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BOROUGH OF CHORLEY.

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EDUCATION AUTHORITY.

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**Medical Inspection of  
School Children.**

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# **Annual Report**

1919.

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CHORLEY,

FEBRUARY, 1920.

TO THE CHORLEY EDUCATION AUTHORITY,

LADIES AND GENTLEMEN,

As this will be the last Report that I shall have the pleasure of presenting to you, I purpose, before entering into details and comments on the work done during 1919, to shortly review what has been accomplished in your Borough since the Board of Education issued their Regulations for the Medical Supervision of the children attending the Elementary Schools throughout the country.

In 1907, the Education (Administrative Provisions) Act was passed, and early in 1908 I was appointed School Medical Officer, with an Assistant, to carry out the Inspection of children who had entered the school during the year, and of those who were expected to leave school in the same period.

From 1908 to the present year, all Entrants and Leavers who were presented to us by the Head Teachers of the various schools have been examined in each year, and in the case of the Entrants, each school has been visited twice every year, and any child who has been admitted since the last Inspection has been examined.

In 1909, the children who were eight years of age in each school were also examined, but this second Inspection was omitted from 1910 to 1914 on account of pressure of work and because examination, though recommended, was not compulsorily required by the Board of Education. These Inspections enabled me to compile statistics of the Defects of a much larger number of children than I anticipated. Notices of these Disabilities were sent by your School Medical Officers to the parents of the children, and to their medical attendants, but the inability to follow up such cases, and to urge the parents to secure proper advice and treatment made it



evident to your Authority that other means should be taken in order to provide that the Inspections should not only result in knowledge of the evil, but also in attempts to mitigate or remove it.

Accordingly, in October, 1912, you appointed a School Nurse to follow up cases of children found to be suffering from any Defect, to visit the schools at frequent intervals, and generally to secure to the best of her ability that any Defects found in the children should be properly attended to. In February, 1918, the services of a second School Nurse were obtained, as it was seen that one Nurse could not overtake the work.

As I frequently found that the Inspections at the schools were, on account of the surroundings and absence of privacy, insufficient to arrive at definite and correct conclusions as to the condition of the children, I established in 1913, with your approval, Inspection Clinics to which I referred any child that seemed to require a more thorough and detailed examination; and also requested the Head Teachers, etc., to send to these Clinics any other children who had not passed through the routine Inspections, but who appeared to them to be suffering from some or other form of Physical Defect. These Clinics have been found very useful, and in many cases apparent Defects have disappeared, or others have been discovered when the children have been examined or re-examined at the Inspection Clinics in circumstances more adapted to forming a correct opinion.

These Clinics were, at first, held about twice in three weeks, but for some considerable time have averaged more than one a week, and have been of very great service.

In 1914, your Authority subscribed to the Manchester Eye Hospital, and authorised me to send from time to time, necessitous children who were suffering from seriously defective eyesight there for examination and provision of spectacles, and this practice was continued until you secured



the services of the present Eye Surgeon. A considerable number of children were by this means provided with spectacles.

Parents, whose children needed expert examination of Vision, and who were in a position to pay but had neglected to attend to the matter, were from time to time summoned to give their reasons for such neglect, and in many cases the spectacles, etc., were subsequently obtained.

In 1914, shortly after the outbreak of war, and in compliance with the Elementary Education (Provision of Meals) Acts, 1906 and 1914, you established the School Canteen Sub-Committee, made arrangements for a Cooking Centre at the Old Grammar School; and for conveying the food to the different schools, and formulated a dietary for breakfast and dinners for such children as were found to be necessitous and insufficiently fed. This provision has been continued ever since its adoption, though for a long time the beneficiaries have been very few. The meals have been given, not only during the school lessons, but also in the holidays, but not on Sundays.

A scale of wages relative to the number of persons in the family was instituted, and any child belonging to a family with average wages below this Scale, was permitted to avail himself of these free meals on application being made to your Secretary. This Scale has been altered at different times according to the general cost of living, etc.

The number of children needing free meals, having been very much reduced in the Summer of 1915, you ceased to provide meals at each school, and the comparatively few necessitous children were provided for at the Cooking Centre.

The Sub-Committee appointed by you to consider my report for 1914, recommended you to advertise for a qualified Dentist to undertake the treatment and re-treatment of children between six and eight years of age, and other acute cases recommended by your School Medical Officers and Head Teachers. The Dentist was to be employed one half-day per week.



This recommendation was adopted by you in July, 1915. The services of Mr. Bromley were obtained in August, rooms secured in the Town Hall, and the necessary appliances obtained. Mr. Bromley, to my regret, was obliged to resign this work in the beginning of 1919, and your Authority recognizing the great need of Dental Treatment, later on in the year, appointed Mr. Healey for two half-days per week instead of one.

The work done by the Dentists has been of great service to the children.

In consequence of Nurse Unsworth having obtained war work, Nurse Leigh was appointed temporarily School Nurse in October, 1915, but on the return of Nurse Unsworth, and her declining to resume her former position, Nurse Leigh was formally appointed to it.

In January, 1916, you agreed to subscribe to the Chorley Hospital on account of the considerable number of children suffering from Enlarged Tonsils and Adenoids being operated on at that Institution.

The Sub-Committee of School Medical Service was established in November of that year.

The question of Treatment of Minor Ailments of School Children was frequently discussed by you in 1916, and the County Borough of St. Helen's was visited by a deputation of members of your Authority in order to see a Treatment Clinic in full operation. A similar scheme for Chorley Borough was approved of by you, and rough estimate of the cost was made.

The appointment of a whole-time Assistant School Medical Officer was approved of by your Authority early in 1917, but owing to the shortage of Medical Practitioners in the country due to the war, this was subsequently deferred and I was directed to formulate a method for carrying out a Treatment Clinic by your School Medical Officers. In 1918 you approved of my scheme for one of the School Medical Officers to have a Treatment Clinic three days each



week, and for the School Nurses to attend at the Clinic on the other three days to carry out any treatment ordered by your Medical Officers.

During the year an agreement was made between your Authority and the owner of No. 2 St. Thomas' Square, to rent this house for five years, and to give an option of purchase of Nos. 2 and 4 St. Thomas' Square. There was a long delay in the alterations rendered necessary for the adaption of the house for the Clinic, owing to the difficulty in obtaining heating apparatus, permits for materials, labour, and tenancy and the Treatment Clinic was not commenced till September, 1919, but is now working satisfactorily.

In April, 1918, you secured the services of Mr. Sykes, of Preston, the Ophthalmic Surgeon, to examine and prescribe for the children recommended by the School Medical Officer as needing such expert advice. This appointment has been of inestimable benefit to the children with defective Vision. The work was carried on at the Town Hall until the Clinic premises were ready for occupation.

Owing to representations from the Board of Education, you succeeded after some delay, in making arrangements for the operation on Enlarged Tonsils and Adenoids to be undertaken by the Hospital Surgeons, with the result that a very considerable majority of such cases have been subjected to these operations.

Arrangements have been made between you and the Authorities of the Pendlebury Sick Children's Hospital for the treatment of Chorley school children suffering from Deformities.

The education of educable but Mentally Defective children has been under your consideration on several occasions, and the Secretary of Education and I were deputed to visit some special schools established for that purpose, and a report of this visit was presented to you by us.



The question of establishing an Open Air School has been frequently under discussion. The desirability of such an institution has been brought to your notice by me, and thoroughly appreciated by you, but the cost of this school under the present conditions has caused you to defer any definite steps in this direction.

I hope that, when better times come, this matter will again come to the front, as I am convinced that for the sake of both the health and education of a considerable number of children, the establishment of an Open Air School would be of great benefit.

The Board of Education, in May, 1919, approved of your decision to advertize for a whole time Assistant School Medical Officer, and Dr. Middlebrooke was accordingly appointed, and entered upon his duties on October 1st.

The appointment of a part time Clerk to myself has relieved me from a great deal of clerical work during 1919, and with the increasing duties at the Treatment Clinic, a Clerk is absolutely essential.

In the Annual Report (1918) of Sir George Newman, Chief Medical Officer of the Board of Education, Appendix A, Table I., the various undertakings of each of the Education Authorities throughout the country are detailed

I have extracted from this Table, all particulars relating to the Education Authorities in Lancashire, and find that out of the thirty-five Authorities in the county, Chorley has undertaken, and is working as many varieties of treatment as any County Borough, Municipal Borough, Urban District, or the Administrative County, with the exception of six County Boroughs; in each of which X-Ray treatment for Ringworm is used.

I give a list of the number of undertakings in the county, from which you will see that Chorley is not behind hand in the care of the school children.

	Number of Undertakings				
	5	4	3	2	1
16 County Boroughs .....	6	3	3	1	3
11 Municipal Boroughs .....	—	1	5	4	1
1 Chorley Borough .....	—	1	—	—	—
6 Urban Districts.....	—	2	1	2	1
1 Administrative County .....	—	—	—	1	—
<b>TOTALS .....</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>5</b>

In concluding this precis of the work done and contemplated in regard to School Medical Service by you, I venture to state that the Chorley Education Authority compares very favourably with other Authorities, both in the variety of schemes undertaken, and in the whole-hearted sympathy shown to the children for the time being under your charge, and your endeavour to improve their general condition and wellbeing.

**ROUTINE INSPECTIONS.**—In accordance with the Regulations of the Board of Education, three groups of scholars were examined at these Inspections during the year.

Eighteen hundred and eighty (1880) children were inspected as you will see detailed in the following list :—

#### ENTRANTS.

	3	4	5	6	over	Totals	
	years	years	years	years	6 years	Totals	1918
Boys ...	19	135	185	25	13	377	223
Girls ...	22	120	197	24	16	379	259
<b>Totals</b>	<b>41</b>	<b>255</b>	<b>382</b>	<b>49</b>	<b>29</b>	<b>756</b>	<b>482</b>



## SECOND INSPECTION.

	8	Totals
	years	1918
Boys .....	224	303
Girls .....	254	283
	<hr/>	
Totals	478	586

## LEAVERS.

	11 <sup>11</sup> / <sub>12</sub>	12	13	14	Totals	Totals
	years.	years.	years	years	Totals	1918
Boys .....	—	245	58	4	307	263
Girls .....	7	237	89	6	339	287
	<hr/>					
Totals .....	7	482	147	10	646	550

Two hundred and seventy-four (274) more Entrants, and ninety-six (96) more Leavers were inspected in 1919 than in 1918, but on the other hand, one hundred and eight (108) fewer children were examined at the Second Inspection than was the case in 1918. This Inspection took place during the first Quarter of the year, and in that Quarter there was an epidemic of Influenza. This accounts in a great measure for the marked decrease in the number inspected. All the children between eight and nine years that were presented to us at the Second Inspection were examined by your School Medical Officers.

The net increase in the number of children examined in 1919, compared with that obtaining in 1918, was two hundred and sixty-two (262).

