[Report 1933] / 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, 1933

LEIGH :
Collins & Darwell, Printers

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BOROUGH OF LEIGH, 1933

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Assistant Medical Officer of Health and Assistant School Medical Officer :

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Operative Surgeon :

F. PEARCE STURM, M.Ch.

Aural Surgeon :

F. PEARCE STURM, M.Ch.

Dental Surgeon :

L. MORAN, L.D.S.

**School Nurses :*

Miss BELYEA
Miss C. A. SMITH
Miss BOYDELL
Miss GOULDEN
Miss M. SMITH
Miss LEA

†*Clerks :*

S. CUNNINGHAM
Miss MULROONEY
H. BURROW

**—Engaged jointly in Maternity and Child Welfare and School Medical Work.*

†*—Engaged jointly in Health, Maternity and Child Welfare, and School Medical Work.*

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, 1933.

The following tables show the particulars of the Schools, accommodation, and average attendance.

Accommodation	10341
Average on Register (4 to 14 years)	6564
Average Attendance	5945.7
Percentage Attendance	90.6

	Schools	*Departments*	*Accommodation*
Provided	5	6	2020
Non-Provided	17	29	8321
Total	22	35	10341

SPECIAL SCHOOL

Leigh Open-Air Camp School at Prestatyn

	1st term	2nd term
Average on Register	60	60
Average Attendance	60	60
Percentage Attendance	100	100

1.—SCHOOL CLINICS

1. Minor Ailment	....Stone House	....Daily	....9–30—11–0
	....Coalpit Lane	....Daily	....9–30—11–0
	....Nangreaves St.	....Daily	....9–30—11–0
2. Eye	....Stone House	....Friday	.... 2–0— 4–0
3. Ear, Nose and Throat....	,,	....Thursday	....11–0—12–0
4. Dental	....Old Town Hall	....Daily (except Saturdays)	....9–30—12–0
	— ,,	— ,,	.... 2–0— 4–0
5. Operative	....Stone House	....Wednesday	....10–0— 5–0
6. Artificial Light	.... ,,	....Tuesday	.... 2–0— 4–0
	.... ,,	....Friday	.... 2–0— 4–0
7. School Clinic	.... ,,	....Thursday	.... 2–0— 4–0
8. Orthopaedic	....Lancashire County Council at Tyldesley.	....Monday	.... 2–0— 4–0

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

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

All the Nurses are also available for both Services, and give approximately half time to each.

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.
Orthopaedic Clinic.

Milk, either free or at part price, can be given to these children in accordance with a means scale.

They may also receive, if necessary, a course of treatment at the Artificial Sunlight Clinic.

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

The following table shows the numbers of pre-school children dealt with at the School Treatment Clinics during 1933:—

PRE-SCHOOL CHILDREN

Clinic	*Number of individual children*	*Number of Attendances*
Minor Ailments	13	44
Operative (Tonsils and Adenoids)	6	6
Eye	2	6
Artificial Sunlight	41	844
Ear, Nose and Throat	7	23
Dental	47	74
Orthopaedic	4	5
TOTAL	120	1002

3.—SCHOOL HYGIENE

The Medical Officers have inspected all the Schools during the year. It is gratifying to report some improvement, slight though it be, in the sanitary condition of School premises.

Facilities for efficient ventilation exist but are not always utilized to the full, and insufficient attention is devoted to the flushing of classrooms during play intervals.

The lighting of the classrooms on the whole is good. In one instance trees, and in another, an adjacent building, are the means of partially obstructing the light to two classrooms.

All the Schools have Town's water laid on and facilities for washing are provided, but the number of washbowls in many is quite inadequate.

The cleaning of the classrooms and cloakrooms is unsatisfactory in some instances, and especially so in Schools in which the playgrounds are unpaved. This, of necessity, means that an increased amount of dirt is carried in on the children's footgear.

Most cloakrooms now have means of heating, and the coat-pegs are generally well spaced, but there is a strong objection to peg stands of open framework. It is eminently desirable that the two sides of a coat stand should be separated by an impermeable partition.

There is usually no arrangement for drying clothes, apart from the heating of the cloakroom.

Water-closets are generally kept in a satisfactory condition, but of the boys' urinals the same cannot be said. In many instances they are not flushed with sufficient frequency and soon become foul-smelling.

Some of the Schools lack a proper retiring room for the teachers, and in most of these, there is no separate closet or washing accommodation.

4.—MEDICAL INSPECTION

As in previous years routine medical inspection in the twenty-two elementary Schools in the Borough has been carried out in the three statutory groups, viz. :—

(*a*) Entrants to School,—of whatever age.

(*b*) Intermediates—those who have attained the age of eight years.

(*c*) Leavers—those who have attained the age of twelve years.

The children in these groups who were scheduled as due for medical examination during the year numbered 2318, and of these 2189 were actually inspected. Of the children inspected 27.6 per cent. were found to be suffering from defects requiring treatment (excluding uncleanliness and dental defects).

Children who do not fall into any of the routine age-groups at the time of inspection, but are presented specially by the head-teachers, are treated as Specials, and are included as such in Section B of Table 1.

Children who are applicants for admission to the Leigh Children's Holiday Camp at Prestatyn, and the children who are selected for admission to the Leigh Open-Air Camp School at Prestatyn are also examined each year at Special Clinics. They are included under the heading of "Other Routine Inspections" in Section A of Table 1.

It is gratifying to notice an increase in the number of parents present at routine inspection, but the increase is almost entirely confined to the entrant and intermediate groups.

Approximately half of the Schools have a vacant room in which inspection can take place. This is an improvement on former conditions and has resulted from last year's re-organisation of the Schools. The

remainder, however, cannot boast of any plan which is at all adequate, since it invariably involves the transference of one class to a room already occupied. Moreover, in these Schools, since the inspection is done in a room adjacent to the others and generally separated only by a wood and glass partition, the noise is a considerable and disturbing factor.

The Head Teachers usually place their 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 when 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.

5.—FINDINGS OF MEDICAL INSPECTION

In the code groups the number of individual children found to require treatment (excluding uncleanliness and dental diseases) expressed as a percentage of the number inspected, was 27.6. This figure is an improvement on last year.

The following table is inserted to show the percentage of children found to require treatment since 1925.

	Percentage found to require treatment.
1925	47
1926	36
1927	29
1928	25
1929	30
1930	40
1931	32
1932	31
1933	27

A.—Malnutrition.

In spite of the fact that the past year has been one in which many parents have been hard put to it to procure adequate food for their children, the percentage of children suffering from malnutrition requiring treatment has remained approximately the same as in 1932. From Table II A, it will be seen that a greater number of children were found to be

suffering from a degree of malnutrition which, although it did not necessitate treatment, was considered by the Medical Officer to warrant keeping the children under observation.

Inquiry among these under-nourished Children and their parents revealed the fact that the cause of their malnutrition is not a lack in the quantity of their food, but rather a defect in its quality and its balance.

