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CITY OF SALFORD.

EDUCATION COMMITTEE.

SCHOOL HEALTH SERVICE.

REPORT

OF THE

SCHOOL MEDICAL OFFICER,

J. L. BURN, M.D., D.Hy., D.P.H.,

For the Year ended 31st December, 1947.

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SCHOOL HEALTH REPORT.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I give below the terms of a charter for childhood which we may take as a description of some of the aims of the School Health Service.

> *" . . . men and women of all nations recognising that Mankind owes to the child the best that it has to give, declare and accept it as their duty that :*
>
> 1. *The child must be given the means requisite for its normal development, both materially and spiritually.*
>
> 2. *The child that is hungry must be fed ; the child that is sick must be nursed ; the child that is backward must be helped ; the delinquent child must be reclaimed ; and the orphan and the waif must be sheltered and succoured.*
>
> 3. *The child must be the first to receive relief in times of distress.*
>
> 4. *The child must be put in a position to earn a livelihood and must be protected against every form of exploitation.*
>
> 5. *The child must be brought up in the consciousness that its talents must be devoted to the services of its fellow-men."*
>
> (*"Declaration of Geneva" of the Rights of the Child*).

Good school health services are essential to a community such as Salford school children, for here are adverse environmental conditions—a savage legacy of the worst side of the industrial revolution. The School Health Service provides one of the channels by which our community may cherish the children of our city in caring for body, mind and personality.

Our work in 1947 was a further development on previous lines in trying to take a *greater care of the individual child* chiefly by expanding specialist and clinical services. For example, the asthma clinic (page 32) provided specialist care for an important group of handicapped children. The child was given the benefit of full clinical investigation ; skin tests were done in appropriate cases in an endeavour to find out the factor responsible for the asthma. The interest of all members of the School Health Service was aroused in the problem, and as a result, despite the difficult days in which we live, some worthwhile recommendations were made—in suitable cases certain specific desensitisation, in others physical methods of treatment such as breathing exercises and convalescence. Recommendations were carried out in a few cases, with the co-operation of the Housing Committee, for a change of housing accommodation, and it was felt that in those and other conditions something had been done to improve the health of these children.

A venture which had a useful year's work was the special class for *spastic children* (page 17).

An incident which gave the greatest pleasure during the year was the de-certification and de-notification of a spastic child who had hitherto been regarded as mentally deficient as a result of his severe disability and speech defect, and whose intelligence was proved subsequently to be not subnormal.

An incident in which a peril was averted was in connection with a child aged five, whose appearance gave the impression of mental deficiency. There is, however, a rule in this department that any such child should have his hearing tested. This was done by the kind co-operation of the Drs. Ewing, of the Department of Education of the Deaf, the University, Manchester, 13, and it was found his defect was primarily that of partial deafness. Here again was a case of a boy who could not make the necessary response to questions asked in the intelligence test owing to physical disability.

A *foot health survey* (page 31) was made during the year by your chiropodist and the following is a summary of the conditions found :—

Verrucæ, corns and callosities, ingrowing toe-nail, weak and flat foot, chilblains, conditions needing referral to orthopædic surgeon and other conditions.

A special survey of 20,032 Salford school children for *verminous infestation* was made (page 36), and it was found that 24·6 per cent. of the girls, and 8·4 per cent. of the boys examined, were infested.

A similar survey of the incidence of *scabies* by an experienced technician was made. Diagnosis by extraction of a live mite showed an incidence of ·12 per cent. (less than one-quarter of the incidence of four years ago) as will be seen from the diagram on page 21.

As a result of a routine examination of urine, one boy was discovered to be a diabetic. Insulin treatment was advised, and the boy put on 39 lbs. in weight. This illustrates the value of making a routine medical inspection more comprehensive, by including urine tests.

Other features of the work of the year were the greater use of *medico-social services*. Twice the number of children were sent for convalescence as in the previous year, and many problems such as the provision of clothing, etc., were solved.

The incidence of infectious disease was not high. Over 90 per cent. of our school children are immunised against diphtheria. Eight cases of infantile paralysis occurred in our school population, with one death.

Useful administrative developments were made. Our register of handicapped children was revised and new record cards on the Cope-Chat system were instituted. The following are the numbers of handicapped children on our register :—

Blind pupils	5
Partially sighted	30
Deaf	27
Partially deaf	89
Delicate	248
Diabetic	5
Educationally subnormal	184
Epileptic	15
Maladjusted	36
Physically handicapped	57
Speech defects	621
Suffering from multiple defects	33

Co-operation with Parents.

A new illustrated leaflet in colour entitled " Starting School " was devised and sent out to the parents, in order to impress upon them some of the principles of child health, and to encourage them to use the facilities available.

The Parents' Club described on page 24 also had a successful year. We try to become friends of the parents, for have we not the same end in view—better health for the children ?

Co-operation with Teachers.

More use was made of the school nurse to pay a daily visit to the schools, in order to bring the clinic services to the child, rather than bring the child to the clinic. This policy means that a greater number of children come under the view of the nurse, and much school time (and not a little truanting) is saved. For children who have to attend for treatment over a long period, there is always the risk of missing important lessons—one boy in the past had missed six consecutive arithmetic lessons ; another boy a similar number of French lessons. It is obvious that this serious interruption of education must be remedied.

I wish to record appreciation of the helpfulness shown by you, Mr. Chairman, Ladies and Gentlemen, the Director of Education (Mr. F. A. J. Rivett, M.Sc.), and the medical, nursing, teaching and administrative members of the staff of your Committee.

Yours faithfully,

J. L. Burn

School Medical Officer.

Report on the Work in the Ear, Nose and Throat Clinic.

Dr. Cavanagh reports :—

The work of the Ear, Nose and Throat Clinic has continued throughout the year. Since June we have been able to hold a second clinic each week and as a result we have examined 2,023 children, compared with 1,341 in 1946. In spite of this, we found that children were still waiting many weeks before being seen by the Aural Surgeon. Therefore in December we started to hold a third session weekly, and we now hope that it will soon be possible for a patient to see the specialist the week following the request for such advice.

As before, the policy of giving detailed and intensive care to all cases of recently discharging ears has been rewarded by healed drums and the return of normal hearing.

Much attention has also been given to old-standing cases of suppuration in the ears, but though some successes have been achieved there are many disappointments. It cannot be too strongly urged that a case of chronic suppurative otitis media is a serious reproach to those who have had the care of the children. If these cases are seen at the outset and treated efficiently there should be virtually no chronic aural suppuration.

A further development of special interest is the establishment of a clinic for research on the subject of "Catarrh." This is being carried on as part of the work done under a Nuffield grant. Many points of interest have arisen but the full report is not yet available and will be published later.

The lip-reading class is a great help to the partially deafened child, but there is a real need for special "hard-of-hearing" classes. There are so many children whose deafness handicaps them seriously in an ordinary school and yet one is not justified in sending such cases to a school for totally deaf children. These intermediate cases often, therefore, suffer seriously from lack of special facilities and it is to be hoped that Salford will soon provide help for them.

The Ophthalmic Clinic.

Dr. John Scully reports that during the past year this Clinic has been held five times weekly at Victor Street, together with an operating session once per fortnight at the municipal hospital. The clinic is under the supervision of an Ophthalmologist, with a trained Nurse and an Orthoptist, and 7,126 attendances have been made during the year. These were, errors of refraction, 1,822, and other defects or diseases of the eye, 463. Children attend this clinic who suffer from defective vision, squint and external diseases of the eye. They are referred by the School Medical Officers in their routine inspection of the schools, by general practitioners and opticians, by the teachers and in increasing numbers by the parents themselves. Children of all ages, from birth to leaving school, including secondary schools, are referred for treatment.

Refraction Clinic. Children attend who are suspected to be suffering from some defect of vision. The normal attendance is three visits. At the first, a test of vision is taken and any squint or other external abnormality is noted. If a defect of vision is found, mydriatic eye drops are given for daily application for a week. These drops affect the sight of the child for reading and close work, but the distant vision is unaffected, so the children can attend school but are unable to read. In the case of Grammar School children drops are only given for one or two days so as to avoid interference with their studies. At the second visit a refraction and complete examination of the eyes is made and a subjective test with lenses is completed and finally a prescription for glasses is given, where the children are illiterate and are too young to do the " E " test. The children who know their letters or are able to do the " E " test are asked to make a third visit to the clinic when a post-mydriatic test is done and a prescription is made. The child is then directed to the optician who measures him/her for spectacles. When the glasses are ready, the child attends finally to collect them when the lenses and fitment of the frame are examined and the child's distant and near vision wearing glasses are tested—any necessary adjustment being made. Spectacles are supplied to the children immediately on completion, irrespective of payment. The nickel silver framed glasses are now supplied free of charge, but if parents desire a more elaborate frame, a deduction is made corresponding to the price of the free glasses.

Contrary to expectation, the fact of free provision has not involved abuse, but has resulted in an increased willingness to obtain and wear glasses, and there is no noticeable increase in breakages.

Artificial eyes are now supplied free of charge, and it is gratifying to note that none of the few children to whom this applies has been without an " eye."

A high percentage of cases referred attend this clinic and are accompanied by their parents or a responsible adult, and this number is increasing. The parents are invariably co-operative and willingly follow the instructions and advice given, obtaining glasses if recommended. There is a noticeable diminution in prejudice against the wearing of glasses since they were provided free. This minimum prejudice from parents and children is generally due to fear of accidents and breakages, or fear of teasing from other children; but most frequently prejudice is unspecified against the wearing of glasses. This is overcome where the advantage to be gained by better sight was demonstrated.

All repairs and adjustments are dealt with immediately and are not placed on the waiting list. All cases sent as " urgent " by the teachers and doctors are given an early appointment, also Child Welfare cases and older children accompanied by parents who are concerned about their children's sight.

The number of glasses prescribed, 1,671, may seem high—it should be noted that these are not all new cases, many being a change of prescription from that which the child has previously been wearing. The number of repairs is similar to that in previous years and these are now attended to more promptly and effectively. Glasses are never prescribed unless essential for the good of the child's sight and for the alleviation of symptoms.

