[Report 1925] / School Medical Officer of Health, St Helens.

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COUNTY BOROUGH OF ST. HELENS.

Annual Report

OF THE

School Medical Officer

FOR

1925.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,
Medical Officer of Health,
and School Medical Officer.

St. Helens:
Wood, Westworth & Co., Ltd., Printers and Stationers,
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Statistical Review of Work of the School Medical Service during year 1925.

Children in Average Attendance at Elementary Schools	17953
Elementary School Children examined	10920
Total Examinations Elementary School Children	19068
Secondary School Children Examined	647
Miscellaneous Examinations (Bursars, &c.)	70
Children at Elementary Schools having defects which required treatment or to be kept under observation	7214
Children at Secondary Schools having defects which required treatment or to be kept under observation	266
Minor Ailments treated at School Clinics	2279
Visual Defects treated	391
Throat and Nose Defects treated	124
Children inspected by School Dentist	12154
Children treated by School Dentist	5072
Total Attendances at School Clinics	46840
Children examined by Nurses for Cleanliness	48500
Visits to Schools by Medical Officers	288
Visits to Schools by Nurses	4768
Home Visits by Nurses	10129
Total Attendances at Inspection Clinic	4398

TO THE CHAIRMAN AND MEMBERS OF
THE ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit my Annual Report as School Medical Officer for the year 1925.

A statistical summary of the work carried out during the year is given on the preceding page and detailed figures regarding Medical Inspection and Treatment are given in the Statistical Tables at the end of the report.

The report shows that, though the percentage (42·3%) of Elementary School Children found at Routine Medical Inspections to be suffering from defects which either required treatment or required to be kept under observation, is less than in the previous year (46·5%), it is still higher than the average for the preceding five years (35·2%). The reasons for this are discussed under Findings of Medical Inspection.

Of all medical (as distinct from dental) defects referred for treatment during the year amongst children in Elementary Schools, 90·7% were treated before the end of the year. The corresponding percentage of dental defects treated was 79·7%.

At the Secondary Schools 23·5% of the children examined at the Routine Medical Inspections were referred for treatment or for observation, and of all defects referred for treatment 57·7% were treated during the year.

Though no further expansion of the School Medical Service took place during the year, schemes for orthopædic treatment and for an open air school were completed and it is hoped will be put into operation at an early date. Though such schemes will necessarily affect only a small part of the school population, they will save many children from permanent crippling or from drifting into chronic invalidism.

My special thanks are due to Dr. Blackburn (Deputy-Medical Officer) for much of the work that has been done. I have also to acknowledge with pleasure the cordial co-operation of the Secretary for Education.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

April, 1926.

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer, School Medical Officer, and Medical Superintendent Corporation Hospitals :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy Medical Officer of Health :—

W. H. Blackburn, M.A., M.B., B.Ch., D.P.H. (Camb.).

Assistant Medical Officers of Health :—

J. A. Fraser, M.B., Ch.B., D.P.H. (Edin.).

Eileen M. Dowling, M.B., Ch.B. (Liverp.), L.M. (Rotunda).

Dental Surgeons :—

R. M. Timperley, L.D.S.

W. A. Linnell, L.D.S. (resigned 31st August, 1925).

A. Lee, L.D.S. (from 1st September, 1925).

Health Visitors, School Nurses, and Tuberculosis Nurses :—

Ethel Denman,	(1),(2),(3),(4)	Mary Dyer,	(3),(4)
Grace Healey,	(2),(3),(4)	Mary H. Masterson,	(3),(4)
Florence Faber,	(3),(4)	Anne Phillips,	(3),(4)
Mary Riding,	(3),(4)	Daisy C. Cruickshank	(3),(4)
*Dorothy Grime,	(3),(4)	Nora Hogan	(3),(4)
Louise M. Austin,	(3),(4)	Selina Hacking,	(3),(4)
Winifred Cowan,	(2),(3),(4)	*Grace Hawkins,	(3),(4)
F. Wilkinson,	(4)	Mary Corrish,	(3),(4)
Amy Coates,	(2),(3),(4)	Grace Sumner,	(4)
Emily Corrish,	(2),(3),(4)	Mary Belcher,	(3),(4)

School Dental Nurses :

Ethel M. K. Elliot,	(4)	Dorothy Davies,	(5)

(*) Resigned during the year.
(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives Board.
(4) A trained Nurse.
(5) Certificate for Health Visitor and School Nurse, Sanitary Training College.

The following are part time officers at the School Clinic :—

G. H. Cooke, M.D. (Lond.), M.R.C.S., L.R.C.P. (Lond).
Surgeon for the Throat and Nose Department.

J. A .Donnellan, M.B., Ch.B. (Liverpool).
Anaesthetist.

A. A. W. Merrick, F.R.C.S.I., L.R.C.P.I., L.M,
Ophthalmic Surgeon.

J. Unsworth, M.B., B.S. (Lond.).
Physician to the X-Ray Department.

The general organisation of the staff and the co-ordination of the School Medical Service with the Public Health Services remain as in previous years and as detailed in the Annual Report for 1922.

ELEMENTARY SCHOOLS.

During the year 1925 there were under the control of the Education Committee, 37 Elementary Schools with 83 departments.

Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	24,131
Average number of children on the roll during the year	20,328
Average number of children in attendance during the year	17,953
Average attendance for the year.....	88·3%

Medical Inspection.

All routine medical inspections are conducted in the schools, and the scheme allows of three visits by the medical officers to each school during the year. At each visit one or more of the routine age groups laid down by the Board of Education are examined, together with any children previously examined and

referred either for treatment or for observation (re-examinations), and any children whom either the nurse or teacher wishes to bring before the medical officer (specials).

In addition to medical inspections at the schools, the medical officers hold an Inspection Clinic at the Town Hall on two mornings each week. Cases dealt with at this clinic are those referred by school attendance officers, teachers, nurses and parents for advice or report, and cases referred from school inspections for further examination.

The following statement shows the work done in Medical Inspection during the past five years :

	1921	1922	1923	1924	1925
Routine Examinations	5829	6152	5790	6004	5905
Special Examinations	1849	4303	4799	5545	4623
Re-examinations	5849	7350	7331	7524	8540
Children Attending Inspection Clinic.....	1148	1319	1486	2503	1664
Total attendances at Inspection Clinic	4450	4324	4764	4140	4398
Number of Individual Children Inspected	9739	10162	9977	10949	10920

The detailed figures of the number medically inspected during the year are given in Table I.

Apart from the inspections by medical officers, the school nurses do a considerable amount of supplementary inspections. These include inspections regarding cleanliness, inspections preliminary to referring cases to the medical officer, and inspections in connection with infectious diseases. These duties will be referred to later in the review of the work of the school nurses.

Findings of Medical Inspection.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 5905 children examined at the routine medical inspections, 2507 (42·3%) were found to be suffering from defects (other than uncleanliness and defective clothing or footgear) which required treatment or required to be kept under observation. As in the past, however, many dental defects are not included in this number, as it is the custom when doing medical inspection —as distinct from the dental inspection—to refer for treatment only the most urgent dental defects, and leave the less urgent to be dealt with by the dentist at his inspection.

The number and percentage of defects in each age and sex group is shown in the following table :—

	Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—Boys	1078	410	38·0
Girls	1035	360	34·7
Intermediates—			
Boys	813	414	50·9
Girls	813	469	57·6
Leavers—Boys	1107	432	39·0
Girls	1059	422	39·8
All Ages—Boys	2998	1256	41·8
Girls	2907	1251	43·0

*Vision only tested where reason to suspect defect.

