

**[Report 1931] / School Medical Officer of Health, Cumberland County Council.**

**Contributors**

Cumberland (England). County Council.

**Publication/Creation**

1931

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EDUCATION COMMITTEE.

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# REPORT

OF THE

SCHOOL MEDICAL OFFICER

F. H. MORISON, M.D., D.P.H., &c.,

ON THE

Medical Inspection of  
School Children

FOR THE YEAR ENDED

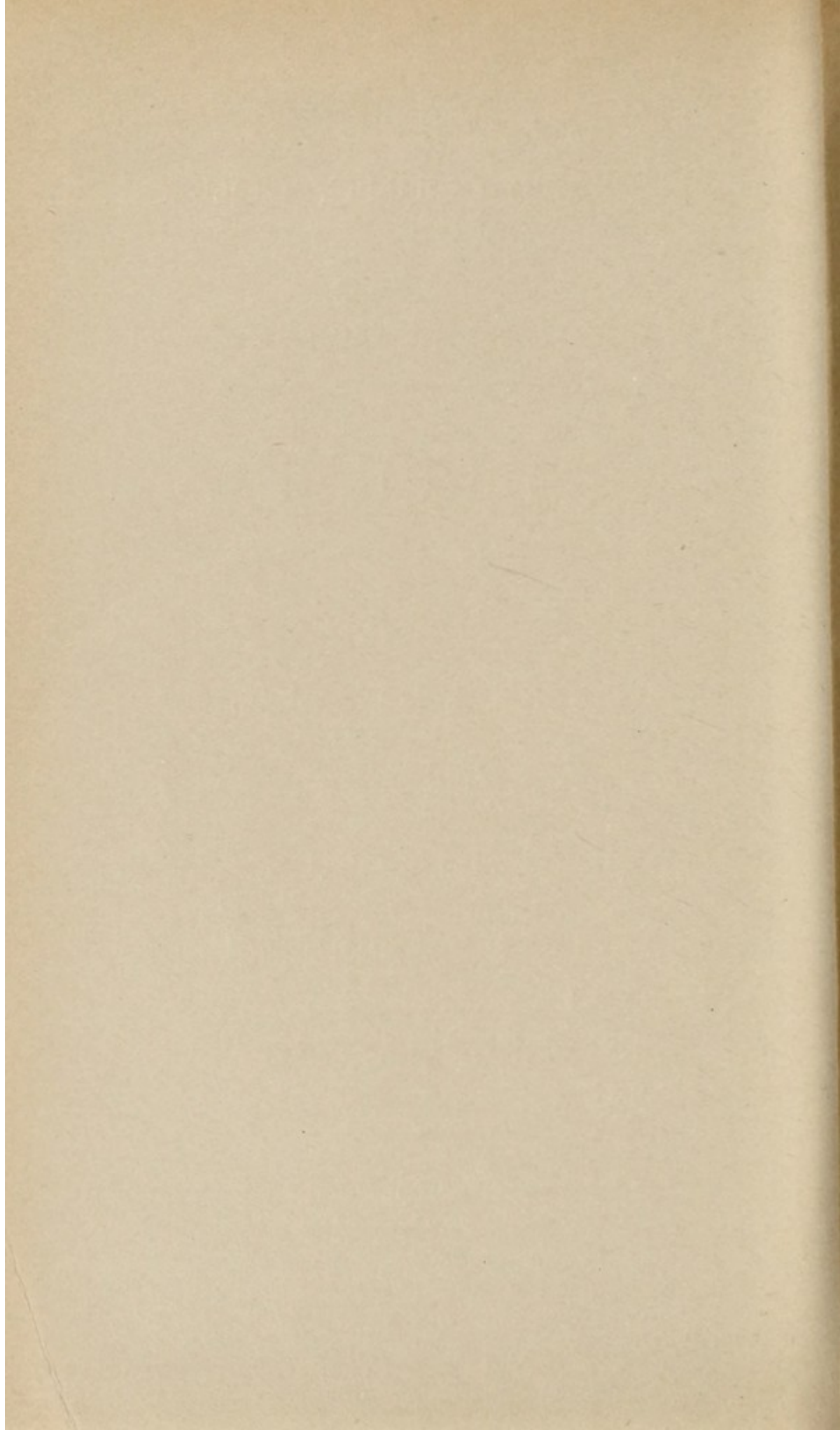
**DECEMBER 31st, 1931.**

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## CUMBERLAND COUNTY COUNCIL.

*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure—not unmixed with sadness—in presenting this my 24th, and last, Annual Report on the Medical Inspection and Treatment of School Children, for the year ended 31st December, 1931.

To one who has been intimately associated with, and keenly interested in, the medical inspection of school children since its inception twenty-four years ago, and one on whom the duty devolved of organising and putting into operation what has gradually but steadily become a vast public health measure for the betterment of the health of the children in this County, it is almost impossible to lay down the reins of office without giving to you as members of the Education Committee a short resumé of the stages through which you and your predecessors have passed in order to arrive at what I now consider an almost complete organisation.

I say “almost complete” advisedly because there are at least four directions in which I would have liked to see your organisation extended, before terminating my service.

These are:—

- (1) The establishment of at least one Open-air Residential School.
- (2) The opening of a Special School for dull and backward children.
- (3) Improved Hospital accommodation for children requiring Hospital treatment.
- (4) Facilities for the convalescent treatment, of all children requiring it.

The duty of Medical Inspection of school children was placed on Education Authorities by Section 13B. of the Education (Administrative Provisions) Act, 1907.



Circulars issued by the Board of Education point out that the duties imposed are the outcome of the steady development of public opinion, and that if the work is conducted on sensible lines, it must lead to an improvement of the surroundings and physical life of the children, must, therefore, result in a decrease of sickness and incapacity amongst them and in the ultimate decrease of inefficiency and helpless poverty in after-life.

The circulars also point out that it is manifestly of the highest importance that the administration of the Act should rest upon a broad basis of public health, and that if the duties are to be efficiently carried out the interest and activity of the School Medical Officer must extend to the external environment of the child. Efficiency and economy require recognition of the relationship between school work and such subjects as housing and sanitation.

Before, therefore, any attempt could be made to organise the school medical work, a general impression of the sanitation and home surroundings of the children had to be obtained.

No records of the sanitary condition of the County being available, your School Medical Officer, acting in his capacity of County Medical Officer of Health, therefore spent the first few months after his appointment, in making a more or less detailed survey of all the sanitary areas in the County.

That survey—and it was by no means a complete one—revealed a really appalling state of affairs; many districts had no public water supply, many had a totally inadequate one, whilst many others obtained their water from shallow wells most of which were grossly polluted, the remainder being liable to pollution at any time. In some cases there were not even shallow wells, the people obtaining their water from becks or road-side gutters, in fact, anywhere it was to be obtained.

Is it to be wondered at that there were 251 cases of Enteric Fever notified in that year?

In many cases the systems of sewerage and sewage disposal were insufficient, and totally inadequate to meet the requirements of the districts, whilst in many others there was no system at all.

It was not an uncommon sight to find sewerage running in open channels or even in cobbled gutters down the sides of the streets, and this not in rural areas.

In most areas housing accommodation was exceedingly bad.

In short, the conclusion arrived at was that Cumberland from a sanitary point of view was at least fifty years behind the times.

Under such circumstances it was not surprising to find a high general death-rate and an exceedingly high infant mortality; and when the medical inspection of school children was undertaken, it was no astonishment to find an extraordinarily high proportion of the children in the schools were defective, because Sanitary Authorities had not carried out their obligations.

At first the work of medical inspection was confined merely to medical examination of the children. Education Authorities had the power, but not the duty to provide treatment, this did not come till 1913.

What did this early medical examination reveal?

It revealed the fact that between fifty and fifty-five per cent. of the total children examined were verminous and dirty.

And it revealed this fact also, that the percentage of children found to have some defect requiring treatment or careful observation varied in different part of the County from fifty-five to sixty-eight.

It is not to be wondered at then that various methods of securing treatment for these defective children should have been suggested.

Treatment by the family doctor was first tried, but this for one reason or another was not successful.



Then a provident scheme, under which the parents would be asked to contribute a small sum weekly, out of which treatment could be provided was suggested. This was tried in one area, it, however, did not receive the necessary support and was not proceeded with.

In 1913 a definite scheme for treatment was submitted to, and accepted by, your Committee, and that scheme, which has been added to and improved from time to time, forms the basis of all the treatment undertaken by the Education Committee at the present day.

It is not now too much to say that if any ailing school child is brought to the notice of the medical department, if treatment cannot be provided by your Committee, then every endeavour is made to secure treatment from outside sources.

Can we show any results of all these years of work?

It is difficult to prove any definite results, but the opinions expressed by parents from time to time can leave no doubt in the mind of any impartial enquirer.

It is significant that whilst the number of defective children found as "entrants" has not varied to any great extent, the numbers of "intermediates" and "leavers" found defective has steadily decreased, and is continuing to decrease.

There are, however, two outstanding facts revealed as the result of medical inspection.

As regards uncleanness: in 1931 there was only one child in every 200 in our schools who could be classified as dirty and verminous; whereas in the early days fifty out of every 100 were so classified.

In the early days of medical inspection we were forcibly reminded at practically every visit paid to a school of the words of that common sense cleric and pioneer sanitary reformer—Charles Kingsley—who when the people in his parish, on being stricken with disease, cried on him to pray for them: "No," said Kingsley, "wash you, make you clean, remove the filth, transform your habits and mode of life."

Kingsley's advice has been followed in this County with very striking result.

Is it a result or a coincidence that, side by side with the marked improvement in the cleanliness of the children, there has also been a marked diminution in the number of children found with a physical defect.

Thus in the earlier years approximately twenty-five out of every 100 examined were found to have some defect, whereas in 1931 less than fifteen in every 100 were defective.

Had Sanitary Authorities realised their responsibilities and considered "health" before "rates" the Education Committee would not have been called upon to spend such large sums of money in curing defects, which should have been prevented, and then being called extravagant for doing so.

If during my twenty-four years of service I have been able to accomplish any of the aims with which I set out. I owe a deep debt of gratitude to my staff (past and present), medical, dental, nursing and clerical, to my colleagues in the Education Department, and last, but by no means least, to the kindness, consideration and help I have ever received from your Committee and its Sub-Committees, which it has been my privilege and pleasure to serve.

Yours obediently,

F. H. MORISON.

MARCH, 1932.





**I.—STAFF.**

The following is a complete list of the staff engaged on school work, both medical and nursing, as well as a list of specialists engaged part-time only :—

**Medical Staff.**

	Appointed.
F. H. MORISON, M.D., D.P.H. ... .. School Medical Officer.	1908
KENNETH FRASER, M.D., F.R.S.E., D.P.H. ... .. Deputy School Medical Officer.	1912
MARK S. FRASER, M.D., D.P.H., F.R.C.S.E.... .. Senior Assistant School Medical Officer.	1914
A. C. B. McMURTRIE, M.C., M.D., D.P.H., F.R.C.S.... .. Assistant School Medical Officer.	1920
ARTHUR H. TOWERS, M.B., Ch.B., D.P.H. ... .. Assistant School Medical Officer.	1921
H. C. SIMPSON, L.M., S.S.A., D.P.H. ... .. Assistant School Medical Officer.	1926
I. SPEDDING JONES, M.R.C.S., L.R.C.P., D.P.H. ... .. Assistant School Medical Officer.	1930
C. A. MASON, M.B., Ch.B., D.P.H. ... .. Assistant School Medical Officer.	1920

**Dental Staff.**

F. E. GILLIERON, L.D.S. ... .. Chief School Dental Officer.	1921
Miss J. MILLER, L.D.S. ... .. Assistant Dental Officer.	1931

**Dental Nurses.**

Miss A. POSTLETHWAITE ... ..	1921
Miss M. T. SMITH ... ..	1929

**Health Visitors.**

Miss ALICE B. KING... ..	1917
Miss JANE REID ... ..	1922
Miss GRACE R. P. BROWNLIE ... ..	1920
Miss ELIZABETH JOHNSTON ... ..	1924
Miss ELSIE MAY LAWSON... ..	1920
Miss J. N. MARCHBANKS ... ..	1921
Miss RUTH J. V. HIND ... ..	1925
Miss J. V. PRESCOTT... ..	1926

**Ophthalmic Surgeon.**

J. A. ROSS, M.A., M.B., Ch.B. ... ..	1920
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**Aural Specialists.**

E. CRAIG DUNLOP, F.R.C.S.	...	...	...	...	1926
ROBERT VENTERS, F.R.C.S.	...	...	...	...	1931

**Radiologist.**

RICHARD CONNELL, B.A., M.B., Ch.B...	...	...	...	1924
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**Orthopædic Aftercare Sister.**

Miss FRANCES D. NELSON	...	...	...	1921
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**Nurse Lecturer.**

Miss L. SNOWDEN (now resigned)	...	...	...	1930
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**II.—CO-ORDINATION.**

Complete co-ordination is secured between the School Medical Service and the other branches of medical work undertaken by the County Council, whether it is Maternity and Child Welfare, Tuberculosis, or General Public Health, by, in the first place, the School Medical Officer, being also the County Medical Officer of Health, and in the second place, by the division of the County into six medical areas, with a Medical Officer in charge of each.

