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EDUCATION COMMITTEE.

SCHOOL MEDICAL SERVICE.

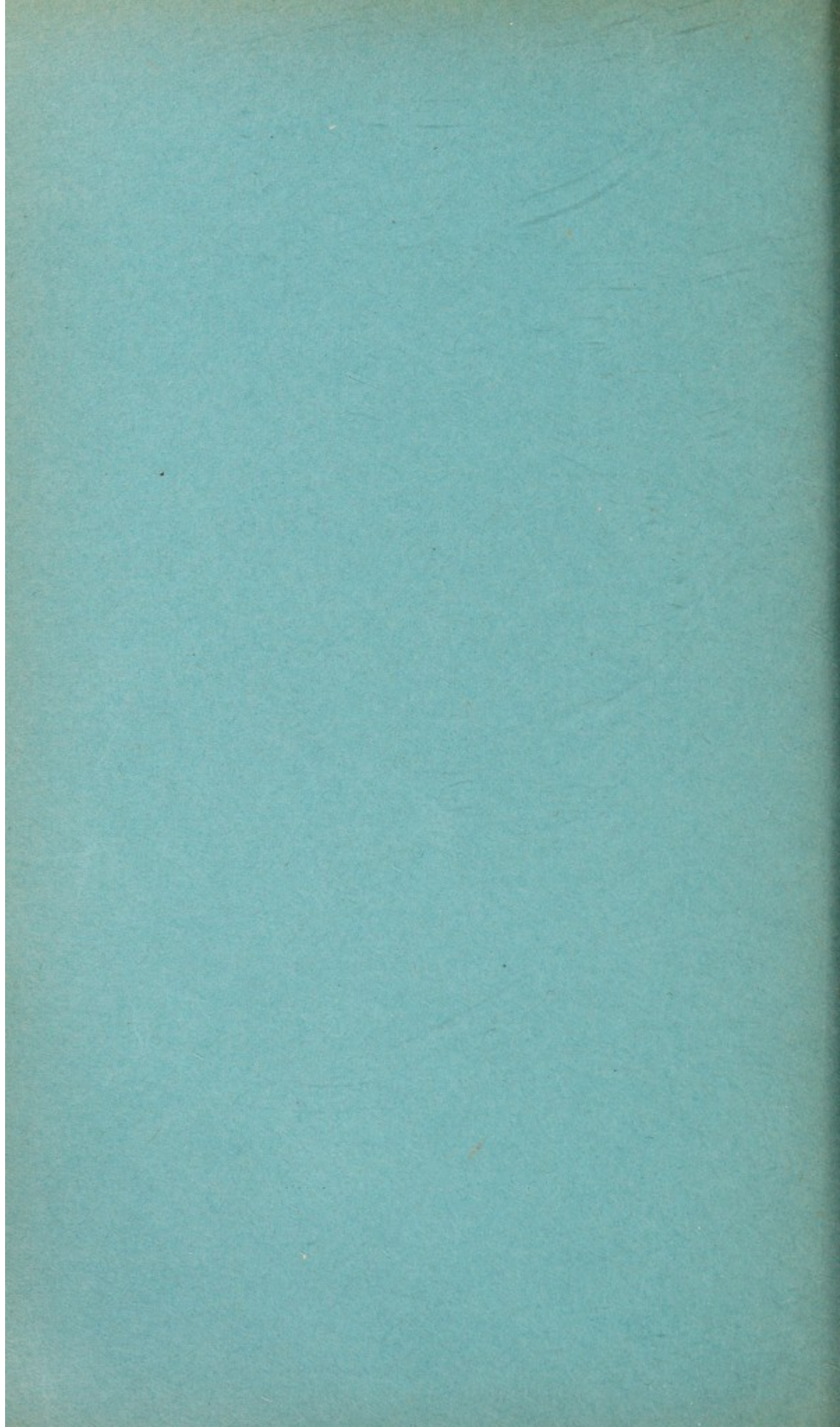
REPORT

OF THE

SCHOOL MEDICAL OFFICER,

H. OSBORNE, M.D., M.R.C.S., D.P.H.,

For the Year ended 31st December, 1938.





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Medical Inspection of Schools.

Staff.

Medical Officer to the Education Committee.....	H. OSBORNE, M.D., M.R.C.S., D.P.H., etc.
(Also Medical Officer of Health).	
Assistant Medical Officers	{ H. HEATHCOTE, M.D., Ch.B., D.P.H. (Senior). G. HEATHCOTE, M.B., Ch.B. J. L. BRADLEY, M.B., Ch.B., D.P.H. H. B. KILROE, M.B., Ch.B.
Orthopædic Surgeon (part time)....	S. M. MILNER, M.B., Ch.B., F.R.C.S.
School Ophthalmic Officer.....	J. SCULLY, M.B., Ch.B., D.P.H.
School Dentists.....	{ A. E. SHERRATT, L.D.S. L. H. POLLITT, L.D.S. M. G. MACLEOD (Miss), L.D.S. J. A. PILLING, L.D.S.

SCHOOL NURSES.

Miss L. N. HOPSON (Superintendent).

Miss G. WILLIAMS.	Miss G. BOOTH.
„ R. LEE.	„ G. E. HINDLEY.
„ C. WEIR	„ D. E. BAYLIS.
„ M. MOORE.	„ A. DERBYSHIRE.
„ A. HAIRS.	„ O. CLEMENTS.
„ A. ROWLAND.	„ H. DEAVALL.
„ H. ELLIOTT.	„ M. M. JONES (commenced February).
„ E. HARLEY.	

ORTHOPÆDIC NURSE (part time) :

Miss M. L. CRITCHLOW (resigned September).
„ P. K. FOGG (commenced September).

ORTHOPTIC ASSISTANT.

Miss E. E. CARTER (commenced August).

CLERICAL STAFF.

Mr. J. A. DARBYSHIRE (Senior).

Miss E. FRIESER.	Miss H. M. QUINTON.
„ M. GRUNDY.	„ C. WORSLEY.
„ P. HODGE.	„ M. WARD.
„ D. McMILLAN.	„ E. N. TONGE
„ A. H. SCOTT.	„ E. HEAP.

Routine Medical Inspection.

School Doctors visit the whole of the Elementary Schools of the City for the purpose of medical inspection.

The Routine Inspection comprises three age groups of children, namely, children of five years, eight years and twelve years of age ; these are the " Code Groups " examined every year, so that each child should be medically examined at least three times during its school career.

(A) ROUTINE MEDICAL INSPECTION IN THE SCHOOLS BY THE MEDICAL INSPECTORS.

The arrangements for routine medical inspection are as follows :—

Each school is notified some weeks in advance of medical inspection, the Head Teacher receiving a form requesting a return of the numbers of children of the three Code Groups on the Register. A further notification of the actual date of inspection is later forwarded to the teacher, the notification being accompanied by printed forms for the invitation of parents to be present at the inspection. These invitation forms give the hour as well as the date of inspection, and so obviate unnecessary waiting of parents on the school premises.

At each inspection the Medical Officer has the assistance of a School Nurse.

The School Nurse weighs and measures the children, and loosens the child's clothing for the doctor. To save the doctor's time a nurse tests the vision with ordinary types at a prior visit.

The School Medical Inspectors enter all details of medical inspection on the cards in the schools.

Parents present at the inspection, are, of course, notified directly of any defect discovered, and they are advised where to go for the necessary treatment.

The work of the following up by Attendance Officers has now been replaced by re-examination of such cases by the Medical Inspectors at the Inspection Clinics, and also by home visits carried out by the School Nurses.

(B) INSPECTION IN THE SCHOOLS BY NURSES.

One of the most important duties of the School Nurse is to visit the schools for the purpose of " cleanliness inspection."

On such occasions the whole of the children in attendance at a given school are submitted to inspection by the School Nurse, all heads being rapidly examined for Pediculosis, and in suspected cases the bodies also. A classification of the children's heads is made :—

- A.—Signifying freedom from vermin or nits.
- B.—The presence of a few nits only.
- C.—The presence of a large number of nits or live vermin.

Class B children are given marked cards with warning and instructions, but are not excluded from school.

Class C children are given marked cards and are also excluded from school for 24 hours, when they are re-examined by the Nurse. In the latter case if it is found that the warning has been neglected, verminous notices are issued and the case dealt with according to Section 87 of the Education Act, 1921.

At the present time the aim is to submit every school in the City to "cleanliness inspection" three times during the year. This means, in practice, the inspection of every school for this purpose during the period—

- (a) From the beginning of the year to Easter :
- (b) from Easter to the Midsummer Holidays ;
- (c) from the Midsummer Holidays to the end of the year.

This aim has been accomplished during the past year, when 73,341 "cleanliness inspections" were carried out by the School Nurses.

Subsequent to the visits of the Nurses to the schools for "cleanliness inspection," the schools are notified of the results of such inspection, and a notice is posted up showing the number of children classified A, B and C. This procedure is believed to have a stimulating effect.

In addition to periodical visits for "cleanliness inspection," special visits are paid by Nurses at the request of the teacher for the specific purpose of examining children suspected of harbouring vermin or of suffering from contagious skin disease, etc.

Again, the Nurses visit schools during epidemic outbreak, and in this connection the Nurse with special fever training and experienced in throat examinations is useful.

(C) THE INSPECTION CLINICS.

Three Medical Officers now attend each afternoon, and one each morning, for the purpose of examining "special cases." These include—

- (1) Cases referred by the Medical Officers themselves in the course of routine medical inspection in the schools.
- (2) Cases referred by School Nurses from the schools.
- (3) Cases referred by School Teachers.
- (4) Cases referred by the Attendance Officers.
- (5) Cases in which medical examination is requested by the parents.

With reference to these examinations it is necessary to issue a fixed number of invitations for each session, the number varying according to the type of case, otherwise the Medical Officers would be overwhelmed on some occasions.

The Inspection Clinic serves a number of purposes.

First of all, it serves as a clearing house for children referred from different sources. For instance, cases with defects are advised as to the necessity for treatment, and are sent to the family doctor, where such exists. Otherwise, cases are sent to one of the Voluntary Hospitals, or are dealt with under the Local Authority's scheme; needy cases requiring operation are referred to hospital, minor ailments are sent to the Minor Ailments Clinic, oral sepsis to the Dental Clinic, visual defects to the Eye Clinic, physical deformities to the Orthopædic Clinic, Alopecia to the High Frequency Clinic, and ringworm of the scalp to the Manchester and Salford Hospital for Skin Diseases for X-ray treatment.

