[Report 1927] / School Medical Officer of Health, St Helens.

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COUNTY BOROUGH OF ST. HELENS.

Annual Report

OF THE

School Medical Officer

FOR

1927.

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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INDEX.

Statistical Review of Work of the School Medical Service during the year 1927.

Children in Average Attendance at Elementary Schools	18717
Elementary School Children examined	11235
Total Examinations of Elementary School Children	21265
Secondary School Children examined	835
Miscellaneous Examinations (Bursars, &c.)	96
Children at Elementary Schools having defects which required treatment or to be kept under observation	8116
Children at Secondary Schools having defects which required treatment or to be kept under observation	362
Minor Ailments treated at School Clinics	3206
Visual Defects treated	474
Throat and Nose Defects treated	168
Children inspected by School Dentists	18273
Children treated by School Dentists	5631
Total Attendances at School Clinics	51442
Examinations by Nurses for Cleanliness	58815
Visits to Schools by Medical Officers	275
Visits to Schools by Nurses	4722
Home Visits by Nurses	12789
Total Attendances at Inspection Clinic	4019

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 1927.

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 a continued increase in the work of the School Medical Service and, judging by the smaller percentage of children requiring to be referred for treatment or for observation, this is resulting in a healthier school population.

During the year further developments of the service have included :—

(1) The appointment of a third dentist so that all school children may now be included under the School Medical Service.

(2) The appointment of part-time specialists leading to the formation of a special ophthalmic clinic and a special ear, throat and nose clinic.

(3) The opening of additional district clinics for dental treatment at Gartons Lane and Thatto Heath.

The Orthopaedic Clinic which was opened in the latter part of 1926 has developed considerably and not only has it done much good work in enabling the crippled child to lose its physical disability, but it has done excellent work along preventive lines.

The hoped-for opening of the Open-Air School during the current year will enable many weakly children at present receiving only spasmodic education to receive efficient education with, at the same time, benefit to their health.

I would particularly draw the Committee's attention to the urgent need for an extension of the accommodation provided by the present school clinic premises. Treatment, which is so necessary a part of an efficient school medical service, has increased so enormously of recent years that the present premises are totally inadequate to deal efficiently with the numbers now coming forward.

I would also draw the Committee's attention to the need of a scheme for the after-care of the exceptional child. At present many of these children receive special education in accordance with their particular requirements, but with few exceptions nothing is done to help them to gain and retain a suitable place in the working world.

My special thanks are due to Dr. Blackburn, Deputy-Medical Officer, and to his successor, Dr. Morley, 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, 1928.

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.). (resigned July, 1927).

D. E. Morley, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., (from October, 1927).

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

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

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

Dental Surgeons :—

A. Lee, L.D.S. (resigned August, 1927).

A. C. Wilson, L.D.S.

F. A. Hely, L.D.S. (from 1st Sept., 1927).

Susan Grandison, L.D.S. (from 1st October, 1927).

Health Visitors and School Nurses :—

Ethel Denman,	(1), (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 Belsher,	(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)
		Edith Curran,	(3), (4)

After Care Sister (Orthopaedic Scheme) :

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

School Dental Nurses :

Ethel M. K. Elliot,	(4)	Jessie Staveley	(4)
		Muriel Lamb	

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

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

E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.

J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), Ear, Throat and Nose Surgeon.

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

MEDICAL INSPECTION.

Elementary Schools.

During the year 1927 there were under the control of the Education Committee, 38 Elementary Schools with 83 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	24,471
Average number of children on the roll during the year	20,711
Average number of children in attendance during the year	18,717
Average attendance for the year...	90.3%

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 :

	1923	1924	1925	1926	1927
Routine Examinations	5790	6004	5905	5984	6451
Special Examinations	4799	5545	4623	4768	5242
Re-examinations	7331	7524	8540	8834	9572
Children Attending Inspection Clinic	1486	2503	1664	1549	1737
Total Attendances at Inspection Clinic	4764	4140	4398	3742	4019
Number of Individual Children Inspected	9977	10949	10920	11010	11235

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.

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.

The detailed figures of the number of children inspected are given in Table VI.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

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 6451 children examined at the routine medical inspections, 533 (8·2%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear and dental defects) which required treatment, and 1623 (25·1%) from defects requiring to be kept under observation. For the previous year the corresponding percentages were 10·5% and 30·5% respectively.

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	1154	329	28.5
Girls	1194	327	27.3
Intermediates—			
Boys	841	295	35.0
Girls	859	380	44.2
Leavers— Boys	1263	439	34.7
Girls	1140	386	33.8
All Ages—Boys	3258	1063	32.6
Girls	3193	1093	34.2

*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 during the past four years.

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

	1924	1925	1926	1927
Referred for treatment	13.29	11.23	10.42	8.10
Referred for observation	23.63	23.67	33.75	26.93
Total ...	36.92	34.90	44.17	35.03

Comparing the figures for 1927 with those for the previous year, it will be seen that there has been a decided improvement in the condition of the children during the past year. This improvement is seen at all ages, but is most marked amongst intermediates in whom the percentage found defective has dropped from 51·4% in 1926 to 39·7% in 1927. That approximately one third of all children examined are still found to be defective in some degree, is, however, a matter for serious concern. The problem is not one for the School Medical Service alone. It affects the Maternity and Child Welfare Service in their endeavours to bring healthy children to school age ; it affects housing and health departments in providing healthy home surroundings ; it involves economic considerations in the reasonable provision for home life ; and last but not least, it affects education itself in the teaching of parents and children to live healthily. That improvement has taken place and is taking place is undoubted, but there is still much to do.

