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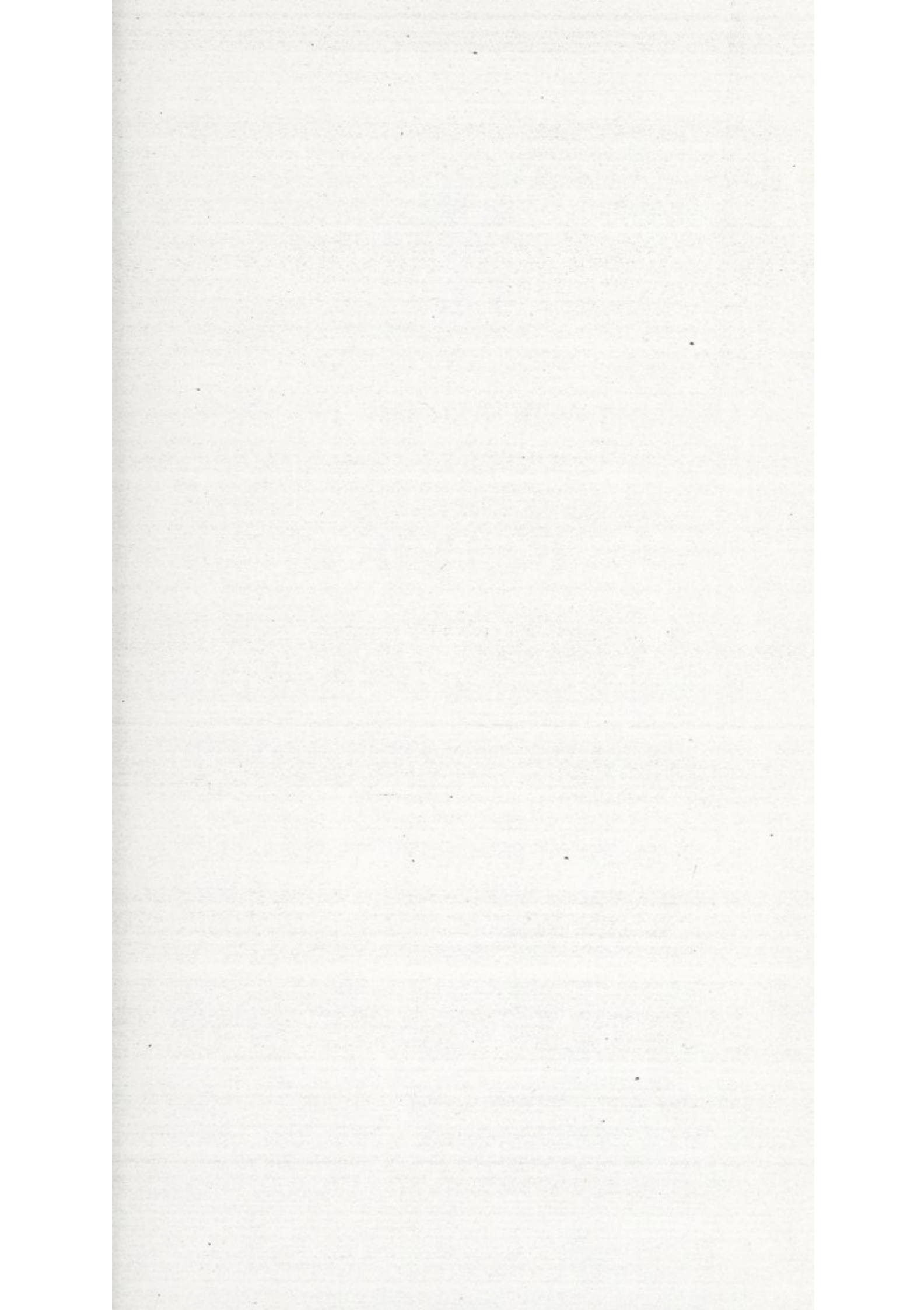
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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children

For the Year ended 31st December, 1936.

