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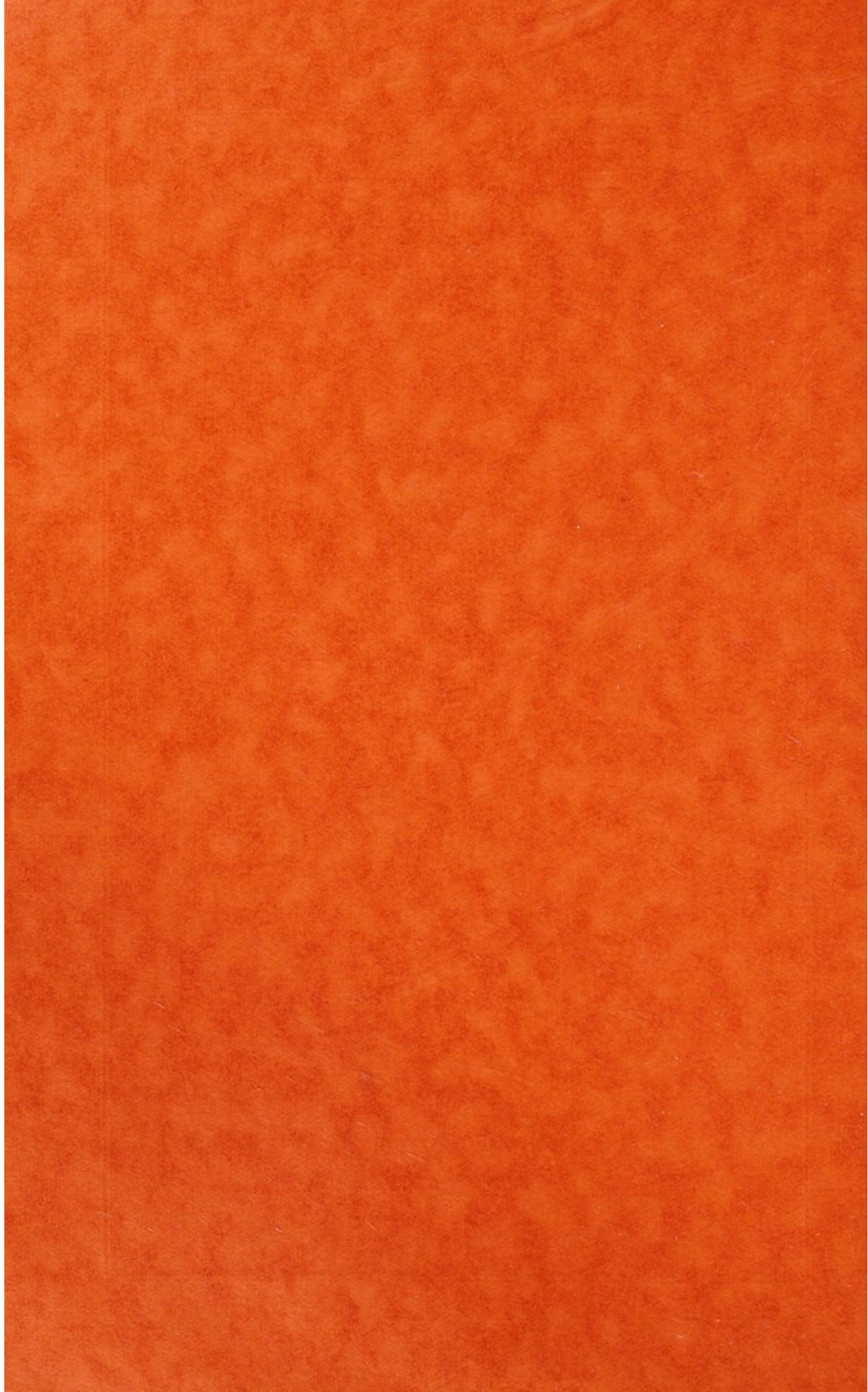
Borough of  
NEWCASTLE-UNDER-LYME  
EDUCATION COMMITTEE.



ANNUAL REPORT  
OF THE  
School Medical Officer  
FOR THE  
Year 1937.

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 1937 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.





### 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, 1937, 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')	579	506	115
Priory Road Council	Infants'	173	135	63
Hassell St. Council	Junior Boys'	258	240	96
" "	" Girls'	261	237	85
" "	Infants'	149	127	58
Westlands Modern	Senior Girls'	361	330	103
Rye Croft Council	Infants'	125	106	35
St. Giles & St. George's C.E.	Boys'	249	229	47
" " "	Girls'	236	213	56
" " "	Infants	135	112	35
St. Patrick's R.C.	Senior Mixed	254	235	90
" "	Junior Mixed (with Infants')	499	437	66
Orme Boys	Boys' Modern	366	340	105
Wolstanton C.E.	Junior Mixed	273	236	82
Albert Street Council	Junior Boys'	216	197	60
" " "	" Girls'	227	204	68
" " "	Infants'	134	116	42
Church Street Council	Infants'	100	85	41
Broadmeadow Council	Senior Boys'	230	214	75
" " "	" Girls'	229	209	79
Cross Heath C.E.	Infants'	93	77	39
Ellison Street Council	Junior Mixed	467	425	63
" " "	Infants'	288	239	175
Knutton C.E.	Junior Mixed	208	187	49



NAME OF SCHOOL		No. on Roll	Average Attendance	No. Examined
Knutton Council	Infants'	233	198	112
May Bank Council	Junior Mixed (with Infants')	275	226	188
Red Street C.E.	Infants'	62	54	20
Silverdale Council	Junior Mixed (with Infants')	376	331	129
Silverdale C.E.	Junior Mixed (with Infants')	153	133	21
Watlands Council	Senior Mixed	386	336	161
„ „	Junior Mixed (with Infants')	309	258	204
Knutton Council	Senior Mixed	402	353	159
Clayton Council	Junior Mixed (with Infants')	47	40	23
Totals ...		8353	7365	2744

### 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 1937.

##### PRIORY ROAD COUNCIL INFANTS' SCHOOL ;

Provision of two additional ordinary classrooms and two Nursery Classrooms with necessary cloakroom and lavatory accommodation.

## ALBERT STREET COUNCIL JUNIOR BOYS' AND GIRLS' :

Conversion of high pressure heating system into low pressure system.

Provision of hot water supplies to wash basins.

## KNUTTON :

Provision of Playing Field.

## WATLANDS MODERN COUNCIL SCHOOL :

Provision of Playing Field at Hempstalls Lane Farm.

## PHYSICAL TRAINING :

Provision of shoes and clothing.

### 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 and are then submitted for examination by an assistant medical officer.

During the year under review 1442 parents availed themselves of the opportunity to be present when their children were being examined. This figure represents 52.55 per cent. of the children examined, which percentage is a little below the average for recent years, and 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.

Thirty eight 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 33 cases, while in the others the conditions were materially improved.

### B.—NUTRITION.

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

Excellent ...	193	7.03 per cent.
Normal ...	2449	89.25 per cent.
Below normal	79	2.88 per cent.
Poor ...	23	0.84 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	...	5	54	59
Nits	...	2	25	27
Pediculi	...	1	6	7
		<hr/>		
		8	85	93

This number (93) represents 3.39 per cent. of the children inspected at routine medical inspection. Taking the girls' heads alone, the figure is 6.21 per cent. The percentages for this year are about the same as the average for recent years.

#### D.—TONSILS AND ADENOIDS.

Among the routine and special examinations 248 children were found to be suffering from chronic tonsillitis, 173 of these being cases of such a degree as to require treatment, and the balance of 75 being slighter cases which required only to be kept under observation. Twenty-two children were suffering from adenoid hypertrophy, 15 of such a degree as to require treatment, and 197 children were suffering from a combination of chronic tonsillitis and adenoid hypertrophy, 119 of these being of such a degree as to require treatment. In addition 292 children were found to be suffering from other conditions of the nose and throat. These other conditions were: acute tonsillitis 256, nasal catarrh 16, pharyngitis 4, laryngitis 3, tracheitis 3, other miscellaneous conditions 10.