He is responsible to the School Medical Officer for the whole of the work in connection with schools in his area, as he is also responsible to the County Medical Officer for all the other work in that area.

In this way the completest co-ordination is secured, and any case is easily transferred from one branch to another, as may become necessary, without continuity of treatment or observation being interfered with.

For several years I have drawn attention to the fact that a considerable number (varying from 15 to 20 per cent.) of the children when they first enter school, have some physical defect, and last year in my annual report I suggested that parents should bring their children under school age to the schools for medical examination. I would like to see this branch of the work developed. As things are at present an infant is kept under the observation of a Health Visitor until it attains the age of one year, after this until the child is entered on the register of an elementary school no routine medical attention is given to it, with the result that from 15 to 20 per cent. of them enter their school life as "damaged goods."



### III.—SCHOOL HYGIENE.

Much has been done in recent years to patch up many of the more unsatisfactory schools, but much more would have been accomplished had it been possible for the Director of Education to carry out in its entirety his re-organisation scheme of the schools in the County. Lack of funds has prevented to a large extent or has certainly seriously handicapped the Director's scheme.

### IV.—MEDICAL INSPECTION.

For the purpose of medical inspection the County is divided into six areas, with a Medical Officer, who does all the school inspection in his area, in charge of each.

#### Age Groups of Children Inspected.

The children inspected fall into the same three groups as in previous years, viz.:—

- (a) Code groups, which includes:—

Entrants.

Intermediates (8 year olds).

Leavers (12 years of age and over).

- (b) Specials: i.e., children of any age not being in the code groups, and who are suspected of having some defect.

- (c) Re-examinations: i.e., children who for any reason it is considered advisable to examine more than once a year.

The numbers coming under each of these groups will be found in Table I. at the end of this report.

### V.—FINDINGS OF MEDICAL INSPECTION.

In Table II. will be found set out in detail the number and kind of defect found. In considering this, however, it must be borne in mind that in a great many instances more than one defect is found in one child, and whilst each defect is counted in the total number noted (see Table II. A) the number of children examined is given (Table II. B) irrespective of the number of defects from which any given child may be suffering.

The total number of children inspected was 15,773 (722 fewer than in the previous year).

In the code groups there were 6,791 and "specials" 8,942.

In addition there were 3,556 re-examinations made.

The number of children in code groups, 6,791, found on medical inspection to require treatment (apart from uncleanliness and dental defects) was 1,005, or 14.7 per cent., practically the same as in the previous year.

In the code groups the percentages requiring treatment were:—

Entrants	...	16.2 per cent.
Intermediate...	14.4	„
Leavers	...	13.5 „

### **Review of the facts disclosed by Medical Inspection.**

#### **(a) UNCLEANLINESS.**

During the year only 105 cases of uncleanliness were reported by the medical staff, equivalent to 0.5 per cent. of the total number of children examined, and it is gratifying to record that the improvement in this respect, noted in former years, is not only maintained, but improved.

In this connection, reporting on his area, Dr. Simpson says:—"The general cleanliness of the scholars has undoubtedly improved enormously in the last few years. I have always been very strict about cleanliness. Of course in every school there are one or two black sheep and old offenders, but even with them there has been a great improvement. Compared with some of your early School Medical Reports of ten or fifteen years ago (when I see in some schools there used to be anything up to 40 or even 50 per cent. of exclusions for vermin) there has been tremendous improvement everywhere. These improvements have been brought about very largely by the persistent action of the school nurses and in some cases by the co-operation of the head teachers, and here I wish to mention the absolutely extraordinary persistent and valuable work of Nurse Reid in the Maryport area.



I have never met or known anybody with such a detailed knowledge of the 2,000 odd children there are in her area. I guarantee she knows 95 per cent. of them by sight and name, and can say where they live and what are their home conditions."

The Health Visitors acting as school nurses, and the District Nurses, continue to pay their "surprise" visits for the special purpose of examining children for uncleanness. In all 63,887 children were examined at these visits, and of these only 686 were found to be verminous.

These surprise visits are a more clear indication of the normal state of the children, because no notice is given beforehand, as is done before the medical inspection, they in fact are "surprise" visits.

Even at these visits less than 1 per cent. of the children were found to be unclean.

#### (b) MINOR AILMENTS.

The total number of minor defects noted as requiring treatment is somewhat in excess of previous years, viz. :—2,746.

#### (c) TONSILS AND ADENOIDS.

1,110 cases were noted requiring treatment. The general scheme of treatment of these cases has been fully dealt with in previous reports.

#### (d) TUBERCULOSIS.

**PULMONARY.**—Ten cases of definite pulmonary tuberculosis were discovered at the school medical inspection during the year. Every effort is made to find these cases, and 553 children were examined as "contacts" of tuberculosis persons. Of this number three were found to be definite cases, a considerable number were, however, classified as suspicious and referred for further examination.

**NON-PULMONARY.**—Forty-nine cases, affecting glands, bones, joints, spine and other parts of the body were also noted as requiring treatment.

## (e) SKIN DISEASES.

Of these there were 878 referred for treatment, whilst nine were referred for observation.

The cases referred for treatment were :—

	From School Medical Inspection.	From the School Clinics.
Ringworm of the Head ...	8	25
Do. Body ...	5	60
Scabies ...	17	42
Impetigo ...	64	306
Small Septic Sores, &c....	11	340

## (f) EXTERNAL EYE DISEASES.

Of these there were 372 cases, 259 requiring treatment, and 113 to be kept under observation.

## (g) VISION AND SQUINT.

1,851 cases of defective vision and squint were noted; 562 in the routines, 237 were referred for treatment, whilst 325 are to be kept under observation. Among the specials there were 1,289, 543 requiring treatment, and 746 to be kept under observation.

## (h) EAR DISEASES.

Of ear diseases there were 213 cases referred for treatment, whilst fifty-five were to be kept under observation.

For defective hearing thirty-seven were referred for treatment, whilst twenty-one were to be kept under observation.

## (i) DENTAL DEFECTS.

687 children were noted at the medical inspection to be requiring dental treatment. It must, however, be remembered that this number represents only a mere fraction of those children who require dental treatment, because it is only the very worst cases that are noted at the medical inspection, such cases as those with abscesses and serious septic conditions of the mouth.



Ordinary cases of dental caries—of which there are very large numbers—are not included in the figures relating to medical inspection.

The figures given under the headings (a) to (i) comprise the defects found both at school medical inspection and at the school clinics.

The following table giving a summary of defects requiring treatment, noted both at the school inspections and at school clinics during the year, gives a better idea of the scope of the work undertaken:—

	Referred for treatment from Medical Inspection.	Referred for treatment from School Clinics.
Malnutrition ... ..	18	24
Uncleanliness ... ..	74	31
External Eye Diseases...	120	139
Defective Vision and Squint ... ..	642	138
Tonsils and Adenoids ...	894	216
Ear Disease and Hearing	105	145
Heart Disease & Anæmia	54	54
Tuberculosis (Pulmonary) Definite ... ..	17	21
Tuberculosis (Pulmonary) Suspected ... ..	13	43
Tuberculosis (Non- Pulmonary) ... ..	17	32
Lung Diseases (Non- Tubercular) ... ..	145	169
Nervous Diseases ... ..	4	35
Skin Diseases ... ..	105	773
Other Diseases and Defects ... ..	230	1206
	<hr/> 2438 <hr/>	<hr/> 3026 <hr/>

Crippling and dental defects are included in their own sections in this report.

## VI.—INFECTIOUS DISEASES.

123 schools or departments, as against thirty-one in the previous year, were closed for the following conditions:—

Influenza ...	39	Chickenpox ...	4
Measles ...	69	Mumps ...	2
Whooping Cough	8	German Measles	1

### VII.—FOLLOWING UP.

After the school medical inspection the parent of every child with a defect receives a notification from the Head Office, suggesting what condition requiring treatment is present and indicating how the necessary treatment may be obtained. Some of these notifications are of necessity "followed up" by a further letter, and in other cases by a visit from a Health Visitor or a District Nurse.

Most parents obtain the necessary treatment for their children when advised to do so, but there still remain a few parents who obstinately refuse treatment or even advise for their children.

In such cases where neglect of treatment is likely to have serious results for the child, such cases for example as early tuberculosis of the hip or knee joint, pressure is brought to bear on the parents, and as a last resource the help of the Inspectors of the National Society for the Prevention of Cruelty to Children is sought, and with invariable good results.

The work done by the Nursing Staff is set out below:—

Condition.	No. of Cases.	No. of Visits paid.
Malnutrition ... ..	9	15
Debility ... ..	15	40
Uncleanliness ... ..	116	269
Skin Diseases ... ..	18	49
Eye Conditions ... ..	226	283
Ear Conditions ... ..	97	221
Nose and Throat ... ..	142	596
Heart and Circulation ...	48	99
Lungs (Non-Tubercular)..	66	145
Lungs (Tubercular) ... ..	—	—
Pretubercular ... ..	9	21
Other Tubercular Con- ditions ... ..	2	9
Deformities ... ..	—	—
Glands ... ..	13	37
General Cases ... ..	49	125
	<hr/> 810	<hr/> 1909



### VIII.—MEDICAL TREATMENT.

The treatment secured for children during the year, exclusive of that received privately from the parents' medical man, is set out below:—

Tonsils and Adenoids ... ..	516
Ear Disease and Hearing ... ..	251*
Defective Vision ... ..	568*
External Eye Diseases ... ..	208
Heart Disease and Anæmia ... ..	81
Lung Diseases (Non-Tubercular) ... ..	234
Tuberculosis (Pulmonary) Definite ... ..	38
Tuberculosis (Pulmonary) Suspected.. ... ..	50
Non-Pulmonary Tuberculosis ... ..	49
Nervous Diseases ... ..	21
Other Conditions (including Malnutrition, Skin Diseases, and Minor Ailment) ... ..	1890
Uncleanliness (including cases found at " surprise " visits) ... ..	782
	<hr/> 4688 <hr/>

\*These figures include some referred for treatment from 1930.

These figures do not represent the sum total of treatment received as a result of medical inspection, many receive it privately who would not otherwise do so, and both orthopædic and dental treatment are shown in the appropriate sections.

The school clinics continue to serve a most useful purpose in securing treatment for many children who would not or could not otherwise obtain it.

Some indication of the amount of work undertaken at the clinics will be got from the following table:—

Clinic.	New Cases.	All Cases. Attendances.
Cleator Moor ... ..	778	3300
Cockermouth ... ..	601	2500
Egremont ... ..	313	1163
Maryport ... ..	714	4128
Millom ... ..	346	2105
Penrith ... ..	252	1010
Wigton ... ..	288	1288
	<hr/> 3292 <hr/>	<hr/> 15494 <hr/>

The following is a summary of the work done at the clinics during the year:—

Conditions for which Child attended.	New Cases.	No. of Attendances all Cases.
Malnutrition ... ..	24	130
Uncleanliness ... ..	31	112
Skin Diseases ... ..	758	3890
Ear Diseases ... ..	159	1219
Eye Diseases ... ..	295	1164
Nose and Throat ... ..	286	930
Enlarged Glands (Non-Tubercular)	28	98
Heart and Circulation ... ..	53	206
Lungs (Non-Tubercular) ... ..	170	762
Lungs (Tubercular or Suspected)	66	376
Tuberculosis (Non-Pulmonary)	32	155
Nervous System ... ..	39	135
Deformities ... ..	45	136
Other Defects and Diseases ...	1192	5923
Goitre ... ..	18	63
Defective Speech ... ..	7	18
Dental ... ..	89	177
	<hr/> 3292	<hr/> 15494

3,055 individual children attended the clinics during the year.

