

**[Report 1934] / School Health Service, Newcastle-under-Lyme.**

**Contributors**

Newcastle-under-Lyme (England). School Health Service.

**Publication/Creation**

1934

**Persistent URL**

<https://wellcomecollection.org/works/bbqe9gdb>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

Borough of  
NEWCASTLE-UNDER-LYME  
EDUCATION COMMITTEE.



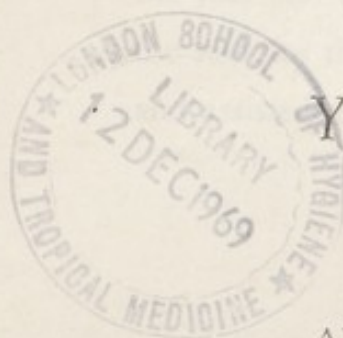
# Annual Report

OF THE

*School Medical Officer*

FOR THE

*Year 1934.*



ADAM WHITE,

M.D., M.R.C.P., D.P.H., D.T.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 1934 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.





Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

## 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.

### 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, 1934, in addition to the number examined during the year at routine medical inspection—

NAME OF SCHOOL		No. on Roll	Average Attendance	No. Examined
Friars Wood Council	Junior Mixed	527	487	101
Priory Rd. Council	Infants'	159	140	33
Hassell St. Council	Junior Boys'	372	350	73
" "	" Girls'	345	322	92
" "	Infants'	147	121	59
Rye Croft Council	Girls' Modern	421	388	145
" "	Infants'	142	123	42
St. Giles & St. George's C.E.	Boys'	248	234	61
" " "	Girls'	229	212	85
" " "	Infants'	138	119	65
St. Patrick's R.C.	Senior Mixed	266	249	47
" "	Junior Mixed (with Infants')	508	472	135
Orme Boys	Boys' Modern	442	413	186
Wolstanton C.E.	Junior Mixed	185	170	69
Albert Street Council	Junior Boys'	215	199	69
" " "	" Girls'	224	205	73
" " "	Infants'	133	114	56
Church Street Council	Infants'	105	87	38
Broadmeadow Council	Senior Boys'	250	236	64
" " "	" Girls'	258	232	115
Cross Heath C.E.	Infants'	93	82	44
Ellison St. Council	Junior Mixed	479	453	127
" " "	Infants'	259	226	164
Knutton C.E.	Junior Mixed	116	106	27
Knutton Council	Infants'	117	98	51
May Bank Council	Junior Mixed (with Infants')	214	183	117



NAME OF SCHOOL		No. on Roll	Average Attend'nce	No. Examined
Red Street C.E.	Infants'	66	56	19
Silverdale Council	Junior Mixed (with Infants')	402	366	148
" C.E.	Junior Mixed (with Infants')	198	182	55
Watlands Council	Senior Mixed	381	353	166
" "	Junior Mixed (with Infants')	267	227	141
Knutton Council	Senior Mixed	378	347	147
Clayton Council	Junior Mixed (with Infants')	24	22	—
Totals . . .		8308	7574	2935

### 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 1934.

##### FRIARS WOOD COUNCIL JUNIOR MIXED AND INFANTS' SCHOOL :

Removal of wall between two small classrooms and provision of partition for babies' room.

##### PRIORY ROAD COUNCIL INFANTS' SCHOOL :

New Infants' School, Priory Road—opened in June.



## HASSELL STREET COUNCIL SCHOOL :

Provision of Caretaker's store and additional hot water service in cloakroom at Infants' Department.

## RYE CROFT GIRLS' MODERN SCHOOL :

Provision of sewing machines.

## ST. PATRICK'S R.C. SENIOR MIXED SCHOOL :

Additional furniture—tables and chairs.

## ORME BOYS' MODERN SCHOOL :

Additional woodwork room provided.

New floors to Assembly Hall, classrooms and passage.

## WOLSTANTON C. OF E. SCHOOL :

Provision of new floor in classroom.

Painting and decorating.

Panelling on walls of hall and classrooms.

## ALBERT STREET JUNIOR BOYS' DEPARTMENT :

New partitions.

Additional furniture—tables and chairs.

## ALBERT STREET JUNIOR GIRLS' DEPARTMENT :

Improvement of ventilation.

New partition.

Additional furniture—tables and chairs.

## ALBERT STREET INFANTS' DEPARTMENT :

New partition.

## CHURCH STREET COUNCIL INFANTS' SCHOOL :

Additional furniture—dual desks.

## BROADMEADOW BOYS' MODERN SCHOOL :

Playground re-topped.

Additional furniture—folding chairs.

## BROADMEADOW GIRLS' MODERN SCHOOL :

Playground re-topped.

## CROSS HEATH C. OF E. SCHOOL :

Panelling renewed on walls.

## ELLISON STREET JUNIOR MIXED DEPARTMENT :

Removal of galleries.

Provision of new floors.

Installation of electric lighting.

Improved office accommodation.

Playground tarsprayed.

Additional furniture—tables and chairs.

## ELLISON STREET INFANTS' DEPARTMENT :

New wash basins.

Panelling on walls.

Provision of hot water supply for wash basins.

Provision of additional radiating surface and larger boiler.

Playground tarsprayed.

Installation of electric lighting.

## KNUTTON C. OF E. SCHOOL :

Painting and decorating.

Additional furniture—tables and chairs.

Renewal of worn-out wash basins.

## KNUTTON COUNCIL INFANTS' SCHOOL :

Provision of new fencing.

Additional furniture—tables and chairs.

## MAY BANK COUNCIL INFANTS' SCHOOL :

Internal and external painting and decorating.

Improvement of office accommodation.

Installation of electric lighting.

Playground tarsprayed.

## RED STREET C. OF E. SCHOOL :

Painting and decorating.

Light and ventilation improved by Managers.

## SILVERDALE COUNCIL JUNIOR MIXED AND INFANTS' SCHOOL :

Improved office accommodation.

Additional furniture—tables and chairs.

## WATLANDS SENIOR MIXED DEPARTMENT :

Panelling provided for two classrooms.

## WATLANDS' INFANTS' DEPARTMENT :

Playground tar-sprayed.

## KNUTTON MODERN SCHOOL :

Additional furniture—folding chairs.

## CLAYTON COUNCIL SCHOOL :

Provision of playground and preparation of surface thereof.

## WESTLANDS GIRLS' MODERN SCHOOL :

Work commenced in connection with the provision of a new  
Senior Girls' School—Westland Girls' Modern.

## 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 1,558 parents availed themselves of the opportunity to be present when their children were being examined. This figure represents 53.1 per cent. of the children examined, which percentage is much 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.

Seventy 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 45 cases, while in the others the conditions were materially improved.

### B.—NUTRITION.

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

Excellent	...	193	6.57 per cent.
Normal	...	2596	88.45 per cent.
Below normal	...	117	3.99 per cent.
Poor	...	29	.99 per cent.

