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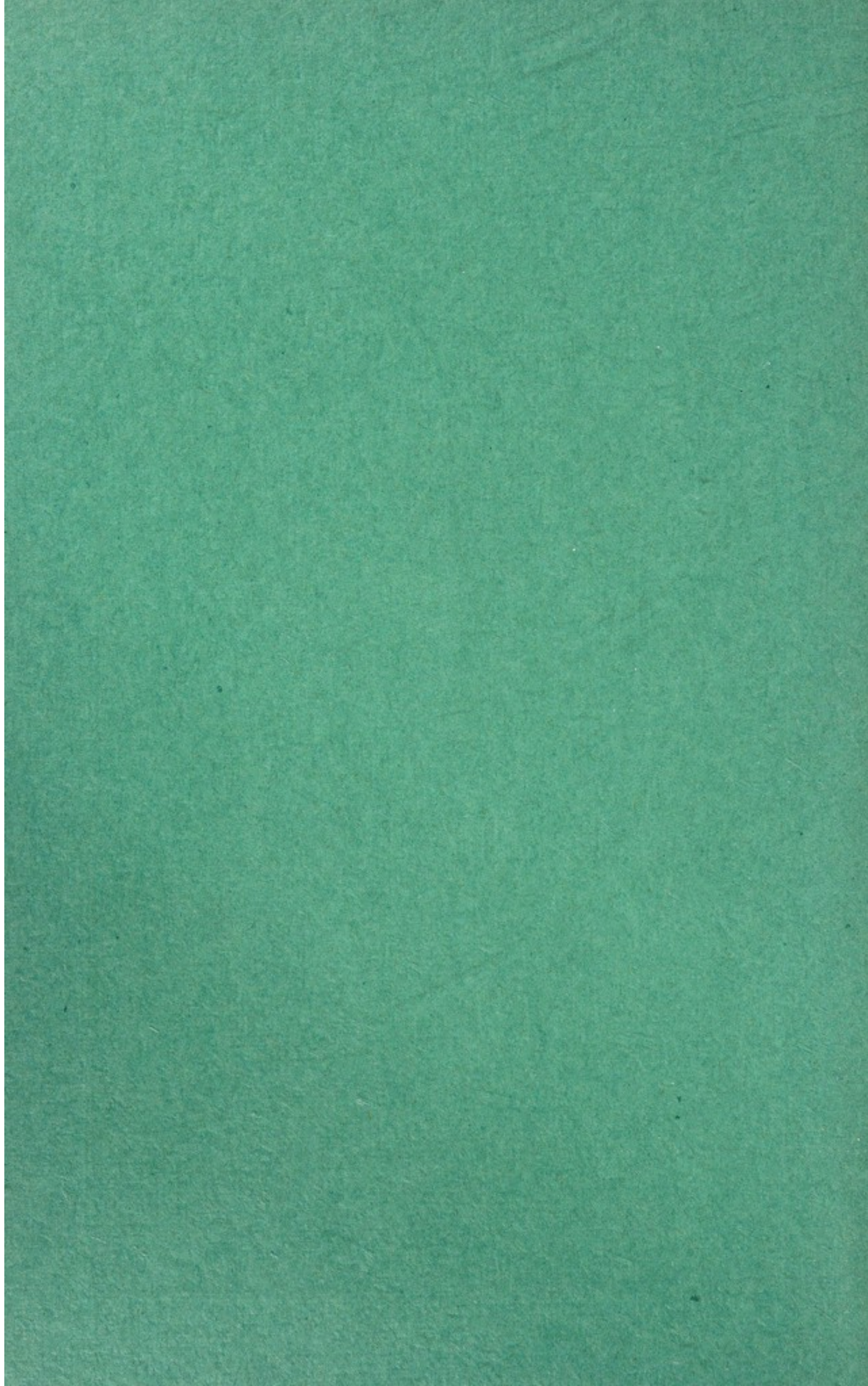
Borough of  
NEWCASTLE-UNDER-LYME  
EDUCATION COMMITTEE.



ANNUAL REPORT  
OF THE  
School Medical Officer  
FOR THE  
Year 1936.

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







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TO THE  
CHAIRMAN AND MEMBERS  
OF THE  
NEWCASTLE EDUCATION COMMITTEE.

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LADIES AND GENTLEMEN,

I have the honour to submit to you the Report for the year 1936 upon the School Medical Service.


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

I am, Ladies and Gentlemen,

Your obedient servant,

ADAM WHITE.





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### STAFF.

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

There are four part-time assistant school medical officers—

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

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

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



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

An arrangement between the Education Committee and the County Education Committee is in force under which the Education Committee have the whole-time services of one of the County Committee's dentists and one of their dental attendants. This arrangement has proved highly satisfactory.

### **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, 1936, 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 (with Infants')	551	495	157
Priory Road Council	Infants'	174	148	112
Hassell St. Council	Junior Boys'	298	280	66
" " "	" Girls'	283	261	109
" " "	Infants'	143	125	84
Westlands Modern	Senior Girls'	357	329	102
Rye Croft Council	Infants'	119	106	64
St. Giles & St. George's C.E.	Boys'	236	219	30
" " "	Girls'	236	216	44
" " "	Infants	139	118	49
St. Patrick's R.C.	Senior Mixed	252	234	55
" " "	Junior Mixed (with Infants')	508	461	83
Orme Boys	Boys' Modern	375	351	127
Wolstanton C.E.	Junior Mixed	230	209	101
Albert Street Council	Junior Boys'	212	197	48
" " "	" Girls'	229	208	61
" " "	Infants'	129	109	54
Church Street Council	Infants'	96	86	39
Broadmeadow Council	Senior Boys'	235	220	112
" " "	" Girls'	239	210	89
Cross Heath C.E.	Infants'	91	80	45
Ellison Street Council	Junior Mixed	463	437	80
" " "	Infants'	290	244	126
Knutton C.E.	Junior Mixed	203	184	70



NAME OF SCHOOL		No. on Roll	Average Attendance	No. Examined
Knutton Council	Infants'	193	167	71
May Bank Council	Junior Mixed (with Infants')	254	218	106
Red Street C.E.	Infants'	68	60	28
Silverdale Council	Junior Mixed (with Infants')	377	336	105
Silverdale C.E.	Junior Mixed (with Infants')	169	152	48
Watlands Council	Senior Mixed	371	340	158
" "	Junior Mixed (with Infants')	297	245	138
Knutton Council	Senior Mixed	375	339	146
Clayton Council	Junior Mixed (with Infants')	43	39	—
Totals ...		8235	7423	2707

### 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 1936.

FRIARS WOOD COUNCIL JUNIOR MIXED & INFANTS' SCHOOL:  
Additional furniture—folding tables, ordinary chairs.

ST. PATRICK'S SENIOR MIXED :  
Internal painting and decoration,

## ST. PATRICK'S JUNIOR MIXED &amp; INFANTS' :

Internal painting and decoration.

## ALBERT STREET JUNIOR BOYS :

Additional furniture—new blackboards.

## ALBERT STREET JUNIOR GIRLS :

Additional furniture—dual locker desks.

## ALBERT STREET INFANTS' :

Conversion of high pressure heating system into low pressure.

Providing and fixing new washbasins and hot water supply therefor.

## BROADMEADOW BOYS' MODERN SCHOOL :

Internal and external painting and decoration.

General repair work.

## BROADMEADOW GIRLS' MODERN SCHOOL :

Internal painting and decoration.

General repair work.

Additional furniture—folding chairs.

## KNUTTON C. OF E. SCHOOL :

Additional furniture—dual locker desks.

## KNUTTON COUNCIL INFANTS' :

Additional furniture—folding tables, folding chairs, ordinary chairs.

## SILVERDALE COUNCIL SCHOOL :

Additional furniture—folding chairs, ordinary chairs.

Provision of new doorway.



