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BOROUGH OF JARROW



EDUCATION COMMITTEE.

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# ANNUAL REPORT

UPON THE

## School Medical Services

BY

ROBERT A. GOOD, M.B., B.Ch., B.A.O., D.P.H.,  
SCHOOL MEDICAL OFFICER.

For the Year 1939.

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JARROW-ON-TYNE :

Printed by SMITH BROS. (Hebburn & Jarrow), Ltd.  
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## STAFF OF THE SCHOOL MEDICAL SERVICE.

*~~~~~*

### **School Medical Officer.**

R. A. Good, M.B., B.Ch., B.A.O., D.P.H., *N.U.Ir.*

### **Assistant School Medical Officer.**

B. Buckley, M.B., B.Ch., B.A.O.

### **Specialist for Operative Treatment of Tonsils & Adenoids (part-time).**

Francis McGuckin, M.D., B.S., *U.Durh.*, F.R.C.S., *U.Edin.*

### **School Dentist (part-time).**

George G. Clarke, L.D.S., *U.Durh.*

### **School Nurses.**

Mrs. Waldie, State Registered Nurse, Registered Fever Nurse.

Miss M. Graham, State Registered Nurse.

### **Clerks (part-time).**

Miss I. Besford.

Miss N. Boyle.



# ANNUAL REPORT

## OF THE

### SCHOOL MEDICAL OFFICER.

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TO THE LOCAL EDUCATION AUTHORITY, BOROUGH OF JARROW-ON-TYNE.  
MR. CHAIRMAN, LADIES AND GENTLEMEN,

It affords me pleasure to submit the Annual Report of the School Medical Officer for the year 1939.

The report is in the customary form of a commentary on the findings of the medical inspections of school children, and on the treatment provided by the School Medical Service.

The statistical tables at the end of the report show considerable variation from those provided in previous years. This has been done at the behest of the Board of Education for reasons of economy.

The School Medical Service as well as the other school services suffered considerably following the declaration of war. As the clinic premises had previously been designated as a First Aid Party Depot, it became necessary, when they were occupied, to find alternative accommodation for those portions of the school medical service that had been displaced. Accordingly the School Clinic has been removed to Acca House, where the Maternity and Child Welfare Clinics are also now held. The dental, ophthalmic and artificial light clinics are still conducted on the upper storey of the premises in Walter Street.

It was regrettable that on the outbreak of war, that it was found necessary to suspend a number of clinics. This course was unavoidable



as no alternative accommodation was immediately available. This applies in particular to the minor ailment clinics which were suspended from the summer vacation until the last week of November. However it was found possible to keep the dental and ophthalmic clinics going without interruption, except for a few weeks in September. Attendances at these clinics was far below average. This was in part due to the smaller number of school children remaining in the Borough after evacuation, and to some extent to the closing of the schools for compulsory education with the subsequent inability of the medical and dental staffs to carry out the usual routine inspections.

The nutrition survey undertaken towards the end of 1938 was successfully concluded, as far as the physical examination of the children was concerned, and details of the findings will be seen elsewhere in this report. It was originally intended that a far more detailed report would be made to show the influence of the home conditions on the various groups. Unfortunately, however, evacuation and the closure of the schools considerably hampered this work. Many of the children are now living under extremely altered conditions and particulars concerning them to be obtained now, have scarcely the same value as they would have had had they been obtained prior to declaration of war.

The parents of all children where nutrition has been found to be subnormal have been acquainted of the fact and advised as to the treatment available. Every possible means has been adopted to improve conditions where the need was apparent.

It is pleasing to be able to report that the close of the year brought practically a complete resumption of the School Medical Service, with the exception of routine examinations. It was found impossible to carry out these examinations, as most of the schools had not resumed on the compulsory basis. The schools in the evacuable area had not been re-opened at the end of the year, but the schools in the neutral area resumed at the close of November and they are still heavily pressed with work endeavouring to make up for lost time. To attempt to carry out routine inspections in such circumstances would present considerable difficulty, the principle drawback being the lack of any suitable accommodation.

### **1. CO-ORDINATION.**

The School Medical Officer being the Medical Officer of Health and the Assistant School Medical Officer being also the Assistant Medical Officer of Health, attending all Maternity and Child Welfare Clinics,

co-ordination is provided between the School Medical and the Health Services.

The Tuberculosis Clinic is administered by the Durham County Council and close association is maintained with this service, so that information regarding tubercular children is readily obtainable.

