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BOROUGH OF GLOSSOP.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

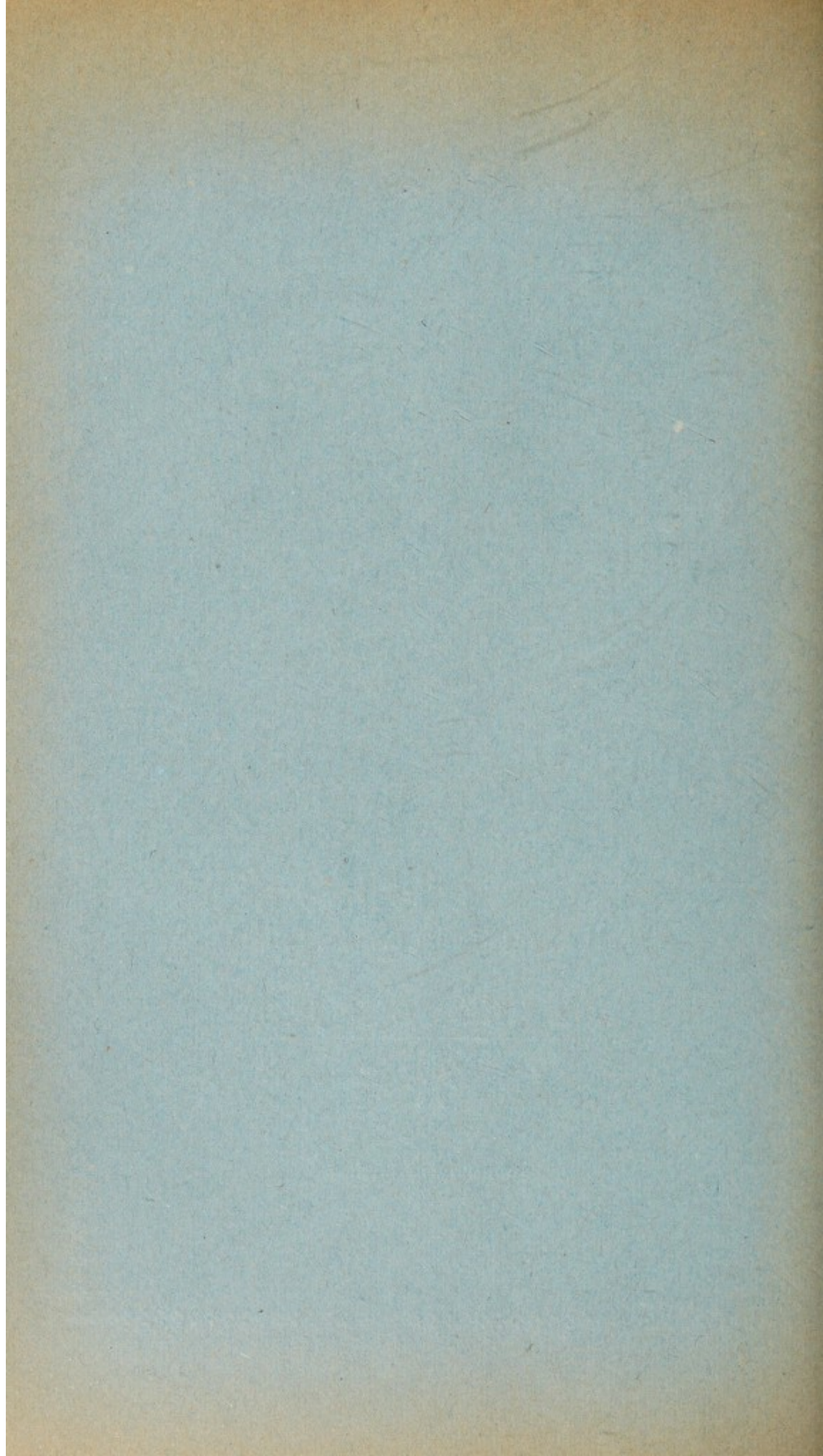
School Medical Officer

(E. H. Marcus Milligan, M.D., D.P.H.)

FOR THE YEAR 1930.



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Glossop Education Authority.

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1930.

(1) STAFF:

E. H. Marcus Milligan, M.D., D.P.H., School Medical Officer.

Peter Malloch, L.R.C.P. & S., School Oculist.

Mr. Marcus Mamourian, F.R.C.S., Surgeon for Nose and Throat Diseases.

Mr. H. Poston, Orthopædic Surgeon.

Miss Muriel Robertson, L.D.S., School Dentist.

Miss B. Coventry, C.M.B., R. San. Inst. Cert., School Nurse.

Mrs. M. Wcolliscroft, Fully Trained, C.M.B., Cert., School Nurse.

(2) CO-ORDINATION.

(a) Co-ordination with Infant Welfare and Child Welfare Work:

The School Medical Officer is also Medical Officer of Health and Medical Officer of the Infant Clinics; the School Nurses are also Health Visitors for Maternity and Child Welfare work.

Child Welfare Record Cards are passed on to the School Medical Department.

The School Medical Department, Maternity and Child Welfare Department and the Public Health Department occupy one suite of rooms.

The Maternity and Child Welfare Committee have now arranged that children under school age should in suitable cases have the advantage of attending the School Clinics.

(b) Nursery Schools:—

There are no Nursery Schools in Glossop.