## WATLANDS SENIOR MIXED :

Internal painting and decoration.

General repair work.

## WATLANDS COUNCIL INFANTS :

External and internal painting and decoration.

General repair work.

## KNUTTON SENIOR MIXED :

External and internal painting and decoration.

General repair work.

Additional furniture—new blackboards.

Provision of two additional temporary classrooms.

## CLAYTON COUNCIL SCHOOL :

Conversion of conveniences from earth to water closets.

New drainage to same.

Additional furniture—dual locker tables, ordinary chairs.

On 27th November, 1936, the new Westlands Girls' Modern School was opened. On the 1st December the scholars and teachers of Rye Croft Girls' Senior School were transferred thereto.

This new school is of the semi open-air type providing accommodation for 480 scholars. In addition to the ordinary classrooms there are special rooms for history, geography art, needlework, library, science, domestic science, and service kitchen together with a large assembly hall, head-mistress's room and a staff room.

The two cloakrooms have heated cloak-rails and the two washrooms, in addition to having hot and cold water to the sinks, have each three shower baths with cubicles thereto.

Two full size hockey pitches have been provided in addition to two large size grass quadrangles which can be used for country and folk dances.

### 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 1561 parents availed themselves of the opportunity to be present when their children were being examined. This figure represents 57.7 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 FOOTWEAR.

Fifty 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 30 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 ...	160	5.9 per cent.
Normal ...	2441	90.2 per cent.
Below normal	79	2.9 per cent.
Poor ...	27	1.0 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	...	10	44	54
Nits	...	3	16	19
Pediculi	...	1	8	9
		14	68	82

This number (82) represents 3.03 per cent, of the children inspected at routine inspection. Taking the girls' heads alone, the figure is 5.04 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 267 children were found to be suffering from chronic tonsillitis, 204 of these being cases of such a degree as to require treatment, and the balance of 63 being slighter cases which required only to be kept under observation. Twenty children were suffering from adenoid hypertrophy, 11 of such a degree as to require treatment, and 171 children were suffering from a combination of chronic tonsillitis and adenoid hypertrophy, 97 of these being of such a degree as to require treatment. In addition 135 children were found to be suffering from other conditions of the nose and throat. These other conditions were: acute tonsillitis 115, goitre 9, nasal catarrh 5, cleft palate 4, nasal obstruction 1, deflected 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 130 received other forms of treatment. Of the other cases 127 were referred for treatment and all, with the exception of 2, received treatment either by the home doctor or at a hospital, while 8 cases were referred for observation.



## E.—TUBERCULOSIS.

Five cases of definite or suspected pulmonary tuberculosis, 8 cases of tuberculous adenitis and 6 cases of tuberculous arthritis of osteitis, presented themselves at routine medical inspection and among the special examinations. All these cases were already in touch with the Tuberculosis 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 requiring treatment discovered at routine medical inspection was 16. Eight of these were cases of impetigo, 2 of scabies, 2 of ringworm of the scalp, 2 of alopecia, and one each of eczema and warts. Among the special examinations there were 32 cases of dermatitis, 10 of impetigo, 4 of scabies, and 1 of herpes zoster. Of these cases 55 were treated at the clinic, 4 at hospital, and 4 received home treatment.

## G.—EXTERNAL EYE DISEASE.

Seven cases of blephritis, 3 of corneal opacity and 1 each of conjunctivitis, cataract and exophthalmos, came to light at routine medical inspection. Of these cases, 7 were treated at the school clinic, 4 by the home doctor and 2 at the North Staffordshire Royal Infirmary.

Among the special examinations there occurred 62 cases of conjunctivitis, 10 of blephritis, and 4 of corneal opacity. Of the cases, 59 were treated at the clinic, and 13 received home treatment.

#### H.—DEFECTIVE VISION AND SQUINT.

There were 324 cases, including specials, which were referred for treatment, 269 of these being cases of defective vision and 55 cases of squint. During the year 344 cases of defective vision, etc., were submitted for refraction, 310 of these being so submitted under the Authority's scheme and 34 by a private practitioner or otherwise. During the year spectacles were provided to 299 cases, in 267 of these under the scheme of the Local Education Authority and in 32 cases from other sources. All the cases in which glasses were provided were greatly benefitted. 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 39 cases of defective hearing which required treatment. The defect was due to otitis media in 31 cases and to tonsils and adenoids in the remaining 8 cases. All these cases received treatment.

#### 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 1936.

During the year the arrangement whereby the dental treatment in the Borough was carried out by the Dental Surgeons attached to the Staff of the County Council was continued. Mr. J. Greenhalgh, L.D.S., R.C.S., (England) was responsible for the clinical work except from October 7th to November 20th when his place was taken by Mr. L. C. Procter, L.D.S. The Dental Nurse during the year was Miss L. E. Barratt.

The number of children inspected was 5,469 of which number 5,076 were routine cases and 393 were special cases i.e. children who sought advice on account of toothache or other urgent circumstance. Of the 5,469 children inspected 3,127 were found to require treatment and of this number 2,374 were actually treated for conditions set out in the following table :—

Extractions only	...	...	...	1392
Extractions and fillings	...	...	...	413
Fillings only	...	...	...	534
Miscellaneous operations	...	...	...	35
				<hr/>
				2374
				<hr/>

The percentage of children requiring and accepting treatment was 75.9. 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 age limit of treatment in the

old area of the Borough has been raised to include the 10 year-old group and the policy of extending this year by year in the usual manner will be continued until all ages are included. The facilities for treatment of the elder children of the old area of the Borough, not at present included as routines, by means of a Saturday morning clinic at the Newcastle centre have been continued throughout the year. The extension of the age limit will cause the interval between inspections to be longer than a year and the retention of that period which is most desirable can only be achieved by an increase in the staff which consequently is recommended to the consideration of the Education Committee.

The Head Teachers have again shown their great interest in the Scheme notably at the National Girls' School where the percentage of acceptances has been raised from 27 to 74 per cent. At Cross Heath Infants the percentage of acceptances, consistently good, has now reached 93.4 per cent. and is the highest in the area. Chesterton has maintained the improvement shown last year, a particularly gratifying feature in view of its previous record. Among the exceptions to a definite rise may be mentioned Watlands Senior School and Mr. Greenhalgh is of the opinion that "this is entirely due to the fact that this school contains scholars from a neighbouring area who have not been accustomed to dental treatment and who exert an adverse effect on the figures." When the Junior Departments from which these children come are under dental supervision this effect will doubtlessly be diminished, meanwhile the matter is beyond control.

The number of children who received private treatment was 25. As an example of co-operation with the Welfare Centre 15 children under school age were treated at the clinic making 15 attendances, in charge of parents. The



treatment for these "toddlers" comprised 23 extractions of temporary teeth, 1 filling, 23 dressings of silver nitrate and 1 case in which advice was tendered to the parents concerning dental conditions of a child. With additional dental staff this co-operation could be extended to the nursing and expectant mothers with far-reaching and most beneficial results and this recommendation is also earnestly commended to the notice of the responsible Committee. Every facility that will tend to improve the conditions of entrants into the schools will ultimately result in economy and better health for the rising generation of the Borough.

The operations performed comprised 111 metal fillings only ; 2022 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 ; 12 silicate, 3 zinc-oxide and 1 gutta-percha fillings ; 4,131 extractions of temporary teeth ; 290 extractions of permanent teeth ; 2 extractions of supernumerary teeth ; 1,427 dressings of silver nitrate ; 9 dressings of carbolyzed resin ; 2 of iodine ; 1 of oil of cloves and 1 of dentalone ; 3 scalings ; 3 lancements to assist the emergence of impacted teeth ; 1 case of haemorrhage and 2 cases of septic sockets treated ; 1 impacted foreign body removed and advice tendered in 35 cases to parents concerning dental conditions of their children. In brief, 2,149 fillings, 4,423 extractions and 1,485 sundries were completed, a total of 8,057 operations during the year. The average number of teeth extracted per child treated for extractions (including extractions and fillings) was 2.4 being the same as in the preceding year.

