

**[Report 1937] / School Medical Officer of Health, Cheshire County Council.**

**Contributors**

Cheshire (England). County Council.

**Publication/Creation**

1937

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CHESHIRE COUNTY COUNCIL

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EDUCATION COMMITTEE

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REPORT

FOR THE YEAR

1937

BY THE

Chief School Medical Officer

PHILLIPSON & GOLDR LTD., PRINTERS, CHESTER





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# MEDICAL INSPECTION

## STAFF

### *School Medical Officer:*

IAN CAMPBELL MACKAY, M.B., Ch.B., D.P.H.

### *District School Medical Officers:*

W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

MARY A. THOMAS, M.B., Ch.B., D.P.H.

R. J. CLARK, M.B., Ch.B., D.P.H.

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

M. A. MACKENZIE, M.B., Ch.B., D.P.H.

### *Ophthalmic Surgeons (Part-Time):*

W. DUNLOP HAMILTON, M.B., B.Ch., D.O.M.S.

CYRIL JACOBS, M.D., M.B., B.S.

### *Orthopædic Surgeons (Part-Time):*

H. OSMOND CLARKE, M.B., B.Ch., B.A.O., F.R.C.S.

R. WATSON JONES, M.D., F.R.C.S.

T. HARTLEY MARTIN, M.B., Ch.B.

HARRY PLATT, M.S., F.R.C.S.

HENRY POSTON, M.B., B.Ch., B.A.O.

W. MITCHELL SMITH, C.M., M.D.

### *School Dental Surgeons:*

H. R. PARRY, L.D.S. (Senior).

J. L. DICKSON, L.D.S.

J. M. GIBBONS, L.D.S.

R. H. HAMLYN, L.D.S.

A. F. HELY, L.D.S.

H. JACKSON, L.D.S.

F. L. JONES, L.D.S.

J. W. MARTIN, L.D.S.

E. S. POULTER, L.D.S.

H. W. S. SHEASBY, L.D.S.

E. JOHNSON TAYLOR, L.D.S.

*Health Visitors:* 39.

*Dental Nurses:* 11.

*Superintendent Clerk:* VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL  
EDUCATION COMMITTEE

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INTRODUCTION

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*To the Chairman and Members  
of the Education Committee*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the School Medical Service for the year 1937.

Apart from the opening of a new School Clinic at Wilmslow there has been little or no variation in the work of the School Medical Service during the year under review, and the work has been well maintained. The School Dental Service continues to do most valuable work and with the appointment of one more Dental Officer (now sanctioned by your Committee) will be completely comprehensive and practically in line with the ideal set out by the Board of Education.

A noteworthy addition to the Service was the provision of 10 more beds at the Torpenhow Open Air School.

I am also pleased to report that immunisation against Diphtheria amongst the school population has made considerable advancement.

During the year special inspections have been made of the sanitary conditions of practically all elementary schools in the Administrative County, details of which have been supplied to the Committee.

In conclusion I would again like to express my thanks to the Committee for their consideration and to the Director of Education and his staff for the help I have received throughout the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

20th April, 1938.

IAN MACKAY.



COMMERCIAL BANK OF THE CITY OF NEW YORK  
THE NATIONAL TRUST COMPANY  
1918

MEMORANDUM

TO THE BOARD OF DIRECTORS  
FROM THE PRESIDENT  
SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum detailing a business transaction or financial report.]

Very respectfully,  
[Illegible Signature]

[Illegible Title]

CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

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ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER

FOR 1937

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**General.**

The Administrative County of Cheshire comprises 44 Sanitary Districts, namely 9 Municipal Boroughs, 25 Urban Districts and 10 Rural Districts.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs, namely, Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The population, estimated by the Registrar-General at mid-1937, for the area exclusive of these Boroughs, was 549,600.

The total number of Schools in the whole educational area with their enrolments are as follows:—

	Schools.	Enrolments.
Elementary .....	339	56511
Secondary .....	17	6453

**School Buildings.**

*New School Buildings Completed*

Rudheath Senior Council School.

*Alterations Completed*

Lymm Grammar School—Alterations and Additions.

Altrincham Grammar School—Extensions.

Macclesfield High School for Girls—Alterations and Additions.

*New School Buildings in Course of Erection*

Altrincham Wellington Road Senior Council School.  
 Bredbury Senior Council School.  
 Higher Bebington Primary Council School.  
 Sale Grammar School.  
 Sale Moor Senior Council School.  
 Sale Woodheys Council Junior and Infants' School.

Numerous minor alterations and improvements have been carried out at School buildings during the past year.

**Hygiene of School Premises**

Inspections of elementary schools have been made from time to time by the County Sanitary Officer during sanitary surveys of County districts. During the year under review the inspection of schools has been accelerated ; at the time of the printing of this Report there were only fifteen schools in the Administrative County remaining to be inspected.

Standards of fitness to be desired are as follows :—

*Water Supply.*

Mains water should be provided where available. Local Authorities are extending water supplies into rural areas, and within the next year or two the majority of the Schools in the County will be provided with mains water.

*Sanitation.*

Schools situated in Urban Districts are usually drained into a public sewer. Many of the smaller villages are also provided with sewers ; sewerage schemes are being prepared for a number of parishes which will enable several Schools to be properly drained and provided with modern sanitation. Schools in Rural parishes, or isolated situations where sewers are not likely to be laid, are usually provided with pail closets. When mains water is available and the levels of the adjoining land permit, an attempt should be made to acquire sufficient land for the construction of a septic tank and filter and the installation of the water carriage system in the same way that Rural Authorities provide water carriage systems to their housing sites.

*Washing Accommodation.*

Glazed earthenware wash basins with running water over should be provided in the proportion of one basin to twenty-five children.

### *Heating.*

The best results are obtained by central heating. By this system it is also possible to heat cloakrooms, enabling wet clothing to be dried. In some Schools, wet clothing has to be dried in front of open fires in classrooms, which is objectionable and unhealthy. Some Schools still retain old obsolete types of fire-grates which consume a large amount of fuel without giving out much heat.

