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Borough of
NEWCASTLE-UNDER-LYME
EDUCATION COMMITTEE.



Annual Report

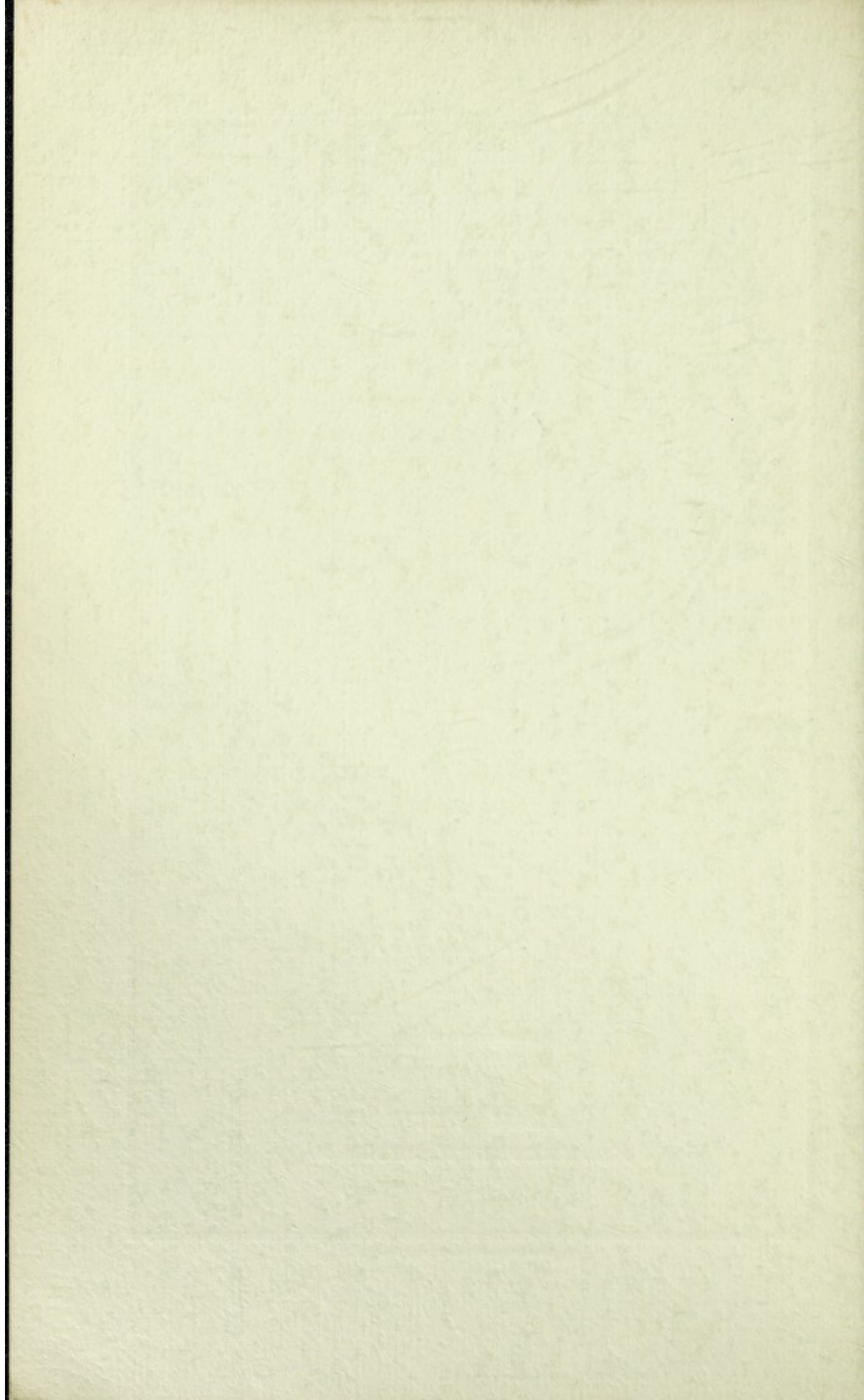
OF THE

School Medical Officer

FOR THE

Year 1933.

ADAM WHITE,
M.D., M.R.C.P., D.P.H., D.T.M. & H.



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ADAM WHITE
MD. MRCP. DPH. D.M. & H.

TO THE
CHAIRMAN AND MEMBERS
OF THE
NEWCASTLE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour to submit to you the Report for the year 1933 upon the School Medical Service.

I desire to thank the members of the Committee for the support which they have given me throughout the year and to express my thanks to all the members of the staff for the way in which they have co-operated with and assisted me.

I am, Ladies and Gentlemen,

Your obedient servant,

ADAM WHITE,

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STAFF.

The posts of School Medical Officer and Medical Officer of Health are combined in one. The duties which the School Medical Officer carries out are supervisory, administrative and clinical.

There are four part-time assistant school medical officers—

Dr. Keane	...	...	Newcastle.
Dr. Horner	...	...	Wolstanton.
Dr. Smyth	...	...	Chesterton.
Dr. Daly	...	...	Silverdale.

These officers carry out the work of school medical inspection and attend at the school clinics.

The school medical inspection work is distributed throughout the year as may be most convenient according to local circumstances. The work of the clinics is arranged on the basis that the assistant medical officers attend twice a week from 10 a.m. for a period long enough for them to deal with the cases presented to them. On the other days of the week the nurse is in attendance, and the assistant medical officers are available in an emergency.

There is one whole-time school nurse and four nurses who give 50 per cent. of their time to school nursing work and 50 per cent. to maternity and child welfare work, so that in effect there are three school nurses.

An arrangement between the Education Committee and the County Education Committee is in force under which the Education Committee have the whole-time services of one of the County Committee's dentists and one of their dental attendants. This arrangement has proved highly satisfactory. The formerly existing arrangement with a local dentist for part-time services has now been discontinued.

CO-ORDINATION.

As the School Medical Officer is also Medical Officer of Health, and four of the school nurses act as health visitors, the maternity and child welfare scheme is co-ordinated with the school medical service in the area.

There are no Nursery Schools in the area.

With regard to debilitated children under school age, these have the opportunity of coming to the child welfare centres, of which there are five in the area, and the school nurses when making routine visits recommend parents to obtain appropriate treatment when necessary.

SCHOOLS IN THE DISTRICT.

The following table shows the different schools in the district, together with the number of children on the books and the average attendance as at 31st December, 1933, in addition to the number examined during the year at routine medical inspection—

NAME OF SCHOOL.		No on Roll	Average Attend'ce	No. Examined
Friars Wood Council	Junior Mixed	394	361	81
" "	Infants'	238	205	100
Hassell Street Council	Junior Boys'	387	359	102
" "	" Girls	354	324	74
" "	" Infants'	176	157	29
Rye Croft Council	Girls' Modern	449	405	125
" "	Infants'	172	152	83
St Giles & St George's C.E.	Boys'	256	236	76
"	Girls'	232	209	60
"	Infants'	140	123	30
St Patrick's R.C.	Senior Mixed	279	254	98
" "	Junior Mixed (with Infants')	506	462	188
Orme Boys	Boys' Modern	446	413	138
Wolstanton C.E.	Junior Mixed	136	122	17
Albert Street Council	Junior Boys'	226	207	31
" "	" Girls'	228	205	68
" "	Infants'	128	114	49
Church Street Council	Infants'	122	111	47
Broadmeadow Council	Senior Boys'	254	236	83
" "	" Girls'	281	244	100
Cross Heath C.E.	Infants'	95	85	34
Ellison Street Council	Junior Mixed	365	339	81
" "	Infants'	245	210	127
Knutton C.E.	Junior Mixed	89	81	34
" Council	Infants'	106	95	19
May Bank Council	Junior Mixed (with Infants')	269	228	161

NAME OF SCHOOL.		No. on Roll	Average Attend'ce	No. Examined
Red Street C.E.	Infants'	68	60	19
Silverdale Council	Mixed	265	243	62
" "	Infants'	153	136	53
" C.E.	Junior Mixed (with Infants')	211	188	61
Watlands Council	Senior Mixed	427	383	159
" "	Junior Mixed (with Infants')	321	288	162
Knutton Council	Senior Mixed	396	350	113
Clayton Council	Junior Mixed (with Infants')	24	21	12
TOTALS		8438	7606	2676

SCHOOL HYGIENE.

Generally speaking the hygienic conditions in the Council Schools are good and those obtaining in the recently erected schools are excellent. As will be seen from the following table many defects have been remedied during the year :-

LIST OF IMPROVEMENTS IN STRUCTURE AND EQUIPMENT CARRIED OUT DURING THE YEAR 1933.