The chief defects for which children were referred for treatment or for observation during 1927 were :—(The corresponding figures for 1926 are shown in brackets); External Eye Diseases, 0·8% (1·0%); Defective Vision and Squint, (Intermediates and Leavers only), 20·0% (21·7%); Ear Disease or Defect, 0·6% (1·1%); Throat and Nose Defects, 11·8% (16·3%); Diseases of Heart and Circulation, 1·9% (2·3%); Lung Disease (Non-Tubercular), 1·7% (3·9%); Tuberculosis, 0·6% (0·8%); Malnutrition, 1·6% (1·3%).

The most common *External Eye Diseases* found are Blepharitis and Conjunctivitis. Both yield readily to appropriate treatment in the early stages, but late effects of untreated Conjunctivitis are still to be found in children with corneal opacities, resulting frequently in some degree of dimming of vision.

In the intermediate age groups, 4·7% of the children examined were found to be suffering from *Visual Defects* of such severity that treatment was required—the corresponding percentage in leavers was 4·2%. These percentages do not, however, represent the total number of visual defects found, as a further 16·5% of intermediate children and 11·2% of the leavers were referred for observation, either because the degree of visual defect was not sufficient to necessitate immediate treatment or because, though the child had already received treatment, further observation was desirable. All children wearing suitable spectacles at the time of the examination are included in the latter group and are re-examined periodically, so that spectacles may be altered when necessary.

Of *Throat and Nose Defects* found, Enlarged Tonsils and Adenoids form the largest number (11·4% of all routine children examined). In only 1·5%, however, was the condition sufficiently severe to require immediate operative treatment. Though the causes of these conditions are various, persistent blockage of the nostrils with mucus aggravates the condition considerably, and yet it is surprising how few children are taught at home how to clear the nose properly. In schools where special attention is given to hygiene of the nose much good is being done in reducing the incidence and severity of these conditions.

Amongst *Skin Diseases* the most common condition found is Impetigo. Ringworm and Scabies—at one time frequent causes of long absences from school—are, with more effective methods of treatment and better supervision in schools, now met with only occasionally.

Only 19 cases of *Defective Hearing* and 31 cases of *Active Middle Ear Disease* were discovered at routine inspections, but amongst special cases examined it was found necessary to refer 42 cases of defective hearing and 258 cases of middle ear disease for treatment.

In recent years there has been a steady improvement each year in the cleanliness of the children. The percentage of children found verminous has fallen from 13·3% in 1920 to 5·8% in 1927. No doubt much of the improvement is due to the periodic inspections of every child by the school nurses, but considerable credit is also due to the teachers who have in recent years given much attention to this question. During 1927 only three cases were removed for compulsory cleansing.

The number of cases in which *Defective Clothing* was noted amongst the routine age groups was 203 (3·1%) and *Defective Footgear* was noted in 28 (0·4%) cases. The corresponding percentages for the previous year were 5·2% and 0·6% respectively.

The incidence of special defects is dealt with later in the report.

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	4708	
Total re-examinations	9572	
Number found remedied	1806	(18.8%)
Number found improved	4081	(42.6%)
Number found stationary	3670	(38.3%)
Number found retrograde	15	(0.1%)

Secondary Schools.

Of 746 children coming up for routine medical inspection, 37 (4·9%) were referred for treatment and 169 (22·6%) were suffering from defects, which, though not requiring immediate treatment, required to be kept under observation. The corresponding percentages for 1926 were 6·8 and 22·6.

The chief defects, for which treatment was considered necessary or further observation desirable, were—Defective Vision or Squint, 13·9% ; Throat and Nose Defects, 6·8% ; Diseases of Heart and Circulation, 2·1% ; and Lung Diseases, 0·1%.

In addition to the routine inspections, 123 special cases were examined and 149 children previously found defective were re-examined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1927. Table A gives the percentage of the children referred for treatment who have been treated each year since 1917, and Table B shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years.

TABLE A.

Number of children referred for treatment and number and percentage treated in St. Helens during years 1917 to 1927.

		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
1927	Medical only	6334	5991	94.5
	Dental	10807	6768	62.6
	Total	17141	12759	74.4

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1923 to 1927.

	1923	1924	1925	1926	1927
Minor Ailments—					
No. referred for treatment	1302	1992	2439	3030	3379
No. treated	1283	1960	2403	2986	3349
% treated	98.5	98.3	98.5	98.5	99.1
Visual Defects—					
No. referred for treatment	541	629	648	597	618
No. treated	417	391	477	459	551
% treated	77.0	62.1	73.6	76.8	89.1
Throat and Nose Defects—					
No. referred for treatment	377	604	543	573	627
No. treated	284	473	387	416	417
% treated	65.3	78.3	71.2	72.6	66.5
Other Medical Defects—					
No. referred for treatment	1377	1624	1671	1576	1710
No. treated	1284	1593	1543	1540	1674
% treated	93.2	98.1	92.3	97.7	97.8

Among children referred for treatment from routine medical inspections during the year, 68·1% of the defects were treated before the end of the year; and of all defects referred to for treatment, 74·4% were treated during the year. The corresponding percentages for 1926 were 64·7 and 70·0.

Of the cases treated, approximately 88% were treated under the schemes of the Local Authority.

Secondary Schools.

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 68 children referred for treatment as the result of the routine medical inspection, 29 (42·6%) were treated before the end of the year. Of all defects (medical and dental) referred for treatment during the year, 54·3% were treated by the end of the year.

The corresponding percentages for the previous year were 31·9 and 51·0. Approximately 40% of the defects treated were treated under the schemes of the Local Authority.

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

Provision of Treatment.