(c) The care of Debilitated Children under School Age:—

Debilitated children are seen at the Welfare Centres and advice is given to mothers regarding their general care; in certain instances mothers are advised to obtain treatment by their own Doctor for their children or to bring them to the Tuberculosis Dispensary.

The Tuberculosis Officer can now send suitable cases to Bretby Hall, an institution belonging to the Derbyshire C.C., conducted on Sanatorium lines.

Our Health Visitors visit children under school age in their homes, and we have also two Welfare Centres which are well attended.

Children under 5 years are called up now for Medical Inspection at the Centres.

Where the children are tubercular or are in contact with tubercular persons the Tuberculosis Care Committee gives free milk.

Two U.V. Lamps have been presented to the Corporation by the Hospital Committee and are now used for debilitated children as well as for other persons.

(3) SCHOOL HYGIENE.

I reported very fully on this matter last year and gave details showing that hygiene was not taught to anything like the extent it should be. I am pleased to say that under the new organisation of the elementary schools by means of which all the children over 10½ years except those attending the three Roman Catholic Schools now go to the two Central Schools (West End and Castle Schools). Arrangements are

being made for teaching hygiene more systemically, especially at the West End School. Next year I hope to be able to report more progress.

I really cannot see how any educational system can be complete without teaching the children the science of proper living for that is really what hygiene in the broadest sense means.

Reading, writing and elementary mathematics, a knowledge of history and geography and elementary science are of course essential, but a person who has been taught how to carry out the simple calculations necessary for ordinary everyday use and who with reading and writing has been taught how to use books intelligently has got the essentials of education and there should be no difficulty whatever in adding to this some technical knowledge of their future vocation and the laws of hygiene both in theory and practice, including the physical training necessary to develop the body.

All boys and girls should, in my opinion, as part of the curriculum drawn up and approved by the Board of Education be taught the outlines of Health Education on the lines contained in the Board's own Handbook together with the practice of hygiene during the school routine so that proper habits will be formed.

In addition boys should be taught something of gardening and girls in their domestic work the hygiene of clothing and food and elementary child welfare.

This is the minimum and there is really no reason why a programme like this should not be in operation in every school in the country; its effect in improving the health of the community would be undoubted, and besides it is a much more rational and economical procedure to teach people in the hygienic sense to behave as they should than to try and force them by legislation to obey laws and rules which they do not really understand.

(4) MEDICAL INSPECTION.

Routine Inspections:—

The age groups inspected are Entrants, Intermediates and Leavers (children over 12 years); children of other ages are occasionally examined for often children miss the inspection at the proper age owing to illness or for other reasons.

There were 855 routine inspections in 1930.

Special Examinations:—

Children referred by parents, teachers, or the nurses or children sent to the Minor Ailment Clinic for treatment are specially examined. There were 739 of these Examinations in 1930.

Re-Examinations: — Children found previously defective are re-examined in school or at the Clinic; there were 1611 of these Examinations in 1930.

(5) THE FINDINGS OF MEDICAL INSPECTION.

I give herewith a table which shows the percentage of various defects found at routine examinations.

PERCENTAGE DEFECTS FOUND AT MEDICAL INSPECTION, 1930, AND CERTAIN OTHER YEARS.

Year.	1926	1927	1928	1929	1930
No. of Children examined,	919	840	913	808	855
Malnutrition—Bad					
(Requiring Treatment) ...	1.5	1.4	2.3	1.2	1.4
(Requiring Observation) ...	2.0	4.0	3.5	2.7	2.0
Uncleanliness (per Nurses' Inspections) ...	1.7	2.1	2.6	3.0	†3.9
Skin—Ringworm—Scalp	0	0	0.1	0.1	0.0
Body	0	0	0.1	0.1	0.1
Scabies ...	0	0	0.0	0.0	0.0
Impetigo ...	0	0.2	0.0	0.1	0.1
Other Skin Diseases	0.1	0.71	0.7	0.4	0.5
Eyes—Blepharitis	0.2	0.5	0	0.1	0.0
Conjunctivitis	0	0	0	0.1	0.1

† Least presence of nits included in this figure now.

Year.	1926	1927	1928	1929	1930
Keratitis	0	0	0	0.0	0.0
Corneal Opacities	0.3	0.2	0.1	0.0	0.0
Defective Vision (excluding Squint)					
(Requiring Treatment) ...	5.7	4.7	7.8	6.1	3.1
Squint	0.8	1.1	0.6	0.8	1.1
Other conditions	0.1	0.1	0	0.2	0.1
Ears—Defective Hearing ...	0.43	0.8	0.4	1.2	0.4
Otitis Media	0.43	0.9	0	0.1	0.0
Other Ear Disease	0	0	0	0.1	0.3
Nose and Throat—Enlarged Tonsils only					
(Requiring Treatment) ...	3.1	2.5	4.5	2.9	2.4
(Requiring Observation) ...	2.8	3.5	6.5	6.0	3.5
—Adenoids only					
(Requiring Treatment) ...	1.7	1.6	3.7	1.1	1.5
(Requiring Observation) ...	1.6	2.6	3.6	1.8	2.9
—Enlarged Tonsils & Adenoids					
(Requiring Treatment) ...	1.4	2.5	1.4	1.1	3.0
(Requiring Observation) ...	1.0	2.0	0.8	1.0	0.7
Other conditions	—	—	—	—	0.1
Enlarged Glands (Non-Tubercular)					
(Requiring Treatment) ...	4.2	3.9	4.4	2.7	2.6
(Requiring Observation) ...	17.9	8.3	8.6	7.8	5.0
Defective Speech.					
(Requiring Treatment) ...	0.3	0.1	0.2	0.2	0.3
Organic Heart Disease.					
(Treatment and Observation)	1.3	1.5	2.7	1.7	2.1
Functional Heart Disease.					
(Treatment and Observation)	9.7	10.5	9.3	8.0	7.2
Anæmia—(Requiring Treatment)	1.5	0.7	1.8	1.3	1.1
(Requiring Observation)	1.9	1.6	2.4	1.1	1.9
Bronchitis.					
(Requiring Treatment) ...	0.8	0.4	0.6	0.4	0.4
(Requiring Observation) ...	0.43	0.7	0.9	1.0	0.8