Secondly, the Inspection Clinic serves as a Court of Appeal for children booked by the Attendance Officer for absence from school on the grounds of alleged ill-health.

Thirdly, it plays a great part in the "following up" of cases referred for treatment.

Fourthly, the Inspection Clinic serves for the examination and grading of exceptional children, such as mentally defective, etc.

Fifthly, it serves as a discharging centre for cases previously excluded on medical grounds. For instance, no case of scalp ringworm once excluded from school may be readmitted until officially discharged and certified "fit for school" by the School Medical Officer.

During the year 1938 the total number of examinations of children at the Inspection Clinics was 18,634.

Findings of Medical Inspection.

Uncleanliness.

The Nurses have been able to visit all the schools in the City on three separate occasions during the year for the purpose of "cleanliness inspection," and the standard of cleanliness now adopted is very strict.

Tables showing prevalence of Pediculosis are hereby appended :—

TABLES SHOWING PREVALENCE OF PEDICULOSIS IN DEPARTMENTS WHERE ALL THE SCHOLARS PRESENT WERE EXAMINED BY THE SCHOOL NURSES.

INFANTS' DEPARTMENTS.

	BOYS.					GIRLS.				
	No. examin'd	Heads.			Ver- minous bodies.	No. examin'd	Heads.			Ver- minous bodies.
		*A	B	C			*A	B	C	
(A) Aggregate Numbers	10554	10132	361	61	1	10266	8132	1802	332	5
(B) Percentages	—	96.00	3.42	.58	—	—	79.21	17.55	3.24	—

UPPER DEPARTMENTS.

	BOYS.					GIRLS.				
	No. examin'd	Heads.			Ver- minous bodies.	No. examin'd	Heads.			Ver- minous bodies.
		*A	B	C			*A	B	C	
(A) Aggregate Numbers	26424	25746	567	111	9	26097	21098	4376	623	4
(B) Percentages	—	97.43	2.15	.42	—	—	80.84	16.77	2.39	—

*Heads A—Where neither vermin nor nits are present.
B—Containing a small number of nits only.
C—Containing live vermin or numerous nits.

The accompanying Table shows the work done under Section 87 of the Education Act, 1921 :—

BOYS.					GIRLS.				
Number of Cleansing Notices Served.	Hair Cut.		Cleansed at Mole Wheel Disinfecting Station.	Cleansed at Home.	Number of Cleansing Notices Served.	Hair Cut.		Cleansed at Mole Wheel Disinfecting Station.	Cleansed at Home.
	By Nurse.	By Parent.				By Nurse.	By Parent.		
26	—	26	—	—	345	118	220	3	—

Tonsils and Adenoids.

In routine cases 824 were found to be suffering from enlarged tonsils or adenoids, or both, whilst in addition 1,219 special cases were found with the same condition. As in previous years, it was found that a number of cases of enlarged tonsils were temporary in character, the condition disappearing in a short period of time, thus emphasising the importance of re-examining all these cases after an interval of a month or so before deciding on surgical measures.

Tuberculosis.

Amongst the inspection cases there were 53 children diagnosed as suffering from tuberculosis, 6 being fairly definite and 47 suspected cases.

Ringworm.

Cases of ringworm are notified by Teachers and Attendance Officers, as well as by the Medical Inspection Staff. All cases are invited to attend periodically at the Centre for inspection, and no child who has been known to have ringworm is allowed to return to school without a certificate from the Medical Officer.

During the year 1938, 4 new cases of scalp ringworm and 21 cases of body ringworm have been under supervision at the Inspection Clinic, and the total number of examinations in these cases amounted to 59.

Alopecia.

There have been 50 new cases under supervision at the Inspection Centre, with a total of 156 examinations.

The Treatment of Alopecia by the High Frequency Current.

The use of the high frequency current has been continued during 1938. The children are instructed to attend daily.

Seven boys and ten girls were under treatment in 1938.

Eczema, Impetigo and Sores.

The number of new cases of these diseases under observation during the past year was 3,377 and the number of examinations 6,722.

Scabies.

There were 221 cases under supervision and 513 examinations.

External Eye Disease.

The bulk of the cases of external eye disease found on inspection, as usual, proved to be conjunctivitis or blepharitis of a fairly mild type.

There have been no serious outbreaks of ophthalmia in any of the schools. The practice adopted is to exclude every case of conjunctivitis in which there is possibility of infection.

Vision.

Routine medical inspection in the case of the eight-year-old group and twelve-year-old group includes the testing of vision by means of the usual types at a distance of six metres. Children whose distant vision is represented by 6/12 both eyes or 6/18 one eye or worse, also any children who appear to be suffering from the effects of eye strain, or children of five years and under who are suffering from strabismus, are all referred, for examination by the Ophthalmic Officer, at the Refraction Clinic.

Ear Disease and Hearing.

The great majority of cases of ear disease met with in routine inspection are children suffering from suppurating discharge from the middle ear. These are the cases which in the old days were generally allowed to go untreated, and they often became very offensive for want of attention.

There were 730 cases met with by the Medical Inspectors, and most of these were dealt with at the School Clinics.

Crippling Defects.

Among the Code Group cases 6 children were referred for treatment on account of rickets.

Following Up.

The work of the following up has been carried out by (a) the School Medical Officers, and (b) School Nurses.

A large number of cases seen in the schools during the course of routine inspection are referred to the Inspection Clinic for further examination at a later date.

Formerly "Home Visits" for the purpose of the following up were carried out almost entirely by the Attendance Officers. The School Nurses, however, are now undertaking this work. During the year they paid over 4,046 home visits.

Medical Treatment.

A number of defects requiring treatment are dealt with under the Local Authorities' Scheme. This includes :—(1) The treatment of minor ailments at the School Clinic ; (2) the treatment of physical deformities at the Orthopædic Clinic ; (3) the treatment of alopecia by the High Frequency Current ; (4) the treatment of dental defects at the Dental Clinic ; (5) the treatment of visual defects at the Eye Clinic ; (6) the surgical treatment of tonsils and adenoids at Hope Hospital ; and (7) the X-ray treatment of Scalp Ring-worm at the Manchester and Salford Hospital for Skin Diseases.

The Minor Ailments Clinics.

During the past year 3,275 new cases were treated at the Minor Ailments Clinics, Regent Road, Murray Street, and Police Street, and the attendances of patients totalled 59,102. The cases which received treatment were those who would otherwise have received little or no attention, such as chronic ear discharge, chronic nasal discharge, often accompanied by impaired hearing ; skin diseases, such as tinea, alopecia, eczema, impetigo, sores and septic conditions, and such common external eye diseases as conjunctivitis and blepharitis.

The treatment is carried out by the School Nurses under the direction of the Medical Officers.

All cases attending the Clinic are first examined either at the Inspection Clinic or at school by the Medical Officers, who issue cards authorising the child's attendance at the Treatment Clinic.

The cards show the doctors' diagnosis and instructions for treatment, and the date and time of attendance are entered thereon for the information of the teacher. No child is treated at the Minor Ailments Clinic unless first authorised and given a card by the Medical Officer, otherwise the Nurses would be quickly overwhelmed.

The following Table shows the number of new cases and attendances up to December 31st, 1938 :—

	Boys.	Girls.	Total.
New Cases.....	1975	1300	3275
Attendances.....	36183	22919	59102

Tonsils and Adenoids.

The Education Committee have an arrangement for the surgical treatment of these cases at Hope Hospital.

Lists of cases considered suitable for operation are submitted to the hospital. After operation, children are re-examined at the Inspection Clinic by a School Medical Officer.

A charge of 25s. is made by Hope Hospital, for each case operated upon, and a portion of this charge is recovered from parents who can afford to contribute towards the cost; 520 cases have been successfully operated on during the year.

Tuberculosis.

Children found to be suffering from definite tuberculosis are generally referred for treatment to the Tuberculosis Department. A certain number of children suffering from suspected tuberculosis are dealt with at the Open-air Schools.

Skin Disease.

Ringworm of the Scalp.

An arrangement has been made between the Education Committee and the Manchester and Salford Hospital for Skin Diseases for suitable cases of ringworm to be referred from the Clinic to the Skin Hospital for X-ray treatment. A charge of £1 1s. 0d. per child is made by the Skin Hospital and 2 cases were treated in 1938. The children attend the Skin Hospital after the application of the X-rays for a period of about five weeks. All the children are seen at the clinic after the treatment is completed at the Skin Hospital.

ECZEMA, IMPETIGO AND SORES.

A large number of such cases are now being dealt with very successfully at the School Clinics, and many obstinate cases of impetigo are returned to school after a few days' treatment.

SCABIES.

Cases are now treated daily by the School Nurses at the Mode Wheel Disinfecting Station, and the children are first given a warm bath, after which the appropriate remedies are applied. In most of these cases the bedding is also disinfected. It is found that this treatment very considerably shortens the duration of the disease.

Ear Disease and Hearing.

Cases of ear disease and defective hearing are generally kept under observation by the School Doctor at the Inspection Clinic, and many of these receive treatment at the School Clinic. This treatment includes the daily syringing, etc., of cases of otorrhoea and also the giving of nasal douches where the impaired hearing is due to catarrh and obstruction of the nasal passages.

Dental Clinic.

The School Dentists, as in previous years, devoted most of their time to conservative dental treatment of the first permanent teeth (six-year old molars). Actual dental inspection in the schools was carried out on eight mornings per week (two mornings for each of the four Dentists), the remainder of the week being occupied with the treatment of defects found in the course of this inspection.

Altogether 7,190 children were treated at the Dental Clinics, making 15,997 attendances. There were 14,583 extractions of teeth, 4,307 fillings, 2,303 dressings and 830 scalings.

Crippling Defects.

A number of children suffering from well-marked ricketty and certain other deformities are very successfully dealt with at the Greengate Hospital and Open-air School. The children so treated are resident in the institution for a period, returning to their own homes at the week-ends.

Heart and Circulation.

In all well-marked cases of heart disease, the parents were interviewed and warned of the defect and the children were referred for further examination in three months' time. The teachers were also warned of such defects and advised as to the child's fitness for drill or otherwise.

The Ophthalmic Clinics.

The Ophthalmic Officer's Report is appended herewith :

REPORT OF THE OPHTHALMIC CLINICS, SALFORD EDUCATION COMMITTEE.