Two visits were paid to each school for the Inspection of Entrants during the second and fourth Quarter of the year—the Second Inspection took place in the first Quarter, and that of the Leavers in the third Quarter of the year. The average number of children examined at each routine Inspection was 21.

It has appeared to me, ever since I was appointed School Medical Officer, that these routine Inspections could



be more efficiently carried out if they were conducted in more suitable premises than those generally obtainable at the several schools. Several years ago, I made representations to the Board of Education, and one of the Medical Inspectors had an interview with me on the matter, but the Board decided at that time not to alter their usual method of examining the children at the schools. I am still, however, convinced that it would be advantageous if each child was examined separately, and apart from other children, and more reliable data would be obtained than is possible under the present system. Some children are very nervous and excitable, and in consequence, in the examination of eyesight, hearing, etc., the results of the routine Inspection are often found to differ widely from those obtained at the Inspection Clinics. Again, there are cases where the children in order to be satisfactorily examined, require to have their chests, etc., more exposed than is desirable in the presence of a number of other children.

Further, when the parents are present, it would be much easier to demonstrate the defect of their children to them than the Medical Officer is able to do when there are others present ready to hear and comment upon the matter, and the advice given would probably be more readily acted upon.

In order to find out the true state of matters, I have for some years arranged that any child with a defect or supposed defect be summoned to an Inspection Clinic for the purpose of a more thorough and detailed examination than can be carried out at the routine Inspections.

#### PARENTS, ETC., PRESENT AT INSPECTIONS.—

Again I have to comment on the absence of parents, guardians or any other responsible persons at the Inspections of their children. In a limited number of cases this absence may be unavoidable owing to the parents being necessarily detained at home through illness, etc., or out at work ; but the fact that three times as many parents accompany the Entrants to



school as in the case of the Leavers, shows a marked failure of their appreciation of the advisability of attending the Inspections, or their indifference. Even at the Inspection Clinics to which children known or supposed to be suffering from some particular defect are summoned, there is a lamentable shortage in the presence of the parents.

The percentages of attendances of parents at the Inspections were much the same in 1919 as in 1918 as you will see below :—

	1919	1918
Inspection of Entrants .....	66.1	60.2
Second Inspection .....	40.0	39.8
Leavers .....	16.9	18.2
	<hr/>	<hr/>
Totals .....	42.5	38.9
	<hr/>	<hr/>

**FAMILY HISTORY OF TUBERCULOSIS.**—The information as to the relative proportion of children in whom there is a family history of Tuberculosis is still imperfect. In many instances no answer to the question is returned, and in several cases I have known a negative answer made by parents who have lost one or more relatives from Phthisis Pulmonalis. Despite the reduction of the percentages of a family history of Tuberculosis in children examined in 1919, and in whose families the pre-existence of Tuberculosis has been acknowledged, I am of opinion that fully ten per cent. of the children inspected had come from families not very remotely tainted with Tuberculosis.

The following are the percentages for 1919, and the three preceding years :—

	1919	1918	1917	1916
	per cent.	per cent.	per cent.	per cent.
Entrants ... ..	5.0	6.8	8.0	6.1
Second Inspection..	5.6	9.0	8.2	7.7
Leavers ... ..	6.0	7.8	8.8	6.1



PREVIOUS MEDICAL HISTORY.—A general idea as to the relative frequency at the various age groups of the incidence of the more common Infectious Diseases may be gathered from the answers written by the parents on the notices sent prior to each Inspection.

Experience has shown that these answers are not always strictly accurate, and that parents frequently forget the occurrence of the slighter attacks of Infectious Diseases—especially of those considered by them to be of minor importance.

I give in the subjoined Table, the percentages of children inspected, whose parents have recorded the occurrence of one or more Infectious Disease prior to the child being presented for the Entrants' Inspection, Second Inspection, or Leavers Inspection respectively.

I also give in this Table the percentages of children at Inspection, whose parents have stated on the notice forms that their children have suffered from Other Diseases or Injuries, prior to Inspection.

These 'Other Diseases' comprise a great variety of serious diseases such as Pneumonia, and of trivial or vaguely described complaints such as Colds, Weakness, etc.

	SECOND					
	ENTRANTS.		INSPECTION.		LEAVERS.	
	1919	1918	1919	1918	1919	1918
Measles .....	61.5	62.0	93.7	90.5	92.1	91.3
Whooping Cough	32.8	42.3	55.0	51.9	46.1	54.4
Chicken Pox...	16.0	18.0	31.4	34.4	28.2	34.4
Scarlet Fever...	3.0	3.3	10.0	11.9	17.3	10.4
Diphtheria ...	0.9	0.6	2.3	2.2	2.5	2.9
Other Diseases						
or Injuries ...	19.4	20.0	16.0	26.6	28.0	31.1

It will be readily inferred from the above Table that the majority of the cases of Measles occur before the children enter into school life, and, as this Disease is much more fatal in infancy and early childhood, it is the wisest plan for the



parents to make an attempt to avert or postpone the incidence of this Disease till a later age by preventing their young children from going into infected houses, and, where there is one case of Measles in any house, by isolation—as complete as possible—of the sick child from the healthy. This, I regret to say, is hardly ever attempted, and in a Measles epidemic, lives are lost which might have been saved.

Similar comments are applicable to Whooping Cough, whereas in Scarlet Fever and Diphtheria, the greater number of cases occur in children of school age.

VACCINATION.—Again I have to note the increasing neglect of the parents in regard to securing Vaccination of their infant children. I fully recognise that there are diverse opinions as to the necessity of Vaccination, but, in spite of the great improvement in the sanitary condition of the country, and the more efficient methods for isolation of cases of Smallpox and otherwise combatting an epidemic, the very general opinion of scientific observers still remains in favour of the necessity of Vaccination.

More than one-quarter of the whole number of children examined at the routine Inspections were unprotected by Vaccination from an attack of Smallpox, and in the case of the infants examined nearly two-fifths.

I give in the following Table, the statistics of Vaccination for the past year, and for 1918, and compare them with those obtained in 1908, the first year of Inspection of school children.

	1919.		
	Never Vaccinated.	No Vaccination Marks.	Unprotected from Smallpox.
	per cent.	per cent.	per cent.
Entrants ... ..	27.2	11.8	39.0
Second Inspection ... ..	16.0	10.4	26.4
Leavers ... ..	5.4	4.3	9.8
<hr/>			
Totals ... ..	17.0	9.0	26.0
1918			
Totals ... ..	13.4	10.6	24.0
1908			
Totals ... ..	3.0	4.7	7.7

In the case of those children whose arms showed no Vaccination marks, the probability is that the majority of them also had not been vaccinated, but this could not be ascertained on account of the absence of the parents. Ten years ago the child population of the Borough was in a much safer position in regard to the chance of catching Smallpox than it is at the present time.

**CLOTHING AND FOOT-GEAR.**—The condition of the Clothing and Foot-gear of the children was casually examined at the routine Inspection, and, as regards sufficiency to keep them warm and dry, was generally found satisfactory. In most cases the Clothing was in other respects also satisfactory—but in not a few instances it was ragged and dirty, and the Foot-gear not adapted to the size of the feet of the children. These remarks apply chiefly to the children living in the poorer parts of the town.

The classification of “Fair” and “Poor” are only applicable to the sufficiency of the Clothing and Foot-gear, and not to the other conditions.

The details are given in Tables A., B. and C., but below I give a summary.

#### CLOTHING.

		SECOND					
		ENTRANTS.		INSPECTION.		LEAVERS.	
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Fair	...	4	1	2	—	4	2
Poor	...	1	1	—	—	2	—
Totals		5	2	2	—	6	2

#### FOOT-GEAR.

		SECOND					
		ENTRANTS.		INSPECTION.		LEAVERS.	
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Fair	...	2	—	2	—	6	2
Poor	...	1	2	3	1	—	—
Totals		3	2	5	1	6	2



There were noted in 1919 considerably fewer faults in the Clothing and Foot-gear than in previous years.

**PEDICULOSIS.**—I am glad to say that some improvement in the cleanliness of the heads of the girls has been observed at the routine Inspections during the year. Whereas in 1918, 31.7 per cent. of the girls were noted as suffering from Pediculosis in 1918, this percentage was reduced to 17.9 in 1919. This reduction has been noted in each Inspection, but most notably in the case of the Leavers, in which class the percentage was reduced by more than one-half of that obtaining in 1918.

The statistics of last year, of 1918, and of the first year of such Inspection, 1909, are given below.

	1919	1918	1909
	Percentage	Percentage	Percentage
Entrants ... ..	11.1	15.8	31.0
Second Inspection ... ..	27.2	38.1	22.7
Leavers ... ..	18.9	40.0	50.0
	<hr/>	<hr/>	<hr/>
Totals ... ..	17.9	31.7	

During the year, the children examined at the Second Inspection showed the greatest proportion of dirty heads, whilst the hair of the Infants and of the Leavers was kept in a more satisfactory condition. I think that the mothers are paying more attention to the cleanliness of the heads of the very young children, and the girls about to leave school are themselves arriving, though not as universally as could be desired, at a sense of the disgrace of dirty heads. It is in the intermediate stage, where the parents' energy is relaxed, and no sense of pride is present that the greatest proportion of Pediculosis is found.

A considerable number of very bad cases of Pediculosis have been required to attend the Treatment Clinic, and have been there treated until they were in a fit condition to return to school, from which they were temporarily excluded.



The Nurses have from time to time gone through the schools and examined the heads of the girls, giving a printed notice of instructions where necessary, and requesting bad cases to come to the Clinic.

The statistics of the relative incidence of Pediculosis for each school are given in Tables A., B., and C.

**HEIGHT AND WEIGHT.**—In Tables D., E. and F., the Average Heights and Weights of the children examined at each Inspection—boys and girls at the same age respectively, are given—and the Average Heights and Weights of the total number of children at any particular age and of each sex are also inserted.

The Standards of Height and Weight of Boys and Girls respectively, compiled many years ago by the Anthropometrical Committee of the British Association, are compared with the Chorley statistics collected in 1919.

The comments made by me in former years are generally equally applicable to the results obtained in 1919.

**NUTRITION.**—The Nutrition of a child ought to be estimated after consideration of several factors, in addition to that of the relation of height and weight. The general development of the child, the firmness or flabbiness of the flesh, the general appearance and colour, etc., give valuable evidence as to whether the child is in a normal, well nourished state or not. The classification used in the examination of children during 1919, was the same as that of previous years viz., "Good," when the Inspection revealed a thoroughly healthy, full-grown child; "Fair," if there were only some slight deviation from the Normal; and "Poor," where the child was definitely much below the Normal Standard, and was decidedly ill-nourished. In certain cases, there is some difficulty in assigning children to one or other class, but the classification as a whole, is fairly accurate.

In Tables A., B. and C., the number of boys and girls examined at each school, and at each Inspection are classified on the above principles, and the totals for each sex are given.