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, 147 were operated upon and 16 received other forms of treatment. Of the other cases 287 were referred for treatment and the majority of these received treatment either at the clinic, by the home doctor or at hospital.

#### E.—TUBERCULOSIS

Ten cases of definite or suspected pulmonary tuberculosis, 10 cases of tuberculous adenitis, 2 cases of tuberculous arthritis and 1 case of abdominal tuberculosis



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 14. Five of these were cases of dermatitis, 4 of scabies, 2 of impetigo, and one each of ichthosis, alopecia, and herpes. Among the special examinations there were, 16 cases of dermatitis, 12 of impetigo, 7 of scabies, 5 of furunculosis and 1 of urticaria. Of these cases, 38 were treated at the clinic, 5 at hospital, and 12 received home treatment.

#### G.—EXTERNAL EYE DISEASE.

Twelve cases of blephritis, 5 of conjunctivitis, and 1 of corneal opacity came to light at routine medical inspection. Of these cases, 13 were treated at the school clinic and 5 by the home doctor.

Among the special examinations there occurred 50 cases of conjunctivitis, 5 of blephritis, 2 of corneal opacity, and 1 each of hordeolum and meibomian cyst. Of these cases 40 were treated at the clinic and 19 received home treatment.

#### H.—DEFECTIVE VISION AND SQUINT.

There were 286 cases, including specials, which were referred for treatment, 252 of these being cases of defective vision and 34 cases of squint. During the year 345 cases of defective vision, etc., were submitted for refraction, 333 of these being so submitted under the Authority's scheme and 12 by a private practitioner or otherwise. During the year spectacles were provided to 331 cases, in 318 of these under the scheme of the Local Education Authority and in 13 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 37 cases of defective hearing which required treatment. The defect was due to otitis media in 36 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 WORK OF THE DENTAL SCHEME FOR THE YEAR 1937.

During the year the arrangements for the dental treatment in the Newcastle-under-Lyme area remained unchanged.

The number of children inspected was 5,223 of which number 4,702 were routine and 521 were special cases *i.e.*, children who sought advice on account of tooth-ache or other urgent circumstances. Of the 5,223 children inspected 3,337 were found to require treatment and of this number 2,528 were actually treated for conditions set out in the following table :—

Extractions only	...	...	...	1335
Extractions and fillings	...	...	...	607
Fillings only	...	...	...	517
Miscellaneous operations	...	...	...	69
				2528

The percentage of children requiring and accepting treatment was 75.7 a decrease of 0.2 per cent. as compared with 1936. Among the refusals are counted those who accepted treatment but were not treated through absence from school and also those children who obtained treatment elsewhere. The treatment was carried out on the premises specified in the Report for the year 1933. The age limit of treatment in the area of the old Borough has been raised to include the eleven year old group and the policy of extending this year by year in the usual manner until all ages are included will be continued. The facilities for treatment of the elder children at present not included as routines by means of a Saturday morning clinic at the Newcastle centre have been continued throughout the year.

Much more time has been spent in the area of the old Borough than formerly and considerable time is here lost through children having to come a long distance across the town in some instances and also by the regular use of the clinic for ante-natal work on Friday afternoons as it is not always possible to find alternative work in a school on those afternoons. The provision of a separate room for dental use in any new clinic would obviate this delay and would enable the equipment of such a room to be made of a more permanent nature.

It is now impossible with one dental surgeon to carry out an annual round of the elementary schools, indeed the period between inspections has now grown to 17 months and must be further aggravated as the 3 remaining age groups in the old Borough are included. The long interval causes increasing difficulty by the decay of the teeth reaching a point at which toothache supervenes. This may be illustrated by the number of "casuals" which class now equal 10 per cent. of all the children inspected and these "special" cases have grown from 393 in 1936 to 521 in 1937 and tend to submerge the routine treatment of preserving the natural teeth and avoiding lengthy and complicated operations by the frequency with which supervision is carried out. The whole scheme is becoming uneconomic and it is imperative that further assistance should be provided. If the Maternity and Child Welfare Clinics had dental treatment provided there is undoubtedly a need for a second whole-time Dental Surgeon and Dental Nurse. In the County the need for such provision has been demonstrated and it is reasonable to suppose that conditions in the Borough are not likely to differ from those in the adjacent County areas. Attention to the inadequacy of the Staff has been drawn in the Annual Reports for 1935 and 1936 and therefore I strongly urge the Authority to take the necessary steps to carry out my recommendation.



Mr. Greenhalgh reports that relations with the Head Teachers and their Staffs have been most cordial and this fact has contributed greatly to the smooth running of the Scheme.

The operations performed comprised 36 metal fillings only ; 2,588 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 ; 14 silicate fillings ; 4 zinc-oxide fillings ; 1 root-canal filling ; 4,400 extractions of temporary teeth ; 359 extractions of permanent teeth ; 2 extractions of supernumerary teeth ; 1,114 dressings of silver nitrate ; 27 dressings of carbolized resin ; 1 root-canal and 4 other dressings ; 9 adjustments of orthodontic appliances ; 3 cases of trimming teeth fractured as a result of falls ; 2 cases of haemorrhage arrested ; 2 scalings ; 1 case of lancing to assist the emergence of impacted teeth and advice tendered to parents *re* dental conditions of their children in 75 cases.

In brief 4,761 extractions ; 2,643 fillings and 1,238 sundries were completed, a total of 8,642 operations during the year.

The average number of teeth extracted per child treated for extractions (including extractions and fillings) was 2.4 as compared with 2.4 in the preceding year and this would appear to be a constant figure under present circumstances for the Borough when the interval between inspections exceeds one year. It may be stated that with infrequent inspection no progress is being made in dealing with septic conditions.

The average number of fillings inserted per child treated for fillings (including extractions and fillings) was 2.3 as compared with 2.2 in the preceding year, also due to the interval between inspections exceeding one year. It indicates a loss of 12 treatment sessions due to this cause.



This loss must progressively increase unless steps can be taken to reduce the amount of treatment rendered necessary by infrequent inspection.

No temporary teeth were filled but 1,114 were treated with dressings of silver nitrate to retard the progress of decay.

The number of children inspected who were found to possess permanent teeth so decayed as to be unsaveable by filling and to require removal was 433 of which total 216 have been reported in previous years, while of the balance arising during the year under review 33 were found on first inspection already to possess unsaveable permanent teeth and the parents of 155 had refused the offer of treatment in preceding years when the teeth could have been filled and saved.

The fillings were inserted in 1,124 mouths and represented in that number of children an arrest of decay **in** and of completed treatment **for** their permanent dentitions. If to these 1,124 children whose permanent teeth were made artificially sound we add 2,234 children with permanent teeth, who required no treatment (chiefly as a result of treatment in previous years) we find a balance of 485 children whose refusal of treatment involves decayed conditions of the permanent teeth. The parents of these children are taking a great responsibility in regard to the future well-being of their children more especially as during the year only 64 children were inspected who had received dental treatment elsewhere (1.2 per cent.) Parents should remember that not only much ill health results from dental disease but many avenues of desirable occupation are closed to young people with bad conditions of the teeth. Discerning employers have now the choice of candidates presenting both good and bad conditions and are not likely to engage the latter to take charge of children, to handle food stuffs or to break down dentally under the ordinary stress of



average employment in any desirable capacity nor will the Certifying Factory Surgeon pass candidates with bad teeth until obvious defects have been remedied. The whole future of a child may be jeopardized by a parental refusal of the facilities provided by the Local Authority.

On the other hand it is gratifying to find that 18 children under school age were brought to the Clinic for treatment by their parents and these "toddlers" made 21 attendances and had 27 temporary teeth extracted, 18 dressings and 7 sundry operations completed. This promises a better state of dental conditions when the children enter school and a closer co-ordination between the Clinic and the Infant Welfare Centres is to be encouraged by every possible means.