<i>Name of School.</i>	<i>Improvements.</i>
Rye Croft Girls' Modern	Additional furniture—tables and chairs.
Orme Boys' Modern ...	Improvement of ventilation in Assembly Hall; roof timbers of hall and new floors.
Wolstanton C. of E. ...	Playground surfaced and renewal of washbasins.
Albert St. Junior Boys'	Removal of galleries and provision of new floors.

Albert St. Junior Girls'		Removal of galleries and provision of new floors; office accommodation improved.
Albert St. Infants'	...	Removal of galleries and provision of new floors; office accommodation improved; improved lighting in one of the class-rooms.
Broad Meadow Senior Girls'	... ..	Improvement of ventilation of hall and painting of school.
Cross Heath C. of E.	...	New floor.
Knutton Council Infants'		Painting and decorating.
Silverdale Council Junior Mixed	... ..	Removal of galleries and provision of new floors.
Silverdale Council Infants'		Removal of galleries and provision of new floors.
Watlands Senior Mixed		Painting externally and internally; improvement of lighting.

ARRANGEMENTS MADE AND METHODS ADOPTED AT ROUTINE MEDICAL INSPECTION.

Parents are notified of the date and time of school medical inspection, and their presence at the examination is requested. The children are weighed and measured by a school nurse, and are then submitted for examination by an assistant medical officer.

During the year under review 1,267 parents availed themselves of the opportunity to be present when their children were being examined. This figure represents 47.34 per cent. of the children examined, which percentage is rather above the average for recent years, but it would be a great advantage if a larger number of parents were present at the examination, as, particularly in the case of minor defects, a personal interview with the school medical officer is highly desirable, and is often productive of good results.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION AND OF THE METHODS EMPLOYED FOR THE TREATMENT OF DEFECTS.

A.—CLOTHING AND FOOTGEAR.

One hundred and fifty-three children were found to have defective clothing or footgear or both. All the cases of defect were visited by the school nurse and as a result of these visits the defective condition was remedied in 82 cases, while in the others the conditions were materially improved.

During the year about £88, obtained from various sources, was expended in the purchase of clothing and footgear for necessitous cases.

B.—NUTRITION.

The following table shows the nutrition condition of children examined at routine medical inspection :—

Excellent ...	185	6.91 per cent.
Normal ...	2397	89.58 „
Below normal	90	3.36 „
Poor ...	4	.15 „

C.—UNCLEANLINESS.

The following table shows the condition of the children's heads examined at routine medical inspection—

		Boys	Girls	Total
Few nits ...	...	2	46	48
Nits ...	...	2	31	33
Pediculi ...	...	—	1	1
		4	78	82

This number (82) represents 3 per cent. of the children inspected at routine inspection. Taking the girls' heads alone, the figure is 5.94 per cent. The figures for this year

show an improvement upon those experienced in former years, but, even so, the present figures relating to uncleanness are still too high. Persistent uncleanness is an index of parental neglect and, unless these figures show material improvement, it will be necessary to advise the Committee to institute proceedings in certain specified cases, with the object of having it brought home to parents that persistent uncleanness of a child's head shows neglect, and that such neglect is a legal offence.

D.—TONSILS AND ADENOIDS.

Among the routine and special examinations 417 children were found to be suffering from enlarged tonsils, 285 of these being cases of such a degree as to require treatment, and the balance of 132 being slighter cases which required only to be kept under observation. Sixteen children were suffering from adenoid hypertrophy of such a degree as to require treatment and 123 from a combination of enlarged tonsils and adenoid hypertrophy, 100 requiring treatment and 23 being placed under observation. In addition 56 children were found to be suffering from other conditions of the nose and throat. These other conditions were: tonsilitis 41, goitre 11, and nasal catarrh 4.

Of the cases which exhibited enlargement of the tonsils or adenoid hypertrophy, or a combination of both these conditions, of such a degree as to require treatment, 135 were operated upon and five received other forms of treatment. All the cases of tonsilitis, 7 of the cases of goitre, and 2 of the cases of nasal catarrh were referred for and received home treatment. The remainder (4 cases of goitre and 2 of nasal catarrh) were referred for observation.

E.—TUBERCULOSIS.

Eight cases of tuberculous adenitis, 4 cases of pulmonary

tuberculosis, and 2 of tuberculous arthritis appeared at routine medical inspection. In addition, 4 cases of pulmonary tuberculosis and 1 of tuberculous adenitis appeared among the special examinations. All these cases, with the exception of one, were in touch with the Tuberculosis Dispensary. The remaining case was referred to the Dispensary.

There are in the district three organisations dealing in a curative way with tuberculosis. These are :—

1. The Staffordshire, Wolverhampton and Dudley Joint Tuberculosis Committee.
2. The Cripples' Guild Hospital, Hartshill.
3. The North Staffordshire Royal Infirmary.

F.—SKIN DISEASE.

The number of cases of skin disease discovered at routine medical inspection was 18. Eight of these were cases of impetigo, 3 of alopecia, 3 of dermatitis, 1 of injury, 1 of seborrhoea, 1 of psoriasis and 1 of scabies. Among the special examinations there were 9 cases of dermatitis, 2 of alopecia, 2 to psoriasis, and 2 of seborrhoea. All these cases were treated at the school clinic with the exception of two of the cases of alopecia, and two of the cases of psoriasis which were referred to the Infirmary, and one case each of alopecia, dermatitis and psoriasis which were referred for observation.

G.—EXTERNAL EYE DISEASE.

Thirteen cases of blepharitis, 3 of conjunctivitis, 1 of corneal opacity and 1 of exophthalmos came to light at routine medical inspection. All of the cases were treated at the school clinic with the exception of one of the cases of blepharitis, one of conjunctivitis, and the case of corneal opacity, which were treated by the home doctor; one of the cases of blepharitis which was treated at the Infirmary; and the case of exophthalmos which was placed under observation.

Among the special examinations there occurred one case of keratitis, one of corneal opacity, and one of ptosis. These three cases received treatment at the Infirmary.

H.—DEFECTIVE VISION AND SQUINT.

There were 295 cases, including specials, which were referred for treatment, 262 of these being cases of defective vision, and 33 cases of squint. During the year, 303 cases of defective vision, etc., were submitted for refraction, 254 of these being so submitted under the Authority's scheme and 49 by a private practitioner or otherwise. During the year spectacles were provided to 286 cases, in 229 of these under the scheme of the Local Education Authority and in 57 cases from other sources. All the cases in which glasses were provided were greatly benefited. Parents are now responding better than was formerly the case both to advice given with regard to defective eye sight and to the facilities provided by the Committee.

I.—EAR DISEASE AND HEARING.

At routine medical inspection and among the special examinations there occurred 26 cases of defective hearing which required treatment. The defect was due to otitis media in 18 cases, to tonsils and adenoids in 7 cases and to wax in 1 case. The majority of the cases of otitis media were treated at the Infirmary, the remainder being dealt with at the clinic. The cases associated with enlarged tonsils and adenoid hypertrophy were among those operated upon for tonsils and adenoids at the Infirmary.

J.—DENTAL DEFECTS.

The following report on the working of the dental scheme has been drawn up at my request by Mr. W. H. Jones, the County Dental Officer to the Staffordshire Education Committee:

REPORT ON DENTAL TREATMENT IN THE AREA OF THE BOROUGH OF NEWCASTLE-UNDER-LYME FOR THE YEAR 1933.

During the year the arrangement whereby the dental treatment in the Newcastle-under-Lyme area was carried out by the Dental Surgeons attached to the Staff of the County Education Committee was continued. The work was effected throughout the entire year under my general supervision. Mr. E. Cooper, L.D.S., Univ. Liverpool, was in charge of the clinic for the first quarter, and Mr. J. Greenhalgh, L.D.S., R.C.S., Eng., for the remaining threequarters, each being assisted by Miss Barratt as Dental Attendant. It may be noted that the time allotted to the work in the area has been extended from one half year to one whole year's service consequent on the extension of the Borough to include the Urban District of Wolstanton United.

The number of children inspected was 5,638 of which number 5,538 were routine cases and 100 were special cases, i.e. children who sought advice on account of tooth-ache or other urgent circumstances. Of the 5,638 children inspected, 3,388 were found to require treatment, and of this number 2,343 were actually treated for conditions set out in the following table :—

Extractions only	...	1254
Extractions and fillings		556
Fillings only	... ..	512
Miscellaneous operations		21
		<hr/>
		2343
		<hr/>

The percentage of children requiring and accepting treatment was 69.1. Among the refusals are counted those who accepted treatment, but were not treated through absence from school, and also those children who obtained treatment elsewhere. The treatment has been carried out mainly in

one or other of the five school clinics situated at Newcastle, Knutton, Silverdale, Chesterton and Wolstanton. In certain cases the treatment has been effected on the school premises, notably at those schools which are at a distance from a clinic and are composed of infants and junior children. These schools, seven in number, have good accommodation for the carrying out of treatment, the room usually used being that of the head teacher, with rinsing facilities adjacent and easily under supervision.