Below, I give the numbers and percentages of the boys and girls placed in the various classes, as the result of the routine Inspections.

	Total No.	Good.	Fair.	Poor.
	Examined.	No. per cent.	No. per cent.	No. per cent.
Boys ...	908	345 or 38.0	553 or 60.9	10 or 1.1
Girls ...	972	332 or 34.2	630 or 64.8	10 or 1.0
Totals	1880	677 or 36.0	1183 or 62.9	20 or 1.1

#### ENTRANTS.

	No.	Good.	Fair.	Poor.
	Examined.	No. per cent.	No. per cent.	No. per cent.
Boys ...	377	139 or 36.9	237 or 62.8	1 or 0.3
Girls ...	379	125 or 33.0	253 or 66.7	1 or 0.3
Totals	756	264 or 34.9	490 or 64.8	2 or 0.3

#### SECOND INSPECTION.

	No.	Good.	Fair.	Poor.
	Examined.	No. per cent.	No. per cent.	No. per cent.
Boys ...	224	89 or 39.7	135 or 60.3	—
Girls ...	254	72 or 28.4	182 or 71.6	—
Totals	478	161 or 33.7	317 or 66.3	—

#### LEAVERS.

	No.	Good.	Fair.	Poor.
	Examined.	No. per cent.	No. per cent.	No. per cent.
Boys ...	307	117 or 38.1	181 or 58.9	9 or 3.0
Girls ...	339	135 or 39.8	195 or 57.5	9 or 2.7
Totals	646	252 or 39.0	376 or 58.2	18 or 2.8

**TEETH.**—The Teeth of every child are cursorily examined at the routine Inspections, and in Tables A., B. and C., the details of the results found in each school are enumerated under the rough headings of "Good," "Fair," and "Bad," according to the same classification as I have adopted during past years and described in former Reports.

These results, unsatisfactory as they are, would have been considerably worse if the examinations had been more thorough—such as a Dentist would make.

I give below a summary of the condition of the Teeth of the boys and girls presented at each Inspection.

#### ENTRANTS.

	No. Examined.	Good. No. per cent.	Fair. No. per cent.	Bad. No. per cent.
Boys ...	377	257 or 68.2	91 or 24.1	29 or 7.7
Girls ...	379	266 or 70.2	86 or 22.7	27 or 7.1
Totals	756	523 or 69.2	177 or 23.4	56 or 7.4

#### SECOND INSPECTION.

	No. Examined.	Good. No. per cent.	Fair. No. per cent.	Bad. No. per cent.
Boys ...	224	92 or 41.1	114 or 50.9	18 or 8.0
Girls ...	254	102 or 40.2	133 or 52.3	19 or 7.5
Totals	478	194 or 40.7	247 or 51.6	37 or 7.7

#### LEAVERS.

	No. Examined.	Good. No. per cent.	Fair. No. per cent.	Bad. No. per cent.
Boys ...	307	186 or 60.6	71 or 23.1	50 or 16.3
Girls ...	339	200 or 59.0	97 or 28.6	42 or 12.4
Totals	646	386 or 59.8	168 or 26.0	92 or 14.2

The possession of sound Teeth is essential for the satisfactory growth, full development and health of a child, and many ill effects may, and often do ensue from their decay.

The primary cause of many disorders such as malaise "rheumatic" pains, anæmia, skin diseases, and some forms of nervous disease, are attributable in not a few cases to a septic condition of the mouth, and indeed, many medical and dental authorities maintain that Tuberculous infection may be introduced in this way.



The majority of Enlarged Glands noted at the Inspections were caused by Caries of the Teeth.

Any septic condition of the mouth also makes a child more liable to become a victim to prevailing Infectious Diseases—including Influenza.

It is therefore necessary that considerable attention should be paid to the Teeth, and I am still of opinion that Tooth Drills should be established in all the Schools, and that the children should be regularly instructed as to the necessity and manner of keeping the mouth and teeth clean and wholesome.

If this were carried out methodically and regularly, I am convinced that the short time lost in such teaching would be more than compensated by fewer absences from school due to Toothache and other effects of Dental Caries, and by increased application and interest taken in their work by the children.

In the section of Dental Clinics, I give an account of the work during 1919.

**DISEASES OF NOSE AND THROAT.**—Each child presented at the routine Inspections was examined as to the presence of Enlarged Glands in the Neck, Enlarged Tonsils and the probability or otherwise of the existence of Adenoids in the Nose.

The statistics of these Diseases found in 1919 differ widely from those obtained in the previous year, Enlarged Glands being much less frequently noted in 1919 than in 1918, whereas more cases of Enlarged Tonsils were found in 1919 than in the preceding year.

The details for each school are to be seen in Tables A., B. and C., but below I give a summary of the percentages at each Inspection.

#### ENLARGED GLANDS.

	1919	1918
Entrants ... ..	6.7 per cent.	11.6 per cent.
Second Inspection	9.2     „	25.9     „
Leavers ... ..	1.5     „	4.9     „



Generally, these Enlarged Glands were due to some temporary cause such as Dental Irritation, Pediculosis, etc., and perhaps the improvement in the cleanliness of the hair in 1919 has had some effect in reducing the number of instances of Enlarged Glands.

#### ENLARGED TONSILS.

		1919	1918
Entrants	... ..	10.0 per cent.	1.6 per cent.
Second Inspection		1.2     „	1.0     „
Leavers	... ..	10.5     „	1.1     „

You will observe a very marked increase in the number of children noted as suffering from Enlarged Tonsils, especially amongst the Leavers, and at the Second Examination of the Entrants. The percentages are much higher than in any previous year. I think that there may have been some condition that produced in susceptible children some tonsillar enlargement which would speedily subside.

In the Tables B. and C., the cases of Enlarged Tonsils are classed into two divisions—"Slight" and "Marked"—but in the Table of the Entrants, this division has not been made.

Roughly, about one-half of the cases were of only slightly Enlarged Tonsils, which were probably due to temporary causes, and which did not need operation. Most of the Enlarged Tonsils were re-examined at the Inspection Clinics, and many of them have been submitted to operation during 1919, whilst in other instances the children are waiting for a bed in the Hospital.

During the year, about sixty (60) children have been subjected to the operation upon Enlarged Tonsils or Adenoids, or both Tonsils and Adenoids. Most of these were children in whom these conditions were discovered at the Inspections held in 1919, but there were several cases that had been deferred from previous years, in which the consent of the



parents had been obtained after repeated visits of the Nurses. A considerable number of children also had the operation performed at their homes.

There remain, however, many children, who, in the opinion of your School Medical Officers, would be benefitted by the operation, but the consent of their parents has not hitherto been given.

ADENOIDS.—The following Table gives the percentages of children in whom Adenoids were suspected to exist at the routine Inspection in 1919.

	1919	1918
Entrants ... ..	1.7 per cent.	0.8 per cent.
Second Inspection	2.3 „	1.9 „
Leavers ... ..	0.3 „	0.2 „

A small increase in the number of children suspected to be suffering from Adenoids has been noted in 1919 as compared with 1918.

EXTERNAL EYE DISEASES.—One hundred and ninety-three (193) children were found to be suffering from External Eye Disease at the routine Inspection, and eight (8) of these were affected with two forms of External Eye Disease.

The percentage of children with External Eye Disease in 1919 was 10.3, as compared with 9.4 in 1918, and 10.6 in 1917.

Nearly half of these cases were discovered at the Infants' Inspection.

I give below the numbers of Boys and Girls found to be affected with Eye Disease at each Inspection, and the percentages of such cases to the whole number of Boys or Girls examined at such Inspection. In Tables A., B. and C., the number of External Eye Diseases found at the routine Inspections in each school are given,—giving a total of two hundred and one (201).

#### ENTRANTS.

	1919	1918	1917
	No. per cent.	No. per cent.	No. per cent.
Boys ...	48 or 12.7	18 or 8.1	42 or 11.2
Girls ...	42 or 11.1	15 or 5.8	34 or 10.2

#### SECOND INSPECTION.

	1919	1918	1917
	No. per cent.	No. per cent.	No. per cent.
Boys ...	23 or 10.3	41 or 13.5	24 or 8.3
Girls ...	20 or 8.0	47 or 16.6	48 or 17.0

#### LEAVERS.

	1919	1918	1917
	No. per cent.	No. per cent.	No. per cent.
Boys ...	24 or 7.8	13 or 5.0	24 or 8.4
Girls ...	36 or 10.6	18 or 6.3	28 or 8.6

#### TOTALS FOR THREE YEARS.

	1919	1918	1917
	No. per cent.	No. per cent.	No. per cent.
Boys ...	95 or 10.5	72 or 9.1	90 or 9.6
Girls ...	98 or 10.0	80 or 9.6	110 or 11.7

At the Entrants' Inspection, three Girls, at the Second Inspection two Boys and two Girls, and at the Leavers' Inspection, one Girl were found to be affected with two forms of External Eye Disease.

The various forms of Eye Diseases manifested by the children are given in the following Table, together with the numbers of Boys and Girls found at each Inspection to be suffering therefrom.



EYE DISEASES.	Entrants Inspec'n		Second Inspec'n		Leavers' Inspec'n		TOTALS.		
	Boys	Girls.	Boys	Girls.	Boys	Girls.	Boys	Girls.	Total
Strabismus ...	42	37	20	12	20	34	82	83	165
Blepharitis ...	4	3	3	4	2	1	9	8	17
Keratitis .....	1	2	1	1	...	1	2	4	6
Conjunctivitis	...	...	...	2	2	...	2	2	4
Corneal Ulcer	...	1	...	...	...	...	...	1	1
Nebula .....	1	1	...	...	...	...	1	1	2
Meibomian Cyst	...	...	...	1	...	...	...	1	1
Hordeolum ...	...	1	1	2	...	...	...	3	4
Nystagmus ...	...	...	...	...	...	1	...	1	1
Totals ...	48	45	25	22	24	37	97	104	201

You will notice that Squint gives 84 per cent., or more than four-fifths of the cases of the External Eye Diseases. Many of these were very slight at the Inspection, and these children are kept under observation, and are re-examined every few months. A considerable number were in process of correction by the use of appropriate Spectacles, and several others have been sent to the Vision Clinic and been prescribed for there by your Ophthalmic Surgeon, as may be seen when the Vision Clinic is treated.



The cases of Blepharitis, Conjunctivitis, etc., have been treated by their own Medical Attendant, or at the Treatment Clinic.

In a few cases of Nebula and Keratitis, irreparable injury had been incurred before the children had been inspected by your School Medical Officers, and the same observation may be made about a few of the cases of Squint where no attempt at correction had been secured.

