[Report 1926] / School Medical Officer of Health, Leigh Borough.

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BOROUGH OF LEIGH.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE

Year ended 31st December 1926.

LEIGH :
Collins & Darwell Ltd., Printers, Hope Street.

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BOROUGH OF LEIGH, 1926.

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Staff of School Medical Service.

Medical Officer of Health and School Medical Officer :

J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Ophthalmic Surgeons :

J. SACKVILLE MARTIN, M.D.
G. H. SHAW, M.B., C.M.

Operative Surgeon :

F. PEARCE STURM, M.Ch.

Anæsthetists :

J. JONES, M.D.
L. A. P. BURT, M.B., Ch.B.

Aural Surgeon :

F. PEARCE STURM, M.Ch.

Dental Surgeon :

E. ENTWISLE, L.D.S. Eng.

Health Nurses :

Miss BELYEA
Miss SMITH
Miss BOYDELL
Miss GOULDEN

Clerk :

Miss NORMAN

TOWN HALL,
LEIGH.

To the Chairman and Members of the
Education Committee of the Borough of Leigh.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Medical Inspection and Treatment of School Children in the Public Elementary Schools in the Borough of Leigh for the year ending 31st December, 1926.

The delay in its presentation is due to the very limited time available for such purposes. It is evident that there can be little or no opportunity of writing reports during the working day.

When it is realised that as School Medical Officer I have the inspection of over 7,000 school children, supervise the treatment of some 1,500, have charge of Clinics holding 21 sessions per week, including Operative, Ophthalmic, Artificial Light, Ear, Nose and Throat, Minor Ailments, Dental, etc., prevention of infectious diseases amongst school children, an Open-Air School 60 miles away, ascertainment, examination and reporting under the Mental Deficiency Act, in addition to all my duties as Medical Officer of Health and Medical Officer of the Maternity and Child Welfare Organization, which includes a small Maternity Home.

I wish, therefore, respectfully to call the attention of the Authority to the amount of work now undertaken, and the insufficiency of staff to properly deal with it. The work, I am satisfied, is properly worth-while, but the best results cannot be expected under present conditions.

The following tables show the particulars of the Schools, accommodation and attendance :—

	Mixed.	Infants.	Total.
Average on Register ...	4846	2271	7117
Average Attendance ...	4440	1947	6387
Percentage Attendance ...	91·6	85·7	89·7

	Schools.	Departments.	Accommodation.
Provided ..	1	3	940
Non-Provided ...	17	33	8146
	18	36	9086

Treatment continues to receive considerable attention, and quite a number of defects are now dealt with. Amongst others, enlarged tonsils and adenoids are operated on, defects of vision are corrected and spectacles provided, diseases of the ear and nose, dental and minor ailments, including skin diseases, blepharitis, ringworm, injuries, artificial light, etc.

The public continues to show its desire for School Treatment Clinics, and instead of the passive opposition exhibited a few years ago, the requests for early treatment sometimes become disconcerting. Real opposition is practically never met with now.

The Teachers also, by their constant reference of children to the Clinics with request for treatment and advice, show their confidence in the service and appreciation of the benefits.

By the use of Clinic Attendance Cards the minimum absence from school in attending the various Clinics is secured and credit for attendance is safeguarded as much as possible.

The object aimed at is to ensure that every child shall be capable of receiving benefit from the education given in the ordinary Elementary School, or steps be taken to ensure either the child shall be made capable or placed in surroundings suitable to its mental or physical capacity.

There are a number of children still in the ordinary classes who would greatly benefit by special methods of instruction. The system of having graded classes for more or less defective or backward children in the larger schools is worthy of the careful consideration of the Committee.

Last year I stated the Board of Education had given provisional approval to the scheme of an Open-Air School at Prestatyn.

Subsequently the Board recognised the School as an Open-Air School for 40 mixed children.

Further particulars will be found on pp. 31.

Very material benefit to health could be and is obtained by having one side of the class-room of an ordinary school open. The objection of exposure of the pupils to cold is purely mythical, for if delicate, anæmic

and convalescent children can tolerate and recover in an open-air school, surely an energetic child in fair health can stand the exposure. Conditions of surroundings which will help to recover health must assist in maintaining health.

Closely associated with the question of fresh air during school hours is that of playing fields for school children after school hours. The necessity of such provision becomes more acute every year. Vacant plots of land are being taken up for building purposes and thus cease to be available for the purpose, unsuitable as their condition usually is, the increase of motor traffic on the street increases the danger to children playing there, and the injustice is felt of making provision for adult enjoyment whilst leaving the children, who have no voice in the matter and whose natural instinct compels them to run about somewhere, to expose themselves to danger in the street or play in a pokey back-yard.

There are still a considerable number of vacant building plots in the various parts of the town which could be made reasonably suitable at small cost and which would prove a boon to parents, children and the public.

I commend the question to the serious consideration of the Committee, particularly at the moment, as it is receiving very practical attention all over the country, money being raised to assist approved schemes.

The prevelance of vermin in the children's heads, especially of girls, continues to be deplorable. It causes a serious loss of attendance and is often the commencement of more serious trouble. The introduction of septic matter into the scalp, through scratching, causes enlargement of the glands of the neck, and the glands thus weakened are naturally prone to tubercular infection.

Very serious and persistent attention has been devoted to the matter, and a large proportion of the Nurses' time is taken up in detecting and treating the condition, and with the staff available inadequate attention must of necessity be given to this important work. It is, however, satisfactory to find that the attention given is receiving some reward. Whereas the percentage of children found unclean during 1925 was 5·8, last year it was reduced to 5·3.

The girls' heads are inspected and re-inspected on the following occasions :—

(a) Routine Medical Inspection.
(b) Nurses' Routine Inspections for Cleanliness.
(c) Frequent surprise visits for ascertaining Uncleanliness.
(d) Every visit to the School Inspection Clinic.

The results of such examinations of heads and bodies are as follows :—

Total Inspections for Cleanliness ...	15919
Number of Children found Unclean...	849
Percentage	5·3

The efforts have certainly been in some measure rewarded, but the condition will never be eradicated until a healthier public opinion prevails in the matter. People do not realise that the presence of nits is impossible without the living lice whose eggs they are, or that their presence is not an indication of robust health.

In dealing with them an attempt is made to impress on the mothers the fact that where children are congregated together infection may take place in spite of the utmost cleanliness.

The co-operation of the Teachers, in particular the Head Teachers of the infant departments, is solicited in an endeavour to insist as far as possible on the mother, when she enters the child on the school register, promising to keep the girl's hair short or tightly plaited when in school, during the whole of her school life. If one or other of these methods and better cloak-room accommodation were available, I consider infection through the school environment would be almost nil.

Infections due to home conditions would still have to be dealt with, but as the source could be more easily ascertained, and being more limited, concentrated pressure could be applied with better prospect of success. I have received constant and effectual assistance from the local Inspector of the N.S.P.C.C. in dealing with this class of habitual offender, who are usually careless and slatternly mothers, or widowers who have failed to make proper arrangements for the care of the house and the children.

A note is sent to the parents of all children found to have nits or vermin, or to be in a foul or filthy condition, calling their attention to the child's condition and giving instructions for cleansing. They are

re-examined by the School Medical Officer in a few days at the Inspection Clinic, and if satisfactory progress has not been made, pressure is brought to bear on the parent, followed if necessary by a visit from the Inspector of the N.S.P.C.C. The combined efforts usually succeed, if only temporarily.

Probably when parents realise that adverse reports by S.M.O's to the Juvenile Employment Exchanges are likely to be issued for this condition, they will make a serious attempt to keep the heads clean.

A close co-ordination between the School Medical Service and the various portals of Juvenile Employment is desirable. It would secure a higher standard of efficiency of the candidates for employment and a much diminished incidence of vermin in girls' heads if the S.M.O. was entrusted with certifying of children for employment instead of the Factory Certifying Surgeon.

The loss of wages appeals much more forcibly than any sense of moral responsibility or decency to a certain type of individual.

I have received hearty co-operation from the Teachers, who have rendered great assistance in securing early treatment and proper care for those requiring it, and referring doubtful cases for advice to the Clinics. I am satisfied they are anxious to support the objects of the Medical Service. I wish to tender them my sincere thanks. These remarks are applicable to all except the Head Teachers of two departments of the same school.

My gratitude is also due to the N.S.P.C.C. and its local representatives, Inspectors Farrell and Adey, for their energetic, ready and most valuable assistance. My thanks are heartily tendered to the Health Nurses for their untiring devotion to duty and keenness to improve the service.

The Branch Centre in Coal Pit Lane, Westleigh, used as a School Clinic and Welfare Centre, has proved very valuable and useful on account of its situation in the midst of a congested industrial population and the relief of the pressure at Stone House.

The mothers of the district have shown their appreciation of its proximity by their large and regular attendance and spontaneous desire to obtain the benefits mostly in advice and guidance the staff is able to afford.

The arrangement whereby the services of four of your Special Treatment Clinics are available for the treatment of infants and children of pre-school age suffering from ailments dealt with by those Clinics has continued to work very satisfactorily.

You receive full fees from the Maternity and Child Welfare Committee, who in turn recover what payment they consider fair from the parent.

Many more children should, as a result, be able to enter school free from the special defects amenable to treatment by reason of their previous removal, and the danger of the permanency of the defect be largely discounted.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer is also Medical Officer of Health and has charge of the Child Welfare Organisation. Co-ordination of supervision is thus secured.

The respective Committees have approved of the principle of amalgamating the Staffs of the School Medical and Child Welfare Departments. By this amalgamation an end has been put to a purely arbitrary division of work which could not be defended on the grounds of economy or efficiency. The child is now under supervision of one set of officials from birth onwards, and even ante-natal conditions are the concern of the same official.

There is no Nursery School in the Borough.