### C.—UNCLEANLINESS.

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

		Boys	Girls	Total
Few nits	...	14	47	61
Nits	...	2	22	24
Pediculi	...	1	3	4
		<hr/>	<hr/>	<hr/>
		17	72	89
		<hr/>	<hr/>	<hr/>

This number (89) represents 3 per cent. of the children inspected at routine inspection. Taking the girls' heads alone, the figure is 4.83 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 331 children were found to be suffering from chronic tonsillitis, 254 of these being cases of such a degree as to require treatment, and the balance of 77 being slighter cases which required only to be kept under observation. Nineteen children were suffering from adenoid hypertrophy, 17 of such a degree as to require treatment, and 146 children were suffering from a combination of chronic tonsillitis and adenoid hypertrophy, 124 of these being of such a degree as to require treatment. In addition 70 children were found to be suffering from other conditions of the nose and throat. These other conditions were : acute tonsillitis 44, nasal catarrh 11, goitre 8, cleft palate 3, laryngitis 1, bifid uvula 1, tonsillar calculus 1, deflected nasal septum 1.

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, 137 were operated upon and 19 received other forms of treatment. Of the other cases 58 were referred for treatment, and all received treatment either by the home doctor or at a hospital, with the exception of one of the cases of cleft palate, while 12 cases were referred for observation.

#### E.—TUBERCULOSIS.

Nine cases of definite or suspected pulmonary tuberculosis, 7 cases of tuberculous adenitis, 5 cases of tubercular arthritis, and

2 cases of abdominal tuberculosis were discovered at routine medical inspection and among the special examinations. All these cases with the exception of 3 were already in touch with the Tuberculosis Dispensary. The remaining 3 cases were 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 21. Seven of these were cases of impetigo, 6 of dermatitis, 2 of alopecia, 2 of herpes, 2 of ichthyosis and 1 each of scabies and naevus. Among the special examinations there were 3 cases of ringworm of the scalp, 3 of scabies, 2 of dermatitis, 2 of psoriasis and 1 case each of impetigo and erythema nodosum. Of these cases 17 were treated at the clinic, 5 at hospital, 10 received home treatment and 1 (a slight case of ichthyosis) was placed under observation.

#### G.—EXTERNAL EYE DISEASE.

Nine cases of blepharitis, 7 of conjunctivitis, 3 of corneal opacity, 2 of keratitis and 2 of hordeolum, came to light at routine medical inspection. All these cases were treated at the school clinic except 2 of the cases of blepharitis which received home treatment, the 2 cases of keratitis which were treated at the Infirmary, and 2 of the cases of corneal opacity, one of which received home treatment and the other received treatment at the Infirmary.



Among the special examinations there occurred 61 cases of conjunctivitis and 8 of corneal opacity. Of these cases 64 were treated at the clinic and 5 at the Infirmary.

#### H.—DEFECTIVE VISION AND SQUINT.

There were 287 cases, including specials, which were referred for treatment, 248 of these being cases of defective vision and 39 cases of squint. During the year, 285 cases of defective vision, etc., were submitted for refraction, 227 of these being so submitted under the Authority's scheme and 58 by a private practitioner or otherwise. During the year spectacles were provided to 260 cases, in 201 of these under the scheme of the Local Education Authority and in 59 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 eyesight and to the facilities provided by the Committee.

#### I.—EAR DISEASE AND HEARING.

At routine medical inspection and among the special examinations there occurred 35 cases of defective hearing which required treatment. The defect was due to otitis media in 23 cases and to tonsils and adenoids in the remaining 12 cases. Eighteen of the cases received treatment at the Infirmary, 3 at the clinic, and 2 received home treatment. The majority of the cases associated with tonsils and adenoids 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 THE DENTAL TREATMENT IN THE AREA OF THE BOROUGH OF NEWCASTLE- UNDER-LYME FOR THE YEAR 1934.

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 Council was continued. The work was effected throughout the entire year under my general supervision. Mr. J. Greenhalgh, L.D.S., R.C.S., Eng., continued in charge of the clinic being assisted by Miss Barratt as Dental Attendant.

The number of children inspected was 6,406 of which number 6,129 were routine cases and 277 were special cases, *i.e.*, children who sought advice on account of tooth-ache or other urgent circumstances. Of the 6,406 children inspected 3,708 were found to require treatment and of this number 2,517 were actually treated for conditions set out in the following table:—

Extractions only	...	...	1401
Extractions and fillings	...	...	485
Fillings only	...	...	599
Miscellaneous operations	...		32
			<hr/>
			2517
			<hr/>

The percentage of children requiring and accepting treatment was 67·8. 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 was carried out on the premises specified in the Report for the year 1933. The age limit of treatment in the area of the old Borough has been raised to include the 8 year old group and the policy of extending this year by year in the usual manner until all ages are included will be continued. The facilities for treatment of the elder children at present not included as routines by means of a Saturday morning Clinic at the Newcastle centre have been continued throughout the year.

The percentage of acceptances has decreased 1·3 as compared with the preceding year. This is partly accounted for by the fact that an increased number of children who have regularly accepted treatment were found sound and that the proportion of children requiring treatment was consequently made up in a larger degree of persistent refusals and others difficult to persuade.

Chesterton continues to be the stumbling block to progress in the percentage of acceptances, particularly at the Junior Schools. The following figures show the results obtained in that district—

Name of School	Number of children requiring treatment	Number of children accepting treatment	Percentage of acceptances
Senior Boys' ...	93	60	64·5
Senior Girls' ...	101	55	54·5
Junior Boys' ...	125	51	42·0
Junior Girls' ...	128	52	41·2
Church St. Infants'	59	50	84·7
Albert St. Infants'	84	50	59·5



It would appear that parental control is deficient in this district or that parents are apathetic or unaware of the advantages of the scheme. Many of the Head Teachers have been helpful but that ~~more~~ influence might be exerted is shown by the fact that one ~~teacher~~ interested in the scheme obtained 100 per cent. acceptances in his class and so indirectly raised the percentage for the whole school by 20 per cent. It may be necessary to vary the wording of the forms issued to parents in order to increase the initial acceptance rate as the above percentages reflect final figures after a great deal of "following up" on the part of the Dental Attendant. This year a form has been issued with every consent form asking for contributions, although payment was remitted in necessitous cases it has undoubtedly caused some parents to refuse treatment. The fact that a monetary contribution enters into the matter must also be considered as an adverse factor not only in following up but also in the exertion of influence by the teachers. A little enthusiasm goes a long way and high percentages were obtained at Silverdale Council Junior (79.4) and Infant (75.0) schools as also at Knutton Senior Mixed (73.8) Hassell Street Infants (77.9) and Girls (82.5), Cross Heath Infants (80.8) May Bank Infants (71.0) and the small school at Clayton which returned 75 per cent. acceptances as also did Red Street Infants.

The operations performed comprised 147 metal fillings only; 2,269 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; 31 silicate fillings; 4,190 extractions of temporary teeth; 171 extractions of permanent teeth; 3 extractions of supernumerary teeth; 19 dressings; 5 scalings and advice tendered to parents anent the dental conditions of children in 30 cases. The dressings of silver nitrate applied to temporary teeth numbered 1,472. In 3 cases, hæmorrhage was arrested and 3 cases occurred in which post-extraction treatment was rendered.