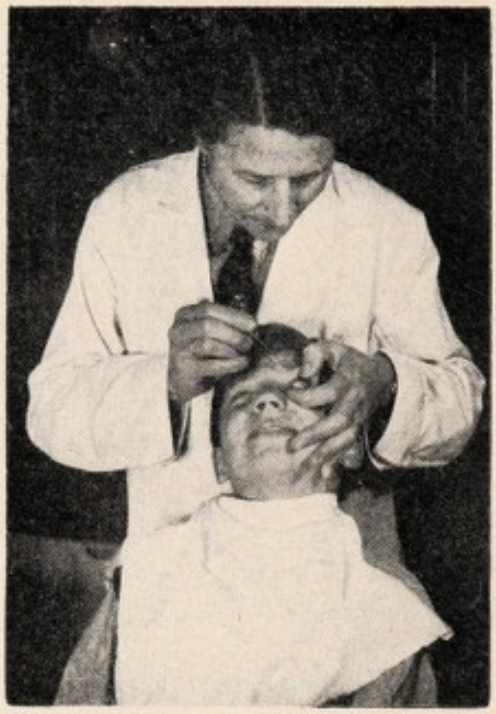

Fig. 1—A nurse at work in the Opthalmic Clinic.

There are a number of children at present in ordinary schools who would be better accommodated in special sight-saving classes. These number 29. They are composed of children with high myopia, and other children with diseases or degeneration of the retina. Steps are now being taken to accommodate such handicapped children.

Increasing advantage has been taken during the year of referring cases for further treatment to the out-patient department at the municipal hospital.

Defective Vision. Children with defective vision may be divided into hypermetropes, myopes and squints.

Hypermetropia (Long Sight).

These form the majority of cases and may be divided into simple hypermetropia and compound hypermetropic astigmatism. They are defects from

birth, and are due to the shape of the eye being short in length from before backwards; and in the case of the astigmatics the curvature of the cornæ is not equal over the whole of the surface. Symptoms may be caused at any time in life, but are most frequent when there is increased close work, and consists of headaches, difficulty with close work, reading, sewing, etc., and an inability to see accurately what is written on the board when in school. Glasses are usually prescribed for all the time in school and close work at home, but in the higher degrees, they may have to be worn constantly. There is a tendency to improve as the child grows older and troublesome symptoms are avoidable when glasses are worn.

Myopes (Short Sight).

These include cases of simple myopia and compound myopic astigmatism. Myopia usually shows itself in the slightly older child from 10 years upwards. It is generally due to an increase in length from the front to the back of the eye, and tends to increase during the growing years, especially in the teens, usually ceasing to deteriorate when general growth stops. In some cases it is hereditary and then shows itself at a much earlier age, and is consequently more serious. The main symptom is difficulty with distant vision, seeing the board in school, destinations of trams and buses, though reading and close work may be quite clear. In the early stages headache may be present but not always. Thus the condition is often definitely established before any complaint is made. Glasses are invariably prescribed in these cases and advice is given to wear constantly, because though the children can see to read quite well, excessive close work tends to aggravate the condition. These children are warned against reading too much and especially for too long a time. In early cases one sometimes has to insist on the child wearing glasses as he or she does not realise what good distant vision may mean.

Much time is spent with children suffering from myopia in making sure that the parent and child understand instructions. Typed copies of instructions are handed out in each case. Myopia is more prevalent in the Secondary Schools because of the extra study these schools entail, and because of the longer school life—this being especially the growing period of life, the usual time for Myopia to increase. It is important to try to arrest the progress of the Myopia in the early stages as these children often wish to continue their studies at college or elsewhere—many professions are closed to applicants with a high degree of Myopia. Myopes are invited every six or twelve months, re-examined and their lenses changed according to the progression of the Myopia.

Strabismus (Squint).

These patients may be Hypermetropic or Myopic (usually the former) and one eye may turn inwards or outwards (usually the former). The defect is obvious to the parent, who usually seeks advice soon after its commencement.

Glasses are invariably prescribed in these cases and constant wear is advised, whatever the age of the child, provided the child is stable on its feet. Parents are usually quite willing to obtain glasses however young the child. After the child has obtained the glasses he/she is referred to the Orthoptist for treatment. This consists in occlusion of the "good" eye in order to improve the vision of the squinting eye, because a squinting eye invariably has defective sight. This treatment may start as early as three years old. The child is seen every 2-4 weeks, and the vision of the two eyes noted. When the vision of the two eyes is equal, occlusion ceases, and then at seven years of age treatment on the synoptophore is started, to develop binocular vision. Often by this time the squint has disappeared, certainly whilst wearing the glasses. In cases where the squint is still present whilst wearing glasses and after a course of Orthoptic treatment, an operation may be necessary to straighten the eye and so cure the squint but this will not improve the vision of the squinting eye if still defective. Operations are now being performed at Hope Hospital fortnightly. The children are admitted for two weeks, then if everything is satisfactory, they are sent home and referred to the clinic for post-operative treatment. They are also seen after operation by the surgeon at Hope Hospital Out-patients' Department. They do no close work for another two weeks, and do not attend school. Then they may resume normal school and home life but are examined frequently until the eye has completely settled down. In some cases they are able to leave off wearing their glasses, but this depends entirely on the state of the vision.

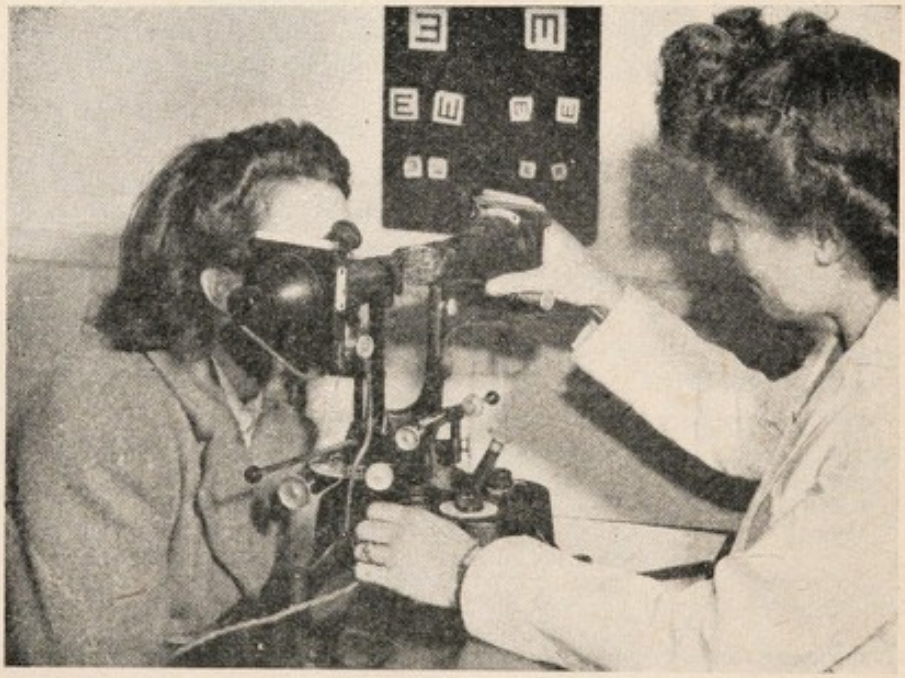

Fig. 2. Use of synoptophore treatment of squint by exercises.

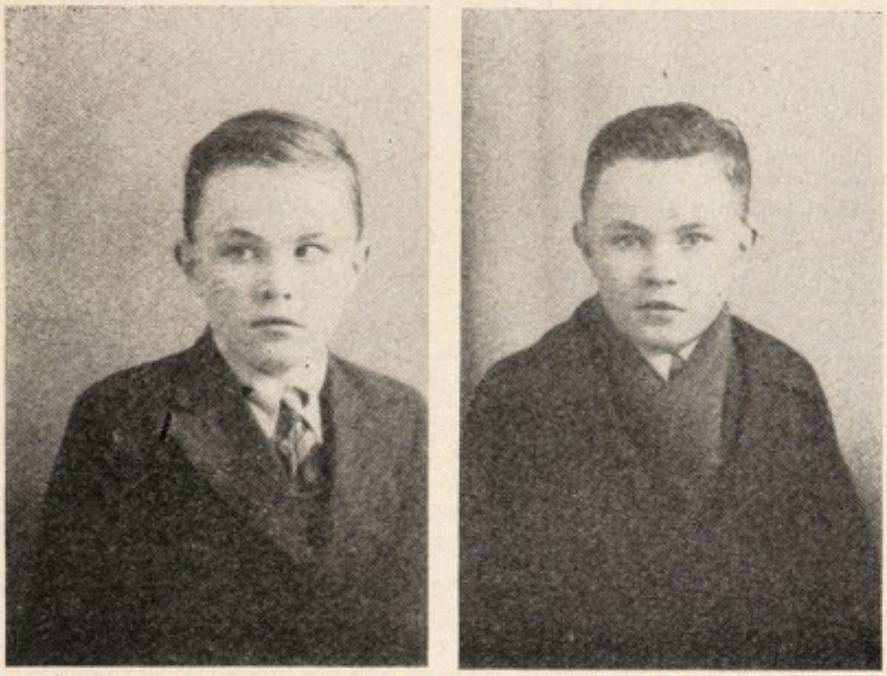

Fig. 3—Squint. Before and after exercises and operative treatment.

The following is a list of the cases treated by the Orthoptic Department during the year:—

Had treatment		116	
Occluded during year		248	
Too young for testing or awaiting exercises		215	
Had operation for cure		29	
Had operation for cosmetic result		19	
Awaiting operation for cure		6	
Awaiting operation for cosmetic result		14	
Discharged cured		38	
Discharged cosmetically straight		20	
Discharged improved		2	
Unsuitable for further treatment		3	
Refused operation		3	
Left the district		3	
New cases referred by doctor—Boys		160	305
Girls		145	
Cases referred to Hope Hospital		24	
Total number of treatments given—Boys		547	1,392
Girls		845	
Total number of attendances for occlusion and test—Boys		1,163	3,457
Girls		2,294	

There has been again a large attendance of children under school age. Many of these have squints, and if constant, and the child is safely walking, glasses are prescribed. Thus the child with a squint is seen early, and treatment started. By the time the child goes to school and starts close work, the squint

has often disappeared and so the incidence of squint in later life is considerably lessened. If the squint is not constant in these tiny children and only seen occasionally, Mydriatic drops (dilating) are given for the " good " eye and the child is seen at intervals of two to four weeks. The squint frequently improves and may even disappear.

INTERNAL EYE DISEASES.