The care and treatment of debilitated children below school age are secured through the Maternity and Child Welfare Scheme by :—

Private Medical Practitioners.
School Treatment Clinics.
The Local Hospitals.
Special Hospitals.

The Health Nurses visit the homes, advise the parents and endeavour to get every case properly treated.

3.—SCHOOL HYGIENE.

The School Medical Officer has inspected all the Schools, some of them two or three times, during the year. They are all more or less defective ; some to a serious extent, others less so.

The grounds of complaint most common perhaps are :—

Unpaved playgrounds.
Lack of facilities for washing and drinking.
Inadequate and improper cloak-room accommodation.

There is usually no arrangement for drying clothes, and the cloak-rooms are generally dark, cold and dirty.

Boiler fire cinders form the covering of most of the playgrounds. They are dangerous when first put on as large clinkers, and later, when broken up by tramping, become a bed of fine black dust in fine weather and a sticky morass when wet. It is impossible to keep Schools reasonably clean when so much black dirt is carried into the building on the children's boots and clogs.

It all becomes black dust, and is stirred up time after time by the movement of scholars.

It is quite exceptional to find reasonable facilities for the drinking of water and washing. All the Schools have town's water laid on.

Many of the water closets are flushed by "tipplers." They are very unsatisfactory, and are constantly getting out of order. There is room for improvement in the cleanliness also. Improper use is occasionally the reason, and this causes irritation to the caretakers.

The ventilation of the school-rooms is fairly good. Natural means are usually relied on, and where the Teachers take an intelligent interest in the matter quite satisfactory results can be got. There is not sufficient attention given, however, to the flushing of the rooms during the short play intervals.

The lighting of the class-rooms, with very few exceptions, is satisfactory. Although the window area in many cases is below what is desirable, the absence of over-shadowing trees or buildings ensures a fair amount of light entering the room.

The desks are generally so placed as to secure the best advantage and in accordance with established principles, but more than three-quarters of the desks used in the Schools are of the continuous type, without back-rests, and with the seat placed too far back from the desk. The relative position of desk and seat entails considerable bending forward of the child's body, and more or less leaning on the desk. It is an unnatural position, conducing to restriction of chest movement and a stooping posture.

Most of the Schools lack reasonable accommodation for the Teachers; they have no retiring room, and usually no private sanitary arrangements.

I am pleased to note there is not now the same tendency to crowd a class into a small compass, instead of spreading them out to cover the largest area available. Catarrhal, and particularly respiratory diseases, are much more likely to be disseminated amongst the children by being crowded and seated facing each other.

The cleansing of the Schools is very unsatisfactory. I consider they ought to be as clean as the rooms at home, but I am sure any housewife of average self-respect would be ashamed to see her floors and furniture in the state usually found in our Schools.

There is no arrangement at any of the Schools for the warming of meals that might be brought by the children to the School, but as the district is an urban one and surrounded by semi-urban districts with their own Schools, the children reside quite near the Schools at which they attend. It is unlikely that advantage would be taken of any facilities available.

4.—INSPECTION OF SCHOOL PREMISES.

The following defects at the respective Schools are of such a serious nature that I consider they should receive attention at once:—

WESTLEIGH C.E.

(a) Mixed Department—

Unsuitable surface of playground; boiler cinders only. Requires paving.

Desks of obsolete pattern.

Hand-bowls insufficient in number in girls' cloak-room; 2 for 100 scholars.

(b) Infant Department—

Window glass obscure.
Desks obsolete.
Hand-bowls insufficient in number.

KIRKHALL LANE MISSION.

Window glass obscure.
Furniture obsolete.

WESTLEIGH WESLEYAN.

Hand-bowls insufficient in number. 2 for 95 girls ; 1 for 95 boys.

XII APOSTLES' R.C.

Furniture obsolete.
Hand-bowls insufficient in number. 1 for 274 scholars.
Surface of playground unsuitable—cindered.

ST. PETER'S C.E.

A considerable area of the playground is unsuitably cindered.
Desks of obsolete pattern.

(a) Mixed Department—

Floors of most class-rooms defective.
Furniture obsolete.
Hand-bowls insufficient in number. 2 for 200 girls.

(b) Infant Department—

Windows in "babies'" room are placed too high to give sufficient light.
The floor in the N.-E. room defective.

PLANK LANE R.C.

Playground surface is unsuitable—cindered and in hollows.
Desks of obsolete pattern.
Floors defective.
Paint on the walls falling off.
Hand-bowls insufficient in number. Boys, 1 for 70 ; girls, 1 for 80 ; Infants, 1 for 59.
Towel very dirty.
W.C. overloaded and smelling.

LEIGH U.M.

Outer doors dilapidated.
Playground unsuitable—cindered.
Floors are imperfect and dirty.
Desks of obsolete pattern.

(a) Mixed Department—
Hand-bowls insufficient and defective (1 blocked up). 2 for 197 scholars.
No cloak-room for the boys.

(b) Infant Department—
Paint falling off the walls.
Hand-bowls insufficient in number. 1 for 45.

PENNINGTON C.E.

Playgrounds unsuitable—cindered and very uneven.
Desks of obsolete pattern.
Floors in bad state of repair.
Windows dirty.
Upper part of the walls very dirty.

(a) Mixed Department—
The sliding partition is out of repair and appears in danger of falling.

(b) Infant Department—
The cloak-room seems to be used as a scullery and store-room.
The hand-bowls were filled with tea-cups, and in any case are so high as to be out of reach of the infants.
There is no heat in the cloak-room.

BEDFORD WESLEYAN.

(a) Mixed Department—
Desks of obsolete pattern and many showing splinters.
Cloak-room for 300 scholars opens direct into three class-rooms.
There is no provision for washing hands.
No teachers' room.

(b) Infant Department—
Cloak-room approached only from class-rooms.
No hand-bowls.

[N.B.—I understand the Managers are holding a special meeting shortly to consider the completion of their scheme of improvement.]

BUTTS C.E.

(a) Mixed Department—

Another movable partition required in large class-room.
Desks of obsolete pattern.
Playground paving requires completion.

Annexe—Partition required to convert it into two class-rooms.

(b) Infant Department—

Desks of obsolete pattern.

BEDFORD C.E.

Desks of obsolete pattern.
Hand-bowls insufficient in number. 3 for over 500 scholars.

ST. JOSEPH'S R.C.

Completion of paving of playground required.
Hand-bowls deficient in number.
Lighting of some of the class-rooms unsatisfactory.
Desks of obsolete pattern.
Teachers' rooms required.

LEIGH C.E.

(a) Boys' Department—

The class-rooms are, in general, dark, due to the windows being glazed with obscure glass and being placed too high.
Ventilation is deficient.
Hand-bowls insufficient in number.
Teachers' rooms are not provided.

(b) Girls' Department—

The rooms are dull on account of height of windows and obscure glass.
Partitions are required.
Ventiliation is deficient.
Hand-bowls insufficient in number.
Desks obsolete.
Teachers' rooms are not provided.

5.—MEDICAL INSPECTION.

A.—Groups Inspected.

All the children present in School on the occasions were inspected belonging to the following age groups :—

(a) Entrants—those admitted to School between the 31st March, 1925, and the 31st March, 1926.

(b) Intermediates—Children born in 1917, if not inspected last year.

(c) Children born during 1913, if not already inspected since they reached the age of 12 years.

(d) Special cases referred by the Teachers, etc.

(e) Applicants for admission to Leigh Holiday Camp at Prestatyn.

(f) Applicants for admission to Leigh Open-Air School at Prestatyn.

B.—The Board's Schedule of Medical Inspection has been followed.

C.—Ascertainment of Cripples.

Infants suffering from congenital crippling conditions and those showing evidence of crippling diseases are kept under observation, and such steps taken to secure treatment as are necessary by the Health Nurses.

Treatment—surgical, mechanical and educational—is secured either through—

(a) The Private Practitioner.
(b) General Hospital.
(c) Special Hospital.

Since the end of the year arrangements have been made with the Lancashire County Health Service—and approved by the Board of Education and Ministry of Health—for the treatment of school children and children of pre-school age by means of the County Scheme.

A list for permanent record is being compiled of all known and ascertained cripples, of whatever age or cause.

D.—Disturbance of School Arrangements by Routine Inspection.

Very few Schools have a vacant room in which the inspection can take place. Consequently it entails a re-arrangement of the classes, making provision for at least one class in a room already occupied. In many cases the disturbance is even greater on account of the inspection room being entered from another class-room and all the children about to be inspected having to pass through this room.

The Head Teacher usually places his or her services at my disposal, and often the Assistant Teacher is present during the inspection of the members of his or her class. I encourage their presence, and find their observations of great value. They receive advice first hand, and undoubtedly take a greater interest in the defective condition pointed out to them. They also act as an ideal link between the doctor and the parent in the absence of the latter, and are a potent factor in securing treatment by the more indifferent parent.

6.—FINDINGS OF MEDICAL INSPECTIONS.

Review of the facts disclosed by Medical Inspection :—

A.—Uncleanliness.

Frequent routine inspections for cleanliness are carried out by the Health Nurses.

Printed instructions for cleansing are given to the scholar to convey to the parent.

If necessary the child is excluded. The case is followed up at once if excluded, or if on a subsequent visit to the School the cleansing has not been satisfactorily carried out. The child also attends the Inspection Clinic weekly.

Uncleanliness is also looked for during the routine inspection and at the Inspection Clinics. The same procedure is followed with regard to treatment.

The School Medical Staff is much encouraged by the increasing and consistent interest in this matter shown by the Teachers, and their determination that the children shall enjoy the pleasure of self-respect secured by a clean body.

The eradication of nits in girls' hair entails an enormous amount of time and attention, and is made more arduous by the indifference of some mothers; in fact some parents seem still to look upon the presence of lice and nits as evidence of robust health.

Plaiting and bobbing the hair seem to some extent to diminish the dissemination, but these methods of dressing the hair are not universally popular, and even strongly resented by many parents. Many of the Teachers make an effort to insist on the point, but feel they lack power to enforce it.