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

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,

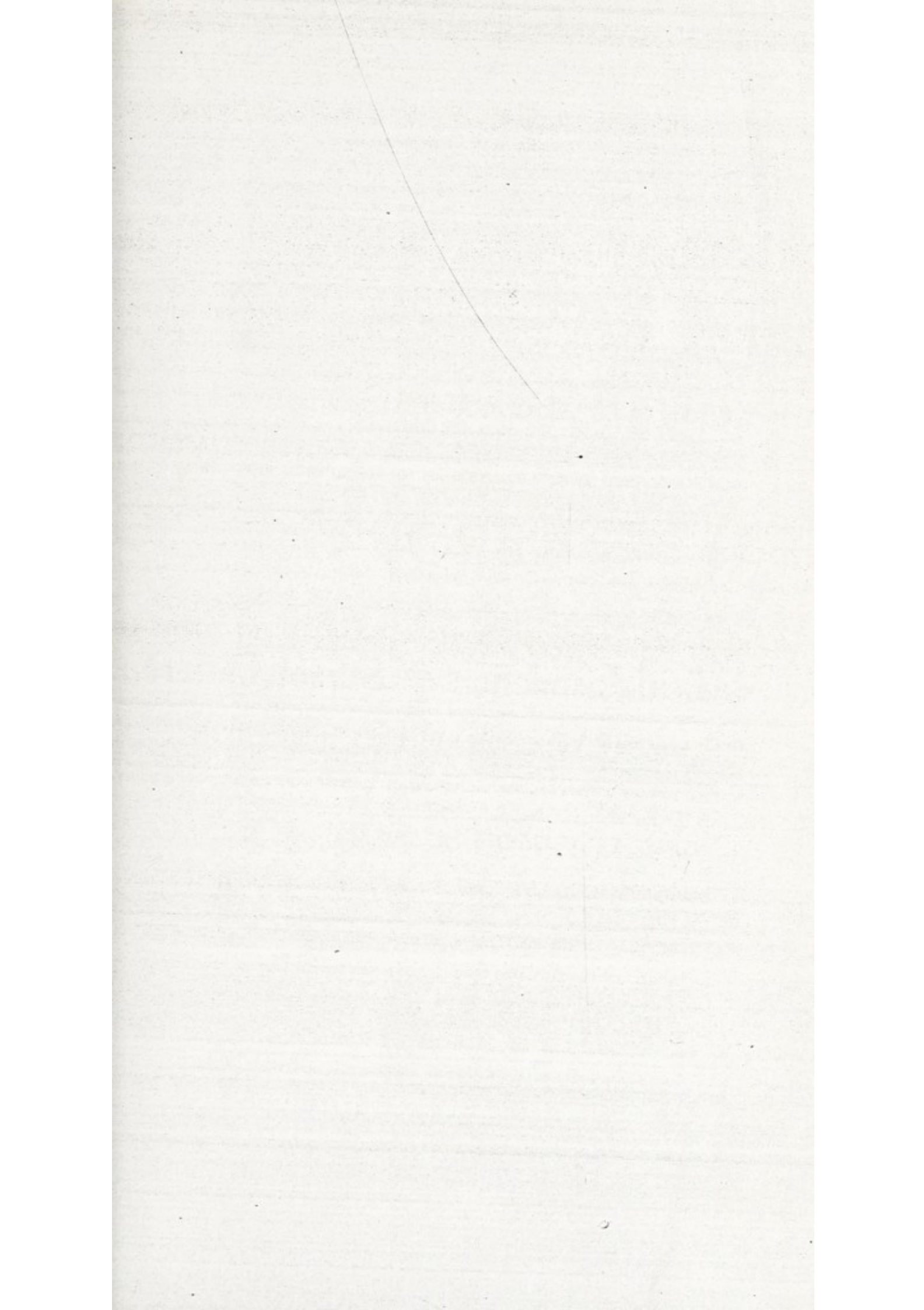
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CHIEF TUBERCULOSIS OFFICER.

BURY :

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1937.



PUBLIC HEALTH DEPARTMENT,

TITHEBARN STREET, BURY.

March, 1937.

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, 1936.

There have been three changes in the personnel of the staff during the year.

In February a part time female clerk was appointed to the School Medical Department. Dr. J. S. Drummond, the Deputy School Medical Officer, left to take up another post on the 16th March, and Dr. R. C. Holderness, who had been appointed to the position, commenced duty on that date. Mr. J. Byrom, the School Dental Surgeon, left to take up another appointment on October 31st, and his place was filled by Mr. F. Kershaw from the 16th November.

I take this opportunity of expressing my thanks to Dr. Drummond, Dr. Holderness, Dr. Ratcliffe, Mr. Byrom, Mr. Kershaw, the Director of Education and his staff, the School Nurses, the Head Teachers of the various schools, and the clerical staff of the School Medical and Health Departments for the assistance they have given me, and to you, ladies and gentlemen, for your courtesy and consideration.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. M. DAVIDSON LOBBAN.