These are discerned on internal examination of the eyes under Mydriatic drops, and are comparatively rare. Treatment is advised, and the child is seen frequently. As these are often due to general causes, the child is referred to special departments such as the Municipal Clinic, Tuberculosis Department or to Hospital, for further treatment which cannot be given at the clinic.

EXTERNAL EYE DISEASES.

These comprise external diseases of the eyes and lids, and are often referred from other clinics. The number of cases varies with the time of the year, such diseases being more prevalent in the spring and autumn when there are cold winds and variable weather. General health is usually lower in spring following the winter. The children are examined, treatment advised and given, and they are seen regularly until cured.

Cases of chronic Blepharitis are becoming rarer, due to modern methods of treatment which are applied regularly, and because of persistence in treatment after an apparent cure. It is also due in many cases, to the wearing of spectacles for correcting astigmatism. The more serious types of inflammation such as phlyctenular conjunctivitis and ulcers of the cornea, both of which are likely to lead to defects of vision, are also not so frequent. This again is due to modern medicine clearing up the condition more quickly, before permanent injury is done to the eye, and also to the children's persistence in the treatment both during and after the attack. In many cases these are due to low general health, and the children are referred to the Sunlight Clinic and ordered vitamins, Cod Liver Oil and Malt.

The acute suppurative conditions are rarely seen now because the child is treated in the early stages before the deeper tissues are involved.

" Styes " are not seen so frequently now, and the milder infections of lids and conjunctivæ are treated and cured before they involve deeper tissues and the condition becomes chronic.

The milder conditions of Conjunctivitis are still seen, but quickly clear up under regular treatment, and leave no after-effects.

These children are rarely advised to be absent from school, as experience teaches that the condition clears up quicker when the child attends school and attends the clinic regularly, which they tend not to do if absent from school. The risk of infection to other children is very remote, except in the rare cases of acute suppurative conditions.

In many cases both parents are at work during the day leaving the children to play unsupervised in dirty surroundings, and aggravate their condition by

rubbing the eyes. In school, however, under more regular supervision such aggravation is often avoided.

Babies are referred to the clinic from the Child Welfare Department with lachrymal obstructions and slight infections of the eyes dating from birth or the early weeks of life. These quickly clear up with modern treatment when applied regularly by the mother, and more permanent damage to the eyes is prevented.

Consultant Skin Clinic.

During the year 1947 the work of this clinic has continued to expand. The object of this service is to provide easily accessible clinics where consultant facilities are available for Salford school children and infants suffering from diseases of the skin. This category of case, forms over 95 per cent. of the attendances but the clinic is also open for adults.

The clinic is held on each Thursday afternoon at 2-30 p.m. at Regent Road and is attended by the consultant dermatologist, Dr. A. J. Gill.

In addition to these facilities a dermatological out-patient clinic is held at Hope Hospital each Wednesday at 10-30 a.m., and beds are available for skin cases in this hospital.

The work of the two clinics has been correlated to a great degree and treatment and follow-up can be interchanged.

There has been a big decrease in numbers of Scabies and Impetigo, following upon intensive treatment the previous year with Benzyl Benzoate and Penicillin Spray respectively. Most cases of Impetigo are not included in the figures this year as they have been treated in the School Clinic, and the special clinic for treatment by Penicillin Spray has been omitted.

Total attendances 816, compared with 736 (corrected for Impetigo figures) for 1946.

Amongst interesting features of the year's work are :—

1. *Use of Alpha rays.*—Short wave-length rays of the Grenz type—by means of Thorium X.

A number of strawberry nævi in babies and infants, particularly on the face, have been treated by monthly applications of Thorium X in varnish. Results so far to date are good, particularly from the cosmetic point of view and after two to three months a gradual flattening and increasing pallor of the lesions occurs. Thorium X has also been used in the clinic on cases of Alopecia Areata, Acne Vulgaris, Infantile Eczema and Plane Warts. It is too early to say as yet, what the results are likely to be (except in the case of Plane Warts where the results are uniformly good).

2. The majority of cases of Impetigo have been treated by means of Penicillin Cream (Lannette wax base). It has been found that certain cases do not clear up on this treatment within seven to ten days. Almost without exception in these cases there is an underlying resistant Seborrhœic Dermatitis (often manifested by a chronic post aural fissure).

3. The new Anti-Histamine type of drugs (e.g., Benadryl; Anthistan) has proved very useful in the control of pruritus (Urticaria, Prurigo, Allergic Eczema). Their effect, however, is purely temporary and symptoms often return on withdrawal of the drug. As a means of alleviation, pending search for the antigen involved, they are most valuable. A good example of their value is the almost specific effect they have on the Urticaria following Penicillin sensitivity.

Dental Report.

Submitted by Mr. L. H. Pollitt, L.D.S.

In the course of the year, 16,359 pupils were inspected at school by the dentists and 1,094 special children were referred by the Medical Officers. Of these, 10,008 were found to require treatment and 7,308 accepted, a percentage of 73. The policy adopted two years ago of doing nearly all extractions under general anæsthetics has been, I think, more than justified and 1,814 permanent teeth and 6,733 temporary teeth were extracted during the administration of 3,476 general anæsthetics. It should be pointed out that the rather high proportion of permanent teeth extracted is not entirely due to caries. In many cases the four permanent molars are removed to preserve symmetry and 5·3 per cent. of the permanent teeth were extracted to remove overcrowding and for orthodontic treatment. In addition to the work referred to, 3,860 permanent teeth and 773 temporary teeth were filled and 3,232 other operations were carried out.

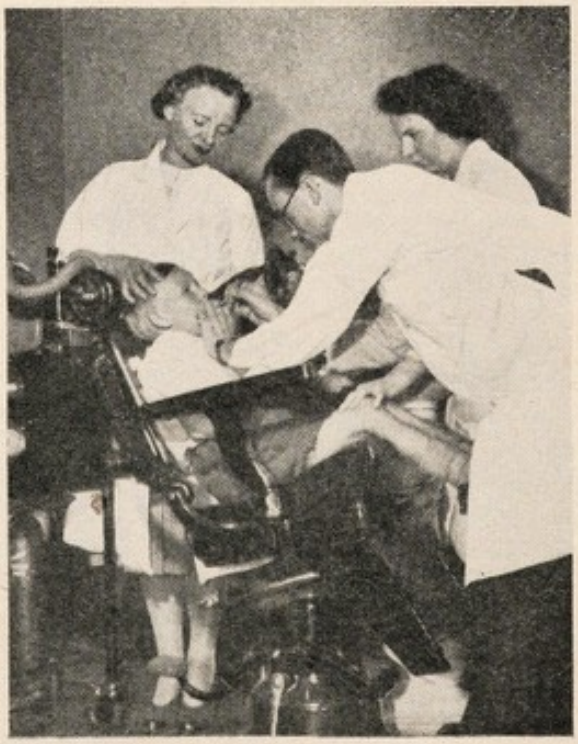

Fig. 4—The Dental Clinic.

The orthodontic service continues to show increasing popularity and in spite of considerable difficulties due to lack of accommodation and facilities there has been a steady increase of the work. During the year 743 visits were made by school children.

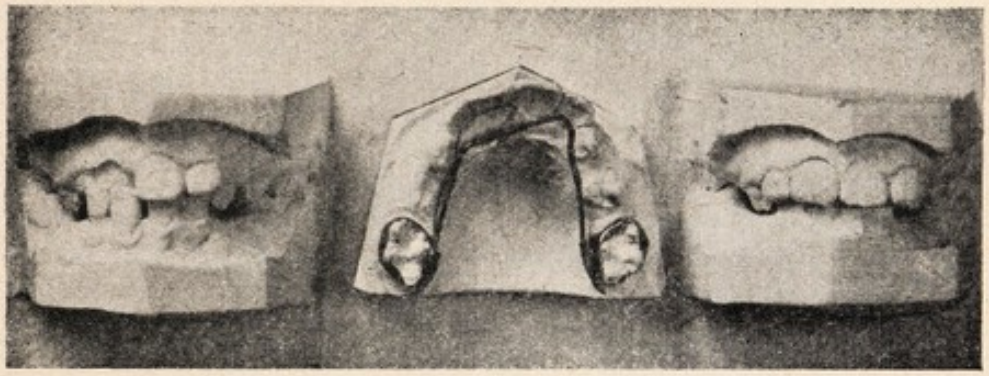

Fig. 5—Plaster casts of the teeth before, during and after orthodontic treatment.

It is hoped that the opening of a new clinic at Encombe Place will provide the facilities required for further improvements to the orthodontic service in particular, and by reducing the present overcrowding in the other clinics, will enable the officers there to increase their output.

A survey was carried out at the beginning of the year of the children at the day nurseries and of 209 infants examined, 12 were found to be in need of dental treatment. The general condition of the teeth was extremely good and confirms the findings of school dental officers in other parts of the country that there seems to be a definite improvement in the dental condition of the school population.

Open-air School.

Since the school was opened in 1924, no important structural changes have taken place and the building is far too small for the 100 children on the roll. The original scheme for the school included four classrooms, but these were cut down to two owing to a lack of approval for Government Grant for the fuller scheme.

In spite of its drawbacks the school gives health, happiness and confidence to the delicate children who spend a year or more in it. This school on the hill not only supplies regular meals and rest, but sunshine and fresh winds which invigorate and give that joy in life which delicate children so often lack.

SUMMARY OF CHILDREN DISCHARGED IN 1947—TOTAL—68.

Average increase in weight	6·6 lbs.
Average stay in weeks	53·8
Average age on entry	9·0 years

REASONS FOR LEAVING

Returned to ordinary school	60
Scholarship to secondary school	1
Removal	1
Parents' Request	1
Left to go to work	5

DIAGNOSIS.

Delicate	20	T.B. Contact	4	Cerebral Paralysis ...	1
Bronchitis ...	11	T.B. Lungs (non-active)...	2	Kidney and Ear Disease	1
Malnutrition	6	T.B. Bone (non-active) ...	2	Psoriasis	1
Asthma ...	6	T.B. Joint (non-active)...	1	Chronic conjunctivitis and blepharitis ...	1
Anæmia ...	5	T.B. Gland	1		
Epilepsy ...	5	Adenitis	1		

Hope Hospital School.

The varying numbers of children in hospital at different periods of the year has had its effect on the work of the school. Strangely enough, during the bad weather in the early part of the year, the numbers on roll were fairly low, whereas during the summer, the numbers increased considerably and remained high until the end of the year. During the year, we have had 303 children on roll but the pupils actually given tuition has greatly exceeded this, as there have been a large number of children in hospital for too short a time to allow of their being placed on the registers.