The improvement during the year is, however, very marked. Whereas 5·8 per cent. of those examined in 1925 were found unclean, only 5·3 per cent. were in that condition in 1926.

B.—Minor Ailments.

These consist of Impetigo, Eczema, Ringworm, Blepharitis, Injuries, Enlarged Glands, Anæmia, etc. They are treated at the Minor Ailment Treatment Clinics by the Nurses under the supervision of the School Medical Officer, if not otherwise attended to after notice has been sent to the parent.

Excluding cases of uncleanliness, 1017 were found during the course of inspection. Particulars of treatment are contained in Table IV. of the Appendix, and the following table shows the nature and respective numbers of the minor defects found :—

Minor Defects.	No. Requiring Treatment.	No. for Observation.	Total.
Enlarged Glands (Non-T.B.) ...	1	10	11
Defective Speech	4	2	6
Heart and Circulation (including Anæmia) ...	299	31	330
Skin Diseases	156	7	163
External Eye Disease	97	2	99
Lung Disease	30	4	34
Nervous Diseases	10	1	11
Other Minor Defects	163	200	363

C.—Tonsils and Adenoids (one or both).

The following table shows the number of children found at Medical Inspections to be suffering from these defects :—

Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.	Other Conditions.
205	58	57	14

Only those were referred for operative treatment who showed evidence of resulting interference with normal breathing, or the tonsils were so large as to manifestly warrant removal.

D.—Tuberculosis.

Before the diagnosis is definitely adopted every case, doubtful or otherwise, is referred to the Tuberculosis Officer for his diagnosis, and his opinion as to the infectivity of the condition in order to arrive at a decision regarding school attendance. The following was the number of children so diagnosed :—

(a) Pulmonary	Nil
(b) Non-Pulmonary	10

E.—Skin Diseases.

This table shows the number of children found suffering from the various skin diseases specified :—

Impetigo.	Ringworm.	Other Diseases.	Total.
65	59	39	163

Ringworm, more particularly of the scalp, has been unusually prevalent during the year. In the absence of x-rays cure is very slow and the site remains infective for a long period.

F.—External Eye Diseases.

Blepharitis was by far the most common disease found during inspection.

The parents are very indifferent with regard to treatment and constant and repeated urgings are necessary to get anything done. Treatment at the Clinic, I am satisfied, is the only satisfactory way of securing amelioration. Every facility is offered.

The following table shows the frequency of the several external eye diseases :—

Blepharitis.	Conjunctivitis.	Other Diseases.	Total.
58	4	48	110

G.—Vision.

Sight tests are not applied to entrants at the Routine Medical Inspection. Snellin's type is used for all others.

Children revealing an acuteness less than 6/9 in either eye are referred to the Ophthalmic Surgeons for test and prescription, if efficient correction has not been secured by the parent after notice of the defect has been sent.

The following was the number found with less than 6/6, and the subjects of squint :—

Defective Vision	468
Squint	42

H.—Ear Disease and Hearing.

The following table shows the number of children suffering from suppurative otitis media alone, deafness without present otitis and those suffering from other ear diseases :—

Otitis Media.	Defective Hearing.	Other Diseases.	Total.
19 ...	7 ...	9 ...	35

The beneficial effect of the Aural and Operative Clinics is showing itself; the total number of cases found being less then half found in 1925.

I.—Dental Defects.

This table shows the number of children with unsound or otherwise defective teeth as ascertained by the School Medical Officer :—

Number inspected	4536
Number found defective	2604

Details of the result of inspection by the School Dentist are given in Section 8 and in Group IV. of Table IV. of the Tables.

J.—Crippling Defects.

The following table shows the cause of the crippling conditions as far as can be ascertained :—

	Tuber-culosis.	Paralysis.	Rickets.	Heart Disease.	Con-genital.	Injury.	Total.
Boys ...	3	12	5	5	4	2	31
Girls ...	3	3	2	—	3	1	12
Total ...	6	15	7	5	7	3	43

7.—PREVENTION OF THE SPREAD OF INFECTIOUS DISEASES.

The success of any steps taken to prevent the spread of infectious diseases depends on the early and reliable knowledge of its presence.

This information is obtained by :—

(a) Statutory notification by Medical Practitioners and others to the Medical Officer of Health, who is also School Medical Officer.

(b) Weekly Returns made by the Head Teachers of absences and the ascertained cause to the School Attendance Officers and which are immediately submitted to the School Medical Service.

(c) The Health Nurses.

(d) The School Attendance Officers.

(e) Daily return of fresh cases reported to be absent on account of infectious disease during its prevelance.

The first is the only really satisfactory means, as information received from parents is often quite unreliable.

Administrative action taken includes—

(a) Isolation of patient.

(b) Nurses' visits to school affected, to detect and exclude suspicious cases.

(c) Exclusion of contacts.

(d) Secure home nursing and treatment.

(e) Disinfection of Schools.

(f) Improve general sanitary condition of the Schools.

(g) Free ventilation of the Schools.

(h) Even distribution of the children over the maximum area available whilst in School.

(i) Allow no infectious case or contact to be re-admitted until certified by the School Medical Officer.

(j) Disinfection of the homes.

Patients suffering from Scarlet Fever and Diphtheria and their home contacts are excluded from School and not re-admitted until after inspection by the School Medical Officer at the termination of the usual period.

In the case of Measles, Whooping Cough and Chicken-pox, only the infant contacts and other children who have not had the disease, are excluded and inspected before re-admission.

Sweeping the floors of the class-rooms with "dusmo", by preventing the dissemination of dust and its lodging on the furniture, ledges, etc., I think must tend somewhat to diminish the danger of infection in the School.

8.—FOLLOWING UP.

Following the Routine Medical Inspection a notice is sent to the Head Teacher specifying the defect or defects found in each child in the School, with a request that any serious alteration in the condition should be at once notified, and that he should avail himself of every opportuniy to impress upon the parents the advisability of securing the necessary treatment.

A notice is also sent to the parent stating the defect found, and requesting them to seek medical advice.

The parents of those found defective are subsequently asked to bring the child to the Inspection Clinic, and if treatment has not been received, or is shown not to be satisfactory, a strong appeal is made to secure it at once, and in appropriate cases the services of the Treatment Clinics are offered.

If the parent does not attend or the interview is unsatisfactory, the Nurse visits the home and discusses the matter with parent.

In the event of failure to secure it, where treatment is reasonably available, the influence of the School Attendance Officer or the Inspector of the National Society for the Prevention of Cruelty to Children is solicited, according to circumstances.

Occasionally only is it necessary to seek the help of the Magistrates.

There are four Health Nurses engaged half time in School and Maternity and Child Welfare work respectively. Their School duties include attendance at :—

(a) Schools.—(1) At Medical Inspections.
(2) Systematic Inspections for Cleanliness.
(3) In connection with outbreaks of Infectious Disease.
(4) Examination of cases at request of Teachers.

(b) Clinics. —(1) Inspection Clinics.
(2) Treatment of Minor Ailments.
(3) Ophthalmic Clinic.
(4) Operative Clinic.
(5) Aural Clinic.
(6) Dental Clinic.
(7) Artificial Light Clinic.

(c) Homes. —(1) Following up defective children when treatment has not been secured.
(2) To instruct and demonstrate to parents home treatment, especially with regard to cleanliness.

(3) Ascertain cause of absence from Inspection or Treatment Clinics.

(4) Investigate home conditions in cases of bad clothing and footgear.

Attendance at Clinics alone absorb 17 out of the 22 sessions (the working period of two Nurses) available per week, leaving only five sessions for all home and school visiting.

The following is the time-table of the Clinic :—

TIME-TABLE OF CLINICS.

		Stone House.	Coal Pit Lane.
Monday—	Morning ...	Minor Ailment ...	Minor Ailment
	Afternoon ..	Maternity and Child Welfare ...	
Tuesday—	Morning ...	Minor Ailment Dental ...	Minor Ailment
	Afternoon ...	Dental Sewing Class ...	Sewing Class
Wednesday—	Morning ...	Minor Ailment Operative ...	Minor Ailment
	Afternoon ...	Operative ... Atificial Sunlight ...	Maternity and Child Welfare
Thursday—	Morning ..	Minor Ailment Aural ...	Minor Ailment
	Afternoon ...	Inspection Ophthalmic Artificial Sunlight ...	
Friday—	Morning ...	Minor Ailment Dental ...	Minor Ailment
	Afternoon ..	Dental ...	
Saturday—	Morning ...	Minor Ailment ...	Minor Ailment

The Staff is manifestly inadequate to cope with the work undertaken, and, although the difficulties are met with a goodwill, much following up and School visiting has to be neglected.

This is much to be regretted, as I am convinced the most valuable preventative work of the Nurses is done in the homes moreover the Nurses, in addition, act as most efficient School Attendance Officers.

Since the end of the year under review an additional Health Nurse has been appointed, one half of her time to be devoted to School work. I consider the staff is still insufficient.

During the year the Nurses carried out the following :—

No. of visits to Schools	...	...	619
No. of visits to Departments	...	...	685
No. of visits to Homes...	...	...	2117

9.—MEDICAL TREATMENT.

On the recognition of a defect the parent is informed of the fact by letter, or verbally if present, and is requested to consult the family doctor with a view to treatment. The Head Teacher is also notified of the defect.

A defect card is made out and the child subsequently called for re-examination.

If efficient treatment has not been obtained further pressure is put on the parent to take steps to secure it, or the services of the Special Treatment Clinics, in suitable cases, are offered. Minor Ailments, Dental, Aural, Ophthalmic, Operative and Artificial Light Clinics have been held during the year.

No arrangements have yet been made for the treatment of Ringworm by x-rays, and the number of cases of Ringworm of the scalp, compared with 1925, were more than double.