The year has been noteworthy in so far as, for the first time, the scheme has been extended to embrace those schools which are situated in the old part of the enlarged borough of Newcastle-under-Lyme and a dental clinic has been established at the King Street Clinic for the treatment of the Newcastle children. This clinic is fairly central, but some of the children have to come some distance through very busy streets and crossings to reach it. Unfortunately there is no accommodation at these particular schools for the treatment to be performed on the school premises and there results an appreciable loss of time due to the children requiring to be brought to the clinic by the Dental Attendant or other responsible person especially as in these schools the children cannot be assembled until after 9.30 a.m.

The children inspected in the Newcastle area have been the 5, 6 and 7 year old groups, and it is proposed to extend this year by year in the usual manner until all ages are included. The percentage of acceptances in this area was 71.5 of the children requiring treatment. To afford facilities for urgent cases of tooth-ache and other dental disabilities among the older children at present not included as routine cases arrangements have been made whereby the Newcastle Clinic is attended by the Dental Surgeon each Saturday morning during the school term to treat cases referred by the School Medical Officers or seeking advice with parents.

The clinics at Knutton and Chesterton are well suited for dental treatment, but in each case the light in the treatment room is inadequate being obstructed by projecting eaves, and I fear this defect will be difficult to remedy. The acceptances at Knutton were quite good, but unfortunately the same cannot be said of Chesterton. Apart from Chesterton Senior Girls' School very little appreciation of the Scheme is shown by parents or children. It is significant that the girls belong to the same families attending the other Chesterton schools, and as there is no evidence of lack of support from the teachers it would appear that in Chesterton parental control is not sufficiently exercised, the question of acceptance being left almost entirely to the discretion of the child.

The Silverdale and Wolstanton clinics are quite well equipped for the work, the latter, however, being rather small and very difficult to ventilate.

As all the clinics are regularly used as ante-natal, maternity and child welfare clinics, it has been necessary to arrange for dental inspections instead of treatment on the days so occupied with some consequent inconvenience due to interruption of continuity of treatment, and a further factor due to the use of the clinics every morning as minor ailment clinics has had to be considered in relation to the dental treatment.

Mr. Greenhalgh, in an admirable report, states that the work has been made very pleasant by the helpfulness and kindness of the Head Teachers and their Staffs, and undoubtedly the influence of the Head Teacher does have effect in some schools, but in others the fault seems to lie in the method by which this influence is exerted, and in its intensity. While it would be unfair to generalize this statement for the whole area, I am convinced that if, in certain directions, a little more active enthusiasm was displayed the acceptance rate could be considerably increased.

The operations performed comprised 426 metal fillings only ; 2,162 fillings in which the decay had penetrated so deeply as to necessitate a lining of non-conducting substance (sulphate of zinc) in addition to the amalgam ; 40 silicate fillings ; 4,454 extractions of temporary teeth ; 98 extractions of permanent teeth ; 4 extractions of supernumerary teeth ; 3 dressings ; 11 scalings ; 2 fillings burnished ; 2 temporary fillings, and 2 obtundent dressings in connection with same ; 1 epulis removed ; and advice tendered to parents anent the dental conditions of children in 22 cases. The dressings of silver nitrate applied to temporary teeth numbered 1,650. In brief 4,556 extractions, 2,614 fillings, and 1,693 sundries were completed, a total of 8,877 operations during the year.

The average number of teeth extracted per child treated for extractions (including extractions and fillings) was 2.5 as compared with 2.2 in the preceding year, and this increase was caused by the inclusion, for the first time, of an exceptional number of young children in the old area of Newcastle with a great deal of sepsis to be cleared up and no doubt conditions will be much better in the coming year.

The extractions were all treated with local anaesthetics.

The average number of fillings inserted per child treated for fillings (including extraction and fillings) was 2.4 as compared with 2.1 in the preceding year, and again this increase was caused by the extension of the scheme. The total number of permanent teeth filled was 2,464.

No temporary teeth were filled.

The number of children inspected who were found to possess permanent teeth so decayed as to be unsaveable by filling and to require removal was 641, of which total 445 have been reported in previous years, while of the balance arising during the year under review 44 were found on first inspection already to possess unsaveable permanent teeth

and the parents of 95 had refused the offer of treatment in preceding years when the teeth could have been filled and saved. The remaining 57 children were found sound at the previous inspection, and these children represent the number for whom an annual inspection is insufficient. They represent the leakage from the scheme and indicate the unfortunate rapidity with which teeth are destroyed in the most susceptible mouths.

The teeth removed were all septic, many actually aching or the cause of an alveolar abscess and their removal not only restored the normal function of mastication, but reduced the liability to septic infection and a general lowered resistance to disease. In addition, the removal of dead temporary teeth lessens the possibility of the decay or irregularity of the position of the permanent teeth which succeed.

The fillings were inserted in 1,207 mouths and represented in that number of children an arrest of decay *in* and of completed treatment *for* their permanent dentitions. If to the 1,207 children whose permanent teeth were made artificially sound we add 2,441 children with permanent teeth, who required no treatment (chiefly as a result of treatment in previous years) we find a balance of 1,174 children whose refusal of treatment involves decayed conditions of the permanent teeth. The parents of these children are taking a grave responsibility in declining such treatment.

A considerable amount of "following up" was done in cases of refusal with the excellent result that in many instances acceptances were at once gained, but it should be pointed out that the primary concern of the dental surgeon and his attendant is to carry out treatment and consequently the time available for "following up" may be so curtailed as to render it inadequate. Parents should not regard their action in giving consent, under persuasion, as a gracious act, but should rather regard it as a privilege, afforded by an

enlightened and public spirited Authority, that they have the chance of obtaining skilled treatment and the offer thereof at all.

The details of the examination of 5,524 *charted* cases are shown in Table A, while Table B shows the figures expressed in the ratio of 100 children to each year of age to enable comparison with figures in other returns to be made.

The temporary teeth decayed are divided into two divisions, those which needed extraction (unsaveable) and those which although decayed were better left in position to assist for the time being in mastication (saveable). Although the same terms are applied to the permanent teeth decayed they are divided into those which could be filled and so made artificially sound (saveable) and those in which the decay had progressed too far for this to be attempted (unsaveable).

A.—TABLE SHOWING THE RESULT OF THE EXAMINATION OF
5524 ELEMENTARY SCHOOL CHILDREN.

Year of Birth	Number of Children Exam'ed	Number of Temp'ary Teeth			Number of Perm'ent Teeth		
		Sound	Decayed Saveable	Decayed Unsaveable	Sound	Decayed Saveable	Decayed Unsaveable
1928	550	6813	2979	871	327	21	—
1927	761	7969	3938	1518	2310	194	2
1926	719	4664	3211	1555	4151	409	7
1925	403	2467	1352	743	3669	366	19
1924	477	2243	1122	684	5502	465	72
1923	526	1848	928	628	7587	520	141
1922	514	1356	699	471	8656	497	161
1921	544	728	342	282	11405	585	255
1920	653	405	219	237	14933	824	266
1919	369	131	56	81	4902	497	218
1918	8	—	—	1	8	5	7
TOTAL	5524	28624	14846	7071	63450	4383	1148

B—TABLE CALCULATED FROM TABLE "A" GIVING THE AVERAGE RESULT FOR 100 CHILDREN.

Year of Birth	Number of Children Exam'ed	Number of Temporary Teeth			Number of Permanent Teeth		
		Sound	Decayed Saveable	Decayed Unsaveable	Sound	Decayed Saveable	Decayed Unsaveable
1928	100	1238	541	158	59	4	—
1927	100	1047	517	199	303	25	—
1926	100	648	446	216	577	56	—
1925	100	612	335	184	910	90	4
1924	100	470	235	143	1153	97	15
1923	100	351	176	119	1442	98	26
1922	100	263	136	91	1684	96	31
1921	100	133	62	51	2096	107	46
1920	100	61	33	36	2285	126	40
1919	100	35	15	22	1328	134	59
1918	100	—	—	12	100	62	87

It may be perceived that the examinations charted in Table A included 119,522 teeth. Of 50,541 temporary teeth 56.6 per cent. were sound ; 29.3 per cent. were decayed saveable and 14.0 per cent. were decayed unsaveable.