The arrangements by the Local Authority for treatment include a central clinic with minor ailment, dental, X-ray and eye departments ; district clinics for minor ailments and for dental treatment ; hospital provision for operations for enlarged tonsils and adenoids and other throat and nose affections ; orthopaedic clinic; and the use of other health services of the Corporation, e.g. Tuberculosis Dispensary and Sanatorium for tubercular cases and of the Borough Isolation Hospital for cleansing of verminous children. Obstinate impetiginous conditions and serious external eye diseases are also occasionally admitted to the Peasley Cross Isolation Hospital as necessity arises.

The number of cases attending the district minor ailment clinics shows that these clinics provide a much needed want. Apart from the saving of school time resulting from the nearness of the clinics to the schools, the children attend more readily and it is thus possible to get the defects in the early stages and so prevent trivial defects becoming more serious. During the year 1,220 children made 19,067 attendances at these district clinics for treatment by the nurse.

The appointment of part-time consulting surgeons for ear, throat and nose and for eye defects has proved very successful. Not only has it permitted the freer use of specialist services by medical officers of the staff, but it has the very great advantage that children who require continued supervision are under the care of one specialist throughout. This is especially important in visual defects where frequent examinations or alterations in treatment may be necessary to get the best results. The operative treatment

of tonsils and adenoids is carried out at one of the local hospitals and the children operated on are retained in hospital till the following morning.

I am indebted to Mr. Ernest Allan, Ophthalmic Surgeon for the following review of the work of the Ophthalmic Clinic.

"During the year 1928, 501 cases were seen by the Ophthalmic Surgeon. This number made 1,110 attendances and of them, 371 were glasses. 39 cases attended on account of various eye infections such as phlyctenular conjunctivitis, inflammatory conditions of cornea and lids. There were also several cases of congenital malformation.

One would like to say a word about the work of an Ophthalmic Clinic. At the Ophthalmic Clinic it is the aim to emphasise the importance of prevention and of early treatment of corneal ulceration and other external eye diseases, of early compulsory education of a squinting eye, of the danger of a faulty posture and its relation to myopia, or of knowledge as to the nature and causation of headaches. It is more valuable to the nation, economic potentialities considered, successfully to cure a simple corneal ulcer in a child than brilliantly to perform a cataract extraction in the adult. In general, children who sit well up and hold their work well back seldom have any ophthalmic handicap. Compare this with the attitude of the albino, the child with congenital cataract, and those with diffuse corneal nebulae ; these children all stoop and bring their eyes close to their work. Such cases have been observed by all teachers at some period or other.

Let me say a word about the commonest conditions met with at the Clinic.

Extreme degrees of hypermetropia or long sight do not manifest themselves as a rule in the infant department, but do so as the higher classes are reached owing to the more continuous close work entailed in the latter, and there

the observant teacher will note that towards the end of the day the near work is being more imperfectly done, that sustained effort is carried on with increasing difficulty, and that the child complains of blurring and headaches. Here it may be noted that the child with a slight degree of simple hypermetropia is more apt to suffer from headache than his astigmatic or highly hypermetropic class fellow. Usually the above condition is alleviated by glasses.

The hypermetrope is born, not made ; the myope or short sighted person on the other hand is not born, he is made Myopia is practically unknown amongst savages and animals; it is exceedingly rare in the new born child, and is not common amongst the youngest at school, but makes its appearance as we ascend the educational ladder. Once begun it tends to progress, and its progression is most marked during the period when the momentum of physiological growth is at its greatest, which corresponds to school age. It is a matter of difficulty to predict with any degree of accuracy which cases of early myopia are to progress to a moderate degree and which cases are to progress to a high degree and afterwards exhibit gross pathological lesions. It is for this very reason that one should regard all cases of myopia in children, however slight, as potentially progressive. Statistics show that progressive myopia is the main recruiting ground from which the educationally blind child is drawn.

Undoubtedly school work is a factor in the production of myopia and the consensus of opinion is that undue convergence and stooping posture are the determining factors. Myopia generally begins after the age of five years, so it is not strictly speaking hereditary ; but the child may inherit a pre-disposition, and there may be a myopic diathesis just as there may be a tuberculous diathesis, and both are amenable to modern hygienic and prophylactic influences.

Amongst the commonest inflammatory conditions of the eyes which incapacitate the child from school work are

phlyctenular conjunctivitis and keratitis, the symptoms of which are watering of the eyes, inability to bear the light, spasm of the eyelids, inflamed conjunctivae, and sometimes ulceration of the cornea. Undoubtedly this condition is due to constitutional causes, and the eye condition is a symptom only. In such cases, as the general health improves, so in the same ratio will the eye condition. Children who suffer from this complaint are liable to constant recurring attacks.

Another common type of conjunctivitis is what is termed Koch-Weeks, and this is characterised by a copious purulent greenish-yellow discharge ; this type is very infectious, and will go round the whole family if not taken in time. It can usually be cured in two or three days, leaving no ocular defect, and is serious only on account of infectivity.

Another common type is chronic inflammatory conditions of the lids, this requires constant care and treatment.

Another type of severe eye trouble met with in children is interstitial keratitis. This type is due to congenital disease; it runs a very protracted course and usually incapacitates the child from actual schooling for quite a long period. Happily, the eyes in most cases clear up leaving very little damage.

In regard to squint there are at the present time some 12 cases awaiting operation; these are cases of, on an average, ten years' standing which have not responded to optical correction alone, and which for cosmetic reasons are desirious of having the eyes straightened before leaving school and placing themselves on the labour market. I am looking forward to the time when there will be no necessity to have to operate on so many cases on leaving school. Squinting cases should be presented at the earliest possible moment ; the child is never too young to be brought for treatment, and I firmly believe that with proper care and attention on the part of all concerned, a larger percentage of squints will cure themselves naturally.