The following table shows the percentage referred for treatment or for observation from the routine medical inspections since 1920 :—

	1920 %	1921 %	1922 %	1923 %	1924 %	1925 %
Children referred for treatment ...	31·2	16·2	22·3	11·1	22·4	19·5
Children referred for observation only	7·1	8·2	15·5	17·7	24·1	22·8
Total referred...	38·3	24·4	37·8	28·8	46·5	42·3

Comparing these figures it will be noted that though the percentage requiring to be referred for treatment or for observation during 1925 is lower than in the previous year, it is still high when compared with the years 1920 to 1923. As previously mentioned however, the above figures include dental defects found at medical inspection, and as during the past two years more children than formerly have been referred to the dentist owing to increased facilities for dental treatment, the figures are not quite comparable. A truer estimation of the progress of the health of the children of St. Helens is a comparison of the number of *defects* which required treatment or required to be kept under observation. This is shown in the next table from which all dental defects are excluded in addition to uncleanliness and defective clothing or footgear (*i.e.*, the table is a record of medical defects only).

Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined.

	1920	1921	1922	1923	1924	1925
Referred for treatment	23·15	13·70	20·81	8·15	13·29	11·23
Referred for observation	8·05	8·28	16·71	19·58	23·63	23·67
Total.....	31·20	21·98	37·52	27·73	36·92	34·90

Examination of this Table shows that though the number of medical defects requiring treatment has decreased considerably during the past six years, the number requiring to be kept under observation has increased more rapidly, with the nett result that the total referred is still high. In other words the figures show that whilst there has been a decrease in the severity of the defects found there has not been a corresponding decrease in their incidence. The reason for this persistence is I think, to be found partly in industrial depression and partly in the bad housing conditions which exist. There is no doubt that though unemployment may not have been so bad in St. Helens as in many other areas, a large number of families have had to live on reduced wages owing to short time and food has not been too plentiful. When in addition, families have to live, eat and sleep 6 or 7 in a room it can scarcely be wondered at that the children suffer.

Co-incident with these two factors of ill-health and intimately connected with them are two others of almost equal importance, viz. :—improper feeding and the prevalence of infectious diseases. Poor feeding predisposes to infectious diseases whilst bad housing favours their spread and prejudices convalescence. The past two years have been years of high incidence of these diseases (especially of measles and whooping cough) with a corresponding increased number of defects resulting from them.

Improper feeding is not confined to either the poor or to the badly housed but it is certainly more common amongst such families, and in these circumstances the effects are more damaging. The pernicious but common and growing practice of making "chips" and tea the staple items of a school child's diet may save the mother labour but undermines the child's health. Neither "chips" nor tea are evils in themselves but nitrogenous foods are essentially the body builders, and a growing child especially has need of an adequate supply. That good nourishing meals can be provided at a low cost is shown by the experience of the school feeding centres where the average cost for food during 1925 was only approximately 1½d. per meal. In connection with this question of improper feeding I think no better commentary can be found than the effect, as shown by the nutrition of the children, of the wholesale feeding of school children during the coal strike of 1921.

In the following table is given the number of meals served at the school feeding centres each year since 1920, together with the percentage of children referred from the routine age groups for treatment or for observation for malnutrition.

	Number of meals served at School Feeding Centres.	% of chidren referred for treatment or for observation for malnutrition.
1920	160,634	1.5
1921	1,537,576	0.6
1922	208,544	1.3
1923	187,353	1.4
1924	167,384	2.8
1925	228,862	2.0

The chief defects for which it was found during 1925 that either treatment or further observation was necessary are shown in the following statement. It will be seen that compared with the previous year, there has been a decrease in the number of cases of malnutrition and tuberculosis, and of heart, throat and nose and eye defects, whilst a slight increase has occurred in ear diseases and in non-tubercular lung diseases. The gradual increase in the latter during the past four years is interesting in view of the housing conditions already referred to.

	Percentage of Children examined who were referred for treatment or for observation.			
	1922	1923	1924	1925
External Eye Diseases	1·3%	·7%	·9%	·7%
Defective Vision and Squint	11·1%	9·1%	11·4%	11·1%
Ear Disease or Defect	1·0%	1·0%	·8%	1·0%
Throat and Nose Defects	13·1%	7·5%	12·1%	10·6%
Diseases of Heart and Circulation	5·2%	3·5%	3·3%	2·7%
Lung Disease (Non-Tubercular)	1·3%	1·9%	2·4%	3·0%
Tuberculosis	·7%	·7%	1·0%	·7%
Malnutrition	1·3%	1·4%	2·8%	2·0%

The following is a brief review under the various headings of the defects found. The age groups coming up for routine examination may be taken as a fair sample of the average child of school age, so that the findings can be considered applicable to all school children in the area.

(a) CLOTHING AND FOOTWEAR :—The number of cases in which defective clothing was noted amongst the routine age groups was 319 (5·4%) and defective footgear in 37 (0·6%) cases. The corresponding percentages for the previous year were 5·0% and 0·8% respectively.

(b) UNCLEANLINESS :—Though at each medical inspection the children are examined as regards cleanliness, the majority of these examinations is carried out by the school nurse at special visits made by her for this purpose.

When the condition of the child is unsatisfactory, a notice is sent to the parent drawing attention to the fact and suggesting the best means of remedy. The school nurse visits the home and instructs the mother how to deal effectively with the case. Should there be no improvement within a week, a second notice is sent and further visits are paid by the nurse. Cases of persistent neglect are reported to the Local Authority and the children are removed from school for compulsory cleansing. Compulsory cleansing was carried out in four cases during 1925. The Table A shows the percentages found verminous in the various schools of the Borough in 1925, and the corresponding percentages for the previous year.

Verminous Children, 1925—Table A.

Elementary Schools.	No. of children examined.	No. found verminous	Percentage verminous	
			1925	1924
Allanson Street	2421	131	5·4%	10·4%
Blackbrook	939	87	9·2%	10·0%
Gerard	1069	145	13·5%	16·3%
Higher Grade	2072	44	2·1%	1·9%
Holy Cross	1835	251	13·6%	7·2%
Knowsley Road	1721	100	5·8%	8·9%
Laffak	287	8	2·7%	3·9%
Lowe House	2777	172	6·1%	9·1%
Marshalls Cross	120	2	1·6%	3·4%
Merton Bank	2003	205	10·2%	15·5%
Nutgrove Wesleyan	1588	98	6·1%	6·2%
Parish Church	1289	62	4·8%	2·5%
Parr Flat	418	20	4·7%	18·8%
Parr Mount	1026	66	6·4%	9·6%
Peasley Cross C.E.	319	22	6·8%	5·2%
Ravenhead	613	63	10·2%	8·0%
Rivington Road	2048	143	6·9%	4·4%
Robins Lane	2616	153	5·8%	10·1%
St. Annes	1473	58	3·9%	6·1%
St. Austin's	988	31	3·1%	2·8%
St. Helens Wesleyan	231	22	9·5%	13·7%
St. Joseph's, Parr	1132	138	12·1%	16·8%
St. Luke's	684	8	1·1%	1·4%
St. Matthew's	230	35	15·2%	6·1%
St. Mary's	1091	167	15·3%	14·5%
St. Mary's, York Street	947	62	6·5%	9·2%
St. Patrick's	435	39	8·9%	32·2%
St. Teresas	1416	72	5·0%	5·7%
St. Thomas'	1771	100	5·6%	7·8%
St. Vincent's	681	30	4·4%	6·4%
Sacred Heart	1886	258	13·6%	14·0%
Sutton C.E.	2110	81	3·8%	4·1%
Sutton Manor	701	44	6·2%	5·1%
Sutton St. Joseph's	1394	101	7·2%	13·9%
Thatto Heath	1745	105	6·0%	4·3%
Windle C.E.	1491	157	10·5%	9·7%
Windle P. C.	1961	310	15·8%	15·2%
Windleshaw	329	18	5·4%	·9%
Total	47857	3608	7·5%	9·1%

Though there has been a decided improvement in the cleanliness of children in recent years there is still room for more. Here again present housing conditions have a bad effect. Much of the uncleanliness is inexcusable however, and an incident which occurred recently suggests gross carelessness and indifference on the part of some parents. Seven children went home on a Friday on a week-end permit from Eccleston Hall Sanatorium with clean heads, clean bodies and clean clothing. On their return on the Monday every single child was verminous. That an intensive campaign

will do much to improve matters is seen by the great improvement in the percentage of children found verminous in St. Patrick's R.C. School in 1925 (8·9%) as compared with the percentage for 1924 (32·2%). This school draws its scholars almost entirely from the area which was affected during the Typhus outbreak towards the end of 1924, and during that outbreak intensive cleansing of the houses, furniture and bedding and the inmates was carried out. It will be interesting to note whether this improvement will be lasting. To conduct such a campaign throughout the whole area is however impracticable, and the only practical method seems to be to keep on preaching to those who will learn and prosecute those who wont. As a further effort towards the problem, the adoption of the Eton crop amongst school girls would be of material assistance.