In addition to the foregoing twenty-nine cases of tuberculosis received sanatorium treatment at Stannington, Blencathra, or Ecclefechan; and ten pre-tuberculous children received sanatorium treatment.

Two cases of chorea were admitted to the Children's Rest and School of Recovery, Liverpool.

Two children of school age were admitted to the Royal Hospital for Sick Children, Edinburgh; one suffering from the after-effects of encephalitis lethargica, and the other from a bladder condition.

There were also two children admitted to and treated in the Royal Infirmary, Edinburgh, for intractible skin diseases.



### IX.—OPEN-AIR EDUCATION.

A considerable number of classes are now held in the playgrounds during favourable weather, but I can see no prospect, for some considerable time, of an open-air school materialising.

#### Crippling Defects and Orthopædics.

The total number of cripples who had received treatment under the Cripple Scheme, other than adults, up to the end of 1931, was 1,701.

More adults come under the scheme each year, and the number of cases has risen to fifty-nine on the register.

The new arrangements made with the Ethel Hedley Hospital Authorities in regard to the after-care clinics (at which their surgeon attends) have proved to be satisfactory, but re-arrangements have had to be made in regard to Carlisle, as the distance to Penrith for some of the cases was too great. Therefore a clinic is held every two months, alternately, at Carlisle and Penrith. The County Council have established a clinic in a hut in the Gaol Yard, suitably equipped, in which the cripples can be seen. This has been long needed, as it was most difficult and sometimes almost impossible to get a really badly crippled patient up the stairs at the County Offices, where the clinics used to be held. The new hut makes it very much easier for recumbent patients and those on crutches to be seen.

The surgeon's clinics are held every two months, and in 1932 will be held at the following places and times:—

Clinic.	Time.	Jan.	Mar.	May.	July.	Sept.	Nov.
Whitehaven ...	(10-30)	20	16	11	13	21	23
Maryport ...	(10-30)	21	17	12	14	22	24
Carlisle ...	(2-30)	21	17	12	14	22	24
Penrith ...	(2-0)	22	18	13	15	23	25

(subject to alteration if the Visiting Surgeon finds this necessary).

The work of the Cripple Scheme has gone on as usual during 1931. The numbers on the register are showing a small decrease in the number of new cases, which points to the fact that through the help of the doctors, health visitors, and midwives, that the County has been (within the last ten

years, when the Cripple Scheme was first organised by Dr. K. Fraser) so well combed out for cripples that the major part of the worst cases have been treated, and many of them are now more or less normal individuals. This year more than a usual number of patients have been discharged. This is owing to the fact that many of the cases whose treatment has extended over a long period have come to the end of their time, and were ready for discharge; also minor cases such as flat foot and postural cases have responded to treatment, and have been discharged cured.

There are, however, a larger number of cases being nursed at home on frames (which diminishes the Hospital expenditure for the year by approximately £500).

The Post-guide Scheme continues to flourish. Mrs. Selby Chance must again be thanked for her extreme kindness to the movement in the loan of her grounds for the camp. This year some of the Northumberland post-guides joined the Cumberland camp, which is bringing the two countries into fellowship.

The figures for the year are as follows:—

**Table A.**

New Cases during 1931	...	...	...	...	162
Number on Register, 1/1/32	...	...	...	...	398
Number removed from Register	...	...	...	...	204
Number on After-care Register	...	...	...	...	402
Attendances at After-care Clinics	...	...	...	...	658
Seen by Consulting Surgeon (not included in above)					6
Appliances applied and renewed	...	...	...	...	106
Plasters provided at After-care Clinics	...	...	...	...	19
Surgical clogs and boots supplied	...	...	...	...	29
Attendances at Intermediate Clinics...	...	...	...	...	550
Number of visits to Homes for After-care work	...	...	...	...	700
Number of plasters put up in Homes	...	...	...	...	250

(The work of visiting the patients at home is made more difficult owing to the larger areas to be covered. The total mileage covered per year by the A.C.S. is between 15,000 and 16,000).



Cases in Hospital, 1/1/31, and Admissions during 1931 :—

Windermere...	...	...	...	...	...	71
Oswestry	...	...	...	...	...	14
Silloth Convalescent Home	...	...	...	...	...	1
King Edward VII. Hospital, Sheffield	...	...	...	...	...	1
The Royal Infirmary, Edinburgh...	...	...	...	...	...	2

Discharges from Hospital :—

Windermere...	...	...	...	...	...	52
Oswestry	...	...	...	...	...	10
Silloth Convalescent Home	...	...	...	...	...	1
The Royal Infirmary, Edinburgh	...	...	...	...	...	1
Awaiting admission to Hospital, 31/12/31	...	...	...	...	...	12
X-rayed during 1931	...	...	...	...	...	111
Awaiting X-ray	...	...	...	...	...	30

The present condition of the Cripple Scheme is indicated in the following tabular statement :—

**Table B.**

Poliomyelitis	...	...	...	...	...	51
T.B. Joints	...	...	...	...	...	56
Rickets	...	...	...	...	...	60
Congenital Defects	...	...	...	...	...	46
Birth Palsies	...	...	...	...	...	16
Injuries (including Fractures)	...	...	...	...	...	10
Osteomyelitis	...	...	...	...	...	6
Torticollis...	...	...	...	...	...	10
Spinal Curvature (other than T.B.)	...	...	...	...	...	19
Spastic Paralysis	...	...	...	...	...	15
Flat Foot	...	...	...	...	...	18
Pseudo Coxalgia	...	...	...	...	...	10
Other forms of Paralysis	...	...	...	...	...	11
Other conditions (Dislocations, etc.)	...	...	...	...	...	43
Talipes	...	...	...	...	...	26
Arthritis	...	...	...	...	...	5

## X.—PHYSICAL TRAINING.

The joint report by Miss Fraser and Mr. Gray, the Chief Organisers, will be found as an Appendix to this report.

One branch of the school medical work—for this it essentially is—which has been subject to a good deal of criticism going so far as even to call it a waste of money, is physical training. I am pleased to note from the report of the Chief Organisers that this work in spite of great adversities is still developing.

Amongst much that was interesting and instructive Sir George Newman in a lecture in 1930 said in talking about what is the the irreducible minimum which will lead to the desired results of school medical work:—

“ That every child shall be educated in a well ventilated, sanitary schoolroom, or in some form of open-air school, and an essential part of its curriculum should be instruction in hygiene, the art of living.

“ That every child shall have daily organised physical exercise of appropriate character.”

Hygiene and physical training then are considered as coming within the “ irreducible minimum,” and in 1928 the Board of Education published a “ Handbook of Suggestions on Health Education.”

Not much use has been made of this handbook, because I am afraid the subjects dealt with have never received the consideration and support which their importance demands, and I fear never will until the subjects are made compulsory in every school—secondary as well as elementary—curriculum.

On this subject I would recommend the reading of the section on “ The Teaching of Hygiene in Schools ” in Sir George Newman’s Annual Report on “ The Health of the School Child ” for the year 1929.



## XI.—MILK.

As a result of a special enquiry and examination of the children in the Cleator Moor, and Arlecdon and Frizington School Areas, reports were received from the Assistant School Medical Officers to the effect that there were a considerable number of children suffering from malnutrition.

The parents of most of these children had been unemployed for a long period, and the family income had been so small that proper nourishment had been impossible in many cases.

It was, therefore, decided to issue a daily ration of milk, and this commenced on the 12th January and extended to the 27th March, 1931. Altogether 592 children received a pint of milk on each school day, and 3,338 gallons were supplied in the period.

The milk was obtained from two farms, and the herds, premises and milk concerned were periodically examined by the County Veterinary Inspectors, and found satisfactory.

Reports from the School Doctor and Nurses indicate that the provision of milk to these necessitous children proved decidedly beneficial.

In the Autumn of 1931 the School Management Committee decided that milk should again be given to necessitous children who might be found to be suffering from malnutrition, and the School Medical Officers made a careful examination of the children in the distressed areas and a free issue of milk—half a pint a day—was issued from 1st December, 1931, to a number of selected children in the following schools, altogether 1,292 children were supplied with a daily ration of half a pint of milk:—Flimby, Greysouthen, Brigham, Hayton, Hallbankgate, Dearham, Harrington, Lowca, Cleator Moor, Crosby (Maryport), Frizington, Hensingham, Oughterside, Sandwith, Lorton, Parton, Great Broughton, Broughton Moor, Gilerux, Aspatria, Maryport, Grasslot, Little Clifton, Distington, and Dyon.

The issue of milk to children entails a certain amount of extra work on the teaching staff of the schools, and I should like to thank the head teachers and their assistants in schools where milk is being issued for their friendly co-operation and valuable help.

## **XII.—CO-OPERATION OF PARENTS.**

That the parents appreciate what is done for their children by the school medical service is evident from the ever increasing number who come to the schools when the inspection is taking place, as well as by the number of parents who bring or send their children to the clinics.

But the best proof of all—if proof be required—is shown by the fact that many of the girls who benefited from the school medical service in its early days are now mothers themselves, and are the staunchest supporters of the service.

## **XIII.—CO-OPERATION OF TEACHERS, ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

Much of the success of the school medical service is due to the enthusiastic support which I have always had from both the head and assistant teachers. Help has always been readily given not only in conducting the inspections, but very often in securing necessary treatment for the children.

I hope the teachers will extend the same ready co-operation to my successor as they have done to me. Then the service will most certainly be successful.

To the Attendance Officers, with their intimate knowledge of the children and their home surroundings, I would like to express my deep sense of gratitude for help so freely and so often given.

## **XIV.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

During the year seventeen deaf and dumb and fifteen blind children were in special institutions outside the County, and were maintained there, in whole or in part, by the Education Authority.



### XV.—SECONDARY SCHOOLS.

The usual two tables relating to the work in secondary schools are here given.

It will be noted that over 50 per cent. of the children in these schools had no defect, this is attributable to the fact that it is rare to find a defect in a secondary school child on admission which has not been noted on the elementary school card, and the majority of defects so noted have received treatment before entry to a secondary school.

The report on the Whitehaven Secondary School is given separately, and will be found as an Appendix.

A very interesting and instructive report is also appended to this report, viz., that of Mr. Gillieron, the Chief County Dental Officer.

**TABLE I.**

A general statement of the numbers examined, of the defects found, and of treatment obtained :—

	Referred from 1930	1931. Routines and Specials
Number of Children examined...	360	744
Number of re-examinations ...	26	42
Children with no defects ...	—	378
Total Number of Defects referred for treatment ... ..	234	233
Total Number of Defects Treated or Partially Treated ... ..	183	18

TABLE II.

