

[Report 1926] / School Medical Officer of Health, St Helens.

Contributors

St. Helens (Merseyside, England). Council.

Publication/Creation

1926

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COUNTY BOROUGH OF ST. HELENS.



Annual Report
OF THE
School Medical Officer
FOR
1926.

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 1926.

Children in Average Attendance at Elementary Schools.....	18303
Elementary School Children examined.....	11010
Total Examinations Elementary School Children	19586
Secondary School Children examined	830
Miscellaneous Examinations (Bursars, &c.).....	106
Children at Elementary Schools having defects which required treatment or to be kept under observation.....	7952
Children at Secondary Schools having defects which required treatment or to be kept under observation.....	342
Minor Ailments treated at School Clinics	2853
Visual Defects treated	385
Throat and Nose Defects treated.....	165
Children inspected by School Dentist.....	14863
Children treated by School Dentist.....	3957
Total Attendances at School Clinics	49356
Children examined by Nurses for Cleanliness.....	51248
Visits to Schools by Medical Officers.....	274
Visits to Schools by Nurses.....	4980
Home Visits by Nurses.....	11407
Total Attendances at Inspection Clinic.....	3742

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 1926.

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, of the children examined at Routine Medical Inspections at the Elementary Schools, 35·9% of the entrants, 51·4% of the intermediates, and 37·9% of the leavers, were suffering from medical defects which either required treatment or required to be kept under observation. Of all routine age groups, 10·5% of the children examined had defects requiring immediate treatment and 30·5% had defects which required to be kept under observation. Many of the latter, however, were referred for treatment later as the result of re-examination.

Of all children (Routines and Specials) referred for treatment during the year for medical defects, 93·5% were treated before the end of the year.

At Dental Inspection it was found that 56·1% of the children examined were in need of treatment and, of these, 40·4% were treated before the end of the year.

Special attention has been devoted in the report this year to the question of treatment and in particular to the provision of treatment for the specially defective child. The most urgent needs are—

- (a) Extension of Dental Inspection and Treatment to include all school children.
- (b) Open Air School.
- (c) District Clinic for Minor Ailments and Dental Defects at Thatto Heath.
- (d) A Special School for Cripples.
- (e) Provision for the Partially Blind.
- (f) Provision for the Cardiac Cripple.

I would suggest that the Committee's next consideration be the completion of these services. In this connection I would draw the Committee's attention to Circular 1388 issued by the Board of Education in February, 1927. Dealing with Special Services, the Circular states "Under this head the Board feel that the first aim of national policy should be the completion of the School Medical Service. It will be understood that the Board do not underrate the value of Special Schools, but while no rule can be laid down which is universally applicable to all areas and to all types of physical defect, the completion of the School Medical Service would appear to be of primary importance, and the Board suggest that Authorities concentrate on this definite aim. With regard to provision for mentally defective children Authorities will be aware that this very difficult problem is now being explored by a special committee, and, save in exceptional circumstances, it would not seem prudent to incur heavy expenditure at the present moment on new schools for such children, or on enlargements of existing schools."

It is with regret that I have to report the death of Mr. R. M. Timperley, who for five years had charge of the dental department. Mr. A. Lee has now taken charge of the work.

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, 1927.

STAFF.

School Medical Officer and Medical Officer of Health :—

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

Deputy School Medical Officer and Deputy Medical Officer of Health :—

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

Assistant School Medical Officers and Assistant Medical Officers of Health :—

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

(resigned 30th Sept., 1926).

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

(resigned 31st Aug., 1926).

T. K. Hughes, M.B., Ch.B., D.P.H. (Liverp.).

(from 1st March, 1926).

Helen Standring, M.B., Ch.B., D.P.H. (Liverp.).

(from 1st Sept., 1926).

Dental Surgeons :—

R. M. Timperley, L.D.S. (died 18th May, 1926)

A. Lee, L.D.S.

A. C. Wilson, L.D.S. (from 1st Nov., 1926).

Health Visitors and School Nurses.

Ethel Denman,	(1), (2), (3), (4)	*Anne Phillips,	(3), (4)
*Grace Healey,	(2), (3), (4)	Daisy C. Cruickshank	(3), (4)
Florence Faber,	(3), (4)	Nora Hogan	(3), (4)
Mary Riding,	(3), (4)	Selina Hacking,	(3), (4)
Louise M. Austin,	(3), (4)	Mary Corrish,	(3), (4)
Winifred Cowan,	(2), (3), (4)	Grace Sumner,	(4)
F. Wilkinson,	(4)	Mary Belcher,	(3), (4)
Amy Coates,	(2), (3), (4)	Rosanna J. O'Connor,	(3), (4)
Emily Corrish,	(2), (3), (4)	Alice Happold,	(3), (4)
Mary Dyer,	(3), (4)	Mary Elliott,	(3), (4)
*Mary H. Masterson,	(3), (4)		

After Care Sister (Orthopaedic Scheme) :

Olive J. Burton, (4), (6)

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.

(6) Certificate of Chartered Society of Masseuses, etc.

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

H. A. Lomax, M.B., Ch.B., (Vict.), M.R.C.S., (Eng.),
L.R.C.P., (Lond.).

Surgeon for the Throat and Nose Department.

J. H. Dow, M.R.C.S. (Eng.), L.R.C.P. (Lond.)
Anaesthetist.

A. Graham, M.B., C.M. (Glas.).
Ophthalmic Surgeon.

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

T. P. McMurray, M.B., M.Ch., B.A.O. (R.U.I.), F.R.C.S.,
(Edin.).
Orthopaedic Surgeon.

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 1926 there were under the control of the Education Committee, 37 Elementary Schools with 81 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	20,357
Average number of children in attendance during the year	18,303
Average attendance for the year.....	89.9%

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 :

	1922	1923	1924	1925	1926
Routine Examinations	6152	5790	6004	5905	5984
Special Examinations	4303	4799	5545	4623	4768
Re-examinations	7350	7331	7524	8540	8834
Children Attending					
Inspection Clinic	1319	1486	2503	1664	1549
Total Attendances at					
Inspection Clinic	4324	4764	4140	4398	3742
Number of Individual					
Children Inspected.....	10162	9977	10949	10920	11010

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 5984 children examined at the routine medical inspections, 628 (10·5%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear and dental defects) which required treatment, and 1827 (30·5%) from defects requiring to be kept under observation.