### *Lighting and Ventilation.*

Adequate natural lighting and ventilation should be provided. Artificial lighting is sometimes necessary during School hours in the winter months. The cleaning of School premises is often carried out by means of artificial lighting. Schools in the Urban areas are lighted by means of gas or electricity. Many of the Rural Schools have electric lighting, but oil lamps are still used in cases where electric cables are not within a reasonable distance.

### *Staff Room.*

The provision of a separate room for the use of the teaching staff is very desirable. It can be used as a dining room for the Staff, for interviewing parents and other callers, and also for School medical inspection or dental work. In many Schools a small classroom is usually cleared for the use of the doctor or dentist, and two classes are crowded into one classroom.

### *Dining Rooms.*

The provision of a dining room containing a fire-grate and oven is desirable, especially in country Schools where a large proportion of children, and sometimes the teaching Staff, are obliged to eat their mid-day meal in the Schoolroom.

### *Cycle Sheds.*

Accommodation is necessary for the storage of cycles in country Schools where the cloakroom is usually used for this purpose.

Detailed reports of the defects existing at the various Schools have been transmitted to the Director of Education, who has communicated with the respective school managers with a view to improvements being effected.

Defects in the Council schools have been remedied by the County Architect but in the case of a number of non-provided schools the lack of funds has prevented the improvements being carried out.

### Co-ordination

As a result of the excellent co-ordination of the various health services in the County, children are kept under continuous though unobtrusive observation from birth till they reach the school-leaving age. The services chiefly concerned are the Maternity and Child Welfare, the School Medical and Dental, and the Tuberculosis Services. At the age of 5, children are transferred from the Maternity and Child Welfare Committee to the Education Committee and complete records of their health transferred with them. The fact that the special services provided by both Committees are on the whole the same avoids any lack of continuity of treatment. The Health Visitors also act as school nurses.

### Medical Inspection

The work of medical inspection is carried out by 5 Assistant School Medical Officers, each of whom is responsible for inspection of the children in one district.

The age groups examined during the year were those laid down by the Board of Education and are as follows :—

1. Entrants.
2. Intermediate, i.e., children between the ages of eight and nine years.
3. Leavers, i.e., children between the ages of twelve and fourteen years.
4. Specials, i.e., children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-examinations.

The following figures show the gross numbers of children inspected during the year as compared with the two preceding years :—

	Entrants.	Inter- mediates.	Leavers.	Specials.	Re-exams.	Total.
1935	6637	5757	6041	10390	4744	33589
1936	6617	5860	5914	10598	3881	32870
1937	6715	5377	5539	11164	3652	32744

### Following Up

For any scheme of School Medical Inspection to work smoothly an efficient scheme of following up cases found to require treatment is essential. The following up is carried out by the Health Visitors, who make every endeavour to see that adequate treatment is carried out. When necessary, cases are referred back to the Assistant School Medical Officer for re-inspection.

Many visits may be necessary in cases where the parents are neglectful and where much persuasion is necessary. In cases of serious defect where the Health Visitor is unable to persuade the parents the matter is passed on to the N.S.P.C.C. This latter course, I am pleased to say, it has seldom been found necessary to adopt.

### **Co-operation of Parents**

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

There is no doubt that parents as a whole appreciate the value of School Medical Inspection. This is very noticeable from the attendances in the Rural Areas where in many instances they have to travel a considerable distance to the school.

During the year 12,622 parents attended Routine Medical Inspection.

### **Co-operation of Teachers**

I would again draw particular attention to the very loyal co-operation of the teachers. The success of the School Medical Service is due in a great measure to the invaluable help of the teaching staff who are always most willing to facilitate the work of medical inspection. Consultations between the Assistant School Medical Officer and Teacher over cases where parents have been neglectful in carrying out previous instructions usually end in satisfying results being obtained from the advice given. Such help is invaluable.

### **Uncleanliness**

In the course of the year the Health Visitors made 170,459 inspections for this condition, visiting each school on the average six times. The number found to be unclean was 2,728 or 1.6 per cent.

Although this is a condition which has improved with rapid strides during the past few years there is still room for improvement. The fact that certain schools in the County return 100 per cent. cleanliness shows that this can be achieved and is the ideal which should be aimed at in all schools. The interest of the Head Teacher in this matter makes a great difference to the results obtained.

### **Tonsils and Adenoids**

The number of cases referred for Tonsil and Adenoid operations shows a slight increase this year. The procedure of referring back for observation cases of slight or temporary enlargement, and recommending operation only where there is much enlargement of the adenoid tissue, or where the tonsils are definitely unhealthy, has led to this reduction. As a result, practically every case operated on has shown a very notable improvement both in mentality and in general health.

The number of children who received treatment for enlarged tonsils and adenoids in 1937 was 1,104.

The number receiving operative treatment was 947.

### **Rheumatic Heart Affections**

Six beds have been reserved at Leasowe Open-Air Hospital and Special School for children suffering from the above conditions, and in 1937 18 children received treatment there, namely 10 boys and 8 girls.

### **Debilitated Children**

Accommodation is provided for weak and debilitated children at Torpenhow Open-Air School, Frankby, and West Kirby Open-Air School and Convalescent Home.

During the year, 84 children were accommodated—48 boys and 36 girls—at Torpenhow, and 38—26 boys and 12 girls—at West Kirby.

The value of a stay of six months or longer at Residential Open-Air Schools for debilitated or pre-tuberculous children is unquestionable. The cases selected are those of poor physique and poor muscle tone; they are often pale and languid. The mother gives a history of poor appetites, lassitude, recurrent colds with bronchial trouble. On their return, there is a remarkable change in their general well-being and carriage; they gain in height and weight and are improved in physical and mental vigour. These results are achieved by improved general hygiene, regular hours of rest and exercise, with plenty of fresh air and sunlight, good nourishing food and an altered educational curriculum. These results are very well maintained, and it is only in a very few cases that they relapse into their former state. Further accommodation at Torpenhow was made available in 1937.