VISION.—With the exception of the children examined at the Entrants' Inspection, and who were under six years of age, all the children presented at the routine Inspections were subjected to Snellen's test in order to ascertain whether the Vision was normal or otherwise. As I have stated elsewhere, even as a preliminary test, it does not always yield correct results at the Inspections held in the schools, and with the other children and parents present. I have for the last two years, had every child showing any distinct defect of Vision re-examined at the Inspection Clinics, and have frequently found that the apparent defect has not been real, and that the eyesight has been normal, or very nearly so. The schedules of such children have been accordingly altered, and the results here recorded are those obtained by the more careful examination, and are comparable with those contained in my Reports for 1917 and 1918.

Very few children in 1919, and the two previous years, were over six years of age at the time of their being examined at the Entrants' Inspection, and I do not include in my Tables any of these cases, though when children have been found at this Inspection to be suffering from Visual Defect, they have received the same treatment as that carried out for children at the Second and Leavers Inspections.

The numbers of Boys or Girls discovered to have some Visual Defect, either at the Second or Leavers' Inspection in each school are given in Tables B. and C., and below, I give a summary of the results in percentages of the total number of Boys or Girls examined at the two Inspections.



## SECOND INSPECTION.

	1919		1919	1918	1917
	Boys	Girls	Totals	Totals	Totals
	per	per	per	per	per
	cent.	cent.	cent.	cent.	cent.
Eyes with Normal Vision					
6/6 .....	55.8	50.4	52.9	52.3	44.6
„ with very Slight					
Defect 6/9 .....	29.0	33.9	31.6	36.4	40.0
„ with Distinct De-					
fect 6/12 .....	3.3	4.3	3.9	4.1	7.4
„ with Marked De-					
fect 6/18 & worse	11.9	11.4	11.6	7.3	8.0
Marked Defects in both					
Eyes .....	5.4	5.3	5.3	7.3	4.7

## LEAVERS' INSPECTION.

	1919		1919	1918	1917
	Boys	Girls	Totals	Totals	Totals
	per	per	per	per	per
	cent.	cent.	cent.	cent.	cent.
Eyes with Normal Vision					
6/6 .....	71.2	64.2	67.5	64.6	58.3
„ with very Slight					
Defect .....	17.4	21.4	19.5	20.8	26.2
„ with Distinct De-					
fect .....	3.7	3.4	3.6	3.3	3.6
„ with Marked De-					
fect 6/18 & worse ..	7.7	11.0	9.4	11.2	11.9
Marked Defect in both					
Eyes .....	4.9	7.8	6.7	9.8	5.8

When you compare the percentages contained in the above Tables, it will be seen that Normal Vision was found more frequently in 1919 than in 1918, or especially in 1917, both at the Second and Leavers' Inspections, but the



Marked Defects of Vision (6/18 and upwards), yielded a higher percentage in 1919 at the Second Inspections, but in the Leavers' Inspection, these Defects were considerably less frequent than in the two preceding years.

It is necessary to state that many of the children whose Eyes showed Marked Visual Defect were wearing Spectacles, and that the results tabulated refer in their cases to the examination of Vision without Spectacles.

Usually, the graver Defects in Eyesight have been found more frequently amongst the Girls than amongst the Boys, and this rule has been observed in the Leavers' Inspection in 1919. In the Second Inspection in 1919, however, the contrary was the case—the Boys showing a slightly higher percentage of seriously Defective Vision than the Girls.

In previous years, there has been noted generally, that Normal Vision is somewhat more frequent in the Right Eye than in the Left. This has been again observed in the Inspections held during 1919.

**EAR DISEASES.**—At the routine Inspections six (6) Boys and three (3) Girls were found to be suffering from Ear Disease, of whom eight (8) were affected with Otorrhœa (running ears). The percentage of children with Ear Diseases to the whole number examined, was below 0.5, as compared with 0.9 in 1918, and 0.7 for the five years, 1914—1918 inclusive. Notices were sent in each case of Otorrhœa to the parents of the children affected, and to the Medical Attendant, and the cases were followed up by the Nurses to see if any and what attention was paid to the notices. Some of the children subsequently were regularly treated at the Treatment Clinic, and in one or two instances were examined by Mr. Sykes. Owing to the serious consequences that may ensue from what is considered to be a trivial complaint by the parents, it is very necessary that skilled treatment of Otorrhœa (often for a long period), should be employed. Deafness, to a greater or less extent, of the



ears affected very commonly ensues, and in addition, the risk of the extension of the Disease to the brain, with resulting death of the sufferer has to be considered. The Head Teachers have from time to time sent to the Inspection Clinics and subsequently to the Treatment Clinic, children who, they have found, have been suffering from Otorrhœa, and I suggest that this practice should be adopted by all the Head Teachers, so that appropriate and regular treatment, either by the Medical Practitioners or at the Treatment Clinic for all cases of Otorrhœa should be obtained.

In the section relating to the Treatment Clinic, I give the particulars of the work carried out there during 1919.

HEARING.—The children at the Second and Leavers' Inspections are examined as to their acuteness of hearing by the examiner talking to them in a Forced Whisper. Batches of five or six are placed in a row at a distance from the examiner, and are required to hold up their hands when they hear and can accurately repeat what has been said to them. Those who cannot give correct answers either through inattention or deafness are re-examined until there is a residuum left of those who are found to be deaf. Notices of these cases are sent to the parents of the children, and, in a short time, the children are required to attend the Inspection Clinic. Here a more accurate estimate as to the reality and extent of the deafness may be obtained. Several of the children found Deaf at the Inspections are much improved or quite recovered on being re-examined at the Inspection, through the simple expedient of cleaning the ears from wax and dirt, but some of the children, especially in the case of those who have suffered from Otorrhœa, are more or less permanently deaf.

In Tables B. and C., I give the statistics of the results found at the routine Inspections in each school, and for Boys and Girls respectively. Below, I give a summary of these results.



## SECOND INSPECTION.

	1919	1918	1917	1916
	per	per	per	per
	No. cent;	No. cent.	No. cent.	No. cent.
Boys ...	14 or 6.2	16 or 5.3	—	—
Girls ...	13 or 5.1	19 or 6.7	—	—
Totals ...	27 or 5.6	35 or 6.0	29 or 5.1	28 or 5.6

## LEAVERS' INSPECTION.

	1919	1918	1917	1916
	per	per	per	per
	No. cent.	No. cent.	No. cent.	No. cent.
Boys ...	11 or 3.6	7 or 2.3	—	—
Girls ...	9 or 2.4	23 or 8.0	—	—
Totals ...	20 or 3.1	30 or 5.1	30 or 4.9	33 or 5.4

Most of the children found to be Deaf have Normal Hearing in one ear, though a few are Deaf in both ears.

In the few cases of aggravated Deafness in both ears, the Education Authority might consider the propriety of having these children examined, and if necessary, treated by an Aural Surgeon so that, if possible, they may be relieved wholly or partially from their disability in the future.

DEFORMITIES.—Seventeen (17) cases of Deformities were noted at the routine Inspections, viz.: four (4) at the Entrants', seven (7) at the Second, and six (6) at the Leavers' Inspection.

The percentage of children affected with some kind of deformity in 1919 was 0.9 of the whole number examined.

The proportion is slightly higher than that obtained in 1918, where only 0.7 per cent. cases of Deformity were observed, but lower than the average of the five years (1914—1918 inclusive).



In some of these cases an improvement in the condition of the children was noted, and steps are being taken to ameliorate the defect in others.

Prenatal conditions, and Rickets were the chief causes of the various Deformities.

Below, I give a list of the various Deformities discovered at each of the three Inspections, Boys and Girls respectively.

				Second							
				Entrants		Insp'n.		Leavers		Totals	
				Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Pigeon Breast ...	...	...	...	1	—	2	—	—	—	3	—
Bow Legs ...	...	...	...	—	2	—	1	1	—	1	3
Knock Knee ...	...	...	...	1	—	1	—	—	—	2	—
Spinal Curvature ...	...	...	...	—	—	—	—	—	1	—	1
Wry Neck ...	...	...	...	—	—	—	—	1	—	1	—
Lameness : Congenital ...	...	...	...	—	—	—	—	2	—	2	—
Deformed Nose ...	...	...	...	—	—	1	—	—	—	1	—
Cleft Palate ...	...	...	...	—	—	—	—	—	1	—	1
Infantile Paralysis ...	...	...	...	—	—	1	1	—	—	1	1
Totals ...				2	2	5	2	4	2	11	6

OTHER DISEASES AND DEFECTS.—In Tables A., B. and C. there are given full details of other Diseases and Defects found at the three Inspections, and not commented upon hitherto in this Report. These numbers show how many children—Boys and Girls respectively—were affected with each Disease in each school at each of the three routine Inspections.

I give in the Table below, a summary of these details noting that the results of the Inspections showed the converse of what obtained in the two previous years, that is to say more Girls than Boys were affected in 1919 than in 1918 and 1917.

	Entrants.		Second Inspect'n		Leavers.		Totals.		Grand Totals.
	Boys	Girls.	Boys	Girls.	Boys	Girls.	Boys	Girls.	
Defects in—									
in Speech ...	...	1	1	1	1	2	2	4	6
in Mental									
Condition	1	...	...	...	1	...	2	...	2
Heart and									
Circulation	2	1	...	...	...	1	2	2	4
Lungs ...	4	2	...	...	...	...	4	2	6
Nervous System ...	...	...	1	...	...	...	1	...	1
Tuberculosis ...	...	...	...	...	1	1	1	1	2
Diseases of Skin ...	8	8	1	2	4	2	13	12	25
Infectious or Con- tagious Diseases	4	1	...	2	1	...	5	3	8
Goitre ...	...	3	...	3	4	21	4	27	31
Other Diseases or Defects	1	3	2	1	...	1	3	5	8
Totals ...	20	19	5	9	12	28	37	56	93



The Defects in Speech were only slight—lispings, stammering, etc. Two Boys showed distinctly inferior Mental Condition, but were more or less educable.

The Diseases of Heart and Circulation were not Organic, except, probably, in one case.

The Lung Diseases were also temporary conditions.

One child was suffering from Epilepsy, and two cases of Non-Pulmonary Tuberculosis were discovered.

The Skin Diseases were noted more especially amongst the Entrants, and none of them were serious cases.

A considerable number of Girls were found to be suffering from Goitre—but only four Boys.

The Infectious and Contagious Diseases comprised six cases of Ringworm, and one each of Whooping Cough and Mumps. These children were sent home and forbidden to attend school until free from Infection.

When it was considered necessary, there were sent to the parents, notices as to the Disease from which the child was suffering, and also to the Medical Attendant.

VISION CLINICS.—Children found or suspected to be suffering from marked Visual Defect, when examined at the routine Inspections, are provided with notes to be taken to their parents, and also to their Medical Attendants, stating the Defect, and requesting that the necessary action should be taken.

Subsequently these children are summoned to the Inspection Clinic, and the Vision is again tested and enquiries



made as to what action, if any, has been taken. Children who are suspected by the Head Teachers to be suffering from Defective Eyesight are also sent for to the Inspection Clinic.