The extent of the ravages of dental disease may be illustrated by the fact that of 292 children aged 12 years inspected as routine cases not a single child was found who had not at some period of their school life been affected by varying degrees of dental decay. This fact may be due to errors of infant diet or to associated deficiency of essential bone building factors which may be roughly indicated as butter, milk, eggs and fresh fruit and vegetables or to an excessive use of adverse factors as white bread and sugar. It may also be due to dental defects in the parents, more particularly in the case of the mother, to insufficient sunlight and sleep and to overcrowded conditions in the homes. Some of these causes can be prevented without difficulty, others are due to environmental conditions beyond the control of the average parent. Education in food values seems the pressing need of the moment in connection with this deplorable condition.

The schools returning the highest percentages of acceptances of treatment were Silverdale Infants 84.8, Red Street Infants 83.3, Knutton Infants 82.2, and Priory Road Infants 80, and Clayton Junior and Infants also 80. The



fact that the infant schools so conspicuously head the list supports the theory that it is not the parents who decides for treatment in the case of the elder children but the children themselves.

It should be mentioned, however, that 386 parents attended the clinic at the time of treatment of their children. This enables the dental surgeon to explain the reason why the children concerned have been sent for and is a method of reassuring the parents as to the procedure adopted for treatment.

A higher percentage of acceptances was attained in the one school in Chesterton seen during the year. In view of the remarks in the Annual Report for 1934 this may be regarded as satisfactory. If the improvement continues in the schools there due to be seen in 1938 a definite advance will have been made.

From returns of 166 home visits paid by Nurse Barratt in cases of parental refusal exactly 100 consents to treatment were obtained. A number of children were also interviewed in school with equally satisfactory results. It is unfortunate that the pressure of clinical work precludes more "following-up" to be undertaken. With an increase of staff this pressure would be relieved. It should be repeated, however, that persuading parents to consent to necessary treatment of defects in their children should be unnecessary. Parents should be eager to avail themselves of the facilities provided by an enlightened Authority and not refuse any means by which the future welfare and health of their children can be promoted. Any other attitude is an abuse of parental authority the reverse of parental solicitude and love. Dental decay is a progressive disease and the earlier remedies can be applied the better. To await the advent of toothache or a swollen face before advice is sought is neither intelligent nor kind. To send children to school unable to profit by their educational facilities is a serious loss to them and to the State.



The details of the examination of 4,689 **charted** cases are shown in Table A, while Table B shows the figures expressed in the ratio of 100 children to each year of age, to enable comparison with figures in other returns to be made.

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

A. TABLE SHOWING THE RESULT OF THE EXAMINATION OF THE TEETH OF 4,689 ELEMENTARY SCHOOL CHILDREN BEFORE TREATMENT IN THE YEAR 1937.

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
1932	304	3647	1623	537	149	2	—
1931	487	5072	1524	932	1321	62	—
1930	540	4000	2296	1090	3453	336	13
1929	564	3113	1930	890	5104	518	50
1928	665	2709	1792	760	7782	688	74
1927	662	1842	1294	706	9614	669	136
1926	676	1199	715	486	12153	684	196
1925	284	264	167	179	5793	366	84
1924	291	108	46	65	6691	464	157
1923	216	27	25	19	5106	345	120
TOTAL	4689	21981	11412	5664	57166	4134	830

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
1932	100	1199	533	176	48	—	—
1931	100	1041	312	191	271	12	—
1930	100	759	418	201	639	62	2
1929	100	551	342	157	904	91	8
1928	100	407	269	114	1170	103	11
1927	100	278	195	106	1452	101	20
1926	100	177	105	71	1809	101	29
1925	100	92	58	63	2398	128	29
1924	100	37	15	22	2299	159	53
1923	100	12	11	8	2363	159	55

It may be perceived that the examinations charted in Table A included 101,187 teeth. Of 39,057 temporary teeth 56.2 per cent. were sound ; 29.2 per cent. were decayed saveable and 14.5 per cent. were unsaveable. The latter figure shows an advance of 3 per cent. on the preceding year, probably due to the longer interval between inspections.

With regard to the 62,130 permanent teeth 92 per cent. were sound ; 6.6 per cent were decayed saveable and 1.3 per cent. were decayed unsaveable. As during the year 2551 permanent teeth (in this group) were 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 1,583 or 2.5 per cent.



The 830 unsaveable permanent teeth were distributed in 439 mouths as follows :—

194 children had each 1 unsaveable permanent tooth.

155	„	„	2	„	„	teeth.
47	„	„	3	„	„	„
33	„	„	4	„	„	„
7	„	„	5	„	„	„
3	„	„	6	„	„	„

During the year 60 of these mouths were completely relieved of unsaveable permanent teeth by extraction.

Turning to Table A the distribution of the decay for both dentitions combined was noted and Table C shows the result. In the younger groups the absence of permanent teeth influences the results while 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 1937 and it is of interest to note that 40 children were found with sound temporary teeth but 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 1937.

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
1932	304	29	9.5	26	8.5	34	11.1	44	14.4	171	56.2
1931	487	26	5.3	41	8.4	65	13.3	91	18.7	264	54.2
1930	540	16	2.9	52	9.6	78	14.4	113	20.9	281	52.0
1929	564	17	3.0	73	12.9	117	20.7	123	21.8	234	41.4
1928	665	27	4.2	109	16.4	200	30.0	165	24.8	164	24.6
1927	662	56	8.4	170	25.6	174	25.6	135	20.4	127	19.1
1926	676	95	14.0	242	35.8	179	26.4	92	13.6	68	10.0
1925	284	45	15.8	107	37.6	77	27.1	33	11.6	22	7.7
1924	291	76	26.1	92	31.6	66	22.6	37	12.7	20	6.8
1923	216	73	33.8	62	28.7	38	17.6	28	12.9	15	6.9
TOTAL	4689	460	9.8	974	20.7	1028	21.9	861	18.3	1366	29.1

The effects of treatment in successfully combatting disease may clearly be seen in Table C by the gradual elimination in the older children of the worst conditions as shown by the steady drift forward of the higher percentages in the children, year by year for age. Further, if the



results in Table C are measured in terms of septic mouths, the results are perhaps even 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 are noted under three headings in Table D.

D. TABLE SHOWING THE NUMBER AND AGE OF THE CHILDREN CHARTED AND THE GENERAL CONDITIONS OF THEIR DENTITIONS, BEFORE TREATMENT IN THE YEAR 1937, 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
1932	304	250	—	130	164	10	—	—	—
1931	487	189	—	179	289	19	—	2	—
1930	540	22	—	177	346	17	3	7	—
1929	564	2	3	213	340	11	7	37	6
1928	665	—	10	308	354	3	24	35	14
1927	662	—	54	309	346	7	33	70	20
1926	676	—	130	355	317	4	35	103	29
1925	284	—	117	159	122	3	17	39	17
1924	291	—	198	197	91	3	34	26	21
1923	216	—	173	155	59	2	26	20	13
TOTAL	4689	463	685	2182	2428	79	179	339	120

From Table D. it may be perceived that 53.4 per cent. of the children charted had septic mouths, chiefly in association with the temporary dentition. It will be noted that 79 children had such very unhealthy conditions as to be classed as cases of obvious parental neglect within the meaning of the Children's Act 1908 and 1921. The percentage of mouths free from sepsis was 46.5 as compared with 51.3 in the preceding year.

There were 638 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. The number of children found with developmental defects of the teeth (hypoplasia) was 176.

The number of children obviously nervous at either the time of inspection or treatment was 157 of which number 42 were easily re-assured, 49 were difficult and 66 intractable.

WILLIAM H. JONES, M.A., (Cantab.)  
L.D.S., R.C.S., (England).  
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 7,895.



The following table represents the conditions found :—

		Boys	Girls	Total
Few Nits	...	20	361	381
Nits	...	3	83	86
Pediculi	...	1	41	42
		24	485	508

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 11.4.

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, Chester-ton, one at Silverdale Council School, and one at Knutton. One of these is an adapted house, two are semi-permanent structures, consisting of a waiting room, a treatment room and a doctor's room, and two are permanent brick structures containing similar accommodation plus a sanitary annex. All minor ailments are treated at these clinics, and the diseases dealt with are shown in Table IV., Group 1. During the year 5,927 cases were dealt with, the number of attendances being 28,256.