	Referred for Treatment		Referred for Observation		Treated or partly Treated	
	1930	1931	1930	1931	1930	1931
Defective Teeth... ..	122	110	1	2	83	1
Malnutrition ... ..	8	5	—	1	7	—
Pulmonary Tuberculosis ...	—	1	—	—	—	—
Pre-tubercular ... ..	1	2	3	—	1	—
Bronchitis and Weak Chest ...	5	6	13	16	4	—
Organic Heart Disease... ..	3	7	12	6	3	5
Functional Heart Disease ...	—	2	21	17	—	—
Anæmia ... ..	—	2	1	—	—	—
Defective Vision... ..	49	59	55	69	43	9
Otorrhoea ... ..	—	—	—	—	—	—
Defective Hearing ... ..	2	—	1	1	2	—
Tonsils ... ..	21	25	14	13	18	1
Adenoids ... ..	1	—	1	1	1	—
Tonsils and Adenoids ... ..	2	—	3	3	2	—
Non-pulmonary Tuberculosis..	—	—	—	—	—	—
Spinal and Other Deformities	4	4	3	5	4	1
Skin Diseases ... ..	5	3	—	—	5	—
Other Defects ... ..	11	7	17	12	10	1



# MISCELLANEOUS.

## Examination of Teachers (on Appointment), Pupil Teachers and Bursars.

### NEW CASES.

Number Examined	...	...	...	...	...	84
Number without Defects	...	...	...	...	...	74
Number with Defects:—						
Defective Teeth...	...	...	...	...	...	4
Defective Eyes ...	...	...	...	...	...	2
Other Defects ...	...	...	...	...	...	2

### OF THE ABOVE.

Number Re-examined	...	...	...	...	...	2
Defects Remedied...	...	...	...	...	...	2
Defects still Unremedied	...	...	...	...	...	4

### CASES REFERRED FROM 1930.

Number of Cases ...	...	...	...	...	...	—
Number Re-examined	...	...	...	...	...	—
Number found Fit on Re-examination	...	...	...	...	...	—
Number with Defects still Unremedied	...	...	...	...	...	—
Number given up Teaching	...	...	...	...	...	—

F. H. MORISON,

*School Medical Officer.*



APPENDIX A.

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**XXIV.—STATISTICAL TABLES**

*For the Year 1931.*

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Table I.—Number of Children inspected.

Table II.—Return of Defects found.

Table III.—Numerical Return of all exceptional  
Children.

Table IV.—Treatment of Defects of Children.



APPENDIX A

TABLE I—Number of Children Inspected

TABLE II—Return of Defects Found

TABLE III—Numerical Return of 25 Exceptional Children

TABLE IV—Treatment of Defects of Children

TABLE V—Return of Defects Found

TABLE VI—Return of Defects Found

TABLE VII—Return of Defects Found

TABLE VIII—Return of Defects Found

TABLE IX—Return of Defects Found

TABLE X—Return of Defects Found

TABLE XI—Return of Defects Found

TABLE XII—Return of Defects Found

TABLE XIII—Return of Defects Found

TABLE XIV—Return of Defects Found

TABLE XV—Return of Defects Found

TABLE XVI—Return of Defects Found

TABLE XVII—Return of Defects Found

TABLE XVIII—Return of Defects Found

TABLE I.

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 RETURN OF MEDICAL INSPECTIONS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants.		Intermediates.		Leavers.	Total.
2501	...	2266	...	2024	6791

Number of other Routine Inspections :—

Nil.

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	8942
Number of Re-inspections	...	...	...	3556
Total number of other Inspections	...	...	...	<u>12498</u>



TABLE I

## RETURN OF MEDICAL INSPECTIONS

## A.—HOSPITAL MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Hospitals.	Intermediate.	Private.	Total.
2301	1203	2021	5525

Number of other Hospital Inspections:—

Nil.

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	6012
Number of Re-inspections	...	...	1228
Total number of other Inspections	...	...	<u>7240</u>

TABLE II.  
A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
In the Year Ended 31st December, 1931.

DEFECT OR DISEASE	Routine Inspections, No. of Defects.			Special Inspections No. of Defects.	
	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.	
	(2)	(3)	(4)	(5)	(1)
Malnutrition...	12	11	30	18	
Uncleanliness	(See Table IV., Group V.)				
Ringworm :—					
Head	6	—	27	—	
Body	5	1	62	1	
Scabies	13	—	46	1	
Impetigo	35	—	335	1	
Other Diseases (Non-Tubercular)	5	1	346	4	
Eye	Blepharitis	19	3	94	9
	Conjunctivitis	7	4	18	4
	Keratitis	1	—	4	1
	Corneal Opacities	4	2	15	2
	Defective Vision	213	307	479	722
	Squint	24	18	64	24
	Other Conditions	27	28	70	60
Ear	Defective Hearing	7	11	30	10
	Otitis Media	31	14	133	36
	Other Ear Diseases	3	1	46	4
Nose and Throat	Enlarged Tonsils	256	331	384	336
	Adenoids	21	35	52	38
	Enlarged Tonsils and Adenoids	125	67	262	62
	Other Conditions	21	6	66	23
Enlarged Cervical Glands (Non-Tubercular)...					
	37	66	66	74	
Defective Speech					
	1	16	7	17	
Teeth	Dental Diseases	232	25	497	18
Heart and Circulation	Heart Disease :—				
	Organic	9	49	21	73
	Functional	—	132	12	132
	Anemia	10	13	56	17
Lungs	Bronchitis	49	111	147	55
	Other Non-Tubercular Diseases	47	180	71	214
Tubercu- losis	Pulmonary :—				
	Definite	5	4	33	9
	Suspected	2	2	54	12
	Non-Pulmonary :—				
	Glands	1	5	28	10
	Spine	1	—	2	1
	Hip	1	—	4	3
	Other Bones & Joints	2	—	7	1
	Skin	1	—	2	—
	Other Forms	—	—	—	3
Nervous System	Epilepsy	—	6	9	11
	Chorea	—	4	19	5
	Other Conditions	—	5	11	3
Deformi- ties	Rickets	2	3	10	3
	Spinal Curvature	—	—	5	1
	Other Forms	30	36	58	47
Other Defects and Diseases					
	71	50	1227	89	
Goitre					
	5	6	30	15	
1399 ... 1553 ... 4939 ... 2169					

TABLE II.  
B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE  
MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING  
UNCLEANLINESS AND DENTAL DISEASES).

	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups :—			
Entrants...	2501	405	16.2%
Intermediates	2266	326	14.4%
Leavers	2024	274	13.5%
Total (Code Groups)	6791	1005	14.7%
Other Routine Inspections	—	—	—





## COUNTY OF CUMBERLAND.

## SCHOOL MEDICAL SERVICE.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Bys.	Girls.	Total.
Children suffering from Multiple Defects ...			3	2	5
Blind (including partially Blind)	(i.) Suitable for training in a School for the Totally Blind	At Certified Schools for the Blind ...	2	3	5
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
	(ii.) Suitable for training in a School for the Partially Blind	At Certified Schools for the Blind or Partially Blind ...	4	6	10
		At Public Elementary Schools ...	4	4	8
		At other Institution ...	—	—	—
		At no School or Institution ...	1	—	1
Deaf (including Deaf and Dumb and partially Deaf)	(i.) Suitable for training in a School for the Totally Deaf or Deaf and Dumb	At Certified Schools for the Deaf ...	6	10	16
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii.) Suitable for training in a School for the Partially Deaf	At Certified Schools for the Deaf or Partially Deaf ...	—	1	1
		At Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective	Feeble-minded	At Certified Schools for Mentally Defective Children ...	—	—	—
		At Public Elementary Schools ...	24	27	51
		At other Institutions ...	—	—	—
		At no School or Institution ...	4	2	6
	Notified to the Local Mental Deficiency Authority during the year.	Feeble-minded ...	—	—	—
		Imbeciles ...	7	9	16
		Idiots ...	—	—	—
		—	—	—	—
Epileptics	Suffering from severe Epilepsy	At Certified Schools for Epileptics ...	1	—	1
		At Certified Residential Open Air Schools ...	1	—	1
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	5	3	8
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	1	3
Physically Defective	Suffering from Epilepsy which is not severe	At Public Elementary Schools ...	5	4	9
		At no School or Institution ...	—	—	—
	Active Pulmonary Tuberculosis (including Pleura and Intrathoracic Glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	4	10	14
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	2	1	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Quiescent or Arrested Pulmonary Tuberculosis (including Pleura and Intrathoracic Glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	4	5	9
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	11	14	25
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Tuberculosis of the Peripheral Glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	2	1	3
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	5	13	18
		At other Institutions ...	—	1	1
		At no School or Institution ...	1	—	1
	Abdominal Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	2	—	2
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	3	2	5
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—





TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN  
THE AREA.—Continued.

			Boys.	Girls.	Total.
Physically Defective (continued)	Tuberculosis of Bones and Joints (not including Deformities due to old Tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. — ... 1 ... 1			
		At Public Elementary Schools 10 ... 5 ... 15			
		At other Institutions... .. 6 ... 7 ... 13			
		At no School or Institution... 4 ... 7 ... 11			
	Tuberculosis of other Organs (Skin. etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. — ... — ... —			
		At Public Elementary Schools 1 ... 1 ... 2			
		At other Institutions... .. — ... — ... —			
		At no School or Institution... — ... — ... —			
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an open air school	At Certified Residential Cripple Schools ... .. — ... 1 ... 1			
		At Certified Day Cripple Schools ... .. — ... — ... —			
		At Certified Residential Open Air Schools ... .. — ... — ... —			
		At Certified Day Open Air Schools ... .. — ... — ... —			
		At Public Elementary Schools 15 ... 14 ... 29			
		At other Institutions... .. 13 ... 1 ... 14			
		At no School or Institution... 7 ... 10 ... 17			
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools 11 ... 8 ... 19			
		At Certified Residential Cripple Schools ... .. — ... 1 ... 1			
		At Certified Day Cripple Schools ... .. — ... — ... —			
		At Certified Residential Open Air Schools ... .. — ... — ... —			
		At Certified Day Open Air Schools ... .. — ... — ... —			
		At Public Elementary Schools 13 ... 16 ... 29			
		At other Institutions... .. — ... — ... —			
		At no School or Institution... — ... 1 ... 1			
	Children with Heart Disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools — ... — ... —			
		At Certified Residential Cripple Schools ... .. — ... — ... —			
		At Certified Day Cripple Schools ... .. — ... — ... —			
		At Certified Residential Open Air Schools ... .. — ... — ... —			
		At Certified Day Open Air Schools ... .. — ... — ... —			
		At Public Elementary Schools 21 ... 26 ... 47			
		At other Institutions... .. — ... — ... —			
		At no School or Institution... 2 ... 2 ... 4			





RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31st DECEMBER, 1931.

TREATMENT TABLE IV.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH  
SEE GROUP 5).

<i>Disease or Defect</i>  (1)	<i>Number of Defects Trea'ed. or under treatment during the year.</i>		
	<i>Under the Authority's Scheme.</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
<i>Skin.</i>			
1. Ringworm—Scalp ... ..	29	4	33
2. Ringworm—Body ... ..	61	—	61
3. Scabies ... ..	44	3	47
4. Impetigo ... ..	293	14	307
5. Other Skin Diseases ... ..	306	12	318
6. Minor Eye Defects ... ..	178	14	192
(External and other, but exclud- ing cases falling in Group 2).			
7. Minor Ear Defects ... ..	152	14	166
8. Miscellaneous ... ..	1127	47	1174
(e.g., Minor Injuries—bruises, sores, chilblains, etc.)			
<b>Total</b> ... ..	2190	108	2298



# REPORT ON SERVICE RENDERED DURING THE YEAR 1931

## TREATMENT TABLE II

GROUP I—Males Admitted to the Hospital, 1931, for whom treatment was given.