With regard to the 68,981 permanent teeth 91.9 per cent. were sound ; 6.3 per cent. were decayed saveable, and 1.6 per cent. were decayed unsaveable. As during the year 2,608 permanent teeth were filled (in this group) and made artificially sound, the percentage of sound permanent teeth was raised, after treatment, to 95.7 per cent. and the number of saveable permanent teeth reduced to 1,775 or 2.5 per cent.

The 1,148 unsaveable permanent teeth were distributed in 639 mouths as follows :—

318 children had each 1 unsaveable permanent tooth:

195	"	"	2	"	"	teeth.
76	"	"	3	"	"	"
41	"	"	4	"	"	"
6	"	"	5	"	"	"
3	"	"	6	"	"	"

During the year 25 of these mouths were completely relieved of unsaveable permanent teeth by extraction.

Turning to Table A the distribution of the decay for both dentitions combined was noted and Table C shows the result. In the younger groups the absence of permanent teeth influences the results whilst in the older groups the absence of temporary teeth has a similar effect. In Table D the number and age of children without one or other of these dentitions is shown. It may be added that the conditions set out are based on those found before treatment in the year 1933, and it is of interest to note that 53 children were found with sound temporary teeth but with decayed permanent teeth.

If Table C is compared with the corresponding Table in the previous Annual Report a great improvement in the groups born in 1924 and earlier is apparent, and the results of the extension of the scheme becomes evident for children born in 1925 and later. It may be expected with confidence that next year will witness these latter groups in a position approximating closely to the more satisfactory conditions reported in respect of the year 1932.

C—TABLE SHOWING THE NUMBER AND AGE OF THE CHILDREN CHARTED AND THE DENTAL CONDITIONS (BOTH DENTITIONS COMBINED) BEFORE TREATMENT IN THE YEAR 1933.

Year of Birth	Number of Children Exam'd	Number and Percentage of Children who each had :—									
		No Decayed Teeth		One or two Decayed		Three or four Decayed		Five or six Decayed		Seven or more Decayed	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1928	550	40	7.3	49	8.9	73	13.2	86	15.6	302	54.9
1927	761	33	4.3	65	8.5	96	12.6	137	18.0	430	56.5
1926	719	16	2.2	63	8.7	103	14.3	133	18.4	404	56.1
1925	403	8	1.9	45	11.9	80	19.8	86	21.3	181	44.9
1924	477	17	3.5	83	17.3	121	25.3	135	28.3	121	25.3
1923	526	32	6.1	131	24.9	149	28.3	117	22.2	97	18.4
1922	514	55	10.7	151	29.3	145	28.2	103	20.0	60	11.6
1921	544	97	17.8	189	34.7	150	27.5	74	13.6	34	6.2
1920	653	143	21.8	249	38.1	158	24.1	76	11.6	27	4.1
1919	369	75	20.3	158	42.8	85	23.0	31	8.4	20	5.4
1918	8	—	—	7	87.5	1	12.5	—	—	—	—
Total	5524	516	9.3	1193	21.5	1161	21.0	978	17.7	1676	30.3

If Table C is compared with the corresponding Table in the previous Annual Report a great improvement in the groups born in 1924 and earlier is apparent, and the results of the extension of the scheme becomes evident for children born in 1925 and later. It may be expected with confidence that next year will restore these latter groups to a position approximating closely to the more satisfactory conditions reported in respect of the year 1932.

Further, if the results in Table C are measured in terms of septic mouths, the results are perhaps better illustrated for the purpose of estimating dental treatment in relation to the general health and well-being of the child population. For this purpose the general conditions noted (also before treatment in the year 1933) afford a guide. These general conditions are noted under three headings in Table D.

D—TABLE SHOWING THE NUMBER AND AGE OF THE CHILDREN CHARTED AND THE GENERAL CONDITIONS OF THEIR DENTITIONS IN RELATION TO ORAL SEPSIS AND IRREGULARITY OF POSITION.

Year of Birth	Number of Children Exam'ed	Number of Children without Permanent Teeth	Number of Children without Temporary Teeth	General Conditions			Irregularity of posit'n		
				Healthy mouths free from sepsis	Unhealthy mouths pus present	Very unhealthy obvious neglect	Upper teeth only	Lower teeth only	Upper and lower teeth
1928	550	426	—	246	296	8	—	—	—
1927	761	246	—	249	499	13	3	—	—
1926	719	29	—	202	501	16	20	2	1
1925	403	1	—	120	278	5	6	4	4
1924	477	—	6	183	287	7	7	11	5
1923	526	—	21	206	315	5	5	6	3
1922	514	—	69	225	285	4	5	7	13
1921	544	—	184	287	247	10	14	9	15
1920	653	—	352	401	246	6	17	14	8
1919	369	—	231	224	139	6	7	7	12
1918	8	—	7	6	2	—	—	—	—
Total	5524	702	870	2349	3095	80	84	60	61

From Table D it may be perceived that 57.4 per cent. of the children charted had septic mouths, chiefly in association with the temporary dentition. It will be noted that 80 children had such very unhealthy conditions as to be classed as cases of obvious parental neglect within the meaning of the Children's Act, 1908 and 1921.

There were 205 cases of irregularity of the teeth noted due to retention of dead temporary teeth, to finger or thumb sucking, the use of the dummy-teat or associated with nasal trouble. The percentage of cases of irregularity was 3.7.

The number of children found with developmental defects of the teeth (hypoplasia) was 117, and in addition, four children were found with supernumerary teeth and four children had hare-lip.

The number of children obviously nervous at either the time of inspection or treatment was 62, of which number 21 were soon reassured, 28 remained nervous, and 13 were intractable. The behaviour of the remaining 5,462 children was entirely satisfactory. The number of children attending on more than one occasion for the treatment to be completed was 171, none of whom refused to return. The number of parents attending the clinic at the time of treatment of their children was 118. The number of children attending the clinic under school age was 4 and parents attended in each of these cases.

At the end of my Report for 1932, pages 20 and 21, are two paragraphs which I consider so important that it is now suggested that a leaflet embodying recommendations of simple character concerning diet and dental hygiene should be printed to send to parents with the form requiring signature of approval for dental treatment.

WILLIAM H. JONES, M.A. (Cantab), L.D.S.,
R.C.S., (Eng.),
County Dental Officer, Stafford.

K.—DEFORMITIES.

Among the 17 cases of deformity requiring treatment discovered at routine medical inspection and among the special examinations there were 11 cases of rickets (7 receiving home treatment, 2 being treated at the Infirmary, and 2 at the Cripples' Guild Hospital), 3 cases of infantile paralysis (treated at the Cripples' Guild Hospital), 1 case of congenital dislocation of the hip, 1 case of flat foot, and 1 case of contracted finger, all these latter cases being treated at the Cripples' Guild Hospital.

TREATMENT OF UNCLEANLINESS.

The nurses make periodical inspections of the children in school, class by class, to ascertain the condition of their heads with regard to nits, vermin, etc. The number of individual children inspected was 8,157.

The following table represents the conditions found:—

	Boys	Girls	Total
Few nits ...	30	461	491
Nits ...	8	205	213
Pediculi ...	6	32	38
	44	698	742

All the cases found with nits or vermin were re-inspected, in some cases three and four times.

In addition, to these examinations of heads, the children are periodically examined in a more cursory manner with regard to general cleanliness, tidiness of hair and condition of clothing and footgear.

The average number of visits made by the nurses to each school was 18.18.

During the year under review no legal proceedings in connection with uncleanness were undertaken under the Children Act of 1908 or the School Attendance Bye-Laws.

SCHOOL CLINICS.

There are five school clinics in the area, situated one at King Street, Newcastle, one at Ellison Street Council School, Wolstanton, one at Broadmeadow Council School, Chester-ton, one at Silverdale Council School, and one at Knutton. One of these is an adapted house, two are semi-permanent structures, consisting of a waiting room, a treatment room and a doctor's room, and two are permanent brick structures containing similar accommodation plus a sanitary annex. All minor ailments are treated at these clinics, and the diseases dealt with are shown in Table IV., Group 1. During the year 5,427 cases were dealt with, the number of attendances being 23,013.

A school nurse attends each day, and an assistant school medical officer twice a week. Parents and teachers send to the clinics any cases which they consider require attention ; and, in addition, teachers are specially enjoined to send children whom they suspect to be suffering from infectious disease. Cases are also referred to the clinics as a result of routine inspection. All treatment is carried out by the direction and under the supervision of one of the assistant school medical officers.