The average number of fillings inserted per child treated for fillings (including extractions and fillings) was 2.2 as in the preceding two years. As a special measure to preserve mastication 3 temporary teeth were filled.



During the year I personally inspected two schools containing at the time of my visit 422 children. I found the charts accurate and the treatment done in previous years satisfactory. The bearing of the children suggested that they were accustomed to dental treatment and had no fear of the dentist. This impression is substantiated by the fact that throughout the year only 171 children of the 5,469 seen exhibited any signs of nervousness at either the time of inspection or treatment. Of these 171 children 130 were less than nine years of age when some degree of nervousness due to fear of the unknown might be expected. Actually of these nervous children 110 were soon reassured and only 61 remained more or less intractable, 47 of this latter group being also under nine years of age. So far as the dental treatment of the Borough is concerned it might be stated that a very happy atmosphere is maintained.

The number of children for whom treatment could not be completed at one visit was 169, none of whom refused to return.

The number of children charted with permanent teeth present was 4,448 of which number, chiefly as a result of treatment in preceding years, 2,679 showed no symptoms of decay in that dentition. As during the year 955 children had their permanent teeth made artificially sound the number of children remaining with defective permanent teeth was reduced to 814 and included in this latter figure are 393 cases in which the parents have definitely refused the offer of treatment. The responsibility incurred by these parents in these cases is best illustrated by a consideration of the 146 children found since the previous



inspection to now have unsaveable permanent teeth. No less than 134 of these children owe their disability, for life, to parental refusals of treatment in the year 1935. Comment is superfluous.

It must not be assumed that the majority of parents are indifferent to the benefits of accepting the offer of dental treatment for their children. There is increasing evidence that this service is appreciated and in connection therewith it might be mentioned that 264 parents accompanied their children at the time of treatment, an unduly high percentage of 9.5, in itself a notable sign of the interest taken in this matter by the parents of the Borough. The number of children treated in previous years who required some further treatment during 1936 was 516.

Details of the examination of 5,070 **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 though 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 5,070 ELEMENTARY SCHOOL CHILDREN BEFORE TREATMENT IN THE YEAR 1936.

Year of Birth	Number of Children Exam'd	Number of Temporary Teeth			Number of Permanent Teeth		
		Sound	Decayed Saveable	Decayed Unsaveable	Sound	Decayed Saveable	Decayed Unsaveable
1931	362	4423	2024	491	208	3	—
1930	733	7608	3937	1360	1877	81	—
1929	704	5689	3108	1109	4270	343	18
1928	679	3935	2435	901	6362	468	47
1927	622	2577	1756	594	7146	453	59
1926	646	1998	1208	602	9463	475	128
1925	256	432	277	144	4717	275	70
1924	373	282	144	128	8189	451	162
1923	404	193	94	95	9287	526	208
1922	291	64	45	59	6996	397	137
TOTAL	5070	27201	15028	5483	58515	3472	829



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

Year of Birth	Number of Children Exam'd	Number of Temporary Teeth			Number of Permanent Teeth		
		Sound	Decayed Saveable	Decayed Unsaveable	Sound	Decayed Saveable	Decayed Unsaveable
1931	100	1221	559	135	57	1	—
1930	100	1038	537	185	256	11	—
1929	100	808	441	157	606	48	2
1928	100	579	358	132	937	69	6
1927	100	414	282	95	1149	72	9
1926	100	324	187	93	1465	73	19
1925	100	168	108	57	1839	107	27
1924	100	75	38	34	2196	121	43
1923	100	47	23	23	2298	130	51
1922	100	22	15	20	2402	136	47

It may be perceived that the examinations charted in Table A included 110,528 teeth. Of 47,712 temporary teeth 57 per cent. were sound ; 31.5 per cent. were decayed saveable and 11.5 per cent. were decayed unsaveable.

Of 62,816 permanent teeth 93.1 per cent. were sound ; 5.5 per cent. were decayed saveable and 1.3 per cent. were decayed unsaveable. As during the year there were 1,903 permanent teeth, in this group, filled and made artificially sound, the percentage of sound permanent teeth was raised after treatment to 96.1 per cent, and the number of saveable permanent teeth reduced to 1,569 or 2.5 per cent.

The 829 unsaveable permanent teeth were distributed in 442 mouths as follows :—

196	children	had	each	1	unsaveable	permanent	tooth.
156	„	„	„	2	„	„	teeth.
53	„	„	„	3	„	„	„
28	„	„	„	4	„	„	„
4	„	„	„	5	„	„	„
5	„	„	„	6	„	„	„

During the year 49 of these mouths were completely relieved of unsaveable permanent teeth by extraction.

Turning in 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 1936 and it is of interest to note that 30 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 1936.

Year of Birth	Number of Children Examined	Number and percentage of children who each had :—									
		No decayed teeth		One or two decay'd teeth		Three or four decayed teeth		Five or six decayed teeth		Seven or more decay'd teeth	
		No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
1931 ...	362	31	8.5	33	9.1	51	14.1	55	15.2	192	53.0
1930 ...	733	48	6.5	65	8.8	85	11.6	130	17.7	405	55.2
1929 ...	704	25	3.5	75	10.6	125	17.7	153	21.7	326	46.3
1928 ...	679	15	2.2	86	12.6	161	23.7	165	24.3	252	37.1
1927 ...	622	22	3.5	139	22.3	168	27.0	135	21.7	158	25.4
1926 ...	646	67	10.3	165	25.5	214	33.1	99	15.3	101	15.6
1925 ...	256	50	19.5	70	27.3	74	28.9	38	14.8	24	9.3
1924 ...	373	95	25.4	126	33.8	92	24.6	48	12.8	12	3.2
1923 ...	404	122	30.2	117	28.9	102	25.2	44	10.9	19	4.7
1922 ...	291	77	26.4	116	40.0	54	18.5	32	11.0	12	4.1
TOTAL	5070	552	10.8	992	19.5	1126	22.2	899	17.7	1501	29.6

The results of treatment in preceding years is strikingly illustrated in Table C.

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 1936) afford a guide. These general conditions are noted under three headings in Table D and show a satisfactory advance on the preceding years.

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			Irregular'ty of posit'n		
				Healthy Mouths free from sepsis	Unhealthy mouths pus present	Very unhealthy obvious neglect	Upper teeth only	Lower teeth only	Upper and lower teeth
1931 ...	362	290	—	194	166	2	—	—	—
1930 ...	733	288	—	280	435	18	8	—	—
1929 ...	704	43	—	303	392	9	15	1	1
1928 ...	679	1	—	304	372	3	32	9	14
1927 ...	622	—	2	325	291	6	68	20	16
1926 ...	646	—	41	343	301	2	115	36	25
1925 ...	246	—	43	149	106	1	37	24	15
1924 ...	373	—	178	230	141	2	26	40	24
1923 ...	404	—	254	271	128	5	37	59	17
1922 ...	291	—	216	203	84	4	28	31	26
TOTAL	5070	622	734	2602	2416	52	366	220	138



From Table D it may be preceived that 48.6 per cent. of the children charted had septic mouths, chiefly in association with the temporary dentition. It will be noted that 52 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. No less than 29 of these cases were found among the 5, 6 and 7 year old groups, which illustrates the fact that no dental treatment is sought in the majority of cases until school age is reached. The percentage of mouths free from sepsis was 51.3 as compared with 44.5 in the preceding year.

There were 724 cases of irregularity of the teeth noted. 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. This figure remains fairly constant and is an index of the number of children who in general respects are likely to be subject to catarrh and other ailments, including ear trouble and to grow up unable to take advantage of their educational and vocational opportunities.

The number of children found with developmental defects of the teeth (hypoplasia) was 196 and in addition 2 supernumerary teeth and 1 case of Hutchinsonian teeth were observed. The latter case was a boy born in 1923.