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County Borough of Bury.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

STAFF.

The School Medical Staff consists of:—

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

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

One whole time Dentist.

Two School Nurses.

One Dental Nurse.

One female Clerk (Part-time), who carries out the clerical work at the School Clinic. The remainder of 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 326 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

There were three cases of offensively dirty bodies and clothing.

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

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

The loaning of Sacker Combs to parents 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 209 children were found to be suffering from enlarged tonsils requiring treatment, while 130 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Eight children were referred for treatment for adenoids, and 28 for observation, while the figure for children suffering from both conditions together was 33 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	1	—
Ringworm, Body	10	—
Scabies	18	—
Impetigo... ..	193	—
Other Skin Diseases (Non-Tuberculous)..	251	15

External Eye Disease.—98 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	38	—
Conjunctivitis	13	—
Other	47	—

Defective Vision and Squint.—422 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 361 were cases of defective vision and 61 cases of squint. 332 were referred for treatment and 90 for observation only.

Ear Diseases and Hearing.—Twenty children were found to be suffering from defective hearing, 73 from Otitis Media, and 11 from other ear diseases. 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 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 1936 on account of Infectious Disease.

Diphtheria Immunisation: School Children.—Facilities for the immunisation of school children against Diphtheria were first offered in July, 1935, to parents, and although the response was not satisfactory this procedure was adopted in September of the same year. 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 for the year 1936 are set out below:—

Number of cases completing course (including those who did not receive all three injections before 31st December, 1935, but excluding those who received a second series after the Schick test)	102
Number of cases receiving second course after the Schick test	13
Number of acceptances during the year	102
Number commencing course but failing to complete ...	1
Number failing to commence course	3

Schick Test.

Total number tested	441
Positive	17
Negative	424
Number failing to undergo test	110

The small number (3.8 per cent.) of children found to give a positive Schick test after the immunisation injections cannot be taken as a true indication of the efficiency of the immunisation course in view of the fact that in most cases a preliminary Schick test was not performed and thus, of the children immunised, a number were probably already Schick negative.

" 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	297
Number of visits to schools to examine children for cleanliness	389
Number of visits and re-visits to homes	190
„ examinations for cleanliness	14,110

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.

The Clinic Clerk is now 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 1936 is shown in the following table:—

Number of children attending from 1935...	63
" " discharged during 1936 ...	863
" " still attending at end of 1936 ...	30
" fresh children who attended during 1936 ..	831
" attendances ...	6,680
Clinic open ... days	297
Average attendance per child ...	7.48
Average daily attendance ...	22.5

In addition to the above, 422 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 600 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 152 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 124 received operative treatment—37 under the Local Authority's scheme and 87 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	2	34
Girls	2	24

At Liverpool Open-Air Hospital for Children, Leasowe:

Boys	1	154
Girls	1	365

At Shropshire Orthopædic Hospital, Oswestry:

Boys	1	181
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.—All cases of External Eye Disease are now referred to the Ophthalmic Surgeon at the School Ophthalmic Clinic—previously these cases have been referred to the Bury Infirmary if the opinion of the Ophthalmic Surgeon was required. Particulars of cases treated will be found in Table IV., Group II.

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

Since April of the year under review there has been an extension of the examination scheme. As previously the children have atropine instilled into the eyes prior to the first examination, but after this examination, instead of the spectacles being pre-

scribed forthwith, which except in special cases was the previous practice, the child is examined again after the lapse of a fortnight when the effect of the atropine has worn off. The required lenses are then selected. A third examination is made after the spectacles have been obtained to check the fitting. The whole of the scheme is thus under the control of the Ophthalmic Surgeon. The method is working very satisfactorily.

The following table gives the figures for 1935 and 1936:—

	1935.	1936.
Number of children submitted to refraction ...	355	422
" " already provided with suitable spectacles ...	69	77
" " not requiring spectacles ...	55	119
" " for whom spectacles were prescribed ...	231	226
" " who had obtained the necessary spectacles by the end of the year...	218	179

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 14. In each instance spectacles were provided free.