There have been fewer orthopædic cases this year and most of the long-term cases have been children suffering from rheumatism and chorea.

A class for children suffering from cerebral palsy was opened at the end of January, to which a small group of children living at home, are brought each morning and afternoon . Accommodation and facilities for this class are as yet very far from adequate, but good work has been done with these children, who have hitherto been neglected so far as education was concerned and most of them have made satisfactory progress both mentally and physically.

We held at the beginning of October, at the hospital, an exhibition of school work which displayed not only examples of handwork executed by the pupils, but also gave a comprehensive picture, so far as was possible, of all the work done in the school. The exhibition was very well attended and provided a valuable opportunity for the staff to establish contact with the parents. The teachers would like to express their thanks and appreciation to the hospital staff for their co-operation and assistance.

It is necessarily much more difficult to provide entertainment for children in hospital, than for those in normal schools, but we were able to include a film show in the Christmas festivities and to send a small group of children to the Opera House, to see " Snow White and the Seven Dwarfs," and another group to see " Treasure Island " at the Intimate Theatre.

Children Suffering from Cerebral Palsy.

Our register of handicapped children contains the names of 50 sufferers from cerebral palsy. We know that at least 20 of these children, and probably more, are of normal intelligence, whilst those who are apparently ineducable number only six. The spastic condition of the three children of school age who are not attending school is complicated by other defects, e.g., severe epilepsy, partial sight, and mental condition.

A special class for these children was opened at Hope Hospital on 27th January, 1947. The children are brought from home to the hospital by ambulance —a small group of boys coming in the morning and a group of younger children in the afternoon, making a total of ten. The room in which the class is held provides very inadequate accommodation, but it is light and conveniently placed.

Owing to several unfortunate changes of staff the work of the class has lacked the continuity and attention which would have been so valuable in its early stages, but in spite of this much good work has been done, and most of the pupils have made satisfactory progress. One boy, previously certified as ineducable, has actually been decertified. Most of the younger children have been taught to read and to tackle elementary problems in number, and some of the older pupils have learnt typing and hand loom weaving.

In spite of their disabilities some of the spastic children have been able to produce very creditable specimens of handwork, and these were displayed at the School Exhibition at the beginning of October. Later in the same month one of the older boys was fortunate enough to proceed to St. Loyes College, Exeter, where he is taking a secretarial training.

Specially-made equipment is of great value to this special class. A baby's wheel chair has been utilised for a younger child, with a cross-bar to prevent slipping, and with a separate table to fit. There is also a tricycle and a hand-propelled wheel chair. Pencils with broad hand grasps have proved of considerable help to some of the children. It is contemplated introducing puppetry to help with muscular control, and as a speech aid. The newly-appointed speech therapist is devoting one session each week to these children.

The services of a qualified teacher who has had experience of this type of work have now been obtained, and it is hoped to increase the size of the class and extend activities for the benefit of these handicapped children.

Diabetes.

There were five school children known to be suffering from diabetes who were under observation during 1947, three boys and two girls. The ages at which the condition was diagnosed varied from 5 years 10 months to 17 years.

All the patients are at present making satisfactory progress. The length of time they have been under observation varies from two months to three years. All are receiving insulin and four are attending school. The fifth is now at work.

Some details concerning one of the boys may be of interest.

He was given a routine medical examination on 18th November, 1946, being then 13 years 2 months old. He was in good health. His weight was 98 lbs., and urine examination was negative as regards albumin and sugar. In June, 1947, he was only 76 lbs. in weight and he was diagnosed at hospital as suffering from diabetes. He had lost 22 lbs. in seven months. He was put on treatment including 25 units of insulin daily. In October, 1947, his weight was 115 lbs., that is to say, he had gained 39 lbs. in four months. In February, 1948, his general condition was fairly satisfactory, his weight being 117 lbs., but he was having a total of 55 units of insulin daily.

Another boy whose condition was found at the age of 17 years, then weighed 129 lbs. Four months later his weight was 149 lbs.

A girl, aged 12 years, was diagnosed in December, 1947, and she has since had three months' treatment in hospital.

The diagnosis was made in one of the cases at hospital, two by their own doctors, one at a clinic and one as a result of a routine examination of urine at school.

Foot Health Clinic.

During the past year the Foot Health Clinic has dealt with a steadily increasing number of patients, and has in consequence been in a position to render a useful service in the field of child health.

Whilst the services of the clinic in the treatment of minor lesions of the feet is now well appreciated, it is not always realised that much valuable work can be carried out in the field of preventive medicine. Many deformities and chronic conditions prevalent in the adult could have been prevented had suitable treatment and advice been available in childhood.

Every endeavour is made by the chiropodists to educate the patient and the parent in the importance of general foot health. Foot hygiene is given very special consideration. Patients are advised on the importance of regular foot baths, of drying thoroughly between the toes after bathing. In the case of

excessive perspiration patients are advised on the benefits of astringent lotions, antiseptic foot powder, and the frequent changing of hose and footwear. Patients suffering from hyperidrosis are also advised against ill-effects resulting from the wearing of rubber shoes and the indiscriminate use of Wellingtons. In the contrasting condition of anidrosis, the beneficial effects achieved by the application of emollients such as Lanoline Cream, etc., are brought to the notice of the patients. Useful advice is also given with regard to seasonal complaints such as chilblains. In this condition treatment is considerably assisted by the wearing of woollen hose and roomy shoes with strong soles to insulate the feet from cold and damp.

There is abundant evidence of the serious and permanent damage to children's feet resulting from the wearing of defective hose and footwear. Parents are warned about the importance of ample toe length necessary in hose. They are advised of the considerable shrinkage through repeated washing, and of the danger of holes, rough darns and coarse seams. It is appreciated that parents cannot be expected to understand the finer points of scientific shoe-fitting and, in consequence, they are advised to take certain fundamental precautions to safeguard against the child being fitted with unsuitable shoes. They are instructed to see that the child's foot is properly measured by the shoe-man, and that the child is fitted with shoes of the corresponding size. As a further precaution parents are encouraged to bring the child's shoes to the clinic before they are worn, so that the chiropodist may check them on the child's feet. In this way new shoes found to be incorrect may be returned for exchange.

Recent surveys of children's feet, carried out under supervision of the chiropodist and the direction of the School Health Officer, provided a useful opportunity of extending this particular form of preventive therapy. In studying the case records of the past it is revealed that Verrucæ Pedis still predominated among the patients treated. There has been a fall of 20 per cent. in the incidence of this lesion, statistics showing for the year 1947 that Verrucæ Pedis constituted 50 per cent. of all cases treated.

An analysis of case records of patients seen during 1947 show the following percentages :—

Verrucæ	46%
Corns and callosities	22%
Ingrowing toe-nail	6%
Weak and flat foot	12%
Chilblains	1%
Referred to orthopædic surgeon	3·5%
Other conditions	9·5%

The work of the past year in the Foot Health Clinic has more than ever established the importance of chiropody as an integral part of the School Health Service.

Fig. 6—A girl receiving treatment at the Foot Clinic.

Scabies.

Scabies Diagnosis Clinic.

Suspected cases of Scabies are referred to the Regent Road Clinic by school nurses, school teachers, factory welfare nurses, assistant school medical officers and general practitioners, for examination.

Each case is examined by a worker trained in the diagnosis of Scabies and positive diagnosis is by the extraction of a live mite which is examined microscopically. All positive cases are given a treatment note to attend the treatment centre, special care being taken to impress on them the necessity of all contacts obtaining treatment on the same day. In the case of school children a home visit is made to the parents to explain and obtain their help and co-operation in the treatment of the family.

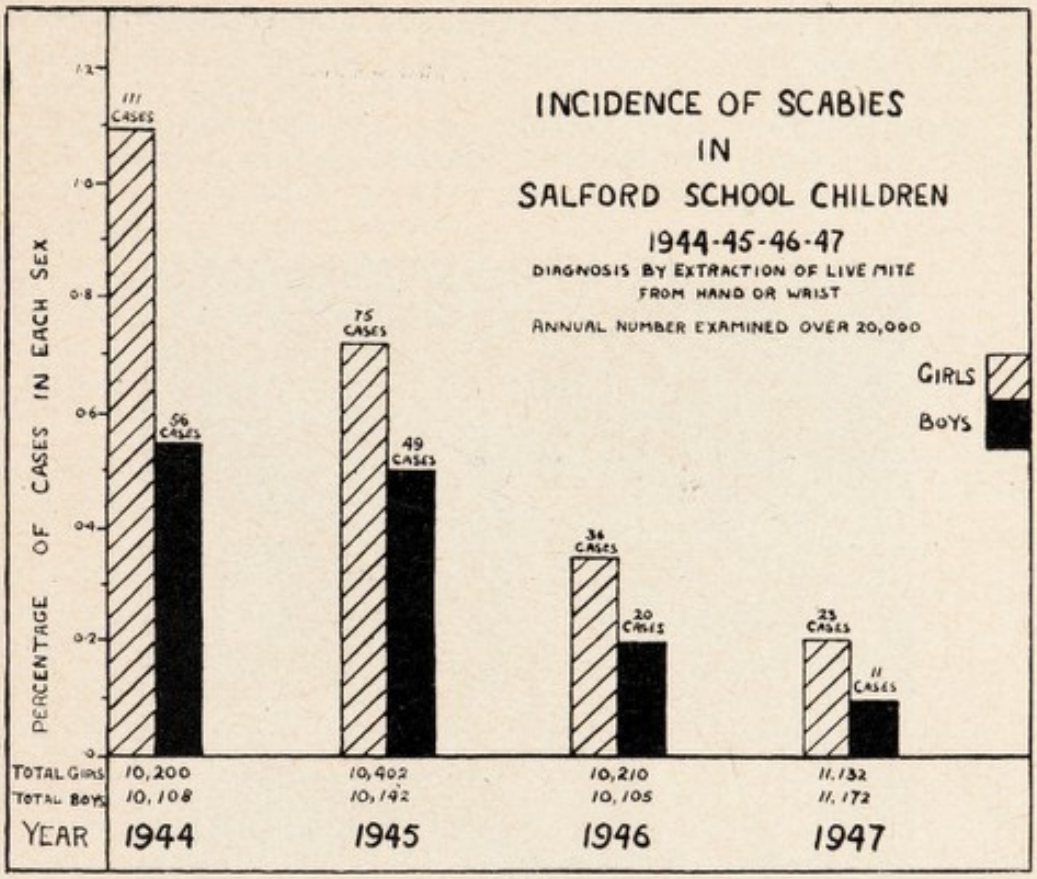

Fig. 7.