Treatment of many minor conditions outside the Clinic is far from satisfactory. The length of time taken is out of all proportion to what is required under supervised energetic measures, and if exclusion from School is necessary, the loss of education to the child and grant to the Authority is serious.

(a) Minor Ailments.

The following diseases are included under this heading : External Eye Diseases, Skin Diseases, Otorrhœa, Wounds, etc.

Treatment is carried out by the Nurses under the direction of the S.M.O. and Aural Surgeon. The Clinics are held each morning at Stone House and Coal Pit Lane.

The children who attend are examined by the S.M.O. at the Weekly Inspection Clinic and the Surgeon at the Aural Clinic.

To interfere as little as possible with the education of those children who are not excluded, a "Clinic Attendance Card" is used, the child conveying it to and from the School and Clinic, with the times of departure marked on it.

An increasing number of School Children are being referred to the Clinic by the general practitioners of the district and the teachers.

(b) Tonsils and Adenoids.

These defects continue to be prevalent.

In the case of enlarged tonsils in particular, great care is taken to distinguish between those merely showing their presence and those producing effects prejudical to health. Only those are sent for operation who show evidence of the conditions producing physical disabilty.

The parent is interviewed and written consent for operation obtained. Printed directions for preparation and after-treatment of the child are given.

The children are brought to Stone House in the morning and put to bed for three hours before operation. They are retained till evening and examined by the Surgeon or Anæthetist before being sent home in the ambulance. If necessary, the children could remain over-night.

Special and detailed instructions for breathing exercises are given and parental supervision is insisted on. Inspection takes place eight days later, and the child is usually fit for school on the twelfth day.

The results have been most satisfactory and almost immediate. The facial expression, hearing and general health all participate in rapid improvement.

The Teachers also express their surprise at the increased attention and progress in School work as the result. I am convinced that from an educational point of view the work will return a good harvest, in addition to the economic advantage.

A special report on the work of the Clinic by the Surgeon and the Anæsthetist will be found on pages 54 and 55.

(c) Tuberculosis.

All cases—Pulmonary and Non-Pulmonary—are referred to the Tuberculosis Officer, through the parent, and appointments are made for the purpose. The influence of the School Medical Service is used to secure regular attention to treatment.

The services of the Tuberculosis Officer are used to decide the question of infectivity and school attendance.

All children of school age notified to the M.O.H. as suffering from Tuberculosis are reported to the S.M.O.

(d) Skin Diseases.

Treatment is received from—

(1) Minor Ailment Clinics.
(2) Artificial Light Clinic.
(3) Private Practitioners.
(4) Manchester Skin Hospital.

By far the most satisfactory means are the Clinics; cure is ensured much earlier, and school absence is avoided in suitable cases.

Ringworm and Impetigo are the most common infectious skin diseases, and produce the greatest interruptions in school attendance.

X-Ray treatment is not yet available for Ringworm and there is no cleansing station for Scabies and other forms of uncleanliness.

The heads of children infected with lice are cleansed by the Nurses at the Clinics after failure to comply with the notice served under Section 87 of the Education Act, 1921, or by parents under the supervision of the Nurse. The Inspector of the N.S.P.C.C. is very useful in dealing with careless and defiant parents.

More ample provision of cloak-room accommodation in the Schools, with numbered hat and coat pegs allotted to the individual child, would, I am satisfied, diminish the spread of these infectious skin diseases and vermin. Strict supervision of the use of the cloak-room is also necessary.

(e) External Eye Diseases.

These conditions receive treatment through one or other of the following :—

(1) Private Practitioners.

(2) Manchester Eye Hospital.

(3) Minor Ailment Clinics.

The acute conditions generally procure efficient and energetic treatment, but the diseases which occur usually in a more chronic form, such as Blepharitis, require such prolonged and persistent attention that apathy and carelessness often ensue before a cure is obtained. The result in these cases is distinctly unsatisfactory. Free treatment at the Clinics is the most promising method.

Cases of Squint are treated as defects of vision.

(f) Vision.

Cases of acuteness of vision of $\frac{6}{9}$ and less, and Squint, are referred to the Ophthalmic Surgeons for examination and prescription.

The fee, by contract, is paid by the Education Committee, and the spectacles are paid for by the parents, wholly or in part, according to their financial circumstances.

The routine followed at the Ophthalmic Clinic is as follows :—

After a preliminary examination of the eyes, a mydriatic, consisting of an oily solution of homatropine and cocaine, is placed inside the lower lid of the children about to be tested. They then return to the waiting-room, while those tested under the mydriatic the previous week are examined by the same surgeon subjectively, and the necessary frames fitted.

The retinoscopic examination of the fresh cases is then proceeded with and the findings recorded. The children tested on previous occasions, and whose spectacles have been received, are also re-examined, with the spectacles on, to check the accuracy of the lenses and the fit of the frames.

Approximately six fresh cases and twelve re-examinations are dealt with at each session.

Fifty-five children were examined at the Ophthalmic Clinic during the year.

This Clinic was closed for some weeks for structural alteration of the premises.

Particulars are contained in the report of the Ophthalmic Clinic.

When glasses are procured, either privately or through the Ophthalmic Clinic, the Teachers are notified and requested to insist on the wearing of the glasses according to instructions.

Arrangements are made for the repair of the frames by a local mechanic, on special terms, at the expense of the parents.

Particulars of the nature of the error of vision will be found in the report of the Ophthalmic Surgeons.

(g) Ear Disease and Hearing.

Otorrhœa is treated by referring the cases to :—

(a) Private Medical Practitioners.
(b) Special Hospital.
(c) Aural Clinic.
(d) Minor Ailment Clinics.

The condition requires such long and persistent treatment that it is found the absence of control, associated with the two former channels, leads to slackness and early abandonment of treatment. Little assistance in the treatment can be obtained in the children's homes, and it is clear the Clinic is the only means by which cure can be anticipated. A Special Clinic, under the supervision of an Honorary Specialist, has been carried on during the year with very considerable success, advantage being taken to get the condition adequately treated in the early stage. Apart from the presence of wax in one or both ears, deafness was found to be due to Middle Ear Disease caused by Measles, Scarlet Fever, or other infective Catarrhal Disease and Tonsils and Adenoids. Adenoids are found to be almost constantly present, and their removal has been found essential to successful treatment.

Treatment is urged is every case, and the necessity of persistence pointed out if attendant dangers are to be avoided and cure obtained.

Further particulars of the work carried out will be found in the report of the Aural Clinic.

(h) Dental Defects.

The teeth are inspected at the Routine Medical Inspection by the S.M.O., and the children, forming the five to eleven years old group are inspected by the Dentist in the Schools, together with those who have been previously treated.

The parents of those children found at the Routine Medical Inspection to have defective teeth are informed of the fact and recommended to seek treatment. The Head Teachers are also notified and asked to support the advice given. The Dentist refers those children requiring treatment ascertained at his inspection to the Dental Clinic for subsequent attention, if treatment has not been otherwise obtained. Four sessions per week were given by the Dentist to inspections, re-inspections and treatment.

The findings at the inspections were as follows :—

		Total Number Inspected.	Percentage shewing Defective Teeth.
Dental Inspection	Boys... ...	2207 ...	61 per cent.
	Girls... ...	2329 ...	53 ,,

It is anticipated the examination by the Dentist would be more thorough and, supported by the use of the mirror, etc., many small points of caries not observed at the medical inspection would be readily dected by the Dentist. An enormous amount of work of a conservative character is now being carried by the Dentist.

(i) Crippling Defects.

The most common causes of crippling conditions are :—

(a) Tuberculosis of Bones.
(b) Infantile Paralysis.

Rickets, Congenital Deformities and Accidents also contribute.

The Tuberculosis cases are referred to the Tuberculosis Officer, and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and insisting on the parents giving the necessary facilities. For active surgical and orthopædic treatment removal to a general or special hospital in connection with an Orthopædic Clinic is required. An agreement has just been entered into with the Lancashire County Council for the treatment of non-tuberculosis cripples at a County Orthopædic Clinic held at Tyldesley.

Arrangements have been made since the end of the year to carry this out and will shortly commence.

10.—OPEN-AIR EDUCATION.

There is no Open-Air School or Class-room in the area, but the Education Authority has opened an Open-Air School at Prestatyn, North Wales, utilising premises and the services of the Staff of the Leigh Children's Holiday Camp Committee on a *per capita* basis.

The following report was presented by the School Medical Officer immediately after the close of the first term :—

Town Hall, Leigh.

LEIGH CAMP SCHOOL AT PRESTATYN. SESSION 1926.

The School is recognised by the Board of Education as an Open-Air School for 40 scholars ; it is Leigh's only Special School, and it is intended for Leigh children between the ages of 7 and 12 in the case of boys, and 7 and 14 in the case of girls. The entrants must be certified as physically defective under Section 55 (3) of the Education Act, 1921, and reported on Form 40 A.D.

The Resident Staff consists of Two Teachers and a Nurse, who acts as Nurse and Matron. The Medical Service is under the supervision of the Leigh S.M.O. with the assistance of a Prestatyn Medical Practitioner.

Admission.

Some 120 children who were known to be suffering from one or more physical defects were submitted to a prelimary examination by me with a view to the selection of 40 of the most serious cases for recommendation to admission to the Camp School.

The parents of each child were informed and a vacancy at the Camp School offered. The contribution according to the scale was also specified.

If the offer was accepted, and in only one case was it declined, an agreement was entered into between the parent and the Education Committee.

The final selection was made of 19 boys and 23 girls, a total of 42. At the end of three weeks 9 of the least defective were removed home and 9 others admitted.

Ages of the Scholars.

The following table shows the number of children in the School at the respective ages :—

Age (years) ...	7	8	9	10	11	12	13
Boys	2	2	7	5	3	3	—
Girls	4	5	6	4	5	3	2
Total... ...	6	7	13	9	8	6	2

Nature of Defect.