Year.	1926	1927	1928	1929	1930
Other Non-Tubercular Disease					
of Lung	0	0	0	0	0.0
Tuberculosis—Lungs (Definite)...	0.3	0.1	0.2	0.4	0.1
,, (Suspected)	0.43	0.8	0.3	0.6	0.5
Glands (Req. Treatment)	0.3	0.1	0.4	0.2	0.2
(Req. Observation)	0.3	0.3	0.1	0	0.1
All other forms	0	0.1	0	0	0.0
Nervous Conditions—Epilepsy ...	0	0.1	0.2	0.2	0.1
Chorea (Req. Treatment)	0	0.4	0	0.0	0.0
(Req. Observation)	0	0.2	0	0.1	0.0
Other (Req. Observation)	0.1	0	0.3	0.2	0.2
Mental Defects.					
(Req. Observation)	0.1	0.3	0.4	0.0	0.0
Deformities.					
Spine (Req. Observation) ...	0.1	0	0	0.1	0.2
Rickets (Req. Treatment) ...	0.3	0.2	0.2	0.0	0.1
(Req. Observation) ...	0.8	0.7	0.4	0.3	0.2
Other forms (Req. Treatment)	0.8	0.4	0.1	0.7	0.7
Other Defects and Diseases.					
(Requiring Treatment) ...	2.7	4.2	3.8	2.1	2.2
(Requiring Observation) ...	15.7	14.8	15.2	10.0	10.0
Of which Goitre					
(Requiring Treatment) ...	1.19	0.7	0.5	0.6	0.3
(Requiring Observation) ...	2.8	1.0	0.9	0.7	0.4
Rheumatism (Req. Treatment)	0.9	3.5	3.1	1.0	1.6
(Req. Observation)	12.9	13.8	14.2	9.1	9.3

To compare the findings of Medical Inspection in Glossop with that of other areas I give the table of defects per thousand found in the schools of England and Wales, 1929 (taken from Sir George Newman's report for 1929) and put the Glossop figures alongside them for 1930.

		Incidence of defect per 1000 children (Routine inspected).	
		England and Wales, 1929.	Glossop, 1930.
Malnutrition	... ..	9.5	14
Skin Disease	... ..	12.0	7
Defective Vision (Entrants excluded)	... ..	86.2	49.2
Squint	... ..	8.7	11
Other Eye Disease	... ..	8.6	10
Defective Hearing	... ..	4.2	4
Otitis Media	... ..	5.3	0
Enlarged Tonsils and Adenoids	... ..	66.8	69
Other Ear, Nose & Throat Defects	... ..	6.8	1
Heart Disease — Organic	... ..	2.0	21
Lung Disease—			
Tuberculosis definite	... ..	0.3	1
Pulmonary suspected	... ..	0.9	5
Non-Pulmonary	... ..	0.8	2
Disease of the Nervous system	... ..	2.0	3
Deformities	... ..	9.7	10

In the code groups 20.9 children were found in 1930 to require treatment as compared with 22.1 in 1929, 25.9 in 1928, 24.8 in 1927 and 30.1 in 1926 and 26.9 in 1925, 28.8 in 1924, 25.7 in 1923. The table appended gives the percentage of defects in 1926, 1927, 1928, 1929 and 1930.

From this Table it will be seen that certain defects are more prevalent in Glossop than in England and Wales. These defects are:—Heart Disease and Tuberculosis; the former figure is in keeping with the prevalence of rheumatism among school children, the incidence of which was found in 1930 to be 1.6 for treatment cases and 9.3 for observation.

(6) THE CONTROL OF INFECTIOUS DISEASES IN THE SCHOOLS.

No schools were closed on account of outbreaks of Infectious Disease in 1930.

All Diphtheria contacts and convalescents are seen by the S.M.O., who is also M.O.H., before returning to school and swabs are taken; the general procedure being in the case of convalescents there must be 3 consecutive negatives and in the case of contacts one and no sign of inflammatory condition of the nose and throat.

Scarlet Fever convalescents and contacts are also examined before return to school by the S.M.O., but in this case a private doctor's certificate of freedom from infection is accepted.

(7) FOLLOWING UP.

Children with defects are followed up by (1) Visits by the Nurses. (2) Calling up previously defective children to the Clinics or for examination. (3) By re-examination of previously defective children in school.

SCHOOL NURSING AND THE CARE OF THE PRE-SCHOOL CHILD.

6322 examinations were made in schools of children regarding cleanliness and 250 children were found unclean; average visits per school, 3.

Uncleanliness included slight cases with nits.

Visits are paid to the houses of children for following up purposes, and also for the supervision of children operated on for Enlarged Tonsils and Adenoids.