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

Dental Defects.—See Table 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	18
Second or subsequent Consultations with Surgeon...	6

OLD CASES:—

Total Consultations with Surgeon	37
	—
Total Consultations with Surgeon—all cases	61
	—

NEW CASES.—Analysis of Defects:

Defective posture	5	Potts disease	1
Shortening of lower limb...	1	Scoliosis	2
Hip abduction	1	Prominent toe	1
Flat foot	1	Everted feet	1
Hallux rigidus	1	Knock-knees	1
Pronated feet	2		—
Claw foot	1	Total	18

No school cases were admitted to Biddulph Hospital during 1936.

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, 1935, and continued during 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	25
Malnutrition... ..	12
Bronchitis... ..	19
Adenitis (not T.B.)	2
Skin	4
General Debility (congenital heart). ..	25
Rickets	1
Nasal Catarrh... ..	2

Total 90

Tuberculosis, glands	17
„ abdomen	1
„ lungs	1
„ observation	1

Total 20 Total under both heads, 110.

(ii) Secondary Schools.

Anæmia... .. 3

(b) Attendances.

(i) Elementary School Children.

Non-tubercular cases—90 children made 1481 attendances

Tubercular cases —20 children made 325 attendances

(ii) Secondary School Children.

Non-tubercular cases — 3 children made 54 attendances

Total attendances 1860

Average attendance per child=16.46.

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 "		86.2%
" Second Age Group "		16.6%
" Third Age Group "		4.2%

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. The figures for the second age group show rather a marked fall, while the third age group figure is also somewhat smaller.

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, 1936, 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 teaching of Physical Education in all schools under the Authority is based upon the Board of Education Syllabus for Physical Training, 1933. The continued application of the principles embodied in this Syllabus are producing in both boys and girls a marked improvement in their deportment and posture.

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 3rd May to the 31st October, 1936. The total attendance during this period was 23,334 pupils.

The results of the swimming instruction are as follows:—

Total number of children taught to swim	1,075
Total number of children to pass tests of ability in swimming	1,445

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

1st Class Certificates	293
2nd Class Certificates	512
3rd Class Certificates	640

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 every child who is medically fit and attends the classes regularly will learn to swim before the end of his or her school career.

PROVISION OF MEALS.

During the year it was found necessary to provide to school children 53,399 meals, comprising 29,274 dinners and 24,125 one-third pint bottles of milk. The dinners were provided by and served at six restaurants situate in various parts of the town. The average cost per dinner was 5.58d., and the cost per bottle of milk was .46d.

The cases are selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family. This arrangement, however, does not debar other children from having Free Dinners and/or Free Milk, inasmuch as all cases of suspected malnutrition are referred to

the School Medical Officer for examination and report, and if Free Dinners and/or Free Milk are recommended, such provision is made.

Last year 67 children were examined in connection with the scheme for the provision of meals.

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 1936 the following children were maintained in special schools or hospitals:—

Blind	7	Orthopædic cases	2
Deaf	5	Tuberculous	7
Physically defective ...	16		

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

NUTRITION.

As requested in the Board of Education Circular No. 124 of the 31st December, 1934, the Nutrition of School Children was recorded in accordance with the new grades or classifications recommended. This information was necessary for the new Statistical Table adopted by the Board. 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 28, 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 105 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 1936 the total number of children inspected was 545. Particulars as to age and sex will be found in the following table:—

Age	10	11	12	13	14	15	16	17	18	Total
Boys ...	10	46	40	82	86	53	12	2	—	331
Girls ...	9	48	42	40	27	36	12	—	—	214
Totals..	19	94	82	122	113	89	24	2	—	545

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

Doctor	24
School Nurse	32

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	301	86	28·57	161	53·48	53	17·60	1	0·33
Girls	240	105	43·75	118	49·16	16	6·66	1	0·42
Totals...	541	191	35·3	279	51·6	69	12·7	2	0·35

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

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—13 children were found to be suffering from enlarged tonsils. All of these were referred for observation.

Tuberculosis.—No cases of Tuberculosis were discovered.

Skin Diseases.—One case of Impetigo, one of Warts, two of Urticaria, and three of Acne were found to require treatment.

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

Defective Vision.—15 new cases of seriously impaired vision were found and were referred for treatment.

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

Crippling Defects.—40 cases of flat-foot, two cases of curvature of the spine, four cases of defective posture, and three cases of knock-knee were referred for remedial exercises at school, but one case required treatment at the Orthopædic Clinic. Two cases were referred to Bury Infirmary for X-ray for diagnostic purposes.