This list shows the number of boys and girls certified as suffering from the specified defects :—

	Boys.	Girls.
Anæmia	15	15
Anæmia and Otorrhœa	1	—
Anæmia and Bronchitis	—	3
Anæmia and Rickets	—	1
Chorea (Convalescent)	2	1
Operation ,, ...	1	1
Diarrhœa (Chronic)	1	—
Rheumatism ,, ...	—	1
Bronchitis	—	1
Heart Disease	1	1
Synovitis	—	1
Tubercular Glands	1	1
,, Contact	—	1
Infantile Paralysis	1	1
Total	23	28

Length of Residence.

The School was opened on July 30th, 1926. The term extended from that date until the Leigh School Holidays, which commenced on September 10th.

On August 18th I made an inspection of the children in School and selected 8 which I considered so far recovered as to be fit to attend the ordinary Elementary School. They were brought home by the Chief School Attendance Officer on August 23rd. Another child accompanied them at the request of the parents.

Nine children, 4 boys and 5 girls, were taken by the Officer to replace them.

Their respective length of residence is shown thus :—

	Three Weeks.	Six Weeks.
Boys	10	13
Girls	8	20
Total ...	18	33
Percentage of total admissions	35	65

Physical Improvement.

Every child received benefit from the residence in the School, particularly in respect of the defect for which it was admitted.

The weight is almost the only means which lends itself to simple yet accurate determination, and at the same time capable of being easily recorded.

Taking this as the test of improvement in health the result is quite striking. The total increase in weight of the 51 children was 204½ pounds, giving an average of 4 pounds per scholar.

No child lost weight.

The individual gain is shown thus :—

Number of Scholars.		Gain in Weight.		Percentage of total admissions (approximately).
8	...	Nil	...	15·7
1	...	1 pound	...	2
6	...	2 ,,	...	12
2	...	2½ ,,	...	4
5	...	3 ,,	...	10
3	...	3½ ,,	...	6
5	...	4 ,,	...	10
4	...	4½ ,,	...	8
4	...	5 ,,	...	8
1	...	5½ ,,	...	2
2	...	6 ,,	...	4
1	...	6½ ,,	...	2
4	...	7 ,,	...	8
2	...	7½ ,,	...	4
1	...	10½ ,,	...	2
1	...	11½ ,,	...	2
1	...	14 ,,	...	2

Illness in School.

Apart from the defects for which the scholars were admitted, very little illness was experienced.

This, I consider, was in no small measure due to the great care exercised by the Nurse, particularly during the first few days, while the children were becoming accustomed to the change in their surroundings and mode of living. The healthier conditions under which they were living no doubt also assisted in maintaining and improving their health.

One scholar only required medical assistance. He contracted a sore throat with a raised temperature. He was isolated, carefully nursed and recovered in a short time.

Scratches, knocks and bruises were the only other troubles.

Mr. Lavender, H.M. Inspector, made an official visit and although he may be more concerned with the educational activities of the institution, he thorougly inspected the medical and domestic arrangements.

If the absence of serious criticism can be taken as evidence of approval, one must conclude that he was fully satisfied with what he saw.

Diet.

The routine diet had been carefully selected for the class of child to be fed. It was very varied, fruit and milk being freely supplied.

The calorific value of the food averaged approximately 2,300 calories per day. It is considered 1,500 calories per day sufficient for an average child of 10. The amount of weight gained clearly shows they had quite sufficient.

From the physical point of view the term must be looked upon as being highly successful.

Steps are being taken to ascertain the opinion of the teachers as to the mental and physical change effected in a about a month's time.

(Signed) J. CLAY BECKITT,

6th October, 1926. School Medical Officer.

The general opinion of the teachers, expressed after the children had returned to their ordinary schools, was that they showed greater alertness, mentally and physically, and were more sociable and responsive.

11.—PHYSICAL TRAINING.

The instruction in physical training is given by the teachers in the respective Schools.

The S.M.O. takes advantage of every opportunity to observe the the classes and discuss with the teacher any matters which arise. He also advises—in regard to individual children, either referred to him for the purpose or which are met with in other ways—as to a modification of the training, application of special training, or entire omission of physical exercises.

Greater and more intelligent interest is being taken in the subject by teachers and pupils alike.

The establishment of the Primary Day Schools' Association Football League has greatly stimulated the enthusiasm for out-door organised games, and, where the teachers show their interest in the movement, distinct evidence of the development of the team spirit is apparent.

12.—PROVISION OF MEALS.

Dinners only are provided by the Authority, and are partaken of in a centrally-situated dining-room, with kitchen attached.

The children attending distant Schools are brought in by bus.

Meals are provided six days a week, and continue through the holidays.

The dietaries are submitted for the approval of the School Medical Officer before being adopted and contain approximately 700 calories per meal.

The children are recommended by the teachers, and the circumstances of the parents ascertained by the School Attendance Officers and judged on the scale of income adopted by the Education Committee.

The cases are approved by the School Medical Officer.

Appended is a list of the menus in use during the year :—

TWO COURSE DINNERS FOR 50 CHILDREN.

MONDAY.	Approximate Calories per Meal.	TUESDAY.	Approximate Calories per Meal.
Meat and Potato Pie		Soup, Bread, Suet Pudding	
Rice Pudding		with Syrup	
6 lbs. Meat		4 lb. Meat	
40 lbs. Potatoes		6 lbs. Haricot Beans	
3 lbs. Flour		2 lbs. Lentils	
1 lb. Lard	700	2 lbs. Barley	
		3 lbs. Carrots	
		3 lbs. Turnips	740
WEDNESDAY.		THURSDAY.	
Stewed Beef and		Meat and Potato Pie	
Jam Roll		Rice Pudding	
5 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Peas		3 lbs. Flour	
1 lb. Flour	747	1 lb. Lard	700
FRIDAY.		SATURDAY.	
Irish Stew and College		Meat and Potato Pie	
Pudding with Custard		Rice Pudding	
6 lbs. Meat		6 lbs. Meat	
40 lbs. Potatoes		40 lbs. Potatoes	
4 lbs. Carrots		3 lbs. Flour	
4 lbs. Turnips		1 lb. Lard	700
4 lbs. Onions	700		

Average cost per meal ... ... 3·16d.
Average number of children fed ... 54

Great care is exercised as to the cleanliness of the kitchen, dining-room and utensils ; the food is of the best, well cooked, ample and most cleanly served, and the Superintendent is to be congratulated on the very efficient manner the service is carried out.

13.—SCHOOL BATHS.

No baths are provided at the Schools, but the Leigh Corporation have allotted hours for the exclusive use of their swimming baths by school children, accompanied by a teacher. Use is made of this privilege to the fullest extent, and instructors are provided.

14.—CO-OPERATION OF PARENTS.

The parents of every child in the age group about to be inspected receive a notice from the Head Teacher that their child will be medically examined on such a day and time, with an invitation to be present. The parents of the younger children avail themselves of the opportunity in considerable numbers, and the parents of the older children are now attending in increasing numbers. Their presence is a great advantage to the S.M.O. and a benefit to the child, inasmuch as advice with regard to treatment is much more often acted upon than in other circumstances. The defective condition can be pointed out and the necessity for treatment explained in a manner much more appreciable than by letter. The lack of reasonable convenience for waiting at the Schools is certainly a deterrent in some cases.

In every case of an ascertained defect the parent is notified of the nature of the defect, and a request is made to consult the private medical practitioner with a view to securing appropriate treatment. The parent is later asked to bring the child to the Inspection Clinic, so that the efficiency of the treatment, if obtained, may be ascertained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress the parents of its importance, or the service of the Treatment Clinic is offered.

It is evident without the co-operation of the parent little treatment can be secured, and that even of the minimum value.

The ability to offer treatment for the more prevalent defects at the Special Treatment Clinics has made the service much more efficient, and enabled the School Medical Officer to, more or less, insist on treatment being obtained when necessary.

15.—CO-OPERATION OF TEACHERS.

(1) Medical Inspections.

The teachers undertake to inform the parents of the children in the age group about to be inspected by a notice giving date, time and place, and an invitation to be present at the inspection.

They ascertain by circular the previous illnesses from which the individual child has suffered, entering them with the height and weight, age, etc., on the Medical Inspection Card.

They make arrangements as convenient as the circumstances of their school building will allow for suitable rooms for the use of the S.M.O. and waiting-room for the parents.

The Head Teacher—and frequently also the Class Teacher—is present at the inspection, assisting in the general management, giving information of facts observed by them with regard to the children, and receiving opinions and advice from the S.M.O. in connection with the defects found.

The teachers also present for special inspection, at the Routine Medical Inspection, children not of the age groups due for Routine Inspection who, in their opinion, show evidence of physical or mental defect. Such children are sent by the teachers at other times to the Inspection Clinic and Minor Ailments Treatment Clinics.

(2) Following up.

At the close of the Routine Inspection of a School a list is sent to the Head Teacher of those children found defective, and giving the nature of the defect. They are asked to take advantage of every opportunity to bring the defect before the parents and urge the importance of securing treatment.

Any material change for the worse in the condition of the ailment is brought to the notice of the S.M.O. by the child being sent to the Inspection Clinics.

(3) Treatment.

I am satisfied the teachers are anxious to co-operate in securing treatment and try to influence parents as opportunites occur. They send the children who are referred to the Treatment Clinics regularly and punctually. A system of "Clinic Attendance Cards" is in use for

those attending School, whereon is marked the date and time of the next visit to the Clinic, the time of leaving School for the purpose and the time of dismissal from the Clinic. The card is retained by the teacher till attendance at the Clinic is no longer required, except when the child is actually making the visit to the Clinic and returning.

I think the teachers appreciate the definite information of the child's movements obtained by this means, and realise they are more than compensated for the attention required to carry it out.

The frequency with which the teachers send to the Inspection Clinic children known by them to be suffering from defects convinces me that they are anxious to secure a remedy as early as possible, and are prepared to exert themselves for the purpose.