Let me say a word with reference to amblyopic cases (i.e. defective sight not materially improved with glasses). A large number of such cases are seen at the clinic, and the invariable complaint by parents, school teachers, and the children themselves, is that they can see as well without their glasses. Such cases badly require glasses, but unfortunately owing to the various factors at work the sight is not at once materially improved thereby ; their use, however, puts the eyes into as near the normal condition as possible, lessens the strain, and ultimately improves the sight if the glasses are persevered with. It is unfortunate therefore that owing to the fact that no immediate obvious improvement is noticeable, parents do not insist on the child wearing the glasses, and consequently allow the eyes to remain in the amblyopic state.

Undoubtedly a review of the cases of inflammation, squint, etc., shows that feeding, housing, hygienic conditions, and general parental care, all play most important parts, and if one or other is not as it should be, the latent seeds of eye affections soon take root and flourish."

With the appointment of a third dentist in October, the scheme for dental inspection and treatment has now been extended to cover all children over 6 years of age. Temporary dental clinics have been established in Sutton Manor and Thatto Heath and have resulted in an increase in the number of children coming forward for treatment in these districts. Another district clinic is required for the Derbyshire Hill area, but so far suitable premises have not been obtainable.

Despite the opening of district clinics for the treatment of minor ailments and dental defects, there has been no material diminution in the number of cases attending the Central Clinic in Claughton Street, so that, with the great increase in recent years in the number of children coming up for treatment, these premises are seriously overcrowded. In 1914 the number of children treated at Claughton Street was 1,717 and the total attendances for treatment were 7,341 ; in 1927 the number of children treated was

9,001 and the total attendances 29,438. The present premises are much too small to deal with this number of children. Not only is the waiting room accommodation now totally inadequate, but all departments are so cramped and congested that it is becoming difficult to carry on the work efficiently. Additional accommodation is, therefore, urgently required either by an addition to the present premises or the provision of new premises.

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

	1923	1924	1925	1926	1927
Minor Ailments	1,208	1,867	2,279	2,853	3,206
Visual Defects	362	317	391	385	474
Defects of Throat and Nose ...	118	110	124	165	168
Dental Defects	1,893	3,404	5,172	3,957	5,631
Crippling Defects	—	—	—	—	125
Other Defects	1,151	1,270	1,317	1,349	1,367
Total Number of Defects treated	4,732	6,968	9,283	8,709	10,971
Total Attendances	18,484	29,244	46,840	49,356	51,442

The parents of children treated pay according to the family income and the treatment provided. For the year ended the 31st March, 1928, £286 19s. 8d. 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.

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

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. Wilson, School Dentist, for the following report on the School Dental work.

"The effects of an efficient School Dental Service upon the well-being of the children under its care are very far reaching.

It is universally accepted that dental defects should be remedied and that bad teeth should receive attention, but it is not generally understood what incalculable harm is caused by dental disease, especially when allowed to proceed unchecked and assume a form which may be described as "chronic."

The serious effects of long continued absorption of septic material from the mouth are very numerous and cannot receive adequate description here. The relation between an unhealthy mouth and digestive trouble is only too well known. In children, one of the commonest effects is the chronic enlargement of the glands of the neck, which thus lowered in vitality, frequently become infected with tubercle. Rheumatism is another condition in which the infection is often traced to the mouth.

These instances—gastric disturbances, enlarged glands, and rheumatism—are the commonest examples of three respective ways in which an unhealthy mouth may affect other parts of the body, namely, by the swallowing of septic material and imperfectly masticated food ; by direct spread of inflammation ; and by absorption of septic products directly into the blood.

The influence of dental sepsis on the course of other diseases must also be borne in mind, insomuch as it may aggravate the condition by lowering the general vitality.

The most important part of the work of the School Dental Service, however, is not so much the removal of septic foci in the mouth—important though that be—as the prevention of such foci and the preservation of the permanent teeth in a state of health.

Treatment should, therefore, be conservative rather than remedial in nature.

This applies equally well to the temporary as to the permanent dentition, for, although the former only lasts a comparatively few years, its influence on the permanent set persists throughout life. During that part of a child's development when permanent and temporary teeth are present together (normally from about the 6th to the 12th year) special care and supervision are necessary because, if the first teeth are decayed, there is great danger of the second set rapidly becoming infected.

Another important reason for the preservation of the first teeth until they are naturally shed is that early loss of these teeth may interfere with the growth of the jaws and so lead to irregularity of the succeeding dentition with consequent increased liability to caries.

The causes of dental caries are generally admitted to be partly local and partly general in character. A tooth, the structure of which is imperfect, is far more prone to decay than one which is well formed. Any condition, therefore which adversely affects the health of the child while the teeth are in process of formation is to be reckoned as a contributing factor to dental caries. The importance of nutrition and general health, not only in early infancy, but also of the expectant mother is thus realised in its relation to the soundness or otherwise of the teeth, both deciduous and permanent. Much also can be done by regulation of diet and habits of cleanliness, inattention to which may be classed under the heading of local causes. Even such a simple expedient as always ending a meal with liquid so as to remove as much of the debris as possible from around the teeth is of help.

In St. Helens during the year, 2,722 children were examined for the first time since attending an Elementary School and of this number, 1,826 (67%) were found to be defective. There were also examined 14,136 children who had previously been inspected and 7,534 (53·2%) of them required treatment. In addition, 852 special cases were examined and found to require treatment. These figures give a grand total of 17,710 children inspected, of whom 10,172 (57·4%) exhibited dental defects.

Since the appointment of a third dentist in October, two further age groups have been added to the scheme which now embraces elementary school children from 6 to 14 years of age inclusive, as in the case of those attending the Secondary Schools. The large number of defects found in children belonging to these additional age groups emphasises the necessity for constant supervision during school life in the shape of inspections at least twice per year.