INFECTIOUS DISEASE.

Scholars suffering from the various infectious diseases are excluded from school during the period of infectivity. Brothers and sisters of affected scholars, who themselves are not suffering from disease, are excluded if such exclusion is considered necessary.

In the case of diphtheria and scarlet fever, contacts are excluded for the recognised period. In the case of measles and whooping cough, an endeavour is made to exclude those children who attend Infant Departments and who themselves have not previously had the disease.

Instructions have also been issued to teachers to send all cases of sore throat attending school to the clinics. The assistant school medical officers have been instructed to swab such of these cases as they consider necessary, with the object of detecting cases of diphtheria as early as possible.

CLOSURE OF SCHOOLS.

During the year no schools in the area were closed on account of infectious disease.

FOLLOWING UP OF DEFECTIVE CHILDREN.

On the ascertainment that a child is defective, a notice is sent to the parent or guardian drawing attention to the defect, and stating that medical attention should be secured. Subsequently, inspections are made by the school nurses and assistant school medical officers to find out if the required medical attention has been obtained; and, if it has not been obtained, the nurses visit the parents and verbally call their attention to the necessity for obtaining medical treatment, and, in addition, a second notice is sent to the parents.

During the year under review 1,223 visits were paid by the nurses in the following up of medical defects.

The results obtained in the matter of treatment have already been noted under the various diseases concerned.

OPEN-AIR EDUCATION.

Playground classes are held in the schools when the weather is suitable.

During the year, school journeys were made to London, Liverpool, Manchester and North Wales. In addition to these, a number of nature study excursions and visits to places of interest in the neighbourhood were undertaken.

PHYSICAL TRAINING.

For the following report I am indebted to Miss Florence M. Bentley, the Organiser of Physical Training :—

PHYSICAL EDUCATION, 1933.

Ladies and Gentlemen,

I have pleasure in submitting to you my Annual Report on the Physical Education of your area for the year 1933.

GENERAL.

The year 1933 has been a momentous one in Physical Training as far as the schools are concerned. Since the 1919 Syllabus of Physical Training the Board of Education has published small volumes on various branches of physical work, but *this* year we were presented with a most useful and inspiring syllabus for future use in the elementary schools. The added interest and stimulus caused by the introduction of the work included in this syllabus has been most encouraging, and gives great promise for the future of Physical Training in the schools. This book marks an epoch in the life of school physical training. It is the outcome of the thought and energy of the staff of the Board of Education who have visualised the situation caused by the reorganisation of the schools, and revised the 1919 Syllabus with the intention of bringing the physical work into line with present conditions and modern developments in these schools.

Physical Education has now the chance of being adequate and efficient in most of the schools of our area. The new Syllabus requires much greater space both indoors and out of doors, and a greater amount of freedom for the use of apparatus. The schools which are not equipped with a hall and playing fields will not be able to receive fully the benefits offered by these facilities.

Perhaps the most outstanding term of 1933 has been the Christmas term which has been extraordinarily full of interest with regard to physical training. So many events of importance are crowded into this particular term that it seems to dominate the other terms of the school year.

The term begins well with the conclusion of the Swimming season, and the excitement of the certificate tests. The Football teams in both the senior and junior leagues have to be formed; the classes for teachers are started; the teachers Hockey Club and Badminton Club both start their activities; the Musical Festival is both anxiously anticipated and gloriously realised; and lastly the individual school concerts, parties, displays, etc., containing a good deal of physical work, all combine to make this term one of great interest. All those concerned must realise the enormous amount of work these activities entail, and cannot but praise the effort and goodwill prevalent throughout.

TEACHERS' CLASSES.

In order to cope with the material in the new Syllabus a class for teachers was essential. This was arranged for senior teachers and held at Broadmeadow School—finishing this Christmas. The attendance of 40 teachers was exceptionally good, and was well maintained.

It is hoped to obtain the help of Mr. Vaughan from the County for a men teachers' class during either the Spring or Summer term.

A class for infant and junior teachers has been arranged to begin after Christmas. In this way all departments in their turn will have had some definite instruction in the work contained in the new syllabus.

During the Christmas term a successful class for women teachers has been held at Newcastle Baths on Monday even-

ings. The attendance has been good, and the results most satisfying. The women teachers are now showing good style in swimming and should thus be able to help to raise the standard of work in the schools.

An effort to form a swimming class for men teachers was not successful. Owing to many other educational efforts being held at the same time there were not sufficient applications to form a workable class. It is hoped to form a class of this kind at a later date.

SWIMMING.

The swimming in the schools has now become stabilised and is of a good standard. The instructors are interested in their work, and the teachers who attend the Baths with the children, are becoming more and more helpful.

This season the boys' departments have had five half days allotted to them and the girls have had only four half days. Through the generosity of the Baths Committee, it is possible that we might manage to get an extra half day for the girls during next season so that both sections will receive the same amount of instruction.

Results are a record so far for the schools. The number of certificates gained are as follows :—

Certificates				Girls	Boys
50 yards	...	...		56	143
100	„	...	...	35	63
200	„	...	...	18	28
400	„	...	...	106	106
Life Saving and Diving				39	16
Total				254	386

Combined total 640 certificates.

TROPHIES.

The girls of Ryecroft School have gained the trophy for the North Staffordshire Squadron Championship. The semi-finals were held at Hanley Baths—Ryecroft winning by a length. Orme Boys' School in the semi-finals for boys at Hanley lost by a touch.

SCHOOLS' SWIMMING GALA, 1933.

The 1933 Gala was a great success in every way. The parents, children and teachers had a most enjoyable and interesting evening. For the first time the Teachers' Committee arranged for separate judges for both style and speed events. This greatly improved the standard of swimming, and is to be repeated at further events of this kind.

The following trophies were gained :

Boys

- | | | |
|-----------------------------|-----|--------------------|
| 1. Shield for style | ... | Orme Boys' School. |
| 2. Shield for speed | ... | Orme Boys' School. |
| 3. Schoolboys' Championship | | Orme Boys' School. |

Girls

- | | | |
|------------------------------|-----|-------------------------|
| 1. Shield for style | ... | Ryecroft Girls' School. |
| 2. Shield for speed | ... | Ryecroft Girls' School. |
| 3. Schoolgirls' Championship | | Ryecroft Girls' School. |

The Town Clerk, Mr. J. Griffith, has kindly presented a beautiful silver cup for competition amongst school children of the whole Borough. We are very grateful for this trophy.

INTER SCHOOLS' SQUADRON LEAGUE.

This year the schools held squadron races in their own time as an experiment. The results are as follows :—

Boys

- | | | |
|-------------------------------|-----|------------|
| 1. Orme Boys | ... | 10 points. |
| 2. St. Giles and St. George's | 8 | „ |

3. Watlands	...	6 points
4. St. Patrick's	...	4 „
5. Broadmeadow	...	2 „
6. Knutton	...	Nil

Girls

1. Ryecroft	...	10 points.
2. St. Patrick's	...	8 „
3. Broadmeadow and Watlands	4 „	
5. St. Giles and St. George's	2 „	
and Knutton.		

SWIMMING RESULTS, 1933.

1. Each School has been allotted 1 point for each button gained.
2. *For this year only*, all swimmers have been counted as 1st year swimmers.
3. Points for certificates are 1, 2, 3, 4, 5, but this year no points for Life Saving & Diving have been included in the finals since two Schools did not receive instruction in this section of the work.

GIRLS' DEPARTMENTS.

<i>Points :</i>	<i>Buttons.</i>						<i>Certificates.</i>					
	1	1	1	1	1	Total	1	2	3	4	5	
	R	G	Y	B	W		50	100	200	400	L & D	Total
Ryecroft	84	52	19	13	4	172	10	6	5	38	11	244
Watlands	53	26	10	11	3	103	12	2	3	16	10	139
Broadmeadow	54	29	17	11	9	120	5	9	2	18	4	121
Knutton	34	18	6	6	3	67	14	7	5	6	5	92
St. Giles & St. G's	61	30	8	1	1	101	8	6	3	21	5	138
St. Patrick's	39	18	7	7	4	75	7	5	—	7	4	65
	Certificates						56	35	18	106	39	— 254

BOYS' DEPARTMENTS.

Orme Boys'	140	60	17	9	—	226	53	17	6	24	—	201
Watlands	78	41	18	8	2	147	25	13	9	31	4	222
Knutton	56	38	9	4	—	107	13	8	3	32	4	186
Broadmeadow	29	10	4	17	3	63	29	10	4	17	3	144
St. Giles & St. G's	45	22	13	6	3	89	6	3	3	23	5	138
St. Patrick's	56	24	6	—	—	86	17	12	3	9	—	86
Certificates							143	63	28	136	16	— 386

RESULTS.