The essential duties are performed at :—

- (1) The Refraction Clinic, held at the Education Office, Chapel Street, Salford.
- (2) The Orthoptic Clinic for the treatment of Squint, held at Chapel Street.
- (3) The External Eye Diseases Clinic, held at Regent Road.
- (4) The South Bank (Partially Sighted) Council School, Sandy Lane, Pendleton.

The Refraction Clinic.

There has been little variation in the incidence of any of the eye diseases and defects examined at the clinic during the year 1938, the aggregate number of attendances for the year being 3,687.

There are usually 9 clinics held weekly and each child attends on an average on 3 occasions, on the first of which a test of vision is followed by an examination for signs of external eye disease, squint and any other obvious abnormality. As a rule, mydriatic drops are given for daily application until the second attendance one week later when a complete ophthalmoscopic examination of the internal eye is made to investigate both its state and its visual acuity. A subjective test with lenses follows and finally a prescription for glasses is given in those cases which require them. The child is then directed to the optician in order to be measured for the spectacles. At the third attendance the new glasses are ready for collection and are tested to confirm their correctness to prescription and as regards the fitting of the frames. A further test is made of the vision with the new glasses. The parents pay a round sum of 7s. per pair of spectacles irrespective of the type and strength of the lenses. These are supplied to the children immediately when ordered, parents being permitted to pay the money as they can afford, facilities being made for weekly instalments payable to the attendance officer, or direct to the central office.

More expensive frames are available for parents who desire them.

The parents are exceptionally agreeable to deal with and even though they do not wish for glasses in some cases, are often quite amenable as soon as some simple explanation is given why the spectacles are desirable. In cases of myopia (shortsight) of higher degree usually, one often has to insist on glasses being worn, as these children are usually great readers and with the general growth of the body at this time of life there is a tendency for the myopia to increase. There is less trouble in cases of strabismus (squint) where the defect is obvious to the parent. Also more parents are bringing children (with squint) to the clinic who are younger than school age. Thus the time between the squint appearing and the glasses being obtained is lessened and this is very important in the ultimate disappearance of the squint. In this connection it would be advantageous to examine all children with squint of pre-school age in order to prevent the consequent amblyopia from reaching a high degree. An effort has been made this year to investigate further, children suffering from squint.

Orthoptic Clinic.

A full time orthoptic clinic was opened in August, 1938.

The aim of this clinic is to establish Single Binocular Vision in a case of strabismus, in the shortest possible time. In order to fulfil this ideal, the equipment of the clinic must be up to date, and although at present this includes a synoptophore, cheiroscope, and such small devices as Maddox Wing test, binocular gauge and diploscope, the need for a myoscope to assist treatments is greatly felt.

The clinic deals with a large variety of cases. Patients of ages ranging from 2-12 years attend, from small infants with suppression to older children with Heterophoria. Since the clinic opened, over 700 cases have been examined.

The children are referred to the orthoptic clinic from the ophthalmic clinic on their first visit before being given mydriatic drops. If they are found to be amblyopic, occlusion of the sound eye, with plaster patches, is advised, and the patients attend on an average of once a month for a test. A great deal of importance is attached to this stage and careful co-operation with patient and parent is required. The majority of parents are enthusiastic and attendances at the occlusion clinics held twice weekly are extremely good and regular.

When the vision of the two eyes is equal, the squint favourable to a cure by treatment alone, and the patient of an age to co-operate satisfactorily, fusion training is commenced. Twice weekly treatments of 25-30 minutes each period are given, 6 children attending each session. The number of treatments per child required to produce a satisfactory cure varies from 20-40 or 10-15 hours intensive training. This, in consideration of the fact that the patient has squinted since infancy, is a remarkably short time in which to effect a permanent cure.

There are over 250 children waiting for fusion training to be commenced. This number increases weekly as visual acuity is equalised by occlusion. Approximately 50 per cent. have an angle too large for curative treatment without operative help. This is one of the great drawbacks of the clinic at present, and requires due consideration if the percentage of cures is to be increased. While the results of the clinic are encouraging, it is imperative that arrangements should be made for surgical assistance, if the best results which are being aimed at are to be obtained. It is for this reason that children over the age of 12 years—and there are many in the schools—have not been examined, and have not had that treatment which their condition merits. Most of these cases will have reached school leaving age before it has been possible to obtain beneficial results. It therefore cannot be stressed too strongly that early arrangements for surgical assistance, such as are in operation in all up to date clinics, should be completed. There are a number of children who, for such reasons as intractable amblyopia, lack of the fusion faculty or paralysis of muscle, require an operation for a cosmetic result only. These cannot be dealt with owing to lack of facilities.

In addition to manifest squints there are a number of children who suffer from Heterophoria, and convergence insufficiency, causing headaches and diplopia. These cases respond well to fusion training, the aim being not so much a scientific cure as a removal of asthenopic symptoms.

Children of pre-school age react favourably to treatment, which, at this early age must be occlusion, total or partial, of the sound eye. With patience they can be taught the illiterate "E" test and have their vision recorded. It

must be emphasised that it would be advantageous to examine all children of pre-school age who squint in order to prevent amblyopia reaching a high degree when it is more difficult to cure.

In conclusion, attendance at the clinic is surprisingly good and punctual. The number of attendances being for :—

Occlusions	Boys 765	Girls 736	Total	1,501
Treatments ..	Boys 359	Girls 539	Total	898

Many parents bring other parents whose children's squint has not been previously noticed at school. This spontaneous effort on the part of the parents, together with the daily increasing number of patients to the clinic should act as an incentive, whereby a scheme involving operative help in the treatment of strabismus must be evolved, if the work of the clinic is not to be impeded.

ANALYSIS OF PATIENTS ATTENDING ORTHOPTIC CLINIC.

NUMBER EXAMINED 724.

	Boys.	Girls.	Total.
Occlusions	195	158	353
Treatment	11	15	26
Waiting list for :—			
1. Treatment only	44	38	82
2. Treatment and Operation	34	47	81
3. Operation for cosmetic result	8	10	18
Too young for :—			
1. Treatment only	17	20	37
2. Operation and Treatment	19	21	40
Discharged Cured	12	13	25
Discharged Cosmetically Straight	3	4	7
Ceased Treatment of own accord	16	10	26
Failed to Report	15	14	29
TOTAL	374	350	724

External Eye Diseases Clinic.

This clinic is held once per fortnight at Regent Road. There is no waiting list and all children suffering from any external eye disease are referred from schools and other clinics to this one clinic, children being referred by either doctors, nurses, teachers or parents. The number of children seen varies a great

deal according to the season of the year always being much greater in the spring and the autumn than in midwinter and summer. This is easily explained by the cold winds and variable weather which we experience at these times of the year and these conditions always aggravate external eye diseases.

There has been a steady decrease year by year since the clinic opened in 1927, which is due to the marked improvement and cure of many of the chronic cases. These are mainly chronic blepharitis patients who have been attending the clinic regularly since it opened and they only attend now once every three or six months. The cure is entirely due to their regular *attendance and continuous treatment at the clinics and the examinations fortnightly* by the ophthalmic officer, so there is no possibility of the children avoiding their treatment as is the tendency as soon as the eye condition improves a little, but is not thoroughly better. Attention should be drawn to the irregular attendance of some of the patients at the treatment clinics, such a lack of interest is unsatisfactory. The cure and improvement in many of these cases is also due to the constant wearing of glasses which corrects their astigmatism—and this is the commonest defect of the eye. The more serious types of inflammation, such as severe phlyctenular disease and chronic ulceration of the cornea, are comparatively rarely seen now compared with the numerous cases seen in the first few years of the clinic. Acute mucopurulent conjunctivitis is also comparatively rare now, this is due to the children attending the clinic in the first stages of the disease before it has time to infect the deeper tissues of the eye.

Very rarely one has to mark children to be absent from school with these conditions now, as experience teaches one that the conditions do not develop, but clear up more quickly if the children attend school. In many cases the parents, including the mothers, are out at work and so cannot watch the children at home—the children go out to play in all weathers, get their hands dirty, rub their eyes and so tend to keep up the condition, whereas if the children are in school even if not doing any reading—they learn a little aurally, keep clean and again are no cause of anxiety to their parents as to where they are, etc.

SPECIAL SCHOOLS.

South Bank (Partially Sighted) Council School.

South Bank (Partially Sighted) Council School still serves a very useful purpose for the highly myopic children and also other children whose sight is very defective but not bad enough to be transferred to a blind school. These children would be very greatly handicapped if they had to be taught in an ordinary elementary school. In the case of the myopes they would constantly have to sit in the front rows of the class and sometimes even have to go out to the board in order to see the writing and figures clearly. They would also have to read ordinary school books, the print of which would be far too small, and would definitely injure their eyesight. In the case of the non-myopic children

these children can only read school books and the board with great difficulty and it is only with time and gradual steady perseverance that they begin to be able to read.

The ophthalmic officer attends the school every three weeks to see the clinic cases, the children with broken glasses and any other complaints. A complete examination is made every six months as regards their general health, the vision and the condition of the eyes, using mydriatic drops. Every 12 months a complete refraction examination is made under a mydriatic and glasses are changed or lenses adjusted according to the findings. One of the nurses visits the school daily to administer any treatments, and once weekly a cleanliness inspection is undertaken by the nurse.

Every effort is made where the eye condition shows no sign of deterioration, and where the acuity is not worse than 6/36 to transfer the children after a period in the partially sighted school to ordinary school, and during the last 3 years it has been possible to reduce the number of children in the school by one-half. It is found that the most satisfactory age for return to ordinary school is about 10-11 years when the eye condition is not deteriorating. This leaves them with 4-5 years in which to reach the necessary school leaving standard. This period of 10-14 years is regarded as being the most receptive and most attended with good result from the standpoint of the child's education.

The number of children admitted to South Bank during the year was 4 (1 girl and 3 boys), and the number discharged 12 (3 girls and 9 boys).

TABLE S IVa.

SUMMARY OF CASES SEEN BY THE OPHTHALMIC OFFICER AT THE
EDUCATION OFFICE DURING THE YEAR 1938.

A.—REFRACTIONS.

	Boys.	Girls.	Total.
Hypermetropia.....	109	74	183
Hypermetropic Astigmatism.....	397	386	783
Myopia.....	53	59	112
Myopic Astigmatism.....	196	240	436
Emmetropia.....	56	39	95
Mixed Astigmatism.....	39	57	96
Anisometropia.....	11	16	27
Nil.....	72	58	130
Squint Occlusion.....	540	609	1149
Orthoptic Treatment.....	333	473	806
TOTAL.....	1806	2011	3817

B.—DISEASES OF THE EYE.