In brief 4,364 extractions; 2,447 fillings; and 1,532 sundries were completed, a total of 8,343 operations during the year.

The average number of teeth extracted *per* child treated for extractions (including extractions and fillings) was 2.3 as compared with 2.5 in the preceding year, a satisfactory indication of reduced sepsis, due to conditions in the old area of the Borough having been cleared up.

The average number of fillings inserted *per* child treated for fillings (including extractions and fillings) was 2.2 as compared with 2.4 in the preceding year and this decrease also indicates that conditions in the old area have been ameliorated. The total number of permanent teeth filled was 2,237.

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 598, of which total 429 have been reported in previous years, while of the balance arising during the year under review 31 were found on first inspection already to possess unsaveable permanent teeth and the parents of 117 had refused the offer of treatment in preceding years when the teeth could have been filled and saved. The balance of 21 children represents the number for which an annual inspection is inadequate and illustrates the rapidity with which teeth decay in the most susceptible cases.

The fillings were inserted in 1,084 mouths and represented in that number of children an arrest of decay *in* and of completed treatment *for* their permanent dentitions. If to these 1,084 children whose permanent teeth were made artificially sound we add 3,047 children with permanent teeth, who required no treat-



ment (chiefly as a result of treatment in previous years) we find a balance of 656 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. *Many* desirable avenues of employment are now closed to *applicants* with diseased dental conditions. As time goes on and employers have a wider choice of healthy applicants it will become increasingly difficult to obtain employment without a clean bill of health including dental fitness.

From a return of 148 visits to the homes of children who had refused treatment 98 acceptances were obtained, while a further 51 interviews at schools resulted in 35 acceptances being obtained. 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 that they have the chance of obtaining skilled treatment and the offer thereof at all.

The details of the examination of 6,086 *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  
THE TEETH OF 6,086 ELEMENTARY SCHOOL CHILDREN BEFORE  
TREATMENT IN THE YEAR 1934.

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
1929	407	5001	2291	614	151	11	—
1928	881	9269	4454	1726	2147	138	5
1927	851	6642	4017	1769	4889	541	27
1926	931	5417	2917	1345	7529	794	53
1925	512	2167	1384	678	5956	460	53
1924	551	1617	937	540	8263	504	105
1923	465	957	513	328	8238	405	167
1922	505	548	377	209	10647	461	185
1921	542	240	136	135	12521	777	283
1920	436	105	48	77	10246	803	235
1919	5	—	—	1	131	5	1
TOTAL	6086	31963	17074	6922	70718	4899	1114

B. TABLE CALCULATED FROM TABLE "A" GIVING THE  
AVERAGE RESULT FOR 100 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
1929	100	1228	562	150	37	2	—
1928	100	1052	505	106	243	15	—
1927	100	780	472	149	598	63	3
1926	100	581	313	144	808	85	5
1925	100	423	270	132	1163	90	10
1924	100	293	170	98	1500	91	19
1923	100	205	110	70	1771	87	36
1922	100	108	74	41	2108	91	36
1921	100	44	25	24	2310	143	52
1920	100	24	11	17	2350	181	54

It may be perceived that the examinations charted in Table A included 132,690 teeth. Of 55,959 temporary teeth 57.1 per cent. were sound; 30.5 per cent. were decayed saveable and 12.3 per cent. were decayed unsaveable.

With regard to the 76,731 permanent teeth 92.1 per cent. were sound; 6.4 per cent. were decayed saveable, and 1.4 per cent. were decayed unsaveable. As during the year 2,373 permanent teeth were filled (in this group) and made artificially sound, the percentage of sound permanent teeth was raised, after treatment, to 95.4 per cent. and the number of saveable permanent teeth reduced to 2,526 or 3.3 per cent.

The 1,114 unsaveable permanent teeth were distributed in 586 mouths as follows:—

264 children had each 1 unsaveable permanent tooth.

191	„	„	2	„	„	teeth.
68	„	„	3	„	„	„
52	„	„	4	„	„	„
10	„	„	5	„	„	„
1 child	„	„	6	„	„	„

During the year 60 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 1934, and it is of interest to note that 19 children were found with sound temporary teeth but with decayed permanent teeth.



C—TABLE SHOWING THE NUMBER AND AGE OF THE CHILDREN CHARTED AND THE DENTAL CONDITIONS (BOTH DENTITIONS COMBINED) BEFORE TREATMENT IN THE YEAR 1934.

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.
1929	407	32	7.8	39	9.5	55	13.5	58	14.2	223	54.8
1928	881	39	4.4	65	7.3	115	13.0	153	17.3	509	57.7
1927	851	20	2.3	74	8.7	142	16.6	186	21.8	429	50.4
1926	931	28	3.0	105	11.2	201	21.6	229	24.6	368	39.5
1925	512	18	3.5	86	16.7	139	27.1	119	23.2	150	29.3
1924	551	40	7.2	166	30.1	145	26.3	127	23.0	73	13.2
1923	465	80	17.1	152	32.7	113	24.3	77	16.5	43	9.2
1922	505	112	22.1	189	37.4	131	25.9	47	9.3	26	5.3
1921	542	140	25.8	173	31.9	123	22.7	75	13.8	31	5.7
1920	436	139	31.8	134	30.7	94	21.5	46	10.5	23	5.2
1919	5	3	60.0	1	20.0	0	0	0	0	1	20.0
Total	6086	651	10.7	1184	19.4	1258	20.6	1117	18.3	1876	30.8

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 1934) 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'd	Number of Children without Permanent Teeth	Number of Children without Temporary Teeth	General Conditions			Irregularity of position		
				Healthy mouths free from sepsis	Unhealthy mouths pus present	Very unhealthy obvious neglect	Upper teeth only	Lower teeth only	Upper and lower teeth
1929	407	345	—	184	216	7	—	—	—
1928	881	340	—	352	511	18	5	—	1
1927	851	44	1	360	482	9	44	3	3
1926	931	3	1	383	530	18	93	26	12
1925	512	2	4	212	292	8	46	20	16
1924	551	0	40	268	278	5	30	44	22
1923	465	1	79	251	213	1	22	23	10
1922	505	—	195	328	172	5	31	36	25
1921	542	—	352	354	178	10	26	33	40
1920	436	—	327	280	149	7	15	19	24
1919	5	—	4	4	1	0	—	—	—
TOTAL	6086	735	1003	2976	3022	88	312	204	153

From Table D it may be perceived that 51.1 per cent. of the children charted had septic mouths, chiefly in association with the temporary dentition. It will be noted that 88 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. The percentage of mouths free from sepsis was 48.9 as compared with 42.6 in the preceding year.

There were 669 cases of irregularity of the teeth noted. The girls showed a greater tendency than the boys to irregularity, particularly at 8 years of age (74 cases as compared with 57 cases) but the earlier age at which girls obtain their permanent teeth is probably the cause of this disparity. The condition usually arises as a sequel to the use of the dummy teat or "comforter," producing mal-development of the nose, mouth and throat.

The number of children found with developmental defects of the teeth (hypoplasia) was 177 and in addition 2 children were found with supernumerary teeth, 1 with geminated teeth, 1 with cleft palate and 1 with hare-lip.