Number of Patients Treated in each Treatment Group in 1931

Treatment Group		Number of Patients Treated	
(1)	(2)	(3)	(4)
1. Lung Cancer—Solid	...	20	20
2. Lung Cancer—Cystic	...	10	10
3. Bronchitis	...	20	20
4. Tuberculosis	...	20	20
5. Pleurisy	...	10	10
6. Pericarditis	...	10	10
7. Myocarditis	...	10	10
8. Aortic Aneurysm	...	10	10
9. Coronary Artery Disease	...	10	10
10. Hypertension	...	10	10
11. Diabetes Mellitus	...	10	10
12. Gout	...	10	10
13. Rheumatism	...	10	10
14. Osteoarthritis	...	10	10
15. Osteoporosis	...	10	10
16. Paget's Disease	...	10	10
17. Hyperparathyroidism	...	10	10
18. Hypoparathyroidism	...	10	10
19. Addison's Disease	...	10	10
20. Cushing's Disease	...	10	10
21. Pituitary Tumor	...	10	10
22. Thyroid Tumor	...	10	10
23. Adrenal Tumor	...	10	10
24. Ovarian Tumor	...	10	10
25. Uterine Tumor	...	10	10
26. Vaginal Tumor	...	10	10
27. Cervical Tumor	...	10	10
28. Prostatic Tumor	...	10	10
29. Testicular Tumor	...	10	10
30. Penile Tumor	...	10	10
31. Anal Tumor	...	10	10
32. Rectal Tumor	...	10	10
33. Sigmoid Tumor	...	10	10
34. Colonic Tumor	...	10	10
35. Gastric Tumor	...	10	10
36. Duodenal Tumor	...	10	10
37. Pancreatic Tumor	...	10	10
38. Biliary Tumor	...	10	10
39. Gallbladder Tumor	...	10	10
40. Liver Tumor	...	10	10
41. Spleen Tumor	...	10	10
42. Kidney Tumor	...	10	10
43. Bladder Tumor	...	10	10
44. Ureter Tumor	...	10	10
45. Vagina Tumor	...	10	10
46. Vulva Tumor	...	10	10
47. Penis Tumor	...	10	10
48. Scrotum Tumor	...	10	10
49. Testis Tumor	...	10	10
50. Epididymis Tumor	...	10	10
51. Spermatic Cord Tumor	...	10	10
52. Penile Tumor	...	10	10
53. Anal Tumor	...	10	10
54. Rectal Tumor	...	10	10
55. Sigmoid Tumor	...	10	10
56. Colonic Tumor	...	10	10
57. Gastric Tumor	...	10	10
58. Duodenal Tumor	...	10	10
59. Pancreatic Tumor	...	10	10
60. Biliary Tumor	...	10	10
61. Gallbladder Tumor	...	10	10
62. Liver Tumor	...	10	10
63. Spleen Tumor	...	10	10
64. Kidney Tumor	...	10	10
65. Bladder Tumor	...	10	10
66. Ureter Tumor	...	10	10
67. Vagina Tumor	...	10	10
68. Vulva Tumor	...	10	10
69. Penis Tumor	...	10	10
70. Scrotum Tumor	...	10	10
71. Testis Tumor	...	10	10
72. Epididymis Tumor	...	10	10
73. Spermatic Cord Tumor	...	10	10
74. Penile Tumor	...	10	10
75. Anal Tumor	...	10	10
76. Rectal Tumor	...	10	10
77. Sigmoid Tumor	...	10	10
78. Colonic Tumor	...	10	10
79. Gastric Tumor	...	10	10
80. Duodenal Tumor	...	10	10
81. Pancreatic Tumor	...	10	10
82. Biliary Tumor	...	10	10
83. Gallbladder Tumor	...	10	10
84. Liver Tumor	...	10	10
85. Spleen Tumor	...	10	10
86. Kidney Tumor	...	10	10
87. Bladder Tumor	...	10	10
88. Ureter Tumor	...	10	10
89. Vagina Tumor	...	10	10
90. Vulva Tumor	...	10	10
91. Penis Tumor	...	10	10
92. Scrotum Tumor	...	10	10
93. Testis Tumor	...	10	10
94. Epididymis Tumor	...	10	10
95. Spermatic Cord Tumor	...	10	10
96. Penile Tumor	...	10	10
97. Anal Tumor	...	10	10
98. Rectal Tumor	...	10	10
99. Sigmoid Tumor	...	10	10
100. Colonic Tumor	...	10	10

TABLE IV.

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS  
TREATED AS MINOR AILMENTS—GROUP I.)

<i>Defects or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in the body of the Report) ... ..	504	—	10	514
Other Defects or Disease of the Eyes (excluding those recorded in Group 1)... ..	64	—	—	64
Total ... ..	568	—	10	578

Total Number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme ... ..	520
(b) Otherwise ... ..	10

Total Number of Children who obtained or received spectacles :

(a) Under the Authority's Scheme ... ..	468
(b) Otherwise ... ..	9

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

*Number of Defects.*

<i>Received Operative Treatment.</i>			<i>Received other forms of Treatment.</i>	<i>Total Number Treated.</i>
<i>Under the Authority's Scheme, in Clinic or Hospital.</i>	<i>By Private Practitioner or Hospital apart from the Authority's Scheme.</i>	<i>Total.</i>		
587	121	708	22	730





TABLE IV. GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:—

	Aged.		
	5	713	} Total 7955
	6	805	
	7	904	
	8	908	
	9	963	
Routine Age Groups	10	908	
	11	939	
	12	868	
	13	698	}
	14	249	
Specials	...	...	... 381
Grand Totals			... 8336

(b) Found to require treatment ... 6931

(c) Actually treated ... 5183

(d) Re-treated during the year as the  
result of periodical examination 1038

(2) Half days devoted to Inspection 76

Treatment 702 Total 778

(3) Attendance made by Children for treatment 6594

(4) Fillings ... Permanent Teeth 1213

Temporary Teeth — Total 1213

(5) Extractions Permanent Teeth 5579

Temporary Teeth 15423 Total 21002

(6) General anæsthetics administered for  
extractions ... 5498

(7) Other Permanent Teeth 437

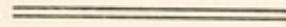
Operations Temporary Teeth — Total 437

GROUP V.—UNCLEANLINESS AND VERMINOUS  
CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses ... ..	3
(2) Total number of examinations of children in the schools by School Nurses ... ..	63887
(3) Number of individual children found unclean ...	686
(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 B.



REPORT  
OF THE  
SCHOOL DENTAL OFFICER

For the Year ended 31st December, 1931,

BY

F. E. GILLIERON, L.D.S.,  
*School Dental Officer.*



APPENDIX B

REPORT

SCHOOL DENTAL OFFICER

For the Year ended 31st December 1971

BY

F. B. GILLERON F.D.S.

School Dental Officer

**APPENDIX B.**

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**REPORT OF THE SCHOOL DENTAL OFFICER.**

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I have the honour to report to you for year ending 31st December, 1931, as follows:—

Two Dental Officers were working in the County—the Chief Dental Officer in the eastern area, and Miss Jean Miller, L.D.S. (Edinburgh), in the western part of Cumberland.

The Chief Dental Officer was engaged in the following clinics:—Penrith, Wigton, Maryport, Longtown; the Assistant Dental Officer has been engaged in Millom, Cleator Moor, and Egremont. The children from the County schools in the neighbourhood of all these permanent clinics are brought to the nearest appropriate place and treated there. There has been a further improvement in the dental scheme, in that we are now able to keep up a continuous weekly service throughout the year in all these places, thus ensuring that no child has to suffer toothache for an unreasonable period. This extension of the service is most important, as in the distressed areas of the west of the County there is not the money available to pay private dentists' fees out of the very limited family purse. Indeed it may be said that all funds available for the families there scarcely meet the cost of the bare necessities of life. Private dental fees to these necessitous families are a luxury and from the humanitarian point of view, in relieving pain alone, dental services are most essential, and appreciated by parents. There is one point in regard to this question which deserves special mention for the attention of Medical Officers, Headteachers, and others whose work brings them in contact with scholars and their parents. This point is the tendency, especially in the western part of Cumberland, to seek relief for the aching tooth only. Once this is treated and pain is banished some parents refuse to go on with the treatment of getting the whole of the child's mouth put into a healthy state. This is very wasteful of the Dental Officer's time, and it requires the persuasion and help of all concerned to bring the treatment to a successful conclusion. Headteachers are especially entreated to help us to the utmost of their capacity to persuade the parents to do the right thing by the child and complete the treatment.



In the Dental Report for 1930 mention was made and figures were shown proving the fact that the teeth of the entrants of 5 years of age were exhibiting a marked increase of dental caries. This state of affairs still exists, although the figure for this year appears to be lower at 86% in the schools examined.

Figures are appended showing the percentage in the last ten years:—

1921	...	...	60%
1922	...	...	77%
1923	...	...	84%
1930	...	...	93%
1931	...	...	86%

At a first glance, this drop in the percentage from 93% in 1930 to 86% in 1931 appears very satisfactory. In reality it is due to an alteration in our method of assessing dental fitness at the school inspection, and not to any improvement in the quality of the mouths presented. Owing to the overwhelming numbers in infants schools (93 out of every 100) who required multiple extractions, and to the extreme youth of the patients, it was decided in 1930 that in these younger patients the temporary molars which showed no sign of abcess or which gave rise to no toothache should be left to exfoliate themselves. In consequence of this the numbers marked as "fit at inspection" would be slightly higher than in former years, and could easily account for the 7% fall between the 1930 and 1931 figures. There is one class of patient in the infants department from whom we exact the highest degree of fitness. That is, the patient who has been recommended to us by the Medical Officer as suffering from debility or organic disease. Their mouths are rendered as healthy as possible.

The consideration of this marked increase of dental disease in entrants, although really a technical matter in dental research and, therefore, possibly a little out of place in an Annual Report of this nature, is not without its interests to those who have the children's education and welfare at heart. It is, therefore, proposed to indicate a few observations and facts, in the hope that some record of them will be taken by those responsible for dental policy.



One may assume at the outset that the oral hygiene or care taken with the mouth in these children remains a constant factor. Children entering school life in 1921, when the percentage was 60%, took no more or no less care than did those entering in 1931. They have not yet received any benefit from dental propaganda in the schools as they have not come under its influence. Hence there is no question of retrogression of the teeth through increasing carelessness or failure to attend to them. Where then are we to look in order to find changes between the years 1921 and 1931 to cause this marked increase of dental caries? The diet, undoubtedly, of most young children has undergone a radical change since 1921. This is particularly noticeable in industrial as contrasted with agricultural areas. The main item in the diet of the child of the industrial manual worker is white bread, with such adjuncts as jam, tea, sweets, etc. Proteins such as fish, meat, etc., hardly enter into it at all, and milk is used sparingly. All this curtailment of the very essential muscle and bone building elements is due to the expense of these foods. After a child is born the years between one and five are very important ones from the point of view of diet. Foods must be given which supply a maximum of lime salts for assimilation and used as bone and tooth builders. There is no finer food than a daily milk ration for this purpose. The small quantity supplied in tea is not sufficient for a growing child. At present, in the distressed areas of Cumberland, the County Council is supplying roughly 1,500 children of over 5 years of age with half-a-pint of milk daily. This is very sound and will, undoubtedly, enable these children to benefit physically by the constant daily consumption of this quantity. There is very little being done for those under five, however, who have not commenced school. It is the writer's opinion that the diet of these young children between birth and 5 years of age is largely responsible for the enormous increase in dental disease found in them.

Propaganda work amongst the young mothers will undoubtedly in time bear fruit, but at present it is a question of balancing the household expenses, and milk is a heavy item in this. Diet also plays a very extensive part in the ante-natal period of the child. The expectant mother often sacrifices her own food in the interest of the father and the older children. It has to be remembered in this connection that **at birth** the milk teeth and also part of the permanent teeth are already largely formed and in the child's jaw. Consequently the mother's diet during pregnancy must be such that she can supply the growing child with an abundance



of lime, in order that the bony structures (which include the teeth) can be adequately calcified. Hence the main point of attack in order to assist these young entrants would appear to be to concentrate on the diet of the expectant mother, and following this the diet of the young child between 1 and 5 years of age. If we are to rear a strong and healthy race in the future it is essential that attention be devoted to these two points, in order that we may have a national asset in our healthy young man and womanhood. Neglect of them will assuredly see us left behind in the evolution of the race.

The writer of this report has under his dental care a Roman Catholic Convent, at Wigton, which is of remarkable interest. It usually contains forty to forty-five girls, and the dental results there are so strikingly in favour of the diet argument, re dental caries, that perhaps it would not be out of place to quote a few excerpts from previous reports:—

#### 1921 REPORT.

“ These girls are all under the care of the Rev. Mother and Sisters of the Convent. They attend the school during the day with the other children from the town. So striking was the difference in the oral condition of these orphans from the rest of the school that, by glancing in the mouths of the pupils as they passed before me, I was practically able to say which were Convent and which were day scholars. There was no dental defect at all in 50% of their mouths, and in addition to this absence of dental caries the teeth were clean and the mouths hygienic. The remaining 50% of the children in the Convent required only an average extraction of 1.8 teeth per head, and in the majority of cases these were temporary teeth, which had been decaying, but which had ceased, and showed marked signs of arrested decay. They were removed to allow the permanent teeth to erupt into their places. Now in every case the children were questioned as to the length of time they had been in the Orphanage. It soon became evident as a result of these questions that most of them had entered the Home with their teeth actively decaying, but that the healthy regime and diet had had its effect, and the decay then “arrested” and turned black. The Rev. Mother was asked to describe the diet—sweets were entirely eliminated and the staple food was of a hard and fibrous nature, namely, meat, crusts of bread (which had to be eaten), soups, and occasionally fish and eggs. The diet described was a well-balanced one, with no great preponderance of carbo-hydrate (starchy foods). The care of



the mouth was in the hands of one Sister, who personally saw that they brushed their teeth **twice a week at least**. Possibly some may have been more familiar with the tooth-brush than this figure would indicate. The non-resident pupils were found to be very bad dentally, and it seems to me to prove the diet theory goes a long way to explain this phenomenon."