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 the 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 Council Infants' School, Chesterton, Albert Street Infants' School, Chesterton, Broadmeadow Senior Girls' School, Cross Heath Infants' School, Ellison Street Infants' School, Wolstanton, May Bank Infants' School, Red Street Infants' School and Clayton School, 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 1,159 visits were paid by the nurses in the following up of medical defects.

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

### **OPEN-AIR EDUCATION.**

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

During the year school journeys were made to London, Lichfield, Stratford, Warwick, Edgehill, Kenilworth, Maxstoke and Coleshill. In addition to these, 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 late Organiser of Physical Training.

### ANNUAL REPORT OF PHYSICAL TRAINING 1937.

Ladies and Gentlemen,

I have pleasure in submitting to you my Annual Report on the Physical Education of your area for the year 1937.

#### GENERAL.

A review of the progression and development of the Physical Training for the past year gives a very favourable impression. Both the training of the children in schools and the recreational physical training of adults are definitely on the upgrade. This work has been greatly assisted by the improved facilities provided by a sympathetic and helpful committee who have real interest in the physical welfare of the children and adults in the area.

The Physical Education of the school child does not consist solely of certain specified lessons taken regularly in school time, but should include in some small way all that pertains to the health and wellbeing of the child. One is often apt to think in the main of physical exercises, games, dancing and swimming, etc., but the ever present school conditions, nourishment, clothing and healthy living all fulfill their part in the physical education of the child and as such should be encouraged.

In this area progression has definitely been made on these lines. During the past year we have experienced the value of healthy surroundings of the new senior school at the Westlands with its extensive playing fields and playgrounds, open-air classrooms and shower baths, etc., Also Priory Road extensions provides for open-air class-



rooms throughout, with surroundings of fields, garden and playgrounds giving a keen appreciation of open-air and healthy living. These modern conditions must have some direct physical benefit on the health of the children who are fortunate to attend these schools. It is good to know that the overcrowded dark buildings which of necessity have housed many children, are to be replaced with modern buildings in the near future.

The provision of free and cheaper milk to undernourished children has proved of great value as an undernourished child will not get full benefit from a normal scheme of physical training. This assistance is to be extended by more substantial feeding in necessitous cases.

With provision of open-air and spacious facilities and good food the children will be able to obtain full benefit from the more extensive physical training that is now planned for them. This should inculcate a love for open air and exercise which should not cease but be extended after school life. An attractive programme is open to them in physical exercises, gymnastics, organised games, athletics, swimming and dancing.

#### INFANTS' SCHOOLS.

In the schools for very young children one is greatly impressed by the joy of movement expressed by a very happy and vital atmosphere throughout the lessons. It is exceptional to go into an Infant Department to find dull monotonous physical training. The variety and freedom of exercise encouraged by the teacher gives a spontaneity which is not often found in other lessons. Informal exercises, simple games, and the handling of all types of small apparatus, together with simple steps and dances forms the Infant school work. In this area the standard of Infant work is good and many schools manage to introduce the beginnings of group work with apparatus as a preparation for junior school work. Though the dancing is quite good of its kind,



the introduction of more imaginative work and natural movement might be of benefit. But here one must realise the importance, in fact the necessity for a very musical and able teacher. Practically all Infants' schools have made some effort to provide shoes for indoor work. This has been greatly helped by open days for parents who could then see the necessity for lighter foot wear particularly in regard to the boys.

#### JUNIOR DEPARTMENTS.

In the Junior Departments generally speaking the preparation of work and general execution is quite good. There are fewer specialist teachers though it has been found advisable to transfer classes to younger members of the staff when the work demanded was rather more than an older teacher could hope to manage.

The development of coaching by Team Leaders has been most marked and shows good progress. Syllabus work on the whole has been of a much higher standard than that of the games programme. Junior Schools still need to realise that the older children in these schools are capable of playing games scientifically—and not to the detriment of the enjoyment of the games. This side of the work for both boys and girls might be improved.

Many of these schools have made splendid efforts to provide shoes for physical training, and in some departments there is hardly a child who has not managed to get shoes of some kind. This question of the provision of shoes is not an easy one and it needs persistent reminding and encouragement if the standard once obtained is going to stay.



One enterprising Junior School arranged for boys to strip except for shoes and trousers for physical training lessons when the weather was suitably sunny and warm. The healthy effect of letting the sun and air get to the skin was obvious and the boys seemed very happy and free in their movements.

#### SENIOR DEPARTMENTS.

Senior Schools on the shore are very enterprising in physical training and they do not hesitate to try out, take what is good and use it. Not many schools have still to realise that :—"To ensure that the body is trained to proper condition through physical exercises, gymnastics, organised games, athletics, swimming and dancing just as the mind is trained to its full power through mental exercise "Health School Child 1935". Most schools give the allotted times of three periods of 45 minutes physical exercises and gymnastics, and 45 minutes for organised games. Occasionally this has not been found possible owing to lack of accommodation, particularly in regard to Senior Mixed Departments with only one Hall for all school activities. There are too many periods of physical training attached to a school time table to allow of definite indoor work when the weather is bad. Only a certain section of these lessons are possible and thus the regularity of the work is broken and classroom work, which is not so satisfactory, though good from a teaching point of view, has to be introduced. The remedy for this and to ensure the continuity of the work in this varied climate of ours is the provision of school gymnasias and it is hoped that the ideal of the future for senior schools will be fully equipped gymnasias for each senior department.

This year the Committee generously allowed a sum of money to be spent on shoes and clothing for physical training. This is an excellent incentive to further effort in the schools and has been much appreciated. As shoes were the most necessary item of equipment, most of the



financial outlay went on the provision of about 3,000 pairs of shoes and a much smaller amount provided black shorts for boys and navy knickers for girls. May I suggest that any future outlay might be arranged on a three years' plan, covering full equipment for the first year children entering senior schools for a period of three years? In this way the uniformity of dress would be supplied throughout the schools for physical work.

Many senior boys departments worked out of doors in the warmth and sun of the summer term in trousers and shoes only. Teachers are thus able to see the actual movements taking place and any slight abnormality or deformity can be noted which is often hidden by clothing. Also the healthy free atmosphere provided is one which might be encouraged indoors, for boys are nearly always too thickly clothed and no air can get to their skins.

#### PLAYGROUNDS.

This year very little work has been possible either on the repair or resurfacing of playgrounds, though most school playgrounds are in quite good condition. The acquisition of the new Westlands and Priory Road School playgrounds give generous playing space which is level and of a suitable size for large numbers of children. The playgrounds of Knutton and Watlands Senior Schools are still very small for the numbers using them. It is almost impossible to take Organised Games satisfactorily with such limited space, though the valiant efforts of the teachers show that they get the very best possible under difficult conditions.

All playgrounds have been marked for games this year and this has proved the saving of much time and energy on the part of the teachers who greatly appreciate this consideration.



### PLAYING FIELDS.

It is most encouraging to realise how facilities for Playing Fields are definitely improving. This year we have had the new field at the Westlands in full use and in excellent condition. At Knutton preparations are well ahead with the provision of a Playing Field for this area which should be an asset to the whole district. Proposals are afoot to acquire the land adjacent to the present Pool Dam Ground at Newcastle, and though this may not be ready for some time it gives promise for the future.

Watlands School unfortunately had to give up their field at Bradwell owing to building activities and they have been allotted, temporarily, facilities in the Sparch Hollow area. Accommodation nearer to the school and more permanent is desirable in the interests of the development of thoroughly beneficial school games.

Broadmeadow and Pool Dam Fields are in excellent condition owing to the care and supervision of a temporary groundsman. This is the first year we have been able to depend on the continued help of a groundsman to keep the grounds in suitable condition with regard to cutting and marking, etc., The results have more than proved the necessity for such continuous attention to grounds if they are to be fully utilised as they were intended.

### EQUIPMENT.

The equipment of the schools for Physical Training is, generally speaking, in good order. All schools have been provided with a suitable amount of small apparatus according to the various facilities. This is well used and on the whole well cared for. It is hoped that at some future date accommodation might be possible to store organised games material on the games field as the continuous carrying about of apparatus does not tend to extend its life.