### **Tuberculosis**

Cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

During 1937, 193 children\* received institutional treatment, 137 being discharged during the year.

Condition of Patients on discharge:—

Definitely Tuberculous cases:—

	Pulmonary.			Non-Pulmonary.			
	T.B. Minus	T.B. Plus Group I.	T.B. Plus Group II.	T.B. Plus Group III.	Bones and Joints	Abdominal	Other Organs
Quiescent	11	—	2	—	5	—	7
Not quiescent	8	—	5	3	18	16	31
Died in the Institution	—	—	1	3	—	—	—
Total ..	19	—	8	6	23	16	38

Observation cases:—

	Pulmonary	Non-Pulmonary
Definitely Tuberculous	4	5
Non-Tuberculous ..	7	6
Doubtfully Tuberculous	1	4

The following Table shows the primary notifications on Forms A and B of School Children, aged 5 to 15, for the years 1931—1937:—

Year.	Pulmonary.		Non-Pulmonary.		Total.
	M.	F.	M.	F.	
1931	14	12	60	54	140
1932	13	19	59	49	140
1933	9	15	65	55	144
1934	9	11	63	54	137
1935	12	19	54	45	130
1936	12	12	54	49	127
1937	9	12	75	63	159

### Infectious Skin Diseases

As in previous years many children still suffer from minor infectious skin conditions, the chief one being Impetigo. Too little importance is attached to minor infections of this sort.

\* Although for the purpose of tuberculosis returns to the Ministry of Health, children are all aged under 15, the figures in the present report relate to school-children aged 5-16, the accepted limits for Physically Defective Children, unless it is otherwise stated.



This unfortunately causes many exclusions from school which could well be avoided if children so affected were advised to seek early treatment.

During the year, 2,188 cases were referred for treatment, of which 1,930 were cases of Impetigo.

### **Ringworm of the Scalp**

There is an increase in the number of cases reported this year, there being 68 referred for treatment as compared with 47 last year.

X-Ray treatment is now available at Manchester Skin Hospital to those who desire to accept it. During the year, 45 cases were treated under the County scheme.

### **Ringworm of the Body**

This condition is much more amenable to treatment, and does not seriously interfere with a child's attendance at school. This year, 62 cases were reported, 40 being treated under the Authority's Scheme.

### **Scabies**

The incidence of Scabies shows slight decrease this year 128 cases being reported as against 137 last year. Of these, 96 were treated under the Authority's Scheme and 11 otherwise.

### **External Eye Diseases**

During the year, 464 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 124 being cases of Blepharitis, all of which were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses, and during the year 620 cases were treated at the various Clinics.

### **Vision**

Defective vision still continues to be one of the principal defects found in the course of medical inspection, 3,453 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number, 744 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to the following table:—

EXAMINATIONS FOR DEFECTIVE EYESIGHT

	No. Examined	D.V. due to errors of refraction (excluding squint)	Squint	Glasses Prescribed	Glasses Not Prescribed	Other forms of treatment	Blepharitis	External Diseases			Other Conditions	
								Conjunctivitis	Keratitis	Corneal Opacities		
Dr. Hamilton ..	1992	1713	400	1236	766	7	13	24	16	33	39	15
Dr. Jacobs ..	1239	866	238	674	554	165	45	44	6	37	100	
Totals ..	3231	2579	638	1910	1320	172	58	68	22	70	139	

Children examined were those selected by the Assistant School Medical Officers, cases which Head Teachers and parents asked to be examined, and children who had had glasses prescribed for them in previous years. Examinations are carried out in individual schools and at the school clinics.

### **Minor Ailments**

The following Clinics were provided in 1937 for the treatment of Minor Ailments:—

<i>Clinic</i>	<i>Address</i>	<i>When held</i>	<i>A.S.M.O.</i>
Barnton.	Barnton C.E. School	Thursday, 9-30 a.m.	Dr. Mackenzie
Cheadle	Literary Institute	Mon. 2-30 p.m., Wed. 3 p.m.	Dr. Wilkinson
Cheadle Hulme	All Saints' Parish Room	Friday, 2-30 p.m.	"
Ellesmere Port	School Clinic, York Road	Daily, 9 a.m.—12 noon	Dr. Thomas (Alt. Wed.)
Frodsham	Methodist Sunday School	Tuesday, 2—4 p.m.	Dr. Clark
Hale	1, Hawthorne Road, Hale	Mon., Wed. and Fri., 1-30—2-30 p.m.	Dr. Mackenzie
Hoole	55, Hoole Road, Chester	Mon., Tues., Thurs., & Fri., 9-30 a.m.	Dr. Thomas (Alt. Thurs.)
Hoylake	8, Market Street	Daily, 9—10 a.m.	Dr. Thomas
Knutsford	Brook St. Lecture Hall	Weds., 9-30—11-30 a.m.	Dr. Mackenzie
Lymm	Child Welfare Centre, Booth's Hill	Mon., Tues., Thurs., Fri., 9—10 a.m.	"
Middlewich	The Priory	Monday 9 a.m., Wednesday and Friday 3 p.m.	Dr. Wilkinson
Nantwich	The Dowery	Daily, 9—10-30 a.m.	Dr. McIvor (each Wed.)
Neston	Wesleyan Sunday School	Wednesday, 2 p.m.	Dr. Thomas
New Ferry	St. Mark's Parish Room	Daily, 3—5 p.m.	"
Northwich	Parkfield, Middlewich Road	Daily, 9-30 a.m.	Dr. Clark
Runcorn	29, High Street	Tu., Wed. 9-30—11-30 a.m. Mon., Thurs., & Fri., 1-30—3-30 p.m.	"
Sale	70, Chapel Road	Daily, 9—10-30 a.m.	Dr. Mackenzie
Wilmslow	Alma House	Wednesday, 2 p.m.	"
Winsford	The Parsonage, Weaver Street	Monday & Wednesday 2 p.m., Friday, 9 a.m.	Dr. Wilkinson

During the year, 9,702 ailments were treated; of those, 9,508 were treated under the Authority's Scheme and 194 otherwise.