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

Lungs.—Six cases of slight Bronchitis were referred for observation. Two cases of Bronchitis were 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 burn, three from skin lesions, and one boy attended for treatment for Rhinitis. One case of flat foot, which attended the Clinic, was referred to the Whitefield Orthopædic Clinic. Two girls with nits in the hair attended for advice and treatment.

External Eye Disease and Defective Vision.—15 new cases of Defective Vision were referred for treatment. 13 of these were seen by the Ophthalmic Surgeon and spectacles were prescribed in 12 cases. All of these children had obtained spectacles at the time of re-examination. In addition to the above, 37 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 two girls were found to be clean.

Ear Disease and Hearing.—The two cases of defective hearing were found, on re-inspection, to have improved, and the three cases of Otorrhœa were receiving treatment from their own doctors.

Dental Defect.—44 cases of Dental Defect were referred for treatment, and of these 15 consulted a dentist and received appropriate treatment. In addition to the above, 16 children attended the Dental Clinic for treatment.

Nose and Throat.—The 13 cases of Enlarged Tonsils referred for observation showed improvement.

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

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

ARTIFICIAL SUNLIGHT TREATMENT.

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

REMEDIAL EXERCISES.

Special classes for Remedial Exercises were arranged for the year 1936.

PHYSICAL TRAINING.

The Bury High School Playing Field is now in use by the pupils for games and inter-school matches. The last period of each afternoon is devoted to games on this field for boys and girls. This coupled with the Physical Education taught in the Gymnasium ensures a high standard of physical fitness and efficiency for all pupils attending this school.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants... ..	700
Second Age Group	788
Third Age Group	600
Total	2088

Number of other Routine Inspections

B.—OTHER INSPECTIONS.

Number of Special Inspections	946
Number of Re-inspections	3175
Total	4121

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

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

Group.	For defective vision(excluding squint):	For all other conditions recorded in Table IIA.	Total
Entrants	14	224	226
Second Age Group	102	181	264
Third Age Group	88	69	155
Total (Prescribed Groups)...	204	474	645
Other Routine Inspections	..	..	..
Grand Total	204	474	645

TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1936.**

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	..	..	1	..
(2) Ringworm: Body	..	..	10	..
(3) Scabies	6	..	12	..
(4) Impetigo	21	..	172	..
(5) Other Diseases (Non-Tuberculous)	42	15	209	..
Total (Heads 1 to 5) ...	69	15	404	..
EYE:				
(6) Blepharitis	18	..	20	..
(7) Conjunctivitis	3	..	10	..
(8) Keratitis	..	..	..	..
(9) Corneal Opacities	..	..	..	..
(10) Other conditions (excluding Defective Vision & Squint)	10	..	37	..
Total (Heads 6 to 10) ...	31	..	67	..
(11) Defective Vision (excluding Squint)	204	77	80	..
(12) Squint	37	13	11	..
EAR:				
(13) Defective Hearing	4	9	7	..
(14) Otitis Media	23	6	44	..
(15) Other Ear Diseases	5	3	3	..
NOSE AND THROAT:				
(16) Chronic Tonsillitis only ...	192	130	17	..
(17) Adenoids only	..	28	8	..
(18) Chronic Tonsillitis and Adenoids	11	..	22	..
(19) Other Conditions	..	1	..	..
(20) Enlarged Cervical Glands (Non-Tuberculous)	..	68	..	10
(21) Defective Speech	..	10	..	..
HEART AND CIRCULATION:				
(22) Heart Disease: Organic ...	6	1	..	3
(23) " " Functional	..	57	..	7
(24) Anæmia	1	8	..	29
LUNGS:				
(25) Bronchitis	40	31	..	12
(26) Other Non-Tuberculous Diseases	..	17	..	17
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	..	..	..	1
(34) Chorea	..	2	..	5
(35) Other Conditions	..	4	..	..
DEFORMITIES:				
(36) Rickets	..	..	..	..
(37) Spinal Curvature	..	4	..	..
(38) Other Forms	11	19	..	..
(39) Other Defects and Diseases (excluding Uncleanliness, Defects of Nutrition, and Dental Diseases)	11	40	120	79
Total	645	543	783	163

TABLE II.