In most of the cases the parental means were scarcely adequate. In a few, however, parental circumstances were obviously good, and the children's conditions seemed to be due to maternal lack of knowledge regarding food values.

B.—Uncleanliness.

Frequent routine inspections are made by the Health Nurses in addition to the inspections at the visits of the Medical Officer.

The head and body are examined for cleanliness, vermin and nits, and at the same time a watch is kept for sores, ringworm and other skin conditions.

If nits only are in evidence, printed instructions regarding their eradication are given to the child to convey to the parent.

If vermin are found the child is immediately excluded. This was not formerly practised in every case, but I have found that the arrangement has a distinctly chastening and salutary effect on the parent, and almost invariably results in a clean child being brought for inspection to the Clinic. An opportunity is thus afforded, where the parent has not been present at the routine inspection at School, of issuing timely advice and warning.

In the minds of some parents a great distinction is drawn between vermin and nits. A stigma attaches itself if vermin are present, but nits are often regarded as a natural accompaniment of childhood, and as a result little attention is given to their eradication.

Total Inspections for Cleanliness 14,300.

No. of Individual Children found unclean 1,124.

The number of individual children found unclean (1,124), expressed as a ratio of the number of individual children inspected (4545) was 24.7 per cent.

C.—Minor Ailments and Diseases of Skin.

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

Excluding cases of uncleanliness, 1222 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.)	12	638	650
Skin Diseases	167	5	172
Other Minor Defects	286	114	400

Minor ailments show little tendency to decrease, and the children who suffer are drawn mostly from homes where the standard of cleanliness is not what it ought to be, and where conditions are therefore favourable to the spread of minor septic maladies such as impetigo, wounds, sores, discharging ears, and external eye diseases.

The number of Children who have Enlarged Glands (Non-tubercular) is very large, but only 12 of these are found to require treatment. In the remainder, noted as requiring observation, the enlargement of the glands (generally submaxillary or cervical) was due to dental caries, unhealthy tonsils, pediculosis, or septic skin conditions, and the appropriate treatment for the cause of the condition was advised.

D.—Visual Defects and External Eye Disease.

The following table, an extract from Table II-A shows the incidence of visual defects and external eye diseases.

	Routine Inspections		Special Inspections	
	Requiring treatment	Requiring observa'n	Requiring treatment	Requiring observa'n
Blepharitis	28	6	15	2
Conjunctivitis	2	—	11	1
Keratitis	—	—	1	—
Corneal Opacities	3	—	3	—
Defective Vision (excluding squint)	266	55	115	41
Squint	34	9	16	—
Other conditions	4	—	28	3

Blepharitis was the most common external eye disease found during inspection. Most of the cases, however, were slight in degree.

At the Routine Medical Inspections sight tests are not applied to entrants except where there is squint, or some other manifest defect of vision. Snellen's type is used for all others.

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

Many parents seem to be ignorant of the fact that a squinting eye is often an eye in which visual acuity is subnormal. In the examination of School entrants one is often told by the parent that the eye has been squinting for several years.

Earnest endeavours are made to impress on parents the fact that immediate treatment is necessary to secure the development of good visual acuteness in each eye, and that, if that be not accomplished then unilateral amblyopia will become established and the affected eye will be permanently impaired as an organ of vision.

It is desirable that these cases should be treated before School age, since, when seen at routine inspection there is often some degree of definite and permanent impairment of vision.

Children in whom squint is noticed or suspected should be immediately referred for treatment by the teachers, who can be of immense assistance in the prevention of defective eyesight arising from this cause.

In the Routine Inspection of the Code-groups—Intermediate and Leavers—17 per cent. of Children were found to have some visual defect. This figure compares favourably with that of 1932 when the percentage was 25.4.

E.—Nose and Throat Defects.

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

	Routine Inspections		Special Inspections	
	Requiring treatment	Requiring observa'n	Requiring treatment	Requiring observa'n
Chronic Tonsillitis only	26	198	—	2
Adenoids only	7	22	9	1
Chronic Tonsillitis and Adenoids	41	104	11	13
Other Conditions	26	—	12	4

The incidence of Enlarged Tonsils and Adenoids which require treatment among the School Children examined at Routine Inspections in Leigh is lower than that of the country as a whole, being 33.8 per 1000 children compared with 51.2 per 1000, the figure for England and Wales for 1932.

Only those were referred for operative treatment who showed evidence of repeated catarrhal attack, deafness, otorrhoea, mouth breathing, or in whom the tonsils were so large as to manifestly warrant removal, or were the seat of sepsis.

F.—Ear Disease and Defective Hearing.

	Routine Inspections		Special Inspections	
	Requiring treatment	Requiring observa'n	Requiring treatment	Requiring observa'n
Defective Hearing.....	54	11	9	1
Otitis Media.....	95	13	19	4
Other Ear Diseases.....	98	17	11	1

The incidence of Otitis Media is 43.4 per 1000 Children examined.

Parents do not seem to realise the gravity of discharging ears, and inquiry will often reveal the fact that the ears have been discharging for some time, and that the child has received little or no treatment for the condition.

G.—Dental Defects.

Of 2189 Children examined at Routine Inspections 753 were found to be suffering from dental caries.

Details of the result of inspection by the School Dentist are given in his Annual Report and in the statistical tables.

H.—Orthopaedic and Postural Defects.

The following table shows the number and nature of the cases discovered during the year,

	Boys	Girls	Total
Torticollis	—	1	1
Osteomyelitis	1	1	2
Partial Ankylosis of Knee	—	1	1
Deformity of Leg	—	1	1
Perthe's Disease	1	—	1
Flat-foot	1	1	2
Club-foot (Equinovarus)	1	—	1
Volkmann's Ischaemic Paralysis	1	—	1
Infantile Paralysis	1	1	2
Ingrowing Toe-nail	—	1	1
	6	7	13

I.—Heart Disease and Rheumatism.

Only 9 cases of organic heart disease were discovered and 6 cases of functional heart disease. This total of 15 gives a case rate per 1000 of 6.85.

The parents of children whose heart condition is the result of rheumatism are advised to keep the child under the supervision of their own general practitioner or to bring them periodically for inspection to the Clinic.

J.—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.

Five cases were referred during the year, and in all these a diagnosis of Non-Pulmonary Tuberculosis was confirmed.

K.—Other Diseases and Defects.

Among other diseases and defects found at Routine Medical Inspection one should mention Migraire and Cyclical Vomiting. Attacks of these seem to occur in a fair number of school children necessitating absences of a few days periodically.

6.—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 every opportunity should be taken to impress upon the parents the advisability of securing the necessary treatment.

A notice is also sent to the parents, or handed to them if present, 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 efficient treatment at once, and in appropriate cases the service 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 the 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.

There are six Health Nurses engaged rather more than half time in School work, the rest of their time being given to Maternity and Child Welfare duties. Their School duties include attendance at :—

(*a*) *Schools*— (1) Frequent Visits.
(2) Systematic Inspections for Cleanliness.
(3) In connection with outbreaks of Infectious Disease.
(4) Examination of cases at request of Teachers.
(5) Arranging Routine Inspection.