(Calculated on a percentage of possible points).

GIRLS.

1. St. Giles & St. George's ...
2. Rye Croft ...
3. Broadmeadow ...
4. St. Patrick's ...
5. Watlands ...
6. Knutton ...

BOYS.

1. St. Giles & St. George's
2. Knutton
3. Watlands
4. St. Patrick's
- &
5. Broadmeadow
6. Orme Boys

FREE { 75 granted by the Baths' Committee for boys.
 TICKETS { 75 " " " girls.

The tickets have been allotted to each School on percentage of points and on numbers attending the Baths.

GIRLS' SCHOOLS.			No. of Tickets	BOYS' SCHOOLS.			No. of Tickets
1.	Rye Croft	...	23	1.	Watlands	...	17
2.	Broadmeadow	...	13	2.	Orme Boys'	...	16
3.	St. Giles & St. George's	...	13	3.	Knutton	...	14
4.	Watlands	...	11	4.	Broadmeadow	...	11
5.	St. Patrick's	...	9	5.	St. Giles & St. George's	...	10
6.	Knutton	...	6	6.	St. Patrick's	...	7
			75				75

SCHOOLS' SPORTS.

The eleventh Annual Sports for our schools were held in Silverdale on July 6th, 1933. The attendance was outstanding considering the distance many parents had to travel.

It is hoped to be able to arrange a Sports Day of this kind in the old Borough of Newcastle at a very early date.

The winners of the trophies are as follows :—

Boys' Championship Shield—Knutton Modern Senior Boys'.

Girls' Championship Shield—Watlands Modern Senior Girls'.

"Robert Beresford" Cup—Ellison St. Junior Boys'.

"Edward Hollinshead" Rose Bowl.—Silverdale Council Junior Girls'.

"Harper" Cup (Senior Boys' Relay Race)—Knutton Modern Senior Boys'.

"Mary" Rose Bowl (Senior Girls' Relay Race)—Knutton Modern Senior Girls'.

SCHOOLS' FOOTBALL.

Both a senior and a junior football league has been inaugurated among the schools, and a representative team has been picked to form the Newcastle-under-Lyme ENGLISH SCHOOLS' SHIELD TEAM. Their successes so far this term have been as follows :—

1st round	Newcastle v. Northwich	2—1
2nd „	Newcastle v. Congleton	2—1
3rd „	Newcastle v. Wallasey	5—1

The next round is against Longton, and we wish our boys every success in their fourth effort.

The Junior Schools have played some very good matches, and are to be complimented on the vigour and the general science of their game.

NET BALL.

Girls' Physical work usually includes greater variation than the boys, consequently it is seldom that one branch

of the work is particularly outstanding. The Senior Girls' Schools and Junior Schools have played a number of Net Ball matches. Friendly matches are preferred to a Net Ball League. To be really useful and to allow schools to compare with each other, more matches of this kind are necessary. It is hoped that a good start has been made and this side of the work will develop to a much greater extent than previously.

EVENING INSTITUTES.

Evening Institutes have this term begun a more thorough and progressive course in Physical Training, and so far results show that this work is the nucleus of what should be a very successful section of evening school work. As such, the recreational side of the work is being stressed so that the students may enjoy a relief from the mental side, as well as obtaining personal physical benefit from the actual exercise of the class.

At present there are twelve classes for women and six classes for men students arranged at the various institutes. The work seen in the men's classes was most encouraging, and it is gratifying to note such keenness amongst the old boys of our schools. As this is more or less an experiment, one is bound to move cautiously in the matter, for we are still confronted with the same difficulty that we encounter in the day schools—that of unsuitable shoes and clothing. In time it is hoped to be able to have suitable shoes and dress for all concerned, but this cannot be done all at once.

The girls work has started well in both gymnastics and dancing, and numbers should improve still further during the coming session.

MUSICAL FESTIVAL.

In November the schools took an appreciable part in the items of the Newcastle Musical Festival. The criticism of

the adjudicator for Folk Dancing, Miss Norman of Wolverhampton, was, that the standard of dancing was particularly high, and the teachers concerned were deserving of great credit. Every Junior and Senior School attended by girls, entered a team in folk dancing and showed a keen and good spirit whether winners or losers.

RESULTS OF FOLK DANCING COMPETITION.

JUNIORS :

First Classl Certificates.

St. Giles and St. George's Girls' (Winners of Shield and Picture).

Friars Wood Junior Mixed.

Albert Street Junior Girls'.

Hassell Street Junior Girls'.

Silverdale C of E. Junior Mixed.

Second Class Certificates.

Wolstanton C. of E. Junior Mixed.

Ellison Street Junior Mixed.

Knutton C. of E. Junior Mixed.

St. Patrick's Junior Mixed.

Silverdale Council Junior Mixed.

SENIORS.

First Class Certificates.

Broadmeadow Girls' (Winners of Shield and Picture).

Rye Croft Girls'.

St. Giles and St. George's Girls'.

St. Patrick's Girls'.

Knutton Senior Mixed.

Second Class Certificates.

Watlands Senior Mixed.

Ellison Street Evening Institute.

One First Class Certificate.

One Second Class Certificate.

SCHOOL VISITS.

The tone of the general physical work in schools is good. Teachers are of an enquiring frame of mind in many branches of the work, and this in itself is infinitely more encouraging than indifference on the part of the teachers. There is a tendency on the part of a few to accept anything new in physical work rather blindly—than trouble to investigate the principles underlying new ideas and thus lose a great deal of the value intended.

We find in some senior departments teachers who—because certain exercises are intended for a certain age—take these exercises and do not investigate and find out that these exercises can only be done well if the preparatory work has been taken in earlier classes. Lack of knowledge of the subject is often a great failing with many who wish to specialise in physical training, though they are suited by personality and physical ability to take charge of the work.

Our main difficulty at present in the teaching of the physical training advocated by the 1933 Syllabus is the question of footgear. Many schools have made great efforts, and managed to supply shoes for some of their children, but others are sadly handicapped. The children cannot perform the exercises with confidence, and the teachers are troubled with the fear of accidents where the footgear is unsuitable. All this is reflected in the work, which usually lacks dash and skill. The question of unsuitable footwear is worthy of the earnest consideration of all concerned.

The clothing of the children for physical work has improved tremendously. Most schools—especially girls' departments and junior schools—have managed to get a uniform of knickers and jerseys, thus eliminating accidents caused by skirts, etc., and giving greater freedom and a much

more appreciable sense of hygienic comfort. Boys' schools, however, are much too conservative and a great deal can still be done to remove the many layers which seem to constitute a boys' outfit. A cap seems to be an essential appendage for a boy, no matter to what degree he may strip for exercise out of doors.

GAMES EQUIPMENT.

Most schools are fairly well supplied with games material, but the more regular use of the equipment means it is worn out quickly and renewals are more frequently necessary than was the case some time ago.

The attention of teachers is drawn to the need for more careful supervision of apparatus with regard to its preservation. During the Christmas term full particulars of all apparatus in the schools was ascertained, and in future further supplies will only be granted to schools who show a reasonable amount of care and consideration for equipment supplied by the Committee.

Team work has made great progress during recent years, but the existing weakness seems to be the lack of training team leaders. Keen teachers will easily recognise this in their anxiety to improve the work. Team work is not just a division of the class into four sections. It entails the training of leadership and service for others, which are most marked in a well organised and effective team system.

PLAYING FIELDS.

Unfortunately the position of the schools' playing fields cannot be said to have improved, though possible facilities have been discussed. The necessary action is being taken to try and obtain :—

1. Pool Dam field for Newcastle Schools.
2. The old Sewage Works field for Chesterton Schools.
3. The field at Knutton Farm for Knutton Schools.

Housing schemes are so active at the moment that unless action can be taken almost immediately we are in danger of losing the present school fields which we now rent annually. The question of the provision of schools' playing fields is serious, and it is hoped that some definite settlement can be obtained to keep the fields mentioned for the use of schools.

The use of common land and recreation grounds is only of secondary value, since the interference of the public is a real difficulty with which the schools have to contend. However, we shall be grateful even for the use of pitches of this kind until better can be provided by the Committee.

The indefinite position with regard to playing fields is reflected in the Organised Games in the schools. These are not as strong as might be desired, but should improve as conditions improve.