### **Work of the Clinics**

Before attending the Clinic for treatment the school child obtains from the teacher an attendance card. Immediately after treatment at the Clinic the Nurse in charge marks on this card the date, the exact time at which the child leaves the Clinic, and her initials. This ensures that the child has actually attended and will not linger unduly on the way back to school.

Minor Ailment Treatment Clinics are held on school days usually from 9-30 to 11-30 a.m. or 1-30 to 3-30 p.m., these times being chosen to allow attendance at school before treatment and return to school before the end of the morning or afternoon school session.

A large variety of cases is dealt with, the more common being impetigo, septic sores, skin diseases, uncleanliness of heads, minor cuts, bruises, sprains, etc., chronic ear discharges, chronic blepharitis, and other eye ailments. In addition, advice is given to parents and to teachers on the necessity of obtaining medical advice, and when a child is found to be suffering from more than a minor ailment the Nurses make a point of seeing that the parents realise the nature of the illness and the necessity for medical attention.

On fixed days each month the Assistant School Medical Officers attend all day, when the following cases are dealt with:—

1. Cases whose complete examination at School Medical Inspection would have occupied more than the time allowed for Routine Inspection.
2. Cases brought forward by teacher or parent whose symptoms are so vague and indeterminate that further observation is necessary to decide whether medical treatment by their own doctor is necessary.
3. Cases of tonsils and adenoids, whose selection for operation now involves more discrimination and re-examination than was formerly considered necessary.
4. The supervision and re-examination of cases with prolonged attendance at the M.A. Treatment Clinics, e.g., chronic ear disease, chronic skin disease, etc.

5. Cases for examination, description and certification for Torpenhow, West Kirby, or other of the County Authority's Open-Air Schools or Convalescent Homes, including cases referred for this purpose by general practitioners, health visitors, etc.
6. Cases referred back by the D.T.O., County Orthopaedic Surgeon, or more rarely by the Inspector of N.S.P.C.C.
7. Employment Certificates.
8. Reports and examination of Mental Defectives, Deaf and Dumb children, etc.

### Dental Scheme

Mr. H. R. Parry, Senior Dental Surgeon, reports:—

During the year, all children aged 5—13 years have been inspected and all the elementary schools in the County visited by the School Dental Surgeons, with the exception of 3 areas and in these each Dentist will require an extra 3 months to complete his list of schools.

Of the 56,000 children on the school registers, 42,000 were inspected, 30,000 found to require treatment and 25,000 treated by the eleven school Dental officers.

78 per cent. of the children requiring treatment accepted, and all treatment required was carried out.

Each Dentist supervises roughly between 4,000 and 5,000 children, with an average acceptance percentage of 78 per cent. This number is the maximum that should be attempted per dentist, if the work is to be carried out thoroughly, completely and to the satisfaction of all.

With the present staff at our disposal, 42,000 or 75 per cent. of the children attending school can be supervised yearly; this leaves 14,000 children in the County who are unable to take advantage of the School Dental Scheme. We are therefore forced to keep in operation a scheme advised by the Ministry of Health, whereby all children aged 7 and over who refuse treatment once forfeit the right to any future treatment during their school life.

This scheme may have its advantages, but it is difficult for a Dentist, who takes a keen interest and pleasure in his work (and there are many) to have to refuse treatment to a child with toothache who has had no food or sleep for two or three days.

These circumstances have arisen and certainly will arise in the future, until such time as it is found possible to increase the Dental staff to its full complement.

The work of the present staff should meet with the satisfaction of all. In comparison with last year ~~25,000~~ 2,500 less extractions and 4,000 more permanent fillings were required. This is very encouraging and proves not only the high standard of work done by the Dentists in the past but the great advantage the children are receiving.

I would like to thank the Headmasters and Headmistresses for all their help and co-operation. Their keenness increases more and more every year, and this is very much appreciated by the Dentists, for without this help, no School Dental service could be a success.

## SUMMARY OF DENTAL REPORTS FOR 1928—1937

Year	Number of Dentists	Number Inspected	Number Selected	Percentage Selected	Number Treated	Percentage Treated	Number of Fillings	Number of Extractions
1928	5	23823	15825	66%	9184	58%	5531	20768
1929	6	30984	19574	63%	11054	56%	7095	25734
1930	7	30914	22002	71%	13169	59%	7885	30279
1931	8*	36217	25639	72%+70	16193	63%	11535	33834
1932	8	40138	32154	80%	19108	59%	13656	45314
1933	8	39243	29042	74%	19200	66%	15063	38724
1934	8	35672	26512	74%	18006	67%	15128	35219
1935	8	35155	26180	61%	18996	72%	17203	37924
1936	11†	41149	29294	71%	22723	78%	16476	40857
1937	11	41966	30381	72%	23574	78%	20258	38351

\*8 dentists for two months of the year only. Since the appointment of the eighth dentist, a proportion of the dental work equal to the services of one dentist has been devoted to Maternity and Child Welfare.

†The ninth dentist began duty on the 1st July, the tenth on the 1st September, and the eleventh on the 9th September.



### Orthopædic Scheme

The Orthopædic Scheme is a completely comprehensive one, there being no part of the County that is not within reasonable distance of an Orthopædic Clinic. The system is that the Surgeons who attend the Clinics are on the Staff of the Hospitals to which patients are referred for treatment, so that patients on discharge continue under the supervision of the Surgeon who carried out the active treatment in Hospital.