The number of children obviously nervous at either the time of inspection or treatment was 144, of which number 37 were easily reassured, 66 were difficult and 41 intractable.

The number of parents attending the clinic at the time of treatment of their children was 220.

The number of children attending the clinic under school age was 5, and parents attended in each of these cases.

WILLIAM H. JONES, M.A. (Cantab),

L.D.S., R.C.S. (Eng.),

County Dental Officer, Stafford.

Jan. 24th, 1935.

#### K.—DEFORMITIES.

Among the 17 cases of deformity requiring treatment discovered at routine medical inspection and among the special examinations there were 8 cases of rickets (all of which received home treatment), 4 cases of infantile paralysis (3 treated at the Cripples' Guild Hospital and 1 at home), 3 cases of flat-foot and 1 of club-foot (all treated at the Cripples' Guild Hospital), and 1 case of spinal curvature, which received home treatment.



### 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 7,941.

The following table represents the conditions found:—

		Boys	Girls	Total
Few nits	...	23	392	415
Nits	...	8	141	149
Pediculi	...	5	37	42
		<hr/>		
		36	570	606
		<hr/>		

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 12.12.

During the year under review no legal proceedings in connection with uncleanness were undertaken.

### 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, Chesterton, 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 5,119 cases were dealt with, the number of attendances being 23,805.

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 contacts 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 1,024 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, Birkenhead, New Brighton, Sheffield, Chester 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.

Ladies and Gentlemen,

I have pleasure in submitting my Annual Report on the Physical Education of your area for the year 1934.

### GENERAL.

The year 1934 saw the beginnings of the recovery in industry and in our national position. It rather left us with a feeling of consolidation and hope which seems to be reflected in no small way in the lives of the people and also in our schools. Things seem much brighter in every way and one is encouraged to forge ahead with some promise of fulfilment. In some small degree this has happened in the physical training in our schools during the past year.

In the Annual Report of 1932 the apparent apathy of the parents; the difficulty of providing suitable clothing and shoes; the occasional indifference of a few teachers, and the lack of indoor accommodation in the old Borough were all matters to be deplored. We find now, that, since the introduction of the New Syllabus of Physical Training of 1933, the meaning of the term "Physical Training" seems to have obtained a wider scope and an entirely new outlook in connection with the schools. The children are freer and happier and they show an increased suppleness, agility and joy in their work; the parents come along and see the children busy in the playing field and playgrounds and do all in their power to help in the matter of clothing and shoes; and the teachers are now doing excellent work with the inspiration of this new syllabus as an urge to further progress. They see the children in fewer clothes and are able to tackle the very important question of posture with

a much clearer idea of body position than previously. Also the lack of proportion between the physical and mental development in modern education seems to be realised at last by the head teachers of our schools. Realising the supreme importance of a sound scheme of physical training, head teachers are now giving in most schools a daily period of some kind of physical work, and their personal interest in the subject has been most marked and helpful. So that we now have teachers, children and parents unconsciously working together to try and improve the physical standard of the children in our schools.

#### EQUIPMENT.

The equipment of our schools for physical training is in nearly all cases helpful to the work and a most encouraging feature for the teachers.

School Halls are now to be found in practically all departments so that weather conditions cannot be the deciding factor for the performance of the physical training lesson. It is the lesson out of doors that is to be preferred in every case owing to the bracing and stimulating effect of working in the fresh air. The indoor lesson is certainly secondary to this but it allows of strenuous and careful work of a different nature to that tackled out of doors. Gymnastics, dancing, indoor games can have a valuable effect on the physique of the child—though in a confined space—if fresh air is brought into the room through open windows. Many of our schools seem to underestimate the value of fresh air for physical work, and this is a matter of vital importance when so many children are working together strenuously in the same room.

We are fortunate to have had a number of new floors installed in our school halls this year. They are proving a boon for the indoor work of many schools, and are greatly appreciated by both children and teachers.



CLASSROOM WORK has to be tackled occasionally, especially in a large school where there are a great many classes who have to share a hall. This classroom lesson though not the type of lesson to be chosen owing to the restricted space, etc., can be of real assistance to the outdoor lesson. The teaching of new work, the demonstration of individual group activities, the supervision of team records, the teaching of the science and technique of the major games are all matters that can be tackled in a lesson that must, of necessity be a classroom lesson. The benefit of the work thus treated is most marked when the children resume the normal outdoor lesson. Many of our teachers do not realise the help that can be obtained from a classroom lesson and one hopes that in future greater use will be made of this—often necessitous—period.

#### PLAYGROUNDS.

Playgrounds are, on the whole, most satisfactory. We have a few bad slopes to deal with which are a great handicap when dealing with modern work. One cannot help wondering whether the architects who give us these sloping playgrounds are at all in touch with the modern work of physical education which necessitates "unhampered space and a level surface to minimise risk." Some of our playgrounds are very small in size compared with the number of children who have to use them. Perhaps when reorganisation is actually completed this overcrowding as it appears now will be somewhat lessened. Then, though the actual playground space will not be enlarged, the number of children using any particular piece of ground should be fewer, and there should be less likelihood of accidents.

#### PLAYING FIELDS.

The prospect of playing fields is now much more promising for the schools. Since the acquisition of the new playing field at Chesterton and the promise of the possession of the Pool Dam site as a Schools' Playing Field for Newcastle, the outlook for



organised games has brightened considerably. These grounds will meet a long felt want of the schools, who have now the opportunity to develop their field games under much more satisfactory conditions. This branch of the work should improve very much for both boys and girls. Previous conditions were not encouraging to effort, and with practically all the difficulties removed work should go ahead. Knutton district is not so fortunate at present but it is hoped that the solution of the question in this district will also be favourable since the school does not at present possess a playing field. Building schemes have developed tremendously in this area and have infringed upon the ground previously used by Knutton School, which includes about 450 children.

In the past we compared very unfavourably with other modern senior schools in neighbouring areas with regard to playing fields. In future criticism of this kind cannot be levelled at our schools, providing of course that the Knutton problem is solved.

#### SWIMMING.

"The safe practice of swimming out of doors for pleasure and for health is surely one of the gifts that the schools can give to the child" (Health of the School Child 1934).

The arrangements provided by the Baths' Committee for the swimming of the school children are excellent. This year we were fortunate to have an extra half day added to our quota of time so that we now have five half days during school hours for girls, and five half days for boys. In addition to this we appreciate very much the extra hour given to 75 boys on Tuesdays and 75 girls on Fridays. These children were granted Free Tickets during the past season from the Baths' Committee. This arrangement which allows of free practice for the children has done an enormous amount to build up the excellent standard of swimming during the past season.

With regard to numbers attending the baths during school hours the following may be of interest:—1,600 children attended from Newcastle Senior Schools each week in classes of 40. Mr. Clements was responsible for the teaching of the boys, and Mrs. Billington for the teaching of the girls.

During the season—from week to week—1,570 Buttons were awarded for varying degrees of efficiency and 657 Certificates were awarded for distance swimming for good style at the end of the season. This is a very creditable result which reflects on the good work of the two instructors and on the efforts of the teachers who attend the Baths and give practical help with the children.