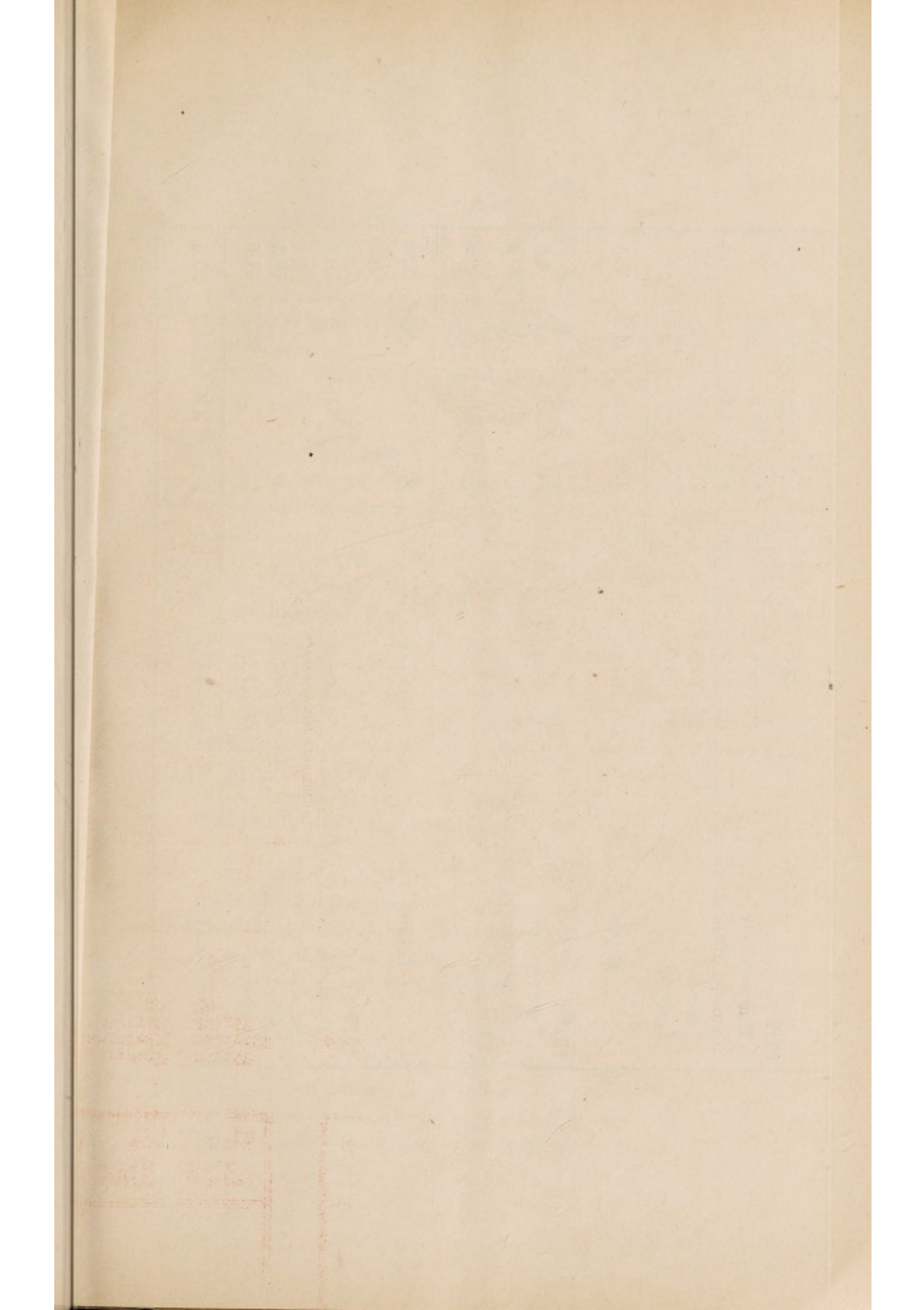
At this second Inspection, every child found with distinct Visual Defect, and not attended to satisfactorily by the parent or guardian, is recommended to the Vision Clinic, and the parents are requested to sign their consent to this treatment. When the consent of the parents of a sufficient number of children to occupy Mr. Sykes during a morning's session is obtained, I request him to attend the Vision Clinic at as early a date as possible. He examines each child, prescribes Spectacles or other treatment, and where Spectacles are not likely to be of service, tells the parents. The prescription is taken to the Optician, who is in attendance and in a short time the Spectacles are provided.

At the next Vision Clinics, the Vision with the provided Spectacles is examined by Mr. Sykes, and any necessary correction made. The parents are also generally told when the child ought to be brought to the Vision Clinic for review. I am glad to say that the parents are becoming much more ready than formerly to avail themselves of the opportunity of securing the services of the Ophthalmic Surgeon provided by the Education Authority. Some, however, are obstinate, and I have had occasion, after repeated examinations of the children by the School Medical Officers, and visits by the Nurse, to report their names to you.

I have prepared a Table of the whole number of children who were in our opinion, requiring to have their Vision examined by an expert Oculist during the years 1917, 1918, and 1919, and I give this Table below.









	Number recommended.	New Spectacles.	Spectacles Changed.	Spectacles obtained from other sources beside Vision Clinic.	Spectacles not required after examination at Vision Clinic.	Treatment at Vision Clinic.	Left School before any action taken. Per-centages	In School. No action taken.
<b>1917 :—</b>			Percentages treated.					
Teachers, etc	17	64.7	...	5.9	5.9	23.5	...	...
Second Inspection	65	81.6	...	4.6	4.6	4.6	...	4.6
Infants'	44	70.5	...	...	2.3	4.5	...	22.7
Leavers'	81	58.0	2.4	2.4	3.7	3.7	29.8	...
Totals	207	68.6	0.9	2.9	3.9	5.8	11.6	6.3
<b>1918 :—</b>								
Teachers, etc.	18	72.2	16.6	...	...	5.6	...	5.6
Second Inspection	79	65.8	2.5	...	10.1	3.8	1.3	16.5
Infants'	13	84.6	...	...	...	...	...	15.4
Leavers'	74	52.7	5.4	8.1	9.5	6.7	14.9	2.7
Totals	184	62.5	4.9	3.3	8.1	4.9	6.5	9.8
<b>1919 :—</b>								
Teachers, etc.	25	64.0	8.0	...	...	8.0	...	20.0
Second Inspection	79	68.6	1.2	1.2	6.3*	5.0	1.2	16.5
Infants'	49	46.9	...	...	6.1	6.1	...	40.3
Leavers'	60	30.0	6.6	3.3	3.3	1.6	13.3	41.6
Totals	213	52.1	3.3	1.4	4.7	4.7	4.2	29.6



To summarize the above Table. At the end of 1919 there were provided with Spectacles, had necessary changes in the lenses made, received treatment by the Ophthalmic Surgeon, or after examination by him pronounced not to be requiring Spectacles, the percentages for the three years, as below :—

Children inspected in 1917	...	83	per cent.
"                  "	1918	...	85     "
"                  "	1919	...	66     "

The percentage recorded for 1919 does not, however, give you anything like a correct idea of the final results which will be attained in the case of the children examined in 1919.

The Leavers and one-half of the Infants were inspected in the last four or five months of the year, and there has not been time to subject all of them to re-examination at the Inspection Clinics, and to obtain the consent of the parents to their treatment at the Vision Clinic—a consent which is often delayed for some months.

I expect that within six months from the beginning of 1920, at least 90 per cent. of the 1919 cases will be treated at the Vision Clinic.

Twelve Vision Clinics have been held during the year with an average attendance of sixteen.

**DENTAL CLINIC.**—This Clinic has been carried on only during part of the year. Mr. Bromley, who had undertaken the Clinic since November, 1915, found it impossible to continue to act as School Dentist owing to the absence of his assistants on war work, and very reluctantly you were compelled to accept his resignation. There was some delay in securing his successor, but you appointed Mr. Healey, L.D.S., of Bolton, School Dentist, and to undertake twice as much work as had been agreed upon with Mr. Bromley, that is to say, to attend and treat the Teeth of the children requiring such attention two mornings every week instead of one.



I regret that the Teeth of the children between six and eight years of age and attending three schools (St. George's, St. Mary's, and Council), have not been examined in 1919, but hope that in 1920 these arrears will be made up, and that at the end of the year the whole of this group will have received the necessary attention and treatment.

In the following Table I give a summary of the Dental work carried out during the year.

SCHOOL.	Number of Children Examined.	Number not requiring Dentist.	Number of Notices sent to Parents.	Number of Notices not returned.	Number of Parents accepting treatment.	Number of Parents refusing treatment.	Number of Children in age group treated.	Other children treated.	Amalgam Fillings.	Osteo Fillings.	Regulations.	Temporary Extractions.	Permanent Extractions.	Scaling.	Cleaning.
Sacred Heart	173	66	107	23	65	19	63	...	12	4	53	117	8	...	...
St. Peter's	102	45	57	5	33	19	33	5	6	2	31	72	8	...	...
St. Mark's	42	20	22	...	15	7	15	...	1	...	7	41	...	...	...
St. James'	195	85	110	3	68	39	62	1	16	2	20	161	10	...	...
St. Joseph's	30	8	22	...	15	7	15	1	2	...	...	35	...	...	...
Parish ...	183	75	108	...	62	46	62	...	29	4	9	207	6	...	...
Hollinshead St.	167	44	123	...	65	56	61	1	21	9	11	204	3	...	...
All Saints'	89	32	57	1	37	19	37	2	7	...	7	111	...	6	...
Weldbank	138	41	97	5	71	21	71	...	19	2	5	222	7	1	...
TOTALS	1119	416	703	37	431	233	419	10	113	23	143	1170	42	9	3



Twelve children whose parents accepted treatment did not attend the Dental Clinic to which they were summoned.

More than three fifths of the children recommended by the Dentist to the Dental Clinic received treatment there, about one-third of the parents returned the notices, definitely refusing treatment for their children, and over six per cent. of the notices were not returned at all. As far as we know only two children were taken to the Dentist at the parents' cost.

It is discouraging to your Authority that nearly two-fifths of the parents with children requiring the services of the Dentist provided by you either refuse to avail themselves of this privilege or neglect to take advantage of it. It is to be hoped that the people generally may become more alive to the necessity of taking care of the teeth and realize more fully the evils that arise from their neglect, and this can only be accomplished by educating the children at schools and the community elsewhere.

**TREATMENT CLINIC.**—In this Report I am able to give you the statistics obtained in 1919, and the experience gained from a full year's working of this Clinic which was opened in September, 1918. Dr. Lea and I attended the Clinic at least three days each week, when it was arranged that one of us should be present to prescribe for every fresh case, and to review children who were already under treatment. On the other three days the Nurses carried out the treatment previously indicated by us. Also during the holidays frequent sessions were held at which the children under treatment previously to closure of the schools, more or less regularly, attended—though it was often difficult to secure the presence of the children. As I remarked in my Report for 1918, there is the same difficulty on Saturday mornings, as the children are not sent from their homes with the same regularity as from the schools. This is unfortunate, as on Mondays, children suffering from Skin



Diseases, etc., are not infrequently in a worse condition than they were on the previous Friday.