(*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) Instructing and demonstrating to parents home treatment, especially with regard to cleanliness.

(3) Ascertaining cause of absence from Inspection or Treatment Clinic.

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

A large amount of educational work is done by the nurses. The fact that they combine Maternity and Child Welfare Work with their School Duties brings them into more frequent personal contact with the parents, and ensures continuity of the work of health education in the home, particularly with regard to food, exercise, sleep and cleanliness.

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

TIME-TABLE OF CLINICS

	Stone House	*Coal Pit Lane*	*Nangreaves Street*
Mon. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Maternity and Child Welfare	....	....
Tues. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Artificial Sunlight	....Sewing Class	....
	Sewing Class	....	....
Wed. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
	Operative	....	....
Afternoon	....Operative	....Maternity and Child Welfare	....Maternity and Child Welfare
Thur —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
	Aural	....	....
Afternoon	....Inspection	....	....
Fri. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment
Afternoon	....Artificial Sunlight	....	....
	Ophthalmic	....	....
Sat. —Morning	....Minor Ailment	....Minor Ailment	....Minor Ailment

The Dental Clinic is held at the Old Town Hall, King Street, and is open morning and afternoon daily during the School week except when dental inspection is being undertaken in the Schools.

7.—ARRANGEMENTS FOR 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, Orthopaedic and Artificial Light Clinics have been held during the year.

a.—Malnutrition.

Facilities for the remedy of this condition exist and are utilized to the full. They are as follows, the appropriate measure for each case being suggested :—

1. Breakfasts and dinners provided by the Authority.
2. The provision of milk free or at part cost.
3. The provision of cod-liver oil or one of its preparations.
4. Artificial Sunlight treatment.

There is no separate Clinic in the Borough where advice regarding nutrition is given, but no opportunity is missed at routine inspection nor at clinic for inculcating the principles of dietetics and advising as to choice of food in individual cases.

b.—Uncleanliness.

During the past year rigid exclusion from School has been practised in the case of children found to have head lice, and results so far have been more satisfactory in bringing negligent and refractory parents to recognize their duties in this respect.

Children discovered with head lice and nits are given printed directions as to their eradication. If a parent is present at examination he or she is told in no uncertain manner of the child's verminous condition and adequate instructions as to their removal are given.

The services of the N.S.P.C.C. are utilized in following up cases in which parents are negligent.

c.—Minor Ailments and Skin Diseases.

The following diseases are included under this heading : External Eye Diseases, Otorrhoea, Eczema, Impetigo, Ringworm, Enlarged Glands, Wounds, etc.

Treatment is carried out by the Nurses under the direction of the School Medical Officers and Aural Surgeon. The Clinics are held each morning at Stone House, Coal Pit Lane and Nangreaves Street.

The Children who attend are examined by the School Medical Officers at the weekly School Clinic and the Surgeon at the Aural Clinic.

Treatment of ringworm of the scalp is available by X-rays at the Leigh Infirmary.

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 are serious.

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.

The following table shows the number of minor defects treated at each Centre together with the number of attendances.

	Number of defects treated			
	Stone House	*Nangreaves Street*	*Coal Pit Lane*	*Totals*
Disease or Defect				
Skin Diseases	173	73	109	355
Minor Eye Defects	22	16	11	49
Minor Ear Defects	40	7	11	58
Miscellaneous (Minor injuries, bruises, sores, etc.)	192	81	176	449
TOTAL number of Defects.	427	177	307	911
No. of Attenda nces	3340	2102	3260	8702

There is a tendency for the children who suffer from Minor Ailments to re-appear at the Clinics with the same complaint. The homes of these children, as far as cleanliness is concerned, are generally below standard. Lack of cleanliness in the home, or defective maternal management seems therefore to be a major factor in the propagation of these minor septic maladies.

Further statistical particulars are given in Table IV, Group I.

d.—Visual Defects and External Eye Disease.

(1) External Eye Diseases.

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

(1) Private Practitioners.

(2) Manchester Eye Hospital.

(3) Minor Ailments 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 regular 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, and when it can be supplemented by residence in Open-air Camp School or Holiday Camp the result is most encouraging.

Forty-nine cases were treated at the Minor Ailments Clinics and eleven received treatment from Medical Practitioners.

Cases of Squint are treated as defects of vision.

The following table shows the nature and number of the cases of external eye disease treated at the clinics.

	Stone Hse.	Nan. St.	Coal P.L.	Totals
Blepharitis	10	12	9	15
Conjunctivitis	10	3	2	31
Stye	2	1	—	3
Totals	22	16	11	49

(2).—**Visual Defects.**

Cases of acuteness of vision of less than 6/9, and Squint, are referred to the Ophthalmic Clinic for examination and treatment.

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 suitable frames selected from samples.

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 *in situ*, 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.

Two hundred and six children were dealt with at the Ophthalmic Clinic during the year.

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.

Below are particulars of the work in tabular form :—

No. of children dealt with	206
Examined by retinoscopy	177
Subjectively examined	175
Glasses prescribed	169
Glasses Supplied	171
Glasses unnecessary	28
Fresh glasses unnecessary	6
New frames only	1
Referred to Manchester Royal Eye Hospital	3
Referred to Special School for Partially Blind	1

Number of Clinics held	39
Number of Attendances	533

NATURE OF DEFECT :

Emmetropia (Normal Vision)	28
Simple Hyperopia	56
Hyperopic Astigmatism	52
Mixed Astigmatism	11
Myopia	19
Myopic Astigmatism	20
Anisometropia	9
Irregular Astigmatism	1

The parents of fifty-six other children suffering from refractive errors secured the appropriate treatment otherwise than under the Scheme of the Local Education Authority.

E.—Nose and Throat Defects.

In the case of enlarged tonsils in particular, great care is taken to distinguish between those merely showing their presence and those producing effects prejudicial to health. Only those are sent for operation who show evidence of the conditions producing physical disability or are manifestly septic. The final decision as to whether operative treatment is necessary rests with the Throat Surgeon.

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 Anaesthetist before being sent home in the ambulance. When necessary the children are detained overnight.

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.

A report on the work of the Clinic will be found on page 44.

F.—Ear Disease and Defective Hearing.

Otorrhoea is treated by referring the cases to :—

(*a*) Private Medical Practitioners.
(*b*) Special Hospital.
(*c*) Aural Clinic.
(*d*) Minor Ailments Clinics.
(*e*) Special Department of the Leigh Infirmary.

The condition requires such long and persistent treatment that it is found that the absence of control associated with the two first 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 now been carried on for thirteen years 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 in 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.

G.—Dental Defects.

The teeth are inspected at the Routine Medical Inspection by the School Medical Officer, 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.

Children found by the Dentist to require treatment are handed a form to take to the parents informing them of the defect and the necessity for treatment. They are asked to indicate on the form their willingness to procure private treatment or accept the services of the Dental Clinic. This form is returned immediately to the Head Teacher for transmission to the office.