The following table shows the percentage of children found verminous each year since 1920.

	Percentage of verminous children (all schools).
1920	13·3%
1921	9·1%
1922	8·7%
1923	9·8%
1924	9·1%
1925	7·5%

(c) MINOR AILMENTS :—As is to be expected, comparatively few minor ailments are found at the routine medical inspections, as most of these are treated or referred for treatment as they occur.

(d) THROAT AND NOSE DEFECTS :—Of the 5905 children medically inspected at routine inspections, 1209 (20·4%) showed some defect of the Throat or Nose. These defects are detailed in the following Table :—

Nasal Obstruction	30
Mouth Breathers	304
Enlarged Tonsils	394
Adenoids	102
Enlarged Tonsils and Adenoids	168
Other Defects	211

Though enlarged tonsils and adenoids were found in 11·2% of the children examined, in only 0·9% was the condition considered to require immediate operative treatment.

(e) TUBERCULOSIS :—Three cases of definite Phthisis, 33 cases of suspected Phthisis, and 18 cases of other Tubercular lesions were found amongst children attending for routine examination. The incidence of Tuberculosis in school children is dealt with under " Infectious Diseases."

(f) SKIN DISEASE :—Like minor ailments, skin diseases are not frequently found at routine inspections, but are a frequent cause for special examinations. The following shows the principal diseases amongst Routines and Specials referred for treatment or for observation during the year :—

	Routines.		Specials.
Ringworm, Scalp	1	...	27
Body	2	...	20
Scabies	4	...	34
Impetigo	26	...	1060
Others	7	...	140

(g) EXTERNAL EYE DISEASE :—60 cases of external eye diseases were found amongst the children in the routine age groups. The conditions for which treatment or further observation was required during the year were :—

	Routines.		Specials.
Blepharitis	21	...	61
Conjunctivitis	4	...	26
Keratitis	2	...	4
Corneal Opacitis	8	...	47
Other Diseases	9	...	255
	44	...	393

(h) VISUAL DEFECTS :—Children in the first age group are too young for the routine testing of eyesight by ordinary methods, so that only when there is reason to suspect a defect is the eyesight of this age group tested. Amongst the other two age groups (the 8 years old and the 12 years old) testing is carried out with the Snellen types.

Amongst the 3792 children of the older age groups tested during 1925, 1718 (45·3%) were found to have some deviation from normal. Of these, the percentage noted in intermediate boys was 43·7%, and intermediate girls 46·4%, whilst the percentage amongst leaving boys was 37·9%, and leaving girls 33·4%.

The following table gives a summary of the findings of the routine examinations :—

Total number of children tested.....	3906	
Number of children with normal vision..	2249	(57·6%)
Number of children with fair vision.....	1017	(26·0%)
(*i.e.*, not less than 6/12 in either eye).		
Number of children with bad vision.....	550	(14·1%)
Number of children with squint.....	90	(2·3%)

(i) EAR DISEASE AND HEARING :—18 cases of defective hearing, and 49 cases of active middle ear disease, were discovered at routine inspections.

(j) DENTAL DEFECTS :—Of those children inspected by the medical officer at routine inspections, 2878, or approximately 48·7% had some dental defect. The extent of these defects is shown by the following figures :—

Number of children examined.....	5905	
Number with four or less decayed.....	2401	(40·6%)
Number with more than four decayed..	465	(7·8%)
Number with Oral Sepsis.....	12	(0·2%)

As mentioned previously, only the more urgent and serious of these defects are referred by the medical officer for treatment, the others being left for review by the dentist.

Defects found by the dentist are dealt with under "Dental Inspection and Treatment."

(k) CRIPPLING DEFECTS :—Amongst the children examined as routines, 68 cases of deformity were discovered. Some of these were in need of treatment, others were wearing appliances, and in some cases the crippling was of such a character as to be permanent and irremediable.

At the end of 1925 there were in St. Helens 119 children of school age suffering from various degrees of crippling deformities due to the following causes :—

Surgical Tuberculosis	39
Infantile Paralysis	31
Congenital Deformities	19
Rickets	17
Traumatism	9
Miscellaneous	4
	119

Infectious Disease.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures for the two previous years :—

	1923	1924	1925
Scarlet Fever	170	75	158
Diptheria	40	22	54
Measles	14	1361	821
Whooping Cough	392	83	291
Chicken Pox	396	230	417
Tuberculosis	47	66	54
Mumps	340	1400	59
German Measles	—	—	132

For what was practically a non-epidemic year the total number of cases of infectious diseases amongst school children was much higher than usual. This was mainly due to the prevalence of Measles which, having appeared in epidemic form during 1924, persisted throughout practically the whole of 1925. There was also a distinct increase in Scarlet Fever and Diphtheria and a small outbreak of German Measles occurred during March, April and May.

During 1925 no Elementary Schools were closed because of infectious disease, but it was considered advisable to close the junior department of the Cowley Boys' School for 14 days in December owing to an outbreak of Measles there. A recent memorandum of the Board of Education regarding closure of schools for Measles states that "there is a general consensus of opinion that except in the case of scattered rural populations it is useless as a means of checking the spread of the disease." Experience in St. Helens is strong in support of that view. Further, by now allowing percentage attendance below 60% to rank for grant when such attendances can be certified to be due to the prevalence of infectious disease, the Board have removed a very strong temptation to consider reasons other than medical for school closure.

Before a child who has suffered from any of the infectious diseases is permitted to return to school, the nurse pays a visit to the home and ascertains if the child is fit and free from infection. The minimum periods of exclusion for patients and contacts are shown on the accompanying Table.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1925).

DISEASE.	Incubation Period.	Exclusion of Patient	Exclusion of other children in the house	
		Period of Exclusion	Children involved	Period of exclusion
DIPHTHERIA	2—10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until negative swabs have been obtained from the nose and throat, and not less than fourteen days from date of disinfection of premises after removal of patient to hospital, or in the case of patients treated at home ten days after disinfection of premises.
SCARLET FEVER	1—8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges	Exclude—all children	Until not less than seven days after disinfection of premises.
MEASLES	7—14 days	Three weeks from date of appearance of rash	Exclude (1) *All* children attending an Infant Dept. (2) all *other* children who have not had the disease	Three weeks from date of *onset* of last case in house.
GERMAN MEASLES	5—21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.
WHOOPING COUGH	6—18 days	Until six weeks from commencement of cough	Exclude—Child attending Infant Dept. only.	Six weeks from date of last case in house.
MUMPS	12—23 days	Until one week after subsidence of swelling	Exclude none	—
CHICKEN POX	11—21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness	Exclude—as in Measles	Three weeks from date of last exposure to infection.
SMALL POX	10—14 days usually 12	Until all scabs and "seeds" have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only	Sixteen days from date of last exposure to infection.