The condition of the equipment, records and other effects is satisfactory and the requisitions for drugs and materials indicate that in those respects economy has been combined with efficiency.

Finally, examination of the conditions, now appertaining in the Borough, tends to show that the year under review has been a year of substantial progress in dealing with a progressive disease that if neglected, may result in serious handicaps during the whole life of the individual.

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

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

County Dental Officer, Stafford.

### 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 7,823.

The following table represents the conditions found :—

		Boys	Girls	Total
Few Nits	...	31	278	309
Nits	...	12	121	133
Pediculi	...	10	49	59
		53	448	501

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 12.6.

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 5517 cases were dealt with, the number of attendances being 29,611.

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. Certificates in accordance with Paragraph 15 (ii) of Administrative Memorandum No. 51 of the Board of Education were issued regarding attendance at the Church Street School, Chesterton and the Albert Street Infants' School, Chesterton on account of the incidence of chicken pox.

### **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 1,296 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 Windsor, Liverpool, New Brighton and Chester. In addition to these, there was a holiday camp at Astbury and 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.

#### **INTRODUCTION.**

During the year 1936 great possibilities for the development of Physical Training for all classes of the community have been presented to us by the Board of Education by two instructive pamphlets. Immediately, those responsible for Physical Education will feel the necessity to review the possibilities of their individual areas in order that they may take a real share in this national urge for better health.

In Newcastle-under-Lyme one feels that Physical Education is unobtrusively trying to participate under rather difficult conditions. The schools provide physical education for the child throughout its school life ; Evening

Institutes offer facilities for the younger people of post school age ; Keep Fit Centres cater for older and middle aged men and women, and Voluntary Associations of all kinds give physical instruction as part of their programme. All of this, however, is at present done in only a small way, as facilities are somewhat limited owing to existing financial conditions. And yet there are a great number of young people who are not connected in any way with any of these centres or voluntary bodies who have not felt the attraction of suitable and healthy exercise after school years. These are the people we wish to include in future programmes of activities.

The present generation in our schools should be assured in the future that when they leave school their physical recreation can be continued voluntarily in any particular line in which they may be interested. Modern physical training gives much scope for we find Gymnastics, Free Standing Exercises, Games—both field and indoor—such as Badminton, Dancing, Swimming, Athletics and Boxing are all branches of the subject. This gives added attraction, since a boy or girl, man or woman may be interested in and have special ability in one section of the work and not in others. At present lack of facilities prevent this from becoming a practical solution of present problems.

Present gymnasia in the town might be more fully used, but we definitely will need further fully equipped gymnasia, to meet the needs of the present school generation whom we wish to continue to develop the gymnastic training obtained in schools. At present in this respect all we have to offer are halls containing a certain amount of portable apparatus. This will not be sufficient to hold the interest of keen folks who wish to go ahead with more or less unlimited possibilities. A central gymnasium in the town, owned by the Council and let to various voluntary bodies, or run by leaders appointed by the Council, would be a great asset in this respect.



Regarding outdoor accommodation we have made progress in acquiring several plying fields for our schools, but there seems to be a scarcity of public playgrounds in the area. A Central Sports Ground for Athletics, Games, Cycling, etc., would fill a great need in the area, and would cater for that section of the community who find the game of tennis too expensive or not of their choice. There is at present no possibility for a child leaving school as an exceptionally good athlete to continue his or her training locally. Opportunities for tennis are provided in two public centres in Newcastle,—but this is mainly enjoyed by those who are able to provide the necessary equipment and pay the required fee. There is a big percentage of young people who do not benefit in any way from this arrangement, and for these an Athletic Centre would prove a very great attraction during both summer and winter months.

Swimming is very popular and though one is very grateful for the excellent facilities offered by the Baths Committee one can foresee the need for further accommodation,—even if it was solely connected with school children, (junior and senior) Evening Institute instruction, Juvenile Instruction Centres, Secondary Schools, Guides, Scouts and other voluntary associations. Swimming is suitable for all ages and both sexes of the community and as such opportunities might be widened so that this branch of physical training can be greatly extended. A centre in the town providing a fully equipped gymnasium swimming bath, and ground for all types of athletic training, would be a tremendous asset both physically, mentally and socially to the life of the town.

So much for the needs of the future. It would be interesting to follow this with a review of the work of the past year in the area.



The Physical Education of the child in the primary school begins in the **infant department** with no formal work as of old, but healthy free exercises dealing with control, rapid and easy movement, flexibility and the free use of small apparatus. Happiness and alert movements are distinctive of the modern physical training lessons in our infant schools. In connection with this it might be added that since the institution of milk in these schools the children seem to have been in a much better condition to benefit from and enjoy their physical training lessons. The elements of Team work are introduced in most of these departments.

Most of our infant departments have made a big effort to see that the children have been provided with rubber shoes. Where this has been possible, the children are much freer and happier in their work.

**Junior Departments** endeavour to work out the scheme of the Board of Education Syllabus 1933. Here we are confronted with a very broad but excellent scheme, which is full of attraction for the children. Since the introduction of this Syllabus it has been a general criticism that the daily 20 minutes lesson allotted to each class was not long enough. The very full lessons were rushed and in consequence the work taken did not show the necessary finish of good work. Team work is a big item in our Junior Schools. Here it is introduced with the more formal physical exercises and the mental value of the training of these teams is excellent, also the children now become more dexterous in the use of all kinds of apparatus. The stock of apparatus which must meet the needs of individual members in a class of 50 must be of sufficient quantity and be maintained in good condition. In this way each child, whether good, bad or indifferent, has the same chance of training and becoming efficient,—not as in past generations when only a certain selected few were chosen to use apparatus.



The progress of the team work and agility work in the junior schools is most marked. In order to preserve the safety of this work it is advised that a jumping mat be supplied to each department and that rubber shoes should be worn whenever possible.

**Senior Departments** have an even more interesting progression in the use of portable apparatus for gymnastic exercises. It is most encouraging to find at this juncture that the Board of Education wish all new senior schools to be the proud possessors of a fully equipped gymnasium. For though the portable apparatus has more than proved its worth, one must realise that its possibilities are limited. At present we have no fully equipped gymnasium, but our new school at the Westlands would be equal to any in the country if equipped with such an addition. This could in the future serve too for the adult work of post school age in the area, and for teachers classes for this type of instruction.

The question of shoes and clothing in our senior schools is still one of anxiety. Children must have suitable foot-gear if they are to benefit from the excellent schemes of work provided by the Board of Education. There are still too many cases in our schools of children wearing old wellingtons, or somebody's second-hand shoes which, in most cases, do not fit at all. Also the boots worn by many of the boys in the winter will not allow of any movement whatever in the ankle.

Once again I ask the Committee for their consideration in this matter. If a certain number of shoes could be provided as gymnastic equipment for the schools,—the relief would be tremendous. The children wearing this poor footgear never get the chance to develop any real physical ability and consequently there is a tendency for an inferiority complex to creep in which is not desirable.



## PLAYGROUNDS :

On the whole the playground surfaces are in good condition. Two perhaps need resurfacing but are not in a dangerous condition. Knutton playground, however, is not possible for outdoor physical training on any day after a heavy shower as the playground holds the water very badly and is just a series of pools.

We were unfortunate in not being able to have the school playgrounds marked this year. This is such a tremendous saving of time and energy of the teacher, and also allows the whole time of the lessons to be spent in exercise by the children. Perhaps this will be possible again in next year's arrangements.

## PLAYING FIELDS :

The privacy allowed by the enclosure of Pool Dam field has been greatly appreciated by many schools who are now able to extend their field games and give more coaching than was previously possible. This is also the case at Broadmeadow field. Two senior schools are anticipating the provision of playing fields which have been interfered with owing to building activities on the sites previously used. It is encouraging to know that both fields should be in the possession of the schools concerned before very long. In addition the Committee rents four fields for the use of various other schools.