In connection with Playing Fields an interesting and instructional visit was made to investigate the lay-out and conditions of the Manchester Playing Fields, Recreation Grounds and Open-Air Baths. One returned feeling that we were very much behind the times in not obtaining and maintaining playing fields for the children of our schools. Perhaps when the economic stress has lessened somewhat, we shall be in a better position to offer adequate facilities.

TEACHERS' CLUBS.

The teachers have once again organised their clubs for Badminton and Hockey. The Badminton Club meets on Friday evenings at St. Andrew's Hall, Porthill, and the Hockey Club plays at Sparch Hollow on Saturday afternoons. The members of both clubs are keen and enthusiastic, and have a healthy spirit of a happy relaxation from every day work.

VISIT OF H.M. INSPECTOR OF PHYSICAL TRAINING.

Early in October of this year we had a visit from Miss E. M.

Perry, H.M.I., who visited several of our schools and seemed pleased with the work that was being done.

CONCLUSION.

Throughout the working of the physical training in the area there is a happy spirit of co-operation and effort. The children are keen and happy in their work and the teachers are interested and enthusiastic both for themselves and for the children. It can therefore be surmised that the future of our physical training should be alive and full of interest, and the coming year should be one of experiment and enterprise. It is hoped that the encouraging tone which is now present will develop, and give us greater satisfaction than ever before.

May I take this opportunity to thank the teachers for their co-operation and goodwill, without which many difficulties would be greatly intensified.

To Mr. Till, Dr. White, and the Education Committee, I offer my thanks for their sympathetic consideration and encouragement.

I am, Yours faithfully,

FLORENCE M. BENTLEY,

Organiser of Physical Training.

PROVISION OF MEALS.

The following table shows the position of affairs regarding the provision of free milk during the year:—

AVERAGE NUMBER OF CHILDREN PROVIDED WITH FREE MILK IN RESPECT OF THE YEAR ENDED DECEMBER 31ST, 1933.

May Bank	...	...	...	...	...	4
Wolstanton C.E.	...	...	...	...	...	6
Ellison St. Infants'	...	...	...	...	...	8
Ellison St. Jun. Mixed	...	...	...	...	...	11

Watlands Senr.	...	...	...	...	9
Watlands Jun. and Infants'	...	...	...	...	9
Knutton C.E.	...	...	...	...	6
Knutton Council Infants'	...	...	...	...	2
Knutton Council Senr. Mixed	...	...	...	...	6
Silverdale C.E.	...	...	...	...	3
Silverdale Coun. Infants'	...	...	...	...	3
Silverdale Coun. Junior Mixed	...	...	...	...	5
Red Street C.E.	...	...	...	...	1
Chesterton Church St. Infants'	...	...	...	...	2
Chesterton Coun. Infants'	...	...	...	...	3
Chesterton Coun. Girls'	...	...	...	...	1
Chesterton Coun. Boys'	...	...	...	...	3
Broadmeadow Modern Girls'	...	...	...	...	2
					—
					84
					—

SCHOOL BATHS.

There are two swimming instructors, one man and one woman in the service of the Committee. The average attendance per class for swimming is about 40 children. Miss F. M. Bentley, the Organiser of Physical Training, has taken teachers' swimming classes during the year under review, and it is anticipated that these classes will increase the interest of teachers in swimming and raise the standard of proficiency in this useful art.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The School Medical Officer is brought in touch with children defective within the meaning of this paragraph, by routine medical inspection, and by information from teachers, school attendance officers, the school nurses, parents and voluntary workers.

In the examination of children suspected of being mentally defective, Burts' adaptation of the Binet-Simon Scale is

used in the assessment of mental age. In dealing with such cases, a preliminary report from the teacher is obtained on the Board's Form 41D., and the latest issue of Form 306M. is utilised in recording the results of the medical examination and the investigation of the mental state.

Children coming within the above category are set out in Table III.

There is no Special School in the area, but with regard to blind and deaf children, the Committee is a constituent Authority of the Mount Blind and Deaf School, which is situate in Stoke-on-Trent. The Committee have lately come to an arrangement with the Staffordshire Association for Mental Welfare for the supervision of mentally defective children not in Special Schools.

I append a report which I have received from the Organising Secretary of the Association showing the work done in the Newcastle area during the year.

STAFFORDSHIRE ASSOCIATION FOR MENTAL WELFARE.

Report on Work carried out for the Newcastle Education Committee during the year 1933.

I have the honour to report that the Association has continued its work of supervision of the educable feeble-minded children in the area of the enlarged Borough of Newcastle for a further year. This period has been marked by steady progress in the care of these children, regular visits have been paid to the homes of each child and through this means individual needs are discovered, and help given by advice and in many other ways which leave the Association in no doubt about the necessity of this work as the basis for all other developments in mental welfare. We are indebted in many cases to the help and co-operation of

teachers, and officers of the Public Assistance Committee, the Labour Exchange, Ministry of Pensions, the N.S.P.C.C., and the Police Court Mission, as well as to the Officials of the Education Committee, and we realise how valuable it is for the children's welfare that all social agencies should be in close touch with one another.

At the close of 1933 there were the names of 49 children on the Association's list, of these 19 are classed as suitable for special schools. Of the total list 18 children attend the ordinary schools, 11 attend the Occupation Centre, and 20 are at no school, some of those who are over 14 years being at work. Approximately 190 visits have been paid to the homes. During the year 2 children have become 16 years, when they pass out of the Committee's care, with these we continue to keep in touch through voluntary supervision.

The restriction on the further provision of residential special schools makes increasingly imperative the promotion of special classes attached to the elementary schools, and we hope that the time will soon come for more of these to be established on successful lines, as it has been proved impossible to obtain the best progress with retarded children without adequate space, a suitable curriculum, and specially trained teachers to deal with this type of child.

When any child is not attending school the opportunity of attendance at the Newcastle Centre is offered, 11 children have been in attendance during 1933, as well as 8 from the Borough who have been notified to the County Council as ineducable. The total on the register is now 37, and it is difficult to admit more children at the present building. The question of other accommodation is now however under consideration.

A representative Local Committee promote the welfare of the Centre, and help in raising funds for its development.

An Exhibition of Handwork, and a concert by the children was given before Christmas, the audience was impressed by this evidence of the progress in usefulness and capacity for self-expression, of which our children are capable, if given the training to which they can respond. We are indebted to the untiring efforts and enthusiasm of Mrs. Entwistle, the Supervisor, who has carried on the excellent work of Mrs. Davies at the Centre since January, 1933. The joy and happy activity of the children at the Centre are proof of its usefulness in the community. All the children attending the Centre were given the opportunity of attending a holiday camp on Biddulph Moor in July. Permission was kindly given to house the children at the Miners' Welfare Institute on the Moor, and those who went spent a wonderful week in exceptionally beautiful surroundings. During the whole camp there was not one epileptic fit, which speaks well for the orderliness and healthy surroundings of the camp.

A Study Week was held for Supervisors at Stafford in September, and the lectures given have proved a considerable stimulus to the work of percussion bands as well as to other aspects of the Centre training.

It is generally recognised that the question of mental defect is one of the gravest social problems of our time, and all thinking people are anxious to find the solution. The Chairman of the Board of Control, when speaking at Stafford in May pointed out that the cost of neglecting the defective is incalculable, it is merged in the general cost of prisons, hospitals, Public Assistance Institutions, and of unemployment. The wise and economical way of facing the problem to which experience points, is by a comparatively small outlay to secure the early ascertainment of defectives, and the provision of suitable training to develop in them habits of industry and usefulness to which they will adhere in later years. We feel therefore the privilege of having the con-

tinued co-operation of the Newcastle Education Committee in taking these first steps on which the value of so much future work for the welfare of our children depends.

We would like also to take this opportunity of expressing our indebtedness to the Officials of the Committee for their help in matters referred to them.

F. H. TOSH,

Organising Secretary.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Children attending school, and who are employed out of school hours, are occupied in the delivery of newspapers and milk, etc., and in the running of errands. All such children are medically examined before being granted the Employment Card described in Section 6B. of the Committee's Bye-Laws made under the Employment of Children Act, 1903, and the Education Act, 1918. Fresh Bye-Laws made under the Children and Young Persons Act, 1933, have been submitted to the Home Office for approval.



Medical Inspection Returns.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

(see note a)

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

(see note b)

Entrants	...	...	...	912
Second age group	...	...	...	874
Third age group	...	...	...	864
			TOTAL	2650

Number of other Routine Inspections	...	26
-------------------------------------	-----	----

(see note c)

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	639
(see note d)			
Number of Re-Inspections	...	...	658
(see note e)			
		TOTAL	1297

(see note d)

(see note e)

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out :—

(i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19 ;

(ii) on the school premises (or at a place specially sanctioned by the Board) ;

(iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three prescribed age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School, or may be

referred to him by the Teachers, School Nurses, Attendance Officers, Parents or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also, of course, be recorded as an attendance for treatment.