The School Dentist treats children of pre-school age as well as school children.

The Clerks employed in School Medical work devote 40% of their time to Maternity and Child Welfare duties.

The Maternity and Child Welfare Clinics are conducted in the same building as the minor ailments clinic where the records of both services are easily accessible for reference.

Children under the Maternity and Child Welfare scheme, as well as public elementary school children are treated together in the Artificial Sunlight Clinic.

A nursery school has been provided within the Borough, and in the normal course of events would have opened in September. Since that time it has not been found possible to open it, but everything remains in readiness to do so when the time is considered opportune.

## **2. SCHOOL BUILDINGS.**

The standard of hygiene, lighting, heating and ventilation in most of the elementary schools within the Borough is generally satisfactory. Provision was being made for the erection of new schools in the Borough and plans were well advanced by the end of August. However, it will now be necessary to wait some further time before these much needed premises can be provided.

Owing to the lack of other suitable accommodation in the town, it was found necessary to use a number of schools for other purposes following the outbreak of hostilities. In all, four schools were taken over, two being used by the Civil Defence Authority as First Aid Posts and the remainder by the National Defence Forces. All these schools are situated in the portion of the town which has been defined as the evacuation area, and they have been closed for teaching since the beginning of the summer vacation. Meanwhile, classes have been carried on in this area at home centres, the children attending at private houses in small numbers for a few hours daily. The attendance at these centres is optional. These houses were visited by members of the School Medical Staff who reported on conditions, and in any case in which they were considered in any way unsuitable, steps were taken to rectify matters.



The following table shows the accommodation, average number of children on the register, and the average attendance at each school during the financial year ended March 31st, 1939. The totals for the previous year are given for comparison.

School.	Accommodation.	Average No. on Registers.	Average Atten- dance.
Central .....	468	404	387
Grange—Boys .....	400	226	213
Girls .....	350	175	163
Infants .....	400	147	132
Dunn Street—Boys .....	422	240	226
Girls .....	422	243	225
Infants .....	444	136	122
Croft Terrace—Mixed .....	720	521	481
Infants .....	436	167	149
Bede Burn .....	342	260	237
Monkton Co. Mixed .....	370	253	236
Infants .....	144	128	113
East Jarrow .....	230	104	99
Ellison—Mixed .....	470	276	257
Infants .....	242	153	136
St. Peter's .....	616	244	229
St. Bede's—Central Girls .....	150	161	152
Senior Boys .....	379	271	255
Senior Girls .....	462	224	205
Junior Boys .....	528	410	380
Junior Girls .....	525	419	388
Monkton Road Infants ...	348	294	254
Grant Street Infants .....	310	212	189
TOTALS—1939 .....	9,178	5,668	5,228
TOTALS—1938 .....	9,178	5,912	5,487

### Evacuation.

Roughly, with the exception of the new housing estate, the whole town has been defined as an evacuation area. It was unfortunate that owing to circumstances over which we have no control, time did not allow a complete medical examination of the children before their evacuation. The movement was carried out at a very short notice and all that could be attempted was a cursory examination. The School Medical Staff was in attendance at the railway station to assist in the entrainment, and the mobile unit belonging to the casualty service stood by in case of need. In this way co-operation was established between the School Medical and Air Raid Precautions Staffs.

At the request of the reception Authorities one of the School Nurses has been assigned to their area. Accordingly this Borough has been

deprived of the services of one nurse, but undoubtedly the need will be greater in the reception area and her services will be of more practical value there.

The following figures show the number of elementary school children evacuated and the number and percentage who have since returned:—

Number of elementary school children evacuated .....	1,372
Number of elementary school children in reception area on 12th January, 1940 .....	523
Percentage of children of total who have left reception area to 12th January, 1940 .....	61.8

It is unfortunate that the evacuation scheme did not prove more popular with the parents of school children, and it is still more regrettable to see the large number of children who have returned. Undoubtedly the smallness of the number evacuated was, to some extent attributable to the short notice that was given to the public with the ensuing rush in settling details of departure. It is indeed felt that a much larger number of children would have been evacuated had the parents in this area known for a sufficient length of time that the greater part of the Borough was definitely scheduled as an evacuation area. At it happened no definite information was available that the area was one to be evacuated, until it was impossible to give the parents more than a few days notice.

However regrettable the smallness of the number of evacuees may be, it is still more disappointing to realise that already 61.8% of those evacuated have now returned from the safety of the reception areas. So far nothing has arisen in this district to give rise to anxiety, but it is too much to hope that we can enjoy this immunity for an unlimited time.