These playing fields are essential for schools with a modern curriculum, but full use cannot be made of these unless they are suitably maintained and equipped. The allocation of marked pitches to the various schools is impossible at present hence the schools do not seem to have the necessary good start on reaching the fields. The grounds need laying, regular cutting and marking if they are to serve the purpose for which they were intended.



Some kind of very necessary accommodation for changing and sheltering from showers, etc., is suggested. With weather conditions as they are it is not suitable to send children up to the fields in questionable weather unless there is shelter and accommodation of some kind to be had. Now that the fields have been acquired one hopes that the provision of a groundsman and accommodation of some kind will be possible in the near future.

#### SWIMMING :

We have once again had an exceptionally good swimming season. Schools are keenly interested and many hope that winter swimming will soon be an item which they can enjoy.

Facilities offered to the schools by the Baths Committee are excellent. We have five half days allotted to boys and five half days allotted to girls with the private use of the small Bath during that time.

The children attend the Baths each week in classes of 40 and have a 40 minute period at the Baths which includes dressing and undressing. The total number of children for whom instruction is arranged each week is 1,760.

During the season 1,608 Buttons were awarded which was an increase on last year's totals. 721 children gained certificates for swimming distances from 25 yards—400 yards at the end of the season, and 447 beginners learnt to swim and crossed the Bath in good style for the first time.

The cleanliness of the children visiting the Baths was very satisfactory. Teachers and instructors are to be commended on the very high standard of cleanliness, for it was an exceptional case that had to be reprimanded for coming to the Baths in other than a clean condition.

Life Saving and Resuscitation showed a marked improvement. Both the teachers and the children were much more serious in their execution and gave a very sound performance in most cases. It may be interesting to state that no child may take a Life Saving test until he or she can swim quarter of a mile—440 yards.

Results have been particularly good this year and they are a reflection of the sound work of the instructors, teachers and scholars attending the Baths.

The Baths Committee generously provide 75 free tickets for the use of girls and 75 free tickets for the use of boys. These are allocated to schools according to their results in the past season which enables children to have the opportunity to practice what they have been taught during their swimming lesson in school time, thus making for greater proficiency.

## SWIMMING SCHEME FOR SCHOOLS.

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### 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 yds. correct Back Stroke using arms.
- (b) 1 breadth of Crawl leg stroke correctly done.
- (c) Dive in at deep end from surface—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) 1 length Back Crawl stroke.
- (b) 2 lengths crawl with a 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, for style.

*Tests at the end of Season.*

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

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

*Certificate 2* : 2nd Class—100 yds.       ,,       ,,       ,,

*Certificate 3* : 1st Class—200 yds.       ,,       ,,       ,,

*Certificate 4* : Distinction—400 yds.       ,,       ,,       ,,

*Certificate 5* : Life Saving and Diving, *e.g.*, 3 Dives. (1, Style.  
2, Object. 3, Distance plunge.)

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

## SWIMMING RESULTS, 1936.

GIRLS' DEPTS.	1st Year										2nd Year																					
	Buttons					Certificates					Buttons					Certificates																
	2 R	2 G	2 Y	2 B	2 W	tot'l	2 R	2 G	2 Y	2 B	2 W	tot'l	1 R	1 G	1 Y	1 B	1 W	tot'l	1 R	1 G	1 Y	1 B	1 W	tot'l	1 R	1 G	1 Y	1 B	1 W	tot'l		
Points																																
Rye Croft ...	90	56	37	20	6	209	20	20	20	18	128	20	206	21	32	25	20	8	106	9	12	18	124	35	198							
Watlands ...	68	32	26	4	-	130	14	4	4	6	104	-	128	14	24	21	10	2	71	4	8	9	76	25	122							
Broadmeadow	76	34	12	4	-	126	12	8	-	64	20	104	17	19	25	10	1	72	14	8	12	56	25	101								
Knutton ...	54	28	6	-	-	88	12	-	-	6	56	-	74	9	17	10	3	3	42	4	8	12	52	25	101							
St. Patrick's	32	20	8	4	2	66	2	4	6	48	10	70	11	14	20	18	13	76	-	4	9	56	75	144								
National ...	52	20	12	2	-	86	8	16	12	40	-	76	7	15	17	13	5	57	1	4	-	96	25	126								
BOYS' DEPTS																																
National ...	50	36	16	14	12	128	4	4	30	56	30	124	1	5	11	9	10	36	2	-	12	48	25	87								
Watlands ...	114	78	34	18	12	256	18	24	48	168	30	288	19	22	12	9	9	71	6	8	24	60	45	143								
Broadmeadow	72	30	8	8	4	122	6	12	12	56	20	106	11	17	12	10	6	56	12	12	3	48	15	90								
Knutton ...	98	38	6	2	-	144	18	20	-	48	-	86	10	28	11	2	3	54	13	18	12	28	25	96								
St. Patrick's	62	34	10	2	2	110	10	8	12	32	10	72	1	8	7	4	4	24	2	6	12	24	10	54								
Orme Boys' ...	84	40	16	2	2	144	14	24	-	64	-	102	28	45	30	18	17	138	26	36	15	148	65	290								



N.B.—Points have been awarded to each Button or Certificate gained this season as follows :—

*First Year Swimmers—*

- (a) 2 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.

FREE TICKETS.

Seventy-five granted by Baths Committee for girls.

Seventy-five granted by Baths Committee for boys.

These have been allotted to the various schools according to their results for the season :

- (a) First calculated on possible points.
- (b) Secondly on numbers attending the Baths in conjunction with the calculations above.

GIRLS.				BOYS.			
No. of Tickets.				No. of Tickets.			
Westlands Modern	...	20		Orme Modern...	...	21	
Watlands	...	13		Watlands	...	18	
Broadmeadow	...	12		National	...	10	
St. Patrick's	...	11		Broadmeadow	...	10	
National	...	10		Knutton	...	10	
Knutton	...	9		St. Patrick's	...	6	
		—				—	
		75				75	
		—				—	

## SCHOOLS' SWIMMING GALA.

The Annual Schools' Gala held at Newcastle Baths on Monday, July 27th, 1936, was a great success, both from the question of the spectators and for the high standard of work shown in the programme.

This Gala was outstanding for the extraordinarily good style of all competitors. Arrangements were carried out with excellent organisation by Mr. N. Banks, Chairman, and Mr. C. G. John, Secretary, and their very able committee of teachers.

The officials of the Men's Clubs at Newcastle judged the "Speed" events and the Swimming Instructors from Hanley judged the "Style" events.

Results were as follows :—

## GIRLS.

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

## BOYS.

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

## SCHOOLS' SQUADRON CHAMPION RESULTS.

*(These Competitions are held throughout the Swimming Season)*

## GIRLS.

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

## BOYS.

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



## SPORTS.

This year several schools organised their own individual school sports in addition to joining in the area sports. Where playing fields were available this has proved a big success for the large percentage of school children taking part in these events is representative of school work in general. Here all children receive training and all are able to take their part in the sports, not just the specially chosen few who represent the school at the area sports.

Orme Boys, St. Patrick's, Broadmeadow Boys, Chesterton Junior Boys and Chesterton Junior Girls managed to arrange a School Sports Day.

The Annual School Sports were held at Porthill Cricket Ground this year with a very good number of spectators. Competition was keen between the schools and several records were broken. An extremely good high jump was performed by one girl who cleared 4' 8½"—a record jump for seniors.

Results were as follows :—

*Senior Boys Championship*—Orme Boys' Modern School.

*Senior Girls' Championship*—Broadmeadow Girls' Modern School.

*"Robert Beresford" Cup for Junior Boys*—Silverdale C. of E.

*"Edward Hollinshead" Rose Bowl*—St. Giles' and St. George's Junior Girls'.