	Boys.	Girls.	Total.
Muscle Disorders—			
Nystagmus.....	—	—	—
Squint.....	216	168	384
Disease of the Conjunctivæ and Lids—			
Conjunctivitis.....	41	33	74
Blepharitis.....	4	1	5
Meibomian Cyst.....	—	—	—
Disease of the Cornea—			
Nebulæ.....	—	—	—
Keratitis.....	4	—	4
Ulcer.....	8	6	14
Disease of the Lens—			
Cataract.....	—	—	—
Other Defects.....	10	3	13

Open-air Schools.

The Frederick Road Day School, which provides accommodation for 70 delicate children, was opened on the 28th August, 1916, in the open shed and premises in the David Lewis Recreation Ground. Additional improvements were made to the school in 1930.

The Barr Hill Day School, which provides accommodation for 100 delicate children, was opened on the 30th May, 1924.

Owing to the original plan in 1924 having to be curtailed, the kitchen has to be used as the teachers' room and medical inspection room, which is unsatisfactory.

Delicate children, from 5 to 14 years of age, are admitted, and are daily conveyed to and from the open-air schools, free of charge, by a service of special tramcars.

Children arrive at school at 9 o'clock a.m. and remain the whole day, leaving at 5 p.m. during the summer, and 4-30 p.m. in the winter.

The children admitted to the Open-air Schools are selected by examination by the Medical Staff, and the parents are urged to get any defects, such as enlarged tonsils and adenoids, or decayed teeth, remedied before admission to the schools.

No children are admitted who are considered likely to be a source of infection to others.

The school nurse attends each school daily, the children are weighed each week with clothes, and each term without clothes the Medical Inspector also visits the schools once a week and examines every child at least once each term, and oftener if necessary.

Three meals are provided—breakfast, dinner and tea—for which a maximum charge of 5s. per week is made. After dinner the children rest in the recumbent position for 1-1½ hours.

Children who have been discharged from the Open-air Schools to the ordinary schools are invited periodically to the Clinic, for observation of their further progress.

Open-air Schools, Year 1933.

FREDERICK ROAD.

	Boys.		Girls.		Total.
Number of Admissions during 1938.....	53	....	52	....	105
Number of Discharges during 1938.....	52	....	49	....	101
Number of Children on Register at end of Year 1938.....	41	....	42	....	83

CHILDREN DISCHARGED DURING 1938

	Boys.		Girls.		Total.
Average " Stay " in School (weeks).....	36.3	....	33.3	....	34.8
AVERAGE GAIN IN WEIGHT.....lbs.	7.7	....	7.5	....	7.6

	yr. mth.		yr. mth.		yr. mth.
Average Age on Admission.....	8 9	....	9 3	....	9 0

	Boys.		Girls.		Total.
Transferred to Ordinary School.....	42	....	43	....	85
Left, aged 14.....	4	....	3	....	7
Taken off Rolls (not suitable)	1	....	—	....	1
" " " (removed from district) ...	1	....	1	....	2
" " " (parents request).....	3	....	1	....	4
Admitted to Convalescent Home.....	1	....	1	....	2
TOTAL	52	....	49	....	101

OPEN-AIR SCHOOLS, YEAR 1938, FREDERICK ROAD.—*Continued.*CLASSIFICATION OF DISEASES FROM WHICH THE ABOVE DISCHARGED
CHILDREN WERE SUFFERING.

	Boys.	Girls.	Total.
Tuberculosis, Lungs.....	—	—	—
" " (Suspected).....	1	1	2
" Bones.....	1	—	1
" Skin.....	—	1	1
" Glands.....	—	1	1
" " (Suspected).....	—	—	—
" Abdomen.....	—	—	—
" " (Suspected).....	1	2	3
Bronchitis.....	10	8	18
Malnutrition.....	5	6	11
Asthma.....	2	—	2
Adenitis.....	1	1	2
Osteomyelitis.....	—	1	1
Asthma and Bronchitis.....	1	1	2
Hemiplegia.....	1	—	1
Delicate.....	14	14	28
Anæmia.....	7	7	14
Spinal Curvature.....	1	—	1
Post-pneumonic Fibrosis.....	—	2	2
Rickets (non-active).....	—	1	1
Epilepsy (suspected).....	2	—	2
Tuberculosis Contact.....	2	2	4
Rheumatism.....	—	1	1
Anæmia and Bronchitis.....	1	—	1
Otorrhœa and Nasal Catarrh.....	1	—	1
Chronic Otitis and Rhinitis.....	1	—	1
TOTAL	52	49	101

BARR HILL.

	Boys.	Girls.	Total.
Number of Admissions during 1938.....	65	68	133
Number of Discharges during 1938.....	60	72	132
Number of Children on Register at end of Year 1938.....	60	60	120

CHILDREN DISCHARGED DURING 1938.

	Boys.	Girls.	Total.
Average " Stay " in School (weeks).....	49·0	41·2	45·1
AVERAGE GAIN IN WEIGHT..... lbs.	7·1	7·0	7·0
	yr. mth.	yr. mth.	yr. mth.
Average Age on Admission.....	8 8	8 7	8 7

OPEN-AIR SCHOOLS, YEAR 1938, BARR HILL.—*Continued.*

	Boys.		Girls.		Total.
Transferred to Ordinary School.....	53	....	65	....	118
Left, aged 14.....	4	....	2	....	6
Taken off Rolls (parents request).....	1	....	4	....	5
" " (unfit at present).....	—	....	1	....	1
" " (left district).....	1	....	—	....	1
" " (private school).....	1	....	—	....	1
TOTAL	60	....	72	....	132

CLASSIFICATION OF DISEASES FROM WHICH THE ABOVE DISCHARGED
CHILDREN WERE SUFFERING.

	Boys.		Girls.		Total.
Tuberculosis, Lungs (Early).....	—	....	—	....	—
" " (Suspected) .....	—	....	—	....	—
" Glands	1	....	4	....	5
" " (Suspected)	1	....	—	....	1
" Abdomen	2	....	—	....	2
" " (Suspected)	2	....	—	....	2
" Bones and Joints.....	—	....	—	....	—
" " " (Suspected). 3	3	....	—	....	3
Delicate	16	....	26	....	42
Anæmia	8	....	6	....	14
Bronchitis.....	10	....	8	....	18
Tuberculosis Contact.....	2	....	3	....	5
Heart Disease.....	1	....	—	....	1
Adenitis	1	....	—	....	1
Malnutrition.....	6	....	9	....	15
Epilepsy (suspected) .....	—	....	1	....	1
Arthritis .....	—	....	1	....	1
Asthma .....	—	....	2	....	2
Post-pneumonic Fibrosis	3	....	4	....	7
Chronic Nasal Catarrh	1	....	—	....	1
Chronic Otorrhœa .....	—	....	1	....	1
Neurosis	3	....	5	....	8
Nephritis .....	—	....	1	....	1
Celiac Disease .....	—	....	1	....	1
TOTAL	60	....	72	....	132

Children Discharged from the Open-air Schools in 1936 and subsequently kept under Observation at the Clinic.

Out of a total of 193 children (102 boys and 91 girls) who were discharged from the Open air Schools in 1936 it has been possible to keep 139 (77 boys and 62 girls) under observation for periods varying from 7 to 34 months (the average being 21 months).

It was not possible to keep the remaining 54 children under observation at the clinic for various reasons, *e.g.*, many were over 14 years of age, and some had left the district.

None of the children have died.

In 25 children (14 boys and 11 girls) out of the 139 (18 per cent.) their health was unsatisfactory, several of them suffering from serious illness after leaving the Open-air School, *e.g.*, pneumonia (3), appendicitis (2), rheumatism (2), kidney disease (2) and tonsillitis.

As regards the type of illness for which these 25 children had originally been admitted to the Open-air Schools, 6 had been admitted suffering from bronchitis, 5 from asthma, 5 anæmia, 4 were delicate, 2 were poorly nourished, 1 had disease of bone, 1 enlarged tonsils and adenoids, and 1 had tubercular glands.

The remaining 114 children (82 per cent.) had good health.

Orthopaedic Scheme.

Following the appointment by the Education Committee of Mr. Milner as Orthopaedic Surgeon, and an Orthopaedic Nurse, a special Orthopaedic clinic was established at Hope Hospital.

The Orthopaedic Surgeon attends the Hospital twice weekly for the purpose of (1) reviewing cases of orthopaedic defect referred to him by the School Medical Inspectors, and (2) carrying out orthopaedic operations where necessary.

The Orthopaedic Nurse attends at Special clinics held weekly at Regent Road (four sessions), Police Street (two sessions) and Murray Street (one session), for the purpose of carrying out the instructions of the Orthopaedic Surgeon with respect to massage, exercises and appliances, she, of course, attends, in addition, the sessions of the Orthopaedic Surgeon at Hope Hospital.

Details of the work done by the Orthopædic Surgeon and nurse during the year 1938, are as follow :—

	Boys.	Girls.	Total.
Number of cases examined by the Orthopædic Surgeon.....	220	176	396

Recommended for	Boys.	Girls.	Total.
Resident Cripple School.....	4	3	7
Day Cripple School	41	32	73
Day Open-air School	5	2	7
Day School for Mentally Defective.....	1	1	2
South Bank (Partially Sighted) Council School	1	—	1
Ordinary School.....	168	138	306
TOTAL.....	220	176	396

Treatment Recommended.	Boys.	Girls.	Total.
Hospital In-patient.....	9	8	17
Massage... } (Clinic).....	24	26	50
Exercises }			
Surgical Appliances.....	10	8	18
Valgus or Varus Wedges.....	8	6	14
Plaster, Pads, etc.....	9	9	18
To continue attending other Hospitals	1	—	1
To be kept under observation.....	82	60	142
X-ray	20	12	32
Discharged.....	57	47	104
TOTAL.....	220	176	396

Treatment Administered.	Boys.	Girls.	Total.
Operative.....	13	11	24
Remedial Exercises and Massage. Number of attendances.....	1031	1302	2333
Renewal or Supervision of Plaster, Surgical Boots or Splints. Number of attendances.....	407	346	753
Electrical Treatment. Number of Attendances	—	2	2

School Hygiene.

With regard to the new schools at present under contemplation, it will be the Committee's policy to provide classrooms on the lines of the Open-air Schools, where the character of site and other conditions permit.