The Orthopædic Clinics now established in the Administrative County, together with the attendances, days and times of opening, are set out in the following tables :—

TABLE I

Place.	Day.	Time.	Surgeon.	Surgeon Attends.
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	Once every two or three months
General Hospital, Altrincham	Friday	2 p.m. to 4 p.m.	Mr. Poston	Fourth Friday each month
2, King's Buildings, Chester	Friday	10 a.m. to 12 30 p.m.	Mr. Watson Jones	Once every two months
L.M.S. Ambulance Rooms, Crewe	Monday	10 a.m. to 12 30 p.m.	Mr. Clarke	Do.
12, West Street, Congleton	Tuesday and Friday	10 a.m. to 1 p.m.	Mr. Mitchell Smith	Third Tuesday each month
Welfare Centre, York Road, Ellesmere Port	Monday and Thursday	2 30 to 4 30 p.m.	Dr. Martin	*Fourth Monday each month
Welfare Centre, 8, Market Street, Hoylake	Monday and Thursday	11 a.m. to 1 p.m.	Dr. Martin	Third Friday each month (2-30 to 4-30 p.m.)
Orthopædic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	10 a.m. to 5 30 p.m. 10 a.m. to 12 30 p.m. 10 a.m. to 5 30 p.m.	Mr. Poston	Third Friday each month
Health Centre, New Ferry Park	Monday and Thursday	2 30 to 4 30 p.m.	Dr. Martin	*Second Monday each month
Welfare Centre, 29, High Street, Runcorn	Tuesday and Friday	11 a.m. to 1 p.m.	Dr. Martin	*First Friday each month
Welfare Centre, Methodist Sunday School, Stockton Heath	Tuesday and Friday	2 30 to 4 30 p.m.	Dr. Martin	First Friday each month

\* It has been found necessary to arrange for the surgeon to attend an additional session every two months at these clinics owing to increased attendances.

TABLE II

The following statement shows the number of non-tuberculous patients, aged 5-16, attending the various Orthopædic Clinics in the County, also the attendances made, excluding those for sunlight only.

CLINIC.	No. of Patients on Registers, 1/1/37.	No. of Patients admitted during the year.	No. of Patients discharged during the year.	No. of Patients on Registers, 31/12/37.	Total number of Attendances.
Alderley Edge	24	10	2	32	108
Altrincham ..	42	22	13	51	751
Chester ..	34	14	15	33	220
Congleton ..	10	5	5	10	88
Crewe ..	82	25	29	78	279
Ellesmere Port	78	28	47	59	1034
Hoylake ..	28	7	14	21	535
Hyde ..	6	2	—	8	36
New Ferry ..	56	17	13	60	839
Northwich ..	4	6	5	5	268
Runcorn ..	85	30	56	59	1188
Stockton Heath	23	7	17	13	364
	472	173	216	429	5710

In addition 1 patient made 45 attendances for sunlight treatment only at Warrington Infirmary, and 1 made 25 such attendances at Hyde Clinic.

TABLE III

Numbers and types of cases of school age who received in-patient treatment under the County Orthopædic Scheme during 1937

	Robert Jones and Agnes Hunt Orthopædic Hospital, Oswestry	Liverpool Open-Air Hospital for Children, Leasowc	North Staffs. Orthopædic Hospital Hartshill,	General Hospital, Altrincham	Royal Liverpool Children's Hospital, Heswall	Total
Boys .. .. .	3	8	2	1	1	15
Girls .. .. .	2	9	1	1	—	13
Actinomycosis .. .. .	—	1	—	—	—	1
Arthritis, Toxic .. .. .	1	—	—	—	—	1
Club Foot .. .. .	—	—	—	1	—	1
Congenital Deformity .. .. .	—	2	—	—	—	2
Coccydynia .. .. .	—	—	—	1	—	1
Hallux Valgus .. .. .	—	1	—	—	—	1
Hammer Toe .. .. .	—	2	—	—	—	2
Infantile Paralysis .. .. .	—	1	2	—	—	3
Osteitis .. .. .	1	—	—	—	—	1
Osteochondritis .. .. .	1	—	—	—	—	1
Peroneal Spasm .. .. .	—	1	—	—	—	1
Perthes Disease .. .. .	—	1	—	—	—	1
Polyarthrits .. .. .	1	—	—	—	—	1
Rickets .. .. .	—	1	—	—	—	1
Sclerosis .. .. .	—	1	—	—	—	1
Scoliosis .. .. .	—	1	1	—	—	2
Spastic Hemiplegia .. .. .	1	—	—	—	1	2
Talipes .. .. .	—	1	—	—	—	1
Torticollis .. .. .	—	4	—	—	—	4

### Blind, Deaf, Defective and Epileptic Children

The question of accommodating certain grades of mentally defective children in the County is most acute. A certain number of cases are maintained in Voluntary Institutions, but such accommodation is strictly limited.

It is hoped that a special school will be established at Cranage Hall.

The case of the child suffering from combined defects continues to be another very acute problem, as there is enormous difficulty in finding suitable accommodation for such cases.

### Infectious Disease

Diphtheria Immunisation does not come within the scope of the School Medical Service, and the responsibility lies with the Local Authorities. Considerable advances have now been made in this direction.

In some districts the Toxoid Antitoxin is supplied free by the Local Authorities to Practitioners who administer it to those who desire it, and in others arrangements have been made for both supply and administration, the Local Authority being responsible for the whole cost. It is to be hoped that those Authorities who have not so far adopted a scheme of immunisation will, in the immediate future, do so.

### School Closure

Schools closed by the Chief School Medical Officer :—

Measles	...	...	...	...	...	...	...	4
Scarlet Fever	...	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	...	1
Influenza	...	...	...	...	...	...	...	32
Diphtheria	...	...	...	...	...	...	...	2
Chicken Pox	...	...	...	...	...	...	...	1

School closure for infectious disease is resorted to only when there is definite evidence that it is the best method of preventing further spread of infection. In many cases closure can be avoided by judicious exclusion of individual cases.

During times of epidemics, especially in the populous Urban Areas, it is better to have the children under the supervision of the teacher and School Medical Officer ; prompt action can be taken when the first sign of sickening is observed.

In scattered Rural Areas, where children after school hours are unable to congregate in cinemas or play together in the streets owing to their natural isolation from each other, closure is often an advantage.