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

	Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—Boys	1039	408	39·2
Girls	1038	338	32·5
Intermediates—			
Boys	861	426	49·4
Girls	811	435	53·6
Leavers—Boys	1118	426	38·1
Girls	1117	422	37·7
All Ages—Boys	3018	1260	41·7
Girls	2966	1195	40·2

*Vision only tested where reason to suspect defect.

The following table shows the percentage of defects referred for treatment or for observation per 100 children examined and the corresponding percentages for the four previous years.

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

	1922	1923	1924	1925	1926
Referred for treatment ...	20·81	8·15	13·29	11·23	10·42
Referred for observation	16·71	19·58	23·63	23·67	33·75
Total.....	37·52	27·73	36·92	34·90	44·17

The chief defects for which children were referred for treatment or for observation during 1926 were : External Eye Diseases, 1·0% ; Defective Vision and Squint, 14·1% ; Ear Disease or Defect, 1·1% ; Throat and Nose Defects, 16·3% ; Diseases of Heart and Circulation, 2·3% ; Lung Disease (Non Tubercular) 3·9% ; Tuberculosis, 0·8% ; Malnutrition, 1·3%.

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 317 (5·2%) and defective footgear in 39 (0·6%) cases. The corresponding percentages for the previous year were 5·4% and 0·6% respectively.

(b) **UNCLEANLINESS** :—Though at each medical inspection the condition of the children as regards cleanliness is noted, the school nurse makes a special inspection of each class thrice yearly for this purpose.

When the condition of the child is unsatisfactory, the attention of the parent is drawn to the fact and the school nurse visits the home when necessary and instructs the mother how to deal effectively with the case. Cases of persistent neglect are reported to the Local Authority and the children are removed from school for compulsory cleansing. In no case was compulsory cleansing necessary during 1926.

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
1926	6·8

Table A shows the percentages found verminous in the various schools of the Borough in 1926 and the corresponding percentages for the two previous years.

Verminous Children, 1926—Table A.

Elementary Schools.	Percentage of children found verminous.		
	1924	1925	1926
Allanson Street	10.4	5.4	4.9
Blackbrook	10.0	9.2	7.7
Gerard	16.3	13.5	9.5
Higher Grade	1.9	2.1	3.0
Holy Cross	7.2	13.6	6.8
Knowsley Road	8.9	5.8	5.4
Laffak	3.9	2.7	2.6
Lowe House	9.1	6.1	7.6
Marshall's Cross	3.4	1.6	1.4
Merton Bank	15.5	10.2	8.3
Nutgrove Wesleyan	6.2	6.1	4.7
Parish Church	2.5	4.8	5.3
Part Flat	18.8	4.7	7.7
Parr Mount	9.6	6.4	9.1
Peasley Cross C.E.	5.2	6.8	5.5
Ravenhead	8.0	10.2	5.0
Rivington Road	4.4	6.9	4.1
Robins Lane	10.1	5.8	3.1
St. Annes	6.1	3.9	2.6
St. Austin's	2.8	3.1	4.4
St. Helens Wesleyan	13.7	9.5	15.1
St. Joseph's, Parr	16.8	12.1	12.6
St. Luke's	1.4	1.1	1.8
St. Matthew's	6.1	15.2	3.6
St. Mary's	14.5	15.3	11.5
St. Mary's, York Street	9.2	6.5	4.1
St. Patrick's	32.2	8.9	12.0
St. Teresas	5.7	5.0	7.5
St. Thomas'	7.8	5.6	6.7
St. Vincent's	6.4	4.4	3.1
Sacred Heart	14.0	13.6	16.3
Sutton C.E.	4.1	3.8	2.6
Sutton Manor	5.1	6.2	6.3
Sutton St. Joseph's	13.9	7.2	5.9
Thatto Heath	4.3	6.0	6.1
Windle C.E.	9.7	10.5	5.3
Windle Pilkington C.	15.2	15.8	17.1
Windleshaw9	5.4	1.3
Total	9.1	7.5	6.8

It is very satisfactory that, despite the handicap of bad housing conditions, improvement has been steadily maintained since 1920. That this improvement should be equal throughout all the schools in the Borough is not to be expected, but a comparison of the percentages for the past three years shown in Table A suggests that a little healthy rivalry between the various schools would be beneficial.

(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 5984 children medically inspected at routine inspections, 1930 (32·2%) showed some defect of the throat or nose. These defects are detailed in the following Table :—

Nasal Obstruction	56
Mouth Breathers.....	342
Enlarged Tonsils.....	958
Adenoids	111
Enlarged Tonsils and Adenoids.....	362
Other Defects	101

Though enlarged tonsils and adenoids were found in 23·9% of the children examined, in only 1·6% was the condition considered to require immediate operative treatment.

(e) TUBERCULOSIS :—Three cases of definite Phthisis, 15 cases of suspected Phthisis, and 39 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	23
Body	1	31
Scabies	4	38
Impetigo	17	1067
Others	21	283

(g) EXTERNAL EYE DISEASE :— 105 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	42	60
Conjunctivitis	8	39
Keratitis	—	4
Corneal Opacitis	10	39
Other Diseases	5	366
	<hr/> 65	<hr/> 508

(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 3907 children of the older age groups tested during 1926, 1565 (40·0%) were found to have some deviation from normal. Of these, the percentage noted in intermediate boys was 39·9%, and intermediate girls 45·8%, whilst the percentage amongst leaving boys was 38·0%, and leaving girls 37·9%.

(i) EAR DISEASE AND HEARING :—23 cases of defective hearing, and 57 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, 2820 (47·1%) had some dental defect. The extent of these defects is shown by the following figures :—

Number of children examined.....	5984
Number with four or less decayed.....	2311 (38·6%)
Number with more than four decayed	505 (8·4%)
Number with Oral Sepsis.....	4 (0·07%)

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 since 1923 :—

	1923	1924	1925	1926
Scarlet Fever	170	75	158	72
Diphtheria	40	22	54	47
Measles	14	1361	821	643
Whooping Cough	392	83	291	104
Chicken Pox	396	230	417	380
Tuberculosis	47	66	54	57
Mumps	340	1400	59	629
German Measles.....	—	—	132	3

Measles, which had been prevalent throughout practically the whole of 1925, persisted into the spring of 1926. This disease is still a serious obstacle in school progress, not only because of the loss of attendances occasioned, but also owing to the serious after-effects it so frequently has on the child's health. More convalescent home accommodation is required where, after the acute stage is passed, these cases could undergo a thorough convalescence. Later, many of them would benefit from short periods at the open-air school.