When it is realised that one severe air-raid, apart from the bodily injury it may inflict, will cause irreparable damage to the nervous stability of the school population and also leave unforgettable memories, surely it is undesirable to expose a child to such risks when he may enjoy comparative safety by evacuation. Apart from safety, there is the benefit to health, which is often overlooked.

Most of the children evacuated have been drawn from the oldest and most congested portion of the town. No doubt salutary effects may be expected as far as their health is concerned. Living in the country will be a new experience to many of them, a new opportunity to learn



how different life is in agricultural and small mining areas, and an experience of much educational value which should be within the reach of every public elementary school child.

Had this scheme been carried out thoroughly, an unrivalled opportunity would have been provided to improve the health and outlook of every child within the Boorugh.

### 3. MEDICAL INSPECTION.

The customary procedure of the routine examination of school children was to have been conducted in the usual age groups during the year. Unfortunately, following the summer vacation it was not again possible to return to the schools to complete these examinations. The result was that it was impossible to examine the entrants and a portion of the intermediate classes. Fortunately the leavers and the greater part of the intermediate class had already been examined, and the statistical details for these are given in the tables at the end of the report. The following are the age groups in which the children are examined:—

- (a) Entrants—Children admitted to school during the year or those children who had been previously admitted but who, for any reason, had not been examined.
- (b) Intermediates—All children between the ages of 8 and 9 years.
- (c) Leavers—All children between 12 and 13 years of age, together with older children, who for any reason had not been examined after reaching the age of 12.

The number of routine inspections in these groups was as follows:

Entrants .....	—
Intermediates .....	63
Leavers .....	587
	<hr/>
Total ...	650
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In addition 2,997 other examinations were carried out, this number being composed of children submitted to special examinations, children examined prior to admission to school camps as well as children examined in connection with the special nutrition survey.

Special examinations .....	—
Camp children .....	800
Nutrition Survey .....	2197
	<hr/>
Total ...	2997
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#### 4. FINDINGS OF MEDICAL INSPECTIONS.

(a) **Nutrition** has been classified as follows:—

- A.—Excellent.
- B.—Normal.
- C.—Subnormal.
- D.—Bad.

The total number of children who underwent routine examinations during the year was 650, of whom 587 belonged to the leaving class, the remainder being intermediates. The nutrition as assessed at the examination is here set out with the number and percentage for each class.

No. Children Examined.	A. Excellent.		B. Normal.		C. Slightly Subnormal.		D. Bad.	
	No.	%	No.	%	No.	%	No.	%
650 .....	183	28.15	270	41.53	173	26.61	24	3.69

The total percentage of subnourished children which is the total of C. and D. is 30.30%. Had the routine examinations been completed for the entrant and intermediate classes it is probable that this figure would have been much less, as the schools which were visited are those serving the older and more congested portion of the Borough.

(b) **Uncleanliness.**—In their routine survey of uncleanliness 4,435 examinations were made by the school nurses, 232 or 5.23% of the children were found to be affected with nits or vermin or to be otherwise unclean. This figure compares somewhat unfavourably with the figure obtaining in the previous year, but the probable explanation is that the staff first devoted their attention to those schools, where from experience they knew that uncleanliness was more prevalent, and that the schools with less uncleanliness which were intended to be examined later in the year, had by reason of circumstances to remain without examination. Moreover it must be borne in mind that for comparative statistical purposes, a child is classified as being "unclean" whenever even a single nit is found.

(c) **Skin Diseases.**—It is pleasing to be able to report that there has been a large decrease in the number of cases of scabies during the year. In all there were only 32 cases reported by the School Medical Staff compared with 82 during the year 1938. The other most frequently found skin infection is impetigo which appears to be endemic in the area. In addition the following skin infections have been diagnosed and treated

at the School Clinic:—septic sores, ringworm, eczema, urticaria and molluscum contagiosum.

**(d) Visual Defects and External Eye Diseases.**—The following are the findings of the Medical Inspections:—

1. Defective vision, excluding squint .....	126
2. Squint .....	15
3. External eye diseases .....	59

Included in the 59 cases of external eye diseases are 18 cases of blepharitis and 25 cases of conjunctivitis. Extensive use is made of the Artificial Sunlight Clinic in the treatment of phlyctenular conjunctivitis.

Cases of severe corneal ulceration and cases requiring in-patient treatment are sent to the Eye Hospital, Newcastle-on-Tyne.