During the school sessions the waiting rooms are often overcrowded, and it will soon be necessary for you to provide more accommodation, and I hope, soon to hear that you have obtained the adjoining premises upon which you have the option of purchase.

According to a resolution passed by you, new cases are recommended in the first instance to their own Medical Attendants, except in very trivial matters, and if they are found not to have availed themselves of the services of their own Doctor, they are summoned to the Clinic. Also, where the family Doctor declines to carry out treatment, he is requested to inform the School Medical Officers, and the child is again brought to the Clinic.

The Clinic has been open two hundred and fifty-two (252) mornings; during the year four hundred and sixty-six (466) children were treated, and the total number of attendances was six thousand three hundred and forty-one (6341), giving an average attendance for each child of 13.5.

In the case of some Diseases such as Otorrhœa, (average per child, fifty-three (53) visits), there was a prolonged attendance, whilst in others the children were very speedily cured of their complaints.

I give below the list of Diseases, etc., treated at the Clinic, the number of children treated for each Disease, and the number of attendances at the Clinic in each class of cases.

s.					Children.	Atten- dances.
External Eye Disease—						
Conjunctivitis	...	...	...	3	85	
Blepharitis	...	...	...	16	209	
Keratitis	...	...	...	10	371	
Phlyctenular Ulcer	...	...	...	3	12	
Stye	...	...	...	3	17	
Other Diseases	...	...	...	16	122	



Skin Diseases—				Children.	Attendants.
Eczema	...	...	...	11	114
Ecthyma	...	...	...	2	20
Impetigo	...	...	...	8	80
Scabies ...	...	...	...	35	476
Ringworm	...	...	...	52	1122
Seborrhœa	...	...	...	2	26
Other Skin Diseases			...	2	7
Ear Diseases—					
Otorrhœa	...	...	...	30	1652
Deafness	...	...	...	6	65
Burns	...	...	...	1	4
Septic and other Sores	...	...	...	152	1543
Abscess	...	...	...	1	31
Tuberculosis in various parts	...	...	...	4	13
Pediculosis	...	...	...	28	168
Debility	...	...	...	4	12
Various Other Diseases, etc.	...	...	...	77	192
Totals				466	6341

FOLLOWING-UP.—The School Nurses have carried out their duties during the year to my satisfaction, and below, I give a list of the number of visits paid to the houses of the parents, and to the schools.

Nurse Leigh visits in North and East Wards, and Nurse Taylor in South and West Wards. The visitations of the schools are also allotted as nearly equally as possible to the two Nurses.

Before your appointment of a School Nurse, it was almost impossible for your School Medical Officers to obtain any satisfaction from the routine Inspections. The notices of Defects given or sent to the parents were almost always ignored, and especially was this the case when the parents were not present at the examination of their children.

Your School Medical Officer has been kept in touch with the Defective children through the repeated visits paid to the parents and at the present time a very considerable majority of the children have received the necessary Medical attention and treatment, though there still remain an amount of neglect and obstinacy of some of the parents that is lamentable.

		Nurse Leigh.	Nurse Taylor.	Totals.
Visits to Schools	... ..	117	175	292
Visits to parents	... ..	879	1278	2157
Inspections of Hair at schools		14	11	25

Attendances at—

Dental Inspections	... ..	6	2	8
Dental Clinics	... ..	24	7	31
Vision Clinics	... ..	6	6	12
Treatment Clinics	... ..	119	187	306
Inspection Clinics	... ..	10	22	32
Routine Inspections	... ..	41	48	89

INSPECTION CLINICS.—Thirty-two (32) Inspection Clinics were held during 1919. To these there were summoned all children referred by the School Medical Officer from the routine Inspections for more detailed examination. Children sent by the Head Teachers as presumably suffering from some Disability or Defect, other children brought to our notice by the Nurses and others, including the School Attendance Officers, and many children who had been in previous years examined at the Inspection Clinics for re-examination. The parents were requested in every case to accompany their children, and, although their attendance was much better than was found at the routine Inspections, here were many defaulters.



The total numbers of children who were summoned and attended at the Inspection Clinics for the first time in 1919, was as follows :—

	Summoned.	Attended.
Leavers ... ..	229	203
Infants ... ..	199	167
Second Inspection ... ..	166	163
Teachers Recommendations	60	60
	<hr/>	<hr/>
Totals ... ..	654	593
	<hr/>	<hr/>

There has been a better attendance of children sent for to the Inspection Clinics than in any previous year.

Several children were also examined at the Treatment Clinics who ought more properly to have attended the Inspection Clinics, but in whose case there was some urgency.

**PROVISION OF MEALS.**—Though the Scale above which any child can not be admitted to free meals, except under extraordinary circumstances, has been raised recently owing to the increased cost of living, there have been few applicants for this provision. Generally there has been but little poverty in the town, and towards the close of the year you have had the question of discontinuing the free meals under discussion. For the last five years breakfast and dinner have been provided for necessitous children, and I have no doubt that these meals have been very beneficial to the children, more especially as they were given not only during the sessions of the schools, but also during the holidays.

The number of children who received these gratuitous meals in 1919 was 18, and the total number of meals provided was 4077. The average number of children was 11. The average cost per meal was 9.06 pence.

Before deciding to give up the provision of free meals, it would be as well to consider whether there can not be devised some means of helping the very necessitous parents to obtain the necessary food at home or elsewhere for their children attending school, and thus avoid the expense of



administration which, owing to the small number of children fed, costs considerably more than the food itself.

**TEACHERS' NOTIFICATIONS OF INFECTIOUS, ETC., DISEASES.**—The Head Teachers have given me information about the existence of Infectious or, in a few cases, of other diseases in four hundred and ninety-three (493) children suspected to be suffering from these various diseases. In addition, a very considerable number of cases of Skin Diseases, Otorrhœa, etc., etc., have been sent to the Treatment Clinic without any formal notification having been sent to me. It would conduce to the better keeping of records if in every case the notification card were sent to the School Medical Officer stating the Disease from which the child is suspected to be suffering either by the child bringing it to the Treatment Clinic, or in cases of Infectious Diseases, by the first post after the opinion of the Teacher has been formed. In several cases of children sent to the Treatment Clinic some difficulty has been experienced in finding the reason on account of which it was sent there.

In the subjoined Table the numbers of notifications of Infectious or other Diseases received by me from each school and from each Disease are detailed.



NAME OF SCHOOL	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Mumps.	Chickenpox.	Influenza.	Ringworm	Other Diseases.	Totals.
Parish .....	1	3	1	2	2	24	...	2	2	37
St. George's	1	4	2	...	19	2	...	2	3	33
St. Peter's ...	5	...	...	...	23	45	...	3	...	76
St. James' ...	8	2	1	27	52	27	...	3	4	124
All Saints' ...	1	...	...	6	7	2	27	...	3	46
St. Mark's ...	1	...	...	...	22	2	6	...	...	31
St. Mary's ...	3	...	...	1	4	10	23	...	4	45
Sacred Heart..	9	1	...	...	8	4	4	2	3	31
Weldbank ...	...	1	...	...	32	2	...	1	7	43
Hollinshead St	2	1	...	...	...	...	...	...	...	3
Council .....	2	...	...	1	7	9	...	...	...	19
St. Joseph's....	4	1	...	...	...	...	...	...	...	5
Totals ...	37	13	4	37	176	127	60	13	26	493

You will notice the great variance in the numbers reported in each school, not in proportion to the relative numbers attending the respective schools.

OPEN-AIR SCHOOL.—In my Reports for 1918 and 1919 I gave you the reasons for the establishment of an Open-air School in the Borough, and the types of children who would receive very great benefit from such an institution.

Whilst still adhering to my strong belief in the great advantage that would accrue to a very considerable number of children if there were an Open-air School in the town. I fully appreciate the very great difficulties in the way at the present time, and can only hope that when the country returns to a more normal condition, and the question of building, equipping and staffing such a school becomes more easy, your Authority will take the opportunity of conferring this great benefit upon the more unfortunate children residing in the town.

As regards the dull, backward, or mentally defective children who are yet educable, I think that if, at any of your Elementary Schools, you could provide room and suitable Teachers for such children alone, you would be able to bring out better results, and to educate them sufficiently to become useful members of the commonwealth. The expense does not appear to me to be very prohibitive.

In conclusion, I would like to say that I am leaving this work in which I have taken much interest, with great regret, and in the hope that you will secure the services of a successor to me who will be equally interested and naturally more active than I am now. I consider that the School Medical Service is only in its infancy, and that there will be much more undertaken in the comparatively near future than has been done hitherto. In order that any child should be able to take full advantage of the education provided for him, it is necessary that he should be in good health, without any physical or mental defects, and his home surroundings should be healthy both for body and mind. I believe the



country is becoming alive to the necessity of adopting every means for this purpose and, whilst very strongly upholding the liberty of the people generally, I think that no child should be permitted by its parents' ignorance or by the neglect of the community at large, to lose the chance of growing up into a citizen sound in body and mind.

May I also thank your Authority for your general courtesy to me, my coadjutors, the Assistant School Medical Officers Dr. Lea, and the School Nurses, and also the Head Teachers for their invaluable services during the years that I have held the position of School Medical Officer to your Authority.

I have the honour to be, gentlemen,

Your obedient servant,

JAMES A. HARRIS.

Table A. Entrants' Inspection Statistics.