An outbreak of Mumps commenced in October and rapidly spread to all schools. Luckily, this disease, though causing considerable loss of attendances, is not usually associated with any serious damage to health.

During 1926, no Elementary Schools were closed because of infectious disease. This is in accordance with the new procedure which allows percentage attendance below 60% to rank for grant when such attendance can be certified to be due to the prevalence of infectious disease. During 1926, in only 3 schools, and for an aggregate of only 4 weeks, did the percentage fall below 60% owing to these diseases.

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.	Incuba- tion Period.	Exclusion of Patient Period of Exclusion	Exclusion of other children in the house 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 1926, there were in St. Helens 214 children of school age suffering from the following forms of Tuberculosis :

Pulmonary	54
Non-pulmonary :—	
Bones and Joints.....	47
Peripheral Glands	73
Abdominal	25
Skin	14
Others	1
	<hr/>
	214
	<hr/>

In addition, 158 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, orthopaedic clinic, sanatoria or hospitals. During the year 241 children made 1022 attendances at the Tuberculosis Dispensary, 27 children received X-ray treatment for tubercular glands or skin affections, 5 children made 11 attendances at the Orthopaedic Clinic, 70 children spent an aggregate of 9309 days undergoing treatment in Eccleston Hall Sanatorium, and 8 children were maintained by the Committee at Leasowe Hospital for 1480 days.

The teaching of children in-patients at Eccleston Hall Sanatorium has proved very successful. The children are enthusiastic in their work and gain both in knowledge and in health. At the class, general school lessons occupy 51% of the time, whilst the remainder is spent in physical culture, singing, nature study, gardening, handwork, and games.

Out of 70 children of school age who have been in the Sanatorium during the year, 50 attended the class for various periods. The average daily attendance was 14, and the average number of days each child attended, 117.

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...	4646
Total re-examinations.....	8834
Number found remedied	1298 (14·7%)
Number found improved	3859 (43·7%)
Number found stationary	3657 (41·4%)
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, the following figures give some idea of the work done by them during the year. (The figures include both Elementary and Secondary Schools).

1. Assisting the medical officers at the medical inspection of school children. During the year, 274 sessions were devoted to school medical inspection, and at these sessions 10,075 children were examined and 6,773 children previously found defective were re-examined.
Preparing for the above inspections, the health visitors made 379 visits to schools for the purpose of weighing and measuring the children and testing their eyesight.
2. Arising out of these inspections, 6595 children were referred for treatment or for further observation, and in the following up of these, 3876 home visits were paid by health visitors for the purpose of advising parents.

3. Assisting the medical officers at the inspection clinic held twice weekly at the Town Hall. During 1926, 3742 attendances were made by children to the inspection clinic.
4. Examining all children in schools with respect to cleanliness. 51,248 inspections were made during the year, and 3446 notices were issued for dirty or verminous conditions.
5. Visiting each school at least once weekly (more frequently during outbreaks of infectious disease) for a general survey of the condition of the children and to confer with the teachers on any questions regarding the health of the children. 4601 visits were paid during 1926 for this purpose.
6. Reporting on cases referred to the school medical department by the school attendance department, teachers, etc., regarding absences from school or sick children not receiving medical attention. During 1926, this involved 7,531 home visits.
7. Treating minor ailments among school children. During 1926, 2,853 children made 40,765 attendances for treatment.
8. Assisting the ophthalmic surgeon in the treatment of eye defects. During the year, 387 children made 1,392 attendances for this purpose.
9. Assisting the X-ray specialist in the treatment of Ringworm or other conditions requiring X-ray treatment. 12 cases made 65 attendances during 1926.

Medical Treatment.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1926. Table B gives the percentage of the children referred for treatment who were treated each year since 1917, and Table C shows the number and percentage of cases treated in the four main classes of medical defects during the years 1921 to 1926.

TABLE B.
(Elementary Schools only).

Number of children referred for treatment and number and percentage treated in St. Helens during years 1917 to 1926.

		Number of children referred for treatment.	Children treated.	
			Number.	Per cent.
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
1926	Medical only	5776	5401	93.5
	Dental	9105	5021	55.1
	Total	14881	10422	70.0

* Owing to an alteration in the method of statement of the Dental figures since 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 later years. This has also caused a corresponding alteration in the "Total" previously given for each of those years.

TABLE C.
(Elementary Schools only).

Showing the number and percentage of cases treated in the various classes of medical defects during years 1921 to 1926.

	1921	1922	1923	1924	1925	1926
Minor Ailments—						
No. referred for treatment	2720	1345	1302	1992	2439	3030
No. treated	2720	1345	1283	1960	2403	2986
% treated	100.0	100.0	98.5	98.3	98.5	98.5
Visual Defects—						
No. referred for treatment	544	695	541	629	648	597
No. treated	312	355	417	391	477	459
% treated	57.3	51.0	77.0	62.1	73.6	76.8
Throat and Nose Defects—						
No. referred for treatment	645	816	377	604	543	573
No. treated	469	613	284	473	387	416
% treated	72.7	75.1	65.3	78.3	71.2	72.6
Other Medical Defects—						
No. referred for treatment	1844	1598	1377	1624	1671	1576
No. treated	1809	1440	1284	1593	1543	1540
% treated	98.1	90.1	93.2	98.1	92.3	97.7

Among children referred for treatment from routine medical inspections during the year, 64.7% of the defects were treated before the end of the year; of all defects referred for treatment, 70.0% were treated during the year. The corresponding percentages for 1925 were 64.9% and 84.1%.

By reference to Table B, it will be seen that the decreased percentage treated in 1926 is entirely due to a decrease in dental defects treated, the percentage of medical defects treated being actually higher than in any year during the past 10 years. The number and percentage of the various medical defects treated during the year is shown in Table C.