16.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

(1) Medical Inspection.

By procuring the entrance to School of all children as soon as they attain school age, and ascertaining the arrival in the district of all new-comers, they make the group submitted for inspection as complete as possible.

(2) Following Up.

The School Attendance Officers are made aware of those cases of defects to which no effort is made to secure treatment. If absence from School on account of sickness follows, capital is made of the parents' neglect and dealt with accordingly.

Absence from Inspection or Treatment Clinics is also reported to them. Their investigation usually secures attention.

The list of absentees on account of alleged sickness is supplied by the Attendance Officers to the Nurses, who visit the homes as far as the limited staff will allow, or the children are called to the Inspection Clinic if the nature of their ailment will permit.

(3) Treatment.

The School Attendance Officers use their influence to induce parents to seek the medical treatment advised. If persistent neglect to do so, or refusal is met with, and exclusion from School is involved, the officers report the parents to the School Attendance Committee. There is a daily consultation and exchange of information between the School Attendance Officers and Nurses, who in turn report to the S.M.O. any matters considered by them to be necessary. All cases of persistent irregularity of attendance, and those absent through alleged sickness, are referred by the School Attendance Officers to the S.M.O. for examination and report. The officers likewise report all cases of non-notifiable infectious diseases ascertained by them.

The officers also contribute to the compilation of the lists of cripples, blind, deaf, epileptics and mentally affected.

There is also a very close co-operation between the School Attendance and School Medical Services with a view to securing as regular attendance as possible, or if absence is necessary on account of sickness, procuring the appropriate treatment as speedily as possible.

17.—CO-OPERATION OF VOLUNTARY BODIES.

The services of the N.S.P.C.C. are utilized to promote cleansing of children's head and bodies and in securing treatment by neglectful parents. The Local Inspector has rendered an invaluable help in these directions with the greatest willingness. His services have been exceedingly useful in dealing with negligent parents of children suffering from defects of vision and other conditions likely to lead to serious defects where adequate treatment is not being secured.

A weekly consultation is held between the Inspector, School Attendance Officer and a representative of the Medical Service.

The Leigh Guild of Help has frequently responded with assistance in cases represented to them as deserving. Other organisations have also assisted in the payment of train fares for cases visiting special Hospitals for treatment, particularly the Leigh District Nursing Association.

The Leigh Needlework Guild and the Save the Children Fund have provided a considerable number of articles of clothing for necessitous children.

These organisations administer their help to school children through the Health Nurses.

The Local Clog Fund—through the Chief School Attendance Officer—provide necessitous children with clogs.

18.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

Lists are being compiled of children suffering from :—

Crippling Conditions.	Blindness.
Physical Defects.	Deafness.
Mental Defects.	Epilepsy.

Names are contributed whenever and wherever met with at Routine Inspection, Inspection Clinics, or suggested by the Teachers or School Attendance Officers.

The cases are reported to the School Attendance Committee and appropiate treatment recommended. The Committee send children to the following Institutions :—

BLIND.	Henshaw's Institution for the Blind, Old Trafford, Manchester.
	Catholic Blind Asylum, Liverpool.
	Thomason Memorial School for Blind, Bolton.
	Queen Alexandra Royal Schools for Blind, Birmingham.
	Fulwood Homes for Blind, Fulwood, Preston.
	Royal Schools for Blind, Leatherhead, Surrey.
	Leeds School for Blind, Leeds.
DEAF.	Thomason Memorial School for Deaf, Bolton.
	St. John's R.C. Institution for Deaf, Boston Spa.
	Royal Schools for Deaf, Manchester.
PHYSICALLY DEFECTIVE	Leigh Open-Air School at Prestatyn.
	Royal County Hospital, Heswall.
	Children's Hospital and Open-Air School, West Kirby.
	St. Vincent's R.C. Surgical Home for Crippled Children, Eastcote.

Mentally Defective	Leeds Special School for Mental Defectives, Armley, Leeds.
	,, ,, ,, Hunslet Hall Road, Leeds.
	R.C. Special School, Field Heath House, Hillingdon, Middlesex.
	Hastings and St. Leonard's Special School, St. Leonards-on-Sea.
Epileptic.	Maghull Home for Epileptics.
	St. Elizabeth's R.C. Epileptic Home, Much Hadham, Herts.

If the parents are in a position to do so, they are asked to contribute to the maintenance and education of their child, the sum being fixed in each case on its merits by the Education Committee.

19.—SUMMARY OF WORK OF THE SERVICE.

(a) Number of visits to :—	
Schools	619
Departments	685
Homes of Children	2117
(b) Number of Certificates issued for :—	
Exclusion	939
Re-admission	440
(c) Number notified to attend School Clinic...	4132
Attended	3876
Number of Communications to Parents...	4442
Attendances at Treatment Centre ...	6935
Number reported to N.S.P.C.C... ...	20
Number of Inspections for Cleanliness...	15919

J. CLAY BECKITT,

School Medical Officer.

Annual Report of the Ophthalmic Clinic.

Staff :—Dr. J. SACKVILLE MARTIN, M.D., M.R.C.S.

Dr. G. H. SHAW, M.B., Ch.B.

Clinic : Stone House.

To the School Medical Officer, Leigh.

Sir,

We have pleasure in submitting our Report for the year 1926.

During the year 11 Clinics were held.

The cases were referred to the Clinic by the School Medical Officer, under whose general supervision the work was carried out.

The patient is examined by retinoscopy under a mydriatic and a week later, subjectively. A third test is made with the spectacles *in situ* to check the correctness of the lenses and the fit of the frames.

Below are particulars of the work in tabular form :—

NATURE OF TREATMENT.

Examined by Retinoscopy.	Subjective Examination.	Spectacles Prescribed.	Spectacles Supplied.	Re-examined with Specs.
57	53	50	50	50

NATURE OF DEFECT.

Hypermetropia.	Myopia.	Astigmatism.	Various.
28	13	14	2

Sundry.

Referred to Eye Hospital	2
Referred to School for Blind	—
Spectacles unnecessary...	—
No change in Spectacles	—
Number of Clinics held...	11
Number of Attendances	141

The Clinic was closed for structural alterations for a few weeks.

A parent is invariably in attendance and receives the necessary instructions as to the use of the glasses and future attention.

J. SACKVILLE MARTIN, M.D., M.R.C.S.

G. H. SHAW, M.B., Ch.B.

Annual Report of the Aural Clinic.

Staff :—Mr. F. PEARCE STURM, M.Ch.

Clinic : Stone House.

To the School Medical Officer.

Sir,

I beg to present the Report of the Aural Clinic for the calendar year 1926.

The Clinic is held on Thursday mornings, but cases requiring daily treatment are attended to by the Nurse according to instructions at the Minor Ailment Clinics.

The Clinic has been established for the purpose of carrying out prophylactic treatment on scientific lines. Its object is not to elaborate mastoid operations, but by sufficiently early treatment to forestall and render them unnecessary. Its work is founded upon the belief that the Eustachian tube begins at the tip of the nose, and that the tympanum is always affected by way of the Eustachian tube.

The Staff consists of :—

(1) The School Medical Officer.
(2) The Surgeon to the Clinic.
(3) Clinic Nurses.

Patients are referred to the Clinic in the first instance by the S.M.O. always with due regard to the interests of any private medical practitioner concerned. Here they are examined by the Surgeon, who takes of each a detailed record, which includes hearing tests, and carries out or immediately supervises such treatment as may be necessary. Particular attention is paid to the daily dry aseptic dressing of all early cases of otorrhœa. Each patient is meticulously examined for the presence of adenoid growths, by anterior and posterior rhinoscopy, in such cases as will submit to these procedures, and when necessary by digital palpation, irrespective of such obvious indications as mouth-

breathing and the so-called adenoid facies, for experience proves that these are late symptoms which only too frequently indicate that irreparable damage has been done to the ear. Digital examinations, as a matter of fact, are rarely necessary, and even rhinoscopy is largely a finesse. The presence of granulations upon the posterior pharyngeal wall of a child, even in the absence of all other signs, is pathognomonic of adenoid vegetations, and can be relied upon. A small pad of suppurating adenoids, too insignificant to produce any of the classical symptoms of nasal obstruction, is, nevertheless, sufficient to initiate and perpetuate an intractable otorrhœa, which survives the most brilliant mastoid surgery, yet subsides upon the removal of its insignificant and often overlooked cause. When this simple truth is more universally realised the surgery of the temporal bone will always begin, and usually end, in the naso-pharynx.

I.

The results of recent feeding experiments carried out by different observers upon animals seem to confirm the conclusions which we have here drawn from purely clinical observations. So far as it is desirable to summarise views when a proportion of them are necessarily in the transition stage between probability and established fact, they are as follows :—

(1) Lymphatism, in which term is included not only tonsillar infection and hypertrophy with its aural and respiratory complications, but also remoter and as yet largely unclassified consequences, is quite definitely a deficiency disease, whatever additional ætiological factors may be present.

(2) The essential endocrine glands, the thyroid, the pituitary and the adrenals, depend for their activity upon the maintenance of a constant supply of substances popularly known as vitamines, which are the product of plant life only.

(3) In the absence of these raw materials from the food the endocrine glands are unable to manufacture substances essential to health, and even to life.

(4) That the lymphoid tissue of the body attempts by hypertrophy to supply the deficiency is an unproven probability, but it is a fact that in these circumstances it does hypertrophy.

(5) The most obvious example is the enlargement of the pharyngeal lymph-ring in the ' adenoid child.'

But the affected tonsils and adenoids removed by the throat surgeon with such frequently brilliant results are but the local and the more obvious manifestations of a widely-distributed disease, which affects also, and in an equal degree, the thymus gland, the solitary follicles and diffuse lymph nodes of the intestine, the lymphoid elements of the spleen, and the mediastinal and bronchial glands. These facts are not in dispute.