(8) MEDICAL TREATMENT.

Defects.	Mode of Treatment Available.	No. Treated.	Treatments.
(a) Minor Ailments	Minor Ailments Clinic	198	3967
(b) Diseased Tonsils and Adenoids	Private Doctors	5	—
	Tonsil and Adenoid Clinics at Wood's Hospital	60	—
(c) Tuberculosis	Private Doctors	—	—
	Tuberculosis Dispensary	—	—
(d) Skin Diseases	Minor Ailments Clinic	46	—
(e) External Eye Disease	Minor Ailments Clinic	16	—
(f) Vision	Ophthalmic Clinic	73	—
(g) Ear Disease and Hearing	Minor Ailments Clinic	20	—
	No definite arrangements for operations	—	—
	Hospital	—	—
(h) Dental Defects	Dental Clinic	1105	2158
(i) Cripples	Orthopædic Clinic	17	—
(j) Goitre	Clinic	7	—
(k) U.V. Ray Clinic		32	—

Attendances at Minor Ailment Clinic, 3967.

The above table gives the number of children treated at the Clinics during 1930.

DENTAL CLINIC.

A full time Dentist is now employed jointly by Hyde and Glossop Education Committees in the proportion of 7/11 of the time for Hyde and 4/11 for Glossop.

DENTAL REPORT, 1930.

During 1930, as in previous years, Dental Inspections were held in the Elementary Schools in the Borough and where necessary parents were notified regarding treatment.

The children attended the Clinic regularly when called and the parents continue to appreciate the facilities provided for Dental Treatment.

For the convenience of children attending schools in Hadfield several Clinics were held there during the summer months. These were very well attended, and in many cases by children who had previously refused treatment.

MURIEL ROBERTSON, L.D.S., Dentist.

U.V. RAY CLINIC.

I give herewith tables giving details of the cases (School Children) treated at the Ultra Violet Ray Clinic:—

ULTRA VIOLET RAY CLINIC: DETAILS OF CASES DURING 1930.

Age.	Sex.	Disease.	No. of Exposures.	Length in Months of Treatment.	Maximum Exposure in Minutes.	Weight Gained.	Result.
8 $\frac{3}{12}$	F.	Alopecia	27	3 $\frac{3}{4}$	15	—	Cured.
5 $\frac{11}{12}$	M.	Enlarged Glands in Neck	24	3 $\frac{1}{4}$	15	1 $\frac{1}{2}$ lbs.	Glands smaller.
9 $\frac{11}{12}$	F.	Nervousness and Debility	35	4 $\frac{1}{2}$	15	Nil	Nervousness cured.
8 $\frac{1}{12}$	F.	Psoriasis	23	5 (irreg.)	15	2 lbs.	Cured.
7	M.	Rheumatism	8	1	8	1 lb. 3 oz.	Improved.
13	F.	Rheumatism	16	2	15	lost 2 lbs.	Improved; no pains.
3 $\frac{1}{2}$	F.	Loss of Appetite	14	2	15	6 oz.	Improved.
13	M.	Alopecia	19	2 $\frac{1}{4}$	15	—	Cured.
7 $\frac{2}{12}$	F.	Enlarged Glands	15	2	15	$\frac{1}{2}$ lb.	Glands much smaller.
4	F.	Enlarged Glands and Poor Appetite	24	3	15	1 lb. 3 oz.	Glands smaller and appetite improved.
10 $\frac{4}{12}$		Enlarged Glands	15	1 $\frac{3}{4}$	15	lost 6 oz.	Glands smaller.
7 $\frac{7}{12}$	F.	Enlarged Glands	19	2 $\frac{1}{2}$	15	2 lb.	Glands smaller; treatment followed by Red Rays for 10 exposures of 10 minutes.

ULTRA VIOLET RAY CLINIC: DETAILS OF CASES DURING 1930.

Age.	Sex.	Disease.	No. of Exposures.	Length in Months of Treatment.	Maximum Exposure in Minutes.	Weight Gained.	Result.
8 $\frac{3}{12}$	F.	Rickets & Knock-knee & Debility after operation.	17	2 $\frac{1}{2}$	16	2 $\frac{1}{2}$ lbs.	Knock-knee less and otherwise Improved.
8 $\frac{8}{12}$	F.	Enlarged Glands	16	2	15	4 lbs.	Glands smaller.
4 $\frac{7}{12}$	F.	Rickets & Knock-knee	19	2 $\frac{1}{2}$	15	3 lbs.	Improved; deformity less.
5	F.	Rickets & Spinal Curvature	23	2 $\frac{1}{2}$	14	7 oz.	Improved, but still some deformity.
11 $\frac{1}{12}$	F.	Rheumatism of Shoulder	16	2	15	1 lb. 8 oz.	Cured.
9	M.	Anæmia and Loss of Appetite	15	2	15	1 lb. 8 oz.	Improved.
12	M.	Acidosis	16	2	15	Nil	Cured.
10	F.	Goitre	15	2	14	3 oz.	No improvement.
13	F.	Goitre	15	3 $\frac{1}{2}$ (irreg.)	7	9 lbs.	Goitre $\frac{3}{4}$ inch larger.
13	F.	Goitre	21	5 (irreg.)	14	7 $\frac{1}{2}$ lbs.	Goitre $\frac{1}{4}$ inch larger.

ULTRA VIOLET RAY CLINIC: DETAILS OF CASES DURING 1930.