The explanation of the decrease in the treatment of dental defects is to be found in the illness and death of Mr. Timperley. This left the department with only one dentist for a period of more than two months during the year. Even with two dentists

working all the year, however, it will not be possible in future to show any very material increase on the numbers treated in 1925. The dental department is now inspecting all, and treating as many as possible, of the children up to 12 years of age in the Elementary Schools and up to 14 years of age in the Secondary Schools. During 1926, the average number of children on the roll of the elementary and secondary schools in St. Helens was 21,187, and 14,863 of these were inspected during the year, i.e., approximately 15,000 out of 21,000 or approximately two thirds of the children were inspected. This leaves approximately 6,000 more children to be inspected yearly if the dental scheme is to be extended to cover the last years of school life and include all children attending school. Regarding the number for whom treatment would require to be provided ; it was found in 1925 that, of 12,154 children examined, 7,301 or 60% required treatment and that 5,172 or 70·8% of those requiring treatment were treated at the School Clinic.

By applying these facts to the new age groups which should be examined it will be seen :—

(a) that there are approximately 6,000 more children to be examined yearly.

(b) that of these 6,000 there will be 60%, or approximately 3,600 who will require treatment.

(c) that of the 3,600 who will require treatment, 70%, or approximately 2,520 will require treatment at the School clinic.

To carry out this extra work a third dentist is required, and I would again urge that the time has arrived when this appointment should be made. It is generally recognised that a school dentist can only treat satisfactorily approximately 2,500 children a year. The present staff is fully occupied and without a third dentist, the present scheme of inspection and treatment must either

leave the last years of school life untouched, or leave gaps during the school life. Either procedure is undesirable. To neglect the child during the last years of school life is to neglect it during the years when it requires the most preparation for the future. There is already a sufficiently serious gap between the school medical service and national health insurance. To have gaps during school life during which no supervision or treatment is afforded means neglect of the teeth at a period when they are most susceptible to decay, and at a period upon which depends so largely the future healthiness of the teeth.

Owing to lack of suitable premises no expansion has been possible during 1926 in the scheme of district minor ailment and district dental clinics.

During the year one dentist was stationed at the Elizabeth Street and the Marshalls Cross Maternity and Child Welfare Centres for various periods for the treatment of school children attending schools in the vicinity of these centres. During such periods, 476 children made 518 attendances for treatment and there is no doubt that, by having the treatment nearer the home, many are now treated who would otherwise be neglected. This is best seen in the case of Sutton C.E. School. In 1923, when there was no district clinic at Sutton, only 36% of the children requiring dental treatment were treated during the year, whereas, in 1926, 50% were treated.

At the Minor Ailment District Clinics at the Elizabeth Street Maternity and Child Welfare Centre, St. Vincent's School, and Sutton Manor School, 880 children made 19,809 attendances for treatment by the nurse during 1926. Here again, the figures show that the district clinics are doing excellent work.

A district clinic both for dental cases and for minor ailments is urgently required for the Thatto Heath Area, and, as it is hoped that the Health Committee will at an early date provide a Maternity and Child Welfare Centre in this district, arrangements should be made for a combined Centre,

I would also again urge upon the Committee that where new school premises are proposed it would be a 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 the 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.

During the year, the question of re-organisation of the staff engaged in treating tonsils and adenoids and defective vision at the School Clinic was discussed by the Committee and it was decided that, in view of the great increase and more specialised nature of the work demanded, the time had now arrived to replace the rota of general medical practitioners by part-time consulting surgeons. This alteration came into force at the beginning of the current year, and will undoubtedly be an advantage in that it not only provides consulting services in addition to treatment, but it also allows the child who requires prolonged treatment or supervision to be under the care of one doctor throughout.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

Detailed figures regarding all defects treated during the year are given in Tables IV and V, and the following table shows the number of defects treated at the various clinics during the past four years, together with the total attendances :—

	1923	1924	1925	1926
Minor Ailments	1,208	1,867	2,279	2,853
Visual Defects.....	362	317	391	385
Defects of Throat and Nose	118	110	124	165
Dental Defects	1,893	3,404	5,172	3,957
Other Defects	1,151	1,270	1,317	1,349
Total Number of Defects treated.....	4,732	6,968	9,283	8,709
Total Attendances	18,484	29,244	46,840	49,356

The parents of children treated pay according to the family income and the treatment provided. For the year ended the 31st March, 1927, only £9/14/3 has been recovered owing to the reduced incomes resulting from the mining dispute.

In addition many weekly 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.

Dental Inspection and Treatment.

I am indebted to Mr. A. Lee, School Dentist, for the following notes on School Dental work.

The following report on the working of the School Dental Scheme relates to both Elementary and Secondary Schools, and embraces all children up to 12 years of age in the Elementary Schools and up to 14 years of age in the Secondary Schools.

The objects aimed at in any scheme of school dental inspection and treatment are :—

- (1) The preservation of the temporary teeth throughout the deciduous period so as to exclude as early as possible the ravishing effects of decay on the permanent dentition. This is especially important for the 6 year old molar, which, if erupting within the area of a neglected temporary dentition, is prone to decay and, as a result, subject to early loss.
- (2) The preservation and full prophylactic treatment of the permanent dentition.

During the year, two visits at six monthly intervals were made to all Elementary Schools and to the Cowley Schools for purposes of inspection and re-inspection. This necessitated 121 half-days devoted to inspection, which is an increase of 14 half

days on the previous year—the increase being due to the yearly addition of another age group to the scheme. As stated previously, the scheme now covers all elementary school children from 6 to 12 years of age inclusive, and secondary school children up to 14 years of age.

In the 6 to 8 years old age groups at Elementary Schools, i.e. children coming within the scheme for the first time and inspected for the first time (called primary inspections), 2,573 children were examined and of these 1,766 (68·6%) were found to be defective and were referred for treatment.

In the older age groups, 10,953 children who had previously been examined were re-examined by the dentist, and, of these, 5,835 (53·2%) were found defective. It should be noted that, amongst the re-examinations, the great majority of defects found are new defects, i.e. defects which have developed since the last inspection, thus emphasizing the necessity of frequent inspections.

In addition to the routine examinations and re-examinations, a certain number of children was specially referred to the school dental surgeon by the medical officers, health visitors, teachers, or parents themselves. These numbered 839, and all required treatment.