Tuberculosis.

At the end of 1925 there were in St. Helens 226 children of school age suffering from the following forms of Tuberculosis :

Pulmonary	59
Non-pulmonary :—	
Bones and Joints	40
Peripheral Glands	67
Abdominal	35
Skin	16
Others	9
	226

In addition 113 children were referred during the year by School Medical Inspectors for further observation for suspected Phthisis.

Cases of notified tuberculosis amongst children attending school and school children contacts of pulmonary tuberculosis are reported by the Tuberculosis Officer to the School Medical Department, and are kept under constant observation by the Medical Officers of the Schools. In this way a closer supervision can be kept of these cases and considerable duplication of work avoided.

The treatment provided for these children is by Private Practitioners, Tuberculosis Dispensary, School Clinic, Sanatoria or Hospitals. During the year 170 children made 788 attendances at the Tuberculosis Dispensary, 43 children received X-ray treatment

for Tubercular glands or skin affections, 63 children spent an aggregate of 8619 days undergoing treatment in Eccleston Hall Sanatorium, and five children were maintained by the Committee at Leasowe Hospital for 1307 days.

At Eccleston Hall Sanatorium arrangements are in operation for the teaching of children in-patients. A school class is held two hours each morning and afternoon with a special session on Saturday mornings devoted to gardening and games. Out of 63 children of school age who have been in the Sanatorium during 1925, 59 attended the school for various periods. The average daily attendance has been 17·8 and the average number of days each child attended 70·5. The children thoroughly enjoy their work and, apart from the knowledge gained, benefit enormously from having their minds occupied.

Re-examinations.

The following table gives the number of re-examinations carried out by Medical Officers during the year, and the results found at these re-examinations :—

Number of children re-examined...	4665	
Total re-examinations	8540	
Number found remedied.....	1745	(20·4%)
Number found improved.....	2747	(32·2%)
Number found stationery.....	4028	(47·2%)
Number found retrograde.....	20	(0·2%)

Following Up and Work of School Nurses.

As mentioned in previous reports the school nurses are also health visitors, so that through their work under the Public Health

Service they know the child's early history and the home conditions. This is of great assistance to the School Medical Service and saves much duplication of work. Without the school nurse much of the value of the service would be lost, and, though it is impossible to give a full statistical report on their duties, the following figures give some idea of the work done during the year :

Number of visits to Schools for general supervisory purposes, for medical and verminous inspections, etc.	4768
Number of children examined for cleanliness.....	48500
Number of visits paid to the homes of children in the following up of defects, in investigating cases of infectious disease, in investigating cases referred by school attendance department, etc.	10129
Number of attendances by children at School Clinics	46840

Medical Treatment.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1925. Table B gives the percentage of the children referred for treatment who were treated each year since 1916, and Table C shows the number and percentage of cases treated in the four main classes of medical defects during the years 1920 to 1925.

TABLE B.

Number of children referred for treatment and number and percentages treated in St. Helens during years 1916 to 1925.

		Number of children referred for treatment.	Children treated. Number.	Per cent.
1916	Medical only	2757	2355	85.4
	Dental	3816	2428	63.6
	Total	6573	4783	72.7
1917	Medical only	2253	1851	82.1
	Dental	4876	2630	53.9
	Total	7129	4481	62.8
1918	Medical only	3504	2355	67.2
	Dental	5059	1890	37.3
	Total	8563	4245	49.5
1919	Medical only	3355	2870	85.5
	Dental	3090	1223	39.5
	Total	6445	4093	63.5
1920	Medical only	6886	6076	88.2
	Dental	4493	2720	60.5
	Total	11379	8796	77.3
1921	Medical only	5753	5310	92.2
	Dental	4906	2034	41.4
	Total	10659	7344	68.8
1922	Medical only	4454	3753	84.2
	*Dental	3518	2157	61.3
	*Total	7972	5910	74.1
1923	Medical only	3597	3268	90.8
	*Dental	4275	2651	62.0
	*Total	7872	5919	75.1
1924	Medical only	4849	4417	91.0
	*Dental	6211	4528	72.9
	*Total	11060	8945	80.8
1925	Medical only	5301	4810	90.7
	Dental	8025	6403	79.7
	Total	13326	11213	84.1

* Owing to an alteration in the method of statement of the Dental figures for 1925, the figures previously given for 1922, 1923 and 1924 have been amended from their original form to those now given so that they may be comparable with the figures for 1925. This has also caused a corresponding alteration in the "Total" previously given for each of those years.

TABLE C.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1920 to 1925.

	1920	1921	1922	1923	1924	1925
Minor Ailments—						
No referred for treatment	3614	2720	1345	1302	1992	2439
No. treated	3601	2720	1345	1283	1960	2403
% treated	99.64	100.00	100.00	98.54	98.39	98.52
Visual Defects—						
No referred for treatment	983	544	695	541	629	648
No. treated	815	312	355	417	391	477
% treated	82.00	57.35	51.07	77.07	62.16	73.61
Throat and Nose Defects—						
No referred for treatment	996	645	816	377	604	543
No. treated	618	469	613	284	473	387
% treated	62.04	72.71	75.12	65.33	78.31	71.27
Other Medical Defects—						
No referred for treatment	1293	1844	1598	1377	1624	1671
No. treated	1042	1809	1440	1284	1593	1543
% treated	80.58	98.10	90.11	93.24	98.09	92.34

Among children referred for treatment from routine medical inspections during the year, 64·9% of the defects were treated before the end of the year; of all defects referred for treatment, 84·1% were treated during the year. The corresponding percentages for 1924 were 61·7% and 80·8%.

By reference to Table B it will be seen that the increased percentage in 1925 is entirely due to an increase in dental defects treated, the percentage of medical defects treated remaining at approximately the same level for the past three years.

It will be seen, however, that there has been during the past three years a very considerable increase in the *number* of both medical and dental defects receiving treatment. This is mainly due to the increased facilities for the treatment of minor ailments at the now established district clinics and to the increased number of dental defects treated since the second dentist has been appointed.

At the minor ailment district clinics at Derbyshire Hill, Sutton and Sutton Manor, 995 children made 20311 attendances during 1925. A district clinic both for minor ailments and for dental cases is urgently required for the Thatto Heath area, but so far no suitable accommodation has been found. Where new school buildings are proposed, it would be of great advantage to have attached to one such school in each district a separate building or set of rooms for joint use by the Education and Health and Maternity and Child Welfare Committees, as a local clinic for the treatment of minor ailments and dental defects, and for maternity and child welfare work. In this way multiplicity of premises for services which are essentially linked up one with another could be avoided.

Apart from, though to some extent associated with, the question of district clinics, the number of cases inspected and treated by the School Dentists merits consideration.

Starting some years ago with the 6-8 year old age group —treating those in that group who required treatment—re-examining all those children the following year and treating new defects or defects left over from the previous year—continuing these re-examinations year by year and adding each year a new 6 to 8 year old group—the dentists are now yearly examining all, and treating as many as possible of the children between 6 and 10 years of age and a considerable number of those aged 11 years. During 1925 this meant that in the elementary schools 11672 children were examined during the year and, of the 7015 referred for treatment, 5135 were actually treated during the year. As further age groups are added, approximately 2000 more children will be examined each year, and it is estimated that approximately 1000 of these will require treatment at the Clinic. The volume of work therefore is now getting too much for the present staff of two dentists, and I would suggest, that in the autumn of the current year, the time will have arrived for the appointment of a third dentist. This appointment would be in accordance with the scheme accepted by the Committee when considering the whole question of the Dental Service in March, 1925. With the three dentists it would then be possible to deal with all the school children in the Borough.