Name of School.	Sex	Number Examined	Parents, etc present	Taken up in Family.	Diseases previous to Inspection.							Vaccination		Defects in Clothing		Defects in Footgear		Nutrition.			Teeth			Enlarged Glands	Enlarged Tonsils	Adenoids	External Eye Disease	Ear Disease	Heart and Circulation	Lungs.	Mental Condition	Speech	Deformities, Spinal Disease	Lacerations or Contusions or Burns	Other Diseases or Defects
					Measles.	Whooping Cough.	Chicken-Pox.	Scarlet Fever	Diphtheria	Other Diseases.	Never Vaccinated	No Vaccination Marks	Fair	Poor	Fair	Bad	Good	Fair	Poor	Pellagra	Good	Fair	Poor												
Parish ...	B'ys	31	23		17	7	17	1	1		8	5					11	20			27	3	1	3		1	5								
St. George's ...	"	54	38	1	34	15	7	1	1	12	19	5	1				17	37			43	9	2	2	6	1	7						1		
St. Peter's ...	"	34	23	2	25	14	13	3		10	11	4					15	19			23	9	2	2	2		1	4						2	
St. James' ...	"	50	26	3	25	10	3	1		11	14	8					17	33			33	13	4	2	6	1	4								1
All Saints' ...	"	19	16	1	11	8	4			5	4	2	1		1		8	11			15	3	1	1	2		2								
St. Mark's ...	"	12	8		8	4	3			1	2	1					4	8			7	4	1	1											
St. Mary's ...	"	36	17	2	23	12	6	2		5	7	6		1			7	29			23	12	1	2	2		6								
Sacred Heart ...	"	37	17	3	29	13	8	2		7	6	7	1		1		9	27	1		18	16	3	3	3		9								
Weldbank ...	"	17	12	1	11	4	3	1		4	3	3					7	10			9	5	3	2	5		2								
Hollinshead Street Council ...	"	28	20	3	14	9	4			2	13	3					18	10			20	6	2	6	6	1	2								
St. Joseph's ...	"	41	29	3	20	10	8			6	12	5	1				22	19			26	7	8	6	6		5								
St. Joseph's ...	"	18	12	1	13	4	1			1	2	2					4	14		1	13	4	1	3	7	2	4								
Totals ...	"	377	241	20	230	110	77	11	2	72	98	51	4	1	2		139	237	1	1	257	91	29	25	45	6	48	1	2	4	1		2	4	9
Parish ...	G'ls	30	24	1	22	13	10			6	5	3				1	9	21			3	24	5	1		1									
St. George's ...	"	41	34	1	28	15	10	4	1	8	12	5					18	23			1	30	8	3	1	2	1	6							1
St. Peter's ...	"	26	21	2	17	12	11			1	6	9			1		7	19			3	19	5	2	1		5								
St. James' ...	"	76	49	4	46	25	13	2	1	11	22	11					24	52			4	56	17	3	3	8	1	8							
All Saints' ...	"	20	14		15	10	1			6	5	3	1			1	9	11			13	6	1	1	2		2								
St. Mark's ...	"	13	10		6	5	4			2	3	1					5	8			11	1	1	1											
St. Mary's ...	"	26	8	1	17	11	5	1	1	4	1	2					5	21			4	22	4	4	1	1	1								
Sacred Heart ...	"	47	23	2	32	17	10	2		11	12	5					6	41			9	27	18	2	1	3	6								
Weldbank ...	"	22	14	2	10	6	1	1		6	3	1					6	16			1	14	5	3	6	3	2								
Hollinshead Street Council ...	"	39	31	1	19	13	6	1	1	6	20	3					22	16	1		8	28	6	5	4	8	5								
St. Joseph's ...	"	22	14		12	6	2	1		4	9						10	12			2	13	5	4	3	1	3	2							
St. Joseph's ...	"	17	16	3	11	5	1			5	7						4	13			7	9	6	2	3	2	1								
Totals ...	"	379	258	17	235	138	74	12	5	75	108	38	1	1	1	2	125	253	1	42	266	86	27	27	31	7	45	1	1	2		1	2	1	14
Grand Totals ...	"	756	499	37	465	248	121	23	7	147	206	89	5	2	3	2	264	490	2	43	523	177	56	52	76	13	93	2	3	6	1	1	4	5	23





Table B. Second Inspection Statistics.

[illegible]



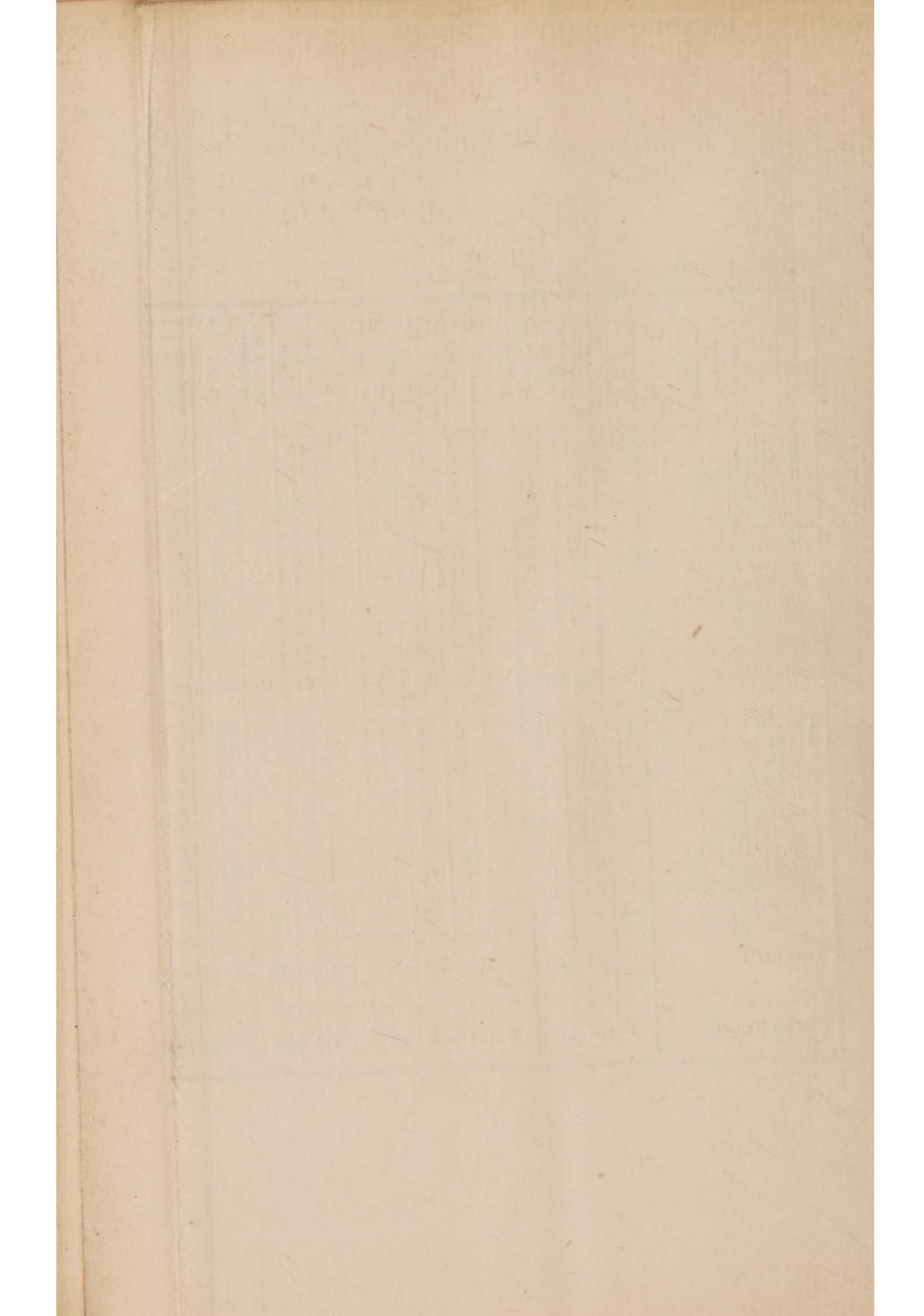


Table C. Leavers' Inspection Statistics.

[illegible]





**Table D. Heights and Weights of Entrants.**

Name of School.	Sex	Total Number Examined	3 years					4 years					5 years					6 years					Over 6 years Number Ex- amined								
			Number Examined	Height		Weight	Number Examined	Height		Weight	Number Examined	Height		Weight	Number Examined	Height		Weight													
				ft	ins. st			ft	ins. st			ft	ins. st			ft	ins. st		ft	ins. st											
Parish ...	B'ys	31	1	2	10	2	0	0	16	3	2	4	2	8	2	12	3	3	8	2	10	1	2	3	8	5	3	3	2		
St. George's ...	"	54							14	3	2	5	2	10	4	33	3	3	7	2	11	3	6	3	5	5	2	12	7	1	
St. Peter's ...	"	34							12	3	3	3	2	10	0	18	3	4	9	2	12	0	1	3	6	2	3	0	0	3	
St. James' ...	"	50	1	2	11	2	2	5	5	19	3	3	2	2	7	1	24	3	3	9	2	9	4	2	3	6	0	2	11	0	4
All Saints' ...	"	19	3	2	11	3	2	0	8	9	3	2	2	2	8	0	7	3	5	3	2	12	7								
St. Mark's ...	"	12	5	3	0	5	2	8	7	1	3	0	5	2	4	0	5	3	4	8	2	10	9							1	
St. Mary's ...	"	36	1	3	1	5	2	5	5	16	3	2	2	2	7	0	15	3	3	3	2	9	1	3	3	6	7	2	12	7	1
Sacred Heart ...	"	37	1	3	0	0	2	5	5	9	3	2	1	2	6	9	23	3	3	7	2	9	7	3	3	6	0	2	11	8	1
Weldbank ...	"	17								12	3	2	7	2	8	6	5	3	5	0	2	10	3								
Hollinshead Street...	"	28	3	2	11	6	2	4	4	7	3	3	6	2	10	2	14	3	5	5	2	11	1	4	3	7	4	3	1	5	
Council ...	"	41	4	3	0	6	2	6	1	14	3	2	9	2	11	1	17	3	4	5	2	12	3	4	3	5	8	2	13	6	2
St. Joseph's ...	"	18								6	3	2	6	2	8	0	12	3	3	5	2	9	4								
Totals and Averages	"	377	19	3	0	1	2	5	3	135	3	2	6	2	8	7	185	3	4	1	2	10	8	25	3	6	4	2	13	4	13
Average Britsssh Association...	"			3	0	8	2	6	2		3	2	4	2	9	3		3	5	0	2	11	9		3	9	9	3	7	7	
Parish ...	G'ls	30	1	2	9	0	1	13	5	14	3	2	4	2	6	9	12	2	3	5	2	8	4	3	3	7	0	2	13	0	
St. George's ...	"	41	1	2	11	5	2	7	0	6	3	2	8	2	7	5	28	3	5	1	2	11	5	3	3	6	0	2	11	5	3
St. Peter's ...	"	26								7	3	4	3	2	6	5	16	3	4	5	2	10	6								3
St. James' ...	"	76	1	2	11	0	2	2	5	35	3	2	7	2	7	5	34	3	3	9	2	9	7	4	3	8	2	3	3	4	2
All Saints' ...	"	20	4	2	10	4	2	0	8	3	3	0	7	2	5	4	9	3	5	3	2	12	9	2	3	3	6	2	10	8	2
St. Mark's ...	"	13	8	3	0	4	2	5	3	3	3	2	7	2	7	5	2	3	5	0	2	11	0								
St. Mary's ...	"	26								10	3	2	1	2	4	5	12	3	3	7	2	10	0	3	3	6	8	2	13	5	1
Sacred Heart ...	"	47								10	3	2	4	2	6	4	35	3	3	6	2	8	1	1	3	1	5	2	4	0	1
Weldbank ...	"	22	1	3	0	0	2	3	0	9	3	2	3	2	5	1	11	3	3	9	2	9	5	1	3	6	0	2	11	0	
Hollinshead Street...	"	39	3	3	0	0	2	4	2	11	3	3	0	2	9	1	17	3	4	8	2	8	0	5	3	6	4	2	12	9	3
Council ...	"	22	3	2	11	8	2	5	0	6	3	1	7	2	8	5	11	3	4	4	2	11	7	1	3	8	0	3	2	0	1
St. Joseph's ...	"	17								6	3	3	4	2	8	2	10	3	4	3	2	8	9	1	3	6	7	3	0	0	
Totals and Averages	"	379	22	2	11	8	2	3	8	120	3	2	5	2	7	0	197	3	4	2	2	9	8	24	2	6	4	2	13	1	16
Average British Association...	"			3	0	5	2	3	9		3	2	1	2	7	5		3	4	5	2	11	2		3	6	8	2	13	7	