An immediate decision by the parents, on being acquainted with the necessity for attention, is more likely to be followed by treatment, and in the case of those selecting the services of the Clinic, their signatures to the form constitute "consent for treatment."

Details of treatment will be found in Group IV, Table IV.

H.—Orthopaedic and Postural Defects.

Amongst the chief causes of orthopaedic defects are :—

1. Congenital defects and injuries at birth.
2. Constitutional diseases, *e.g.*, tuberculosis.
3. Infectious diseases, *e.g.*, anterior poliomyelitis.
4. Nutritional disease, *e.g.*, rickets.

Endeavour is made to secure treatment at such a stage as to ensure, in most cases, that treatment will be of value in the cure or amelioration of slight deformities or in preventing gross manifestations.

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

Infantile Paralysis	15
Rickets	10
Tubercular Crippling Conditions	10
Congenital Hip Disease	4
Club Foot	4
Birth Paralysis	3
Spinal Curvature	3
Cerebral Paralysis	3
Deformity of Elbow	2
Congenital Deformity of Hands	2
Torticollis	2
Osteomyelitis	2
Flat foot	2
Ankylosis of Knee	1
Deformity of leg	1
Ankylosis of Shoulder	1
Perthe's Disease	1
Pseudo-hypertrophic muscular dystrophy	1
	67

The Tuberculosis cases are referred to the Tuberculosis Officer and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and by insisting on the parents giving the necessary facilities.

For other crippling conditions, with the exception of Heart Disease, arrangements have been made with the Lancashire County Council for minor treatment and after-care at the County Orthopaedic Clinic at Tyldesley, three miles away. The Clinic is staffed by a Senior and a Junior Orthopaedic Surgeon, a fully trained Sister, etc.

Cases requiring operative treatment with confinement to bed for a short period only are admitted to Ancoats Hospital, Manchester. If a more prolonged residence is required the patient is sent to the County Orthopaedic Hospital School at Biddulph.

The Surgeons of the Clinic carry out the operative treatment in both institutions.

Thirteen school children were referred to the Clinic during the year.

TREATMENT BY ARTIFICIAL SUNLIGHT

This Clinic was held twice weekly. The patients are school children and children of pre-school age. During the year under review forty school children and forty-one pre-school children were treated.

A mercury vapour suspended lamp, which can be readily adjusted, fitted with the K.B.B. atmospheric type burner, is used.

Cases suffering from the following conditions have been treated :—

Rickets	Chronic Bronchitis	Infantile Paralysis
Anaemia	Asthma	Debility following whooping-cough
General Debility	Cervical Adenitis	
Malnutrition	Alopecia	Minor Epilepsy

The dose, which is progressive, is recorded in each case by means of the distance from the lamp and time of exposure, and frequent examinations of the children are made to determine the value of the treatment.

It has been abundantly demonstrated by the results obtained that the Artificial Light Clinic at Stone House is serving a real need.

The condition most amenable to this treatment is, of course, rickets, and this is closely followed by malnutrition and debility. Whenever possible cases of rickets discovered during school medical inspection or otherwise are referred for treatment to the Sunlight Clinic. Treatment by cod-liver oil is encouraged at the same time, but where cod liver oil alone is used in treating the condition, cure is not obtained with the same rapidity as when irradiation with the ultra-violet lamp is given.

The elimination of rickets from the child population would undoubtedly diminish the mortality rates from measles and whooping-cough, since the children who die of these diseases are largely those with rickets.

Cases of debility following measles and whooping-cough invariably respond extremely well to treatment.

All the children showed evidence of increased weight and improved muscular tone.

In other conditions, viz., anaemia, bronchitis, adenitis and skin diseases, decided improvement was observed.

It has been the aim of the medical staff to refer for a short course of treatment those children who were pale, weak and flabby, and who, to all appearances, might suffer severely from, or possibly succumb to, an infective disease. In other words, the preventive aspect of this treatment has been kept ever in the foreground.

Until we can lessen the smoke pollution of our towns, and thus enjoy an increased amount of natural sunlight, it behoves us to see that our children do not suffer as a result of the deprivation of the essential rays.

A table showing the number of children treated, and the number of attendances is given below.

	School Children	*Pre-school Children*	*Total*
No. of clinics held	95	95	95
No. of children treated	40	41	81
No. of attendances	1509	844	2353
Average attendance	15.9	8.9	24.8

8.—INFECTIOUS DISEASES

The success of any steps taken to prevent the spread of infectious diseases depends on the early and reliable knowledge of their 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 causes to the School Attendance Officers, 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 prevalence.

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 certain contacts.

(*d*) Home nursing and treatment.

(*e*) Disinfection of Schools.

(*f*) Destruction of patient's school books, etc.

(*g*) Improvement in the general sanitary condition of the Schools

(*h*) Free ventilation of the Schools.

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

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

(*k*) Disinfection of the homes.

Patients suffering from Infectious Diseases are excluded from School and not re-admitted until after inspection by the School Medical Officer at the termination of the usual period.

Home contacts are excluded for two days only.

For the next fourteen days or so special arrangements are made for them to visit the Clinic each school-day and unless examination reveals evidence of illness they are sent on to school.

By this means they are under the daily observation of the Health Staff, and the loss of school attendance diminished.

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.

The following is a summary of infectious diseases affecting School Children during the year :—

Scarlet Fever	38
Diphtheria	5
Pneumonia	16
Chicken Pox	13
Small Pox	1
Cerebro-spinal Meningitis	1
Typhoid Fever	1

The Schools in the Borough were closed from 24th to 31st January, 1933, inclusive, on account of an outbreak of influenza and colds. Children in the infant departments were chiefly affected.

The average attendance in all Schools on 23rd January was 69 per cent. ; in one infant department it was 56 per cent.

The Schools resumed on Wednesday, February 1st and the average percentage attendance of about half of the Schools taken as a sample was 74.9 per cent.

Although the outbreak had not terminated it had abated to some extent when the Schools resumed and it was considered advisable to allow them to continue open.

A small outbreak of Smallpox (5 cases) occurred in the Borough during March and April, 1933. The Public Elementary Schools were not closed. The second case, a schoolboy, had been absent from School on account of ill-health for more than three weeks prior to the commencement of his illness, but had been playing out-of-doors during his convalescence with twelve other boys resident in proximity to him. These contacts were excluded from School and kept under daily observation by the Health Department Staff.

9.—OPEN-AIR EDUCATION

Playground classes are held in some of the Schools during the summer months.

In the new Council Schools the classrooms are all potential open-air classrooms and when weather conditions permit are utilized as such.

The Leigh Children's Holiday Camp at Prestatyn, North Wales, was open during the five holiday weeks and 510 children each spent a week at Prestatyn.

The report on the work of the Residential Open-Air School will be found under Section 13.

10.—PHYSICAL TRAINING

Instruction in physical training is given by the teachers in the respective schools.