Arising out of the above inspections, a total of 8,440 children was referred by the dental surgeons for treatment, and 3,916 (46·4%) of these received treatment at the school clinics. In addition, 706 children were re-treated during the year. The number of attendances made by children for treatment was 5,253 and the treatments carried out involved 2,375 fillings, 12,109 extractions, and 1,400 other operations. A general anæsthetic (nitrous oxide gas) was administered on 564 occasions.

Apart from treatment at the School Clinic, 931 children (i.e. 11% of those referred for treatment by the school dentist) were found on re-examination to have received treatment privately. As, however, the re-examinations are conducted over a period of approximately 6 months, it is possible that more than this number actually received treatment before the end of the year.

The district clinics at Sutton and at Marshalls Cross were visited twice last year shortly after the inspections at the schools within their respective areas. The total number of children receiving treatment at these outlying clinics was 476. There is no doubt that consent for treatment is now obtained more readily than when these children had to attend at the central clinic. The consents obtained for the Thatto Heath and Derbyshire Hill schools are still low and judging by the experience of the Sutton area could be improved materially by district clinics for these schools.

Though during the current year a new 6 to 8 years age group has been added, it has been found necessary to cease the inspection and treatment of children after they have attained the age of twelve. Were this not done, more work would be thrown on the school dental department than could possibly be accomplished during the year. At present, approximately two thirds of the school children in St. Helens come within the scheme and this results in approximately 15,000 inspections with 5,000 treatments at the school clinics annually. This work keeps the present staff of two dentists fully employed, and if the remaining one-third of the children is to be dealt with, a third dentist is required.

At the Cowley Secondary Schools, of 56 children inspected for the first time, 38 (67.9%) were found to require treatment. In the re-examination groups, 432 children were inspected and 229 (53%) were referred for treatment. In addition 10 special cases were examined. Of the 277 children referred for treatment, 41 received treatment at the School Clinic and 112 were treated privately.

Detailed figures regarding inspection and treatment carried out by the school dental surgeons are given in Table IV (Group IV) for Elementary Schools and Table IX (Group IV) for Secondary Schools.

Exceptional Children.

CRIPPLED CHILDREN :

Though treatment under the Education and Health and Maternity and Child Welfare Committees' combined orthopaedic scheme only commenced on the 1st October, the scheme is rapidly proving its value. Under that scheme, crippled children are classified into three groups, viz. :—

- (a) Non-tubercular children under 5 years of age.
- (b) Children of school age in whom the crippling is due to causes other than Tuberculosis.
- (c) Children in whom the crippling is due to Tuberculosis.

For the working of the scheme, the Committees have been fortunate in obtaining the services of Mr. T. P. McMurray, of Liverpool, as Orthopaedic Surgeon. Six beds have been retained at the Leasowe Open-Air Hospital (mainly for tubercular cases), and it is expected that 6 beds will be kept fully occupied at the Royal Liverpool Children's Hospital (mainly for non-tubercular cases) or at its Heswall Branch. Cases at the Leasowe Hospital will be under the care of the Senior Medical Officer of that hospital whilst there, but all other hospital cases and all cases receiving clinic treatment will be under the care of Mr. McMurray.

The Orthopaedic Clinic itself is conducted at the Albion Street Maternity and Child Welfare Centre, where a special room has been fitted with the necessary apparatus and appliances.

The Orthopaedic Surgeon attends at the clinic approximately every alternate Wednesday afternoon. He sees new cases, reviews old cases, treats or recommends treatment as each case requires, and generally supervises the work of the scheme. One of the Assistant Medical Officers of Health attends on the Wednesdays between the visits of the Orthopaedic Surgeon to deal with urgent cases.

Attached to the clinic is a whole time specially trained orthopaedic nurse. In the intervals between the medical sessions, she carries out the intermediate treatments required, e.g., massage, electrical treatment, remedial exercises, adjustments of splints, plasters, etc. This intermediate treatment or aftercare is one of the most important parts of the work. Too often is it thought that the surgeon's part only is essential, whereas, in the great majority of cases, care by the orthopaedic nurse in the training of muscles and nerves after the surgeon has done his work is the secret of success. In addition to work at the clinic, the orthopaedic nurse visits, and advises or treats in their own homes, cases unable to attend the clinic.

Co-operation of this official part of the work with the voluntary work of the St. Helens Cripple and Invalid Children's Aid Society is assured by the attendance at each medical session of the clinic of a representative from that Society, who acts as clerk to the clinic. In this way, the Voluntary Society come to know exactly what is required for each case and in what way they can best help the cripple with those extras which cannot be provided out of official funds. By taking the personal voluntary touch into the homes of these children, they are also of the greatest assistance in getting the co-operation of parents in the treatment. The Voluntary Society also undertake the supply and repair of all splints and appliances.

At the end of 1926, there were in St. Helens, 148 children of school age suffering from various degrees of crippling deformities, due to the following causes :—

Surgical Tuberculosis	47
Infantile Paralysis	31
Rickets	28
Congenital Deformities	20
Traumatism	7
Miscellaneous	15
	<hr/>
	148
	<hr/>

From the commencement of the scheme to the end of the year, 40 school children had received treatment under the scheme. The cases dealt with were as follows :—

Surgical Tuberculosis	5
Infantile Paralysis	10
Rickets	10
Congenital Deformities	6
Miscellaneous	9
	<hr/>
	40
	<hr/>

This involved 49 attendances for consultation or treatment by the orthopaedic surgeon, 85 attendances for intermediate treatments by the nurse, 61 home visits by the nurse, and the admission of 8 cases to hospital.

As part of the scheme for dealing with cripples, the question of school education naturally arises. During treatment, many of these children are unsuitable for attendance at an ordinary day school but are still fit to be taught. If they are in-patients at a hospital like Leasowe or Heswall, their education is continued at these institutions. If they are at home, their education is likely to be neglected over long periods. There is also a small, but

appreciable, number of cripples who are permanently unsuitable for an ordinary school. In St. Helens, at present, the only educational facilities available for these cases, apart from sending them to residential schools, are provided by the Voluntary Society who run a small voluntary part-time school. This school—admission to which is by arrangement dependent on the School Medical Officer's certificate as to suitability—does excellent work, but it is a question for the Education Committee to consider whether the time has not arrived when they should themselves provide such facilities.