During 1925 the question of special provision for the delicate and pretubercular child and for the crippled child has been very fully discussed by the Committee, and schemes for dealing with these children have now been approved and are awaiting the sanction of the Board of Education. Further reference to these schemes will be found in those parts of the report dealing with open air education and crippled children.

So far no special provision has been made for the mentally defective child and I would suggest that the needs of these children be the Committee's next consideration.

The following table shows the number of defects treated at the various clinics during the past three years, together with the total attendances :—

	1923	1924	1925
Minor Ailments	1,208	1,867	2,279
Visual Defects	362	317	391
Defects of Throat and Nose	118	110	124
Dental Defects	1,893	3,404	5,072
Other Defects	1,151	1,270	1,317
Total Number of Children attending	4,732	6,968	9,140
Total Attendances	18,484	29,244	46,840

The parents of children treated pay according to the family income and the treatment provided. For the year ended the 31st March, 1926, £121/9/0 has been recovered.

In addition many weakly and debilitated children have been supplied with Cod Liver Oil Emulsion at a small charge. This has been found a most useful provision especially during the winter months.

(a) Minor Ailments and Diseases of the Skin :—Table IV (Group 1) gives the details of all Minor Ailments and Skin Diseases treated. These figures do not however include the small minor ailments dealt with by nurses in schools as no permanent record has been kept of such cases.

(b) Tonsils and Adenoids :—The details of the cases treated in 1924 are shown in Table IV (Group III). Operative treatment is now carried out at one or other of the local hospitals instead of at the School Clinic. The children are admitted to hospital on the morning of the operation, and operated on in the early afternoon and remain in hospital till the following morning.

After the operation printed instructions regarding breathing exercises are given to the parents, and the child is seen at intervals by the nurse in school and later re-examined by the medical officer.

(c) Visual Defects :—From Table IV (Group II) it will be seen that out of 629 cases referred for refraction, 391 were satisfactorily dealt with during the year. All cases to whom spectacles are provided are kept under supervision and re-tested regularly in the schools. During the year glasses were renewed or repaired in 361 cases.

(d) Crippling Defects :—Though there has been in the past no definite scheme under the Local Authority for dealing with these defects, many have received treatment through the activities of the St. Helens Invalid and Crippled Children's Aid Society, and the supply and repair of appliances has on accasion been undertaken through the School Clinic. In my report for 1924 it was urged that more systematic provision should be made for these cases, and in the early part of 1925 the Central Children's Care Committee and the Health and Maternity and Child Welfare Committee approved a joint orthopædic scheme for all children

under 16 years of age. The scheme (which is printed as an appendix to the present report) still awaits the approval of the Board of Education, but it is hoped that this will be obtained at an early date. With such a scheme in operation not only could many who are now crippled be made reasonably fit, but by earlier treatment than is now possible much crippling in later life would be avoided.

Dental Inspection and Treatment.

I am indebted to Mr. R. M. Timperley, School Dentist, for the following notes on School Dental work —

During 1925 Dental Inspection was carried out at all the Elementary Schools in the Borough, and at the Cowley Secondary Schools. Inspections at the Elementary Schools were arranged at approximately 6 monthly intervals but only one inspection was carried out at the Cowley Schools. The number of half days devoted to dental inspections during the year was 107.

As pointed out in previous reports, the scheme of routine dental inspections in the Elementary Schools consists of the inspection of all children between 6 and 8 years of age and the re-inspection of these children each year as they grow older. These re-inspections now include all children between 6 and 10 years of age inclusive and a considerable number of those aged 11 years. In addition all children inspected as routines are re-examined during the same year mainly with a view to getting defective cases treated within a reasonable period, but also so that defects may be recognised as early as possible.

In the 6-8 years age group of primary inspections, 2251 children were examined and, of these, 1568 (69·2%) were found defective and were referred for treatment. At the re-inspections 16757 re-examinations were made and of these 9832 (59·0%) were found defective. Both these percentages compare favourably with the figures for 1924, which were 71·6% and 65·0% respectively.

Apart from these inspections a certain number of children were specially referred to the School Dentist by the Medical Officers, Health Visitors, Teachers or parents themselves. These numbered 1103 and were all treated.

As regards treatment, out of 7015 children referred for treatment during the year, 5135 (41·4%) received treatment from the School Dentists and 1078 (8·1%) received treatment privately. The corresponding figures for 1924 were 35·6% and 10·2%.

The district clinics at Sutton and at Marshalls Cross have again proved their utility and show increased attendances during 1925. The number of children in the Sutton district who received dental treatment has increased from 217 in 1923 (when there was no district clinic) to 756 in 1925. Other district clinics are required in the Thatto Heath and Derbyshire Hill areas.

In addition to dental inspections and treatment a scheme for more intensive dental propaganda work has now been inaugurated. This includes the sale of tooth-brushes at cost price to the children, short lectures by the dentist (accompanied where possible by lantern slides or films) to the whole school at the time of visits for dental inspection, supervision of the cleansing of the teeth after meals at school feeding centres, and the printing of dental maxims on school exercise books. In this work great assistance has been obtained from the teachers, the majority of whom are most enthusiastic in encouraging dental hygiene amongst the children. It has not yet been possible to cover all schools in the scheme, but it is hoped that in the near future this will be as much part of the dental scheme as is the dental inspection.

At the Cowley Secondary Schools inspections of all children up to and including the age of 14 were carried out. Of these, 70 were examined for the first time and 39 (55·7%) were found to require treatment. Re-examinations were made of 401 children

inspected during previous years and 226 (56·0%) of these were in need of treatment. Eleven special cases were also examined and all were referred for treatment. Of 276 children referred for treatment from these inspections, 37 received treatment at the school clinic and 121 were treated privately.

Detailed figures regarding the inspections made and the treatment carried out at the School Clinic are given in Table IV (Group IV) for Elementary Schools and Table IX (Group IV) for Secondary Schools.

Open Air Education.

Though no facilities for open air schools, school camps or similar arrangements were in operation during 1925, proposals for an open air school have been approved by the Committee and now await the sanction of the Board of Education. The plans proposed provide for the erection, on a site of about five acres in Rainford Road, of four open air class rooms with the necessary rest pavilion, dining rooms, baths, etc., to accommodate 120 children. The children will attend during the ordinary school hours but will not return home at mid-day, dinner being provided at the school. It is hoped that transport will be provided for those living at a distance. With such a scheme, not only will the health of the weakly and debilitated children be considerably improved, but as a result of that improved health their education will also benefit.

Physical Training.

Physical training is carried on as part of the curriculum in each school. Physically defective children are frequently reviewed by the medical officers as to their ability to undertake the training.

Provision of Meals.

Breakfasts and dinners are provided seven days a week at the centres at the Windle Pilkington, Merton Bank and Robins Lane Schools, and on five days a week at the centres at the Sutton Manor and Thatto Heath Schools. Dinners only are provided at the centre at the Higher Grade School. The meals are prepared and served at the centres by paid attendants.

The total number of meals served during the year was 228,862, of which 216,059 were provided free.

The total number of individual children receiving free meals was 667, and the number who paid for meals 88.

The average total cost per meal was 2·24 pence, of which 1·44 pence was for food only.

Co-operation of Parents.

Parents are always invited to attend the routine inspections. The attendance is never high and varies very considerably in the different schools.

Co-operation of Teachers.

In St. Helens the hearty co-operation of the teachers in the medical inspection, and in the following up of the treatment of the children, has been most marked. A large amount of the success of the School Medical Service must be attributed to the ready and willing assistance given.

Co-operation with School Attendance Officers.