Eighty-four children were submitted to refraction examination on account of defective vision and/or squint. Seventy-three of these were found to require spectacles. One hundred and fifteen children obtained or received spectacles at the clinic during the year. In all cases where the parents are unable to provide the spectacles the local Education Authority meets the cost.

In every case where it is necessary to provide spectacles, the lenses and the fitting of the frames are checked by the School Medical Officer.

**(e) Nose and Throat Defects.**—The findings at the routine school medical inspections showed that 60 children were found to need treatment for chronic tonsillitis and adenoids, and that 55 children while not requiring treatment were recommended to be kept under observation for the same condition. At the special examinations, 48 cases of chronic tonsillitis and adenoids were discovered. These, together with the cases found at the routine examination were referred for treatment.

By arrangement with the Palmer Memorial Hospital the services of an ear, nose and throat specialist is provided for the removal of tonsils and adenoids. It was usual to hold weekly sessions, but this work was interrupted on the outbreak of war and on the evacuation of the children. In all, 141 children received operative treatment under the Authority's Scheme during the year.

Operative treatment is seldom recommended for a patient with enlarged tonsils and adenoids seen for the first time. The usual procedure is to recommend suitable medical treatment and record the condition as for observation. Subsequently the patient may be recommended operative treatment if the abnormality and disability persist in spite of medical treatment.



**(f) Ear Diseases and Defective Hearing.**—These conditions accounted for 46 of the defects found at medical inspections. Otitis Media is the disease most commonly found and it is all too frequently a cause of permanent deafness. The early and assiduous treatment of such cases is not overlooked. Another condition found with some frequency is deafness, resulting from the accumulation of cerumen. In addition such conditions as furunculosis of the external meatus, seborrhoea of the ear and foreign bodies in the external auditory meatus are occasionally met.

**(g) Dental Defects.**—The School Dentist in the course of his routine and special inspections examined 1,144 children, and of these 814 or 71.15% were found to require treatment.

There were 203 sessions devoted to dental work of which 9 were given to routine examinations in schools, and 128 sessions were spent in doing conservative work. Twenty-two sessions were devoted to extractions under general anaesthesia. In all 283 general anaesthetics were administered to children at the School Clinic. The work of the school dental officer suffered interruption as a result of the enforced school closure in September.

**(h) Orthopaedic and Postural Defects.**—Defects of this variety found at routine and special medical inspections numbered 35. Ten cases were referred for treatment and 25 were noted to be kept under observation.

It is pleasing to be able to report that the Council decided to become one of the contributory Authorities under the scheme of the Durham County Orthopaedic Association for the provision of an Orthopaedic Home and Training Centre. Plans were well advanced for the commencement of this much needed institution when war broke out. It is a matter for regret to have to report that until now the matter has had to be postponed.

The need for such a Home is admittedly great, and its services should be made available not only to the crippled children of the Borough but also to the large number similarly handicapped throughout the administrative county.

**(i) Heart Disease and Rheumatism.**—Eight cases of organic heart disease were diagnosed at medical inspections. The parents were advised of the condition in all cases and where it was considered desirable that they should have constant supervision, they were instructed to seek the advice of their medical practitioner.



A strict watch is kept on all cases with a history of chorea or rheumatic pains, so that any cardiac lesion may be detected as soon as possible.

The parents and teachers are advised regarding drill, exercise, games, etc., when special care is required. By these means and by the restriction of over-work in such cases it is hoped to avoid further damage of a permanent nature.

**(j) Tuberculosis.**—Two cases of pulmonary tuberculosis were diagnosed during the year. In addition 3 cases of tubercular glands and 3 cases of tuberculosis of other forms were discovered. Every effort is made to diagnose the disease as early as possible in view of the heavy toll it takes amongst the inhabitants of the town.

All cases of tuberculosis found, are referred to the Dispensary for treatment by the District Tuberculosis Officer. In addition suspected cases and contacts are sent for examination and, if needs be, are kept under observation.

It is hoped that by this means, the disease will be diagnosed in the incipient stage, and that early treatment will provide better results.

Close contact is maintained between the Tuberculosis Officer and the School Medical Officer and the former advises in all cases as to the fitness or otherwise of children suffering from tuberculosis, to attend school.