### SWIMMING AWARDS.

#### BUTTON TESTS.

*(During the Season.)*

##### (1) RED BUTTON.

- 1 Breadth of bath in correct Breast Stroke.—approved style.

##### (2) GREEN BUTTON.

- (a) 25 yds. Breast Stroke—approved style.
- (b) 1 length of Back Stroke—without arms.
- (c) 1 neat dive from side of bath, *e.g.*, legs straight and together.

##### (3) YELLOW BUTTON.

- (a) 25 yards correct Back Stroke using arms.
- (b) 1 breadth of Crawl leg Stroke correctly done.
- (c) Dive in at deep end—bring up an object and carry it to shallow end of bath (Back Stroke).

## (4) BLUE BUTTON.

- (a) 1 length of Crawl Stroke in good style.
- (b) Life-saving and Resuscitation (1 length of bath).

## (5) WHITE BUTTON.

- (a) One length Back Crawl Stroke.
- (b) Two lengths crawl with racing turn.
- (c) High Dive—3rd step of diving stage and distance dive across bath.
- (d) Short test in Breast Stroke and Back Stroke with arms.

## CERTIFICATES.

(*The end of Season.*)

One certificate only to be awarded stating the distance swum by the child.

*Certificate 1:* 3rd Class—50 yards—any stroke in good style

*Certificate 2:* 2nd Class—100 yards      „      „      „

*Certificate 3:* 1st Class—200 yards      „      „      „

*Certificate 4:* Distinction—440 yards      „      „      „

*Certificate 5:* Life Saving and Diving—*e.g.*, 3 Dives.

1, Style. 2, Object. 3, Distance Plunge.

N.B.—Buttons may only be gained in the order given in this scheme, *e.g.*, no Yellow Button may be gained until Green Button has been attained.

## FREE TICKETS.

A number of Free Tickets will be granted by the Baths' Committee to children attending the Baths each season.

These Tickets will be awarded on the results of the Season's work and are available only on the days stated thereon.

With the above scheme of work as a basis the following Table of results has been compiled for this season:—



## SWIMMING RESULTS, 1934.

GIRLS' DEPARTMENTS														1st Year														2nd Year													
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						
														Buttons							Certificates							Buttons							Certificates						

N.B.—1. Points have been awarded for each button or certificate gained this season as follows:—

*First Year Swimmers—*

- (a) Two points for each button gained.
- (b) 2, 4, 6, 8, 10 points for various certificates.

*Second Year Swimmers—*

- (a) One point for each button gained.
- (b) 1, 2, 3, 4, 5 points for various certificates.

2. No points have been given for Life Saving and Diving in Boys' Schools owing to non-instruction this season. This work is to be included next season.

FREE TICKETS.

Seventy-five tickets granted by the Baths' Committee for boys.

Seventy-five tickets granted by the Baths' Committee for girls.

These have been calculated—

- (a) First on percentage of possible points.
- (b) Secondly on numbers actually attending the Baths.

*Results calculated on a percentage of possible points.*

GIRLS.

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

BOYS.

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

*Results calculated on points and on the numbers actually attending the Baths.*

GIRLS.			BOYS.		
		<i>No. of tickets</i>			<i>No. of tickets</i>
Rye Croft	...	16	Orme	...	20
St. Giles & St. George's		13	Watlands	...	14
Broadmeadow	...	13	Broadmeadow	...	13
Watlands	...	13	Knutton	...	13
St. Patrick's	...	11	St. Giles & St. George's		9
Knutton	...	9	St. Patrick's	...	6
<hr/>			<hr/>		
75			75		
<hr/>			<hr/>		

**GALA RESULTS.**

A successful Gala was again arranged in July by the Swimming Section of the Schools' Athletic Association. The arrangements were splendidly carried out by Mr. N. Banks, Chairman of the Committee and his very able committee of teachers.

The Officials of **Newcastle** Clubs judged "Speed" events, and the Swimming Instructor from Hanley judged the "Style" events.

*Results were—*

**GIRLS' SCHOOLS—**

- 1st, St. Giles & St. George's.
- 2nd, Rye Croft.
- 3rd, Broadmeadow.
- 4th, St. Patrick's.
- 5th, Watlands.
- 6th, Knutton.

**BOYS' SCHOOLS—**

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



## SCHOOLS' SQUADRON CHAMPIONSHIP RESULTS.

*(These Competitions are held throughout the Swimming Season)**Girls'—*

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

*Boys'—*

1.	Orme Boys'	...	...	...	10 points
2.	St. Giles	...	...	...	8 „
3.	Watlands	...	...	...	6 „
4.	St. Patrick's	...	...	...	4 „
5.	Broadmeadow	...	...	...	2 „
6.	Knutton	...	...	...	Nil

## SCHOOL VISITS.

Most schools are always eager to accept hints and suggestions for the improvement of physical training concerning their own particular conditions. The teachers discuss their difficulties in the many branches of the work freely and with interest so that the very best may be obtained for the children. Physical Exercises, Games, Gymnastics, Dancing and Swimming, all seem to have a surprising need for fresh material and stimulation in order to make the work vital, and to show progress in the schools. We find that the introduction of the 1933 Syllabus of Physical Training with its remarkable freshness and fund of material has begun a new era for physical training in many ways. There is now a deeper understanding of the need of physical training in our schools which is sure to have far reaching results.

In their efforts to keep the work fresh and invigorating there is a danger that many teachers occasionally lose sight of the fundamental points, and consequently we find the posture of the children not as good as it might be if the emphasis of the work was in the right place. Good posture is a test of effective physical training, and if teachers would occasionally take a general review of posture they would certainly find it edifying. It is only when good posture is established that the body works with the greatest efficiency.

Boys seem to have an apathetic tendency towards posture which often leads to "gawkiness." They do not seem to be seriously conscious of bad posture. The girls are making great progress and show, on the whole, extremely good posture. This is most noticeable at the Baths where the round shoulders and hollow backs of the boys are unfortunately more in evidence. Sloping playgrounds and poor footgear also affect posture badly.

The question of clothing and footgear is an important one. Most schools have made valiant efforts with the help of the parents to provide shoes for physical training, but we still find that the very children who are mostly in need of help in this way are the ones to suffer. To these children is denied the pleasure of feeling light and free for the work and a feeling of ostracism is apparent. If a child has to test his ability fairly with his classmates he must be able to compete on similar grounds, and be able to lose the fear of accidents through faulty footgear and clothing.

It is earnestly hoped that something can be done to alleviate this very serious difficulty,—which in itself seems to demand sympathetic treatment.

The clothing of the children has improved tremendously. Gone are the days of layers and layers of garments,—even the boys are feeling and accepting the added freedom gained by wearing fewer clothes.



Team work is now much steadier and more definite in organisation and purpose. Records are kept in each school. The coaching by leaders of the group work in the Syllabus seems to have given an incentive for much greater effort, and the children have responded splendidly.

#### APPARATUS.

Physical Training apparatus is much more carefully used and appreciated than previously. The children take great care of equipment, which is as it should be. Care of equipment is a definite part of the training of children, and it is good to realise that this is being carried out so well in most schools.