As regard sanitation the schools were visited by the Sanitary Inspectors, who have paid altogether 88 visits. Improvement in the sanitary condition of outside offices, yards, etc., has been maintained.

Sanitary Inspectors' Visits to Schools	88
Defects Found	96
„ Shelter roof	3
„ Eaves gutters	4
„ Urinals	4
„ Dra'ns	1
„ W.C.'s (doors, seats, etc.)	62
„ Yard surfaces	8
„ Ventilating shaft	5
„ Ash p'aces and bins	8
„ Waste pipe	1

Provision of Meals.

The arrangements for school meals are inspected and reported upon from time to time by the members of the School Medical Service.

The Superintendent of Meals Centres has discussed the dietaries with the School Medical Staff.

The attention of the Education Department has been drawn, by the Medical Inspector, to the fact that the conditions at one Centre were unsatisfactory as to the food supplied.

At five of the centres the preparation of meals is carried out on the premises. With regard to the other centres, including three additional ones this year, the usual arrangements as to the cooking of dinners at the central kitchen, and conveyance of the food to the meals centres have been carried out.

Breakfasts are now supplied at one centre.

The number of children supplied with meals shows an increase during the year, the average monthly number being 1,576, as compared with 1,087, for the previous year.

Children examined in the schools by the Medical Officers and found to be suffering from malnutrition are referred for investigation into the parents' means and, where necessary, free meals are given.

Swimming Instruction.

During the season just closed, 1 Swimming Instructor was appointed for boys and 1 for girls, and the number of attendances of children during school hours at the several baths was 17,852 in the case of boys, and 13,014

in the case of girls, making a total of 30,866, as compared with 55,135 in the previous year.

In order to encourage the children to learn swimming, the Baths Committee have continued the arrangement under which a free season ticket for the ensuing year is given to each scholar who, at the commencement of the season, is unable to swim more than ten yards, and who at the end of the season has proved able to swim one length of the bath. Certificates of proficiency are also awarded by the Education Committee, after an examination conducted by a committee of Teachers. The number of such certificates gained during the past season was 1,840, compared with 2,486 for the previous year.

**REPORT BY ORGANISERS OF PHYSICAL TRAINING,
for the period November 1st, 1937 to October 31st, 1938.**

During the year there has been some progress in all the phases of physical training undertaken in the City. Marked enthusiasm for the work has been displayed by teachers and pupils; the former have willingly co-operated with the organisers and have endeavoured, despite many difficulties, to give the best type of lesson. The latter's efforts to obtain footwear and gymnastic dress at their own expense are very praiseworthy.

A brief review of the work is made under the following heads:—

(a) Physical training:

1. Clothing.
2. Equipment.
3. Accommodation.
4. Refresher courses for teachers.

(b) Swimming:

1. Winter bathing.
2. Summer bathing.

(c) Organised Games:

1. In public parks.
2. Committee Playing Field.

(d) Recreative physical training.

(a) PHYSICAL TRAINING:

Good progress has been made with regard to the question of suitable footwear and clothing for the physical training lesson.

There are now many classes where all the children wear rubber-soled shoes for the gymnastic lesson and a number of classes where the children change completely into gymnastic clothing. The storage question is difficult but some schools are experimenting with hooks and shelves improvised in cloakrooms, bag and wall sockets in classrooms and clothes racks in airy corridors.

All schools now have a full supply of small equipment, *e.g.*, balls, hoops, bats, skipping ropes, etc. The majority of schools also have a supply of small seagrass mats for floor exercises. Progress has also been made by supplying some departments with portable apparatus, *e.g.*, agility mats, jumping stands and balance benches.

During the past twelve months, more school halls have become available for the physical training lesson, thus making it possible for a satisfactory indoor lesson to be given.

A refresher course on the Board of Education 1933 Physical Training Syllabus was held for men teachers at the Salford Grammar School from 31st August to 9th September. Thirty-four teachers, representing the same number of departments, attended. The course was held partly in school time and partly in the teachers' own time. As Miss Bell, the woman organiser, did not commence her duties until September, classes for women teachers were not held.

(b) SWIMMING :

A change was made in the arrangements for swimming instruction this year. In consequence of the Baths Committee being unable to allow the bath attendants to act as swimming instructors, the instruction was taken over by the Education Committee. For this purpose two full-time instructors (one man and one woman) were appointed. These were assisted in their work by 70 class teachers, who were responsible for instructing their own classes. As the class teachers were, in most cases, in sole charge of the class and the bath attendant on duty was engaged in other work outside the plunge bath, the teachers were left single handed. They found it most difficult to supervise thirty children at the same time, with safety, and in consequence it was found necessary to reduce the size of the classes.

Formerly the classes were under the joint supervision of the bath attendant and the teacher, and in most cases the classes numbered as many as 35. The number of children, therefore, during 1938 was very considerably less than the previous year. Sixty-three classes of boys and 57 classes of girls attended each week during the summer bathing season which lasted from 23rd May to 23rd September, 1938. The season finished earlier than usual as the baths were required for A.R.P. purposes.

For the first time winter bathing was introduced during the months of October, 1937 to April, 1938. One bath only (Seedley) was available for use and was attended by seven boys' departments and four girls' departments. It was a very successful experiment.

(c) ORGANISED GAMES :

Not all schools in this area are able to attend a public park or playing field for the purpose of playing organised games. Good use, however, is made by all the schools in the vicinity of any park land or open space. Five parks are

available for use and these grounds are marked and equipped for playing the major and minor team games by both boys and girls. Those schools who applied for sports equipment during the year under review received adequate supplies.

The Committee's playing field at Lower Broughton is well used by 11 departments situated in the vicinity of this ground. It is excellently equipped for the purpose of playing all organised games during summer and winter. The ground is well marked and cared for, and there is ample equipment for association and rugby football, shinty, touch and pass, bounce hand ball, circular pillar ball, net ball, and summer games of cricket, stool ball, etc. An excellent running track has just been constructed along the river bank and should prove of great use in the athletic training programme.

(d) RECREATIVE PHYSICAL TRAINING.

The numbers of men and women attending the classes organised by the Committee and those under the direction of voluntary organisations which are subsidised by the Committee have been well maintained.

Co-operation of Parents.

Parents present at the inspection are, of course, notified directly of any defect discovered, and they are advised as to the necessary treatment. When parents are absent at the time of the inspection, and it is desirable that they should be interviewed with respect to defects discovered, invitations for these parents to attend the inspection clinic, together with the children, are issued, and so the cases are followed up.

Co-operation of Teachers.

A large number of the special cases examined at the Inspection Clinic are children who have been referred by school teachers for medical examination.

In the case of mentally defective children the work of the Medical Officer is greatly facilitated by the special reports which are furnished by Head Teachers.

Infectious Disease.

A system of notification is in force whereby the Head Teachers forward to the Medical Officer of Health particulars of the cause of absence from sickness of the children attending their schools. These returns are sent in weekly, and are classified in the following table :—

RETURN OF SICKNESS IN SCHOOLS DURING THE YEAR 1938.

Notifiable Diseases.	Measles.	Whooping Cough.	Chicken-pox.	Mumps.	Ringworm.	Ophthalmia.	Sore Throat.	Bronchitis and Pneumonia.	Colds.	Other Diseases.	Influenza.
377	1,258	432	632	122	16	36	2,295	1,092	10,050	6,167	728

Co-operation of School Attendance Officers.

The assistance of the School Attendance Officers is obtained in the case of children who have been invited to the Inspection Clinic and do not attend.

Cleansing notices issued in accordance with Section 87 of the Education Act, 1921, are delivered by the Attendance Officers, who ensure the attendance of the verminous children at the cleansing centre.

The Superintendent of Attendance Officers is daily supplied with all information with respect to periods of school exclusion, or fitness for school in the case of children examined at the Inspection and Treatment Clinics.

Co-operation of Voluntary Bodies.

The co-operation of the Invalid Children's Aid Association, the Crippled Children's Help Association, etc., has been obtained in a number of cases. Through these agencies a considerable number of children have been sent to Holiday and Convalescent Homes at the seaside, or in the country and in the case of some of the cripples part of the cost of suitable apparatus has been supplied by these voluntary bodies.

During the year 1938, the number of children of school age who have been dealt with by the Invalid Children's Aid Association is 168, and the manner in which they have been dealt with in co-operation with other Committees and Funds is as follows :—

	Boys.		Girls.		Total.
Convalescent treatment for periods varying from 1 to 14 weeks, total number of weeks					
413, an average of 4 weeks per child	50	....	55	....	105
Kept under supervision and home-visited.	28	....	26	....	54
Grants of approximately £36.....	21	....	20	....	41
Clothing.....	—	....	3	....	3

Blind, Deaf, Defective and Epileptic Children.

A list of the children maintained in special institutions will be found in Tables S IIIA. and S IIIB. in the Statistical Tables.

Two of the Assistant School Medical Officers, Dr. H. Heathcote and Dr. G. Heathcote, are engaged in the examination and classification of mentally defective children with respect to their suitability for treatment in :—

- (a) Resident Institutions for Imbeciles and Idiots.
- (b) Special Residential Schools for Mentally Defective Children.
- (c) Special Day Schools for Mentally Defective Children.
- (d) Special Classes in Ordinary Schools.

A similar list is prepared in the case of physically defective children in respect of their suitability for treatment in :—

- (a) Residential Open-air Schools.
- (b) Day Open-air Schools.
- (c) Sanatorium Schools.
- (d) Special Residential Schools for Cripples.
- (e) Special Day Schools for Cripples.
- (f) Special Residential Schools for Epileptics.
- (g) Special Residential Hospital Schools.
- (h) Special Residential Schools for the Deaf.
- (j) Special Residential School for the Blind.

Ineducable mentally defectives are notified to the local authority which is the Mental Deficiency Act Committee of the Lancashire County.

A list of educable mentally defective children who have reached the age of 16 is sent annually to the local authority for information with a view to supervision.

The South Bank (Partially Sighted) Council School.

There are 37 children on the rolls, and the teachers at the School constitute the After-care Committee.

Twelve children left the School in 1938, and the following is a summary of the records of their after-careers :—

	Boys.		Girls.		Total.
Returned to Ordinary School.....	4	....	3	....	7
Working.....	3	....	—	....	3
Left, aged 16.....	2	....	—	....	2
	9	....	3	....	12

Co-ordination.