Scabies Treatment Centre.

Cases of scabies are referred to the centre for treatment which is carried out at a special centre, situated at Ladywell Hospital, by trained personnel, who are very careful to make sure that all contacts are treated on the same day. The treatment consists of a hot bath after which the attendant applies Benzyl Benzoate Emulsion, by painting the patient from the neck downwards, including the creases and folds of the skin, soles of the feet and particularly the genitals. The patient, after allowing the emulsion to dry in a little, is then asked to rub it well in, after which he is able to dress. Strict instructions are given that the patient must not wash for at least 24 hours after receiving treatment.

School Survey.

The annual examination of all Salford school children was carried out in October/November, 1947, by a trained scabies worker. The usual procedure was for the worker to sit near a window in the best possible light and for the children to file past with hands extended. The hands and wrists were examined by ordinary observation, taking about 15 seconds per child. In suspicious cases a watchmaker's lens was used to aid the inspection. A total of 22,304 children were examined in this way, only 34 positive cases of scabies were found, an

incidence of 0·15 per cent. The figure for the boys was 0·10 per cent. and for the girls 0·21 per cent.

The percentage with scabies according to the traditional grouping of schools was, "Good" schools 0·17 per cent., "Average" schools 0·18 per cent., "Poor" schools 0·10 per cent.

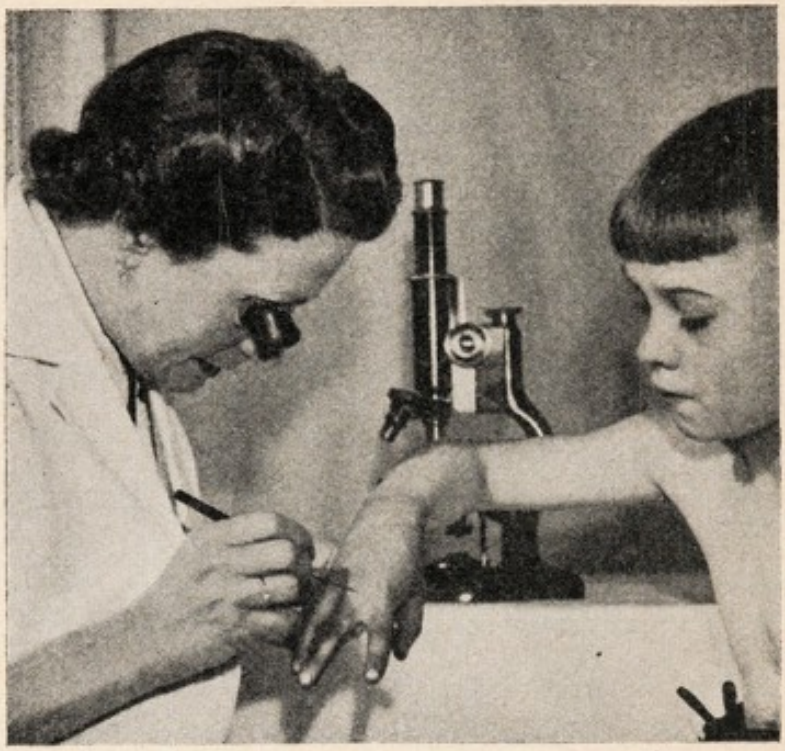

Fig. 8—The diagnosis of scabies—the extraction of a live mite.

Almoner's Report.

One hundred and four children were referred to the Almoner during 1947 for the arrangements of convalescent treatment. In every case one of the child's parents was interviewed. These discussions often revealed domestic circumstances upon which the Almoner was able to offer advice or help. Considerable effort has been made to understand each child and his/her position in the household. Thus it has been possible to select the type of convalescent home most suited to the individual child. In this connection the Almoner has received much valuable help from the Staff of the Invalid Children's Aid Association and frequent use has been made of their services.

In one or two cases of extreme poverty application was made to the Education Committee for assistance in paying railway fares for children and their escorts, and in several other cases small grants were made from the Almoner's Fund.

Many children were provided with articles of clothing, particularly nightwear, from the Almoner's dwindling store. This clothing, which was supplied by the Women's Voluntary Service from its surplus stock at the end of the war has been of inestimable value. Unfortunately, most of the articles suitable for children have now been distributed and it is feared that, in some cases, convalescent treatment in the future may be somewhat delayed for lack of suitable clothing promptly supplied.

Child Guidance Clinic.

Dr. Muriel Hughes reports :—

" The year 1947 once more shows satisfactory progress and an all round increase in the work of the clinic.

" The staffing of the clinic remains the same as in the previous year.

" The part played by the clinic in the Northern Scheme for the Training of Psychiatric Social Workers was regarded as a success. This experiment is to be repeated in 1948 but there is difficulty with regard to the time needed in allowing students to have experience in two clinics, which may interfere with this arrangement in future years.

" During the latter part of 1947 a Northern Group of Child Guidance Workers was formed with a view to the furtherance of team work in the North of England —one of the inaugural meetings was held at the Salford Clinic.

" The numbers of patients referred and seen appear to be an index of satisfactory progress, in fact, larger numbers would be impossible with the present staffing arrangements. From the point of view of securing satisfactory attendance for treatment the existence of a long waiting list for treatment is a grave disadvantage."

Two hundred and five children were referred to the clinic during the year. Of this figure, 88 were referred by the School Medical Officer, 32 by Head Teachers and 16 by the Education Department.

Forty-seven referred for enuresis, 29 for stealing, 24 for fears, 19 for aggression, 13 for backwardness, nine for truancy and eight for sex difficulties. Others were referred for tics, stammer, moods, masturbation, etc.

Seven children were found to have an I.Q. of under 70, 12 between 70 and 80, 22 between 80 and 90, 27 between 90 and 100, 26 between 100 and 110, seven between 110 and 120, ten between 120 and 130, and nine had an I.Q. of over 130.

Special Investigation Clinic.

During the year, 86 school children attended. Of this number, 80 reported for the first time, and of the remaining six, five paid a second visit and one a third visit.

The reasons for their visits were :—

Examination of heart lesions, suspected or real, 51 ; suspected rheumatic pains, 10 ; and various other complaints such as suspected chorea, renal investigation, debility, anæmia, etc.

Of the children suffering from definite cardiac lesions, 60 per cent. were regarded as fit to take part in school life as if they were " normal " healthy children. 76 per cent. of all the children attending the clinic were thought to be fit to attend ordinary school and take part in routine drill and exercises.

Pre-School Children.

Four pre-school children attended the clinic. Each had a congenital cardiac lesion and it was suggested that in the meantime they should be treated as " normal " children.

Parents' Club.

At the end of 1946 the first steps were taken towards the formation of a club for parents of children in whom members of the School Health Service take a special interest—children who may suffer from such handicaps as deafness, blindness, epilepsy, cerebral palsy, rheumatism, heart disease, crippling conditions, etc. For some time the need had been felt for establishing a link between these parents, and the response to invitations to come and discuss the matter was encouraging. Parents seemed glad of the opportunity of meeting others who had similar problems. They expressed appreciation of the suggestion that members of the medical and nursing staff might be invited to meet them, speak to them and answer their questions.

The first meeting, at which His Worship the Mayor of Salford presided (then Councillor T. Clarke, J.P.), was arranged in January, 1947. A well-received talk was given by Dr. Irene R. Ewing, O.B.E., of the Department of Education of the Deaf, Manchester University, and this was followed by a film show.

Dr. Mary Sheridan addressed the parents, at the next meeting, on " Some Recent Advances in the Care of Handicapped Children."

During July, the members met at Ladywell Hospital, and several films were shown to a large audience. The speaker on this occasion was Mrs. M. Eysymont, Educational Psychologist. Before the close of the meeting the parents' own committee was appointed, to meet monthly and discuss the future activities of the Club.

A social evening was held shortly after this, at which parents enjoyed several musical items and light refreshments.

Some weeks later an invitation to visit the Royal Residential Schools for the Deaf, Old Trafford, was extended by the Headmaster to members of the Parents' Club, many of whom welcomed the opportunity of seeing for themselves the excellent provision made for the education of deaf children.

The general meeting in November again took place at Ladywell Hospital through the courtesy of the Medical Superintendent and Matron, and the chair was taken by His Worship the Mayor (Alderman J. Brentnall, J.P.) who spoke of his own great interest in the care of the school child, and assured parents of his support in any project which might be of help to the handicapped child. Films were shown after a talk by Miss E. H. Schofield, Psychologist. An exhibition of remarkable examples of orthodontic treatment attracted much attention during the evening. It was clearly shown how teeth in poor positions may be corrected by regularising devices.

A Christmas dance was organised by the members, who attended in great number.

Permission was obtained for a meeting to be held in the gymnasium at Hope Hospital. Mr. George Brown, F.R.C.S., Medical Superintendent, greeted the parents and spoke on the links between the home and the hospital. A clear picture of the work of a hospital school teacher was given by Miss A. Ashworth, Headmistress of the Hope Hospital school, and Miss P. Fogg, Physiotherapist, assisted by three young patients, demonstrated the exercises for spastic children performed at the clinic, and stressed the importance of regular home exercises.

During all these meetings individual help and advice are given to parents who request it. The sense of isolation frequently experienced by parents who feel their child is "different" from others can be overcome. By "getting together" with other similarly situated parents—away from the atmosphere of hospital and clinic waiting rooms—they begin to realise their child may not be quite so "different" after all.

The Parents' Club is a growing organisation, and a valuable method of keeping in touch—parents with parents, and members of the School Health Service with the children through their parents.

Report of the Organisers of Physical Education for the Year 1st January, 1947, to 31st December, 1947.

The year under review has shown some extension and development in Physical Education and recreational activities in the various educational institutes in the City. Much still remains to be done. Some of the country's changing conditions offer greater opportunities to its people in so far as the

shorter working week increases the leisure time available. Part of this should surely be spent in outdoor games and activities. These activities should be cultivated at school when liking for this type of activity can be inculcated so that desire to play games instead of watching them, remains when school years are left behind. The fact that the 15-year-old children remain at school this year gives us an opportunity in this direction. Shortage of staff still exists, generally of women teachers and teachers of infants in particular. Classes remain large, but the standard of work has not deteriorated.