All senior schools have this year been provided with additional portable apparatus, thus making the gymnastic work still more effective and allowing of a more varied programme of work. This should definitely be of an advantage for the work of adults who seem to need a great deal of variety in their programme of work in order to hold their interest.

The provision of about 3,000 pairs of shoes and the provision of a small number of pairs of black shorts and navy knickers have done a tremendous amount to stimulate the efforts of the teachers still further. The provision of complete outfits for the senior departments is hoped for in the future.

#### SWIMMING.

Once again the limitation of the Swimming to the summer months for the schools is regretted. In September the season closed with great enthusiasm and several requests were made for winter swimming. All those concerned with the teaching of swimming have worked together splendidly and provided record results up to date.

Cleanliness has been most satisfactory, only a very occasional lapse being noted on the part of an odd child or two. This is due to the persistent activity on the part of the teachers who realise the necessity for training the children to use a public bath correctly.

This season the splendid number of 759 Certificates have been gained which is 38 more than last year's total of certificates. These certificates are given to children who can swim distances varying from 50—400 yards at the end of the season. The number of beginners who have actually learned to swim this season is 696. This is 249 above the numbers for last year. With regard to button tests the numbers exceed last year's numbers by 356 awards. These awards are given for tests as stated in the Schools' Swimming Scheme. These results are exceptionally good and both the instructors and teachers are to be congratulated.



The facilities offered by the Baths' Committee are excellent, five half days for boys and five half days for girls which allows for a period at the Baths of 40 minutes per class. An additional half hour on Tuesdays and Fridays is allowed for Free Ticket Swimmers and the teachers have an hour allowed for instruction on Monday evenings.

Accommodation has been arranged for 1,735 children to attend the Baths each week and the number of weeks for instruction usually reach about eighteen weeks in the school year. Life Saving and Resuscitation showed a marked improvement this year. The seriousness of this side of the work has at least been accepted and it is a good token that the children can be trained to act in an emergency to help those less fortunate than themselves. No child is allowed to take a Life Saving Certificate unless he or she has previously swam 400 yards *i.e.*,  $\frac{1}{4}$  of a mile.

The Baths Committee generously provide 75 free tickets for girls and 75 free tickets for the use of boys. This gives the children an extra opportunity to put into practice what they have been taught during the swimming lesson in school time, thus improving their proficiency. Schools which have arranged for their own gala—for House Competition in their own schools are:—St. Giles and St. George's C. of E. Girls' School and Broadmeadow Boys' School.

## 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, 1937.

GIRLS' DEPTS.	1st Year												2nd Year											
	Buttons						Certificates						Buttons						Certificates					
	2 R	2 G	2 Y	2 B	2 W	tot'l	2 50	4 100	6 200	8 400	10 L&D	tot'l	1 R	1 G	1 Y	1 B	1 W	tot'l	1 50	2 100	3 200	4 400	5 L&D	tot'l
Westlands ...	54	31	18	6	4	113	12	5	1	14	2	34	32	29	26	29	18	134	14	7	6	24	15	66
Watlands ...	40	24	12	4	1	81	5	4	-	9	1	19	12	22	13	9	4	60	3	3	-	11	5	22
Broadmeadow ...	41	25	16	5	-	87	7	6	2	7	-	23	24	28	23	16	9	100	11	8	2	10	7	38
Knutton ...	30	15	5	3	2	55	4	4	3	4	2	17	19	23	15	10	9	76	5	7	4	10	4	30
St. Patrick's ...	19	15	9	5	2	50	3	2	2	5	2	14	27	26	22	20	15	110	4	1	2	12	7	26
National ...	8	-	-	-	-	8	4	-	-	-	-	4	16	16	14	17	10	73	5	2	-	14	13	34
BOYS' DEPTS																								
National ...	30	22	11	7	4	74	5	1	1	14	-	21	-	5	10	12	9	36	-	-	-	11	10	21
Watlands ...	45	30	13	4	4	96	7	4	4	21	2	38	22	22	26	26	25	121	4	4	2	28	22	60
Broadmeadow ...	48	32	12	-	-	92	7	5	6	12	-	30	12	19	16	10	9	66	4	6	5	17	6	38
Knutton ...	51	25	7	2	-	85	8	6	1	8	-	23	16	34	17	13	5	85	6	9	7	11	3	36
St. Patrick's ...	40	16	5	2	1	64	13	8	1	6	1	29	-	9	8	6	3	26	3	5	5	12	5	30
Orme Boys' ...	55	19	8	3	2	88	8	3	4	9	3	27	55	49	31	30	19	184	11	11	13	27	17	79

## SWIMMING RESULTS, 1937.

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

*First Year Swimmers—*

2 points for each button. 2, 4, 6, 8, 10 points for the various certificates.

*Second Year Swimmers—*

1 point for each button. 1, 2, 3, 4, 5 points for the various certificates.

2. Children who make their first attendance in September, should not have been tested this season, and have not been included in the results so that they may be **first** year swimmers next season.
3. FREE TICKETS have been calculated :—
  - 1st on the percentage of possible points.
  - 2nd on numbers attending the baths in conjunction with the percentage referred to above.
4. In future all entries in Swimming Record Books must be in ink.
5. All Swimming Record Books must be taken to the Baths each week for the instructor's initials to be added at the time of the test and also for all tests at end of season.
6. All the awards must be initialled by the instructor or instructress in charge.
7. Both christian names and surnames should be entered in the Record Book for Certificate purposes.



## FREE TICKETS.

75 granted by the Baths Committee for boys.

75 granted by the Baths Committee for girls.

These tickets have been allotted to each school on percentage of possible points and on numbers actually attending the Baths.

GIRLS.				BOYS.			
No. of Tickets				No. of Tickets.			
Westlands	...	...	20	Orme	...	...	18
Watlands	...	...	13	Watlands	...	...	19
Broadmeadow	...	...	13	National	...	...	9
St. Patrick's	...	...	11	Broadmeadow	...	...	12
National	...	...	7	Knutton	...	...	10
Knutton	...	...	11	St. Patrick's	...	...	7
—				—			
75				75			
—				—			

## SCHOOLS' SWIMMING GALA.

The Annual Schools' Gala held at Newcastle Baths on Monday July 26th, 1937, was a great success. This year the Committee of the Schools' Swimming Association felt that the style swimming had improved so much in recent years that it was now absolutely necessary to obtain the services of recognised experts to judge. Hence—Mr. Laverty junior of Manchester who is instructor to the Manchester Education Authority and official coach to the Northern Branch of the Swimming Association—was invited to act as Judge. His remarks may be of interest, he said he was amazed at the all-round excellence shown and that it was one of the best Galas of its kind he had ever seen.

The arrangements were carried out splendidly by Mr. N. Banks and Mr. John.

The officials of the Men's Club at Newcastle judged the "Speed" events.

Results were as follows :—

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

*Girls' Championship*—F. Bartlett, St. Giles' and St. George's

*Boys' Championship*—V. Tatler, St. Giles' and St. George's

#### SCHOOLS' SQUADRON CHAMPIONSHIP RESULTS.

(These competitions are held throughout the Swimming Season).

GIRLS	BOYS
	points
1. St. Patrick's ... 10	1. Orme Boys' ... 10
2. St Giles' & St. George's ... 8	2. St. Giles' & St. George's 8
3. Westlands ... 6	3. St. Patrick's ... 6
4. Broadmeadow ... 4	4. Watlands ... 4
5. Knutton ... 2	5. Broadmeadow ... 2
6. Watlands ... Nil	6. Knutton ... Nil



## SPORTS.

As facilities improve more schools will feel encouraged to organise their own individual sports. At present only the schools with good playing field accommodation find this possible. This year Knutton held Sports on Silverdale Cricket Ground ; Orme Boys' School held theirs on Pool Dam Ground. A great deal of planning is required for school sports if they are to be successful, but they are well worth the trouble expended when planned on the House System and as many children as possible are included.