**Table E. Heights and Weights.**  
**Second Inspection**

SCHOOLS.	SEX.	NO. EXAM- INED.	HEIGHT		WEIGHT	
			FT.	IN.	ST.	LBS.
Parish ... ..	Boys	25	3	10·3	3	8·7
St. George's ... ..	„	33	3	10·4	3	8·2
St. Peter's ... ..	„	13	3	11·3	3	8·7
St. James's ... ..	„	33	3	11·2	3	11·9
All Saints' ... ..	„	4	3	11·1	3	8·2
St. Mark's ... ..	„	6	3	11·2	4	1·3
St. Mary's ... ..	„	27	3	10·9	3	11·2
Sacred Heart ... ..	„	27	3	10·1	3	9·7
Weldbank ... ..	„	11	3	11·1	3	9·6
Hollinshead ... ..	„	18	3	11·8	3	12·8
Council ... ..	„	27	3	11·2	3	10·8
Average ... ..	„	224	3	10·8	3	10·3
Average British Association ...			3	11·0	3	12·9
Parish ... ..	Girls	23	3	10·5	3	7·3
St. George's ... ..	„	37	3	10·2	3	7·1
St. Peter's ... ..	„	10	3	9·6	3	4·0
St. James's ... ..	„	34	3	10·3	3	9·2
All Saints' ... ..	„	8	3	10·4	3	7·9
St. Mark's ... ..	„	10	3	8·7	3	10·5
St. Mary's ... ..	„	34	3	10·2	3	8·7
Sacred Heart ... ..	„	34	3	9·7	3	7·1
Weldbank ... ..	„	17	3	10·2	3	4·6
Hollinshead Street ... ..	„	21	3	10·9	3	11·3
Council ... ..	„	26	3	11·0	3	8·2
Average ... ..	„	254	3	9·9	3	8·0
Average British Association ...			3	10·6	3	10·1



# Table 1. Results of the 1991 Survey

Number of respondents

Age	Gender	Marital Status	Education	Occupation	Income	Health	Life Satisfaction
18-24	Male	Single	High School	Student	\$10,000	Good	7.5
18-24	Female	Single	High School	Student	\$10,000	Good	7.5
18-24	Male	Single	College	Student	\$10,000	Good	7.5
18-24	Female	Single	College	Student	\$10,000	Good	7.5
18-24	Male	Single	Graduate	Student	\$10,000	Good	7.5
18-24	Female	Single	Graduate	Student	\$10,000	Good	7.5
25-34	Male	Single	High School	Worker	\$15,000	Good	7.5
25-34	Female	Single	High School	Worker	\$15,000	Good	7.5
25-34	Male	Single	College	Worker	\$15,000	Good	7.5
25-34	Female	Single	College	Worker	\$15,000	Good	7.5
25-34	Male	Single	Graduate	Worker	\$15,000	Good	7.5
25-34	Female	Single	Graduate	Worker	\$15,000	Good	7.5
25-34	Male	Married	High School	Worker	\$20,000	Good	7.5
25-34	Female	Married	High School	Worker	\$20,000	Good	7.5
25-34	Male	Married	College	Worker	\$20,000	Good	7.5
25-34	Female	Married	College	Worker	\$20,000	Good	7.5
25-34	Male	Married	Graduate	Worker	\$20,000	Good	7.5
25-34	Female	Married	Graduate	Worker	\$20,000	Good	7.5
35-44	Male	Single	High School	Worker	\$25,000	Good	7.5
35-44	Female	Single	High School	Worker	\$25,000	Good	7.5
35-44	Male	Single	College	Worker	\$25,000	Good	7.5
35-44	Female	Single	College	Worker	\$25,000	Good	7.5
35-44	Male	Single	Graduate	Worker	\$25,000	Good	7.5
35-44	Female	Single	Graduate	Worker	\$25,000	Good	7.5
35-44	Male	Married	High School	Worker	\$30,000	Good	7.5
35-44	Female	Married	High School	Worker	\$30,000	Good	7.5
35-44	Male	Married	College	Worker	\$30,000	Good	7.5
35-44	Female	Married	College	Worker	\$30,000	Good	7.5
35-44	Male	Married	Graduate	Worker	\$30,000	Good	7.5
35-44	Female	Married	Graduate	Worker	\$30,000	Good	7.5
45-54	Male	Single	High School	Worker	\$35,000	Good	7.5
45-54	Female	Single	High School	Worker	\$35,000	Good	7.5
45-54	Male	Single	College	Worker	\$35,000	Good	7.5
45-54	Female	Single	College	Worker	\$35,000	Good	7.5
45-54	Male	Single	Graduate	Worker	\$35,000	Good	7.5
45-54	Female	Single	Graduate	Worker	\$35,000	Good	7.5
45-54	Male	Married	High School	Worker	\$40,000	Good	7.5
45-54	Female	Married	High School	Worker	\$40,000	Good	7.5
45-54	Male	Married	College	Worker	\$40,000	Good	7.5
45-54	Female	Married	College	Worker	\$40,000	Good	7.5
45-54	Male	Married	Graduate	Worker	\$40,000	Good	7.5
45-54	Female	Married	Graduate	Worker	\$40,000	Good	7.5
55-64	Male	Single	High School	Worker	\$45,000	Good	7.5
55-64	Female	Single	High School	Worker	\$45,000	Good	7.5
55-64	Male	Single	College	Worker	\$45,000	Good	7.5
55-64	Female	Single	College	Worker	\$45,000	Good	7.5
55-64	Male	Single	Graduate	Worker	\$45,000	Good	7.5
55-64	Female	Single	Graduate	Worker	\$45,000	Good	7.5
55-64	Male	Married	High School	Worker	\$50,000	Good	7.5
55-64	Female	Married	High School	Worker	\$50,000	Good	7.5
55-64	Male	Married	College	Worker	\$50,000	Good	7.5
55-64	Female	Married	College	Worker	\$50,000	Good	7.5
55-64	Male	Married	Graduate	Worker	\$50,000	Good	7.5
55-64	Female	Married	Graduate	Worker	\$50,000	Good	7.5
65-74	Male	Single	High School	Worker	\$55,000	Good	7.5
65-74	Female	Single	High School	Worker	\$55,000	Good	7.5
65-74	Male	Single	College	Worker	\$55,000	Good	7.5
65-74	Female	Single	College	Worker	\$55,000	Good	7.5
65-74	Male	Single	Graduate	Worker	\$55,000	Good	7.5
65-74	Female	Single	Graduate	Worker	\$55,000	Good	7.5
65-74	Male	Married	High School	Worker	\$60,000	Good	7.5
65-74	Female	Married	High School	Worker	\$60,000	Good	7.5
65-74	Male	Married	College	Worker	\$60,000	Good	7.5
65-74	Female	Married	College	Worker	\$60,000	Good	7.5
65-74	Male	Married	Graduate	Worker	\$60,000	Good	7.5
65-74	Female	Married	Graduate	Worker	\$60,000	Good	7.5
75+	Male	Single	High School	Worker	\$65,000	Good	7.5
75+	Female	Single	High School	Worker	\$65,000	Good	7.5
75+	Male	Single	College	Worker	\$65,000	Good	7.5
75+	Female	Single	College	Worker	\$65,000	Good	7.5
75+	Male	Single	Graduate	Worker	\$65,000	Good	7.5
75+	Female	Single	Graduate	Worker	\$65,000	Good	7.5
75+	Male	Married	High School	Worker	\$70,000	Good	7.5
75+	Female	Married	High School	Worker	\$70,000	Good	7.5
75+	Male	Married	College	Worker	\$70,000	Good	7.5
75+	Female	Married	College	Worker	\$70,000	Good	7.5
75+	Male	Married	Graduate	Worker	\$70,000	Good	7.5
75+	Female	Married	Graduate	Worker	\$70,000	Good	7.5

**Table F.**  
**Heights and Weights of Leavers.**

Name of School.	Sex	12 Years				13 Years				14 Years			
		Number Examined	Height		Weight	Number Examined	Height		Weight	Number Examined	Height		Weight
			ft.	ins.			ft.	ins.			ft.	ins.	
Parish ...	B'ys	26	4	7.1	5 4.8	1	4	7.0	5 4.5				
St. George's ...	"	40	4	5.7	5 2.0	13	4	5.6	5 2.3				
St. Peter's ...	"	30	4	6.1	5 3.3	7	4	8.9	6 0.5	2	4	8.2	5 5.0
St. James's ...	"	36	4	6.7	5 6.5	7	4	5.9	5 4.7				
St. Mary's ...	"	25	4	5.9	5 4.7	2	4	7.5	5 7.2				
Sacred Heart ...	"	21	4	6.1	5 2.8	11	4	6.4	5 6.7	1	4	7.5	5 7.0
Weldbank ...	"	18	4	6.7	5 5.3	3	4	5.7	5 2.8				
Hollinshead Street Council ...	"	17	4	6.2	5 2.7								
	"	32	4	6.0	5 6.0	14	4	7.3	5 10.7	1	4	11.5	7 5.5
Totals & Averages	"	245	4	6.3	5 4.4	58	4	6.7	5 7.3	4	4	8.9	5 12.6
Averages British Association ..			4	6.9	5 6.7		4	8.9	5 12.6				
Parish ...	G'ls	28	4	6.7	5 1.9	1	4	6.7	5 0.0				
St. George's ...	"	58	4	5.2	5 0.2	25	4	7.7	5 12.3	2	4	10.0	6 0.0
St. Peter's ...	"	20	4	6.6	5 3.5	8	4	6.5	5 8.2	1	4	10.0	6 0.0
St. James's ...	"	34	4	5.9	5 5.3	20	4	7.7	5 13.5	1	4	5.0	5 0.0
St. Mary's ...	"	18	4	7.7	5 10.4	10	4	8.2	5 9.5				
Sacred Heart ...	"	24	4	6.9	5 8.5	10	4	8.0	5 7.7	1	4	9.0	5 7.0
Weldbank ...	"	14	4	6.8	5 4.4								
Hollinshead Street Council ...	"	22	4	7.6	5 5.2								
	"	19	4	5.8	5 7.1	15	4	8.4	5 13.8	1	4	5.7	5 2.0
Totals & Averages	"	237	4	6.3	5 3.8	89	4	7.8	5 9.8	6	4	8.3	5 9.0
Averages British Association ...			4	7.6	5 6.4		4	9.7	6 3.2				