Physical Training—Facilities, Equipment and Clothing.

Facilities for Physical Training have varied very little from the previous year. Some schools have provision for both indoor and outdoor work but there are many where the playground is too small or badly shaped for really adequate lessons to be taken and in some departments conditions are such that indoor lessons (even in the classroom) are an impossibility. All Head Teachers in the area are aware of the necessity for a daily period of physical activity, but it is obvious that in schools which work under such conditions this is impracticable. The raising of the school-leaving age has also tended to create greater difficulties since prefabricated classrooms often occupy playground space, or in some instances, hall space has been utilised as a classroom for this group thus cramping Physical Training lesson. Repairs to the surfaces of many playgrounds have been done and in some instances a complete resurfacing has been carried out. There are, however, several playgrounds where the surface is becoming badly worn and repair work is to be undertaken as soon as possible. The marking of schoolyards for Physical Training activities and games has continued and is welcomed by both the teaching staff and children.

Progress has been made in the provision of the larger type of equipment. Large portable apparatus consisting of benches, vaulting boxes and bucks and mats are being and have been provided in departments where it is considered that facilities are adequate and trained staff are available to ensure that it is properly and safely used. Much more of this apparatus in all-standard and senior schools could profitably be used but restrictions of supplies and trained staff limit expansion. One set of portable apparatus suitable for the use of infants and children under 11 has been installed and it is hoped that a great deal more of this also will be obtained in the coming year. The Organisers of Physical Education would like to stress that the whole trend of opinion regarding work for this age group favours the introduction of apparatus of this type. Many varieties are on the market and delivery does not usually take very long. Besides providing more vigorous activity the apparatus lends greater variety to the lesson and the enjoyment of the children must be seen to be believed. The only disadvantage, if such it can be called, is that the standard of work in the Junior Departments is raised to such a high level that large apparatus and/or fixed apparatus becomes a "must" in the Senior Departments if the work there is not to prove an anti-climax. It is emphasised also that to give the type of lesson most suitable and beneficial to the 15-year age-group, indoor accommodation with good floor space to allow the use of portable apparatus at least is a necessity.

The provision of smaller equipment has been maintained in all departments. Whilst no longer limited by the Ministry of Education in what we may order, it is still not possible to provide as much of this equipment as one would like owing (*a*) to the high cost of the articles, and (*b*) to the difficulty of obtaining the articles for Local Education Authorities. With regard to this latter point, representation has been made to both the Ministry of Education and the Ministry of Supply by the National Association of Organisers and Lecturers of Physical Education and matters had improved towards the end of the year. Further allocations of soft shoes for Physical Training have been made to most departments with the exception of infants where the sizes are difficult to obtain. There is much left to be done, however, as it is rarely possible to allow more than four dozen pairs of shoes per year to schools of 300+children, and this scheme of supply of Physical Training clothing by the Authority is still young. In junior and infants' departments much progress has been made with regard to changing of clothing, some having almost 100 per cent. of their children stripping to knickers or shorts for indoor or outdoor lessons—certainly through the summer months. In some schools, however, there is still marked reluctance to do so.

ORGANISED GAMES.

All schools with the exception of infants earmark one of the Physical Education periods as a games lesson. This is taken either in the schoolyard, a nearby croft or, for the more fortunate schools who are sufficiently near, on either of the Committee's Playing Fields or in one of the public parks. In the case of juniors the school playground, where it is of sufficient area and good surface, can provide for the games period. Children of 11+ need a games field and many schools are badly handicapped in this respect. Good use has, however, been made of both of the Committee's grounds at Lower Broughton and Legh Road, the latter having been reconditioned after occupation by the R.A.F. In addition, various schools send children to the following parks where all available playing facilities are used—Buile Hill Park, Bolton Road Playing Field, Littleton Road Playing Field, Light Oaks Park, Oakwood Park and Ordsall Park—27 departments making use of these. The Education Committee's policy of providing transport to playing spaces has resulted in more departments being able to make use of the facilities and in many instances the schools are those most in need, who would otherwise be completely denied the opportunity of playing games on grass. The proposed extension of transport facilities, and it is hoped the completion of the pitches on the Crescent land during 1948, will make available much-needed playing space for schools in the very badly congested areas of Ordsall and Salford so that they should be able to enjoy their organised games on proper pitches and the whole standard of play should be raised in these areas. The final development of Stott Lane Playing Fields, whilst not as yet so near completion, is moving on, and 1947 has seen progress in the plans for these fields which, when finally ready, will provide excellent facilities for children and young people in the Weaste, Salford, area.

The training facilities for athletics which the Committee were able to provide during 1946 were maintained and increased in 1947, and thanks are due

to the staff of the Parks Department, who were very helpful in their care of hurdles, high and long jump pits, jumping stands, etc., provided by the Committee during the summer months. Two excellent competitive athletic afternoons were held in June at the Lower Broughton Playing Field and the Mayor took the salute on the senior afternoon. More schools this year held their own sports meetings and we, as the Organisers of the area, should like to offer our appreciation of the work particularly to the teachers of schools who, having no facilities of their own, used a nearby croft with poor surface and just a few possibilities, and by their enthusiasm and drive and the fire they stir in their children, provide really enjoyable and interesting sports meetings.

SWIMMING.

It has been stated in previous reports that in order to ensure an adequate swimming programme there must be sufficient provision of baths. It is welcome, therefore, to be able to report progress in so far as the Pendleton Bath, the last of the four baths requisitioned during the war, opened for use in July, 1947, which, though really late in the season, enabled some extension of the swimming to be made. Some of the schools which, during the war period, had to use Seedley Bath were transferred back to Pendleton and much time used in travelling was saved. It has also enabled the boys from the Grammar School to attend swimming instruction after a lapse of six years. All plunges are still open for half-days only and it is hoped that further progress may be made by the baths opening for the full day. We have retained the use of the Cheetham Bath for one half-day each for boys and girls throughout the year and it has been well used by the schools in the Higher Broughton area. Swimming continued throughout the winter, one plunge being opened at Seedley Bath, two afternoons being allocated to girls and three to boys. One hundred and six classes of 30 children plus 16 classes of 20 children were arranged weekly during the summer months and 26 classes of 30 children weekly during the winter months. Unfortunately during the late summer and in the period covering the summer vacation in very favourable weather when so many Salford children practise what they have learned during the previous school term, all baths had to be closed to children owing to the high incidence of Anterior Poliomyelitis. For the same reason various swimming galas were also cancelled. This undoubtedly affected the numbers of children able to complete the tests for the Education Committee's swimming certificates.

The results of the tests for the certificates show progress on last year's figures particularly with regard to boys. The figures are as under :

	1st Class (Swim 50 yds. back, 50 yds. breast)	2nd Class (50 yds. breast)	3rd Class (25 yds. breast)
Boys	163	269	388
Girls	80	172	277

Two hundred and ten Free Season Tickets were awarded by the Baths Committee to girls and 383 to boys. Life Saving is still taught during winter months and results given below of the Royal Life Saving Society's examinations show a marked improvement on the previous year with an increase of 82 awards. This is all the more meritorious since the standard of several of the examinations has been raised, the Bronze Medallion and Bar to Bronze Medallion particularly having been made almost twice as difficult.

	Elementary Certificate.	Intermediate Certificate.	Bronze Medallion.	Bar to Bronze Medallion.
1947	80	74	39	12
1946	72	46	12	3

The Salford Hundred Examination was conducted in October and the full quota of Medals was awarded, being four to girls and eight to boys.

DANCING.

All infants' departments include at least one period of dancing and rhythmic work in their secondary physical training periods and the majority of girls' schools include one period where there is any possibility of taking the subject. In some schools more emphasis is laid on rhythmic work, in others, Scottish, English, Scandinavian, and National Dances of many lands are taught. An interesting experiment was started towards the end of the year in one of the Modern Secondary Schools in Modern Educational Dance but as yet it is too early to give any conclusions.

OUT-OF-SCHOOL ORGANISED GAMES AND ACTIVITIES.

The Salford Schools' Sports Federation promote and organise these activities. This Federation is made up of six different sections each with its own Secretary and Committee composed of teachers. It is run for the benefit of all school children in full-time attendance under the Authority. The various sections are :

1. Association Football ... There are School League, and National and County Competitions. Eighty-four school teams take part in the various competitions. The outstanding honour gained by this Section in 1947 was the winning of the English Schools' Football Association Trophy against the Leicester Boys' team on the Manchester United Football Ground, Old Trafford, Manchester, on Saturday, 7th June, 1947. This is a most commendable success, and is due very largely to the close personal interest taken by so many teachers in the boys' welfare. Salford boys have never previously won this national trophy.

2.	Rugby Football	There are School League and County Competitions with 30 school teams taking part.
3.	Athletics	Annual school sports in which 114 school teams compete.
4.	Cricket	Forty-eight school teams take part in League activities during the summer months.
5.	Swimming	This section promotes school swimming galas and inter-school Squadron Leagues with 50 school teams competing.
6.	Netball	Forty-five teams of girls from various schools play in the League.

All these activities take place on Saturday mornings throughout the year, week-nights during the summer months and lunch-times. Playing pitches are hired from the Parks Department and paid for by the Education Committee for use of the schools in all of the activities provided by the Salford Schools' Sports Federation. The Education Committee's grounds at Lower Broughton and Legh Road are extensively used every Saturday morning throughout the whole year and almost every evening during the summer. Many of the pitches in the parks and Committee's grounds are used twice during Saturdays. The Salford Schools' Sports Federation, out of their own funds, make grants to the various schools affiliated to the different Sports Sections for the purchase of equipment, etc. Tribute should be paid to the many Salford teachers who give so much of their own private time to organise and supervise these various activities.

Throughout the year classes have been conducted for teachers in dancing, physical training and minor team games. Both the Women and Men Teachers' Physical Associations meet frequently. The men's association takes Swedish Gymnastic Tables, with opportunities to play and practise minor team games, the most popular form of activity being Agility games. The Women's Physical Training Association has organised courses in (*a*) minor games, (*b*) netball coaching, (*c*) national dancing, (*d*) Scottish dancing (two courses) and (*e*) formal apparatus work suitable for use in schools.

Outside Organisations.