#### 1928 REPORT.

" In 1928 the same satisfactory condition was obtained at the school inspection. Out of twenty Convent children examined only five required treatment, and even these were found to require treatment of only a very minor character. Clearly, regular healthy habits—such as plenty of sleep, coupled with a healthy diet—have a marked effect on the teeth. Sweets are hardly ever given, and fruit, on account of the expense, does not enter very greatly into the dietry. All the mouths were hygienic, in spite of minor defects. It would appear that a plain and simple mixed diet coupled with reasonably regular habits of health should be the aim of everyone who wishes to have his body at the maximum of efficiency."

**In 1931** the same satisfactory state of affairs was discovered, and the Rev. Mother and Sisters are deserving of every praise for their care and devotion. The Convent children look very healthy, with shining, happy faces; their teeth are excellent, and they can be picked out as Convent inmates as they file by in the dental inspection. The day scholars in the school are anything but satisfactory from the dental point of view. The diet and habits remain as in previous reports, but there is this significant difference—that not one of the original children seen in 1921 is now in the Convent. New children have arrived to take the place of the originals, **yet their teeth exhibit the same happy state of affairs**. Surely this is beyond coincidence. Daily cleansing is important, undoubtedly, but it seems to prove that diet and regular habits are still more so, because it is questionable if these girls use the tooth-brush with very great regularity.

In conclusion, the thanks of the Dental Staff are due to all those headteachers who have so willingly co-operated with us in the past year. Such a large proportion of the success of any dental scheme rests with the headteacher



(assuming that the Dental Surgeon is capable of doing his part also) that one is tempted to quote the words of Marcus Aurelius, which are not without their dental significance:—

“ We are made for co-operation, like feet, like hands, like eyelids, like the rows of the upper and lower teeth. To act against one another then is contrary to nature, and it is acting against one another to be vexed and turn away.”

School dentists, nurses, headteachers and parents on reflexion are certain to agree that this wise old maxim still stands to-day, and that co-operation is the key note to success of any large dental scheme. Individuality or egotism spells its failure.

In conclusion, may we thank all Medical Officers, headteachers, and others, who have so willingly lent us their efforts in the past, and invite those who have not yet joined us in the campaign to do so.

Miss Jean Miller, L.D.S. (Edin.), and her Nurse, Miss Postlethwaite, have done excellent work in the west of the County throughout the year, and my personal thanks are due to Miss Smith, the Dental Nurse in the eastern side, for her very efficient help to me during the year. It is with great regret that I part with her on her appointment to a new post in Sheffield.

F. E. GILLIERON,

*Chief School Dental Officer.*



APPENDIX C.

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REPORTS  
ON  
PHYSICAL TRAINING

For the Year ended 31st December, 1931.

## APPENDIX C

## REPORTS

## PHYSICAL TRAINING

for the Year ended 31st December 1931



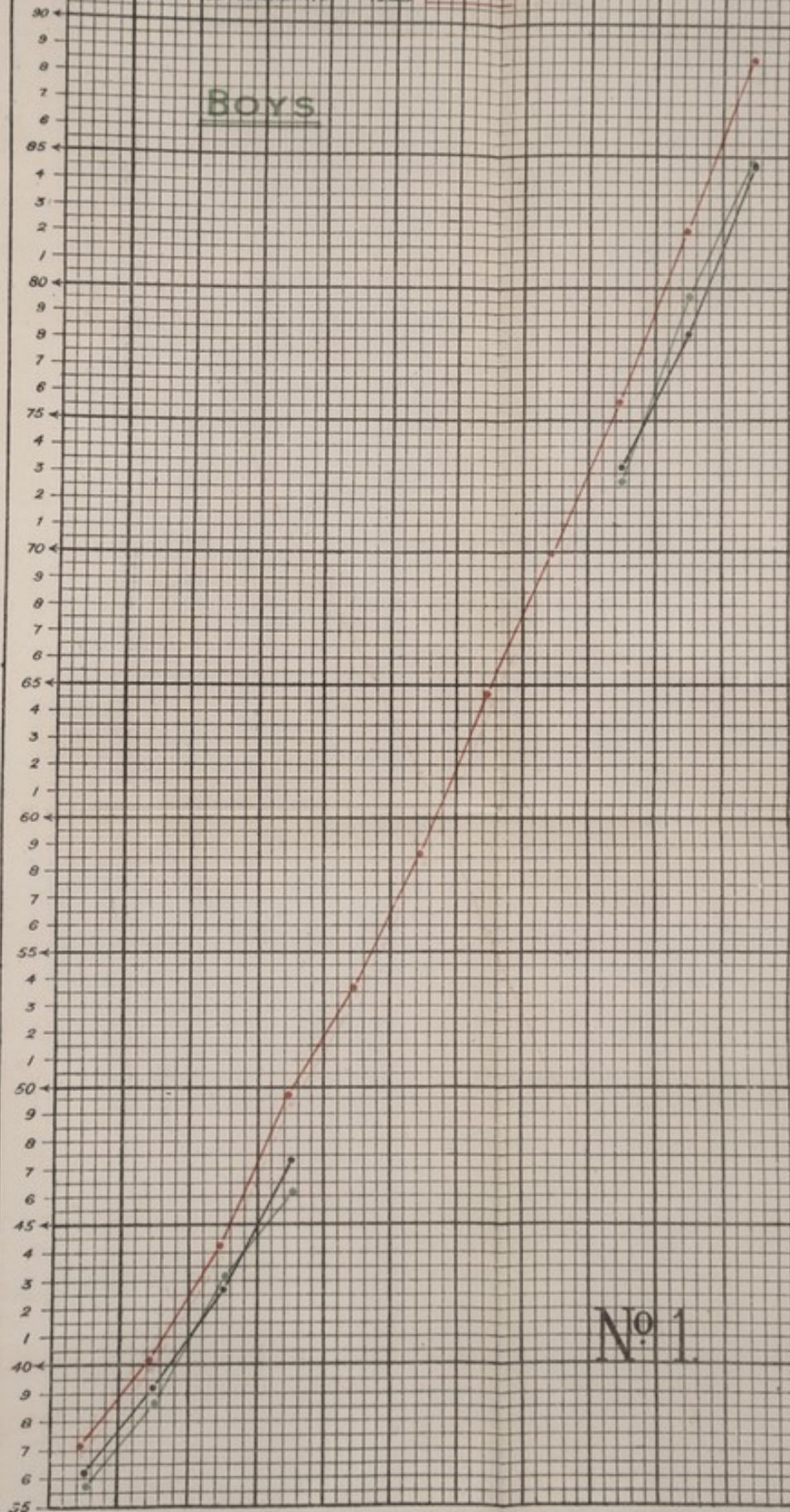
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ENGLAND COUNTY AREAS 1913  
 CUMBERLAND COUNTY 1913  
 WEST CUMBERLAND 1928

Boys



Nº 1

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ENGLAND COUNTY AREA 1913

CUMBERLAND COUNTY 1913

WEST CUMBERLAND 1928

Boys

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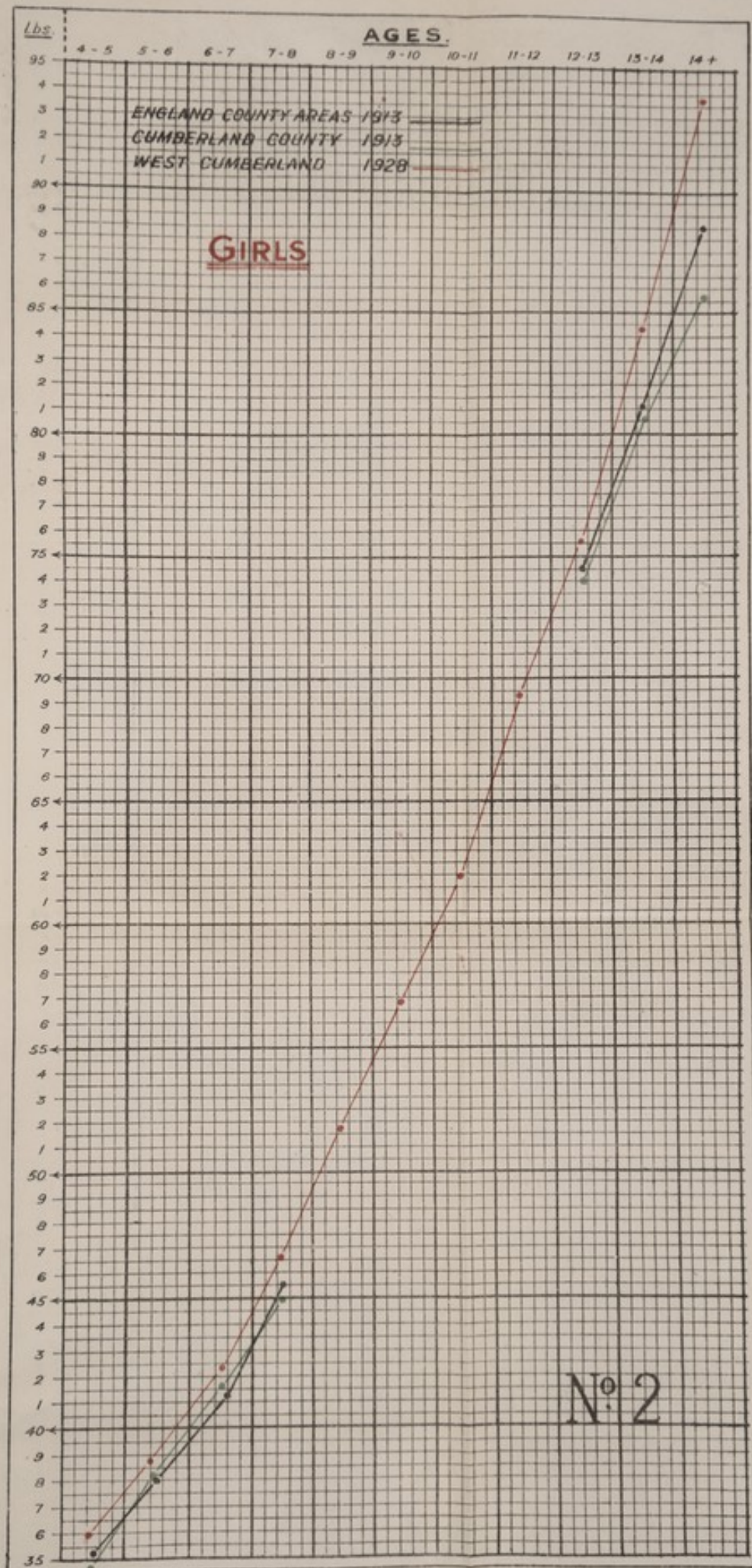
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AGES

1925

1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95-99 100+

ENGLAND COUNTY AREAS 1913  
CUMBERLAND COUNTY 1913  
WEST CUMBERLAND 1928

GIRLS



**APPENDIX C.**

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**REPORT ON PHYSICAL TRAINING FOR THE YEAR  
ENDING 31st DECEMBER, 1931, BY W. S. GRAY AND  
MARGARET FRASER (CHIEF ORGANISERS).**

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**PHYSICAL EDUCATION.**

The Chief Organisers have pleasure in submitting their Annual Report for the year ending 31st December, 1931.

Satisfactory progress has been made in all branches of physical training. A new feature has been the introduction of a more modern type of work, which has considerably added to the benefit and enjoyment of the children. This development has been considerably facilitated by the whole-hearted co-operation of the teachers, who have again given much of their spare time to coaching games, umpiring matches, etc.