The School Medical Officers take advantage of every opportunity to observe the classes and discuss with the teacher any matters which arise. They also advise—in regard to individual children either referred to them 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, but some of the schools lack the convenience of a covered area in which physical exercises can be taken in wet weather.

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. Use is made of this privilege to the fullest extent, and instructors are provided.

Reports by the Swimming Instructors received during the year showed that 300 boys and 200 girls attended the baths, and that of these 203 boys and 133 girls were able to swim one or more lengths.

11.—PROVISION OF MEALS

Dinners and breakfasts 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 at the expense of the Education Committee.

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 dinner and 500 calories per breakfast.

The children are recommended by the teachers, Medical Service Staff, &c., and the circumstances of the parents ascertained by the School Attendance Officers and judged by the scale adopted by the Education Committee as to whether the meals are to be supplied free.

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

Two-Course Dinners for 50 Children

Monday.	*Approximate Calories per Meal*
Meat and Potato Pie	
Rice Pudding	
6 lbs. Meat	
40 lbs. Potatoes	
3 lbs. Flour	
1 lb. Lard	650

Tuesday.	*Approximate Calories per Meal*
Soup, Bread, Suet Pudding with Syrup.	
4 lbs. Meat	
6 lbs. Haricot Beans	
2 lbs. Lentils	
2 lbs. Barley	
3 lbs. Carrots	
3 lbs. Turnips	700

Wednesday	
Stewed Beef and Jam Roll	
5 lbs. Meat	
40 lbs. Potatoes	
4 lbs. Peas	
1 lb. Flour	700

Thursday.	
Meat and Potato Pie	
Rice Pudding	
6 lbs. Meat	
40 lbs. Potatoes	
3 lbs. Flour	
1 lb. Lard	650

Friday	
Irish Stew and College Pudding with Custard	
6 lbs. Meat	
40 lbs. Potatoes	
4 lbs. Carrots	
4 lbs. Turnips	
4 lbs. Onions	650

Saturday.	
Meat and Potato Pie	
Rice Pudding	
6 lbs. Meat	
40 lbs. Potatoes	
3 lbs. Flour	
1 lb. Lard	650

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. The Superintendent is to be congratulated on the very efficient manner in which the service is carried out.

A commodious wooden building adjoins the dining-room, and is fitted with hand-bowls and hot and cold water, in which the children wash

before partaking of their meal. The building also acts as the waiting room for those awaiting a seat in the dining-room.

In most of the Schools and particularly in the Infant Schools or Departments the teachers have organised a voluntary scheme whereby a third of a pint of bottled fresh milk is supplied at the minimum cost each morning. In some Schools a preparation of somewhat similar composition is used instead.

The value of milk to the normal growing child, particularly during its earlier years, may be taken as beyond all question.

The need is much magnified in the case of debilitated, delicate, and undernourished children.

The latter often respond in a remarkable manner and reveal the benefit by a brightening up physically and mentally.

It is pleasing to note an endeavour is made by the teachers to secure a supply for those children also, whose parents, by reason of economic circumstances, are unable to find the few coppers necessary. I feel the teachers are making a very valuable contribution to the permanent welfare of the children by undertaking the organisation and giving of their personal service in carrying out the scheme.

	Free	Paid by P.A.C.
Total No. of Dinners supplied	37,210	2,792
Total No. of Breakfasts supplied	25,236	1,371
Average No. of Children fed per day (dinners)	135	12
Estimated No. of Children fed per day (breakfasts)	115	6
Maximum No. of Children fed per day (dinners)	157	16
Average cost per dinner	4½d.	
Average cost per breakfast	2d.	

12A.—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. The lack of reasonable waiting-room accommodation at the schools is certainly a deterrent in some cases. Their presence is a great advantage to the School Medical Officer 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.

In every case of 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 it can be determined if treatment has been obtained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress on the parents 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 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 insist more or less, on treatment being obtained when necessary.

The attitude of the parent has of recent years undergone a considerable change in regard to their concern for the health of their children, and it is unusual to come across any unwillingness to seek treatment except perhaps as a result of financial inability to meet the expense. An endeavour is made to overcome these difficulties, usually with success.

12 B.—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 buildings will allow, for suitable rooms for the use of the School Medical Officer and waiting-rooms 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 School Medical Officer 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, 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 School Medical Officer by the child being sent to the Inspection Clinic.

(3) Treatment.

I am satisfied that the teachers are anxious to co-operate in securing treatment and try to influence parents as opportunities 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.

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.

12 C.—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 in 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 School 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 School Medical Officer 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 School Medical Officer 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 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.

12 D.—CO-OPERATION OF VOLUNTARY BODIES

The services of the N.S.P.C.C. are utilized to promote cleansing of children's heads and bodies and in securing treatment by neglectful parents. The Local Inspector has rendered 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.

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—provides necessitous children with clogs.

This Fund has been relieved somewhat by the Coalfields' Distress Fund supplying footwear to the children of partially or wholly unemployed miners.

Two hundred and twenty-two new pairs of clogs or boots were supplied by the Local Clog Fund, and ninety-two children were reclogged.

13.—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 appropriate treatment recommended.

With the increased school accommodation available, it should be possible in the near future to consider the formation of special classes in the larger schools for feeble minded and dull and backward children. These children, who are at present in the ordinary classes would benefit greatly by special instruction. The ascertainment of these children has been proceeding during the year, and a list has been compiled of those who would be likely to reap advantage from instruction in a special class.

The Committee send children to the following Institutions in addition to their own Open-air Camp School at Prestatyn :—

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.	Royal County Hospital, Heswall.
	Children's Hospital and Open-Air School, West Kirby.
	St. Vincent's R.C. Surgical Home for Crippled Children, Eastcote.
	Biddulph Orthopaedic Hospital School, Biddulph.
	Bethesda Home for Cripples, Manchester.
Mentally Defective.	Leeds Special School for Mental Defectives, Armley, Leeds.
	,, ,, ,, Hunslet Hall Road, Leeds.
	R.C. Special School, Pield 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 of their child, the sum being fixed in each case on its merits in accordance with a scale adopted by the Education Committee.

OPEN-AIR SCHOOL

There is no Open-Air School or Classroom in the area, but the Education Authority has an Open-Air School at Prestatyn, North Wales, utilizing the premises and the services of the domestic staff of the Leigh Children's Holiday Camp Committee on a per capita basis.

The resident staff consists of three teachers and a nurse who acts as nurse and matron. The Medical Service is under the supervision of the Leigh School Medical Officers with the assistance of a Prestatyn Medical practitioner.

The school is open for thirteen weeks in the year.

During April and May, one hundred and eighty-five children who were known to be suffering from one or more physical defects were reported on Form 40a D, and a selection made of the most suitable cases for admission to the school.

The school was opened on 13th May, 1933. The first term extended from that day until the commencement of the Leigh school holidays. The second term began on 29th July.