## 5. INFECTIOUS DISEASES.

All cases or suspected cases of infectious disease that are not under the care of a doctor are visited by the school nurses who advise the parents regarding treatment and exclusion from school. During the year the school nurses paid 6 visits to the homes of children suffering from infectious disease. These visits were made in connection with children suffering from parotitis, which was prevalent in the area during the months of June and July.

It is pleasing to be able to note a large fall in the number of cases of other infectious diseases with the exception of influenza which showed a slight increase. The decrease is particularly noticeable in the case of measles, varicella and scabies. Regarding measles, not a single case was excluded by the School Medical Officer during the year.

Diphtheria in common with the other infectious diseases, shows a considerable decrease in incidence rate, as only 21 children were excluded on account of this disease in 1939, compared with 38 children in 1938.

There is no scheme available under the Authority so far, for the immunisation of children against diphtheria. This is to be deplored and facilities should be provided as soon as possible. No doubt it will be difficult to arouse much interest in parents in such a scheme, especially in view of the low incidence rate of the disease within the Borough, but it must be realised that, should this disease by any ill-chance ever reach epidemic proportions, a hurried scheme of immunisation would produce very poor results.

The following table gives the number of children excluded and the distribution throughout the schools of the common infectious diseases:—

School.	Measles.	Mumps.	Whooping Cough.	Chicken Pox.	Scabies.	Influenza.	Diphtheria.	Scarlet Fever.	TOTAL.	Percentage of Average on Register.
St. Bede's Infants,										
Grant Street ...	...	6	...	2	1	1	4	...	14	6.6%
Monkton Rd. ...	...	21	7	3	1	...	1	1	34	11.5%
„ Jun. Boys ...	...	3	...	1	4	4	2	...	14	3.2%
„ „ Girls ...	...	8	...	1	5	1	2	1	18	4.3%
„ Sen. Boys ...	...	...	...	...	1	...	...	...	1	.3%
„ „ Girls ...	...	5	...	...	5	1	...	1	12	5.3%
„ Central .....	...	...	...	1	...	...	1	...	2	1.2%
Grange Infants .....	...	5	...	...	...	...	...	...	5	3.4%
„ Boys .....	...	2	...	...	2	...	...	2	6	2.6%
„ Girls .....	...	2	...	...	1	...	...	...	3	1.7%
Dunn Street Infants..	...	15	1	1	2	...	...	1	20	14.7%
„ Boys ...	...	1	...	...	...	...	...	...	1	.4%
„ Girls ...	...	4	...	...	3	2	...	...	9	3.7%
Ellison Infants .....	...	12	1	...	...	...	1	2	16	10.4%
„ Mixed ....	...	2	...	...	1	1	...	...	4	1.4%
Croft Terrace Infants	...	5	...	...	...	...	1	1	7	4.2%
„ Mixed ....	...	2	...	...	4	...	5	1	12	2.3%
Monkton Co. Infants	...	1	...	...	2	...	...	...	3	2.3%
Monkton Co. Mixed.	...	2	...	...	3	...	3	2	10	3.9%
St. Peter's Mixed ...	...	12	2	...	3	2	...	2	21	8.6%
Bede Burn Council ...	...	...	...	...	...	...	1	2	3	1.1%
East Jarrow Mixed...	...	1	...	...	1	...	...	...	2	1.9%
Central .....	...	...	...	...	...	...	...	1	1	.2%
Totals .....	...	109	11	9	39	12	21	17	218	

In addition the following cases of infectious diseases were reported to be under the care of Private Medical Practitioners:—

Mumps ..... 5

Whooping Cough .....	2
Chickenpox .....	10
Scarlet Fever .....	1

**Exclusions from School.**—The following table gives the number of exclusions by the School Medical Officer during 1939, the cases being classified under the defect which necessitated the exclusion. The total number of exclusions in 1938 was 2,203.

Diphtheria .....	21
Eye Diseases .....	30
Impetigo .....	152
Influenza .....	13
Measles .....	—
Parotitis .....	107
Whooping Cough .....	14
Ringworm .....	20
Scabies .....	89
Scarlet Fever .....	17
Skin Diseases .....	112
Tonsil and Adenoid Operations .....	141
Tuberculosis .....	13
Varicella .....	13
Verminous .....	5
Miscellaneous .....	441
Total .....	<u>1,188</u>

## 6. EXCEPTIONAL CHILDREN IN THE AREA.

There are 4 children suffering from multiple defects and these are as follows:—

One—Epilepsy and Mental Defect.

Two—Mental Defect and Crippling.

One—Mental Defect and Blindness.