Age.	Sex.	Disease.	No. of Exposures.	Length in Months of Treatment.	Maximum Exposure in Minutes.	Weight Gained.	Result.
4 $\frac{8}{12}$	M.	Heart Disease and Anæmia	15	2	15	$\frac{1}{2}$ lb.	Colour better; eats and sleeps better.
7 $\frac{1}{2}$	F.	Rheumatism	17	3 (irreg.)	14	Nil	No pains after 8 exposures.
9 $\frac{1}{2}$	M.	Enlarged Glands	13	2	7	1 lb. 2 oz.	Slightly smaller.
9 $\frac{4}{12}$	F.	Tubercular Glands	16	2 $\frac{1}{2}$ (irreg.)	13	2 lbs.	Glands smaller; general improvement.
10 $\frac{4}{12}$	M.	Anæmia	28	3 $\frac{1}{2}$	15	3 lbs. 2 oz.	Greatly improved.
10	M.	Enlarged Glands	11	1 $\frac{1}{2}$	7	—	Glands smaller.
6	M.	Bronchial Asthma	17	2	15	Nil	No improvement.
12 $\frac{2}{12}$	M.	Rheumatism	23	3 $\frac{1}{4}$	12	4 lbs.	Kept free from pains while attending.
9 $\frac{1}{2}$	M.	Enlarged Glands	16	2	15	4 oz.	Glands smaller.
6 $\frac{8}{12}$	M.	Debility and Anæmia	12	2 (irreg.)	7	4 lbs. 4 oz.	Greatly improved.

Table Showing Results of Treatment by Ultra Violet Rays,
1928-1930 (100 Children).

Disease.	Number.	Cured.	Im- proved.	No Im- prove- ment.	Worse
Malnutrition	5	—	4	1	—
Suspect Phthisis	8	—	8	—	—
Enlarged Glands (Neck)...	22	2	20	—	—
Enlarged Glands and Mal- nutrition	1	—	1	—	—
T.B. of Eye	2	2	—	—	—
T.B. Glands	4	3	—	1	—
Malnutrition and Anæmia.	3	1	2	—	—
Loss of Appetite	1	—	1	—	—
Malnutrition and Eczema.	1	1	—	—	—
Debility, Colds and Head- aches	1	1	—	—	—
Debility & Heart Disease .	1	—	1	—	—
Alopecia	4	3	1	—	—
Bronchial Asthma	3	—	2	1	—
Nervousness and Debility.	1	1	—	—	—
Insomnia & T. B. Glands .	1	—	1	—	—
Insomnia & Nervousness .	2	2	—	—	—
Anæmia and Nervousness.	1	1	—	—	—
Night Terrors	1	1	—	—	—
Anæmia	5	—	5	—	—
Anæmia & Heart Disease .	1	—	1	—	—
Goitre	5	—	—	2	3
Acidosis	2	2	—	—	—
T. B. (Abd.)	2	—	2	—	—
Croup	1	1	—	—	—
Rheumatism	9	6	3	—	—
Chillbains	1	1	—	—	—
Rheumatism and Asthma .	1	—	1	—	—
Partial Paralysis	1	—	1	—	—
Psoriasis	1	1	—	—	—
Rickets and Knock-knee...	2	—	2	—	—
Rickets and Spinal Curva- ture	1	—	1	—	—
Infantalism	1	—	1	—	—
Nasal Catarrh	1	—	1	—	—
Bed Wetting	1	1	—	—	—
Bronchitis... ..	3	2	1	—	—

In order to study the effect of treatment of school children by Ultra Violet Rays I have given above an analysis of the first 100 cases treated during 1928-1930.

It will be seen that of the 100 cases treated 32% were cured, 60% were improved, 5% showed no improvement and 3% were definitely worse.

The cases made worse were Goitre, and it appeared to me that the Ultra Violet Rays stimulated the normal physiological functions of the children treated who were girls of the age of puberty; they all put on weight as follows:—3 lbs. 5 ozs., 3 ozs., 3 lbs., 9 lbs., 7½ lbs.

The conditions which appeared to improve most under treatment were: Nervousness, Ulceration of the Cornea, Alopecia and Rheumatism; conditions of vague illness such as Malnutrition, General Debility, Anæmia and Loss of Appetite did very well.

Glandular conditions also responded, but the response was in many cases slow.

Children with Rickets were all improved, but the results were not so dramatic as those observed in children under school age.

In my opinion there can be no question of the beneficial effect of Ultra Violet Rays where the right cases are chosen for treatment and where the treatment is properly administered.

Anyone who has observed the rapid clearing up of a case of ulceration of the cornea which has resisted other treatment for months or the rapid improvement in the condition of a highly strung or nervous child could really have no doubt about the matter.

For instance, a child who was in fear and trembling when left alone in the dark could do without a light at night, another with frequent night terrors after treatment slept quietly and refreshingly.

In cases of Alopecia one could see the hair grow and in rachitic cases deformity become less.

Some cases of Acidosis and Asthma were also relieved and of rare conditions (not a school child) I have seen a case of Raynaud's Disease show great improvement when treatment was associated with Radiant Heat. Radiant Heat (per Murray Levick Lamp) was also very helpful in Rheumatic cases.

To sum up, I think we can say that in some conditions Ultra Violet Rays have a particular curative effect and in others they seem to act by improving the general condition of the body and this being so they are well worth their place in schemes of prevention and treatment undertaken by Local Education Authorities.