*"Harper" Cup Senior Boys' Relay*—Orme Boys' Modern.

*The "Mary" Rose Bowl Senior Girls' Relay*—St. Giles' & St. George's Girls'.

Great credit was due to Mr. J. T. Cork and his very able committee for the excellent arrangements and organisation.

## OPEN DAYS.

Open Days are an excellent form of publicity work. The parents come along to see their children at work and in most departments physical training, in its many branches, takes an appreciable part of the programme. Here is the opportunity to display the advantages gained by suitable clothing and shoes. After seeing work of this kind the parents will be much more likely to support this question when future requests are made.

Orme Boys repeated their success of past years and gave an excellent display of gymnastic work at their Open Day. This year the work was extended and two teams—instead of one as in previous years—took part.

**Knutton Modern**  
**Westlands**  
**St. Patrick's**

} These schools gave concerts for  
 parents, on the programme of  
 which dancing of various kinds  
 was introduced.

BROADMEADOW GIRLS' SCHOOL arranged a very successful Folk Dance Party.

HASSELL STREET JUNIOR GIRLS' gave an interesting Open Day.

HASSELL STREET JUNIOR BOYS gave an enterprising display to parents accompanied by the school percussion band.

MAY BANK INFANT SCHOOL gave an outstanding programme on two afternoons to parents. The whole school took part in singing, games and dancing, each class giving a special section of its own.



## MUSICAL FESTIVAL.

Once again the schools produced some excellent Folk Dancing for the Festival. Interest and enthusiasm still run very high, and as a result the dancing is of a very high standard. Teams were entered from all schools.

In both Junior and Senior sections the Adjudicator remarked that the standard was so very high, and so close, that it was most difficult to decide which was the best team of all.

The results were as follows :—

## JUNIOR FOLK DANCING :

SHIELD—(highest marks for the day) Hassell Street Junior Girls'.

PICTURE—(highest marks for morning session) Hassell St. Jnr. Girls'.

Six First Class  
Five Second Class } Certificates were awarded.

## SENIOR FOLK DANCING :

SHIELD                      KNUTTON MODERN.

PICTURE                     KNUTTON MODERN.

All schools got First Class Certificates.

<b>Broadmeadow Girls'</b>	} These schools gave a
<b>St. Giles' &amp; St. George's</b>	
	splendid performance of
	sword dancing in the
	evening.

## TEACHERS' CLASSES :

1. *Folk Dance Club.* This Club meets on Thursday evenings and is well patronised. The teachers are given great deal of help and encouragement with their folk dancing and a reflection of this was to be seen in the good standard of the work at the Musical Festival.

(2) *Badminton Club.* Reports come through that the Badminton Club at St. Andrew's Hall, Porthill, on Friday evenings is enjoying a most successful season and that the membership has shown an increase.

#### "KEEP FIT" WORK.

The number of Keep Fit Centres in the area have not been greatly extended during the year, though arrangements have been made for a centre for business men to open early in the new year, and a class for Leaders of womens Keep Fit work is arranged for the early part of the new year. Numbers have been remarkably good with over 150 names on roll for the two centres, but the epidemic of influenza had an adverse effect on the attendances. In the rural area in and around Newcastle five centres have been opened, chiefly in connection with Women's Institutes, and these centres have been very successful. In time it is hoped to develop this branch of the work extensively and the present training of Leaders should be a great help in widening the area for centres.

#### JUVENILE INSTRUCTION CENTRE.

The Centre in Newcastle has had very small numbers this year, owing to the improvement in trade, etc. Schemes of work cannot be carried out owing to the "floating population" which forms the centre. From day to day the students change. Gymnastics, Dancing, Swimming and Games form the programme for physical training and there is a period for these each day in the week.

#### MENTAL WELFARE COURSE:

Early in October a Study Week was held in Stafford connected with the Mental Welfare Association at which physical training lectures were given. This course has



been repeated for four years with varied material and the results have been most marked. This type of child readily responds to physical work if it is given in an attractive form, particularly to music. Better tone, better posture and a definite wish to take part in physical training has been the result of the modern work taken with these unfortunate children.

#### OUT OF SCHOOL GAMES.

After school hours the keen teacher can be seen with his or her team coaching football, swimming, cricket or netball. This is carried out quite voluntarily and is often part of the teachers work that is least noticeable.

NETBALL matches are of a friendly nature between schools in the area. One or two have taken place outside the area with neighbouring schools.

FOOTBALL is organised into a Senior League and a Junior School League.

#### JUNIOR SCHOOL LEAGUE.

SENIOR LEAGUE CHAMPIONS      Watlands Modern School.

CUP WINNERS                      Orme Boys' Modern School.

JUNIOR LEAGUE CHAMPIONS      Silverdale Council School.

CUP WINNERS                      Silverdale Council School.

SWIMMING SQUADRON races have been held with other towns and Newcastle has done very well indeed.

## CONCLUSION.

There is a spirit of anticipation abroad with regard to the Physical Training of the future—particularly in regard to those of post school age. If we can look ahead, prepare facilities and train leaders we will be able to take our rightful share in giving healthy exercise to all who wish to enjoy it.

It is hoped that financially we will be able to extend present facilities, which have been rather disappointingly held up during the past year.

There is a happy hardworking spirit in the schools. The teachers work well,—give their free time,—attend classes,—run their own clubs,—and do not spare themselves in their efforts for school concerts and parties.

May I take this opportunity to thank the teachers for their whole-hearted support without which ones efforts would be very small.

I would also like to thank the Education Committee, Mr. Till and Dr. White for their continued encouragement 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, 1936.



<i>School.</i>					<i>No. of Children fed.</i>	<i>No. of Bottles.</i>
Friars Wood Council Junior Mixed &						
Infants'	...	...	...	...	26	7886
Hassell Street Boys'	...	...	...	...	8	3093
„ „ Girls'	...	...	...	...	15	4649
„ „ Infants'	...	...	...	...	9	412
*Rye Croft Girls'	...	...	...	...	34	6886
„ „ Infants'	...	...	...	...	5	2191
St. Giles' Boys'	...	...	...	...	2	575
„ „ Girls'	...	...	...	...	3	767
„ „ Infants'	...	...	...	...	2	639
St. Patrick's Sr. Mixed	...	...	...	...	22	6657
„ „ Jr. Mixed and Infants'	...	...	...	...	42	11924
Orme Boys' Senior	...	...	...	...	22	4540
Priory Road Infants'	...	...	...	...	1	133
Wolstanton C.E. Jr. Mixed	...	...	...	...	25	9017
Albert Street Boys'	...	...	...	...	16	5249
„ „ Girls'	...	...	...	...	23	8589
„ „ Infants'	...	...	...	...	5	1317
Church Street Infants	...	...	...	...	11	3101
Broadmeadow Sr. Boys'	...	...	...	...	19	6022
„ „ Sr. Girls'	...	...	...	...	10	2641
Cross Heath C.E. Infants'	...	...	...	...	4	772
Ellison Street Jr. Mixed	...	...	...	...	32	11814
„ „ Infants'	...	...	...	...	39	11719
Knutton C.E. Jr. Mixed	...	...	...	...	31	9394
Knutton Council Infants'	...	...	...	...	20	6993
May Bank Infants'	...	...	...	...	2	558
Red Street C.E. Infants'	...	...	...	...	5	1525
Silverdale Council Jr. Mixed & Infants'	...	...	...	...	25	7821
Silverdale C.E. Jr. Mixed & Infants'	...	...	...	...	19	4050
Watlands Council Sr. Mixed	...	...	...	...	37	12020
„ „ Infants'	...	...	...	...	18	5594
Knutton Council Sr. Mixed	...	...	...	...	25	8084
Clayton Council Infants'	...	...	...	...	Nil	Nil
TOTAL					557	166632

\*Girls' transferred to Westlands Girls' Modern School, December, 1936.