## Employment of School Children

During the year, 864 children were examined under the Employment of Children Bye-laws.

## Miscellaneous Work

During the year many visits were made to the schools (apart from the normal Routine visits by the Assistant School Medical Officers) for the purpose of investigating outbreaks of infectious disease. In many cases prompt action in seeking out and exclusion of contacts and carriers has prevented the further spread of disease and depletion of attendances. Examinations were also carried out in school to ascertain the fitness of children to take part in open-air swimming and camp life.

## Cases dealt with by N.S.P.C.C.

The seven Inspectors of the N.S.P.C.C. who cover the County dealt with a number of cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these Officers in carrying out this difficult work.

## Provision of Meals

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals and milk meals to necessitous school children for the year ended 31st March, 1938.

Total number of children who received free meals and milk meals ... ..	2298
Total number of meals and milk meals provided free ... ..	351490

In many schools in the County Area, dinner schemes for non-necessitous school children are in operation whereby the children remaining in school during the mid-day interval are provided, at a small charge, with either hot drinks or a cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals, and pays for the cost of utensils required.

## Supply of Milk to Children in Elementary Schools

The scheme for the supply of milk to necessitous children has been continued as in previous years with excellent results.

In 1934 the Milk Marketing Board brought into operation a scheme whereby milk is provided to scholars at the rate of  $\frac{1}{2}$ d. per one-third of a pint instead of the former charge of 1d. The main object of the scheme is to encourage and increase the consumption of milk.

The Board will only accept milk the source and quality of which has been approved by a Medical Officer of Health. In Cheshire all milk supplied to schools must be at least of accredited standard, and biological examination of samples of such milk are made from time to time.

There are in the County 140 herds supplying milk to schools, and 320 School Departments supplying milk to scholars.

The reports of the A.S.M.O.'s continue to show the beneficial results obtained in the general health of the children. 1919 children were specially examined as regards the need for them to be supplied with free milk.

### **Secondary Schools**

The results of Medical Inspection in Secondary Schools are set out in Appendix II at the end of this report.

All Secondary Schools are visited once a year for the purpose of carrying out Routine and Special Examinations.

During the year 2,508 children were examined—1,160 boys and 1,348 girls. As in previous years the predominant defect was Defective Vision—213 being referred for treatment and 20 for observation.

### **Report by the Committee's Inspectors of Physical Training.**

Public interest in physical training and recreation has been greatly stimulated during the past year by the national drive for physical fitness. The Physical Training and Recreation Act, 1937, has given additional powers to Local Authorities for the provision and maintenance of facilities for physical training. In the past, the Education Authority has been primarily concerned with the provision of physical training facilities for children in attendance at schools and for students in attendance at educational institutions such as Technical and Evening Schools. The new powers given under the Physical Training and Recreation Act allow the Authority to provide facilities for people of post-school age. This development has greatly increased the work of the organisers of physical training, and during the year additions have been made to the staff of Organisers of Physical Training in co-operation with the Macclesfield, Congleton, Crewe, Birkenhead, and Wallasey Education Authorities. This additional staff will enable more regular visits to be made to all school departments, playing fields, swimming baths, and evening institutions; the provision of more teachers' classes; the extension of classes in physical training and recreation for adolescents and adults, and the provision of classes for the training of leaders for these classes.

## PHYSICAL TRAINING IN SCHOOLS.

*Teachers' Classes.*

The increase in the physical training organising staff has made possible, during the past year, the arrangements of more teachers' classes at various centres in the County, ten full courses having been held in addition to various lecture demonstrations.

*Facilities.*

The success of physical training lessons is influenced to a great extent by the facilities available; for example, the unsuitable playground surfaces in many non-provided schools have made it almost impossible to carry out efficient physical training work at these schools. However, it is pleasing to note that during the year, in a number of these schools, the Managers have taken advantage of the Authority's financial assistance, and have provided their schools with more satisfactory playgrounds, making it possible for more efficient work to be carried out.

It is also gratifying to report that all senior schools with suitable halls have been supplied with portable gymnastic apparatus, and it is hoped that all new senior schools will be provided with a fully equipped gymnasium.

*Clothing.*

The improvement reported last year in the provision of suitable clothing and footwear has been continued, and many more children now change for their physical training lessons. Their standard of work has definitely improved and they have gained in confidence in apparatus work. In Junior Schools also there has been a marked improvement in the dress worn during lessons; the example of teachers who wear a suitable dress has no doubt encouraged the children.

*Time-tables.*

There has been a considerable increase in the number of schools which arrange a daily period of organised physical activity for all classes.

*Organised Games.*

Adequate playing fields are now being provided for all new schools. However satisfactory the playing field, organised games cannot be fully successful unless games are graded according to the age and ability of the children, and special training given in the technique and essential features of the games played. A more frequent inclusion of athletic training is recommended in the organised games period.



*Demonstrations.*

A number of schools have arranged demonstrations of physical training in connection with Open Days and Parents' Evenings, and have not only interested the parents in the type of work now carried out in schools, but have secured their co-operation in the important provision of suitable clothing and footwear for their children.

*Camping.*

In conjunction with the Public Assistance Committee, a free camping holiday for necessitous children was held at Pensarn, N. Wales. The camp was attended by 479 boys and girls, accompanied by teachers, from various districts. The success of the camp has led to arrangements being made for 1,000 boys and girls to spend a fortnight at Pensarn during the current year. In addition to this camp, one or two individual schools arranged their own holiday camps, the whole cost of which was borne by the children themselves.

*Swimming.*

A detailed report on swimming instruction during the 1937 season has already been issued. During the season 7,717 boys and girls attended various swimming baths for instruction; 2,091 swimming certificates were awarded by the Authority; and 283 life-saving certificates were gained as the result of examinations arranged by the Royal Life Saving Society.

## SECONDARY SCHOOLS.

The Senior Organisers of Physical Training are now visiting the Secondary Schools in the County Area to advise in the general organisation of the work. Several schools have been visited; the Organisers' visits have been welcomed, and the Head Teachers have been very appreciative of the assistance they have received.