The Central Council of Physical Recreation has conducted an advanced course for women who will be taking the National Leaders' Test and the Committee were also able to help this Organisation by providing them with facilities for rehearsal at both Lower Broughton Playing Field and Broughton Modern School for the big sports review which took place in the summer at Belle Vue.

APPENDIX.

Summary of Investigations carried out.

Survey of Foot Conditions.

The survey of foot conditions of Salford school children, begun in 1946, was continued in 1947. A total of 5,101 children was examined at 20 schools, by a team of six senior students from the Northern Foot Hospital, working to standards set by Mr. Franklin Charlesworth.

The head teachers kindly co-operated by placing a spare room or hall at the disposal of the workers. Every child was examined in bare feet for the following conditions: weakness of the longitudinal arch, weakness of the metatarsal arch, defects of the lesser toes, nail defects, hallux valgus, verrucæ pedis, corns and callosities. The feet were measured and the footwear examined for correct size and the degree of serviceability. Three standards were set for each condition: "A" for satisfactory, "B" for slight defect, and "C" for marked defect. Children found in need of treatment were referred to the Chiropody Clinic of the School Health Department. A total of 64 cases of verrucæ was so referred to the clinic (1·1 per cent.).

An analysis of the figures for school entrants (4-6 years) compared with those for school leavers (13-14 years) showed that whilst the percentage of very badly fitted shoes (those at least two sizes too small) remained fairly constant (6·2 per cent. on entry and 5·6 per cent. on leaving), the incidence of defects of the feet was higher in the older children for each type of defect. On entry there were no children found with weakness of the metatarsal arch, nail defects, verrucæ, or corns and callosities of a serious nature; among the school leavers the incidence was 1·9, 0·6, 1·4 and 2·3 per cent. respectively. Hallux valgus rose from 0·4 per cent. to 4·2 per cent. and serious defects of the lesser toes from 2·9 per cent. to 4·3 per cent. Weakness of the longitudinal arch analysed to 0·4 per cent. compared with 3·8 per cent. In all these cases the figures relate only to *serious* defects.

The figures for slight defects show a similar tendency—in some cases of a much more marked character. For instance, corns and callosities rose from 2·4 per cent. to 11·9 per cent. The incidence of slight hallux valgus was 6·6 per cent. and 26·4 per cent. respectively for entrants and leavers.

1. The proportion of children with perfect feet at school-leaving age was about half that of those who had just started school; 62·4 per cent. were perfect on entry and only 33·4 per cent. on leaving.

2. A review of the condition and fitting of the shoes of all the 5,101 children (of 4 to 14 years) revealed the following defects:—

(a) 26·9 per cent. girls and 22·3 per cent. boys were wearing shoes one size too small. In addition there were 10·3 per cent. girls and 5·4 per cent. boys with footwear at least two sizes too small.

(cont'd over)

(b) 12·1 per cent. girls and 13·6 per cent. boys had shoes in a fairly poor condition, and another 4·8 per cent. girls and 8·5 per cent. boys had shoes in a very bad condition.

(c) Expressed positively—out of 5,101 Salford school children of both sexes and all ages from 4 to 14, 65·8 per cent. had shoes accurately fitted, and 80·5 per cent. had shoes in good condition.

It is not to be assumed that the schools examined represent a cross-section of all Salford school children, and it is therefore not necessarily correct to apply the figures to the city as a whole.

Report on the Work of the Asthma Clinic (submitted by Dr. R. I. Mackay).

1. A Survey of Children Suspected to be Suffering from Asthma.

The purpose of the survey was primarily to make a medical assessment of the state of health of those children on the register of handicapped children because of asthma. In addition to this, the clinic was to ensure that these children received the benefits of the municipal health services as indicated in each case, and to discover any shortcomings or gaps in the service which could be remedied, and so give these children a more satisfactory health and educational record.

No medicines, other than Cod Liver Oil and Malt, were dispensed or ordered, all such treatment was left to the private doctor or to the hospital clinic treating the child. Any recommendations as to treatment and management were subject to the approval of the child's physician. In all cases the fullest co-operation with outside doctors was obtained, some cases being referred direct to the clinic by the family doctor.

No tuberculous cases were invited to, or seen at the clinic.

2. General Statistics of Attendances.

The clinic has held 47 regular weekly sessions during which 315 consultations took place. A few sessions have coincided with public holidays, although the sessions have continued through the school holidays.

One hundred and forty-three children were seen at least once and 108 children were seen more than once, and of 33 children who were seen once for respiratory disorders other than asthma, six were seen more than once.

In every case the parents were gratified at the extent and nature of the examination, and co-operated well in administering the treatment advised.

3. The Nature of the Examinations and Investigations.

The first consultation took the form of a complete history and physical examination. A full medical and family history was obtained, with special

reference to the relevant details, and a note was made of the social conditions and educational achievements of the child. This was followed by a careful examination of the respiratory and cardiovascular systems with measurement of chest expansion by tape measure or by the spirometer. Further physical examination was conducted as thought necessary for each case. At least 20 to 30 minutes was allowed for each child at the first visit.

In many cases full clinical and laboratory investigation had been completed by the private doctor or by hospital clinics and it was thought unnecessary to repeat this, attempts being made to ascertain the results from the parents or direct from the doctors concerned. Full investigation was reserved for those children who showed deterioration, resistance to treatment or when some symptom, e.g., rhinorrhœa indicated such a course.

Skin testing was done in the clinic, Dr. R. N. Walker supervised the radiological work and a few specimens were sent to the Public Health Laboratory.

Analysis of Investigations.

It was found that investigations had already been carried out in 70 instances. Twenty-six children were referred for chest radiography and 14 skin tests were carried out. In addition, sputum was investigated in two cases and one girl was referred to Hope Hospital for gastric analysis.

At the second and subsequent visits, progress was assessed and further physical examination made. Where necessary further recommendations were made and further instructions given to the parents.

4. The Scope of Treatment Ordered.

As stated above, the treatment was mostly concerned with making the best use of the services available and referring suitable cases for physiotherapy, open-air school and convalescent treatment.

Nineteen children were referred to the Aural Surgeon for attention, five for Ultra-Violet Ray, eight for Convalescent Treatment, three for Specific Desensitisation and two for special consideration. Forty-seven children were already receiving adequate treatment. Of the 66 children who were advised to have breathing exercises, 58 took advantage of this recommendation.

Unfortunately it has not yet been possible to find accommodation at the Barr Hill Open-air School for the 12 children who should attend this type of school.

In several instances it was thought that better housing conditions would be of great benefit to the asthmatic child, and an endeavour was made to obtain priority housing for 19 cases where they were definitely detrimental to their health. Every effort is still being made to find suitable housing accommodation in such cases.

5. The Results.

The children were assessed into broad groups as "improving," "no change," and "worse," on the basis of the history and examination at each consultation. In evaluating treatment it must be remembered that the vast majority of children with asthma tend to recover spontaneously or with very simple measures, e.g., breathing exercises and a fresh-air life. Only where there is a severe allergic state, underlying respiratory disease or gross psychological disturbance in the family situation does the condition remain resistant. Poor social circumstances do not have the adverse effect that might be anticipated though improvement is likely to follow improved circumstances.

At the first examination, 88 children were graded as "improving," 41 were graded "no change," and 14 were graded "worse."

At the second examination there were six children showing improvement who had been graded as "worse," 18 children showing improvement who had been graded "no change," and 13 children showing no improvement from either grade.

Among the 143 children seen on account of asthma, eight children had a marked allergic rhinitis co-existing, two children had chronic bronchitis, two children required further investigation for bronchiectasis and two children had had single attacks of asthmatic bronchitis.

6. Discussion of Results.

The assessments show that there is a general tendency to improvement as noted above, though the actual figures quoted for the second and third examinations are not taken from random samples. Some children were 'discharged" at the first examination (which would diminish the percentage of cases improving) and it is likely that children who were worse or frequently ill, might have been unfit when invited (so raising the percentage of cases improving), though absentees were re-invited.

In general, the physical care of these children seems to be adequate and, except in certain respects, the provisions of the School Health Service seems to be sufficient to cope with the recommendations made at the clinic.

No child recommended for admission to the Open-air School has yet been admitted. Those children who have been recommended are all urgent cases and it would seem that some extra accommodation should be utilised as soon as possible. The ideal provision would be a day school outside the city, in rural surroundings, where asthmatic children of all ages could continue their studies to the best advantage. Since asthmatic children are often found among the more intelligent groups, such a suggestion appears impracticable in view of the present shortages of buildings, teachers and transport. Only a few children would benefit from a residential school and the disruption of family life so produced is not usually justifiable.

Some children were referred for convalescent holidays. These children were usually those in poor physical condition who were unlikely to have a summer holiday with the family for economic reasons. If accommodation is available, and the parents and children agree, it would be beneficial if those asthmatic children who are unlikely to have a real summer holiday could have a regular annual holiday in the summer at public expense. At least one to two months should be allowed to give these children better resistance to respiratory infection in the winter.

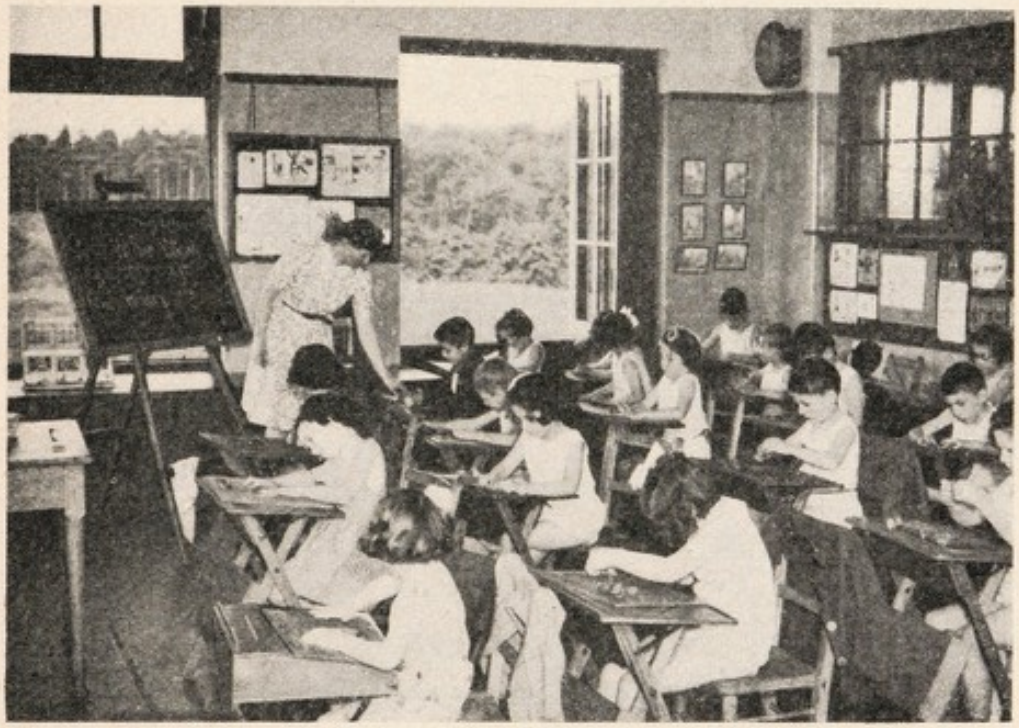

Fig. 9—Light, airy classrooms.