**The Annual School Sports** were held at Silverdale this year with the usual strong support of spectators. Competition was keen and results were good.

Results were as follows :—

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

*Senior Girls' Championship*—Broadmeadow and St. Giles' and St. George's Schools.

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

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

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

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

*The "Bentley" Cup—Junior Boys' Relay*—Knutton C. of E.

*Senior Championship (Boys)*—H. Jackson, Orme Boys'.

*Senior Championship (Girls')*—B. Ashmore, Knutton.

These results are in practically all cases the results of the normal work of the school and as such they reflect great credit on the teachers concerned. Mr. J. T. Cork and his able committee provided a well organised and excellent programme of events.

Knutton School is lucky in its environment. For many years now the staff have organised a Cross Country run for both boys and girls and these are now one of the most interesting events of the school year. The girls cover a much shorter distance than the boys and all the children finish well, and without any unusual distress.

#### OUT OF SCHOOL GAMES.

The voluntary work of many teachers in the area is worthy of much praise and it so often seems to be unrecognised. Many hours are given to the coaching of football, cricket, netball, swimming, dancing and sports which are not included in any school time table.

In **Football** we have both the Senior and Junior Leagues and the combined effort of all schools in the Newcastle Schoolboys Team. This team has had remarkably good results up to date and have beaten Runcorn, Winsford and have to meet Longton in the 4th round.

**Cricket** is played by the boys in the summer as friendly matches and comparable with this we have **Netball** for the girls. It has been rather disappointing to note that few junior girls teams for netball have been possible and yet the junior boys scientific football is very good indeed.

#### FOOTBALL RESULTS.

##### SENIOR DIVISION.

CHAMPIONSHIP—Undecided.

CUP—Orme Modern 3, Watlands 1.

##### JUNIOR DIVISION.

CHAMPIONSHIP—Ellison Street.

CUP—Ellison Street beat Silverdale Council.

ENGLISH SCHOOLS' SHIELD.

NO. STAFFS. Home—Lost 2-0.

STAFFS. COUNTY LECKIE SHIELD.

WEDNESBURY, Away—Lost 1-0.



## MUSICAL FESTIVAL.

The Annual Musical Festival was held on November 20th and the Folk Dancing Competition was most successful. Again we were criticised by the Adjudicator for the lack of mixed teams and a proposal is to be put forward to enter these in addition to girls teams in future.

The standard of work was remarkably high all schools in the junior section receiving first class certificates, and all, with the exception of one school in the senior section, were put into first class sections.

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 Street Junior Girls.

(All **First** Class Certificates were awarded).

## SENIOR FOLK DANCING.

SHIELD—Broadmeadow Modern School.

PICTURE—Broadmeadow Modern School.

4 Schools—First Class Certificates.

1 School—Second Class Certificate.

## SWORD DANCING.

Both Broadmeadow and St. Giles' and St. George's C. of E. Girls' Schools gave excellent displays of sword dancing though Broadmeadow's were ahead in results.

### TEACHERS' CLASSES.

A class for **Athletics** was arranged for the Staffs Senior Boys' Schools. This was taken by Mr. Morris at the Wolstanton County Grammar School and was well attended.

Following this a **Swimming Class** for men teachers was held at Newcastle Baths on Friday evenings.

Also the **Women Teachers Swimming Class** has been held one evening per week throughout the year at Newcastle Baths.

### LEADERS CLASSES.

Leaders Classes for the training of women for adult recreational work were held throughout two terms, and as a result we have a nucleus of leaders to take over the Keep Fit work in the area and surrounding districts.

A class for **Infant Work** was held during the Christmas and Easter Terms. This was well attended and proved to be a most popular class.

### FOLK DANCE CLUB.

This Club for women teachers has once again held meetings every Thursday and has been well supported.

### BADMINTON CLUB.

This Club held at St. Andrew's Hall on Friday evenings shows an increase in membership and enthusiasm.

### KEEP FIT WORK.

(Women)

More worthy of note than usual is the advance in adult work which has been stimulated by the Government's Keep Fit Campaign. In Newcastle we had two classes



for women last year which were self-supporting. One was held at the Orme Girls' High School Gymnasium on Wednesday evenings, and the other was held at May Bank Council School on Monday evenings. Owing to the increase in numbers a third class was opened in October at Priory Road Council School and though this is at present a successful centre, the room is rather too small to allow of this being a paying proposition. Older people need more room than younger folk when exercising and the larger the room possible, the more comfortable they are and the more enjoyment they get from the work.

Two demonstrations of Keep Fit work for women were given. May Bank, March 22nd and Orme Girls' School, March 24th.

In the summer the combined classes joined forces and did a day's tramping at Church Stretton, Shropshire.

#### (Men)

Two classes of Keep Fit work for men are held at the Wolstanton County Grammar School. One is for the older men and is held on Wednesday evenings, and the other—containing more gymnastic work—is for younger men and is held on Tuesday evenings.

Apart from these local classes many Centres have been opened in the areas surrounding Newcastle, viz :—Kidsgrove, Audley, Tittensor, Stone, etc.

Evening Institute Classes for Physical Training have been included in the Time Tables for both men and women at Silverdale, Chesterton and Wolstanton. In this way facilities are offered for those who wish for further exercise whether students at Evening Institutes or not.



## CONCLUSION.

The development of physical work of all kinds has had an extraordinary stimulus during the year resulting in the necessity for keeping ahead with one's knowledge and ideas of the subject. If the work is to satisfy the many demands from all quarters it is essential to be up-to-date and ready to assist whenever possible. This means possibly hours of unselfish work for the great number of keen teachers who are coming forward to help with the present urge for the physical welfare of all sections of the community. With their previous training they are a real asset for adult work if they can retain an atmosphere of genuine recreation throughout and enjoy the work to the full.

The sympathetic consideration given to the physical training by the Committee is most encouraging and the extended interest and energy in the schools this year shows a real appreciation of this most helpful assistance.

May I take this opportunity to say how much I appreciate and am grateful for the help and assistance, friendliness and kindness I have experienced with all those who have shared my responsibility, particularly the teachers in all schools who have given me such ready and cheerful co-operation.

Also may I once again sincerely thank Mr. Till, Dr. White and the Education Committee 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 DURING THE YEAR ENDED  
31st DECEMBER, 1937,



<i>School</i>	<i>No. of Children fed.</i>
Friars Wood Council Junior Mixed and	
Infants' ... ..	49
Hassell Street Boys' ... ..	15
„ „ Girls' ... ..	26
„ „ Infants' ... ..	16
Rye Croft Infants' ... ..	5
St. Giles' Boys' ... ..	4
„ Girls' ... ..	2
„ Infants' ... ..	2
St. Patrick's Sr. Mixed ... ..	24
„ Jr. Mixed and Infants' ... ..	40
Orme Boys' Senior ... ..	38
Priory Road Infants' ... ..	5
Westlands Girls' Modern, Senior Girls' ... ..	17
Wolstanton C.E. Jr. Mixed ... ..	31
Albert Street Boys' ... ..	18
„ Girls' ... ..	21
„ Infants' ... ..	9
Church Street Infants ... ..	17
Broadmeadow Sr. Boys' ... ..	19
„ Sr. Girls' ... ..	14
Cross Heath C.E. Infants' ... ..	1
Ellison Street Jr. Mixed ... ..	30
„ Infants' ... ..	43
Knutton C.E. Jr. Mixed ... ..	30
Knutton Council Infants' ... ..	46
May Bank Infants' ... ..	7
Red Street C.E. Infants' ... ..	4
Silverdale Council Jr. Mixed and Infants' ... ..	30
Silverdale C.E. Jr. Mixed and Infants' ... ..	10
Watlands Council Sr. Mixed ... ..	47
„ Infants' ... ..	14
Knutton Council Sr. Mixed ... ..	49
Clayton Council Infants' ... ..	—
	—
TOTAL ... ..	683
	—

The number of bottles of milk supplied free of cost during the year was 184,536.