One child suffering from epilepsy and mental defect is in an institution while the remaining 3 are attending no school or institution.

## 7. FOLLOWING UP.

This procedure, that of seeing that the recommended treatment is carried out, is an important part of the work of the School Medical Service. A home visit is usually much more effective in obtaining the



necessary action on the part of parents or guardians than repeated notices.

Special registers are kept containing the names of children requiring treatment for defective vision, operation for enlarged tonsils and adenoids and dental treatment. Every child whose name appears on these registers is notified in rotation as to where and when appropriate treatment may be obtained. In addition all those requiring individual special treatment are followed up systematically by notes to parents, visits to schools and home visits. In the event of the efforts of the school nurse proving fruitless, the case is usually referred to the Inspector of the National Society for the Prevention of Cruelty to Children. As little use as possible is made of this procedure, but it always proves most effective in difficult cases.

Sincere appreciation of the work of the Society's Inspector (Mr. Williamson) must be expressed, not only for his valuable assistance but also for his clear and concise reports on all cases referred to him.

The following cases were referred to Mr. Williamson during the year:—

Failure to provide spectacles ..... 5

This figure shows a reduction of one on the previous year.

### **8. ARTIFICIAL LIGHT TREATMENT.**

Dr. B. Buckley, who is in charge of the Artificial Light Clinic, reports as follows:—

"The work of this Clinic has continued on the same lines as in previous years and the popularity with the public of this form of treatment remains undiminished.

"Sessions were normally held twice weekly, one session being devoted to boys and the other to girls, each child attending once a week for a period of 5 weeks. Every child is carefully weighed at the commencement of treatment and thereafter at intervals of a fortnight and finally a month after the completion of the course. This enables the amount of progress to be gauged more accurately. Virol is available for the children at reduced price and they are advised to avail of this adjunct as the combination of both forms of treatment gives the optimum results. The length of exposure is graduated and a School Nurse is always present to exercise strict supervision.

"The cases are selected by the School Medical Officer in his routine and special examinations. Besides this, the Tuberculosis Officer

frequently refers cases from his Dispensary with a recommendation for treatment. Application for this form of therapy is frequently made by the parents of children, and usually they have had previous experience of the beneficial results.

"Many additional cases sought treatment this year as a result of the Nutrition Survey and extra sessions were devoted to the work. Unfortunately owing to the outbreak of war and the evacuation of school children, the clinic was temporarily suspended, but now once again the sessions are being held regularly.

"In all, the number of sessions was 75 and the number of attendances of school children was 909. Owing to the unavoidable interruption these figures are less than the total for last year. Had there been no intermission, both the number of sessions and the attendances would have shown an increase.

"Results, as in former years, continue to be good, the majority of cases shewing improvement or being definitely cured.

"Gratitude is expressed to the West Line Committee of the Tyneside Council of Social Service who have continued to take a keen interest in the work of the clinic."

**School Clinic.**—Attendance at the School Clinic was well maintained, and even though the medical service was interrupted for a considerable time it is now again restored. Now that parents are aware of the situation of the new clinic, it is being more frequently used.

The clinic is open daily, when one of the school nurses is in attendance. The Medical Officer attends three mornings each week. The work of this department may be summarised as follows:—

Number of Attendances .....	4,621
Number of Treatments .....	1,918
Special Inspections and Re-inspections .....	5,998

The new cases, routine cases and number of the children examined in connection with the Special Nutrition Survey by the Medical Officers amounted to 4,868 or 81.16% of the average school attendance. These figures do not include all cases examined and treated at the artificial light, refraction and dental clinics, even though most of the cases attending the artificial light, dental and refraction clinics are included in the total, as they would have been seen previously either as special or routine cases at the general clinics. However the figures show how well the clinic is patronised by the public and the extent to which the Committee's Services are appreciated.



**School Nurses.**—The duties of the School Nurses include attendance at the routine examinations and at the general, artificial light and refraction clinics. In addition the nurses paid six visits to children suffering from infectious diseases and 162 visits to children suffering from other defects and diseases. Appropriate advice was given in every case.

Twenty-seven sessions were devoted to cleansing inspections in schools, 41 sessions to routine medical inspections and 9 sessions to routine dental inspections.

As has been previously mentioned, one of the School Nurses was temporarily transferred to the reception area and has been working under the jurisdiction of the Durham County Education Authority since November.