Of the 10,172 children found upon examination to be defective, 5,581 (54·8%) were treated at the Clinics, necessitating 6,768 attendances. 429 of these children were also retreated during the year. In addition to those treated at the clinics it was found that 963 (9·9%) children had received treatment privately, leaving a balance of approximately 35% who neglected to obtain treatment. This figure is distinctly encouraging, the corresponding figure for the years 1924, 1925, 1926 being respectively 54%, 50%, and 42%.

For the benefit of those living at some distance from the centre of the town, district clinics have been established at Sutton and Marshalls Cross. These clinics are visited twice every year immediately after the dental inspections at the neighbouring schools.

During 1927, 582 children attended these outlying clinics for treatment as compared with 476 in the previous year—a very satisfactory increase.

Arrangements have now been made for a temporary clinic serving the Thatto Heath area and treatment will be carried out there early in the New Year. That this centre will

increase the treatments in that district is certain for a large number of parents complain of the time and expense incurred in travelling to the central clinic. With the closure of the Marshalls Cross Maternity and Child Welfare Centre during the current year, this clinic has been transferred to temporary premises in Gartons Lane. Arrangements have, however, been made for the treatment at Marshalls Cross C.E. School of the children attending that school. Accommodation for dental treatment is urgently needed in the Derbyshire Hill district and it is hoped that it will be available in the near future.

With regard to the Secondary School children, 55 were inspected for the first time and 34 (61·8%) of these were found to require treatment. Of 492 re-examined, 251 (51%) were found to be defective. In addition, 16 specials were examined and of these, 13 were referred for treatment. Of the total of 298 defective children, 50 received treatment at the clinic and 116 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.

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.

1. Assisting the medical officers at the medical inspection of school children. During the year, 275 sessions were devoted to school medical inspection, and at these sessions 10,825 children were examined and 7,607 children previously found defective were re-examined.

Preparing for the above inspections, the health visitors made 380 visits to schools for the purpose of weighing and measuring the children and testing their eyesight.

2. Arising out of these inspections, 6,617 children were referred for treatment or for further observation, and in the following up of these, 3,829 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 1927, 4,019 attendances were made by children to the inspection clinic.

4. Examining all children in schools with respect to cleanliness. 58,815 inspections were made during the year, and 3,380 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. 4,342 visits were paid during 1927 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 1927, this involved 8,960 home visits.

7. Treating minor ailments among school children. During 1927, 3,206 children made 38,855 attendances for treatment.

8. Assisting the ophthalmic surgeon in the treatment of eye defects. During the year, 474 children made 1,110 attendances for this purpose.

9. Assisting the X-Ray specialist in the treatment of Ringworm or other conditions requiring X-ray treatment. 10 cases made 64 attendances during 1927.

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	1927
Scarlet Fever	170	75	158	72	123
Diphtheria	40	22	54	47	58
Measles	14	1361	821	643	1112
Whooping Cough	392	83	291	104	175
Chicken Pox	396	230	417	380	194
Mumps	340	1400	59	629	541
German Measles	—	—	132	3	2

After subsiding in the summer of 1926, Measles again became prevalent in the spring of 1927 and was the cause of considerable loss of school attendance. During the year the time lost by patients and contacts who were excluded amounted to 6,428 weeks. This, however, does not represent the total time lost as the exclusion only covers the infective period and many cases were absent for much longer periods, owing to subsequent ill health. From the health point of view the latter is the more serious consideration and can only be remedied by the provision of convalescent home accommodation where, after the acute stage is past, these cases could undergo a thorough convalescence.

An outbreak of Mumps which had commenced in the Autumn of 1926 persisted into the Spring of 1927.

During 1927, no schools were closed because of infectious disease, but in 6 schools for an aggregate of 16 weeks the percentage attendance fell below 60%.

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 1927, there were in St. Helens 235 children of school age suffering from the following forms of Tuberculosis :

Pulmonary	80
Non-Pulmonary :—	
Bones and Joints	39
Peripheral Glands	65
Abdominal	32
Skin	11
Others	8
	235

In addition, 79 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.

The treatment provided for these children is by private practitioners, tuberculosis dispensary, school clinic, orthopaedic clinic, sanatoria or hospitals. During the year 197 children made 924 attendances at the Tuberculosis Dispensary for examination, observation or treatment; 23 children made 397 attendances for X-ray treatment of tubercular glands or lupus ; 29 children suffering from tubercular bones or joints made 86 attendances to see the orthopaedic surgeon and 241 attendances for intermediate treatment at the orthopaedic clinic ; 9 children with surgical tuberculosis were maintained at Leasowe Hospital for 1841 days, and 1 child at the Heswall Branch of the Royal Liverpool Children's Hospital for 120 days ; and 66 children spent an aggregate of 8783 days in Eccleston Hall Sanatorium.

As the majority of the cases in hospitals and sanatoria remain there for prolonged periods, provision is made for education as well as for treatment. At the Eccleston Hall Sanatorium the

school is held 2 hours each morning and afternoon with a special session on Saturday mornings devoted to gardening and games. General school subjects occupy 51% of the time whilst the remainder is devoted to nature study, handiwork, singing, gardening, physical culture and games.

Out of 66 children of school age who have been in the Sanatorium during the year, 55 attended the class for various periods. The average daily attendance was 17, and the average number of days each child attended, 137.

EXCEPTIONAL CHILDREN.

Crippled Children.

The Orthopaedic Scheme which was initiated in October, 1926, has made steady progress during 1927. As is to be expected in the early years of such a scheme, many cases of old standing crippling are seen and in many of them palliative treatment only can be given. As, however, the complete scheme in St. Helens embraces the Maternity and Child Welfare and the Tuberculosis Services in addition to the School Medical Service, it is hoped that with the progress of time this type of case will become rarer. There is no doubt that much avoidable crippling can be prevented by the discovery and treatment of cases in the early stages.