### **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 £150 per annum. Miss F. M. Bentley, the late Organiser of Physical Training, took 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 the Newcastle Education Committee during 1937.**

I have pleasure in reporting that a further year of supervision of the feeble-minded children in the Borough of Newcastle has been carried out by the Association. Each year of continued work adds to the value of the continuous friendship thus offered to these children, which the Association is able to extend in a voluntary capacity after the child has reached the age of 16 years.

By regular visits to their homes the Association has kept in touch with 33 defective children under 16 in the area during the year. Of these 16 are classified as educable in special schools for the feeble-minded. Four of the children were first referred in 1937. Three have reached the age of 16 during the year, when they cease to be the Committee's responsibility. All three are now at work. 78 domiciliary visits have been paid and many interviews held during 1937. The importance of carrying out home supervision of these defective children is seen in the steady growth of the co-operation of the parents with the Association and their realisation that visits are not paid in any



spirit of criticism, but purely with the object of offering help to those who are faced with problems of varying difficulty in each case. Where a normal child is generally able to adjust himself to the complex and changing environment of an ordinary home, the defective is not able by his lack of inborn capacity and of power of abstract thought to do this without special understanding and training. Where such understanding is always growing the atmosphere of the home has that serenity in which a defective can develop his capacities to the full. Our Visitors provide valuable links between the parents and the defective, and the defective and his training—for no child can develop and “be good” without training to which he can respond, and lack of this training is the cause of much delinquency and uncontrolled conduct, not only in defectives but in the dull and backward children, which cannot help but concern every thoughtful member of the community. Much is gained if parents realise their child’s defect at an early age, and take steps to give him special help.

The defective children therefore have everything to gain from having special understanding at the earliest possible age. We are glad to hear of such children in infancy and to visit their homes then. Very soon the school problem arises, and here comes in the vital importance of ascertainment and expert diagnosis of the child’s mental capacity as soon as possible after the age of seven years. Reference must be made here to the publication of a thoughtful pamphlet (No. 112) by the Board of Education in 1937 entitled “The Education of Backward Children” which followed on their Administrative Memorandum of the previous year which stressed the necessity for carrying out early ascertainment of mental defectives if they were to derive proper benefit from the provisions of the Education and Mental Deficiency Acts.



The urgency of the matter will be realised when one considers the fact that after the small proportion of ineducable children who can never possibly earn their living have been notified to the Local Authority, and the educable feeble-minded children ascertained—who are estimated to form 1% of the school population—there remains a probable 15% of dull and backward children in the schools who without special training and a curriculum more closely related to practical life than that for brighter children, cannot hope to make good and become the useful citizens which they might be. Too often in the numbers of children now finding their way into the children's courts are those who on examination are found to be dull and backward. Energies which were not being utilised in constructive ways had found their outlet in delinquency ; and we realise how serious neglect to provide for their proper training has been. On the other hand special classes such as that organised at Knutton are proving that useful citizens can be made from this group of children.

In the Board's pamphlet the question of the first step of finding out and grouping these handicapped children is discussed and the value of using standardised tests of intelligence is examined. A considerable part of the work entailed for the School Medical Service in such ascertainment can be undertaken by trained educational psychologists, who in some areas where they have been employed, have carried out surveys of the school population, ascertaining the groups of handicapped children and making practical proposals for their subsequent training in special classes with appropriate methods of teaching. The pamphlet is well worth careful study and thought.

Four children for whom the Committee is responsible have been attending the Occupation Centre, which 20 defectives from the Borough, who are excluded from the



elementary schools, attend. These defectives have made good progress in behaviour and achievement through the devoted teaching of the Supervisor, Mrs. Entwisle. The work of the Centre has been greatly handicapped by inadequate accommodation. Next year will see the housing of the Centre in a building on the Mile House Lane, specially built by the County Council, which will provide conditions in which the very most may be made of the innate capacity of each of the defectives who attend for usefulness, self-control and achievement. During the year all children attending the Centre have been tested by standardised intelligence tests, and as a result better grouping of children according to their mental ages has been made. Apparatus for training the children in each age group has been graded and used with most encouraging results, experiments have also been carried out in speech training by means of a graded scheme. Already there has been marked improvement in the speech of many of the children.

The Association is greatly indebted to the Newcastle Education Committee for the support of the Summer Camp Holiday at Lichfield, which eleven children from the Newcastle Centre attended. The week was full of happiness for the children, who benefitted in every way from the social life and intercourse with others of their mental level, and their behaviour was excellent.

Three children were notified to the County Council during the year, one who suffered severely from epilepsy has since died. The others will enjoy the benefits of the Mental Deficiency Acts for the whole of their lives. It is regrettable that there is still no legislative provision for the notification of feeble-minded children on leaving the elementary schools.



It is suggested that the names of these children should be handed on unofficially to the Local Authority, but no action can be taken by such Authority until the child is over 16 years old. The Association through supervision tries to secure employment for these children, or further training as the case may be.

We would like to express our appreciation to the Newcastle Education Committee for their continued co-operation with the Association in helping to give the defective his place in society.

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	...	...	...	...	...	952
Second Age Group	...	...	...	...	...	876
Third Age Group	...	...	...	...	...	820
						—
TOTAL	...	...	...	...	...	2648

Number of other Routine Inspections      ...      ...      96  
(see note c.)

GRAND TOTAL      2744

## B.—OTHER INSPECTIONS

Number of Special Inspections      ...      ...      ...      1386  
(see note d.)

Number of Re-Inspections      ...      ...      ...      1464  
(see note e).

TOTAL      ...      ...      2850



## 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	For defective vision (excluding squint)	For all other conditions recorded in Table II A.	Total
(1)	(2)	(3)	(4)
Entrants ... ..	14	179	188
Second Age Group ... ..	86	136	194
Third Age Group ... ..	86	118	185
Total (Prescribed Groups) ...	186	433	567
Other Routine Inspections ...	4	14	16
Grand Total ... ..	190	447	583

## 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 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 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, 1937.

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) „ Body ... ..	—	—	—	—
(3) Scabies ... ..	4	—	7	—
(4) Impetigo ... ..	2	—	12	—
(5) Other Diseases (Non-Tuberculous) ...	8	1	22	—
TOTAL (Heads 1 to 5) ... ..	14	1	41	—
<b>Eye—</b>				
(6) Blepharitis ... ..	12	—	4	—
(7) Conjunctivitis ... ..	5	—	50	—
(8) Keratitis ... ..	—	—	—	—
(9) Corneal Opacities ... ..	1	1	2	—
(10) Other Conditions (excluding Defective Vision and Squint) ... ..	—	—	3	—
TOTAL (Heads 6 to 10) ... ..	18	1	59	—
(11) Defective Vision (excluding Squint)	190	106	62	—
(12) Squint ... ..	26	19	8	—
<b>Ear—</b>				
(13) Defective Hearing ... ..	19	5	18	1
(14) Otitis Media ... ..	14	—	24	—
(15) Other Ear Diseases ... ..	2	—	—	1
<b>Nose and Throat—</b>				
(16) Chronic Tonsillitis only ... ..	138	75	35	—
(17) Adenoids only ... ..	8	7	7	—
(18) Chronic Tonsillitis and Adenoids ...	104	78	15	—
(19) Other Conditions ... ..	26	5	261	—
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	11	—	18	—
(21) Defective Speech ... ..	9	6	—	—

Defect or Disease	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
1	2	3	4	5
<b>Heart and Circulation—</b>				
Heart Disease :				
(22) Organic ... ..	7	5	6	1
(23) Functional ... ..	8	2	1	—
(24) Anaemia ... ..	6	—	16	—
<b>Lungs—</b>				
(25) Bronchitis ... ..	20	3	65	—
(26) Other Non-Tuberculous Diseases	3	—	8	—
<b>Tuberculosis—</b>				
Pulmonary :				
(27) Definite ... ..	—	—	5	—
(28) Suspected ... ..	2	2	1	—
Non-Pulmonary :				
(29) Glands ... ..	7	—	3	—
(30) Bones and Joints ... ..	—	—	1	—
(31) Skin ... ..	—	—	—	—
(32) Other Forms ... ..	1	—	1	—
TOTAL (Heads 29 to 32) ... ..	8	—	5	—
<b>Nervous System—</b>				
(33) Epilepsy ... ..	2	—	1	—
(34) Chorea ... ..	1	—	1	—
(35) Other Conditions ... ..	2	2	2	—
<b>Deformities—</b>				
(36) Rickets ... ..	11	6	4	—
(37) Spinal Curvature ... ..	—	2	—	—
(38) Other Forms ... ..	8	3	—	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, cleanliness and Dental Diseases) Un-	29	6	254	—
TOTAL number of defects ...	686	334	917	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 ...	952	45	4.72	874	91.81	23	2.42	10	1.05
Second Age- group ...	876	73	8.34	769	87.78	27	3.08	7	0.8
Third Age- group	820	67	8.17	723	88.17	24	2.93	6	0.73
Other Routine Inspections	96	8	8.33	83	86.46	5	5.21	—	—
TOTAL ...	2744	193	7.03	2449	89.25	79	2.88	23	0.84

### 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
4	—	—	—	4



## 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
—	—	—	—	1	1

## 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	27	4	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
—	—	—	5	5



## 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
5	3	—	5	13

II.—CHILDREN SUFFERING FROM NON-PULMONARY  
TUBERCULOSIS.