#### TEACHERS' CLASSES.

Most of our teachers have instruction in Physical Training during their College training, but the need to amplify this by classes connected with later developments in the work is felt by the great majority. Hence the excellent attendances we have had at teachers' classes this year. The classes held in previous years did a great deal to prepare for the work of the New Syllabus and our teachers did not find the change quite as great as teachers in other areas who have not had any previous preparation. The teachers have attended and worked very well indeed and we are so far showing most encouraging results in schools.

A class in 1933 Syllabus work was taken at Broadmeadow School. So great were the numbers applying for admission that the class was successfully divided into two classes of about 40 in each class. At the end of these classes a demonstration of work was given to head teachers from all schools which was greatly appreciated.

A practice class in FOLK DANCING has been one of our activities. This was held in Newcastle at Rye Croft School each week, attended by about 50 teachers and instructed by Miss Bagguley.



### SWIMMING CLASSES.

Swimming Classes for teachers have carried on successfully for two years throughout the winter and summer. Several of our teachers have passed the tests for the Bronze Medallion of the Royal Life Saving Society and one for the Silver Medallion. These successes should help to encourage the teaching of good swimming in our schools.

### EVENING INSTITUTES.

The various classes arranged last year for Evening Schools have been similarly arranged for this year. Twelve classes for women and six classes for men meet the present need of the area for physical education in the Evening Institutes. It would be encouraging to find the bulk of the children who leave our schools anxious to have a lesson in the evenings,—but many difficulties re curriculum, etc., will have to be overcome before that seems possible.

A "KEEP FIT" CLASS has been started at the Orme Girls' School on Wednesday evenings from 7-30 to 9-30, for business women and girls. This has proved a successful venture and is now open to consideration for development in other areas. The girls from the "Pot Banks" and "Tileries," etc., would definitely benefit if a class of this kind could be opened in their own areas, *e.g.*, Silverdale, Wolstanton, Chesterton and Newcastle. The attraction of this kind of class is that no other subjects are compulsory and also attendance is left entirely to the individual.

### SCHOOL SPORTS.

The organisation of the Annual Sports for the Newcastle Schools is left to Mr. Woolley and his very able committee. A tremendous amount of time and energy is expended to make this meeting the outstanding event it has now become.

This year we had the Cricket Ground at Porthill for the event. Unfortunately the weather was not too kind and the prospect was very dismal at the opening. However, the rain kept off until the sports actually concluded, and a good crowd of spectators applauded the events.

The results were as follows :—

#### TROPHIES.

*Senior Boys' Championship*—Watlands.

*Senior Girls' Championship*—Watlands.

*"Beresford" Cup*—Silverdale Council and Wolstanton C.E.—  
(to be held 6 months each school).

*"Hollinshead" Bowl*—Broadmeadow Boys'.

*"Mary" Rose Bowl*—Watlands.

#### INDIVIDUAL CHAMPIONSHIPS.

*Girls'*—Watlands.

*Boys'*—Watlands.

The schools of the "old Borough" have now almost attained the standard of the "old Wolstanton" schools, and though they did not manage to carry off any of the trophies Newcastle National Junior Girls' ran a very close second in the junior events.

It would be very enjoyable to find each senior school running its own individual school sports in which about 70 per cent. of the school children take part. This year only three departments out of seven managed to carry out their own sports programme with the Team System as a basis, and giving points in place of prizes.

The schools who ran their own individual sports :—

1. Orme Boys'.
2. St. Patrick's.
3. Knutton Modern.



The organisation of these sports should become easier each year, though they cannot be carried out successfully without detailed planning. The use of the new school playing fields should do a lot to encourage this side of the work.

#### OPEN DAYS.

This year the parents and friends of many of the scholars have visited the schools for varying OPEN DAYS. On most of these occasions some kind of physical training demonstration has been included in the programme and it is interesting to notice the different nature of these displays.

1. The whole school at KNUTTON gave an outdoor massed demonstration in physical exercises followed up by each class in turn demonstrating some different branch of the subject. The result was an exhilarating and edifying performance for the audience.

2. RYE CROFT gave a normal physical training lesson in gymnastics with older girls, followed up by a display of Folk Dancing at an open day for the parents.

3. ORME BOYS' included a number of boys chosen from all classes in the school for a gymnastic display at their annual open day.

4. ELLISON STREET and several other Junior Schools gave evidence of their interest in Physical Training by including some branch of the work in the entertainments given to parents at Christmas. This type of work—which is really publicity work—does a great deal to obtain and hold the interest of the parents from whom we wish for so much co-operation.

#### MUSICAL FESTIVAL.

During the first week of December the schools took an appreciable part in the items of the Newcastle Musical Festival. Once again we had an excellent criticism from Miss Norman, of



Wolverhampton. Every Junior and Senior School attended by girls in the area entered a team for Folk Dancing with the following results:—

### FOLK DANCING.

#### SENIOR TEAMS.

SHIELD (awarded for the team with the highest marks):

BROADMEADOW GIRLS' MODERN SCHOOL.

PICTURE (awarded for the team gaining the highest marks in the afternoon session only):

KNUTTON MODERN.

#### *First Class Certificates.*

1. Watlands.
2. Broadmeadow.
3. Knutton.
4. Rye Croft.
5. St. Patrick's.

#### *Second Class Certificates.*

1. St. Giles and St. George's C.E. Girls'.

#### JUNIOR TEAMS.

SHIELD (awarded for the team with the highest marks):

ELLISON STREET.

PICTURE (awarded for the team gaining most marks in the morning session only):

ST. GILES AND ST. GEORGE'S GIRLS'.

First Class Certificates.

1. Ellison Street.
2. Chesterton Juniors.
3. St. Patrick's.
4. St. Giles and St. George's
5. Silverdale C. of E.
6. Knutton.
7. Friars Wood.

Second Class Certificates.

1. Wolstanton C. of E.
2. Silverdale Council.
3. Hassell Street.

## EVENING INSTITUTES.

First Class Certificates.

1. Ellison Street A. Team.
2. Silverdale.

Second Class Certificates.

1. Ellison Street B. Team.

It is hoped that in future we may see some of the boys competing, as we have boys dancing in senior mixed schools and in several junior schools. They appear to thoroughly enjoy the dancing and the participation in the festival would be an added incentive to dance.

Connected with this Festival a demonstration was arranged by Miss Norman and her team at Broadmeadow School, at which about 40 teachers attended. A great deal of practical help was given to the teachers who had a most genial and instructive evening.

### OUT OF SCHOOL " GAMES.

The Football and Net Ball Matches played out of school time demand a great deal of free time from the teachers. This is given ungrudgingly and they are to be commended for their generous and unstinting help.

The summer games of Cricket, Stool Ball and Rounders should develop much more during the coming year since we have, for the first time, some playing fields that really belong to the schools. Regular coaching will be in evidence in place of many haphazard experiments on various grounds.

### MENTAL WELFARE COURSE.

During the last week in October a course of Physical Training, based on the 1933 Syllabus Book, was taken with the staffs of the Mental Welfare Centres and teachers of backward children in the County of Staffordshire and the neighbouring areas. This course was keenly appreciated by the teachers, who are missionaries in their own type of teaching, which is extremely difficult.