By arrangement with the School Attendance Department, all cases of children reported absent on alleged medical grounds, cases of unduly prolonged absence, and children absent for medical reasons but apparently not receiving the necessary treatment, are notified to the School Medical Officer, who investigates the case and returns a report to the School Attendance Officer. During the year, 1495 such cases have been investigated and reported on.

Co-operation with Voluntary Bodies.

A large amount of assistance has been given by the various voluntary organisations in the town and close co-operation exists between these bodies and the School Medical Service. The National

Society for Prevention of Cruelty to Children, in dealing with cases of neglect ; The St. Helens Invalid and Cripple Children's Aid Society, in dealing with cripples ; The St. Helens Fresh Air Fund, in sending children to Convalescent Homes ; The St. Helens Police Clothing Fund for Destitute Children, in grants of clothing or clogs ; and The St. Helens Juvenile Organisation Committee, in organising evening play centres ; have all rendered valuable assistance in maintaining and improving the health of the school child.

Blind, Deaf, Epileptic and Physically Defective Children.

The number of exceptional children in the area is given in Table III. During the year, one deaf and dumb, two blind, and two epileptic children were sent to special schools. The Local Education Authority is at present maintaining 20 children in these special schools.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens and, out of 46 feebleminded (but educable) children in the Borough, only one is at present maintained at a special residential school. Of the remaining 45 who should be receiving special education, 43 are attending ordinary classes in the Public Elementary Schools. Frequently such attendance is very irregular, but even when regular attenders such children cannot hope to receive in a large class that individual attention that their condition requires. To deal with these children properly is admittedly a difficult problem at present. Accommodation at residential schools is limited and, even where special day schools are available, there is always great difficulty in overcoming the parents objection to the idea of sending the child to a "mental" school. The latter objection can frequently be overcome by having such a school as a separate adjunct of a special school for the physically defective, and, should the scheme for the St. Helens open air school be approved, I would suggest that the Committee consider the possibility of adding an annexe for the feebleminded at a later date,

Of the ineducable children in St. Helens (*i.e.*, those who are so defective as to be unable to benefit by educational efforts in a special school or cannot be so educated without detriment to other children), 4 feebleminded and 9 imbeciles were notified to the Local Control Authority during the year. 34 St. Helens children have been so notified since 1923, the number being made up as follows :—

	Boys.	Girls.
Feebleminded	4	4
Imbeciles	12	13
Idiots	—	1

After notification responsibility for these children rests with the Local Control Authority which for this area is the Lancashire Asylums Board. Some of the cases are removed to suitable institutions when home or other circumstances render this step necessary, but the majority remain at home under the general supervision of the Authority. Of the latter some attend the Occupation Centre conducted by the St. Helens Branch of the Association of Mental Welfare and learn simple manual tasks and benefit by discipline, others provided they are not troublesome remain at ordinary elementary schools, whilst others have necessarily to remain at home. All are visited periodically by the School Nurses so that any alteration in their circumstances may be brought to the notice of the Local Control Authority.

SECONDARY SCHOOLS.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

The general arrangements for the medical inspection of these schools are similar to those for the Elementary Schools. Girls are examined by the female Assistant Medical Officer. Routine medical examination is made once every year of all children attending these schools and special examinations are made from time to time as required.

Of 608 children coming up for routine medical inspection, 56 (9·2%) were referred for treatment and 87 (14·3%) were suffering from defects, which, though not requiring immediate treatment, required to be kept under observation. The corresponding percentages referred from routine medical inspection of Elementary School children were 19·5% and 22·8% respectively.

The chief defects, for which treatment was considered necessary or further observation desirable, among the children at routine medical inspection at the Secondary Schools, were—Defective Vision or Squint, 14·3% ; Throat and Nose Defects 2·8% ; Dental Defects, 7·4% ; Diseases of Heart and Circulation 0·5% ; and Lung Diseases, 0·3%.

In addition to the routine inspections, 123 special cases were examined and 86 children previously found defective were re-examined.

The detailed figures of the numbers medically inspected are given in Table VI, and the nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

In addition to examinations by the Medical Officers, a dental inspection is made by the School Dentist of all children up to and including the age of 14 years. Of these, 70 were examined for the first time and 39 (55·7%) were found to require treatment, whereas 401 were re-examinations and of them 226 (56·0%) required treatment. Details regarding the number of children examined and the treatment provided are given in Table IX (Group IV).

Parents are notified in all cases in which treatment is required, and treatment is available at the School Clinic on the same terms as apply to children attending Elementary Schools. Of the 56 children referred for treatment as the result of the routine

medical inspection, 16 (28·5%) were treated before the end of the year. Of all defects (Medical and Dental) referred for treatment during the year, 57·2% were treated by the end of the year.

The detailed figures regarding the defects treated are given in Table IX and a summary of the treatment obtained is shown in Table X.

APPENDIX.

PROPOSED ORTHOPÆDIC SCHEME FOR ST. HELENS.

(Approved by the St. Helens Education, Health and Maternity and Child Welfare Committees, March, 1925).

I.—Type of case under consideration.

The cases to be dealt with in an orthopædic scheme include the following :—

(a) Tuberculosis of bones and joints.
(b) Paralysis.
(c) Congenital or acquired deformities (including rickets, talipes, curative of the spine, etc.).

It is proposed, in so far as the present scheme is concerned, that only those under 16 years of age be dealt with.

II.—Present agencies for treatment.

Up to the present such cases have received treatment from one or other of the following sources :—

(a) The St. Helens Crippled and Invalid Childrens' Aid Society, who arranged for the necessary treatment at the Pilkington Special Hospital or similar institution.

(b) The Education Committee have kept four beds occupied (with children of school age) at the Leasowe Open Air Hospital.

(c) Occasional cases have been sent to the Liverpool Childrens' Hospital or other institution at the expense of the Maternity or Tuberculosis Account of the Health Department.

(d) Occasional cases have been treated at the Liverpool Childrens' Hospital or other institutions at the parents' expense or expense of some other voluntary aid society.

There has however, been no definite or organised scheme for dealing with these cases, and, as the local Crippled Childrens' Aid Society has had, through the closure of the Pilkington Special Hospital, to give up a considerable amount of this work, I think the time has now come for the Corporation to draft a definite scheme.

III.—Scheme proposed.

Should the Corporation take over this work the scheme would require :—

(a) The continuance of the present system whereby these cripples are discovered. This is mainly through (1) the Health Visitors who follow up all children up to the age of 5 years ; (2) School Medical Inspections ; and (3) notification of cases of tuberculosis. The earlier the case

is discovered the greater are the possibilities of doing effective good, and there is no doubt that, were it known that specialist treatment was available in the town, more cases would come forward in the early stages, thereby lessening the number of irremediable cripples who later have to be provided for.

(b) The provision of a suitably equipped orthopædic centre or clinic in St. Helens, in charge of a sister with special orthopædic training. This sister would work part-time at the clinic doing massage, remedial exercises, adjusting splints, etc., for those able to attend, and during the remainder of her time would visit and advise or treat cases unable to attend.

(c) The appointment of a consulting orthopædic surgeon who would be responsible for all work carried out under the scheme. He would attend at the clinic every two or three weeks to review the cases, to supervise the treatment and generally to control the work. He should also have at his disposal a certain number of hospital or institutional beds for cases requiring such treatment, and when necessary do such operations as may be required.

(d) The provision of the required number of hospital beds for cases requiring operation, and institutional beds for cases requiring more prolonged treatment.

(e) The provision of splints and appliances and the renewal or repair of these as and when required.

Such a scheme should be worked by the Health Committee, under its Tuberculosis and Maternity and Child Welfare activities, in conjunction with the Education Committee under their scheme for the treatment of school children.

IV.—Number of cases to be dealt with.