## RECREATIVE PHYSICAL TRAINING.

During the past year there have been important developments in the provision of facilities for *Recreative* Physical Training for adults. The Authority has used its new powers in several ways. Classes have been arranged for which the Authority has been directly responsible. These classes have been mainly of the "Keep Fit" type in which the work is less formal in character than in a normal physical training lesson, although the fundamental principles of the work are maintained there is no attempt to produce a high standard of gymnastic ability, the exercises are less strenuous, and no gymnastic apparatus is employed. The classes have proved very popular, especially with women, and many classes have been extended for two and three sessions of twelve weeks each.

The Authority has worked in close co-operation with voluntary organisations such as Boys' Clubs, Boys' Brigade, and Physical Training Clubs, and has assisted their organisations by the provision of qualified instructors. The Organisers of Physical Training have visited their classes and given advice in matters relating to methods of instruction and general organisation.

Training Courses for instructor-leaders in Recreative Physical Training conducted by the Organisers have been arranged in several centres in the County Area.

Assistance has also been given to recognised physical training organisations, such as the Lancashire Women's Keep Fit movement, by the granting of free use of schools for properly organised classes.

A still greater demand for facilities for Recreative Physical Training is anticipated during the year which has just commenced. Every effort will be made to meet the demand, and the services of the Organisers of Physical Training will be freely available to Voluntary Organisations.

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**APPENDIX I**

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**STATISTICAL TABLES**

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**Public Elementary Schools**

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**Table I.—Return of Medical Inspections.****(A.) Routine Medical Inspections.**

Number of Code Group Inspections—

Entrants	...	...	...	6715
Second Age Group		...	...	5377
Third Age Group		...	...	5539
		Total	...	<u>17631</u>

**(B.) Other Inspections.**

Number of Special Inspections	...	...	...	11164
Number of Re-inspections		...	...	3652
		Total	...	<u>14816</u>

**(C.) Children found to require treatment.**

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups—

Entrants	...	...	...	808
Second Age Group		...	...	865
Third Age Group		...	...	869
		Total	...	<u>2542</u>

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended  
31st December, 1937.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
SKIN—				
Ringworm—				
Scalp .. .. .	3	—	65	—
Body .. .. .	6	—	56	—
Scabies .. .. .	32	—	96	—
Impetigo .. .. .	38	—	1892	—
Other Diseases (Non-Tuberculous)	64	5	1399	2
EYE—				
Blepharitis .. .. .	46	—	78	—
Conjunctivitis .. .. .	10	—	68	—
Keratitis .. .. .	2	—	22	—
Corneal Opacities .. .. .	5	—	70	2
Other Conditions (excluding Defective Vision & Squint)	14	4	149	4
Defective Vision (excluding Squint)	874	94	2579	12
Squint .. .. .	106	11	638	2
EAR—				
Defective Hearing .. .. .	68	13	29	10
Otitis Media .. .. .	80	6	30	—
Other Ear Diseases .. .. .	4	—	4	4
NOSE AND THROAT—				
Chronic Tonsillitis only .. .. .	127	510	127	111
Adenoids only .. .. .	41	34	91	7
Chronic Tonsillitis and Adenoids	579	327	411	40
Other Conditions .. .. .	53	4	18	3
ENLARGED CERVICAL GLANDS (Non-Tuberculous) .. .. .	14	100	5	29
DEFECTIVE SPEECH .. .. .	21	49	5	14
HEART AND CIRCULATION—				
Heart Disease—				
Organic .. .. .	44	29	43	29
Functional .. .. .	20	166	10	133
Anaemia .. .. .	129	25	59	11
LUNGS—				
Bronchitis .. .. .	82	41	24	12
Other Non-Tuberculous Diseases	47	18	13	5
TUBERCULOSIS—				
Pulmonary—				
Definite .. .. .	—	1	—	—
Suspected .. .. .	8	5	2	1
Non-Pulmonary—				
Glands .. .. .	6	3	7	3
Bones and Joints .. .. .	1	—	1	—
Skin .. .. .	1	—	—	—
Other Forms .. .. .	4	8	1	5
NERVOUS SYSTEM .. .. .				
Epilepsy .. .. .	4	10	4	11
Chorea .. .. .	6	2	6	5
Other Conditions .. .. .	21	40	3	17
DEFORMITIES—				
Rickets .. .. .	2	—	1	—
Spinal Curvature .. .. .	13	5	10	1
Other Forms .. .. .	71	25	21	13
OTHER DEFECTS AND DISEASES (excluding Defects of Nutrition Uncleanliness & Dental Diseases)	154	125	53	95
Total .. .. .	2800	1660	8090	581

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

AGE GROUPS	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	6715	948	14.1	4999	74.4	754	11.2	14	.28
Second Age-group	5377	705	13.1	3844	71.4	813	15.1	15	.27
Third Age-group	5539	859	15.5	3949	71.2	721	13.0	10	.18
TOTAL ..	17631	2512	14.2	12792	72.5	2288	12.9	39	.22

TABLE III.

Return of all Exceptional Children in the Area.

(At 31st December, 1937).

**Blind Children.**

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
9	—	—	4	13

**Partially Blind Children.**

9	26	—	3	38
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**Deaf Children.**

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	—	—	6	27

**Partially Deaf Children.**

6	33	—	—	39
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**Mentally Defective Children.****Feeble-Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
24	279	—	29	332

**Epileptic Children.****Children suffering from Severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	5	1	6	16

**Physically Defective Children.****A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**  
(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	12	5	24	42
<b>II.—Children suffering from Non-Pulmonary Tuberculosis.</b>				
46	83	1	27	157

**B. DELICATE CHILDREN.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
52	370	—	26	448

**C. CRIPPLED CHILDREN.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	161	1	26	194

**D. CHILDREN WITH HEART DISEASE.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	112	—	5	123

**Children suffering from Multiple Defects.**

Combination of Defects.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
M.D. and Blind ..	—	2	2	4
M.D. and Cripple ..	2	1	5	8
M.D., Blind and Cripple ..	—	—	1	1
M.D., Cripple & Epilepsy ..	—	1	—	1
M.D. and Deaf ..	—	—	3	3
M.D. and Epilepsy ..	4	2	4	10
M.D. and Heart ..	1	—	—	1
M.D. and T.B. ..	—	—	1	1
Cripple and Heart ..	1	—	—	1
Epilepsy and Blind ..	—	—	2	2
<b>TOTALS ..</b>	<b>8</b>	<b>6</b>	<b>18</b>	<b>32</b>



Table IV.—Return of Defects Treated during the year ended 31st December, 1937.