Sixty children (twenty four boys and thirty six girls) were chosen to attend for the first period of seven weeks from 13th May. The procedure was repeated and sixty other children (twenty eight boys and thirty two girls) were admitted for the second term of six weeks from 29th July.

One boy was admitted for both terms.

The School Dental Officer makes an oral inspection of the selected children, and gives appropriate treatment in all cases which do not obtain it from a private dental practitioner.

This ensures that each child is dentally sound and capable of receiving the maximum benefit obtainable from the open air conditions.

The selected children are re-examined on the day before they leave for the school to ensure that they are not suffering from any infectious ailment and that they are free from vermin and nits.

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

Age Years)	7	8	9	10	11	12	13	Total
Boys	5	11	8	11	16	—	—	51
Girls	5	8	13	10	13	11	8	68
	10	19	21	21	29	11	8	119

The table given below shows the defects from which the scholars suffered :—

	Total
Anaemia	31
Anaemia and Chronic Bronchitis	4
Anaemia and Functional Heart Disease	3
Anaemia and Malnutrition	17
Anaemia, Malnutrition and Bronchitis	1
Anaemia and Migraine	1
Anaemia and Nervous Debility	1
Anaemia and Post-Nephritic debility	3
Anaemia and Rheumatism	3
Asthma and Functional Heart Disease	1
Bronchitis and Asthma	3
Bronchitis and General Debility	1
Chronic Bronchitis	13
Congenital Heart Disease	1
Convalescent Infantile paralysis	1
Convalescent Potts' Fracture	1
Debility—General	2
Debility and Malnutrition	1
Debility (Nervous)	2
Debility (Post-Operative)	2
Debility (Post-Pneumonic)	2
Debility (Post-rheumatic and Post-choreic)	6
Malnutrition and Blepharitis	2
Migraine	1
Otitis Media	1
Pulmonary fibrosis and Pleuritic adhesions	1
Rheumatism	3
Rickets	4
Tuberculosis (Non pulmonary) Convalescent	2
Valvular Heart Disease	5
	119

In comparison with last year a much larger number of children were brought forward for examination this year, and it was only after careful selection of those who seemed most in need, that the final quota was compiled.

A greater number of children could be sent provided the accommodation at the school was increased, and it should be considered by the Committee whether additional accommodation could be made available on the site.

On inspection, some of the sleeping huts at the school were found not to be absolutely weatherproof, but this defect has since been remedied.

Such a glorious summer could not but have improved any ailing or debilitated child, and the open-air life combined with suitable rest and good feeding has done the children an enormous amount of good.

Taking the weight as the index of improvement in health, the result is quite striking. The total increase of weight of the children was four hundred and eighty three pounds (483 lbs.), giving an average of 4.09 pounds per scholar during residence.

The maximum individual gain in weight was 10½ lbs.

The minimum individual gain in weight was ½-lb.

One scholar lost weight.

The individual gain in weight is shown below :—

Gain in Weight	*No. of Scholars*	*% of total admissions approximate*
½—1 lb.	2	1.66
1—1½ lb.	4	3.3
1½—2 lb.	5	4.16
2 —2½ lb.	11	9.16
2½—3 lb.	10	8.3
3 —3½ lb.	17	14.16
3½—4 lb.	8	6.6
4 —4½ lb.	17	14.16
4½—5 lb.	8	6.6
5 —5½ lb.	11	9.16
5½—6 lb.	4	3.3
6 —6½ lb.	4	3.3
6½—7 lb.	6	5

Gain in weight	*No. of scholars*	*% of total admissions approximate*
7 —7½ lb.	5	4.16
7½—8 lb.	1	.83
8 —8½ lb.	2	1.66
8½—9 lb.	1	.83
9 —9½ lb.	1	.83
9½—10 lb.	—	—
10— 10½ lb.	1	.83
	118	

It is only regrettable that in some cases the children have to return to homes which are overcrowded and somewhat squalid.

A certain amount of nostalgia is in evidence amongst the children during the first few days, but, under the nurse's, teachers', and caretakers' kindly care, this soon disappears, and they are quick to imbibe the good effects. When the end of the term arrives, there is much regret among the children at leaving.

The nurse attends to the general health of the children, and treats minor ailments.

The children have an abundance of good plain food, and this assists their recovery in no small measure. The food is pleasantly varied, the essential constituents well-balanced, and fruit and milk are freely supplied.

Cod-liver oil is administered if necessary, and iron in palatable form given to the anaemic.

The children are all carefully examined on their return, and, in most cases, are able to resume attendance at the ordinary elementary schools.

The educational value of the Open-Air School both to children and parents cannot be assessed, but letters of appreciation from parents indicate the vast amount of good which the school does.

14.—PARENTS' PAYMENTS

Full payment for treatment is made by parents who can afford it. Various means scales are in operation which permit of families with a limited income (after deduction of rent) being enabled to secure the necessary treatment at a portion of the cost, or free.

15.—HEALTH EDUCATION

The teaching of hygiene in the Schools continues to receive attention, and senior girls in their last year at School receive supplementary instruction in the form of visits to the Welfare Centres, where they are taught approved methods in the care, handling and feeding of infants.

During the year a copy of the Handbook of Suggestions on Health Education issued by the Board of Education was supplied to each teacher in the Borough.

During Health Week 1933, which lasted from February 12th to February 19th, health talks aided by blackboard illustrations were given in each School to the senior scholars. The duration of each talk was about 45 minutes. Approximately 2,200 children were addressed.

A series of lecture-demonstrations, extending over 16 half-days, was given by a Demonstrator from the Dental Board of the United Kingdom to senior School Children. These were highly appreciated by teachers and scholars alike.

Two members of the Staff of the Public Health Department, Mr. A. Nicklin and Mr. S. Cunningham, give regular weekly lectures to Boy Scouts to enable them to qualify for their Public Health Badge.

Every available opportunity is utilized by the Medical Officers to impart knowledge regarding health matters and the Maternity and Child Welfare Centres, School Medical Inspection and School Clinics offer ample scope for that individual and personal tuition which yields better results than instruction en masse. Particular attention is paid to dietary problems.

Literature on health matters which have special reference to childhood is available for distribution at the various treatment centres.

16.—SPECIAL ANTHROPOMETRIC INQUIRY

The subject of nutrition has lately been much to the fore, and the question as to whether or not our children are suffering from undernourishment as a result of the present economic conditions has been one which has been much discussed of recent months.

The School Medical staff has been on the alert for any obvious signs of malnutrition in the children, both during routine inspection at the schools, and special inspection at the Clinics. It was considered

that a very useful purpose would be served if a nutrition survey was made of a number of school children taking these as a sample of the school population. The children were not selected in any way apart from the fact that only three definite age groups were chosen, these corresponding to the ages at which Routine Medical Inspection is carried out.

It must be remembered that one cannot form an estimate of the nutrition of an individual child by taking into account the height and weight alone. A detailed clinical examination must accompany the measurement of height and weight. It is considered, however, that a fair index of the physique of a batch of children may be obtained from the records of their heights and weights. This accordingly has been done and the records of 861 school children, who were examined during 1933, have been investigated.