Asthma in children does not seem to be related directly to social circumstances or to simple poverty but there is no doubt that damp and overcrowded living conditions aggravate the disorder. Many of the more difficult cases live in damp, low-lying areas such as Lower Broughton and the Dock area. In these children there is often a history of improvement during holidays when they live in some other part of the country, and the recent flooding only added to their troubles. Nineteen cases were referred to the Housing Department for priority on medical grounds and these were the worst cases. It is clear that any survey of this kind will include a percentage of families in dreadful living conditions. It seems that some attempt to relieve the plight of these children is necessary even though the Housing Department is unable to award a high priority to asthma. Until houses are more plentiful, the problem will remain.

In eleven cases there was sufficient psychological disturbance revealed by the history as to warrant comment in the notes. Most of these were the

" nervous " type of child in a " nervous " family where the parents were unduly anxious about the child's health. No case was thought severe enough to be referred for psychological advice and treatment, but efforts were made at the interview to advise the parents accordingly.

For the purpose of " follow-up " of these children and in dealing with new cases, it would seem that a fortnightly or monthly clinic would be sufficient. Cases need not be seen more frequently than every six months except in special instances.

7. " Non-Asthma " Cases.

Thirty-three children were seen once and six were seen more than once. Twenty investigations were carried out including chest radiography, sputum tests and skin tests. Sixteen children were found to be having adequate treatment, but for ten, other treatment was ordered such as Ultra-Violet Ray, Cod Liver Oil and Malt, Convalescence, Open-air School and housing priority.

The problems of this group were not as serious as for the asthma group and the majority were the result of the local atmospheric conditions and chronic nasopharyngeal sepsis. Some were already on a waiting list for tonsillectomy. Many of these children have yet to be seen for a second time for diagnosis.

Head Louse Insecticide Investigations.

Several investigations were carried out during the year 1947 on new insecticides.

Gammexane in Castor Oil/Ethanol Indust. 0·2 per cent.

A total number of 198 children were treated with this preparation, and 119 obeyed the instructions not to wash the hair. Only one case of the 119 was discovered with live lice, and this was on the 14th day after treatment. Amongst the 79 children who had their hair washed, six cases only had live lice and/or larvæ at the completion of the 14-day experiment.

Results. With unwashed hair there was 99 per cent. success, but its effectiveness was impaired by washing the hair.

Gammexane 1 per cent. in Spirit, *diluted by four times its volume of tap water.*

The number of children treated was 15, 11 of these obeyed the instruction not to wash the hair. After seven days one child had a live louse in his hair, and at the end of the 14 days four children had live lice and/or larvæ. One washed her hair and one visited the swimming baths during the 14 days.

Gammexane 1 per cent. in Spirit, *diluted by four times its volume of distilled water.*

At the suggestion of Dr. Busvine and arising from the above experiment, distilled water was used in the place of tap water. In this investigation 13

children were treated with this preparation and 11 of these had their hair washed during the 14 days. At the end of this period there was no trace of live lice or larvæ in any of the heads of the 13 children.

D.D.T. G.N.267.

This insecticide was applied to the heads of 22 children, of whom six washed their hair once and seven twice during the fortnight. At the end of seven days, four children had live larvæ in their hair, and at the end of 14 days, two children had live lice present. Both of these children washed their hair twice in the 14 days. All the cases with live larvæ on the seventh day were quite clear on the fourteenth having no sign of lice or larvæ.

Results.

All these preparations were very easy to apply and acceptable to the children treated, as they do not leave the hair unsightly as is common with lethane. The D.D.T. preparation has a slight furniture polish smell, and the castor oil preparation does impart a slightly greasy finish.

STATISTICAL TABLES.

MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1947.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—	
Entrants	2,030
Second Age Group	1,478
Third Age Group	1,147
TOTAL	4,655
Number of other Periodic Inspections	601
GRAND TOTAL	5,256

B.—OTHER INSPECTIONS.

Number of Special Inspections	8,798
Number of Re-Inspections	7,480
TOTAL	16,278

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT

(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	13	569	547
Second Age Group	150	321	439
Third Age Group	139	169	296
TOTAL (prescribed groups)	302	1,059	1,282
Other Periodic Inspections	2	132	131
GRAND TOTAL	304	1,191	1,413

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1947.

Defect Code No.	Defect or Disease.	Periodic Inspections. No. of Defects.		Special Inspections. 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)
4.	Skin	48	48	1,489	1
5.	Eyes—				
	(*a*) Vision	189	13	74	—
	(*b*) Squint	47	48	33	—
	(*c*) Other	19	12	275	1
6.	Ears—				
	(*a*) Hearing	24	2	139	20
	(*b*) Otitis Media	59	22	499	1
	(*c*) Other	28	19	291	44
7.	Nose or Throat	332	503	1,241	330
8.	Speech	10	28	28	4
9.	Cervical Glands	13	82	211	55
10.	Heart and Circulation ...	34	54	148	108
11.	Lungs	87	72	191	181
12.	Developmental—				
	(*a*) Hernia...	—	—	—	—
	(*b*) Other	—	—	—	—
13.	Orthopædic—				
	(*a*) Posture	32	17	54	4
	(*b*) Flat Foot	14	14	26	8
	(*c*) Other	7	11	19	5
14.	Nervous System—				
	(*a*) Epilepsy	—	3	19	5
	(*b*) Other	28	28	91	41
15.	Psychological—				
	(*a*) Development	13	10	—	3
	(*b*) Stability	—	—	—	—
16.	Other	347	160	2,120	479

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,030	633	31%	1,207	60%	190	9%
Second Age Group	1,478	516	35%	830	56%	132	9%
Third Age Group	1,147	369	32%	699	61%	79	7%
Other Periodic Inspections	601	241	40%	338	56%	22	4%
Total	5,256	1,759	33%	3,074	59%	423	8%

TABLE III.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness).

	No. of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-ray Treatment	5
(ii) Other Treatment	—
Ringworm—Body	36
Scabies	313
Impetigo	274
Other Skin Diseases	1,132
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	441
Ear Defects	927
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	650
Total	3,778
Total number of attendances at Authority's minor ailments clinics	59,446

Group II. Defective Vision and Squint

(Excluding Eye Disease treated as Minor Ailments—Group I).

	No. of Defects dealt with.
Errors of Refraction (including squint)	6,642
Other defect or disease of the eyes (excluding those recorded in Group I)	1,402
Total	8,044
No. of pupils for whom spectacles were (*a*) Prescribed	1,671
(*b*) Obtained	1,659

Group III.—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment—	
(*a*) for adenoids and chronic tonsillitis	380
(*b*) for other nose and throat conditions	11
Received other forms of treatment	262
Total	653

Group IV.—Orthopaedic and Postural Defects.

	Total number treated.
(*a*) Number treated as in-patients in hospitals or hospital schools	95
(*b*) Number treated otherwise, e.g., in clinics or out-patients departments	593

Group V.—Child Guidance Treatment and Speech Therapy.

	Total number treated.
Number of pupils treated—	
(*a*) under Child Guidance arrangements	160
(*b*) under Speech Therapy arrangements	—

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

		Total number treated.
(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) Periodic Age Groups	16,359
	(*b*) Specials	1,094
	(*c*) TOTAL (Periodic and Specials)	17,453
(2)	Number found to require treatment	10,008
(3)	Number actually treated	7,308
(4)	Attendances made by pupils for treatment	10,213
(5)	Half-days devoted to—	
	(*a*) Inspection	122
	(*b*) Treatment	1,810
	TOTAL (*a*) and (*b*)	1,932
(6)	Fillings—	
	Permanent Teeth	3,860
	Temporary Teeth	773
	TOTAL	4,633
(7)	Extractions—	
	Permanent Teeth	1,814
	Temporary Teeth	6,733
	TOTAL	8,547
(8)	Administrations of general anæsthetics for extraction	3,476
(9)	Other operations—	
	(*a*) Permanent Teeth	2,388
	(*b*) Temporary Teeth	844
	TOTAL (*a*) and (*b*)	3,232

TABLE V.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	56,928
(ii)	Total number of individual pupils found to be infested	5,077
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE VI.

SCHOOL MEDICAL AND DENTAL STAFF.

Names of Medical Officers.	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
S.M.O.—		
John Lancelot Burn	25·0%	75·0%
A.S.M.O.s—		
Harold Heathcote	100·0%	—
John Laurence Bradley	54·5%	45·5%
Harold Bernard Kilroe	90·9%	9·1%
Anne Rothwell Gratton (Mrs.) (part-time)	45·5%	18·2%
Ramyl Rhydwen	45·5%	54·5%
John Scully (part-time)	45·5%	—
Margaret Sproul (Miss)	18·0%	82·0%
Marian Maxwell Reekie (Miss)	18·0%	82·0%
Kathleen Mary Boyes (Miss)...	18·0%	82·0%
Eleanor P. Brown (Mrs.)	9·1%	—

Names of Dental Officers.	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
Senior Dental Officer—		
Laurence Hilton Pollitt	90·9%	9·1%
Assistant Dental Officers—		
Mary Gifford Macleod (Miss)...	100·0%	—
John Reginald Clayton	100·0%	—
Agnes Marianne Paterson (Miss)	100·0%	—
Joseph Arthur Pilling ... ... (Resigned 30th April, 1947)	100·0%	—

Nurses.	Number of Officers.	Aggregate of time given to School Health Service work in terms of whole-time Officers.
School Nurses	20	16
District Nurses ...	—	—
Nursing Assistants ...	4	4
Dental Attendants ...	5	Whole time.