During 1927, 125 non-tubercular cripples of school age were dealt with under the School Medical side of the scheme. These were as follows :—

Infantile Paralysis	33
Other forms of Paralysis	17
Congenital Deformities	14
Rickets	28
Traumatism	9
Miscellaneous	24
	125

The treatment provided involved 333 attendances for consultation or treatment by the orthopaedic surgeon, 1572 attendances for intermediate treatments by the nurse, and 382 home visits by the nurse for purposes of supervision or for making arrangements for admission to hospital. In addition, 28 cases received surgical or other hospital treatment for an aggregate of 1525 days.

During the year 4 children were discharged from the clinic as cured, 2 died and 8 ceased to attend the clinic, leaving 111 children still under treatment at the end of the year.

In addition to the above 125 non-tubercular cases, there were also treated at or in connection with the Orthopaedic Clinic 29 children of school age in whom the crippling was due to tuberculosis. These cases are referred to in that section of the report dealing with tuberculosis.

The supply and repair of all splints and appliances is undertaken by the St. Helens Cripple and Invalid Children's Aid Society who also give invaluable assistance in the supply of extra nourishment and clothing when required. They also provide, by means of a small part time voluntary school, educational facilities for those cripples who are unable to attend an ordinary school.

At the end of 1927, there were in St. Helens 191 children of school age suffering from various degrees of crippling deformities due to the following causes :—

Surgical Tuberculosis	45
Infantile Paralysis	33
Rickets	40
Congenital Deformities	35
Traumatism	11
Miscellaneous	27
	191

Delicate and Pre-Tubercular Children.

It is very satisfactory to note that the Committee's scheme for the establishment of an open air day school is now well advanced. An ideal site of approximately 5 acres has been obtained in Rainford Road and when completed, the school will have accommodation in four open air class rooms for 120 children. There will also be a rest pavilion and an administrative block with dining room, kitchen, baths and the usual offices. It is hoped that the school will be ready for opening during the current year.

Blind, Deaf and Epileptic Children.

The total number of these children in the area is given in Table III. During the year 1 deaf and dumb child was sent to a special residential school and the Local Authority is at present maintaining 10 blind, 8 deaf and dumb and 2 epileptic children in these special schools.

Every endeavour is made to ensure that a blind child on leaving school receives technical instruction to fit him or her for employment in after life. As this usually means a further period of absence from home, it is not always easy to get parents to agree to it. It is very satisfactory to note, however, that. through the co-operation of the St. Helens and District Society for the Welfare of the Blind, both of the children who during 1927 finished their school education have now entered on training for employment.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 95 feeble-minded (but educable) children in the Borough, only 8 (2 of whom were sent in 1927) are at present maintained at special residential schools. Of the remaining 87, who should be receiving special education, 85 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),

3 imbeciles were notified to the Local Control Authority during the year. Since 1923, 43 St. Helens children have been so notified the number being made up as follows :—

	Boys	Girls
Feeble-minded	4 ...	4
Imbeciles	18 ...	16
Idiots	— ...	1

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

After Care.

There is in St. Helens no systematised scheme for the after-care of the exceptional child. The future of the blind child is assured by the Blind Persons Act, 1920, and a few feeble-minded who may on leaving special schools require further care are supervised by the Local Control Authority, but these constitute a very small minority of the exceptional children. After leaving school the great majority are left to fend for themselves with the result that, through want of guidance or force of economic circumstances, many start in unsuitable occupations or, owing to their handicap, fail completely to find employment in competition with their more normal companions. This means a great waste of the special care which has been bestowed upon them during school life. A voluntary society or an after-care committee working in conjunction with the Education Committee and with the Juvenile Employment Committee could do much to help these children. In each child, though handicapped, there are great possibilities if only he or she gets a proper start in life. For example, many of the pre-tubercular will outgrow their disability provided the occupation undertaken is consistent with their physical ability and suitable for their physical condition. In others, for example, the cripple, the handicap can very frequently be overcome by an additional training in a suitable occupation. For all, help and guidance through the first few years after leaving school would be of the greatest benefit. There is immense scope for good and useful work in the problem of the after-care of the exceptional child.

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, Merton Bank, Robins Lane, and Thatto Heath Schools, and on five days a week at the centres at Sutton Manor, Parr Flat, Allanson Street, and Sutton. 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 302,201, of which 294,536 were provided free.

The total number of individual children receiving free meals was 776, and the number who paid for meals was 53.

The average total cost per meal was 2·99 pence, of which 1·58 pence was for food only.

Apart from the provision of meals by the Local Authority, arrangements have been made by the Head Teachers of 17 Infant Departments for the supply during the forenoon session of a glass of malted milk. This innovation has been very popular with the children, and teachers are enthusiastic regarding the beneficial results obtained. A small charge is made for the milk and the schemes are all self-supporting.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

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

In St. Helens the interest shown by teachers in the well being of the children is very genuine and their hearty co-operation 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 their interest and influence.

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, 819 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 Crippled Children's Aid Society, in dealing with cripples ; The St. Helens and District Society for the Welfare of the Blind, in dealing with blind children ; 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.

STATISTICAL TABLES

FOR THE YEAR 1927.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	2348
Intermediate	1700
Leavers	2403
Total	6451
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	5242
Number of Re-Inspections	9572
Total	14814

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1927.