**STAFF.**

Unfortunately there have been a number of changes on the women's staff during the year.

Miss Wisnom, who had done really excellent work in the County Secondary Schools for ten years, left to be married in August. Her departure was greatly regretted, and made a gap hard to fill. Miss Booth, a local candidate, trained at Chelsea P.T.C., was appointed in Miss Wisnom's place, but will not commence until January, therefore Miss Barnard, Silkeborg trained, undertook the work temporarily.

After nearly  $5\frac{1}{2}$  years' enthusiastic work as assistant in Keswick, Penrith and Cockermouth districts, Miss Hall resigned at Easter on account of her approaching marriage. She was a loyal and helpful colleague, and we were sorry to lose her. This vacancy was not filled until after the summer holidays, when Miss Sutton, who had been appointed in July, reported for duty.

No change has occurred in the men's staff.



## TEACHERS' CLASSES.

For Men :—

Centre.		On Roll.	Teacher.
Whitehaven	...	24	Mr. J. J. Iceton.
Cockermouth	...	16	Mr. J. A. Tringham.
Carlisle	...	32	Mr. W. S. Gray.

For Women :—

Centre.		On Roll.	Teacher.
Penrith	...	27	Miss Hall.
Carlisle Courses (2) (Special Infants)		90	Miss Fraser.
Maryport	...	34	Miss G. Freeling.
Maryport (Special Infants)	...	36	Miss Fraser.

The large number in attendance at these classes shows the interest taken in physical training by those teachers who have spared no pains to bring their work up to date.

## CONTINUATION EVENING CLASSES.

Centre.		On Roll.	Teacher.
Egremont	...	40	Mr. Hayes.
Seascale	...	13	Mr. Hayes.
Keswick (2)	...	38	Mr. Tringham.
Broughton Moor	...	28	Mr. Charlton.
Nenthead	...	22	Mr. Braithwaite.
Lowca	...	32	Mr. Harper.
Silloth	...	12	Mr. Henderson.
Cockermouth	...	16	Mr. Hetherington.
Wigton	...	19	Mr. Hewitson.
Cleator Moor (2)	...	97	Mr. Hayes.
Frizington (2)	...	30	Messrs. Bell and Moore.
Dearham	...	24	Mr. Tringham.
Penrith (2)	...	40	Mr. Hargreaves.
Grasslot	...	35	Mr. Hewitson.

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18 Classes.      Total ... 446 Students.

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## YOUNG WOMEN'S CLASSES.

Centre.	Class.	Time.	On Roll.	Teacher.
Garrigill	P.T. & Dancing	1 hr.	15	Mrs. Askew and Miss Dixon.
Frizington	P.T. ... ..	1½ „	28	Miss Freeling.
Cockerm'th	P.T. ... ..	1 „	26	Miss Davey.
Dearham	P.T. ... ..	1¼ „	22	Miss Sutton.
Distington	P.T. ... ..	1½ „	20	Miss Freeling.
Hayton	Folk Dancing..	1½ „	17	Miss Pugmire.
Keswick	P.T. ... ..	1 „	33	Miss Sutton.
Maryport	P.T. (Juniors).	1 „	17	Miss Benson.
Parton	P.T. (Juniors).		20	Miss Freeling.
Parton	P.T. (Seniors).		16	Miss Freeling.
Penrith	... ..	1 „	40	Miss Donaldson.
Penrith	... ..	1 „		
Silloth	P.T. ... ..	1½ „	17	Miss Smith.
Wigton	P.T. ... ..	1½ „	23	Miss Barnard.
Whitehav'n	P.T. ... ..	1 „	19	Miss Heawood.
Egremont	P.T. ... ..	1½ „	23	Miss Freeling.
Abbey T'n.	P.T. ... ..	1½ „	15	Miss Smith.
17 Classes.			Total 351	Students.

The long list of evening classes indicates that there is an ever increasing demand from young men and young women for opportunities to continue their physical education after leaving school.

Plainly the subject stands high in popularity amongst the students, despite the difficulty of securing anything approaching suitable accommodation.

The teaching of these classes requires very special thought and preparation on the part of the teacher, and we hope that the Education Committee may see its way to offer some grants to enable teachers who seek this work to have access to special vacation courses.

## PLAYING FIELDS AND PLAYGROUNDS.

The help of the Committee towards the provision of playing fields for the elementary schools is much appreciated. It should be possible for every school to have access to a playing field for organised games, but there are still schools even in rural areas, such as Raughton Head, Welton, Plumbland, etc., where it seems impossible to secure a field for organised games. It is all the more necessary that this provision shall be made since, despite the Committee's programme of reconstruction in council schools, there are still many poor playgrounds in the County.

## SWIMMING.

## WIGTON BATHS.

Boys and girls from the following schools have attended Wigton Baths once per week for instruction in swimming:—Wigton National, Wigton R.C., Blencogo, Boltons, Bromfield, Abbeytown, Kirkbride, Aldoth, Waverton, and Westnewton.

## WHITEHAVEN BATHS.

Twenty boys from each of the following schools attend Whitehaven Baths for one half hour per week:—Cleator Council, Montreal, Moor Row, Thornhill, Lowca, Moresby, Sandwith, Parton, Hensingham, and Distington. There is a real demand for places for girls, and provision for them should be considered.

The following children have gained the Education Committee's certificates:—

	First Class.		Second Class.		Total.
	Boys.	Girls.	Boys.	Girls.	
Wigton and District ...	12	7	18	22	59
Whitehaven District ...	8	—	23	—	31

On Wednesday, September 30th, the "Wigton and Districts Schools Swimming Association" arranged a Swimming Gala for all the children who had attended during the season. The great improvement in the standard of attainment shown by all competitors was noticed with pleasure by the large number of parents, teachers, County



Councillors, and Wigton Councillors, etc., who witnessed the display. Mr. McGowan, J.P., Chairman of the Education Committee, kindly presented the proficiency certificates at the close of the Gala.

#### ORGANISED GAMES.

##### NET BALL.

In spite of the persistent wet weather enthusiastic interest in Net Ball has been fully maintained. The league matches have been well contested, a high standard of play and keenness being shown, especially at the semi-finals and finals.

##### LEAGUE RESULTS.

###### Carlisle Rural District—

Winners: Bowness-on-Solway.

Runners up: Kingstown.

###### Cockermouth and Districts—

Winners: St. Joseph's R.C.

Runners up: Great Broughton Girls.

###### Penrith and District—

Winners: Renwick.

Runners up: Newbiggin.

###### Keswick and District—

Winners: Braithwaite.

Runners up: St. John's Girls.

###### Whitehaven Rural District—

Parton Girls.

ROUNDERS AND STOOL BALL are also being more widely played.

Proficiency in any major games, such as Net Ball, Football, etc., can never be obtained until the necessary elements of training in throwing, catching, dribbling, dodging and marking, etc., have been thoroughly taught. Hard practice in these elements is necessary if a good standard is to be reached.



## SCHOOL FOOTBALL.

Competition.	Finalists.
(a) County Shield ... ..	Egremont Bookwell Boys Flimby Boys. [winners.
(b) Egremont and Cleator Moor Shield ... ..	Egremont Bookwell Boys Moor Row. [winners.
(c) Cleator Moor and District League ... ..	Egremont Bookwell Boys [winners.
(d) Egremont and District League ... ..	Moor Row (winners).
(e) Holmes Shield... ..	Crosthwaite, Keswick [winners.
(f) General Spedding Cup..	Crosthwaite, Keswick [winners.
(g) Maryport Hospital Cup	Flimby Boys (winners).
(h) Moss Shield ... ..	Egremont Bookwell Boys [winners. Irish St. School, Whitehaven.
(i) Lonsdale Cup ... ..	Egremont Bookwell Boys Carlisle Boys. [winners.

We are indebted to Ald. Johnston, Mr. Thomas, C.C., and Mr. Haslam, H.M.I., for the practical interest they have shown in the children's games by their attendance and by kindly presenting the trophies after the matches.

## WRESTLING.

The sixth Annual Schoolboys' Cumberland Wrestling Competition for the Watson Challenge Shield, took place at Braystones, on Saturday, 23rd May. Teams were entered from Egremont Bookwell, Calderbridge, Muncaster, Waberthwaite, St. Patrick's, St. Bridget's, Montreal (2) and Cleator Council (2) Schools. Montreal Boys for the third time won the Shield, and their old friendly rivals, St. Patrick's, were second. The Chief Man Organiser presented the Shield and Cups to the winners and runners up.

## SPORTS.

The following Schools organised Sports' Days :—

School or Schools.				Date. 1931.	No. of Competitors.	
Cleator Council	...	...	...	June 17	...	150
Broughton Moor	...	...	...	June 18	...	200
Burgh and District	...	...	...	June 19	...	350
Hayton (How Mill)	...	...	...	June 24	...	60
Grasslot	...	...	...	June 24	...	340
Cockermouth and District	...	...	...	June 25	...	700
Distington	...	...	...	June 26	...	200
Keswick and District	...	...	...	July 1	...	600
Aspatria Schools	...	...	...	July 2	...	400
Greysouthen	...	...	...	July 2	...	70
Ivegill	...	...	...	July 3	...	60
Hallbankgate and District	...	...	...	July 4	...	200
Little Clifton	...	...	...	July 7	...	201
Thursby	...	...	...	July 8	...	70
Bassenthwaite	...	...	...	July 10	...	60
Blackford	...	...	...	July 17	...	80
Penrith Boys' Council..	...	...	...	July 16	...	250
Torpenhow	...	...	...	July 10	...	50
Warwickland	...	...	...	Sept. 15	...	50
Brampton Boys	...	...	...	Sept. 16	...	100

These sports are immensely popular with both children and parents, and the children derive great benefit from the careful preparation and training which are necessary.

## FOLK DANCING.

Folk Dancing in the schools shows a steady improvement owing to the keen attendance of the teachers at the winter classes of the Cumberland Branch of the English Folk Dance Association.



## DEMONSTRATIONS.

Demonstrations of physical training have been given before enthusiastic bodies of spectators at the following schools:—

School.	Date.
Cleator Council ... ..	17th June, 1931.
Grasslot ... ..	24th June, 1931.
Bassenthwaite ... ..	10th July, 1931.
Brampton Boys' Council..	3rd Dec., 1931.

## SECONDARY SCHOOLS.

Although the County probably stands comparatively well in its provision of specialist teachers of physical training, it has not yet become possible to provide for their ministrations alone to allow two full periods of physical training per week for each child in secondary schools. An advance towards this desirable end is made when, as at Brampton, a keen member of the school staff is persuaded to equip himself for part-time work in physical training. The beneficial results of the two periods are amply illustrated by the development of the girls of Wigton Thomlinson School.

## SPORTS' DAYS, COMPETITIONS, ETC.

The usual School Sports' Days and Special Gymnastic Competitions have been held, and in many cases the Committee's Organisers have given help as judges, etc., and in an advisory capacity. Whitehaven School had an excellent series of Form Competitions. At Wigton Nelson School "Gym." Colours were awarded on the Sports Day. Carlisle Grammar School had an excellent Swimming Gala, with special good junior diving. A high standard of work was shown in the Competitions at Wigton Thomlinson School and at Whitehaven.

The Chief Man Organiser was again honoured by being asked to act as Judge at the Annual Competition at Barrow Grammar School. He was also Sports Referee at the Elementary School Sports of the Workington and Whitehaven Authorities.



## COMBINED SECONDARY SCHOOL SPORTS.

These Annual Sports were held this year on the Carlisle Grammar School Cricket Field, where Mr. Pollard and his colleagues were responsible for the admirable arrangements. The following achievements are worthy of note:—

- (a) 100 yards in 11 secs. on grass.
- (b) A tie at 5 ft. 1 in. in the high jump.
- (c) A long jump of 19 ft. 6½ in.
- (d) Cricket ball, 94 yards 1 ft.

The final placings were:—

1.	Carlisle Grammar School...	...	47½	points.
2.	Wigton Nelson School	...	40	„
3.	Workington County Secondary School	...	32½	„
4.	Millom County Secondary School	...	28½	„

## RECOMMENDATIONS.

The following is a summary of our special recommendations:—

- (a) That the progressive improvement of playgrounds be continued.
- (b) That in the construction of new schools, indoor accommodation be provided for day and evening classes in physical training.
- (c) That when the finances of the County allow it, the ration of games apparatus be increased.
- (d) That the facilities for swimming instruction in the Whitehaven District be extended to girls.
- (e) That there be an allocation of grants to help selected teachers to attend vacation courses.