(6) The question remains as to whether or not the lymphoid enlargement which results from vitamine deficiency is an attempt of of the organism to make simple glands (lymph elements) perform the functions of more complex ones, such as thyroid, pituitary and adrenals, which have been rendered functionally incompetent by starvation.

(7) Dr. W. E. Cooke, working chiefly upon material supplied by the present writer, has arrived at conclusions which are as yet unpublished. For the following deductions I am alone responsible :—

(a) In children up to the age of five years tonsillar hypertrophy is wholly due to hyperplasia of the lymphoid elements.

(b) The size of the germ centres and their activity, as estimated by the number of mitotic cells, is proportional to the amount of hypertrophy.

(c) That is to say that everything points to a condition of functional activity, as opposed to organic activity stimulated by infection. It is more probable, for example, that the tonsillar hypertrophy is compensatory rather than infective, provided always that we neither confuse septic tonsillitis with functional enlargement nor deny a possibly infective element where the hypertrophy appears entirely functional.

(d) The germ centres have double functions; they are both manufactories of lymph cells and incinerators to which leucocytes, laden with captured micro-organisms, come for destruction. While this may occur in conditions of gross

infection only, the possibility remains that the elements of the pharyngeal lymph-ring act normally during the first years of life as laboratories for the prepartion of immunising substances.

(e) For reasons to be discussed elsewhere, I am of the opinion that in the lymphoid hypertrophy of the catarrhal child the chief element is the compensatory urge of a prolonged vitamine deficiency, which really means insanitary dwellings, insufficient and improper food, and generations of overwork. It has been pointed out by more than one observer that most of the diseases which destroy humanity have been induced in animals by feeding them upon the adulterated foods upon which our industrial population lives.

II.

Every child attending this Clinic is examined with regard to certain definite points, and the results are entered upon the following form :—

NOSE, EAR AND TROAT CLINIC.

Name..... School.....
Age..... ..Address..... .....Date.....
Complains of.....
1 Breast.....
2 Bottle .....
3 Measles .....
4 Scarlet Fever .....
5 Whooping Cough .....
6 Diphthera .....
7 Other Diseases.....
8 Bedroom Window Open .. ..
9 How many sleep in your room ?...
10 Which ear has ever discharged ? .....
11 First noticed, before or after Infectious Disease .....
12 Deafness .....
13 Tinnitus .....
14 Mouthbreather.....
15 Cervical Adenitis... .....
16 Thyroid Visible .....
17 Bronchitis .....
18 Teeth .....
19 Rickets .....
20 Obvious post nasal pus .....
21 Tonsils .....
22 Adenoids .....
23 Rhinitis .....
24 R. Drumhead .....
25 L. Drumhead .. ..
26 Daily Diet : Butter, Milk, Cheese, Fruit, Eggs, Fresh Vegetables, Meat.

A very large number of cases will have to be completed before any definite conclusions can be drawn from the statistics obtained, but the results so far support, in a general way, the observations outlined in the preceding section.

Wherever nutrition is impaired the organism makes an attempt to produce an excess of lymphocytes for the manufacture of antibodies and fixation of toxins. Sunrays cause a physiological lymphocytosis, and so does the administration of iodine. The latter at any rate is always available, and has given such excellent results in private practice that I recommend its routine use in school medicine. The cost is negligible. The long continued administration of minute doses of iodine, combined with small doses of iron, has given such remarkable results in a large number of cases that I find it difficult not to be over enthusiastic in its recommendation. For the purposes of the School Clinic large quantities would have to be prepared at a time. The following is the formula for a Winchester quart of the preparation :—

℞ Liq. Ferri Perchlor, one ounce.
Tr. Iodi Mitis, twenty minims.
Glycerine, five ounces.
Water to eighty ounces.

The dose for children of five years and upwards is two teaspoonfuls thrice daily after food. It is dispensed undiluted. The excellent results are not due to the hæmatinic effect of the iron alone, for if the iodine is omitted, or the quantity of it increased, the results are not obtained.

All the cases treated have been children of upwards of three years of age. Adenoids in infants produce such urgent symptoms that it is unwise to temporise in any degree. In the very young surgical interference is imperative.

III.

There is no room for doubt that many children are born with adenoid growths in the naso-pharynx. The snuffles which are attributed to congenital syphilis may be due to that disease in some cases, but in the majority the cause is adenoids. A baby who cannot feed because of nasal obstruction, particularly if a little well of straw-coloured

seropurulent secretion is seen in the anterior nares, is certainly the victim of adenoids. Adenoids are common ; congenital syphilis is extremely rare ; and it is a sound rule never to diagnose the latter from nasal symptoms until the former have been excluded by an examination of the naso-pharynx. A point to remember is that adenoid "snuffles" appear at birth ; the snuffles of congenital syphilis not until the end of the third week of life, and often not until the sixth. The supposed characteristic hoarse cry of the syphilitic child is not characteristic at all ; it certainly occurs in syphilis, but it is as frequently the result of adenoids, where nasal obstruction leads to the mouth-breathing of unmoistened air and a consequent drying of the laryngeal mucosa.

It is difficult to make an examination of the naso-pharynx of an infant. Posterior rhinoscopy is impossible, and the space between the soft palate and the posterior pharyngeal wall is too restricted for a digital examination without an anæsthetic. The method adopted at this Clinic is to feel the adenoids through the soft palate. Palpation of the soft palate in an infant reveals the presence of adenoids to the educated finger, and such pressure moreover ruptures the hypertrophied lymphoid tissue and causes bleeding, which is absent if there is no adenoid hypertrophy. Hypertrophied tonsils are quite easily felt, and in their presence adenoids may be taken for granted.

The treatment of adenoids in the infant is surgical. With a small adenmatome, built to the size of the naso-pharynx, the operation is a matter of a few seconds. Tonsils in the infant, however large, should in my opinion never be removed at the same time as adenoids, for they nearly always disappear when the upper airway has been cleared. Removal of adenoids in the infant is often followed by a hæmorrhage which may alarm the inexperienced. One drop of adrenalin solution in each nostril checks it immediately.

Adenoid hypertrophy in the infant may be suspected in the following circumstances :—

(1) 'Snuffles.'

(2) Severe attacks of coughing, but the lungs are apparently healthy.

(3) Difficulty in feeding. The baby takes the nipple greedily, but turns away from it immediately, crying or coughing.

(4) Congenital laryngeal stridor, or the undefined condition described popularly as 'croup,' are in my experience pathognomonic of adenoids.

(5) Wasting and diarrhœa in an infant should always lead to an examination of the naso-pharynx and ears. Purulent otitis media in the infant is much commoner than was once supposed. In a large number of autopsies on young children in Edinburgh there was unexpected otitis media suppurativa in 80 per cent. The short, wide Eustachian tube of the infant provides such open drainage for the tympanic cavity that pus may be swallowed for long periods, and even cause death from marasmus and diarrhœa. As the drumhead does not perforate, the true cause of the condition is not suspected.

IV.

The work we have already accomplished at this Clinic in the investigation of throat and ear disease in children will shortly enter a new phase. The Ear and Throat Department of the Leigh Infirmary is to be equipped with an Aural Clinic where it will be possible to carry out scientific research in these important matters of public health. Among the appliances which will shortly be available is the new Ear-Microscope devised by Professor Luscher, of Bern. With this instrument it is possible to study the earliest and as yet unknown indications of tympanic disease in the living child, under a high magnification, and with every prospect of important discoveries. The Ear-Microscope, like the Slit-Lamp now used by ophthalmic surgeons, has introduced into medicine what is practically a new science, namely, the microscopic pathology of the living. It is a matter of great gratification to the writer that the Oto-laryngological Department of the Public Medical Service in Leigh will shorlty be, so far as equipment is concerned, second to none in the Kingdom.

It is to be hoped that means may yet be found to extend the benefits of this service to such a degree that they may be available to all school children who are within administrative distance of the centre.

The following table gives particulars of the cases dealt with at the Clinic during the year :—

No. of Clinics held	34
Brought forward	24
New Cases	131
Required Treatment	153
For whom no Treatment was required	2
Treatment given at Aural Clinic ...	75
Referred to Operative Clinic	80
Referred to Manchester Infirmary ...	2
Referred to Private Doctor	2
Inspected after Operation at Operative Clinic	64
Re-examinations	122
Total Attendances	324
Cured	37
Still under Treatment	70
Referred to Leigh Infirmary for Mastoid Operation...	4

Nature of Disease :—

Otorrhœa.	Deafness.	Otorrhœa and Deafness.	Adenoids.	Enlarged Tonsils.	Tonsils and Adenoids.	Rhinitis.	Aural Polypus.	Mongolism.	Anæmia.
66	14	3	26	2	50	3	1	1	1

I would express my appreciation of the facilities provided for carrying on the work of the Clinic and the care of the Clinic Nurse in carrying out my instructions, and particularly desire to emphasise my indebtedness to the M.O.H., without whose co-operation this valuable work could never even have been commenced.

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,

Aural Surgeon, School Medical Service.

Annual Report of the Operative Clinic.

Staff:—Surgeon, Mr. F. PEARCE STURM, M.Ch.

Anæsthetist, Dr. J. Jones, M.D.

Clinic: Stone House.

A.—Report of Surgeon.

To the School Medical Officer.

Sir,

This Clinic was established on account of the extreme difficulty of getting Enlarged Tonsils and Adenoids efficiently treated through the agency of the parents. Very few, even of the cases found to be drifting into Deafness, Chronic Otorrhœa, etc., were operated on and we seemed to be ploughing the sands. A considerable list of suitable cases had consequently accumulated.

The mere presence of Enlarged Tonsils does not constitute a qualification for operation, and very few of the cases dealt with suffered from Enlarged Tonsils only. The presence of Adenoids, however small, is considered to necessitate operative treatment. The majority dealt with so far have developed into the stage of exhibiting unmistakable objective signs, but it is hoped when the older and more urgent cases have been dealt with to treat at an earlier stage, and thus prevent the more or less permanent physical effects.