### **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 £120 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 & EPILEPTIC CHILDREN**

The School Medical Officer is brought in touch with children defective within the meaning of this paragraph, by routine medical inspections, 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 of work carried out for Newcastle Education Committee during the year 1936.**

I have pleasure in reporting that the Association has completed a further year of work on behalf of the feeble-minded children in the Borough of Newcastle.

During 1936 there have been 31 such children on our books, 8 of them were referred during the year, 15 of the children have been classified as suitable for instruction in special schools. One child was placed in a residential school, but has since returned home at her parents' wish; and is attending a day school. 90 domiciliary visits have been paid by the staff, and a number of interviews held on the children's behalf. We are greatly indebted to the officials of the Education Committee, and to the Public Assistance Committee, the Almoners, the N.S.P.C.C. and Moral Welfare Workers who have contributed to make our supervision still more practical and complete by their co-operation.



Our visits have been generally warmly welcomed, as it is realised that constructive friendship and not interference is our object. Where circumstances are not satisfactory, we have duly reported on the home to the School Medical Officer, and have enlisted any possible help available to better conditions. The first need of each of these children is understanding of the nature of the difficulty which keeps him behind the rest of the class, and through insight and experience of the varied causes of backwardness our Visitors endeavour to co-operate with parents in overcoming some of the environmental conditions, which are hampering the defective child and making his progress difficult. There may be over-indulgence at home, or disharmony, the child may have physical as well as mental disabilities. There is rarely deliberate unkindness towards the children at home, but often there is lack of understanding due to disappointment that the child is not quicker in response which he feels at once, and experiencing perhaps unconsciously the repeated sense of inhibition, he may become unhappy. We look forward eagerly to the day when it will be possible to provide for every defective child the special training he needs to develop his latent capacity whether in special day schools or special classes, for it is certain that there is some capacity in each of these children.

In some cases where exclusion from the elementary school is decided upon by the School Medical Officer, the child is admitted for daily training at the Newcastle Occupation Centre. Five children have attended during the year who are the Committee's responsibility. The Centre is organised primarily for those children of lower grade who have been notified to the County Council. Two children were notified during the year and both are in attendance at the Occupation Centre, which has 40 defectives on the Register, 21 coming from the Borough. Visitors to the Centre are surprised at what the children can do, and there is ample proof there to show that there are latent capacities in all our children which can be developed by the right kind of



training, and although a defective can never become a normal person it is possible to enable nearly all defectives to live with safety in the community, if one can adapt their environment to their special needs, this is the object of all our supervision visiting, and of the training given at the Centre. The children there are wonderfully happy and industrious, thanks to the devotion of Mrs. Entwisle, the Supervisor, and her efforts to secure the development of each individual child. We sincerely appreciate the support given by the Committee to the Summer Camp Holiday for children attending the Centre. 19 defectives from the Borough went for a week's holiday to Lichfield, which they greatly enjoyed, in spite of somewhat broken weather.

The first step in community care of defectives is their ascertainment by the School Medical Officers and the importance of diagnosis and classification is the subject of several pages of the Annual Report of the Chief School Medical Officers of the Board of Education just published. Fortunately this is realised in Staffordshire, and every Education Authority in the county refers to the Association those children who are feeble-minded, and come within the provisions of the Education Act for their care. The mistaken idea that to classify a child as mentally defective confers a stigma upon him is everywhere giving place to the important consideration that on the foundation of the diagnosis of defect and careful testing of a child's inborn intelligence alone, one can build the machinery for constructive training for these children. The same need for finding out the causes for backwardness, or misbehaviour in normal children has led to the establishment of Child Guidance Clinics in many parts of the country. Such a Clinic would be invaluable in Staffordshire also.

Following diagnosis comes classification with the notification of the ineducable children to the Local Authority under the Mental Deficiency Act. Notification secures



care all their lives for defectives, and therefore is of vital importance. Without the activity of the Education Authorities in Staffordshire in carrying out the duty of notifying ineducable children, we should never have established the nine Occupation Centres, which at the present time 290 defectives attend voluntarily and have the benefit of daily training.

It is a serious gap in present legislation that no provision is made for the notification of feeble-minded children on leaving the ordinary schools at 14 years old. In this county the Association is able to secure continued supervision for these children, and in due course they are reported after becoming 16 years old to the County Council for voluntary supervision. Seven children became 16 years old during the year. We keep in close touch with them, as it is in the critical years of adolescence that a defective is so often faced with the temptations and difficulties over which he needs the wisest guidance if he is to keep in the straight path.

The Association appreciates very sincerely the continued co-operation of the Newcastle Education Committee, and hopes to be privileged to continue the work which is being carried out in the area.

F. H. TOSH,

Organising Secretary.

### **EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

Children attending school, and who are employed out of school hours, are occupied in the delivery of newspapers and milk, etc., and in the running of errands. 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.—MEDICAL INSPECTIONS OF CHILDREN  
ATTENDING PUBLIC ELEMENTARY SCHOOLS

(see note a).

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

(see note b).

Entrants	...	...	...	...	...	1008
Second Age Group	...	...	...	...	...	818
Third Age Group	...	...	...	...	...	825
						—
Total					...	2651

Number of other Routine Inspections ... 56

(see note c).

Grand Total ... 2707

## B.—OTHER INSPECTIONS.

Number of Special Inspections ... 1330

(see note d).

Number of Re-Inspections ... 1597

(see note e).

Total ... 2927

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF *individual children* FOUND AT *Routine Medical* INSPECTION TO REQUIRE TREATMENT (**excluding Defects of Nutrition, Uncleanliness and Dental Diseases**).

NOTE.—No individual child should be counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and *once only* in Column 4. Similarly a child suffering from two defects other than defective vision should appear once only in Column 3 and once in Column 4.

Group (1)	For defective vision (exclud- ing squint) (2)	For all other conditions recorded in Table II A. (3)	Total (4)
Entrants ... ..	12	174	186
Second Age Group ... ..	78	126	204
Third Age Group ... ..	88	112	200
Total (Prescribed Groups) ...	178	412	590
Other Routine Inspections ...	4	7	11
Grand Total ... ..	182	419	601



## 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, 1936.

Defect or Disease	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
1	2	3	4	5
<b>Skin—</b>				
(1) Ringworm—Scalp ... ..	2	—	—	—
(2) „ Body ... ..	—	—	—	—
(3) Scabies ... ..	2	—	4	—
(4) Impetigo ... ..	8	—	10	—
(5) Other Diseases (Non-Tuberculous) ...	4	1	33	—
TOTAL (Heads 1 to 5) ... ..	16	1	47	—
<b>Eye—</b>				
(6) Blepharitis ... ..	7	—	10	—
(7) Conjunctivitis ... ..	1	—	62	—
(8) Keratitis ... ..	—	—	—	—
(9) Corneal Opacities ... ..	3	—	4	—
(10) Other Conditions (excluding Defective Vision and Squint) ... ..	2	2	—	—
TOTAL (Heads 6 to 10) ... ..	13	2	76	—
(11) Defective Vision (excluding Squint)	182	127	87	—
(12) Squint ... ..	41	19	14	—
<b>Ear—</b>				
(13) Defective Hearing ... ..	13	1	26	1
(14) Otitis Media ... ..	7	—	24	—
(15) Other Ear Diseases ... ..	2	—	1	1
<b>Nose and Throat—</b>				
(16) Chronic Tonsillitis only ... ..	176	62	28	1
(17) Adenoids only ... ..	3	9	8	—
(18) Chronic Tonsillitis and Adenoids ...	77	74	20	—
(19) Other Conditions ... ..	10	8	117	—
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	5	—	16	—
(21) Defective Speech ... ..	1	9	—	—