TABLE II.—A. RETURN OF DEFECTS FOUND BY
MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1933.

Defect or Disease					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects		No. of Defects	
					Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
1	2	3	4	5				
	Malnutrition	4	90	130	—			
SKIN	Ringworm							
	Scalp	—	—	1	—			
	Body	—	—	—	—			
	Scabies	1	—	2	—			
	Impetigo	8	—	—	—			
	Other Diseases (non-tuberculous)	6	3	15	—			
EYE	Blepharitis	13	—	—	—			
	Conjunctivitis	3	—	—	—			
	Keratitis	—	—	1	—			
	Corneal Opacities	1	—	1	—			
	Defective Vision (exclu'g Squint)	190	108	72	5			
	Squint	20	20	13	—			
	Other Conditions	—	1	1	—			
EAR	Defective Hearing	11	2	15	—			
	Otitis Media	7	—	11	—			
	Other Ear Diseases	—	—	2	—			
NOSE & THROAT	Chronic Tonsillitis only	253	131	32	1			
	Adenoids only	8	—	8	—			
	Chronic Tonsillitis and Adenoids	82	23	18	—			
	Other Conditions	6	6	44	—			
	Enlarged Cervical Glands (Non-Tuberc's)	5	12	23	—			
	Defective Speech	—	12	—	—			
HEART AND CIRCULATION	Heart Disease							
	Organic	14	3	5	—			
	Functional	9	27	1	—			
	Anaemia	3	5	1	—			
LUNGS	Bronchitis	18	11	24	—			
	Other Non-Tuberculous Diseases	—	—	—	—			

Defect or Disease					ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects		No. of Defects	
1					Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
					2	3	4	5
TUBERCULOSIS	Pulmonary							
	Definite	..	..		3	—	4	—
	Suspected	..	..		1	—	—	—
	Non-Pulmonary							
	Glands	..	..		8	—	1	—
	Bones and Joints	..	..		2	—	—	—
	Skin	..	..		—	—	—	—
	Other Forms	..	..		—	—	—	—
NERVOUS SYSTEM	Epilepsy	..	..		1	—	1	—
	Chorea	..	..		—	—	3	—
	Other Conditions	..	..		5	1	9	—
DEFORMITIES	Rickets	..	..		7	4	4	—
	Spinal Curvature	..	..		1	—	—	—
	Other Forms	..	..		5	4	1	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)					31	4	73	3

B. NUMBER OF INDIVIDUAL CHILDREN (see note a), FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES)

GROUP. 1	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment [see note c.] 4
	Inspected [see note b.] 2	Found to require Treatment 3	
PRESCRIBED GROUPS :—			
Entrants	912	193	21.16
Second age group ..	874	209	23.91
Third age group ..	864	216	25.
Total (Prescribed Groups) ..	2650	618	23.32
Other Routine Inspections ..	26	9	34.62

NOTES ON TABLE II.

(a) No individual child should be counted more than once in this part of Table II, *i.e.*, under B, even if it is found to be suffering from more than one defect.

(b) The figures in this column will, of course, be the same as those given in Table I. A.

(c) The figure in this column will be the percentage of the figure in column (3) of that in column (2).

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

It is assumed that every Authority will have a complete list of all exceptional children in their area compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of exceptional children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area, but who come from other areas, should not be included in this Table ; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer, by a medical member of the Authority's Staff, or by the Tuberculosis Officer. Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

The definitions of defective children as given in the Education Act, 1921, must be very carefully borne in mind.

No child should be entered under more than one heading in this Form.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect :—

- Blindness (NOT Partial Blindness).
- Deafness (NOT Partial Deafness).
- Mental Defect.
- Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in the penultimate category of the Table).
- Heart Disease.

The actual combination of defects should be stated on a separate sheet, together with the type of school attended, e.g., in the case of a mentally defective epileptic child, the return should show whether the school attended is a school for mentally defective or for epileptic children.

State here the number of children suffering from any combination of the above defects.	4
--	---

*Should there be no such children please enter "NIL."

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Enter in this Section only children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

PARTIALLY BLIND CHILDREN.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

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
—	—	2	—	1	3

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Enter in this Section only children who are so deaf that they can only be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY DEAF CHILDREN.

Enter in this Section only children who can appropriately be taught in a school for the partially deaf.

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
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and should exclude all children who have been notified to the Local Authority under the Mental Deficiency Act. Details of such children should be given on Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	18	11	20	49

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

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

PHYSICALLY DEFECTIVE CHILDREN.

Physically defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

The exact classification of physically defective children is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings.

A. TUBERCULOUS CHILDREN.

In this category should be placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment should be recorded as delicate 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.
—	9	9	3	21

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

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

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	15	4	4	23

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

This section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	116	—	11	127

C. CRIPPLED CHILDREN.

This section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of hand-work usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	53	—	2	56

D. CHILDREN WITH HEART DISEASE.

This section should be confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	10	11

TABLE IV.—RETURN OF DEFECTS TREATED
DURING THE YEAR ENDED 31st DEC. 1933.

(see note a)

TREATMENT TABLE.

GROUP 1. MINOR AILMENTS (excluding Uncleanliness, for which
see Group VI.)

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme [see note b] 2	Other- wise 3	Total 4
1			
SKIN :			
Ringworm—Scalp (Show separately in brackets the number which were treated by X-Rays.)	16	1	17
Ringworm—Body	22	—	22
Scabies	10	3	13
Impetigo	584	—	584
Other skin disease	751	18	769
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	244	8	252
Minor Ear Defects [see note c]	117	20	137
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains. etc.)	2331	425	2756
Total	4075	475	4550

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

Defect or Disease	No. of Defects dealt with				No. of children for whom spectacles were		
	Under the Authority's Scheme [see note b]	By Private Practitioner or at Hospital, apart from the Authority's Scheme	Other-wise	Total	Prescribed (1)		Obtained (2)
					(i) Under the Authority's Scheme.	(ii) Otherwise	
1	2	3	4	5			
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officers report.)	254	32	17	303	241	48	229
Other Defect or Disease of the Eyes (excluding those record'd in Group I.)	—	—	—	—			57
TOTAL	254	32	17	303			

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Number of Defects													
	Received Operative Treatment													
	Under the Authority's Scheme, in Clinic or Hospital [see note b.] 1				By Private Practitioner or Hospital, apart from the Authority's Scheme. 2				Total					
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	Received Other Forms of Treatment	Total number treated
	—	—	—	—	50	3	81	1	50	3	81	1	5	140

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS (see note d)

	Under the Authority's Scheme. (<i>see note b</i>) (1)			Otherwise. (2)			Total number treated (<i>see note e</i>)
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	1	—	—	1	—	32	34

GROUP V. DENTAL DEFECTS.

(1) Number of Children who were :—

(i) Inspected by the Dentist ;

Aged :

Routine Age Groups	4—	4	}	Total 5538
	5—	564		
	6—	764		
	7—	710		
	8—	406		
	9—	489		
	10—	502		
	11—	578		
	12—	552		
	13—	579		
	14—	390		

Specials [*see note f*] 100

Grand Total 5638

ii) Found to require treatment 3388

(iii) Actually treated 2343

(2) Half-days devoted to :—

Inspection	..	79	}	Total 397
Treatment	..	320		

(3) Attendances made by children for treatment 2614

(4) Fillings (*see note g*)

Permanent teeth..	2628	}	Total 2628
Temporary teeth	—		

(5) Extractions :—

Permanent teeth ..	98	}	Total 4556
Temporary teeth ..	4454		
Supernumerary ..	4		

(6) Administrations of general anaesthetics for extractions —

(7) Other operations :—

Permanent teeth ..	43	}	Total 1693
Temporary teeth ..	1650		

GROUP VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*see note h*)

(i) Average number of visits per school made during the year by the School Nurses—18.18.

(ii) Total number of examinations of children in the Schools by School Nurses—23032.

(iii) Number of individual children found unclean (*see note i*)—702.

(i) 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.

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here but in the body of the School Medical Officer's Annual Report.

(d) Postural defects which received non-residential treatment otherwise than at an *orthopaedic* clinic should not be recorded in this Table.

(e) A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

(f) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(g) Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(h) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

(i) (i) All cases of uncleanness, however slight, should be recorded.

(ii) The Return should relate to individual children and not to instances of uncleanness.

N.B.—Groups I.—VI. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.