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	700	116	16·5	454	64·8	124	17·7	6	0·85
Second Age-Group ...	788	109	13·8	522	66·2	148	18·8	9	1·1
Third Age-Group	600	156	26·0	334	55·6	93	15·5	17	2·8
Other Routine Inspection.	...	...	...	...	...	...	...	...	...
Totals.....	2088	381	18·2	1310	62·7	365	17·4	32	1·5

TABLE III.

Return of All Exceptional Children in the Area.

Blind Children.	Total
At Certified Schools for the Blind	0
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—0
Partially Sighted Children.	
At Certified Schools for the Blind	0
At Certified Schools for the Partially Sighted	1
At Public Elementary Schools	4
At other Institutions	0
At no School or Institution	0—5
Deaf Children.	
At Certified Schools for the Deaf	2
At Public Elementary Schools	1
At other Institutions	0
At no School or Institution	0—3
Partially Deaf Children.	
At Certified Schools for the Deaf	0
At Certified Schools for the Partially Deaf	0
At Public Elementary Schools	2
At other Institutions	0
At no School or Institution	0—2
Mentally Defective Children—Feeble Minded Children.	
At Certified Schools for Mentally Defective Children	0
At Public Elementary Schools	9
At other Institutions	0
At no School or Institution	2—11
Epileptic Children—Children suffering from Severe Epilepsy.	
At Certified Special Schools	0
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	1—1

TABLE III.—Continued.

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

	Total
I.—Children suffering from Pulmonary Tuberculosis.	
At Certified Special Schools	2
At Public Elementary Schools	3
At other Institutions	0
At no School or Institution	0—5

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	3
At Public Elementary Schools	10
At other Institutions	0
At no School or Institution	1—14

B.—Delicate Children.

At Certified Special Schools	6
At Public Elementary Schools	33
At other Institutions	0
At no School or Institution	0—39

C.—Crippled Children.

At Certified Special Schools	1
At Public Elementary Schools	8
At other Institutions	1
At no School or Institution	2—12

D.—Children with Heart Disease.

At Certified Special Schools	0
At Public Elementary Schools	19
At other Institutions	0
At no School or Institution	0—19

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

At Certified Special Schools	1
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Feeble-minded and Physically Defective.

At Certified Special Schools	1—2
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TABLE IV.

**Return of Defects treated during the year ended
31st December, 1936.**

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Table 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)	1	—	1
(ii.) Other Treatment	—	—	—
Ringworm, Body	10	—	10
Scabies	18	—	18
Impetigo.....	198	—	198
Other Skin Disease	251	—	251
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	98	—	98
Minor Ear Defects	86	—	86
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	181	—	181
Total.....	788	—	788

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)	422	—	422
Other Defect or Disease of the Eyes (ex- cluding those re- corded in Group I)	—	2	2
Total	422	2	424

Total number of children for whom spectacles were prescribed:

- (a) Under the Authority's Scheme... .. 226
 (b) Otherwise 2

Total number of children who obtained or received spectacles:

- (a) Under the Authority's Scheme 179
 (b) Otherwise 2

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)		
3	2	32	—	17	1	69	—	20	3	101	—	28	152

- (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	Residential Treatment without Education	Non-resi- dential Treatment at an Orthopædic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-resi- dential Treatment at an Orthopædic Clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	5	3	14	...	...	...	22

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were:—

(a) Inspected by the Dentist:—Aged:

Routine age groups	5.....	57	Total ...4951
	6.....	564	
	7.....	603	
	8.....	600	
	9.....	637	
	10.....	578	
	11.....	705	
	12.....	552	
	13.....	587	
	14.....	68	

(b) Specials 715

(c) Total (Routine and Specials) 5666

(2) Found to require treatment 3929

(3) Actually treated 3478

(4) Attendances made by children for treatment 3989

(5) Half-days devoted to:—

Inspection 47

Treatment 455 Total ... 502

(6) Fillings: Permanent teeth... .. 989

Temporary teeth... .. 76 Total ... 1065

TABLE IV.—Continued.

(7) Extractions: Permanent teeth	844	
Temporary teeth	4139	Total ... 4983
(8) Administration of general anæsthetics for extractions ...		342
(9) Other operations: Permanent teeth ...	449	
Temporary teeth...	635	Total ... 1084

TABLE 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	14,110
(iii) Number of individual children found unclean	14
(iv) Number of children cleansed under Section 87 (2) and (3) of the Education Act, 1921	7
(v) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921	—
(b) Under School Attendance By-laws	4