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	12	94	135	125
Uncleanliness :—(*See* Table IV., Group V.)				
SKIN — Ringworm—Scalp	—	—	22	—
SKIN — Ringworm—Body	1	—	25	—
SKIN — Scabies	—	—	35	—
SKIN — Impetigo	16	1	1030	3
SKIN — Other Diseases (Non-Tuberculous)	3	7	217	21
EYE — Blepharitis	32	6	42	24
EYE — Conjunctitivis	11	3	47	3
EYE — Keratitis	—	—	6	—
EYE — Corneal Opacities	2	4	16	13
EYE — Defective Vision (excluding Squint)	174	530	324	820
EYE — Squint	49	70	71	175
EYE — Other Conditions	—	—	403	5
EAR — Defective Hearing	6	5	42	9
EAR — Otitis Media	16	14	258	74
EAR — Other Ear Diseases	—	1	25	1
NOSE AND THROAT — Enlarged Tonsils only ...	32	248	142	137
NOSE AND THROAT — Adenoids only	13	70	67	111
NOSE AND THROAT — Enlarged Tonsils and Adenoids	58	250	169	150
NOSE AND THROAT — Other Conditions	25	67	121	107
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	1	69	37	51
DEFECTIVE SPEECH	—	10	—	18
TEETH—Dental Diseases (Inspections by Medical Officers only)	626	29	468	135
HEART AND CIRCULATION — Heart Disease —Organic ...	—	16	6	18
HEART AND CIRCULATION — Functional	—	2	—	1
HEART AND CIRCULATION — Anæmia	34	75	306	133
LUNGS — Bronchitis	20	85	284	110
LUNGS — Other Non-Tuberculous Diseases	—	7	186	6
TUBERCULOSIS — Pulmonary—Definite ...	—	—	62	—
TUBERCULOSIS — Suspected ...	1	16	50	11
TUBERCULOSIS — Non-Pulmonary—Glands ...	—	14	56	25
TUBERCULOSIS — Spine	—	1	9	3
TUBERCULOSIS — Hip	—	1	10	2
TUBERCULOSIS — Other Bones and Joints	—	4	17	6
TUBERCULOSIS — Skin	—	1	12	6
TUBERCULOSIS — Other Forms	—	3	17	4
NERVOUS SYSTEM — Epilepsy	—	5	7	12
NERVOUS SYSTEM — Chorea	—	—	22	5
NERVOUS SYSTEM — Other Conditions	—	—	24	1
DEFORMITIES — Rickets	6	4	14	14
DEFORMITIES — Spinal Curvature	—	1	—	2
DEFORMITIES — Other Forms	2	17	15	31
OTHER DEFECTS AND DISEASES	9	36	365	72

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	2348	177	7.53%
Intermediates	1700	129	7.58%
Leavers	2403	227	9.44%
Total (Code Groups)	6451	533	8.26%
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 ...	6	4	10
		Attending Public Elementary Schools	—	1	1
		At other Institutions ...	1	—	1
		At no School or Institution...	—	2	2
	(*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	2	3
		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 ...	4	4	8
		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	2	—	2
		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	3	5	8
		Attending Public Elementary Schools	46	39	85
		At other Institutions ...	1	—	1
		At no School or Institution...	1	—	1
	Notified to the Local Control Authority during the year.	Feebleminded	—	—	—
		Imbeciles	2	1	3
		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	2	2	4
		At no School or Institution...	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	4	2	6
		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...	1	1	2
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	7	10
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	7	21	28
		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	118	164	282
		At other Institutions ...	2	4	6
		At no School or Institution...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	4	9
		At Public Elementary Schools	4	2	6
		At other Institutions ...	—	—	—
		At no School or Institution...	8	6	14
	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	1	1	2
		At Certified Residential Crippled Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	81	72	153
		At other Institutions ...	15	3	18
		At no School or Institution...	1	1	2

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1927.

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	22	22	—	22
Ringworm, Body	26	26	—	26
Scabies	35	34	1	35
Impetigo	1046	1024	20	1044
Other Skin Disease	220	207	12	219
MINOR EYE DEFECTS— (External and other, but exclusing cases falling in Group II).	559	502	44	546
MINOR EAR DEFECTS	347	277	56	333
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1124	1114	10	1124
Total	3379	3206	143	3349

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

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	618	466	54	31	551
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	—	—	—	—	—
Total	618	466	54	31	551

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 371

(*b*) Otherwise 48

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme 371

(*b*) Otherwise 47

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		
627	168	61	229	188	417

Group IV.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Routine Age Groups	5—1683		
	6—2597		
	7—2302		
	8—1797		
	9—1681		
	10—1906	Total	16858
	11—1903		
	12—2033		
	13— 674		
	14— 282		
Specials	852		
Grand Total ...			17710

(*b*) Found to require treatment 10172

(*c*) Actually treated 5581

(*d*) Re-treated during the year as the result of periodical examination 429

(2) Half-days devoted to :—

Inspection	...	144	
Treatment	...	826	Total 970

(3) Attendances made by children for treatment ... 6768

(4) Fillings :—

Permanent teeth	...	2280	
Temporary teeth	...	819	Total 3099

(5) Extractions :—

Permanent teeth	...	1977	
Temporary teeth	...	12065	Total 14042

(6) Administrations of general anæsthetics for extractions 1003

(7) Other Operations :—

Permanent teeth	...	425	
Temporary teeth	...	1242	Total 1667

Note :—In addition to these inspections, 14891 children were re-inspected during the year, and of them, 7893 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...	56
(ii.) Total number of examinations of children in the Schools by School Nurses	58007
(iii.) Number of individual children found unclean	3380
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	3
(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 Authority's Scheme	Otherwise	Total
Minor Ailments	3379	3206	143	3349
Visual Defects	618	466	85	551
Defects of Throat and Nose	627	168	249	417
Dental Defects { Referred by Dentist	9713	5122	963	6085
Dental Defects { ,, School M.O.	1094	459	224	683
Other Defects	1710	1490	184	1674
Total	17141	10911	1848	12759

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	4 —	1	Age	13 —	121
	5 —	9		14 —	107
	6 —	10		15 —	88
	7 —	28		16 —	50
	8 —	17		17 —	36
	9 —	17		18 —	9
	10 —	31		19 —	2
	11 —	89			
	12 —	131			
			Total ...		746

B.—OTHER INSPECTIONS.