Defect or Disease	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
1	2	3	4	5
<b>Heart and Circulation—</b>				
Heart Disease :				
(22) Organic ... ..	15	1	4	—
(23) Functional ... ..	9	4	1	—
(24) Anaemia ... ..	4	3	15	—
<b>Lungs—</b>				
(25) Bronchitis ... ..	24	4	64	—
(26) Other Non-Tuberculous Diseases	—	—	5	—
<b>Tuberculosis—</b>				
Pulmonary :				
(27) Definite ... ..	2	1	1	—
(28) Suspected ... ..	—	1	—	—
Non-Pulmonary :				
(29) Glands ... ..	4	—	4	—
(30) Bones and Joints ... ..	5	—	1	—
(31) Skin ... ..	—	—	—	—
(32) Other Forms ... ..	—	—	—	—
TOTAL (Heads 29 to 32) ... ..	9	—	5	—
<b>Nervous System—</b>				
(33) Epilepsy ... ..	—	1	1	—
(34) Chorea ... ..	3	—	4	—
(35) Other Conditions ... ..	4	—	9	—
<b>Deformities—</b>				
(36) Rickets ... ..	7	4	1	—
(37) Spinal Curvature ... ..	1	—	—	—
(38) Other Forms ... ..	13	2	—	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, cleanliness and Dental Diseases) Un- ...	24	1	288	—
TOTAL number of defects ...	661	334	862	3

B. CLASSIFICATION OF THE NUTRITION OF  
CHILDREN INSPECTED DURING THE YEAR IN THE  
ROUTINE AGE GROUPS.

(see *Administrative Memorandum No. 124*, dated 31st December,  
1934).

Age-groups	No. of Children Inspected	A (Excel- lent)		B (Normal)		C (Slightly sub- normal)		D Bad	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1008	38	3.77	928	92.06	35	3.47	7	0.7
Second Age- group ...	818	54	6.6	728	89.0	25	3.06	11	1.34
Third Age- group	825	65	7.88	732	88.72	19	2.3	9	1.1
Other Routine Inspections	56	3	5.36	53	94.64	—	—	—	—
TOTAL ...	2707	160	5.9	2441	90.2	79	2.9	27	1.0



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

The returns on this Form can be of value only if they are made as closely as possible in accordance with the directions printed at the head of each category. Particular attention is called to the directions in the categories of Physically Defective Children.

The returns should be in respect of all exceptional children in the area of an Authority, and should not be confined only to those for whom suitable accommodation is available.

It is assumed that every Authority will have a complete list of all exceptional children in their own area compiled from returns made continuously during the year and kept constantly up to date.

For the purpose of this Table no child should be included who has not been examined by the School Medical Officer, by a medical member of the Authority's staff, or by the Tuberculosis Officer.

In order to secure uniformity, Authorities are requested to make up this Table from their list of exceptional children as it stands on the last day of each calendar year.

Children sent by the Authority to day or residential schools outside the area should be included in this Table; children who are living in residential schools in the area, or attend day schools in the area, but who come from other areas, should not be included.

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

### BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

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
—	—	—	—	—	—

## DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

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

## PARTIALLY DEAF CHILDREN.

Enter in this Section children who can appropriately be taught only 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
1	—	—	—	—	1



## 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	26	5	15	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
—	—	—	3	3

## PHYSICALLY DEFECTIVE CHILDREN.

## A.—TUBERCULOUS CHILDREN.

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. 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 conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

## 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
7	4	—	4	15

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
7	22	—	2	31

† 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 under Section 55 of the Education Act, 1921, 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
—	187	1	23	211

## 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, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such 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
12	53	—	8	73

## D.—CHILDREN WITH HEART DISEASE.

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such 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
—	35	—	13	48

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS

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

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

The clinical condition causing the defect need not be specified ; it will, for example, be sufficient to enter in Column 1,

Blind and Feeble-minded.

Deaf, Crippled and Heart.

Should there be no children suffering from Multiple Defects, please enter "Nil."

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At other Institution,	At no School or Institution	Total
Mental Defect and Epilepsy ... ..	—	—	—	1	1
Mental Defect and Crippling... ..	—	—	—	1	1
Active Tuberculosis and Crippling ...	1	—	—	—	1



## TABLE IV.—TREATMENT TABLES

## NOTES.

(a) The Tables 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) The heading "Under the Authority's Scheme" 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) The tables 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 8 b.M.).

\* For Table see following page.

\* For Notes see previous page.

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

Disease or Defect  1	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme (see note b) 2	Otherwise 3	Total 4
<b>Skin—</b>			
Ringworm—Scalp—			
(i.) X-Ray Treatment. If none indicate by dash ... ..	—	—	—
(ii.) Other Treatment ... ..	2	—	2
Ringworm—Body ... ..	14	1	15
Scabies ... ..	18	9	27
Impetigo ... ..	637	5	642
Other skin disease ... ..	1218	24	1242
<b>Minor Eye Defects—</b>			
(External and other, but excluding cases falling in Group II.) ... ..	402	19	421
* <b>Minor Ear Defects</b> ... ..	164	15	179
<b>Miscellaneous</b> ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	2397	592	2989
<b>TOTAL</b> ... ..	<b>4852</b>	<b>665</b>	<b>5517</b>

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



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

	No. of Defects dealt with		
	Under the Authority's Scheme (see note b)	Other- wise	Total
ERRORS OF REFRACTION (including squint) ... .. (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	310	34	344
Other defect or disease of the eyes (excluding those recorded in Group I) ...	3	—	3
TOTAL ... ..	313	34	347
	Under the Authority's Scheme	Other- wise	Total
No. of Children for whom spectacles were			
(a) Prescribed ... ..	278	30	308
(b) Obtained ... ..	267	32	299

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

## NUMBER OF DEFECTS.

Received Operative Treatment										Received other forms of Treatment (4)	Total number Treated (5)
Under the Authority's Scheme, in Clinic or Hospital (see note b) (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total (3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
—	—	—	—	45	3	89	—	45	3	89	—
										130	267

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



## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

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

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.

	Under the Authority's Scheme ( <i>see note b</i> ) (1)			Otherwise (2)		Total number treated ( <i>see note above</i> ).
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residential treatment at an orthopaedic clinic (iii)	Residential treatment without education (ii)	Non-Residential treatment at an orthopaedic clinic (iii)	
Number of children treated ...	13	—	38	—	—	51

TABLE V.—DENTAL INSPECTION AND TREATMENT.

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 routine age-group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

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

(1) Number of children inspected by the Dentist :

(a) Routine age-groups.

Aged :

Routine Age Groups	5—362	Total 5076
	6—733	
	7—694	
	8—648	
	9—588	
	10—634	
	11—314	
	12—395	
	13—421	
	14—287	

(b) Specials (see note above) ...	...	...	...	393
(c) TOTAL (Routine and Specials) ...	...	...	...	5469
(2) Number found to require treatment ...	...	...	...	3127
(3) Number actually treated ...	...	...	...	2374
(4) Attendances made by children for treatment	...	...	...	2534
(5) Half-days devoted to :—Inspection ...	...	...	72	
Treatment ...	...	...	286	
			—	358
(6) Fillings (see note above) :—Permanent Teeth	...	2146		
Temporary Teeth	...	3		
		—		2149
(7) Extractions :—Permanent Teeth	...	292		
Temporary Teeth	...	4131		
		—		4423
(8) Administrations of general anaesthetics for extractions	...	—		
(9) Other Operations :—Permanent Teeth	...	58		
Temporary Teeth	...	1427		
		—		1485



TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS

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) All cases of uncleanness, however slight, should be recorded.					
(ii) The Return should relate to individual children and not to instances of uncleanness.					
(i)	Average number of visits per school made during the year by the School Nurses	...	...	...	12.6
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	23598
(iii)	Number of <i>individual</i> children found unclean ( <i>see note above</i> )				501
(iv)	Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	—
(v)	Number of cases in which legal proceedings were taken :—				
	(a) Under the Education Act, 1921	...	...	...	—
	(b) Under School Attendance Byelaws	...	...	...	—







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