To provide a comparison with the year 1932 the records of 488 children who were examined during that year have also been searched.

These figures are including in the one table following, and immediately below there is given, also for comparative purposes, the standard tables published by the Anthropometric Committee of the British Association.

The three age groups investigated contained children who were of 5, 8 and 12 years of age, at the date when the height and weight were recorded.

The number investigated does not of course approximate to the actual number of children examined at routine inspection during the year since in examining each group many children are inspected who are at the date of examination under that age but who would reach that age during the year, *e.g.*, many entrants are examined when they are 4 years of age.

It will be seen from the table that in the 5 years group the children attending the Leigh elementary schools are above the standard of height, and their average weight is only a fraction below the British Association standard.

In the 8 years group the average height is again above the standard for both boys and girls, and the average weight again only slightly below.

In the 12 years group the figures both for boys and girls compare very favourably with the British Association standard.

The statistical evidence seems to demonstrate that there is no deterioration in the physique or nutrition of the School children in the area in 1933 compared with 1932, but on the other hand a slight but definite increase in the average height and weight.

It will also be evident that the 1933 figures in most instances are above the British Association standard.

	Age	HEIGHT		WEIGHT		No. of Children included		Totals
		Boys	Girls	Boys	Girls	Boys	Girls	
		ft. ins.	ft. ins.	lbs.	lbs.			
Leigh, 1932	5	3 5.2	3 4.25	40.2	37.4	89	78	167
Leigh, 1933	5	**3 5.4**	**3 5**	**39.5**	**38.9**	**144**	**136**	**280**
B.A.A.C.	5	3 4	3 3	40	39	95	94	189
Leigh, 1932	8	3 11.3	3 11.5	51.3	51	69	73	142
Leigh, 1933	8	**3 11.7**	**3 11.5**	**53.8**	**51.7**	**137**	**130**	**267**
B.A.A.C.	8	3 11	3 10.5	55	52	103	89	192
Leigh, 1932	12	4 6.2	4 7.2	75.2	74.3	105	74	179
Leigh, 1933	12	**4 7**	**4 7.3**	**75.3**	**77**	**105**	**209**	**314**
B.A.A.C.	12	4 7	4 7.5	76.75	76.5	138	99	237

B.A.A.C.—British Association Anthropometric Committee.

20.—SUMMARY OF WORK OF THE SERVICE

(*a*) Number of visits to :—

Schools	530
Departments	576
Homes of Children	486

(*b*) Number of Certificates issued for :—

Exclusion	609
Re-admission	217

(*c*)	Number notified to attend School Clinic	725
	Attended	763
	Number of Communications to Parents	2732
	Attendances at Treatment Centres	15562
	Number reported to N.S.P.C.C.	20
	Number of Inspections for Cleanliness	14300

J. CLAY BECKITT,

School Medical Officer.

31st May, 1934.

Annual Report of the Aural Clinic

Hon. Surgeon :—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 1933.

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 Clinic.

The Staff consists of :—

(1) The School Medical Officer.

(2) The Hon. Surgeon of the Clinic.

(3) Clinic Nurse.

School Children 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 otorrhoea. 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 symp-

toms of nasal obstruction, is, nevertheless, sufficient to initiate and perpetuate an intractable otorrhoea, 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.

The following table gives particulars of the School and pre-school Children dealt with at the Aural Clinic during the year :—

	School Children	*Pre-School Children*
No. of Clinics held	31	31
New Cases	177	7
Pre-operative Inspection	43	5
Referred to Operative Clinic	80	2
Referred to Private Doctor	2	—
Referred to Minor Ailment Clinic	31	4
Inspected after Operation at Operative Clinic	83	6
Re-examinations	110	5
Total Attendances	413	23

Nature of Disease.

	School	*Pre-School*
Otitis Media	25	5
Deafness	20	—
Chronic Tonsillitis and Adenoids	83	1
Adenoids	19	1
Chronic Tonsillitis	10	—
Tonsillitis (acute)	5	—
Laryngitis	1	—
Otalgia	6	—
Cervical Adenitis	2	—
Tubercular Otitis Media	1	—
Cerumen	5	—
Mastoiditis	1	—
Facial Rickets	1	—
Enlarged Turbinates	2	—
Rhinitis	3	—
Congenital Facial Deformity	1	—
Cleft Palate	1	—
Gothic Palate	1	—
Undiagnosed	12	—

I am, yours obediently,

F. PEARCE STURM, M.Ch.,
Hon. Aural Surgeon, School Medical Service.

Annual Report of the Operative Clinic

Surgeon :—MR. F. PEARCE STURM, M.Ch.

Clinic : Stone House

To the School Medical Officer.

Sir,

This clinic was established in 1922, and since the date of the opening, 1,496 School Children have been operated on. A very careful selection of the cases is made, and the necessity for operation firmly established before they are referred for the purpose.

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 age, and thus prevent the more or less permanent physical defects.

With regard to the method of operation, adenoids are removed by the La Force Adenotome, an instrument whose value it is impossible to overestimate. 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 year 1933.

Number of Clinics held.....21.

School Children.

Examined under Anaesthetic	*Adenoids*	*Tonsils*	*Adenoids and Tonsils*	*Boys*	*Girls*	*Total*
—	15	—	84	53	46	99

Pre-School Children.

Adenoids	*Adenoids and Tonsils*	*Boys*	*Girls*	*Total*
2	4	2	4	6

I am,

Yours obediently,

F. PEARCE STURM, M.Ch.,

Surgeon.

Annual Report of the Dental Clinic.

To the School Medical Officer.

Sir,

I beg to submit the report of the School Dental Clinic for the year ending 31st December, 1933.

The inspections have been carried out on school premises and during school hours. On these occasions it has been the principle to examine carefully for dental defects but not to make any detailed chartings of such defects since an accurate record can be made when the child attends the clinic for treatment. This procedure avoids the waste of time involved in making careful recordings for children whose parents subsequently elect to procure private treatment.

The parents of all children found to be in need of treatment have been informed and given the opportunity of accepting the services of the Dental Clinic. The numbers accepting treatment have been high and attendances in response to calling up notices very good indeed.

A considerable amount of disorganisation of the service is caused by children, whose parents have refused treatment at the time of inspection, and who subsequently attend casually when troubled with toothache. This causes inconvenience to those parents whose children are attending the Clinic by appointment. It is to be expected that with the greater numbers now accepting routine treatment there will be a corresponding reduction in the number of casual patients.

Our best thanks are due to the Dental Board of the United Kingdom who gave a valuable stimulus by providing exhibitions and lectures at their own expense. These were attended by all the senior children in the Elementary Schools of the Borough. For the purpose of attending the exhibitions the children were formed into groups of approximately 125 On the conclusion of each lecture the audience inspected the exhibits and show cases when points of interest were explained and questions answered. The lectures occupied 16 sessions and received the highest praise from the head teachers and all who heard them while the enthusiasm of the school children was apparent from the large number of requests for dental treatment at the Clinic.