One cannot leave the question of the crippled child without mentioning another type of cripple, namely, the cardiac cripple. These are children who, generally as a result of an attack of rheumatism or chorea, have some abnormality of the heart.

Such children can never be completely cured. Depending entirely on the degree of abnormality and the general health of the child, a cardiac cripple is always liable to break down under any undue strain. Some pass through ordinary school life without effort only to break down in later life ; some have occasional breakdowns during school life ; whilst others are quite unfit to stand the strain of ordinary school life. All should have extra attention, both medically and educationally during school life. I would suggest that these should be dealt with as follows :—

- (a) Minor cases, where the general health is good, might remain at ordinary schools under special medical supervision and with special attention by the teacher so as to avoid overstrain.
- (b) Cases in whom the general health requires attention could attend the open air school.
- (c) Severe cases could attend a cripple school with the orthopaedic cripples.

DELICATE AND PRE-TUBERCULAR CHILDREN :

The Committee's scheme for the establishment of an open-air day school for these children in Rainford Road remains, unfortunately, a scheme only. It is hoped, however, that during the current year, various difficulties will be overcome and that, by another year, considerable progress can be reported.

That there is need for such a school is undoubted. From Table III and Table VIII, it will be seen that at the end of 1926 there were in St. Helens 287 delicate children, i.e. children in whom, apart from any active disease or removable defect, health was persistently below par. These children attend school very irregularly, with the result that they later pass into adult life only partially educated, and frequently with a handicap of ill health for life. If neglected, many of these cases finally become tubercular. The beneficial effects of open air education on these children is remarkable, but, to get the best results, two requirements are essential :—

- (a) The school should not be considered as essentially educational. It should rather be considered an extension of medical treatment with education.
- (b) Attendance at the school must be continued until the child is absolutely fit. It is a much sounder policy to turn out one fit child than to turn out two patched-up children.

Associated with attendance at the day school there should also be a greater interest taken in the home environment. For this purpose, I would suggest that the St. Helens Cripple and Invalid Children's Aid Society be asked to look after these children, or a special Care Committee should be formed with voluntary workers and voluntary funds. The majority of these children come from crowded homes in unhealthy surroundings and, though the supervision of the general home environment is of course the duty of the

official staff, much more is required than can be done officially. Provision of extra or special nourishment, clothing, holidays, etc., are only a few examples of what could be done by a voluntary committee, and, finally, there is the most important function of placing these children, later in life, in occupations most suited for them.

In addition to the above children who, for want of a better term, might be called the "really delicate," there is another class of delicate child whose condition merits attention. This is the child who, as the result of some acute disease, e.g. measles, pneumonia, etc., requires somewhat prolonged convalescence. Through lack of proper convalescence, many of these may have drifted into the class of the "really delicate." A very large number, however, only require short periods of special attention. For this class, much good work is being done in St. Helens by the Fresh Air Fund and the St. Helens Cripple and Invalid Children's Aid Society in sending some of these children to convalescent homes. More could be done by allowing others or, if need be, the same children to attend the open-air school for short periods, and I would suggest that a certain proportion of places at the open-air school be reserved for them.

BLIND, DEAF, AND EPILEPTIC CHILDREN :

The total number of these children in the area is given in Table III. During the year one deaf and dumb and two blind children were sent to special residential schools, and the Local Authority is at present maintaining 13 blind, 7 deaf and dumb, and 2 epileptic children in these special schools.

Now that schemes for the welfare of the blind are general throughout the country, it is a great pity that vocational training cannot be insisted on in addition to education. At present, a blind child can only be made to attend a blind school up to the age of 16, but such attendance is necessarily educational only. Though they are always taught simple handicraft work, it is im-

possible to train a child before leaving school in a trade which can be followed in after life. The result is that, unless the child proceeds for special training after leaving school, he drifts gradually into the unemployed and the unemployable. The training can be, and is, provided by the Higher Education Committee, but, with no authority to enforce such training, it is too frequently refused. As the blind can do so little for themselves when untrained, and yet can do so much for themselves when properly trained, this state of affairs should not be allowed to exist.

During the year, the question of some special provision for the partially blind child has been discussed, and, during the current year, a census is being taken of these children with a view to deciding as to the advisability of the formation of "sight conservation classes." It is hoped to be able to report further on this matter next year. Meanwhile, the following circular letter is sent to the parents of all such children and a copy is always sent to the school with the request for co-operation of the teachers :—

" Care of Seriously Defective Eyes.

Your child is suffering from a serious defect of vision which is permanent, and is liable to get worse if great care is not taken. Care must therefore be taken in following out the directions given at home as well as in school.

As no special class is at present available in St. Helens, the child should attend an elementary school, where the teacher will be advised as to precautions, and where the child can get as much general knowledge as can be had from those lessons in which no strain is put upon the eyes, together with school discipline and drill.

Near work with books, pens, paper, pencils or slates must be stopped completely, unless special materials are provided. Blackboard work may be allowed. The child must not be allowed to read or write when not at school. All eye work should be done at the greatest possible distance and in a good light. The child's posture when at work should be correct, and no bending or straining should be allowed when seated. No work should be done by artificial light, and the work should be stopped from time to time so that the child may rest the eyes. Girls should do no sewing or fine needlework, but may be taught to knit by feeling without using the eyes.

The child should have as much out-door exercise as possible, but no violent exercise. Drill should be taught, and every form of oral teaching should be carried out.

When glasses have been prescribed the usual instructions for their use should be observed :— ‘ To be worn constantly. Keep them clean. See that they fit properly—the child should look through the centre of each glass, and not above, below or to the side.’

If the frame hurts the child over the bridge of the nose and temples or behind the ears, or if broken, they should be brought to the School Clinic, Cloughton Street, to be repaired.”

MENTALLY DEFECTIVE CHILDREN :

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 54 feeble-minded (but educable) children in the Borough, only 6 (5 of whom were sent in 1926) are at present maintained at special residential schools. Of the remaining 48, who should be receiving special education, 45 are attending ordinary classes in the Public Elementary Schools.

Of the ineducable children (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), 6 imbeciles were notified to the Local Control Authority during the year. Since 1923, 40 St. Helens children have been so notified, the number being made up as follows :—

	Boys	Girls
Feeble-minded	4 ...	4
Imbeciles	16 ...	15
Idiots	— ...	1

After notification, responsibility for these children rests with the Local Control Authority, which for this area is the Lancashire Asylums Board.