NURSERY SCHOOLS.—The Child Welfare Medical Officer pays monthly visits to the Nursery School for the purpose of examining the children. The number in daily attendance being about 81.

Secondary Schools.**1. MEDICAL INSPECTION :—**

(a) The Schools provided by the Local Education Authority, as set out, namely :—

The Salford Grammar School.

The Pendleton High School for Girls.

The Broughton High School for Girls.

The Junior Technical School.

The Junior Art School.

and the non-provided, but aided, Adelphi House Secondary School for Girls, are subjected to routine medical inspection.

(b) Full medical inspection takes place annually, of all pupils. Those who were inspected in the preceding year and have continued in perfect health and show a satisfactory increase in weight are not always required to undress.

(c) All pupils in attendance at the School are inspected.

(d) The following up is undertaken by the Medical Inspector at the next annual examination, if not before. Head Teachers are also furnished with the names of pupils who require treatment, and they voluntarily do a great deal of following up before the next medical inspection is due.

2. MEDICAL TREATMENT :—

(a) Pupils who are suffering from Defective Vision, Dental Disease, Enlarged Tonsils and/or Adenoids, and any Physical Defect requiring Orthopædic treatment, are allowed to participate in the Authority's scheme of arrangement for treatment of these complaints.

(b) The treatment is available for all types of pupils.

(c) Payment of the costs of any medical treatment provided are recovered from the parents, in full, where possible. Where, after investigation of parents' means, circumstances do not permit the full charge to be made, a proportion is authorised.

Tables showing the number of pupils examined and the findings of the Medical Inspector will be found in the Statistical Tables.

Miscellaneous.

A number of Teachers, Student Teachers, Intending Teachers, and special cases have been medically examined by the Medical Officers during the year. (See Table S Ib. in the Statistical Tables).

The total number of children in the code groups medically examined in the Elementary Schools during the year amounted to 8,245.

During the year 29,056 invitations were sent out to children referred for medical treatment, and there were 20,198 attendances; 8,327 cases were discharged from the Clinic, 90·63 per cent. of which were remedied. (See pages 41-42 of Statistical Tables).

Summary of Examinations.

During the year 1938, 56,799 examinations were conducted by the Medical Officers of the Education Committee.

These examinations were made up as follow :—

(a) Children belonging to Code Groups examined in the Schools	8245
(b) Children under School age examined in the Schools.....	1593
(c) Cases of visual defects examined by retinoscopy at Chapel Street.....	3687
(d) Absentees and cases of disease or defect examined by the Medical Officers at Regent Road Centre, Murray Street Centre and Police Street Centre.....	18,634
(e) Verminous cases in which cleansing notices have been served under Section 87 of the Education Act, 1921, Examined at Regent Road.....	371
(f) Teachers, Student Teachers, Intending Teachers, and various special cases examined.....	492
(g) Children examined in the schools by the School Dentists	21,598
(h) Children examined in Secondary Schools.....	1549
(i) Employment Certificates issued.....	205
(j) Children examined at the Orthopædic Clinic.....	396
(k) Children examined under the Children and Young Persons Act, 1933.....	29

STATISTICAL TABLES.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS DURING THE YEAR ENDED
31ST DECEMBER, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

	Boys.	Girls.	Total.
Number of Code Group Inspections—			
Entrants.....	1283	1230	2513
Intermediates.....	1452	1409	2861
Leavers.....	1417	1454	2871
TOTAL.....	4152	4193	8245
*Number of other Routine Inspections.....	799	794	1593

*These figures represent 3-year and 4-year old entrants.

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections.....	5099	4314	9413
Number of Re-inspections.....	5931	5574	11505
TOTAL.....	11030	9888	20918

C.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION
TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION,
UNCLEANLINESS AND DENTAL DISEASES).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
Code Groups—			
Entrants	—	383	383
Intermediates	258	462	628
Leavers	222	284	439
Total (Code Groups).....	480	1129	1450
*Other Routine Inspections..	1	129	130
GRAND TOTAL	481	1258	1580

* These figures represent 3-year and 4-year old entrants.

TABLE I.—Continued.
AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN EXAMINED AT THE ROUTINE MEDICAL INSPECTION.

BOYS. AVERAGE HEIGHT IN INCHES.				GIRLS. AVERAGE HEIGHT IN INCHES.			
Average age in years.....	5 $\frac{6}{12}$	8 $\frac{6}{12}$	12 $\frac{6}{12}$	Average age in years.....	5 $\frac{6}{12}$	8 $\frac{6}{12}$	12 $\frac{6}{12}$
Number examined.....	1283	1452	1417	Number examined.....	1230	1409	1454
Average for 1938.....	41.9	48.1	55.7	Average for 1938.....	41.7	48.1	56.0
Average for 1928.....	41.7	47.9	54.8	Average for 1928.....	41.3	47.4	55.7
BOYS. AVERAGE WEIGHT IN LBS.				GIRLS. AVERAGE WEIGHT IN LBS.			
Average age in years.....	5 $\frac{6}{12}$	8 $\frac{6}{12}$	12 $\frac{6}{12}$	Average age in years.....	5 $\frac{6}{12}$	8 $\frac{6}{12}$	12 $\frac{6}{12}$
Number examined.....	1283	1452	1417	Number examined.....	1230	1409	1454
Average for 1938.....	40.9	54.2	77.4	Average for 1938.....	39.8	52.6	79.7
Average for 1928.....	39.6	51.4	71.2	Average for 1928.....	37.9	49.8	73.7

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1938.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Skin—				
Ringworm, head.....	—	—	4	—
„ body.....	1	—	21	—
Scabies.....	10	5	225	—
Impetigo.....	11	7	666	—
Other Diseases (Non- Tubercular).....	14	13	2768	—
Eye—				
Blepharitis.....	15	1	95	—
Conjunctivitis.....	5	—	163	—
Keratitis.....	1	—	3	—
Corneal Opacities.....	1	—	12	—
Defective Vision.....	481	1	45	1
Squint.....	129	—	15	—
Other Conditions.....	27	—	116	6
Ear—				
Defective Hearing.....	37	4	64	18
Otitis Media.....	50	—	430	6
Other Ear Diseases.....	20	3	78	20
Nose and Throat—				
Enlarged Tonsils.....	167	127	54	140
Adenoids.....	27	7	16	12
Enlarged Tonsils and Adenoids	460	36	653	347
Other Conditions.....	60	15	391	118
Enlarged Cervical Glands (Non- Tubercular).....	59	9	109	98
Defective Speech.....	14	—	5	4
Heart and Circulation—				
Heart Disease, Organic.....	—	5	26	45
„ „ Functional.....	3	25	22	60
Anæmia.....	38	31	57	70
Lungs—				
Bronchitis.....	11	47	145	117
Other Non-Tubercular Diseases	—	3	78	65

TABLE II.—Continued.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1938.

DEFECTS OR DISEASES.	ROUTINE INSPECTION.		SPECIALS.	
	No. referred for treatment.	No. requiring to be kept under observation.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Tuberculosis—				
Pulmonary, Definite.....	—	—	3	3
" Suspected	2	—	28	19
Non-Pulmonary, Glands.....	1	2	14	9
" Bones and Joints	—	—	9	3
" Skin.....	—	—	1	—
" Other Forms.....	—	—	8	3
Nervous System—				
Epilepsy	—	—	8	11
Chorea.....	1	—	22	20
Other Conditions.....	1	3	31	26
Deformities—				
Rickets	6	—	4	5
Spinal Curvature.....	—	—	1	1
Other Forms	36	2	49	18
Other Defects or Diseases	148	147	1481	333

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

Age-groups.	Number of Children Inspected.	A.		B.		C. Slightly Sub-normal.		D. Bad.	
		Excellent.		Normal.					
		No.	%	No.	%	No.	%	No.	%
Entrants	2513	501	19·93	1599	63·63	399	15·88	14	·56
Second Age-group	2861	509	17·79	1834	64·10	502	17·55	16	·56
Third Age-group	2871	781	27·20	1756	61·16	324	11·29	10	·35
Other Routine Inspections ..	1593	305	19·15	1154	72·44	131	8·22	3	·19
TOTAL	9838	2096	21·31	6343	64·47	1356	13·78	43	·44

TABLE II.—Continued.

C.—DETAILS OF RE-EXAMINATION OF CHILDREN IN CODE GROUPS.

Defects or Diseases.	Had Treatment.	Not had Treatment.
Malnutrition.....	2	—
Uncleanliness, head.....	1	—
" body	—	—
Skin—		
Ringworm, head.....	1	—
" body.....	—	—
Scabies	21	—
Impetigo	18	1
Other Diseases (Non-Tubercular).....	28	3
Eye—		
Blepharitis.....	10	1
Conjunctivitis.....	3	—
Keratitis.....	—	—
Corneal Opacities.....	—	—
Defective Vision	338	108
Squint.....	56	15
Other Conditions.....	14	1
Ear—		
Defective Hearing.....	26	4
Otitis Media.....	40	6
Other Ear Diseases.....	18	3
Nose and Throat—		
Enlarged Tonsils.....	128	57
Adenoids.....	10	1
Enlarged Tonsils and Adenoids.....	440	56
Other Conditions.....	76	5
Enlarged Cervical Glands (Non-Tubercular)....	30	12
Defective Speech.....	6	3
Teeth—Dental Disease.....	338	274
Heart and Circulation—		
Heart Disease, Organic.....	3	1
" " Functional.....	14	3
Anæmia.....	19	2
Lungs—		
Bronchitis.....	40	4
Other Non-Tubercular Diseases.....	3	—
Tuberculosis—		
Pulmonary, Definite.....	—	—
" Suspected.....	1	—
Non-Pulmonary, Glands.....	—	—
" Bones and Joints.....	—	—
" Skin.....	—	—
" Other Forms	—	—
Nervous System—		
Epilepsy.....	—	—
Chorea.....	1	—
Other Conditions.....	5	1
Deformities—		
Rickets.....	1	—
Spinal Curvature.....	—	—
Other Forms.....	35	4
Other Defects or Diseases.....	202	33
Number of Children Re-examined.....	2284	
Had Treatment	1743	= 76.31 per cent.
Not had Treatment.....	541	

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (1), Total Deafness (1), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease.....			9	10	19
Blind (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind.....	3	5	8
		At Public Elementary Schools	—	—	—
		At other Institutions.....	—	—	—
		At no School or Institution	1	—	1
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Partially Blind.....	18	19	37
		At Public Elementary Schools	—	1	1
		At other Institutions.....	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf.....	14	12	26
		At Public Elementary Schools	—	—	—
		At other Institutions.....	—	1	1
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions.....	—	—	—
		At no School or Institution	—	—	—
Mentally Defective	Feeble-minded	At Certified Schools for Mentally Defective Children	7	6	13
		At Public Elementary Schools	72	47	119
		At other Institutions.....	—	—	—
		At no School or Institution	36	26	62
	Statement of the number of Children notified during the Year ended 31st December, 1938, by the Local Education Authority to the Local Mental Deficiency Authority.	1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :			
		(a) Idiots	1	—	1
		(b) Imbeciles	5	5	10
		(c) Others	1	1	2
		(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :			
		(a) Moral defectives	—	—	—
		(b) Others	—	—	—
		2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	1	—	1
		3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases.....	—	—	—
		Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.			
		4. Children who in addition to being mentally defective were blind or deaf	—	—	—
		Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).			