With regard to the method of operation, adenoids are removed by the La force adenmatome, an instrument whose value it is impossible to over-estimate. Diseased or hypertrophied tonsils are enucleated complete in their capsule by the Sluder method. I have used this method in all cases since 1911, and have yet to meet one to which it is inapplicable.

The following table gives details of the work carried out during the calendar year 1926:—

Number of Clinics held, 11.

Adenoids.	Tonsils.	Adenoids and Tonsils.	Total. Boys.	Girls.
			31	33
25	3	36	64	

The results have been far superior to what is usually met with after out-patient treatment at hospitals, etc. Being in touch with most of these children in connection with the Aural Clinic, I am in a position to assess their permanent cure.

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,
Surgeon.

B.—Report of Anæsthetist.

To the School Medical Officer.

Sir,

More use has been made of open ethyl chloride this year in suitable cases, with very satisfactory results.

Introduction of anæsthesia is quicker, and accompanied by even less fear, and recovery is quicker. It ought to be noted, however, that there is singularly little fear displayed by the children at this Clinic in any circumstances. They arrive in good time and are made to feel at home, owing to the good arrangements that are made, and the loyal co-operation of all concerned, including the Nurses. They appear to have been re-assured also by the children who have been operated on at previous Clinics. As a result they usually take the anæsthetic well, and there is no doubt the scheme as carried out, though elaborate, is very well worth while.

In the longer cases ether has been used. It is more troublesome both to the anæsthetist and the operator than chloroform. I believe that some of the discredit under which chloroform lies at present is

undeserved. In many Clinics, on account of its convenience, chloroform is the chief or even the sole anæsthetic employed. Still, so far as can be ascertained at present, ether is safer, and consequently both the operator and myself have subordinated everything to that, paying no regard to our own or anybody else's convenience.

During the year an improved ether has become available, safer even than the previous kind. I consequently applied to you for supplies of this. It was obtained, and has been used regularly with good results. It is more pleasant to take, the children go under better, and are less sick after it. It is gratifying to record that in this, as in all other respects, nothing has been denied that could add to the comfort or welfare of the children.

As in previous years, the children have been examined before being sent home, and none have needed to stay all night, though provision has always been made for it.

I consider the arrangements satisfactory and recommend that they be continued.

I am, yours faithfully,

JOSEPH JONES, M.D.,
Anæsthetist.

Annual Report of the Dental Clinic.

Staff: Mr. E. ENTWISLE, L.D.S.

To the School Medical Officer.

Sir,

I beg to submit my report of the work done at the School Dental Clinic during the year ending December 31st, 1926.

I have given four sessions per week to inspections and treatment. The routine inspections were carried out at all the Schools (with the exception of St. Joseph's Girls and Infants), and I have examined the teeth and mouths of :—

(a) All children aged 5 to 11 years.
(b) All children previously treated at the Clinic.

After inspection, those children requiring treatment were given a card to take home to their parents notifying them of the fact and asking them to state whether they would prefer to have their child attended to privately or at the Clinic.

Those who preferred the clinical treatment were sent for in the usual way.

The groups taken were from 5 to 11 years inclusive.

You will notice under Section D, Table IV, the summary of the work done.

There has been an increase in the number of permanent teeth treated, both in fillings and extractions.

One would much prefer that the increase was all on the side of the fillings, but unfortunately we are still up against the fact that a large number of parents will not have their children's teeth attended to unless they are giving them pain, and then it is usually too late for fillings and extraction is the only alternative.

There has also been a large number of casual permanent extractions.

My thanks are due to my colleagues in the School Medical Service for their ready assistance in my work, and also to the teachers for their great help which is of so much importance in getting through the inspection, as they alone know the children, their names, and their ways, etc.

I am,

Yours faithfully,

EDWARD ENTWISLE.

Sir,

Dental Clinic, 1926, Anæsthetist's Report.

Gas has been used in the shorter cases and ether in the longer ones, with satisfactory results. In no case has any patient complained of feeling pain.

The arrangements have been in operation only a short time, but are quite satisfactory so far, though an apparatus for combining ethyl-chloride with gas and possibly oxygen and ether also may be needed as the work progresses.

I am,

Yours faithfully,

JOSEPH JONES, M.D.,
Anæsthetist.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	545
Intermediates	299
Leavers	655
Total	1499
Number of other Routine Inspections	612

B.—Other Inspections.

Number of Special Inspections	1087
Number of Re-inspections	716
Total	1803

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

1		Routine Inspections. No. of Defects. 2 Requiring treatment.	Routine Inspections. No. of Defects. 3 Requiring to be kept under observation, but *not* requiring treatment.	Special Inspections. No. of Defects. 4 Requiring treatment.	Special Inspections. No. of Defects. 5 Requiring to be kept under observation, but *not* requiring treatment.
	Malnutrition	8			
	Uncleanliness (See Table IV., Group V.)				
Skin	Ringworm :				
	Scalp			30	2
	Body			27	
	Scabies			5	
	Impetigo	28	1	34	2
	Other Diseases (non-Tuberculous)	8		24	2
Eye	Blepharitis	33		23	2
	Conjunctivitis			4	
	Keratitis			5	
	Corneal Opacities				
	Defective Vision (excluding Squint)	262	93	103	10
	Squint	31	1	8	
	Other Conditions	9		34	
Ear	Defective Hearing	5	1	1	
	Otitis Media	4		15	
	Other Ear Diseases	6		3	

1		2	3	4	5
Nose and Throat	Enlarged Tonsils only	52	114	33	6
	Adenoids only	19	1	38	
	Enlarged Tonsils and Adenoids ...	9		38	10
	Other Conditions	1		6	7
Enlarged Cervical Glands (Non-Tuberculous) ..			10	1	
Defective Speech		4			2
Teeth—Dental Diseases .. .. (See Table IV., Group IV.)					
Heart and Circulation.	Heart Disease : Organic				
	Functional		15		10
	Anæmia	183	2	116	4
Lungs	Bronchitis	20		9	4
	Other Non-Tuberculous Diseases...			1	
Tuberculosis	Pulmonary : Definite				
	Suspected				
	Non-pulmonary : Glands	1		2	1
	Spine			1	
	Hip				
	Other Bones and Joints ...				
	Skin				
	Other Forms		2	3	
Nervous System	Epilepsy				
	Chorea	1		7	1
	Other Conditions			2	
Deformities	Rickets		3	1	
	Spinal Curvature			1	
	Other Forms	4	4	3	
Other Defects and Diseases		10	7	153	193

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding uncleanliness and dental diseases).

Group. 1	Number of Children. Inspected. 2	Found to require treatment. 3	Percentage of Children found to require treatment. 4
Code Groups :			
Entrants	545	192	35%
Intermediates ...	299	149	50%
Leavers	655	202	31%
Total (Code Groups) ...	1499	543	36%
Other Routine Inspections ...	612	72	11%

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

—	—	—	Boys.	Girls.	Total.
Blind (including partially blind).	(*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			
		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			
		At other Institutions			
		At no School or Institution ...		1	1
Deaf (including deaf and dumb and partially deaf)	(*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 ...	3	1	4
		Attending Public Elementary Schools			
		At other Institutions			
		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 ...		1	1
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...			
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	1		1
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...	2	1	3
	Notified to the Local Control Authority *during the year.*	Feeble-minded...			
		Imbeciles			
		Idiots			
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...		1	1
		In Institutions other than Certified Special Schools...			
		Attending Public Elementary Schools			
		At no School or Institution ...			
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools			
		At no School or Institution ...			

—	—	—	Boys.	Girls.	Total.
Physically Defective	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
		At other Institutions			
		At no School or Institution ..		1	1
	Non-infectious but Active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		1	1
		At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	1	2	3
		At other Institutions			
		At no School or Institution ...			
	Delicate Children (*e.g.*, pre-or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open Air Schools	3	1	4
		At Certified Day Open Air Schools			
		At Public Elementary Schools	20	15	35
		At other Institutions	1		1
		At no School or Institution ...	1	1	2
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board			
		At Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...	4		4
	Crippled Children (other than those with Active Tuberculosis Disease), *e.g.*, Children suffering from Paralysis, &c., and including those with Severe Heart Disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Public Elementary Schools	31	12	43
		At other Institutions			
		At no School or Institution ...			

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1926.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

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	30	3	33
Ringworm-Body	38	2	40
Scabies	2	5	7
Impetigo	295	2	297
Other Skin Disease	36	—	36
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	97	20	117
Minor Ear Defects—	60	12	72
Miscellaneous— (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	358	20	378
Total	916	64	980

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

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	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) ..	55	2		57
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)				
Total	55	2		57

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 50

(*b*) Otherwise ... . —

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme 50

(*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.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1	2	3	4	5
64	—	64	75	139

Group IV.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups	5...	629	Total... 4460
	6...	649	
	7...	560	
	8...	550	
	9...	606	
	10..	688	
	11...	696	
	12...	43	
	13...	35	
	14 ..	4	
Specials 76			
Grand Total ... 4536			

(*b*) Found to require treatment 2604

(*c*) Actually treated 555

(*d*) Re-treated during the year as the result of periodical examination 100

(2) Half-days devoted to { Inspection... 9 / Treatment... 158 } Total 167

(3) Attendances made by children for treatment... 1743

(4) Fillings { Permanent teeth... 240 / Temporary teeth... 107 } Total 347

(5) Extractions { Permanent teeth... 137 / Temporary teeth... 1169 } Total 1306

(6) Administration of general anaesthetics for extractions— 9

(7) Other operations { Permanent teeth.. 200 / Temporary teeth... 236 } Total 436

Group V.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses...14

(ii) Total number of examinations of children in the Schools by School Nurses...15,919

(iii) Number of individual children found unclean.. 849

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

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

(*a*) Under the Education Act, 1921...Nil

(*b*) Under School Attendance Byelaws...Nil