(9) OPEN AIR EDUCATION.

There is no open air school in Glossop; it would, in my opinion, be a good thing to have a school of this sort despite our climate. There are excellent schools of this nature at Sheffield and Barnsley which I have seen. The weather conditions there are somewhat similar to Glossop, and I see no reason why we should not have an open air school here as far as climatic conditions are concerned.

(10) PHYSICAL TRAINING.

The appointment of chief instructor in Physical Training was discontinued in 1929.

(11) PROVISION OF MEALS.

Children now receive Milk in school either by paying (1d. a day) or free, if they are recommended to have it by the School Medical Officer, and their parents cannot pay.

The number of free milk meals given in 1930 was 22,240 at a cost of £123 2s. 7d.

The amount generally given is about 1/3 pint, and the average number having milk daily is about 670. This number includes both those who pay and have it free. All Tubercular children are given a pint.

(12) SCHOOL BATHS.

The boys and girls of the two Central Schools use the Baths.

The water for the Baths is filtered and chlorinated; care is taken by the teachers to see that the children are clean.

Children with running ears and infectious sores and such like condition are excluded from going to the Baths.

(13) CO-OPERATION OF PARENTS.

The method of co-operation was given in detail in the 1926 report, pages 16, 17 and 18.

(14) CO-OPERATION OF TEACHERS.

The teachers report to us special children who require examination, send out the notices for medical inspection and confer with the S.M.O. regarding children requiring special attention.

In most schools now some form of instruction in Hygiene is given to the pupils, and the teachers attend the lectures given by the M.O.H. on this subject in order that what they teach will be in keeping with the advice given at the Welfare Centre.

(15) CO-OPERATION OF ATTENDANCE OFFICER.

The Attendance Officer lets us have the names of children absent from school who may require examination to see when they are fit to return; and in times of outbreak of disease he gives valuable help in tracing missed cases and dealing with contacts.

(16) Co-operation is carried out with the N.S.P.C.C. and also with the Tuberculosis Care Committee. The latter Committee gives free milk to tubercular school children during holiday time.

(17) BLIND, DEAF AND EPILEPTIC CHILDREN.

There is one boy at an Institution for the blind, and there are two deaf children and one epileptic child who should have institutional care; two are mentally defective.

(18) NURSERY SCHOOLS.

There are none in the Borough.

(19) EMPLOYED CHILDREN.

There were 16 children examined during the year. All were for distributing papers. One was not passed.

Care was taken to see each child had suitable clothing.

SPECIAL INQUIRY RE RHEUMATIC STIGMATA AND ASSOCIATED DEFECTS.

I continued this investigation during the year and give tables shewing Rheumatic and Stigmata and other defects associated with Enlarged Tonsils and Adenoids. All the cases were operated on during the year.

In my report for 1927 I gave tables of Rheumatic and other children with associated defects. The table in this year's report speaks for itself, and its findings should be compared with the table on pages 5—7, giving the percentage of defects in all children examined, and in the report of 1927, page 26a.

During 1930, 10·9 per cent. of routine children examined had Rheumatic Stigmata. Among children operated on for enlarged Tonsils or Adenoids the percentage was 20, nearly double.

The percentage with enlarged Glands among the routine children was 7·6. Among the Tonsil and Adenoid cases it was 30. Among the routine children 9·3 per cent. had Heart defects. Among the Tonsil and Adenoid children 16 per cent. had Heart defects.

Bronchitis, Deafness, and Otorrhœa were also more common among the children operated on for enlarged Tonsils and Adenoids.

In my report for 1927, I found 18·5 per cent. of Rheumatic children had Nose and Throat defects and Non-Rheumatic children 10 per cent. The reverse of this figure given above (20 per cent. with Rheumatism among the Tonsil and Adenoid children as compared with 10·9 per cent. among all routine children), agrees with this finding that Rheumatism and Enlarged Tonsils and Adenoids are associated together.

I am, in my child welfare work, keeping careful records to see which children develop various defects.

50 TONSIL AND ADENOID CASES OPERATED ON IN 1930 WITH ASSOCIATED DEFECTS.

(T stands for Enlarged Tonsils, A for Adenoids, M S for Mitral Systolic, B with numeral before for Bad Teeth).

Age.	M.	F.
4	T A Glands	T A
5	T A M S Murmur Glands T Organic Heart Anæmia T A A Deafness	A A T A
6	T A B 4 T Glands A Worms T A M S Murmur 6 B T A	T A
7	T T A M S Murmur, suspect T B Lung Glands T Rheumatism A Nodules	T A Bronchitis, Pains T 1 B T Epilepsy, Nodules Glands A Squint Glands
8	T Nodules Glands Rheumatism and Enuresis T A slight Deafness A Glands T A Glands	T A Nodules Glands A Glands A Otorrhœa Nodules
9	A Conjunctivitis, Malnutrition T A Glands Bronchitis A Redup'd 2nd Mitral Sound A Glands T and A Glands and Malnutrition T	A Bronchitis T T A Organic Heart Glands
10	A Anæmia Glands T and A Bronchitis A Apex beat outside Nipple, Glands	T T Nodules 2 B

Age.	M.	F.
11	T	T A Nodules, Goitre, Apex beat outside nipple
12	A Chorea Rheumatism, Nodules T A Otorrhœa, slight Deafness	T A Glands, Psoriasis Pains,

PERCENTAGE OF DEFECTS IN CHILDREN OPERATED ON FOR
ENLARGED TONSILS AND ADENOIDS.