TABLE III.—Continued.

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	At Certified Special Schools.....	1	3	4
		At Public Elementary Schools....	2	5	7
		At other Institutions.....	—	—	—
		At no School or Institution.....	3	1	4
Physically Defective	Suffering from Pulmonary tuberculosis (including pleura and intrathoracic glands).	At Certified Special Schools.....	2	1	3
		At Public Elementary Schools....	2	5	7
		At other Institutions.....	—	2	2
		At no School or Institution.....	3	3	6
	Suffering from Non-Pulmonary tuberculosis.	At Certified Special Schools.....	1	1	2
		At Public Elementary Schools....	19	7	26
		At other Institutions.....	7	4	11
		At no School or Institution.....	2	3	5
	Delicate Children, <i>i.e.</i> , all 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.	At Certified Special Schools.....	101	102	203
		At Public Elementary Schools....	79	62	141
		At other Institutions.....	—	—	—
		At no School or Institution.....	—	2	2
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools.....	28	24	52
		At Public Elementary Schools....	55	37	92
		At other Institutions.....	1	1	2
		At no School or Institution.....	22	19	41
	Children with heart disease <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools.....	5	4	9
		At Public Elementary Schools....	9	17	26
		At other Institutions.....	—	—	—
		At no School or Institution.....	2	11	13

TABLE IIIa.
MENTALLY DEFECTIVE CHILDREN EXAMINED DURING 1938 BY THE
MEDICAL OFFICER.

	Boys.	Girls.	Total.
Idiots and Imbeciles.....	7	8	15
Feeble-minded.....	21	20	41
Feeble-minded and Epileptic.....	2	—	2
Dull or Backward.....	54	40	94
Total.....	84	68	152

Recommended for	Boys.	Girls.	Total.
Resident Institution.....	8	9	17
Resident School for Epileptic Mental Defectives.....	1	—	1
Resident School for Mental Defectives.....	10	4	14
Day School for Mental Defectives.....	10	14	24
Class for Dull or Backward.....	39	28	67
Class for Defective Articulation.....	1	—	1
South Bank (Partially sighted) Council School.....	—	1	1
Day Open-air School.....	3	1	4
Ordinary School.....	12	11	23
Total.....	84	68	152

PHYSICALLY DEFECTIVE CHILDREN (CRIPPLES, EPILEPTICS, ETC.).

	Boys.	Girls.	Total.
Epilepsy.....	7	1	8
Tuberculosis (Non-Pulmonary).....	36	13	49
Rickets.....	20	10	30
Congenital Malformation.....	18	13	31
Infantile Paralysis.....	15	11	26
Weakness and Paralysis, other than Infantile.....	19	15	34
Postural Defect.....	15	28	43
Deaf.....	1	1	2
Defect due to Injury.....	14	9	23
Spinal Curvature.....	5	6	11
Torticollis.....	9	1	10
Deformity Acquired.....	43	39	82
Disease of Bone.....	20	22	42
„ „ Joints (definite or suspected).....	—	—	—
„ „ Muscle.....	—	—	—
Normal.....	6	9	15
Total.....	228	178	406

TABLE IIIa.—Continued.

Recommended for	Boys.	Girls.	Total.
Resident School for the Deaf.....	1	1	2
Resident School for Epileptics	6	—	6
Resident School for Cripples	4	3	7
Day School for Cripples	41	32	73
Day School for Mental Defectives	1	1	2
Day Open-air School.....	5	3	8
South Bank (Partially sighted) Council School	1	—	1
Ordinary School.....	169	138	307
Total.....	228	178	406

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED

31ST DECEMBER, 1938.

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE
GROUP V).

Disease or Defect.	Number of Defects Treated or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm, Scalp.....	4	—	4
„ Body.....	20	1	21
Scabies.....	218	7	225
Impetigo	648	17	665
Other Skin Diseases.....	2659	109	2768
Minor Eye Defects.....	418	31	449
(External and other, but excluding cases falling in Group II.).			
Minor Ear Defects.....	546	26	572
Miscellaneous.....	519	73	592
(Minor Injuries, Bruises, Sores, etc.).			
Total.....	5032	264	5296

GROUP II.—DEFECTIVE VISION AND SQUINT, EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS (GROUP I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).....	3687	—	11	3698
Other Defects or Diseases of the Eyes (excluding those recorded in Group I.).....	—	—	—	—
Total.....	3687	—	11	3698

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme.....	1252
(b) Otherwise.....	7

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme.....	1231
(b) Otherwise.....	7

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

Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
520	18	538	334	872

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			Total Number Treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopaedic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-Residential treatment at an Orthopaedic Clinic.	
Number of Children treated.....	23	—	163	—	—	12	180

GROUP V.—DENTAL DEFECTS.

		Number	
		of	
(1) Number of children who were :	(a) Inspected by the Dentist :	Children.	Total.
	Aged :		
	Routine Age Groups, 5 years.....	1736	
	6 "	1930	
	7 "	1993	
	8 "	2218	
	9 "	2077	
	10 "	2070	
	11 "	2221	
	12 "	2061	
	13 "	2051	
	14 "	180	
		—	18537
	Specials.....		3061
	Grand Total.....		21598
	(b) Found to require treatment.....		12084
	(c) Actually treated.....		7190
(2) Half-days devoted to (a) Inspection....		219	
	(b) Treatment.....	1275	
		—	1494
(3) Attendances made by children for treatment.....			15997
(4) Fillings (a) Permanent Teeth.....		4307	
	(b) Temporary Teeth.....	—	
		—	4307
(5) Extractions (a) Permanent Teeth.....		3015	
	(b) Temporary Teeth.....	11568	
		—	14583
(6) Administrations of local anæsthetics for extractions.....			14583
(7) Other Operations (a) Permanent Teeth.....		3039	
	(b) Temporary Teeth.....	94	
		—	3133

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per School made during the year by the School Nurses.....	3
(ii.) Total number of examinations of children in the Schools by the School Nurses.....	73341
(iii.) Number of individual children found unclean.....	1127
(iv.) Number of children cleansed under arrangements made by the Local Education Authority.....	118
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws.....	—

RESULTS OF TREATMENT OF DEFECTS OF CHILDREN DISCHARGED FROM
CLINICS DURING 1938.

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
Malnutrition.....	6	1	1	8	75·00
Uncleanliness, head	8	—	—	8	100·00
„ body.....	1	1	—	2	50·00
Skin—					
Ringworm, head.....	3	—	—	3	100·00
„ body.....	16	—	1	17	94·12
Scabies.....	208	—	3	211	98·58
Impetigo.....	772	12	44	828	93·23
Other Diseases— (Non-Tubercular).....	2676	31	87	2794	95·77
Eye—					
Blepharitis.....	73	—	5	78	93·60
Conjunctivitis.....	147	2	7	156	94·23
Keratitis.....	4	—	—	4	100·00
Corneal Ulcer.....	8	—	1	9	88·89
Corneal Opacities.....	—	—	—	—	—
*Defective Vision.....	9	—	10	19	47·37
*Squint.....	7	—	2	9	77·78
Other Conditions.....	148	—	9	157	94·27
Ear—					
Defective Hearing.....	45	1	2	48	93·75
Otitis Media.....	245	17	12	274	89·41
Other Ear Diseases.....	191	1	7	199	95·98
Nose and Throat—					
Enlarged Tonsils.....	184	17	27	228	80·70
Adenoids.....	15	—	5	20	75·00
Enlarged Tonsils and Adenoids	610	8	129	747	81·66
Other Conditions.....	352	5	20	377	93·37
Enlarged Cervical Glands— (Non-Tubercular).....	103	3	4	110	93·64
Defective Speech.....	4	2	—	6	66·67
*Teeth—Dental Disease.....	40	—	27	67	59·70
Heart and Circulation—					
Heart Disease, Organic.....	—	17	2	19	—
„ „ Functional.....	41	8	13	62	66·13
Anæmia	67	9	9	85	78·82

* These figures include cases coming under the notice of the School Doctor at the Inspection Clinic, and do not include the great bulk of cases treated at the Ophthalmic and Dental Clinics.

RESULTS OF TREATMENT OF DEFECTS OF CHILDREN DISCHARGED FROM
CLINICS DURING 1938.—*Continued.*

Defects or Diseases.	Remedied.	Improved.	No change or no report.	Total.	Percentage remedied.
Lungs—					
Bronchitis.....	153	21	15	189	80.95
Other Non-Tubercular Diseases	74	2	3	79	93.67
Tuberculosis—					
Pulmonary, Definite.....	1	—	4	5	20.00
„ Suspected.....	5	4	1	10	50.00
Non-Pulmonary, Glands.....	9	—	1	10	90.00
„ Spine.....	—	—	—	—	—
„ Hip.....	3	—	—	3	100.00
„ Other Bones and Joints	1	1	—	2	50.00
„ Skin	—	—	1	1	—
„ Other Forms	2	2	1	5	40.00
Nervous System—					
Epilepsy.....	2	1	—	3	66.67
Chorea.....	21	4	3	28	75.00
Other Conditions.....	24	2	—	26	92.31
Deformities—					
Rickets.....	7	1	—	8	87.50
Spinal Curvature.....	3	1	2	6	50.00
Other Forms.....	82	4	20	106	77.36
Other Defects or Diseases.....	1048	22	51	1121	93.48
Delicate	124	11	21	156	79.48
Mentally Defective.....	1	1	3	5	20.00
Dull and Backward	4	4	11	19	21.05
Total.....	7547	216	564	8327	90.63

TABLE V.