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, Arthur Street, Meriton Bank, Robins Lane, and Thatto Heath Schools, and on five days a week at the centres at Sutton Manor and Parr Flat. Dinners only are provided at the centre at the Higher Grade School. The meals are prepared and served at the centres by paid attendants.

During the period of the Coal Dispute, from May to December, each elementary school in the town became a centre for the feeding of necessitous children. Breakfast, dinner and tea were provided on the seven days of the week at every school.

The total number of meals served during the year was 2,061,093, of which 2,053,228 were provided free.

The total number of individual children receiving free meals was 6701, and the number who paid for meals was 61.

The average total cost per meal was 2·05 pence, of which 1·81 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, 775 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.

SECONDARY SCHOOLS.

The Secondary Schools to which the provision 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 776 children coming up for routine medical inspection, 53 (6·8%) were referred for treatment and 140 (18·0%) 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 10·5% and 30·5% 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, 13·2% ; Throat and Nose Defects, 4·9% ; Dental Defects, 8·1% ; Diseases of Heart and Circulation, 3·2% ; and Lung Diseases, 0·5%.

In addition to the routine inspections, 96 special cases were examined and 87 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 twice yearly by the school dentist of all children up to and including the age of 14 years. Of 58 children examined for the first time 38 (65·5%) were found to require treatment, and re-examination of 432 children previously examined showed that 229 (53%) of them 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 97 children referred for treatment as the result of the routine medical inspection, 31 (31·9%) were treated before the end of the year. Of all defects (medical and dental) referred for treatment during the year, 51·0% 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.

STATISTICAL TABLES

FOR THE YEAR 1926.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections

Entrants	2077
Intermediate	1672
Leavers	2235
Total	5984

Number of other Routine Inspections Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	4768
Number of Re-Inspections	8834
Total.....	13602

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended
31st December, 1926.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		30	50	123	149
Uncleanliness :—(See Table IV., Group V).					
SKIN	Ringworm—Scalp	1	—	23	—
	Body	1	—	31	—
	Scabies	—	4	38	—
	Impetigo	13	4	1065	2
	Other Diseases (Non-Tuberculosis)	5	16	274	9
EYE	Blepharitis	21	21	38	22
	Conjunctivitis	7	1	33	6
	Keratitis	—	—	3	1
	Corneal Opacities	2	8	20	19
	Defective Vision (excluding Squint)	201	537	295	769
EAR	Squint	37	73	64	182
	Other Conditions	3	2	356	10
	Defective Hearing	9	10	39	13
	Otitis Media	19	30	223	96
	Other Ear Diseases	—	3	25	3
NOSE AND THROAT	Enlarged Tonsils only	42	393	88	76
	Adenoids only	6	72	57	83
	Enlarged Tonsils and Adenoids	49	247	122	103
	Other Conditions	56	112	153	88
	ENLARGED CERVICAL GLANDS (Non-Tuberculous)	1	40	16	52
DEFECTIVE SPEECH		—	7	2	19
TEETH—Dental Diseases (Inspections by Medical Officers only)		701	69	440	124
HEART & CIRCULATION	Heart Disease—Organic	2	14	8	12
	Functional	—	1	—	—
	Anæmia	38	85	279	168
LUNGS	Bronchitis	64	165	241	102
	Other Non-Tuberculous Diseases	—	5	81	2
	Pulmonary—Definite	2	1	51	—
TUBERCULOSIS	Suspected	—	14	54	21
	Non-Pulmonary—Glands	1	15	54	43
	Spine	—	—	8	5
	Hip	—	2	10	2
	Other Bones and Joints	—	6	21	7
	Skin	—	3	14	9
	Other Forms	—	8	30	22
NERVOUS SYSTEM	Epilepsy	—	6	6	11
	Chorea	2	1	12	3
	Other Conditions	2	1	38	4
DEFORMITIES	Rickets	3	11	15	11
	Spinal Curvature	—	—	1	1
	Other Forms	2	11	14	31
OTHER DEFECTS AND DISEASES		5	41	349	63

TABLE III

Number of All Exposed Children in the Area

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.	
(1)	(2)	(3)	(4)
CODE GROUPS—			
Entrants	2077	133	6.40%
Intermediates	1672	200	11.96%
Leavers	2235	295	13.19%
Total (Code Groups)	5984	628	10.49%
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.....	8	5	13
		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	3	4
		At other Institutions	—	—	—
		At no School or Institution.....	—	—	—
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	3	4	7
		Attending Public Elementary Schools	1	—	1
		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	3	—	3
		At other Institutions	—	—	—
		At no School or Institution.....	—	—	—
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	1	5	6
		Attending Public Elementary Schools	30	15	45
		At other Institutions	1	—	1
		At no School or Institution.....	1	1	2
	Notified to the Local Control Authority during the year.	Feeble-minded	—	—	—
		Imbeciles	4	2	6
		Idiots	—	—	—
	EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	1	1
In Institutions other than Certified Special Schools.....			—	—	—
Attending Public Elementary Schools			2	—	2
At no School or Institution.....			—	1	1
Suffering from epilepsy which is not severe.		Attending Public Elementary Schools	3	4	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	3	2	5
		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	8	13	21
		At other Institutions	—	—	—
		At no School or Institution.....	1	—	1
	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	146	118	264
		At other Institutions	7	6	13
		At no School or Institution.....	—	2	2
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	6	11
		At Public Elementary Schools	2	4	6
		At other Institutions	—	—	—
		At no School or Institution.....	3	3	6
	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	66	56	122
		At other Institutions	3	5	8
		At no School or Institution.....	3	1	4

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1926.