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 the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp ...			
(i.) X-Ray Treatment ...	28	—	28
(ii.) Other ...	40	4	44
Ringworm—Body ...	68	4	72
Scabies ...	96	11	107
Impetigo ...	1840	17	1857
Other Skin Disease ...	1299	28	1327
MINOR EYE DEFECTS ...	589	31	620
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS ...	618	27	645
MISCELLANEOUS ...	4930	72	5002
( <i>e.g.</i> Minor injuries, bruises, sores, chilblains, etc.)			
Total ...	9508	194	9702

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	3217	73	3290
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—
Total ...	3217	73	3290
No. of Children for whom spectacles were			
(a) Prescribed ...	1910	58	1968
(b) Obtained ...	1433	268	1701

### Group III.—Treatment of Defects of Nose and Throat.

#### NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment	Total Number Treated.
Under the 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)		
179	107	650	13	3	2	36	—	182	109	686	13	114	1104

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

### Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Total number treated
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
No. of children treated	26	2	645	646

**Group V.—Dental Defects.**

(1) Number of Children inspected by the Dentist :—

	Aged		Total.
(a) Routine age-groups	5	...	2407
	6	...	5359
	7	...	5765
	8	...	5283
	9	...	5235
	10	...	5152
	11	...	4525
	12	...	3703
	13	...	3119
	14	...	1418
		—	41966
(b) Specials	...	...	220
(c) TOTAL (Routine and Specials)	...	...	42186
(2) Number found to require Treatment	...	...	30601
(3) Number actually Treated	...	...	23574
(4) Attendances made by Children for Treatment	...	...	28226
(5) Half-days devoted to Inspection	...	947	} Total 4337
"          "          Treatment	...	3390	
(6) Fillings—	Permanent Teeth	.. 19427	} Total 20258
	Temporary Teeth	... 831	
(7) Extractions—	Permanent Teeth	... 5077	} Total 38351
	Temporary Teeth	... 33274	
(8) Administration of general Anæsthetics for Extractions			153
(9) Other Operations—			
	Permanent Teeth	... 3259	} Total 3620
	Temporary Teeth	... 361	

**Group VI.—Uncleanliness and Verminous Conditions.**

(1) Average number of visits per School made during the year by School Nurses	..	...	5
(2) Total number of Examinations of Children in the Schools by School Nurses	...	...	170459
(3) Number of individual Children found unclean	...	...	2728
(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	—
(5) Number of Cases in which Legal Proceedings were taken—			
(a) Under the Education Act, 1921	...	...	—
(b) Under School Attendance Bye-Laws	...	...	—

# APPENDIX II.—STATISTICAL TABLES.

## SECONDARY SCHOOLS.

TABLE I.—Shewing Number of Children Examined at Different Ages.

Ages ...	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Grand Totals.
Boys ...	—	—	4	6	19	52	178	207	120	257	47	145	93	25	7	1160
Girls ...	—	—	18	35	39	64	291	205	96	202	163	130	86	18	1	1348
Totals ...	—	—	22	41	58	116	469	412	216	459	210	275	179	43	8	2508

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children found to require treatment.		
	Boys.	Girls.	Total.
...	162	313	475
Number of Children referred for observation <i>only</i> ...	47	55	
Number of Parents Present ...	65	683	
Number of Objections to Inspections ...	41	41	

## Secondary Schools.

Table II.—Return of Defects found in the Course of Medical Inspection.

DEFECT OR DISEASE.	Routine Inspections.	
	Referred for Treatment.	For Observation
DEFECTIVE TEETH	106	—
MALNUTRITION	2	—
UNCLEANLINESS—		
Head	8	—
Body	1	—
CLOTHING UNSATISFACTORY	—	—
FOOTGEAR UNSATISFACTORY	—	—
SKIN—		
Ringworm	3	—
Scabies	—	—
Impetigo	2	—
Other Diseases (non-Tubercular)	12	—
EYE—		
Blepharitis	—	—
Conjunctivitis	2	—
Corneal Opacities	—	—
Defective Vision	213	20
Squint	5	1
Other Conditions	3	5
EAR—		
Defective Hearing	6	2
Otitis Media	5	1
Other Ear Diseases	—	—
NOSE AND THROAT—		
Enlarged Tonsils only	9	19
Adenoids only	2	—
Enlarged Tonsils and Adenoids	18	7
Other Conditions	5	2
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	—	11
DEFECTIVE SPEECH	—	5
HEART AND CIRCULATION—		
Heart Disease—		
Organic	17	8
Functional	9	10
Anæmia	12	2
LUNGS—		
Bronchitis	3	—
Other Non-Tubercular Diseases	7	3
TUBERCULOSIS—		
Pulmonary—		
Definite	—	—
Non-Pulmonary—		
Glands	—	—
Spine	—	—
Hip	—	—
Other Forms	—	—
NERVOUS SYSTEM—		
Epilepsy	—	—
Chorea	2	—
Other Conditions	2	5
DEFORMITIES—		
Rickets	1	—
Spinal Curvature	13	1
Other Forms	34	1
CONGENITAL SYPHILIS	—	—
OTHER DEFECTS AND DISEASES	21	6
ROUND SHOULDERS	28	—
FLAT FEET	72	—