**Employment of Children and Young Persons.**—All school children desiring to be employed are medically examined and a certificate is issued as to their suitability or otherwise, prior to their engagement. During the year the following children were examined and found fit for employment in the occupations stated:—

Errand Boys and Girls .....	4
Delivering Newspapers .....	14
No street trader's licence was issued.	

**Co-operation of Parents.**—As in previous years, the attendance of parents at the medical examination of their children has been a most encouraging feature. Of the 650 children examined at the routine medical examination, parents were present in 398 of the cases. This co-operation on the part of parents is equally noticeable in relation to their attendance at the artificial light, dental and ophthalmic clinics. Every encouragement is afforded to parents to attend at the examination of their children, as the work is made much easier by the information they can provide regarding the child's previous medical history.

**Co-operation of Teachers.**—Sincere appreciation must be expressed to the teachers for their efforts towards the successful working of the medical inspections. They arrange for the attendance of children for routine inspections, ophthalmic and dental clinics. The names on the dental and refraction waiting lists are supplied to the various Head Teachers with a request for arrangements to be made for the children to attend the clinic on given dates. The teachers then communicate with the parents.

**Co-operation of School Attendance Officers.**—These officers are



employed, as far as the school medical service is concerned, for following up cases excluded for verminous conditions. Their work also includes the superintending of the service of school meals and they form a valuable source of information concerning the whereabouts of children suffering from non-notifiable infectious diseases.

**Vaccination.**—Of the routine cases examined, 380 children or 58.46% were found to have been vaccinated. This shows an increase in the figure returned for 1938.

**School Meals.**—The outbreak of war and the subsequent dislocation in the school services severely hampered the work of the feeding centre. Nevertheless the number of individual children in receipt of school dinners was 1,520 in 1939 compared with 1,364 in 1938. In all 166,718 dinners were provided compared with 90,985 in the previous year.

Had the schools been opened during the entire year the number of dinners supplied would have been far greater.

At is was, it became necessary to utilise a second building, namely, the Baths Hall, as a feeding centre. This building was taken over for air-raid precaution work in September and since then the original centre has only been in use. However, this provides ample accommodation now that the number of children attending has been considerably reduced by evacuation.

During the year 176,514  $\frac{1}{8}$  pints of milk were distributed and the number of children in receipt of this milk was 2,586. The figures are far below those for 1938, but it has to be realised that though the milk continued to be distributed after September, the schools were closed. As in previous years, milk was also available to school children for immediate consumption at the schools at a charge of  $\frac{1}{2}$ d. for  $\frac{1}{8}$  pint.

The following table shows the number of individual children and the meals supplied during the past four years:—

Year.	No. of Children.	Dinners.
1936 .....	265	62,645
1937 .....	345	64,709
1938 .....	1,364	90,985
1939 .....	1,520	166,718

ROBERT A. GOOD.

# HEIGHT AND WEIGHT—BOYS.

SCHOOL.	Central.	Grange.	Dunn Street.	Croft Terrace.	Bede Burn.	Ellison.	St. Peter's.	St. Bede's.	St. Bede's, Grant Street.	Monkton Council.	East Jarrow.	Total No. Examined.	Average for 1939.	Average for Jarrow children 1910—1914.	Average for England & Wales (Greenwood Table).
Entrants.	No. examined.	...	...	...	...	...	5.	...	...	...	5.	21.	...	...	...
	Height—inches.	...	...	...	...	49.66	49.	...	...	...	48.	...	48.88	46.78	47.39
	Weight—lbs.	...	...	...	...	55.83	54.5	...	...	...	52.	...	54.11	49.57	52.
Intermediates.	No. examined.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Height—inches.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Weight—lbs.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leavers.	No. examined.	34.	23.	37.	32.	19.	21.	15.	118.	...	6.	305.	...	...	...
	Height—inches.	55.12	56.34	56.81	54.52	51.42	56.03	54.21	55.46	...	54.	...	55.21	54.16	54.88
	Weight—lbs.	78.29	77.59	77.84	75.	75.61	77.65	76.86	77.17	...	69.16	...	76.12	65.72	72.