Enlarged Glands	...	...	...	...	30
Heart Defects	...	...	...	...	16
Rheumatism or Rheumatic Stigmata	...	...	...	...	20
Bronchitis and Other Lung Disease	...	...	...	...	10
Deafness	...	...	...	...	6
Otorrhœa	...	...	...	...	4
Goitre	...	...	...	...	2
Chorea	...	...	...	...	2
Psoriasis	...	...	...	...	2
Epilepsy	...	...	...	...	2
Squint	...	...	...	...	2
Conjunctivitis	...	...	...	...	2
Malnutrition...	...	...	...	...	4

BOROUGH OF GLOSSOP.

1930.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

(see note b).

Entrants	...	...	...	...	...	...	307
Intermediates	...	...	...	...	...	...	337
Leavers	...	...	...	...	...	...	211

Total	855
-------	-----	-----	-----	-----	-----	-----	-----

Number of other Routine Inspections	0
-------------------------------------	-----	-----	-----	-----	-----	-----	---

(see note c).

Total	855
-------	-----	-----	-----	-----	-----	-----	-----

B. OTHER INSPECTIONS.

Number of Special Inspections	739
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(see note d).

Number of Re-inspections	1611
--------------------------	-----	-----	-----	-----	-----	-----	------

(see note e).

Grand Total	3205
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Table II.—A. Return of Defects found by Medical Inspection in Year ended 31st December.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					12	17	*137	—
Uncleanliness					—	—	—	—
(See Table IV., Group V).								
Skin	Ringworm :							
	Scalp				—	—	12	—
	Body				1	—	4	—
	Scabies				—	—	—	—
	Impetigo				1	1	21	—
Other Diseases (non-Tubercular)					5	—	4	—
Eye	Blepharitis... ..				—	—	—	—
	Conjunctivitis				1	—	1	—
	Keratitis				—	—	—	—
	Corneal Opacities..				—	—	—	—
	Defective Vision (excluding Squint)				27	1	3	—
	Squint				10	2	—	—
	Other Conditions				1	—	—	—
Ear	Defective Hearing				4	1	10	—
	Otitis Media				—	—	6	—
	Other Ear Diseases				3	—	1	—
Nose and Throat	Enlarged Tonsils only				21	30	5	1
	Adenoids only				13	25	14	—
	Enlarged Tonsils and Adenoids				26	7	64	—
	Other Conditions				1	2	1	—
Enlarged Cervical Glands (Non-Tuberculous)					22	43	4	2
Defective Speech					3	2	—	—
Teeth—Dental Diseases (see note a) (see Table IV, Group IV).					—	—	—	—

* Examined re giving of free milk in school.

TABLE II.—*continued.*

(1)		(2)	(3)	(4)	(5)
Heart and Circulation	Heart Disease :				
	Organic	18	—	5	—
	Functional	—	62	—	1
	Anæmia	9	10	1	—
Lungs	Bronchitis	4	7	3	—
	Other Non-Tubercular Diseases	—	—	—	—
Tuber- culosis	Pulmonary :				
	Definite	1	—	1	—
	Suspected	5	3	2	—
	Non-Pulmonary :				
	Glands	2	1	3	—
	Spine	—	—	1	—
	Hip	—	—	—	—
	Other Bones and Joints ..	—	—	1	—
	Skin	—	—	—	—
	Other Forms... ..	—	—	—	—
Nervous System	Epilepsy	1	—	2	—
	Chorea	—	—	4	—
	Other Condition	2	2	—	—
	Mental Defects	—	—	—	—
Defor- mities	Rickets	1	2	1	—
	Spinal Curvature	2	—	—	—
	Other Forms	6	2	—	—
	Knock Knee	—	—	—	—
Other Defects and Diseases ..	Of which Goitre	19	86	110	—
	Rheumatism	3	4	—	—
	Gastro-Enteritis.. ..	14	80	5	2
	Abdominal Pains	—	—	—	—
	Mumps	—	2	—	—
	Worms	—	—	5	—
	Chronic Appendicitis ..	—	—	—	—
	Fatty Dystrophy	—	—	2	1
	Miscellaneous Injuries and Sores	1	—	—	—
		1	—	71	—

B. NUMBER OF individual children (*see note b*) FOUND AT Routine MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS) ... 179

Group.	Number of Children.		Percentage of Children found to require treatment. <i>See note d.</i>
	Inspected <i>See note c.</i>	Found to require treatment.	
1	2	3	4
CODE GROUPS :			
Entrants	307	62	20.1
Intermediates	337	66	19.5
Leavers	211	51	24.1
Total (code groups)	855	179	20.9
Other routine inspections	—	—	—

Table III.—Return of all Exceptional Children
in the Area (see Note a).

			Boys	Girls	Total
Blind (including partially blind). See Note b	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ...	1	—	1
		Attending Public Elementary Schools See Note c.	—	—	—
		At other Institutions At no School or Institution ...	—	—	—
		...	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools See Note c	—	1	1
		At other Institutions At no Schools or Institution ...	—	—	—
		...	—	—	—
Deaf and Dumb (including dumb and partially deaf). See Note d.	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	*1	1	2
		See Note c. At other Insti- tutions ...	—	—	—
		At no School or Institution..	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	2	3	5
		See Note c. At other Insti- tutions ..	—	—	—
		At no School or Institution..	—	—	—
Mentally Defective	Feeble Minded (cases not notifiable to the Local Con- trol Authority) See Note E.	Attending Certified Schools for Mentally Defective Children Attend- ing Public Ele- mentary Schools..	—	1	1
		See Note C. At other Insti- tutions ...	4	3	7
		At no School or Institution ...	2	1	3
		...	3	1	4

* Also Mentally Defective.

