
Total	3740

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at routine inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Number of children in the Prescribed Groups:—

Entrants	172
Second Age Group	195
Third Age Group	163
Total (Prescribed Groups) ...	530

Other Routine Inspections —

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

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)
SKIN:				
(1) Ringworm: Scalp	..	..	5	..
(2) Ringworm: Body	..	..	9	..
(3) Scabies	2	..	31	..
(4) Impetigo	2	..	103	..
(5) Other Diseases (Non-Tuberculous)	15	15	155	..
Total (Heads 1 to 5) ...	19	15	303	..
EYE:				
(6) Blepharitis	5	..	23	..
(7) Conjunctivitis	..	..	16	..
(8) Keratitis	..	..	..	..
(9) Corneal Opacities	..	..	23	..
(10) Other conditions (excluding Defective Vision & Squint)	2	..	..	..
Total (Heads 6 to 10)...	7	..	62	..
(11) Defective Vision (excluding Squint)	210	69	55	..
(12) Squint	20	..	1	..
EAR:				
(13) Defective Hearing	..	2	1	..
(14) Otitis Media	4	1	20	..
(15) Other Ear Diseases	..	..	..	..
NOSE AND THROAT:				
(16) Chronic Tonsillitis only ...	216	113	17	..
(17) Adenoids only	2	8	5	..
(18) Chronic Tonsillitis and Adenoids	15	..	12	..
(19) Other Conditions	..	9	..	..
(20) Enlarged Cervical Glands (Non-Tuberculous)	1	52	..	10
(21) Defective Speech	..	7	..	..
HEART AND CIRCULATION:				
(22) Heart Disease: Organic ...	5	..	..	..
(23) " " Functional... ..	..	18	..	..
(24) Anæmia	2	5	..	10
LUNGS:				
(25) Bronchitis	11	15	..	13
(26) Other Non-Tuberculous Diseases	..	1	..	6
TUBERCULOSIS:				
Pulmonary:—				
(27) Definite	..	..	..	..
(28) Suspected	..	..	..	..
Non-Pulmonary:—				
(29) Glands	..	..	..	..
(30) Bones and Joints... ..	..	..	..	..
(31) Skin	..	..	..	..
(32) Other Forms	..	..	..	..
Total (Heads 29 to 32)...	..	..	..	..
NERVOUS SYSTEM:				
(33) Epilepsy	..	..	..	..
(34) Chorea	..	..	..	1
(35) Other Conditions	..	1	..	..
DEFORMITIES:				
(36) Rickets	..	4	..	..
(37) Spinal Curvature	..	1	..	..
(38) Other Forms	17	33	..	..
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	1	40	65	32
Total	530	394	541	72

TABLE II.—B.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

(See Administrative Memorandum No. 124, dated December 31st, 1934).

AGE GROUPS.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly sub-norm'l)		D. Bad	
		No.	%	No.	%	No.	%	No.	%
Entrants	718	154	21.4	450	62.6	93	12.9	21	2.9
Second Age-Group ...	717	89	12.4	446	62.2	133	18.4	49	6.8
Third Age Group.....	673	116	17.2	411	61.1	107	15.8	39	5.7
Other Routine Inspection.	...	...	...	...	...	...	...	...	...
Totals.....	2108	359	17.0	1307	62.0	333	15.7	109	5.1

TABLE III.

Return of All Exceptional Children in the Area.

Blind Children.	Total
At Certified Schools for the Blind	1
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—1
Partially Sighted Children.	
At Certified Schools for the Blind	0
At Certified Schools for the Partially Sighted	5
At Public Elementary Schools	2
At other Institutions	0
At no School or Institution	0—7
Deaf Children.	
At Certified Schools for the Deaf	3
At Public Elementary Schools	1
At other Institutions	0
At no School or Institution	0—4
Partially Deaf Children.	
At Certified Schools for the Deaf	0
At Certified Schools for the Partially Deaf	0
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—0
Mentally Defective Children—Feeble Minded Children.	
At Certified Schools for Mentally Defective Children	4
At Public Elementary Schools	18
At other Institutions	0
At no School or Institution	8—30
Epileptic Children—Children suffering from Severe Epilepsy.	
At Certified Special Schools	0
At Public Elementary Schools	4
At other Institutions	0
At no School or Institution	0—4

TABLE III.—Continued.

Physically Defective Children:**A.—Tuberculous Children.**

Total

I.—Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools	0
At Public Elementary Schools	3
At other Institutions	—
At no School or Institution	0—3

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	4
At Public Elementary Schools	19
At other Institutions	1
At no School or Institution	2—26

B.—Delicate Children.

At Certified Special Schools	1
At Public Elementary Schools	15
At other Institutions	0
At no School or Institution	1—17

C.—Crippled Children.

At Certified Special Schools	2
At Public Elementary Schools	8
At other Institutions	1
At no School or Institution	0—11

D.—Children with Heart Disease.

At Certified Special Schools	0
At Public Elementary Schools	17
At other Institutions	0
At no School or Institution	0—17

Children Suffering from Multiple Defects:**Feeble-minded and Epileptic.**

At Public Elementary School	1
At no School or Institution	1

Feeble-minded and Blind.

In Certified Schools for Mental Defectives	1
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Feeble-minded and Physically Defective.

At Certified Special Schools	1—4
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TABLE IV.

**Return of Defects treated during the year ended
31st December, 1935.**

TREATMENT TABLE.

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

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 —			
(i.) X-Ray Treatment, (if none, indicate by dash)	—	—	—
(ii.) Other Treatment	5	...	5
Ringworm, Body	9	...	9
Scabies	81	...	81
Impetigo.....	103	...	103
Other Skin Disease	155	15	170
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	62	7	69
Minor Ear Defects	21	4	25
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, &c.	97	18	115
Total.....	483	44	527

TABLE IV.—Continued.

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.	Otherwise	Total.
(1)	(2)	(3)	(4)
Errors of Refraction— (including Squint)	855	4	859
Other Defect or Disease of the Eyes (ex- cluding those re- corded in Group I)	...	8	8
Total	355	7	362

Total number of children for whom spectacles were prescribed:

(a) Under the Authority's Scheme	231
(b) Otherwise	4

Total number of children who obtained or received spectacles:

(a) Under the Authority's Scheme... ..	218
(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.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
2	2	112	—	4	1	71	—	6	3	183	—	41	283

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
 (iv) Other Defects of the Nose and Throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated
	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	
Number of Children Treated ...	4	...	32	...	...	...	32†

† Four children included in (i) are also included in (iii).

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were:—

(a) Inspected by the Dentist:—Aged:

Routine age groups	5.....	27	Total ...4889.
	6.....	510	
	7.....	530	
	8.....	580	
	9.....	578	
	10.....	609	
	11.....	678	
	12.....	619	
	13.....	663	
	14.....	95	

Specials 818

Total (Routine and Specials) 5707

(b) Found to require treatment 3630

(c) Actually treated 3582

(2) Half-days devoted to:—

Inspection 46

Treatment 371 Total ... 417

(3) Attendances made by children for treatment 3991

(4) Fillings: Permanent teeth... .. 1062

Temporary teeth... .. 55 Total ... 1117

TABLE IV.—Continued.

(5) Extractions: Permanent teeth	632		
Temporary teeth	3704	Total ...	4336
(6) Administration of general anæsthetics for extractions ...			261
(7) Other operations: Permanent teeth ...	292		
Temporary teeth...	312	Total ...	604

GROUP VI.—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	14,631
(iii) Number of individual children found unclean	28
(iv) Number of children cleansed under arrangements made by the Local Education Authority	9
(v) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	6