It is estimated that the number of cases at the present time to be dealt with under such a scheme in St. Helens, would be as follows :—

(a) Cripples under 5 years of age—		
(1) non-tuberculous	80	
(2) tuberculous	6	
	—	86
(b) Cripples 5 to 16 years of age—		
(1) non-tuberculous	95	
(2) tuberculous	42	
	—	137
Total		223

V.—Estimated cost of the scheme.

(a) **Consulting Surgeon.** The best arrangement would be to pay an "all in" fee for this work, *i.e.*, to include all visits to the clinic and any operations necessary. Say £150 per annum.

(b) **Sister-in-charge.** To get a thoroughly trained and efficient sister (an absolute necessity for the success of the scheme) will cost £4 to £5 per week. Say with travelling expenses £250 per annum.

(c) **Orthopædic Clinic.** It is proposed that Albion Street Maternity and Child Welfare Centre be used for this purpose, so that extra cost to the Corporation for the provision of premises is unnecessary. There would, however, be an increased cost in charges for heating, lighting, cleaning and repairs—say £50 per annum. As the present general charges (*i.e.*, interest and sinking fund, rates, heating, lighting, cleaning and repairs) on these premises are approximately £200 per annum, this would mean the future general charges would be approximately £250, and I would

suggest that half such charges be debited to the Maternity and Child Welfare Account for the use of the premises as a Maternity and Child Welfare Centre, and half be charged to the Orthopædic Scheme, the latter half to be again allocated as detailed later.

There would also be an initial cost, chargeable to the Orthopædic Scheme, of approximately £30 for extra equipment and an annual cost of approximately £30 for bandages, dressings, etc.

(d) **Hospital and Institutional Treatment.** At the commencement of the scheme and for some years at least, 12 beds would be required. The Education Committee already retain four beds at the Liverpool Open Air Hospital for Children at Leasowe at a cost of £417 per annum, and in the estimates of the Health Committee for the current year, £182 was allocated in the Tuberculosis Account for the use of two beds at the Royal Hospital for Children, Liverpool. For the six additional beds required, it is proposed that the Corporation (a) take over from the St. Helens & District Crippled Childrens' Aid Society at a cost of approximately £209 per annum, responsibility for maintenance of two out of the three beds at present maintained by that Society at the Leasowe Hospital, and (b) maintain an additional four beds at the Liverpool Childrens' Hospital (which includes the use of beds at the Heswall Convalescent Branch of that Institution) at a cost of £91 per bed per annum, *i.e.*, £364 per annum. The additional cost to the Corporation under, the scheme would therefore only be £573 per annum.

(e) **Splints and Appliances.** The St. Helens & District Crippled Childrens' Aid Society will take responsibility for the provision of such items as splints, surgical boots, etc., and the repair of same when necessary. This Society would also send a representative to the orthopædic clinic when children are being treated and would undertake additional home visiting with a view to improving home conditions of the child, the supply of extra nourishment and clothing, arrangements for convalescent or holiday homes, etc.

VI.—Summary.

The total cost to the Corporation for the scheme as outlined above would be £1,727 per annum, but if deduction is made from this amount of costs already being incurred or estimated for (*i.e.*, four beds at Leasowe—£417, two beds at Liverpool Childrens' Hospital—£182, present annual cost for maintenance of Albion Street Centre—£200, a total of £799), the additional cost is £928 only.

It is proposed that the total cost of the scheme be allocated to the Tuberculosis, Maternity and Child Welfare and Education Accounts on the following principles :—

(a) The cost of the Consulting Surgeon, the Orthopædic Sister and the Orthopædic clinic to be divided in the proportion of 1/3rd to each account (*i.e.*, 2/3rds to the Health Committee, and 1/3rd to the Education Committee).

(b) The cost of hospital or institutional treatment to be allocated in accordance with the classification of the case, *i.e.*, tuberculous cases to Tuberculosis Account, non-tuberculous cases under 5 years of age to Maternity and Child Welfare Account, and non-tuberculous cases aged 5 to 16 years, to the Education Account.

STATISTICAL TABLES

FOR THE YEAR 1925.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	2113
Intermediate	1626
Leavers	2166
Total	5905
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	4623
Number of Re-Inspections	8540
Total	13163

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

DEFECT OR DISEASE.		Routine 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)
Malnutrition		46	77	157	98
Uncleanliness :—(*See* Table IV., Group V).					
Skin	Ringworm—Scalp	—	1	27	—
	Ringworm—Body	1	1	20	—
	Scabies	2	2	34	—
	Impetigo	18	8	1060	—
	Other Diseases (Non-Tuberculosis)	2	5	123	17
Eye	Blepharitis	8	13	40	21
	Conjunctitivis	3	1	25	1
	Keratitis	—	2	1	3
	Corneal Opacities	3	5	34	13
	Defective Vision (excluding Squint)	182	389	358	706
	Squint	36	52	72	147
	Other Conditions	2	7	248	7
Ear	Defective Hearing	2	14	37	8
	Otitis Media	21	24	166	56
	Other Ear Diseases	2	1	17	5
Nose and Throat	Enlarged Tonsils only	26	177	86	114
	Adenoids only	8	65	58	38
	Enlarged Tonsils and Adenoids	20	145	106	93
	Other Conditions	125	62	114	86
Enlarged Cervical Glands (Non-Tuberculous)		3	32	23	48
Defective Speech		—	13	1	21
Teeth—Dental Diseases (Inspections by Medical Officers only)		658	74	580	103
Heart & Circulation	Heart Disease—Organic	—	7	8	7
	Heart Disease—Functional	—	3	2	—
	Anæmia	69	84	318	126
Lungs	Bronchitis	74	106	315	53
	Other Non-Tuberculous Diseases	—	—	109	4
Tuberculosis	Pulmonary—Definite	1	2	33	—
	Pulmonary—Suspected	—	25	73	15
	Non-Pulmonary—Glands	1	7	52	31
	Non-Pulmonary—Spine	—	2	5	1
	Non-Pulmonary—Hip	—	—	7	7
	Non-Pulmonary—Other Bones and Joints	—	1	11	4
	Non-Pulmonary—Skin	1	2	12	5
	Non-Pulmonary—Other Forms	1	3	10	3
Nervous System	Epilepsy	—	4	8	9
	Chorea	1	4	46	6
	Other Conditions	—	3	30	7
Deformities	Rickets	—	6	6	22
	Spinal Curvature	—	3	—	1
	Other Forms	—	24	12	16
Other Defects and Diseases		4	16	334	72

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children. Inspected. (2)	Found to require Treatment. (3)	Percentage of Children found to require Treatment (4)
CODE GROUPS—			
Entrants	2113	104	4·92%
Intermediates	1626	208	12·78%
Leavers	2166	186	8·58%
Total (Code Groups)	5905	498	8·43%
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	7	4	11
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
Deaf (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	2	4	6
		Attending Public Elementary Schools	2	—	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	1	—	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	—	1	1
		Attending Public Elementary Schools	23	19	42
		At other Institutions	1	—	1
		At no School or Institution	1	1	2
	Notified to the Local Control Authority during the year.	Feebleminded	2	2	4
		Imbeciles	4	5	9
		Idiots	—	—	—
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	1	1	2
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	4	3	7
		At no School or Institution	—	—	—

TABLE III—(continued).