(Signed) W. S. GRAY.

MARGARET FRASER.

Continued Statement of the Board

These Annual Reports were submitted to the Board on the 15th of January 1900. The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board. The following are the results of the work of the Board:

- (a) The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board.
- (b) The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board.
- (c) The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board.
- (d) The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board.
- (e) The Board has been very much interested in the progress of the work of the Board and the results of the work of the Board.

The final figures were:

1. Total number of pupils	474
2. Total number of teachers	10
3. Total number of pupils	474
4. Total number of teachers	10
5. Total number of pupils	474
6. Total number of teachers	10
7. Total number of pupils	474
8. Total number of teachers	10
9. Total number of pupils	474
10. Total number of teachers	10

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APPENDIX D.

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Whitehaven County Secondary  
School.

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REPORT for 1931.

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[TO THE GOVERNORS OF THE WHITEHAVEN  
COUNTY SECONDARY SCHOOL].



APPENDIX D.

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Whitehaven County Secondary  
School.

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REPORT for 1931.

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TO THE GOVERNORS OF THE WHITEHAVEN  
COUNTY SECONDARY SCHOOL.

# APPENDIX D.

## WHITEHAVEN COUNTY SECONDARY SCHOOL.

### MEDICAL OFFICER'S REPORT, 1931-32.

[To the Governors of the Whitehaven County Secondary School].

LADIES AND GENTLEMEN,

I have pleasure in presenting my Report on the School Medical Examinations for 1931-32. For convenience I have tabulated some of the statistics:—

	1931-2	1930-1
Number of first examinations ... ..	124	112
Number of re-examinations ... ..	360	229
Number of special examinations ... ..	38	37
	522	378

FIRST EXAMINATIONS	Boys	Girls	Boys	Girls
Number of new pupils examined ... ..	70	54	70	42
*Number of new pupils found "Normal"	37	28	42	19
% of "Normal" entrants ... ..	53	52	60	45

TEETH	Boys	Girls
Dental conditions satisfactory ... ..	48	29
Teeth had treatment but needing more	7	8
Teeth needing treatment ... ..	14	16
Pyorrhoea ... ..	1	1
Wearing denture ... ..	1	—

\* Dental defects alone do not exclude a pupil from being classified as "Normal"

TONSILS, ETC.	1931-2		1930-1	
	Boys	Girls	Boys	Girls
Enlarged or unhealthy tonsils ... ..	23	14	21	14
Enlarged tonsils, but giving no trouble	20	8		
Enlarged tonsils, with tendency to sore throats, etc. ... ..	3	6		
Tonsils removed before entering school	7	5		

EYES	Boys	Girls	Boys	Girls
Defects of Vision ... ..	6	11	9	6
Of these : wearing satisfactory glasses	2	5		
Wearing glasses which do not give perfect vision ...	1	4		
Needing glasses ... ..	3	2		
Blepharitis, conjunctivitis, etc. ... ..	1	1		

TEETH.—As usual, there are very many children who suffer from dental caries. I am, however, struck with the large number who have had treatment before entering this school. This is, of course, largely due to the fact that the Education Authorities provide Dental Officers for the children attending elementary schools.

At the same time it must be remembered that constant supervision is necessary as the school age seems to be the age when teeth decay very rapidly. Bad teeth are undoubtedly the cause of a great deal of general ill-health.

In this connection I should like to quote a remark of the Chief Medical Officer of the Board of Education in his report for the year 1930:—"It is probably not going too far to say that dental unsoundness is the most serious of all the conditions that not only menace but actually lower the state of the national health."



## GENERAL PHYSICAL DEVELOPMENT.

Twelve boys and four girls only have been noted under this heading, as against twelve boys and eighteen girls last year. The difference is marked, and difficult to explain, unless more physical exercise is being given in girls' schools.

Six of the boys have poor development without any complications.

Three boys have also enlarged tonsils; two have weak chests as well as enlarged tonsils. One of the latter is definitely too adipose, as a result probably of insufficient physical exercise. The remaining boy had his tonsils removed too late to improve chest development.

One girl was in a similar position, and one other had the combination of poor development with enlarged tonsils, the latter probably the cause of the former. The remaining two girls had no complications.

I might perhaps mention that I find several of the very young new pupils looking small and thin. I have made a note of these cases, while counting them as normal. As a rule I find on re-examination in subsequent years that they improve satisfactorily, and more or less rapidly.

LUNGS.—No pulmonary organic disease was found. I have, however, noted three boys and two girls whom I consider it necessary to keep under observation. They have been specially re-examined, and are all satisfactory.

CARDIAC TROUBLES.—Four boys and three girls have been marked under this heading. (In 1930 one boy and two girls were noted). All these were rather important cases, which must be kept under observation.

It seems to me to be a large number, out of 124 young children, especially as at least five of the seven have probably organic defects.

GOITRE.—Only one girl had an enlarged thyroid, definite, but not serious. (1930: one boy and two girls).

SKIN TROUBLES.—One boy had marked nettle rash, but no infectious or contagious skin troubles were noted. One boy and one girl have definite nasal discharges and inflammation, which must be a handicap to them in their health and their work, very much as enlarged tonsils and adenoids are.

One boy has a congenital defective formation of his right ear, and is deaf on that side. His head is definitely asymmetrical.

Four boys and three girls are too adipose. They may need treatment, but time and physical training may be all that is necessary.

One boy and one girl stammer, and three boys are definitely "nervous." These are cases which require very careful handling in school. Speaking generally, they usually recover, but so much depends on their early school days that I feel it is necessary to mention them.

RE-EXAMINATIONS	1931-2		1930-1	
	Boys	Girls	Boys	Girls
Number of pupils re-examined ...	206	154	152	114
Number of pupils found "Normal" ...	102	69	62	55
% of "Normal" pupils ...	50	45	41	48

TEETH	Boys	Girls	Boys	Girls
Dental condition satisfactory ...	105	79	62	47
Teeth had treatment but needing more	34	36		
Teeth needing treatment ...	67	38		
Pyorrhoea ...	—	1		
Bleeding gums ...	1	4		
Wearing dentures ...	1	5		



TONSILS, ETC.	1931-2		1930-1	
	Boys	Girls	Boys	Girls
Enlarged or unhealthy tonsils ... ..	55	44	48	24
Enlarged tonsils giving no trouble ...	41	30		
Enlarged tonsils, with sore throats, etc.	14	14		
Tonsils-removed ... ..	7	8		

EYES	Boys	Girls	Boys	Girls
Defects of vision ... ..	30	34	34	22
Pupils wearing satisfactory glasses ...	19	24		
Pupils wearing glasses which do not give perfect vision ... ..	4	4		
Pupils needing glasses ... ..	7	6		
Pupils suffering from Blepharitis, Conjunctivitis, etc. ... ..	6	3		

TEETH.—No fewer than seventy pupils need further dental treatment. This again emphasises the necessity for constant supervision of the teeth throughout the period of school life.

Of the 175 pupils who need dental treatment, 105 have apparently never been seen by a dentist. Many of these have had their attention drawn by me to this defect on more than one occasion, without any practical result. There are many reasons for this, some good, some bad.

I have already referred to the danger of bad teeth from a health point of view, and I think these latter figures justify my stressing the point. It is, however, difficult to suggest a remedy, especially in view of the present economic situation.

The cases of "bleeding gums" were not wholly due to decayed teeth. In some cases there was general debility, in others a want of regularity in cleaning the teeth.



Six pupils wore dentures, a large percentage for children of school age.

TONSILS.—It is interesting to note that six boys and eight girls who had previously been noted as having enlarged tonsils, were now apparently normal.

EYES.—A number of pupils are now wearing glasses as a result of defects discovered at the routine school medical examination; eight other pupils are wearing glasses which do not now give satisfactory results. Errors of refraction are apt to alter very rapidly in young people, especially if they are using their eyes very much. One pupil, on account of rapidly progressive short sight, was advised to see a specialist, who ordered him to leave school and to give up all reading.

Of the thirteen pupils who need spectacles and have not previously worn them, two are of special moment. One is a boy whose sight at the previous examination was apparently normal, and who on this occasion could hardly see at all. The other is a girl whose sight has been found on several examinations to be defective, and to be getting progressively worse, yet she still does not, and will not, wear spectacles, and as a result the matter is now serious.

Two pupils have definite "squint." One is a boy who needs spectacles and does not wear them, the other is a girl who wears glasses, but has not seen a specialist for three years.

GENERAL PHYSICAL DEVELOPMENT.—In this matter one is happy to note very obvious and distinct improvement. I have noted twenty boys and seven girls under this heading, as against twenty-eight boys and fourteen girls last year. Of these, eight boys and two girls have no complications; six boys and two girls have enlarged tonsils; two boys have defective eyesight, and two boys had enlarged tonsils and defective eyesight. One boy had gained only  $5\frac{1}{2}$  lbs. weight in two years, but at a later examination had improved very much.

Six boys and seven girls previously included under this heading are now normal, while five boys and four girls show definite improvement.

**LUNGS.**—No pupils were found to have any serious or definite organic lung trouble. Eight boys and four girls had, however, had trouble which necessitated very careful examination of the lungs. (In 1930, one boy and two girls only came under this heading). Two boys and two girls had had pleurisy. Four other pupils were found now to be apparently normal, but all will be re-examined in the coming year.

**HEART.**—No fewer than twenty-seven pupils (fourteen boys and thirteen girls, as against twelve boys and nine girls in 1930) were re-examined on account of a reference to heart trouble in previous examinations. This again seems to be a large number, but it is less alarming when the functional disorders and the "now normals" are deducted. The latter included one boy and three girls, while nine boys and seven girls are suffering from functional disorders only, which are usually not serious and will pass off in time. Three boys and three girls were nervous cases.

Four boys and four girls have definite organic heart disease. With the seven cases mentioned under the primary examinations, this means that 3% of the pupils in the school have organic heart disease, a large percentage for any school. From recent reports it would seem that this condition is on the increase. Attention has been drawn to the matter in other places, and it may be that further investigation will be made into the incidence of acute rheumatism, etc., among children. In any case, all these pupils will be kept under observation.

**GOITRE.**—This year there are nine cases to report (one boy and eight girls, against one boy and three girls last year, both totals, however, being very small in comparison to some previous years). Of the girls, seven had only slight goitres, probably of no significance; the other two pupils had some concomitant palpitation and nervousness.

**SKIN.**—No cases of infectious or contagious skin troubles were found. The eleven cases were all slight, four of them congenital conditions.

The miscellaneous cases need no special comment, and I propose, therefore, to summarise them:—

**STAMMERERS.**—Three boys (one bad case, and one whose stammer has practically disappeared).



NERVOUS CASES.—Three girls—and two others now apparently normal.

GLANDS.—One boy and two girls, one of whom was particularly recommended to see her doctor.

ANÆMIA.—Four boys and thirteen girls.

NASAL TROUBLES.—Two boys and two girls with catarrh, one of the boys having a deflected septum tending to cause nasal obstruction.

#### SPECIAL RE-EXAMINATIONS.

As a result of the routine examinations I specially re-examined twenty-five boys and thirteen girls, most of them for more than one trouble. They are summarised as follows:—

			Boys.	Girls.	
Heart	...	...	7	...	4
Lungs	...	...	7	...	2
Eyes	...	...	7	...	7
Teeth	...	...	5	...	6
Pyorrhœa, etc.	...	...	2	...	3
Tonsils	...	...	5	...	3
Glands	...	...	1	...	2
Goitre	...	...	1	...	2
Anæmia	...	...	—	...	2 (one said to be pernicious anæmia).
Skin trouble	...	...	1	...	1
G.P.D.	...	...	2	...	—
Stammerers	...	...	2	...	—
Catarrh	...	...	1	...	—
Maldevelopment	...	...	1	...	—

G. BERTRAM MURIEL,

B.A., M.B., B.Ch.Cantab.