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	24	21	3	24
Ringworm, Body	32	32	—	32
Scabies	38	36	2	38
Impetigo	1078	1061	14	1075
Other Skin Disease	279	270	7	277
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	483	437	35	472
MINOR EAR DEFECTS—	315	229	61	290
MISCELLANEOUS				
(e.g., minor injuries, bruises, sores, chilblains, etc.).	781	766	12	778
Total	3030	2852	134	2986

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

DEFECT OR DISEASE.	Number of Defects referred for Treatment.	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint	597	382	65	12	459
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	597	382	65	12	459

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	373
(b) Otherwise	66

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	373
(b) Otherwise	65

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.		
573	165	87	252	164	416

Group IV.—Dental Defects.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Inspection..... 117	} Total 803
Aged :		Treatment..... 686	
Routine Age Groups	5 — 535	(3) Attendances made by children	
	6 — 2615	for treatment..... 5253	
	7 — 1747	(4) Fillings :—	
	8 — 1616	Permanent teeth..... 2174	} Total 2375
	9 — 1584	Temporary teeth..... 201	
	10 — 1904	(5) Extractions :—	
	11 — 1860	Permanent teeth..... 1671	} Total 12109
	12 — 1665	Temporary teeth..... 10438	
13 — —	(6) Administrations of general		
14 — —	anæsthetics for extractions..... 564		
Specials..... 839	(7) Other Operations :—		
Grand Total..... 14365	Permanent teeth..... 350	} Total 1400	
(b) Found to require treatment..... 8440	Temporary teeth..... 1050		
(c) Actually treated 3916	(d) Re-treated during the year		
(d) as the result of periodical examination 706	as the result of periodical examination		

Note :—In addition to these inspections, 11,483 children were re-inspected during the year, and of them, 6,561 were found to require treatment.

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age 4 —	Age 13 —	119
5 —	16	14 —	105
6 —	16	15 —	46
7 —	20	16 —	64
8 —	22	17 —	35
9 —	29	18 —	14
10 —	37	19 —	3
11 —	113		
12 —	136		

Total	<u>776</u>
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B.—OTHER INSPECTIONS.

Number of Special Inspections.....	96
Number of Re-Inspections.....	105

Total	<u>201</u>
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TABLE VII.

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A. Return of Defects found by Medical Inspection in the Year ended
31st December, 1926.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition.....		—	3	—	2
Uncleanliness—		—	—	—	—
	(See Table IV., Group V.)				
SKIN	Ringworm—Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies.....	—	—	—	—
	Impetigo	—	—	—	—
EYE	Other Diseases (Non-Tuberculous)	1	—	—	2
	Blepharitis.....	—	—	—	1
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
EAR	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	29	71	11	51
	Squint	—	3	—	1
	Other Conditions.....	—	1	—	—
NOSE AND THROAT	Defective Hearing.....	1	—	—	—
	Otitis Media	—	—	—	—
	Other Ear Diseases.....	—	—	—	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	Enlarged Tonsils only	2	22	—	4
	Adenoids only	—	—	—	—
	Enlarged Tonsils and Adenoids	1	7	—	1
DEFECTIVE SPEECH	Other Conditions.....	3	3	—	2
TEETH	Dental Diseases	1	15	1	5
	(Inspections by Medical Officers only)	49	14	10	5
HEART & CIRCULATION	Heart Disease—Organic	1	4	—	—
	Functional	1	1	—	—
	Anæmia	8	10	2	5
LUNGS	Bronchitis.....	2	2	—	—
	Other Non. T.B. Diseases	—	—	—	—
	Pulmonary—Definite	1	—	—	—
TUBERCULOSIS	Suspected	—	1	—	—
	Non-Pulm.—Glands	—	1	—	1
	Spine	—	—	—	—
	Hip	—	3	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	1	—	—
NERVOUS SYSTEM	Other Forms	—	—	—	—
	Epilepsy	—	—	—	—
	Chorea.....	—	—	—	—
DEFORMITIES	Other Conditions	—	1	—	2
	Rickets	—	—	—	—
	Spinal Curvature	—	—	—	—
OTHER DEFECTS AND DISEASES.....	Other Forms	—	—	—	1
		—	1	2	4

A. Number of Children Found by Medical Inspection in the Year ended
1910 December 31st.

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Total (all ages)	776	53	6.82%
Other Routine Inspections	—	—	—

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)	776	53	6.82%
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 tuberculo- sis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Secondary Schools	5	3	8
		At other Institutions	—	—	—
		At no School or Institution.....	—	—	—
	Active non-pul- monary tuber- culosis.	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 Child- ren (other than those with active tuberculous dis- ease) e.g., child- ren suffering from paralysis, etc., and includ- ing those with severe heart dis- ease.	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, 1926.

TREATMENT TABLE.

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

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

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

DEFECT OR DISEASE.	Number of Defects referred for Treatment.	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)	(6)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).....	40	2	10	—	12
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	40	2	10	—	12

Total number of children for whom spectacles were prescribed

- (a) Under the Authority's Scheme 2
- (b) Otherwise 10

Total number of children who obtained or received spectacles

- (a) Under the Authority's Scheme 2
- (b) Otherwise 10

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

Number referred for Treatment.	NUMBER OF DEFECTS.				
	Received Operative Treatment.			Received other forms of Trea'ment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
6	—	1	1	2	3

Group IV.—Dental Defects.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Treatment..... 10	} Total 14
Aged :		Inspection..... 4	
Routine Age Groups	5 — 17	} Total 488	(3) Attendances made by children for treatment 56
	6 — 18		
	7 — 16		
	8 — 21		
	9 — 32		
	10 — 65		
	11 — 89		
	12 — 79		
	13 — 78		
	14 — 73		
Specials..... 10		(4) Fillings :—	
Grand Total..... 498		Permanent teeth..... 32	} Total 32
		Temporary teeth..... —	
(b) Found to require treatment..... 277		(5) Extractions :—	
(c) Actually treated 41		Permanent teeth..... 43	} Total 104
		Temporary teeth..... 61	
(d) Re-treated during the year as the result of periodical examination Nil		(6) Administrations of general anæsthetics for extractions..... 10	
		(7) Other Operations :—	
		Permanent teeth..... 8	} Total 12
		Temporary teeth..... 4	

Group V.—Uncleanliness and Verminous Conditions.

(i). Average number of visits per school made during the year by the School Nurses	43
(ii). Total number of examinations of children in the Schools by School Nurses	626
(iii). Number of individual children found unclean	3
(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.		Total.
		Under local Education Authorities Scheme.	Otherwise	
Minor Ailments	2	1	1	2
Visual Defects	40	3	10	13
Defects of Throat and Nose	6	—	3	3
Dental) Referred by Dentist.....	273	37	112	149
Defects) „ School M.O.....	59	4	21	25
Other Defects	17	4	7	11
Total.....	397	49	154	203