### VISIT OF H.M.I. OF PHYSICAL TRAINING.

During the week July 23rd to the 27th, Miss E. M. Perry, H.M.I. of Physical Training, visited several of our schools. The demonstration class for Head Teachers and the Folk Dancing Demonstration given by Miss Norman were also visited.

### TEACHERS' CLUBS.

1. The "WULSTAN" CLUB for Badminton still thrives at St. Andrew's Hall, meeting on Friday evenings.
2. The "WULSTAN" HOCKEY CLUB is at present having difficulty with regard to a ground, but has carried on successfully during the past season at Trent Vale. One hopes they will be favoured with a ground nearer home for the coming season.



3. TEACHERS' SWIMMING CLASS held at the Baths, Newcastle, on Monday evenings, has carried on successfully for two years and is still well attended.

#### CONCLUSION.

With the exceedingly well equipped schools, of which the Committee can be justly proud, one feels that every encouragement is being given to the schools to strive to gain an ideal standard of physical training. There is a definite spirit of progression abroad and one hopes that this will continue for a very appreciable time.

The teachers work well and show enterprise, and the spirit in which they tackle their difficulties, in most cases, is to be commended.

I would like to take this opportunity to thank the teachers for their willing co-operation and to say how pleasantly and vigourously the work is carried out in most schools of the area. May I also thank Mr. Till, Dr. White and the Education Committee for their kind consideration and support.

Yours faithfully,

FLORENCE M. BENTLEY,

Organiser of Physical Training.

#### PROVISION OF MEALS.

LIST GIVING NUMBER OF CHILDREN PROVIDED WITH FREE MILK AT EACH OF THE SCHOOLS FOR THE YEAR ENDED 31st DECEMBER, 1934.

May Bank Council	...	...	...	5
Wolstanton C. of E.	...	...	...	12
Ellison Street Council Infants'	...	...	...	10
Ellison Street Council Junior Mixed	...	...	...	23

Watlands Senior Mixed	...	...	...	20
Watlands Council Infants'	...	...	...	13
Knutton C. of E. Junior Mixed	...	...	...	7
Knutton Council Infants'	...	...	...	7
Knutton Senior Mixed	...	...	...	9
Silverdale C. of E. Junior Mixed and Infants				18
Silverdale Council Junior Mixed and Infants'				11
Red Street C. of E.	...	...	...	1
Chesterton Church Street Infants'	...	...	...	8
Chesterton Council Junior Boys'	...	...	...	6
Chesterton Council Junior Girls'	...	...	...	4
Chesterton Council Infants'	...	...	...	7
Broadmeadow Girls' Modern	...	...	...	3
Broadmeadow Boys' Modern	...	...	...	3
				<hr/>
				167
				<hr/>

The number of bottles of milk supplied free during the year amounted to 23,560.

### 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. The Corporation allow the use of the Baths to the Education Committee for the sum of £100 per annum. 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 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 1934.

I have pleasure in reporting ~~that~~ the Staffordshire Association for Mental Welfare has continued its work of supervision of educable feeble-minded children for the Newcastle Education Authority during 1934.

The work done has consisted in the continued visiting of the children's homes and of the resulting action taken to help them. For three of the children this home supervision has been supplemented by daily training at the Newcastle Occupation Centre. Home supervision, combined with training suited to the capacity of each individual child is ~~the~~ ideal form of community care as thereby every effort is made to encourage the child's own initiative and develop his capacity, and at the same time to help his parents to carry out their responsibilities with a fuller understanding of the children's needs. It is most encouraging to see the response of these children to suitable training and the joy such activity brings to them.

During 1934, 47 children in ~~the~~ area have been on the Association's register; of these 14 are classed as suitable for instruction in a special school or ~~class~~. Nine new cases were referred in 1934. Over 100 visits have been paid to the homes of the children and a number of interviews held on their behalf. Twelve children have become 16 years old during the period under review and have been added to the Association's voluntary supervision list. Thirteen children were aged 14 and 15 years during the year and an analysis of the 25 mentioned as having

left the ordinary schools shews that 16 are at work, one is temporarily out of work, seven are at home and one has left the area.

During these critical years the Association tries to keep in the closest touch with the homes of these children and makes efforts to secure for them occupation and recreation which is their safeguard in the temptations surrounding them.

An Industrial Class for instruction in boot repairing has been started for older boys this year. It is held at the Centre one afternoon a week, and the six boys who attend at present have made excellent progress under Mr. Meecham, a trained shoe operative, who instructs them.

We are greatly helped in our work in the area by the co-operation of the Public Assistance Committee, the N.S.P.C.C. and the Police Court Mission. This year several members of our Local Committee have helped us by taking personal interest in the welfare of individual children and paying friendly visits to their homes.

It is clear that for the majority of the feeble-minded and retarded children the hope of their receiving adequate training lies in the provision of specially organised classes for them attached to the ordinary schools. We appreciate very sincerely efforts of this kind in the area for it is only by special methods of teaching that the interest of the backward children can be aroused and their capacities developed.

There are 25 notified defectives in the area, 11 of whom were notified to the County Council during 1934, 17 have been attending the Centre. In all there are 35 defectives on the register of the Centre. We are fortunate in the devoted work of Mrs. Entwistle, the Supervisor at the Centre, which has resulted

in the definite improvement of every child who attends, but the work is hampered by inadequate accommodation.

In handicrafts the Centre has reached a particularly high standard of work in rug making, stool seating, basket work and knitting, and we would welcome visits to see this work and also the children themselves under instruction at the Centre.

By the kindness of many friends the children were able to have a week's holiday in the country at Biddulph Moor, as they did last year. Their behaviour was excellent and their joy in the beauty and happiness of their surroundings will be of lasting benefit to all who came.

We are very grateful for the co-operation of the School Medical Officer in carrying out a routine medical examination of the children, which has been of great advantage to them.

The Study Week held in October for the Staff has resulted in interesting developments at each Centre. We are specially indebted to Miss Bentley for a stimulating course in physical education which has already made for good progress of mind and body in our children, and we would like to express our appreciation of the Committee's co-operation in permitting Miss Bentley to help us in this way.

We are grateful for the privilege of continuing our work for the Newcastle Education Committee and are glad to help them in the three definite responsibilities that Local Education Committees have towards defectives; in the first place ascertainment, registering the name and address of each child, which is vital to any further help, secondly, the provision of special training and home supervision during school years, and finally the responsibility of handing on any child needing further care to the County Council on reaching the age of 16 years. The



Association is able to step in here and provide voluntary supervision, but legislative action is definitely needed to give power to Local Education Authorities to notify feeble-minded children to the Local Authority if they need further care on leaving the ordinary schools. At present such children can only be notified if sent to Special Schools until 16 years.

We are indebted to the Committee for their continued support and to the officials of the Committee for their courtesy and help in all matters referred to them.

F. H. TOSH,  
Organising Secretary.

15th February, 1935.



## 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. Bye-laws made under the Children and Young Persons Act 1933, have been approved by the Home Office, and employed children are dealt with in accordance with these Bye-laws.