TABLE III.—*continued.*

			Boys	Girls	Totals
Mentally Defective — <i>contd.</i>	Notified to the Local Control Authority <i>during the year</i>	Feeble minded Imbeciles Idiots	— — —	— — —	— — —
Epileptics.	Suffering from epilepsy which is severe. See Note f.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
	Attending Public Elementary Schools	1	1	2	
	See Note c. At no School or Institution... ..	1	—	1	
Physically Defective	Suffering from epilepsy which is not severe. See Note g.	Attending Public Elementary Schools	1	1	2
		See Note c. At no School or Institution	—	—	—
	Infectious Pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	1	1
		At other Institutions	—	—	—
Physically Defective	Non-Infectious but active pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Pt Public Elem. Schools, See Note c	7	7	14
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

* Also Mentally Defective.

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective	Delicate children <i>e.g.</i> , pre or latent tuberculosis mal- nutrition, debility, anæmia, &c. See Note h.	At Certified Resi- dential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools...	—	—	—
		At Public Elemen- tary Schools ..	109	95	204
		See Note c	—	—	—
		At other Institut'ns	—	—	—
		At no School or Institution...	—	—	—
	† Active non-pul- monary tubercul- osis. See Note h.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	2	2	4
		At Public Elemen- tary Schools ...	1	2	3
		See Note c	—	—	—
		At other Institut'ns	1	—	1
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuber- culous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease See Note h.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elemen- tary Schools ...	7	10	17
		See Note c.	—	—	—
		At other Institu- tions ...	—	—	—
		At no School or Institution...	1	2	3

† Other than tuberculosis of lungs and glands.

Table IV.—Return of Defects Treated during the
Year ended 31st December.

(See note a).

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS, excluding Uncleanliness, for which
see Group 5.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. See Note b.	Otherwise.	Total.
1	2	3	4
SKIN :—			
Ringworm—Scalp	12	—	12
Ringworm—Body	4	—	4
Scabies	—	—	—
Impetigo	20	—	20
Other skin disease	10	—	10
MINOR EYE DEFECTS	16	—	16
External and other, but excluding cases falling in Group II.			
T.B. Eye... ..	—	—	—
MINOR EAR DEFECTS			
See Note c.			
Otorrhoea	6	—	6
Deafness	8	2	10
Other Ear	12	—	12
Glands	—	—	—
Goitre	—	—	—
MISCELLANEOUS			
e.g., minor injuries	110	3	113
chilblains	—	—	—
Total	198	5	203

Goitre 6

No. of Total Attendance for Minor Ailments and Goitre 3967

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT, excluding Minor Eye Defects treated as Minor Ailment—Group I.

Defect or Disease.	Number of defects dealt with			
	Under the Authority's Scheme. See Note b.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
1	2	3	4	5
Errors of Refraction, including Squint. Operations for squint should be recorded separately in the body of the Report.	73	—	—	73
Other Defect or Disease of the eyes, excluding those recorded in Group I.	—	—	—	—
Total	73	—	—	73

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme 73

(b) Otherwise —

Total number of children who obtained or received spectacles.—

(a) Under the Authority's Scheme 73

(b) Otherwise —

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

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. See Note b.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
1	2	3	4	5
60	3	63	—	63

TABLE IV.—*continued.*

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Group	4—	92	Total 1487
	5—	212	
	6—	187	
	7—	189	
	8—	233	
	9—	268	
	10—	220	
	11—	85	
	12—	1	
	13—	—	
	14—	—	

Specials (*See note d*). 90

Grand Total 1577

(b) Found to require treatment 1105

(c) Actually treated 625

(d) Re treated during the year as the result of
periodical examination 344

(*See note e*).

(2) Half-days devoted to—Inspection 14
Treatment 143

Total 157

(3) Attendances made by children for treatment 1293

(4) Fillings Permanent teeth 387
Temporary teeth 246

(5) Extractions Permanent teeth 94
Temporary teeth 1296

1390 of which 732 septio

(6) Administrations of general anæsthetics for extractions 0

(7) Other operations Permanent teeth 135
Temporary teeth 0

135

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*See Note f*).

(i) Average number of visits per school made during the year by the
School Nurses..... 3.

(ii) Total number of examinations of children in the Schools by School
Nurses..... 6322.

(iii) Number of children found unclean..... 250.

(iv) Number of children cleansed under arrangements made by the
Local Education Authority..... 0.

(v) Number of cases in which legal proceedings were taken:

(a) Under the Education Act, 1921 0

(b) Under School Attendance Bye-laws 0

* 9 to 14 are periodical re-examinations.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING
THE YEAR ENDED DECEMBER 31st, 1930, BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL MENTAL
DEFICIENCY AUTHORITY.

Total number of Children notified, Nil

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(a) Idiots		
(b) Imbeciles		
(c) Others	Nil	Nil
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral defectives		
(b) Others		
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	Nil	Nil
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, i.e., "special circumstances" cases...	Nil	Nil
4. Children who in addition to being mentally defective were blind or deaf	Nil	Nil
Grand Total... ..	Nil	Nil