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	4	6	10
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	9	7	16
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	152	126	278
		At other Institutions	5	6	11
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	6	6	12
		At Public Elementary Schools	4	4	8
		At other Institutions	—	—	—
		At no School or Institution	2	2	4
	Crippled Children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	56	39	95
		At other Institutions	4	6	10
		At no School or Institution	1	2	3

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT.	Number of Defects referred for Treatment.	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme.	Otherwise.	Total.
SKIN—Ringworm, Scalp	27	26	1	27
Ringworm, Body	21	21	—	21
Scabies	36	33	3	36
Impetigo	1078	1045	28	1073
Other Skin Disease	125	117	2	119
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	364	320	32	352
MINOR EAR DEFECTS—	245	188	46	234
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	543	529	12	541
Total	2439	2279	124	2403

Group II.—**Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE.	No. OF DEFECTS DEALT WITH.				
	Number of Defects referred for Treatment.	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	648	387	76	14	477
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	648	387	76	14	477

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme 387

(*b*) Otherwise 61

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme 394

(*b*) Otherwise 61

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

Number referred for Treatment.	NUMBER OF DEFECTS.				
	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.		
543	124	70	194	193	387

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups:
5—1318
6—1685
7—1533
8—1822
9—1835
10—1848
11— 528
12— —
13— —
14— —
Total 10569

Specials 1103

Grand Total 11672

(*b*) Found to require treatment 7015

(*c*) Actually treated 5135

(*d*) Re-treated during the year as the result of periodical examination 812

(2) Half-days devoted to :—

Inspection 105
Treatment 813
Total 918

(3) Attendances made by children for treatment 5948

(4) Fillings :—

Permanent teeth 2074
Temporary teeth 182
Total 2256

(5) Extractions :—

Permanent teeth 2368
Temporary teeth 12355
Total 14732

(6) Administrations of general anaesthetics for extractions 516

(7) Other Operations :—

Permanent teeth 510
Temporary teeth 968
Total 1478

Note :—In addition to these inspections, 8439 children were re-inspected during the year, and of them, 5488 were found to require treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i).	Average number of visits per school made during the year by the School Nurses	55
(ii).	Total number of examinations of children in the Schools by School Nurses	47857
(iii).	Number of individual children found unclean	3608
(iv).	Number of children cleansed under arrangements made by the Local Education Authority	4
(v).	Number of cases in which legal proceedings were taken :	
	(*a*) Under the Education Act, 1921	Nil
	(*b*) Under School Attendance Byelaws	Nil

TABLE V.

Summary of Treatment of Defects.

DISEASE OR DEFECT.	NUMBER OF DEFECTS			
	Referred for treatment.	Treated		
		Under local Education Authorities Scheme.	Otherwise.	Total.
Minor Ailments	2439	2279	124	2403
Visual Defects	648	387	90	477
Defects of Throat and Nose	543	124	263	387
Dental Defects (Referred by Dentist	6787	4907	1078	5985
Dental Defects (" School M.O.	1238	228	190	418
Other Defects	1671	1315	228	1543
Total	13326	9240	1973	11213

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age 4—	—	Age 13—	65
5—	18	14—	72
6—	16	15—	73
7—	13	16—	46
8—	48	17—	17
9—	33	18—	5
10—	44	19—	2
11—	91		
12—	65		

Total 608

B.—OTHER INSPECTIONS.

Number of Special Inspections	123
Number of Re-Inspections	106
Total	229

TABLE VII.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

DEFECT OR DISEASE. (1)		Routine Inspections — No. of Defects. Requiring Treatment. (2)	Routine Inspections — No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (3)	Special Inspections — No. of Defects. Requiring Treatment. (4)	Special Inspections — No. of Defects. Requiring to be kept under observation, but not requiring Treatment. (5)
Malnutrition		1	2	—	4
Uncleanliness—		—	—	—	—
(*See* Table IV., Group V.)					
Skin	Ringworm—Scalp	—	—	—	—
	Ringworm—Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (Non-Tuberculous)	—	1	—	—
Eye	Blepharitis	—	—	1	2
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	22	64	10	67
	Squint	—	1	—	1
	Other Conditions	—	—	—	—
Ear	Defective Hearing	—	—	—	1
	Otitis Media	—	1	1	—
	Other Ear Diseases	—	—	—	—
Nose and Throat	Enlarged Tonsils only	—	4	2	6
	Adenoids only	—	1	—	—
	Enlarged Tonsils and Adenoids	2	2	—	2
	Other Conditions	3	2	—	4
Enlarged Cervical Glands (Non-Tuberculous)		2	11	1	7
Defective Speech		—	1	—	1
Teeth	Dental Diseases (Inspections by Medical Officers only)	32	13	9	5
Heart & Circulation	Heart Disease—Organic	—	—	—	2
	Heart Disease—Functional	—	—	—	1
	Anæmia	—	3	1	8
Lungs	Bronchitis	2	—	—	—
	Other Non. T.B. Diseases	—	—	—	—
Tuberculosis	Pulmonary—Definite	—	—	—	—
	Pulmonary—Suspected	—	—	—	—
	Non-Pulm.—Glands	—	—	—	—
	Non-Pulm.—Spine	—	—	—	—
	Non-Pulm.—Hip	—	1	—	—
	Non-Pulm.—Other Bones and Joints	—	—	—	—
	Non-Pulm.—Skin	—	—	—	—
	Non-Pulm.—Other Forms	—	—	—	—
Nervous System	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions	—	1	—	2
Deformities	Rickets	—	—	—	—
	Spinal Curvature	—	—	—	—
	Other Forms	—	—	—	1
Other Defects and Diseases		—	—	2	1

B. Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Total (all ages)	608	24	3·94%
Other Routine Inspections	—	—	—

TABLE VIII.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Secondary Schools	2	3	5
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Secondary Schools			
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Secondary Schools	2	1	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.			
	Number of Defects referred for Treatment.	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
SKIN—Ringworm, Scalp Ringworm, Body Scabies Impetigo Other Skin Disease	—	—	—	—
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	1	—	1	1
MINOR EAR DEFECTS—	1	—	—	—
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).				
Total	2	—	1	1

Group II.—**Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE.	No. OF DEFECTS DEALT WITH.				
	Number of Defects referred for Treatment.	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)	(6)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	32	4	11	—	15
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	32	4	11	—	15

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme 4

(b) Otherwise 11

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme 4

(*b*) Otherwise 11

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

Number referred for Treatment.	NUMBER OF DEFECTS.				
	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.		
9	—	—	—	6	6

Group IV.—Dental Defects.

(1) Number of children who were:—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups

5	5	
6	19	
7	18	
8	24	
9	32	Total 471
10	40	
11	91	
12	98	
13	67	
14	77	

Specials 11

Grand Total 482

(*b*) Found to require treatment 276

(*c*) Actually treated 37

(*d*) Re-treated during the year as the result of periodical examination 11

(2) Half-days devoted to : —

Treatment ..... 10 } Total 12
Inspection ..... 2 }

(3) Attendances made by children for treatment 61

(4) Fillings :—

Permanent teeth ..... 33 } Total 33
Temporary teeth ..... — }

(5) Extractions :—

Permanent teeth ..... 43 } Total 72
Temporary teeth ..... 29 }

(6) Administrations of general anaesthetics for extractions 3

(7) Other Operations :—

Permanent teeth ..... 10 } Total 10
Temporary teeth ..... — }

Group V.—Uncleanliness and Verminous Conditions.

(i). Average number of visits per school made during the year by the School Nurses	25
(ii). Total number of examinations of children in the Schools by School Nurses	643
(iii). Number of individual children found unclean	1
(iv). Number of children cleansed under arrangements made by the Local Education Authority	—
(v). Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	—

TABLE X.

Summary of Treatment of Defects.

DISEASE OR DEFECT.	NUMBER OF DEFECTS.			
	Referred for treatment.	Treated.		
		Under local Education Authorities Scheme.	Otherwise	Total.
Minor Ailments	2	—	1	1
Visual Defects	32	4	11	15
Defects of Throat and Nose	9	—	6	6
Dental Defects (Referred by Dentist)	272	33	121	154
Dental Defects (Referred by School M.O.)	41	4	21	25
Other Defects	9	2	6	8
Total	365	43	166	209