The importance of attention to oral hygiene is being emphasised by the school teachers who in spite of a crowded curriculum are enthusiastic in assisting the Dental Service. One difficulty has now been overcome by the provision of a good toothbrush which can be distributed in the schools at the moderate price of 3d. In any case where this charge cannot be met a toothbrush may be obtained free of charge at the Dental Clinic, a special voluntary fund having been established for the purpose.

Toothbrush drill has now been practised in certain of the infant departments for over two years. The experiment appears to justify itself by results, and has been greatly assisted by the use of suitable cupboards in the schools for storing the toilet necessities. Each child has its own brush, cup and towel distinctly marked and is trained to take out and replace its own property. Toothbrush drill, if carried out in all the schools, would form a habit in children likely to persist in after-school life, as it would impress on them the advantages of cleanliness and attention to the mouth.

In addition to routine work all children requiring operative treatment for tonsils and adenoids are previously prepared at the Dental Clinic, so that their mouths may be in a fit state for the ensuing operation.

The Children who are selected to attend the Open-Air Camp School are required to attend the Clinic in order that dental defects may be remedied before proceeding to Prestatyn.

Thirty-seven sessions were devoted to general anaesthetics, the Assistant School Medical Officer acting as anaesthetist, and 293 cases were treated. The anaesthetic employed in all cases was a mixture of Nitrous Oxide gas and oxygen.

I should like to take this opportunity of thanking the members of the School Medical and Education Staffs for their valuable assistance and also the teachers for whose unfailing support I am extremely grateful.

I am,

Yours obediently,

LAWRENCE MORAN, L.D.S.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	681
Intermediates	870
Leavers	638
Total	2189
Number of other Routine Inspections	1187

B.—Other Inspections.

Number of Special Inspections	693
Number of Re-inspections	255
Total	948

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

Defect or Disease.		Routine Inspections. No. of Defects. Requiring treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment.	Special Inspections. No. of Defects. Requiring treatment.	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment
1		2	3	4	5
	Malnutrition	63	26	4	0
	Uncleanliness ... . (See Table IV., Group V.)				
Skin	Ringworm : Scalp			12	
	Ringworm : Body			7	
	Scabies	2		45	
	Impetigo	36		44	3
	Other Diseases (non-Tuberculous)..	3		18	2
Eye	Blepharitis	28	6	15	2
	Conjunctivitis	2		11	1
	Keratitis			1	
	Corneal Opacities	3		3	
	Defective Vision (excluding Squint)	266	55	115	41
	Squint...	34	9	16	
	Other Conditions	4		28	3
Ear	Defective Hearing	54	11	9	1
	Otitis Media	95	13	19	4
	Other Ear Diseases	98	17	11	1

1		2	3	4	5
Nose and Throat	Enlarged Tonsils only	26	198		2
	Adenoids only	7	22	9	1
	Enlarged Tonsils and Adenoids ...	41	104	11	13
	Other Conditions	26		12	4
Enlarged Cervical Glands (Non-Tuberculous) ...		3	634	9	4
Defective Speech		13	5	3	
Teeth—Dental Diseases ... ... (See Table IV., Group IV.)					
Heart and Circulation.	Heart Disease : Organic	9	3	8	1
	Functional	6	1	7	2
	Anæmia	114	46	25	9
Lungs	Bronchitis	99	110	81	34
	Other Non-Tuberculous Diseases...	6	13	13	1
Tuberculosis	Pulmonary : Definite				
	Suspected			1	
	Non-pulmonary : Glands	4		4	
	Spine				
	Hip				
	Other Bones and Joints ...		1		
	Skin			2	
	Other Forms	1	4	2	
Nervous System	Epilepsy			2	
	Chorea		1	5	5
	Other Conditions	1			
Deformities	Rickets	20	9	8	2
	Spinal Curvature				
	Other Forms	1		1	
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases		139	23	147	91

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	681	201	29·5
Intermediates ...	870	227	26·0
Leavers	638	177	27·67
Total (Code Groups) ...	2189	605	27·63
Other Routine Inspections ...	1187	246	20·72

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

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.....2

BLIND CHILDREN .

At Certified Schools for the Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	—	—	—

PARTIALLY BLIND CHILDREN

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	—	1

DEAF CHILDREN

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
7	—	—	—	7

PARTIALLY DEAF CHILDREN

At Certified Schools for the Deaf	At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	1	—	—	2

MENTALLY DEFECTIVE CHILDREN

FEEBLE-MINDED CHILDREN

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	29	—	1	30

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	—	—	—

PHYSICALLY DEFECTIVE CHILDREN

A.—TUBERCULOUS CHILDREN

I.–CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS

(Including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	—	—	1	2

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in (I) page 53).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	27	—	1	28

B.—DELICATE CHILDREN

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	140	—	8	148

C.—CRIPPLED CHILDREN

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	61	—	4	67

D.—CHILDREN WITH HEART DISEASE

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	4	—	3	7

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1933.

TREATMENT TABLE.

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

Defect or Disease	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
1	2	3	4
Skin—			
Ringworm-Scalp. (Show separately in brackets the number which were treated by X-Rays).	7(0)	—	7
Ringworm-Body	8	—	8
Scabies	18	5	23
Impetigo	299	18	317
Other Skin Diseases	23	8	31
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	49	11	60
Minor Ear Defects	58	7	65
Miscellaneous— (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	449	34	483
Total	911	83	994

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)	177	32	24	233
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
Total	177	32	24	233

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 169

(*b*) Otherwise 56

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme 171

(*b*) Otherwise 56

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
59	5	64	38	102

Group IV.—Orthopaedic and Postural Defects

	Under the Authority's Scheme (1)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopaedic clinic (iii)	
Number of children treated.	8	2	33	33

Group V.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups	4...	48	Total ... 2378
	5...	103	
	6...	116	
	7...	403	
	8...	540	
	9...	604	
	10..	564	
	11...	—	
	12...	—	
	13...	—	
	14 ..	—	
Specials			102
Grand Total...			2480

(*b*) Found to require treatment 2025

(*c*) Actually treated 2017

(2) Half-days devoted to { Inspection... 15 / Treatment... 389 } Total 404

(3) Attendances made by children for treatment... 3497

(4) Fillings { Permanent teeth... 531 / Temporary teeth... 284 } Total 815

(5) Extractions { Permanent teeth... 701 / Temporary teeth...4507 } Total 5208

(6) Administrations of general anæsthetics for extractions—... 293

(7) Other operations { Permanent teeth... 288 / Temporary teeth... 712 } Total 1000

Group VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses.. 6·3

(ii) Total number of examinations of children in the Schools by School Nurses...14300

(iii) Number of individual children found unclean.. 1124

(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

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

FORM 307 M.

Statement of the number of children notified during the year ended 31st December, 1933, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ... Nil

Analysis of the above Total.

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


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