## HEIGHT AND WEIGHT—GIRLS.

SCHOOL.	Central.	Grange.	Dunn Street.	Croft Terrace.	Bede Burn.	Ellison.	St. Peter's.	St. Bede's.	St. Bede's, Grant Street.	St. Bede's Central.	Monkton Council.	East Jarrow.	Total No. Examined.	Average for 1939.	Average for Jarrow children 1910—1914.	Average for England & Wales (Greenwood Table).
Entrants.	No. examined.															
	Height—inches.															
	Weight—lbs.															
Intermediates.	No. examined.	...	...	...	...	19.	8.	...	...	...	...	5.	42.	...	...	...
	Height—inches.	...	...	49.10	...	48.2	47.13	...	...	...	...	48.	...	48.1	45.39	46.94
	Weight—lbs.	...	...	54.4	...	55.7	48.38	...	...	...	...	52.	...	52.62	47.69	49.55
Leavers.	No. examined.	27.	34.	48.	46.	15.	6.	41.	...	40.	...	2.	282.	...	...	...
	Height—inches.	54.94	54.78	57.02	56.62	56.55	53.17	55.13	...	54.35	...	58.	...	55.71	54.63	55.48
	Weight—lbs.	73.27	70.89	79.83	79.18	78.	62.83	73.79	...	79.34	...	85.	...	76.5	70.88	73.86



## STATISTICAL TABLES.

TABLE I.  
MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
PUBLIC ELEMENTARY SCHOOLS.

<b>A.—Routine Medical Inspections, 1939.</b>					
Number of Inspections in the prescribed groups—					
Entrants	...	...	...	...	—
Second Age Group	...	...	...	...	63
Third Age Group	...	...	...	...	587
Total	...	...	...	...	650
Number of other Routine Inspections					
	...	...	...	...	—
Grand Total	...	...	...	...	650
<b>B.—Other Inspections.</b>					
Number of Special Inspections & Re-Inspections	...	...	...	...	5998

TABLE II.  
**Classification of the Nutrition of Children Inspected during the Year  
in the Routine Age Groups up to 31st August, 1939.**

Age-groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	—	—	—	—	—	—	—	—	—
Second Age-group	63	17	26.98	21	33.33	22	34.92	3	4.76
Third Age-group ...	587	166	28.28	249	42.42	151	25.72	21	3.58
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
TOTAL ...	650	183	28.15	270	41.53	173	26.61	24	3.69

TABLE IV.

## Return of Defects treated during the Year ended 31st December, 1939.

## TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

DISEASE OR DEFECT.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm-Scalp—			
(i) X-Ray Treatment .. ..	6	—	6
(ii) Other Treatment .. ..	—	—	—
Ringworm-Body .. ..	11	1	12
Scabies .. ..	15	17	32
Impetigo .. ..	94	18	112
Other Skin Disease .. ..	25	85	338
Minor Eye Defects .. ..	49	15	64
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects .. ..	28	18	46
Miscellaneous .. ..	81	298	379
( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)			
Total .. ..	537	452	989

TABLE IV—(Continued).

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint). ...	84	2	86
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	—	—	—
Total ... ..	84	2	86
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ... ..	73	2	75
(b) Obtained ... ..	115	2	117

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

Number of Defects.											
Received Operative Treatment								Total.		Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.							
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
9	—	132	—	—	—	—	—	9	—	132	141

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other Defects of the nose and throat.

TABLE V.

**Dental Inspection and Treatment.**

(1) Number of children inspected by the Dentist.

(a) Routine age groups

AGE	5	6	7	8	9	10	11	12	13	14	TOTAL.
Number	145	106	131	106	103	111	81	6	3	—	792

(b) Specials ... .. 352

(c) TOTALS (Routine and Specials) ... .. 1144

(2) Number found to require treatment ... .. 814

(3) Number actually treated ... .. 1015

(4) Attendances made by children for treatment ... 1066

(5) Half-days devoted to:—

Inspection ...	9	} Total ... ..	212
Treatment ...	203		

(6) Fillings:—

Permanent teeth ...	102	} Total ... ..	111
Temporary teeth ...	9		

(7) Extractions:—

Permanent teeth ...	489	} Total ... ..	1861
Temporary teeth ...	1372		

(8) Administrations of general anaesthetics for extractions ... 283

(9) Other operations:—

Permanent teeth ...	—	} Total ... ..	—
Temporary teeth ...	—		



TABLE VI.

**Uncleanliness and Verminous Conditions.**

(i) Average number of visits per school made during the year by the School Nurses ... .. 1.17									
(ii) Total number of examinations of children in the Schools by School Nurses 4,435									
(iii) Number of individual children found unclean ... .. 232									
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ... .. 171									
(v) Number of cases in which legal proceedings were taken :—									
(a) Under the Education Act, 1921 ... .. Nil.									
(b) Under School Attendance Byelaws ... .. Nil.									