# Medical Inspection Returns.

TABLE I.—RETURN OF MEDICAL INSPECTIONS

(see note a).

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

(see note b).

Entrants	...	...	...	...	995
Second Age Group	...	...	...	...	956
Third Age Group	...	...	...	...	968
TOTAL					2919

Number of other Routine Inspections ... 16

(see note c).

## B.—OTHER INSPECTIONS.

Number of Special Inspections ... 1000  
(see note d).

Number of Re-Inspections ... 1266  
(see note e).

TOTAL ... 2266

## 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, 1934.

Defect or Disease	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under obser- vation but not requir- ing Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not requir- ing Treatment
1	2	3	4	5
Malnutrition ... ..	29	117	248	60
Skin—				
Ringworm:				
Scalp ... ..	—	—	3	—
Body ... ..	—	—	—	—
Scabies ... ..	1	—	3	—
Impetigo ... ..	7	—	1	—
Other Diseases (Non-Tuberculous) ...	12	1	5	—
Eye—				
Blepharitis ... ..	9	—	—	—
Conjunctivitis ... ..	7	—	61	—
Keratitis ... ..	2	—	—	—
Corneal Opacities ... ..	3	—	8	—
Defective Vision (excluding Squint) ...	179	156	69	—
Squint ... ..	28	21	11	—
Other Conditions ... ..	2	—	—	—
Ear—				
Defective Hearing ... ..	15	4	20	—
Otitis Media ... ..	11	—	12	—
Other Ear Diseases ... ..	—	—	—	—
Nose and Throat—				
Chronic Tonsillitis only ...	201	77	53	—
Adenoids only ... ..	6	2	11	—
Chronic Tonsillitis and Adenoids	110	22	14	—
Other Conditions ... ..	12	12	46	—
Enlarged Cervical Glands (Non-Tuberculous) ... ..	15	12	7	—
Defective Speech ... ..	5	13	3	—

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
Heart and Circulation—				
Heart Disease:				
Organic ... ..	22	1	6	—
Functional ... ..	8	29	2	—
Anæmia ... ..	11	3	12	—
Lungs—				
Bronchitis ... ..	22	9	12	—
Other Non-Tuberculous Diseases	2	—	2	—
Tuberculosis—				
Pulmonary:				
Definite ... ..	4	—	2	—
Suspected ... ..	2	—	1	—
Non-Pulmonary:				
Glands ... ..	4	1	2	—
Bones and Joints ... ..	4	—	1	—
Skin ... ..	—	—	—	—
Other Forms ... ..	1	—	1	—
Nervous System—				
Epilepsy ... ..	—	2	—	—
Chorea ... ..	1	—	6	—
Other Conditions ... ..	6	4	11	1
Deformities—				
Rickets ... ..	6	4	2	—
Spinal Curvature ... ..	1	1	—	—
Other Forms ... ..	6	3	2	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	24	5	294	—
Total ... ..	778	499	931	61

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	
	Inspected (see note b). 2	Found to require Treatment 3
Prescribed Groups—		
Entrants ... ..	995	206
Second Age Group ... ..	956	246
Third Age Group ... ..	968	234
Total (Prescribed Groups) ... ..	2919	686
Other Routine Inspections ... ..	16	3
Grand Total ... ..	2935	689 (c)

NOTES ON TABLE II.

(a) No individual child should be counted more than once in Table II. 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 (Form 8 a.M.).

(c) This total should not exceed the total of Column (2) of Table II. A.





## 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 SIGHTED 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 sighted.

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 Sighted	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	5	—	—	5

## 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
5	—	—	—	5

## 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.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	36	3	7	47



## 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
6	3	—	1	10

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
6	8	—	5	19

† 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
—	118	—	12	130

## 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 handwork usually engaged in by other children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	41	—	9	53

## 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
—	—	—	19	19



TABLE IV.—RETURN OF DEFECTS TREATED DURING  
THE YEAR ENDED 31st DECEMBER, 1934.

(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)	Otherwise	Total
1	2	3	4
Skin—			
Ringworm—Scalp—			
(i.) X-Ray Treatment. If none indicate by dash.	—	3	3
(ii.) Other Treatment.	6	—	6
Ringworm—Body ... ..	23	—	23
Scabies ... ..	7	3	10
Impetigo ... ..	561	—	561
Other skin disease ... ..	715	21	736
Minor Eye Defects ... .. (External and other, but exclud- ing cases falling in Group II.)	416	49	465
Minor Ear Defects ... .. (see note c)	111	21	132
Miscellaneous ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	2593	590	3183
Total	4432	687	5119

GROUP 11.—DEFECTIVE VISION AND SQUINT  
(excluding Minor Eye Defects treated as Minor Ailments—Group 1.).

Defect or Disease.	No. of Defects dealt with.			No. of Children for whom spectacles were		
	Under the Authority's Scheme (see note b)	Otherwise	Total	Prescribed 1		Obtained 2
				(i) Under the Authority's Scheme	(ii) Other-wise	
1	2	3	4			
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	227	58	285	212	58	201
Other Defect or Disease of the Eyes (excluding those recorded in Group 1).	—	2	2			59
Total ...	227	60	287			

## 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.)			By Private Practitioner or Hospital, apart from the Authority's Scheme.			Total	Total number treated
1			2			3	4
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
—	—	—	—	29	4	104	19
							5
							156

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

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

Number of children treated	Under the Authority's Scheme (see note b.) (1)			Otherwise (2)			Total number treated (see note c.)
	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)	
	3	—	32	5	—	—	40



## GROUP V. DENTAL DEFECTS.

(1) Number of Children who were :—

(i) Inspected by the Dentist:

Aged:

Routine Age Groups	5—413	}	Total 6129
	6—876		
	7—861		
	8—946		
	9—507		
	10—555		
	11—468		
	12—518		
	13—540		
	14—440		
	15— 5		

Specials (see note f)	...	...	...	277
-----------------------	-----	-----	-----	-----

Grand Total	...	6406
-------------	-----	------

(ii) Found to require treatment	...	...	3708
---------------------------------	-----	-----	------

(iii) Actually treated	...	...	2517
------------------------	-----	-----	------

(2) Half-days devoted to :—

Inspection	...	...	91	{	Total 393
Treatment	...	...	302		

(3) Attendances made by children for treatment ... 3636

(4) Fillings (see note g):—

Permanent teeth	...	2447	{	Total 2447
Temporary teeth	...	—		

(5) Extractions :—

Permanent teeth	...	171	{	Total 4361
Temporary teeth	...	4190		

(6) Administrations of general anæsthetics for extractions—Nil

(7) Other operations:—

Permanent teeth	...	58	{	Total 1530
Temporary teeth	...	1472		

GROUP VI.—UNCLEANLINESS AND VERMINOUS  
CONDITIONS (see note h).

- (i) Average number of visits per school made during the year by the School Nurses—12·12.
- (ii) Total number of examinations of children in the Schools by School Nurses—23,154.
- (iii) Number of individual children found unclean (see note i)—606.
- (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.



## 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. (Form 8b.M.).