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

At Certified Special Schools	At Public Elementary Schools†	At other Institutions	At no School or Institution	Total
6	10	—	4	20

† 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
—	182	—	22	204

### 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
2	50	—	10	62

### 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
—	41	1	18	60



## 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 Institutions	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  <b>1</b>	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme (see note b) <b>2</b>	Otherwise <b>3</b>	Total <b>4</b>
<b>Skin—</b>			
Ringworm—Scalp—			
(i.) X-Ray Treatment. If none indicate by dash ... ..	—	—	—
(ii.) Other Treatment ... ..	2	—	2
Ringworm—Body ... ..	7	—	7
Scabies ... ..	23	2	25
Impetigo ... ..	501	2	503
Other skin disease ... ..	649	6	655
<b>Minor Eye Defects—</b> (External and other, but excluding cases falling in Group II.) ... ..	355	18	373
* <b>Minor Ear Defects</b> ... ..	158	10	168
<b>Miscellaneous</b> ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	3663	531	4194
<b>TOTAL</b> ... ..	<b>5358</b>	<b>569</b>	<b>5927</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.)	333	12	345
Other defect or disease of the eyes (excluding those recorded in Group I) ...	—	1	1
TOTAL ... ..	333	13	346
	Under the Authority's Scheme	Other- wise	Total
No. of Children for whom spectacles were			
(a) Prescribed ... ..	319	12	331
(b) Obtained ... ..	318	13	331



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

## NUMBER OF DEFECTS.

Received Operative Treatment										Received other forms of Treatment	Total number Treated		
Under the Authority's Scheme, in Clinic or Hospital (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)	(4)	(5)
—	—	—	—	46	9	92	1	46	9	92	1	16	164

(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 with education (i)	Non-Residential treatment at an orthopaedic clinic (iii)	
Number of children treated ...	12	—	61	4	18	89



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—309	Total 4702
	6—493	
	7—535	
	8—554	
	9—668	
	10—664	
	11—670	
	12—292	
	13—294	
	14—223	

(b) Specials (see note above) ...	...	...	...	521
(c) TOTAL (Routine and Specials) ...	...	...	...	5223
(2) Number found to require treatment ...	...	...	...	3337
(3) Number actually treated ...	...	...	...	2528
(4) Attendances made by children for treatment	...	...	...	2816
(5) Half-days devoted to :—Inspection ...	...	...	71	
Treatment ...	...	...	325	
			—	396
(6) Fillings (see note above) :—Permanent Teeth	...	2639		
Temporary Teeth	...	—		
		—		2639
(7) Extractions :—Permanent Teeth	...	...	359	
Temporary Teeth	...	...	4400	
			—	4759
(8) Administrations of general anaesthetics for extractions	...	—		
(9) Other Operations :—Permanent Teeth	...	...	143	
Temporary Teeth	...	...	1114	
			—	1257

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.

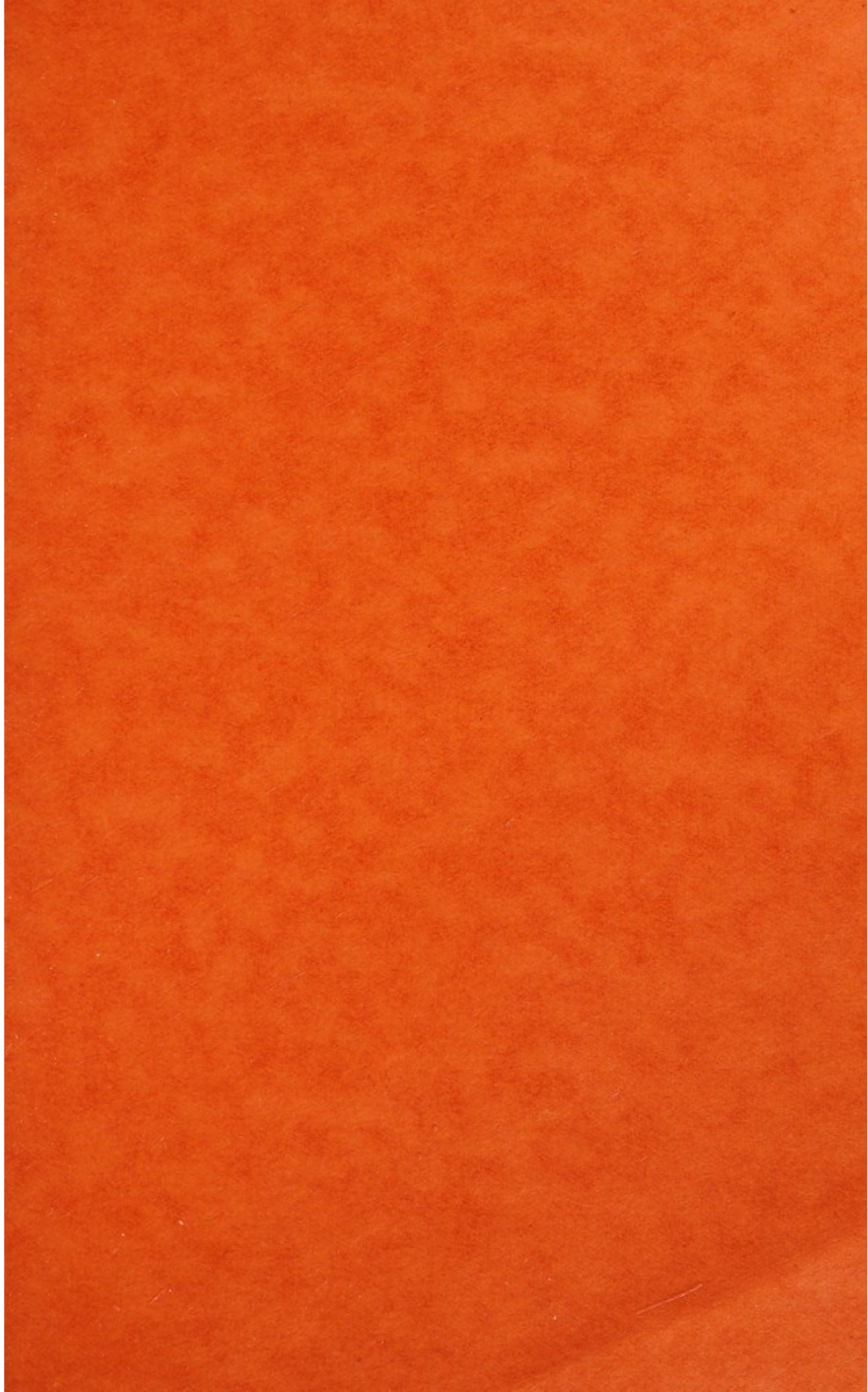
All cases of uncleanness, however slight, should be recorded.

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	...	...	...	...	...	11.4
(ii)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	19209
(iii)	Number of <i>individual</i> children found unclean ( <i>see note above</i> )						509
(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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