Number of Special Inspections	123
Number of Re-inspections	196
Total ...	319

TABLE VII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1927.

DEFECT OR DISEASE	Routine Inspections — No. of Defects — Requiring Treatment	Routine Inspections — No. of Defects — Requiring to be kept under observation but not requiring Treatment.	Special Inspections — No. of Defects. — Requiring Treatment	Special Inspections — No. of Defects. — Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	—	—	1
Uncleanliness—	—	—	—	—
(*See* Table IV., Group V.)				
SKIN — Ringworm—Scalp	—	—	—	—
SKIN — Ringworm—Body	—	—	—	—
SKIN — Scabies	—	—	—	—
SKIN — Impetigo	—	—	—	—
SKIN — Other Diseases (Non-Tuberculous	—	1	—	1
EYE — Blepharitis	1	1	—	1
EYE — Conjunctivitis	2	—	—	—
EYE — Keratitis	—	—	—	—
EYE — Corneal Opacities	—	—	—	—
EYE — Defective Vision (excluding Squint)	20	83	6	57
EYE — Squint	—	1	—	1
EYE — Other Conditions	—	—	—	—
EAR — Defective Hearing	—	3	1	1
EAR — Otitis Media	1	—	—	—
EAR — Other Ear Diseases	—	—	—	—
NOSE AND THROAT — Enlarged Tonsils only	4	23	1	14
NOSE AND THROAT — Adenoids only	1	2	—	1
NOSE AND THROAT — Enlarged Tonsils and Adenoids	3	11	1	4
NOSE AND THROAT — Other Conditions	1	6	—	3
ENLARGED CERVICAL GLANDS (Non-Tuberculous	—	19	1	8
DEFECTIVE SPEECH	—	—	—	—
TEETH — Dental Diseases (Inspections by Medical Officers only).	33	5	12	7
HEART & CIRCULATION — Heart Disease—Organic	—	3	—	1
HEART & CIRCULATION — Heart Disease—Functional	—	—	—	2
HEART & CIRCULATION — Anæmia	3	10	1	6
LUNGS — Bronchitis	—	1	—	—
LUNGS — Other Non. T.B. Diseases	—	—	—	—
TUBERCULOSIS — Pulmonary—Definite	—	1	—	—
TUBERCULOSIS — Pulmonary—Suspected	—	1	—	—
TUBERCULOSIS — Non-Pulm.—Glands	—	2	—	3
TUBERCULOSIS — Spine	—	—	—	—
TUBERCULOSIS — Hip	—	2	—	1
TUBERCULOSIS — Other Bones & Joints	—	—	—	—
TUBERCULOSIS — Skin	—	1	—	1
TUBERCULOSIS — Other Forms	—	—	—	—
NERVOUS SYSTEM — Epilepsy	—	—	—	—
NERVOUS SYSTEM — Chorea	—	—	—	—
NERVOUS SYSTEM — Other Conditions	—	—	—	1
DEFORMITIES — Rickets	—	—	—	—
DEFORMITIES — Spinal Curvature	—	—	—	—
DEFORMITIES — Other Forms	—	—	1	—
OTHER DEFECTS AND DISEASES	1	3	—	3

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)	746	37	4.95
Other Routine Inspections	Nil	Nil	Nil

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 ...	4	2	6
		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 heartdisease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Secondary Schools ...	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1927.

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	—	—	—	—
,, Body	—	—	—	
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Skin Disease	—	—	—	—
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	3	—	2	2
Minor Ear Defects	2	—	—	—
Miscellaneous— (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1	—	1	1
Total	6	—	3	3

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) ...	26	8	3	—	11
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—	—
Total ...	26	8	3	—	11

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme 5
(*b*) Otherwise 2

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme 5
(*b*) Otherwise 2

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		
11	—	2	2	2	4

Group IV.—Dental Defects.

(1) Number of children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups	5	— 8	Total	547
	6	— 17		
	7	— 30		
	8	— 19		
	9	— 23		
	10	— 36		
	11	— 70		
	12	— 144		
	13	— 122		
	14	— 78		

Specials 16

Grand Total 563

(*b*) Found to require treatment ... 298

(*c*) Actually treated 50

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

(2) Half-days devoted to :—

Treatment 4

Inspection ... ...12 Total 16

(3) Attendances made by Children for treatment ... 66

(4) Fillings :—

Permanent Teeth ...36

Temporary Teeth —Total 36

(5) Extractions :—

Permanent Teeth ...38

Temporary Teeth ...64 Total 102

(6) Adminstrations of General anæsthetics for extractions 15

(7) Other Operations :—

Permanent Teeth ...10

Temporary teeth ... 6 Total 16

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	36
(ii.) Total number of examinations of children in the Schools by School Nurses	808
(iii.) Number of individual children found unclean...	Nil
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.) Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921...	Nil
(*b*) Under School Attendance Byelaws	Nil

TABLE X.

Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	Treated		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	6	—	3	3
Visual Defects	26	8	3	11
Defects of Throat and Nose	11	—	4	4
Dental) Referred by Dentist	293	45	116	161
Defects) Referred by School M.O.... ...	45	5	21	26
Other Defects	7	2	4	6
Total	388	60	151	211