SUMMARY OF TREATMENT OF DEFECTS SHOWN IN TABLE IV.

(GROUPS I., II., III., IV. AND V.).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	6654	5032	264	5296
Visual Defects	3698	3687	11	3698
Defects of Nose and Throat.....	1828	520	352	872
Orthopædic Defects	180	168	12	180
Dental Defects.....	12084	7190	—	7190
Other Defects.....	1731	1067	—	1067
Total.....	26175	17664	639	18303

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE
ROUTINE INSPECTIONS DURING THE YEAR 1938.

(1) The total number of children medically inspected at the routine inspections	9838
(2) The number of children in (1) suffering from—	
Malnutrition.....	—
Skin Disease.....	61
Defective Vision (including Squint).....	602
Eye Disease.....	50
Defective Hearing.....	41
Ear Disease.....	73
Nose and Throat Disease.....	899
Enlarged Cervical Glands (Non-Tubercular).....	68
Defective Speech.....	14
Heart Disease—	
Organic.....	5
Functional.....	28
Anæmia.....	69
Lung Disease (Non-Tubercular).....	61
Tuberculosis—	
Pulmonary, Definite.....	—
„ Suspected	2
Non-pulmonary.....	3
Disease of the Nervous System.....	5
Deformities.....	44
Other Defects and Diseases.....	295
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	415
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.).....	2225
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	1743

TABLE Ia.

NUMBER OF CHILDREN IN SECONDARY SCHOOLS INSPECTED DURING 1938.

A.—ROUTINE MEDICAL INSPECTION.

	Prepara- tory.	Entrants.		Intermediates.		Leavers.		Totals.
		12	13	14	15	16	17	
Boys.....	57	58	87	111	88	28	7	436
Girls.....	337	182	192	167	146	72	17	1113
Total	394	240	279	278	234	100	24	1549

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children re-examined).
Boys	—	—
Girls.....	—	—
Total	—	—

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER WHETHER AS ROUTINE OR SPECIAL CASES.

(No child to be counted more than once in a year).

Number of Individual Children Inspected..... 1549

TABLE IIa.

A.—ROUTINE INSPECTION OF SECONDARY SCHOOLS.

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Malnutrition.....	2	—
Uncleanliness, head.....	—	—
„ body.....	—	—
Skin—		
Ringworm, head.....	—	—
„ body.....	—	—
Scabies.....	2	—
Impetigo.....	—	—
Other Diseases (Non-Tubercular).....	42	—
Eye—		
Blepharitis.....	3	—
Conjunctivitis.....	3	—
Keratitis.....	—	—
Corneal Ulcer.....	—	1
Corneal Opacities.....	—	—
Defective Vision.....	259	105
Squint.....	11	6
Other Conditions.....	5	—
Ear—		
Defective Hearing.....	11	2
Otitis Media.....	6	—
Other Ear Diseases.....	4	—
Nose and Throat—		
Enlarged Tonsils.....	42	13
Adenoids.....	5	—
Enlarged Tonsils and Adenoids.....	10	3
Other Conditions.....	22	1
Enlarged Cervical Glands (Non-Tubercular).....	22	13
Defective Speech.....	2	—
Teeth—Dental Disease.....	444	—
Heart and Circulation—		
Heart Disease, Organic.....	4	1
„ „ Functional.....	3	15
Anæmia.....	5	—
Lungs—		
Bronchitis.....	22	—
Other Non-Tubercular Diseases.....	3	2

TABLE IIa.—Continued.

Defects or Diseases.	No. referred for Treatment.	No. requiring to be kept under observation.
Tuberculosis—		
Pulmonary, Definite.....	—	—
" Suspected.....	1	—
Non-Pulmonary, Glands.....	—	—
" Spine.....	—	—
" Hip.....	—	—
" Other Bones and Joints.....	—	—
" Skin.....	—	—
" Other Forms.....	—	—
Nervous System—		
Epilepsy.....	1	—
Chorea.....	—	1
Other Conditions.....	17	2
Deformities—		
Rickets.....	2	—
Spinal Curvature.....	—	—
Other Forms.....	153	17
Other Defects or Diseases.....	145	6
Delicate.....	—	—
Mentally Defective.....	—	—
Dull and Backward.....	—	—
No. of Children Examined.....	1549	—
No. of Individual Children having Defects which required treatment or to be kept under observation.....	1017	82

TABLE IIIa.

TABLE SHOWING PREVALENCE OF PEDICULOSIS IN SECONDARY SCHOOLS.

	BOYS.					GIRLS.				
	No. Examined.	Heads.			Vermin- ous bodies.	No. Examined.	Heads.			Vermin- ous bodies.
		A.	B.	C.			A.	B.	C.	
(A) Aggregate Numbers....	436	435	1	—	—	1113	1101	12	—	—
(B) Percentages.	—	99·77	·23	—	—	—	98·92	1·08	—	—

TABLE S I.

CHILDREN EXAMINED AT THE INSPECTION CENTRES BY THE MEDICAL INSPECTORS.

	Boys.	Girls.	Total.
New Cases.....	5099	4314	9413
Re-examinations.....	4772	4449	9221
Total Examinations.....	9871	8763	18634

CHILDREN EXAMINED BY THE EYE SPECIALIST.

	Boys.	Girls.	Total.
Number examined.....	1806	2011	3817
Spectacles prescribed for.....	616	636	1252
„ supplied	604	627	1231

TABLE S Ib.

MEDICAL EXAMINATION OF TEACHERS, ETC.

Intending and Student Teachers.....	13
Entrants to Secondary Schools.....	296
Other Special Examinations.....	212

TABLE S IIa.

CLASSIFICATION OF SPECIAL CASES.

EXAMINED BY THE MEDICAL INSPECTORS, AT THE INSPECTION CENTRES, DURING
THE YEAR 1938.

	Boys.		Girls.		Total Examina- tions.
	1st Exam.	Re- examined.	1st Exam.	Re- examined.	
Number of cases examined.....	5099	4772	4314	4449	18634
Malnutrition.....	20	21	19	14	74
Cleanliness, head.....	—	—	12	8	20
„ body.....	—	—	—	—	—
Skin—					
Ringworm, head.....	2	2	2	8	14
„ body.....	10	17	11	7	45
Impetigo.....	385	455	280	366	1486
Scabies.....	120	165	101	127	513
Alopecia.....	21	54	29	52	156
Other Diseases.....	1632	1490	1080	1034	5236
Eye—					
Defective Vision and Squint.....	23	3	32	3	61
External Eye Disease.....	193	446	200	392	1231
Ear—					
Defective Hearing.....	36	25	50	56	167
Ear Disease.....	308	692	222	547	1769
Teeth—					
Dental Disease.....	128	21	165	21	335
Nose and Throat—					
Enlarged Tonsils.....	99	39	83	34	255
Adenoids.....	15	12	15	6	48
Enlarged Tonsils & Adenoids.....	529	350	478	349	1706
Tonsillitis.....	29	31	66	92	218
Rhinitis.....	52	146	52	135	385
Other Diseases.....	136	135	177	185	633
Defective Speech.....	7	2	3	3	15

TABLE S IIa.—Continued.

CLASSIFICATION OF SPECIAL CASES—Continued.

	Boys.		Gir's.		Total Examina- tions.
	1st Exam.	Re- examined.	1st Exam.	Re- examined.	
Heart and Circulation—					
Organic Disease.....	30	29	39	36	134
Functional Disease.....	41	29	39	42	151
Anæmia	66	79	62	74	281
Lungs—					
{ Pulmonary Definite.....	3	3	3	3	12
{ Tuberculosis Suspected.....	22	16	25	11	74
Chronic Bronchitis.....	148	156	120	158	582
Other Diseases.....	69	77	67	76	289
Nervous System—					
Epilepsy.....	8	8	10	6	32
Chorea.....	22	27	27	55	131
Mentally Defective.....	4	1	3	1	9
Other Diseases.....	29	11	34	30	104
Non-Pulmonary Tuberculosis—					
Glands.....	14	12	8	11	45
Bones and Joints	7	3	5	1	16
Other Forms.....	10	8	3	2	23
Enlarged Cervical Glands (Non-Tubercular)	75	81	70	73	299
Delicate	122	147	108	119	496
Rickets.....	3	1	4	—	8
Deformities	20	8	33	3	64
Other Defects or Diseases.....	831	770	732	748	3081
Dull or Backward.....	2	—	—	—	2
Abscess.....	11	16	15	23	65
Fit for School	8200	—	6877	—	15077

TABLE S IIIa.

BLIND, DEAF AND DEFECTIVE CHILDREN.

NEW CASES SENT TO SPECIAL SCHOOLS DURING 1938.

	Boys.	Girls.	Total.
To Royal Residential School for the Deaf.....	1	—	1
„ South Bank (Partially Sighted) Council School....	3	1	4
„ Other Special Schools.....	2	2	4
TOTAL.....	6	3	9

TABLE S. IIIb.

TOTAL NUMBER OF CHILDREN MAINTAINED IN INSTITUTIONS, AT THE

PART COST OF THE COUNCIL, AS AT SEPTEMBER 30TH, 1938.

Name of Institution.	Boys.	Girls.	Total.
Henshaw's Institution for the Blind, Manchester....	3	4	7
Catholic Blind School, Liverpool	—	1	1
Royal Residential Schools for the Deaf, Manchester.	12	8	20
Jews' Deaf and Dumb Home, Wandsworth.....	1	1	2
Soss Moss School for Epileptics.....	1	2	3
Home for Epileptics, St. Elizabeth's, Much Hadham.	—	1	1
Mary Dendy Home for Feeble-minded, Sandlebridge.	3	5	8
Besford Court Mental Welfare Hospital, Worcester-	1	—	1
shire.....	—	1	1
Allerton Priory School for Mental Defectives, Liver-	—	—	—
pool.....	—	1	1
Royal Eastern Counties Institution for Mental	3	—	3
Defectives, Colchester.....	—	—	—
Greengate Hospital and Open-air School.....	19	21	40
Boys' and Girls' Refuges and Homes, Bethesda Home	3	—	3
West Kirby Special School.....	5	3	8
Dovecot Horticultural School, Knotty Ash.....	—	1	1
Children's Orthopaedic Hospital, Marple	1	—	1
TOTAL.....	52	48	100

TABLE S. V.

INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1938.

(1) The total number of children medically inspected (whether Code Group, special or ailing child).....	19251
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).....	1464
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.).....	8700
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.).....	8317