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COUNTY BOROUGH OF ST. HELENS



Annual Report
OF THE
School Medical Officer,
FOR
1933.

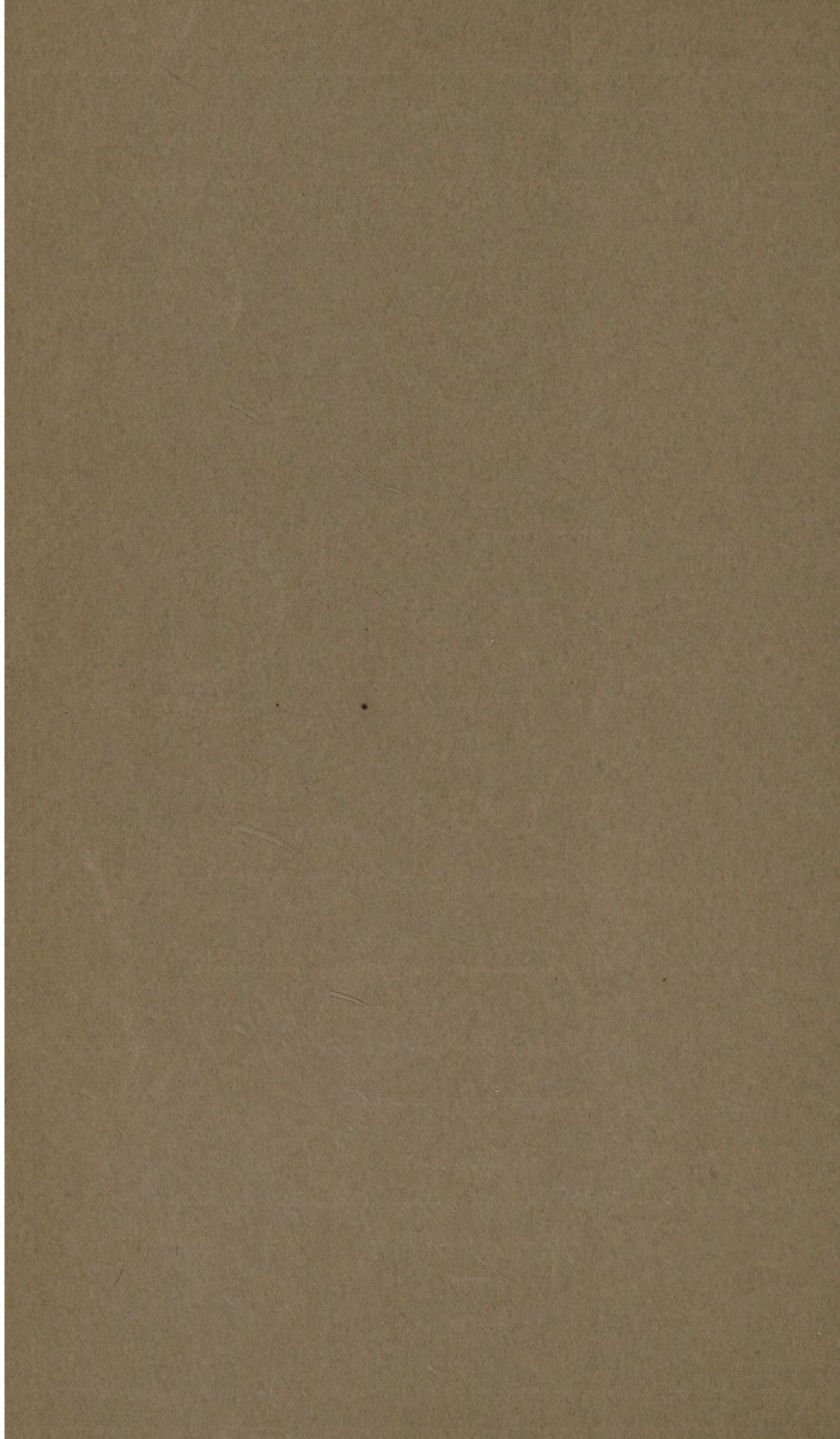
FRANK HAUXWELL, M.B., Ch.B., D.P.H.

Medical Officer of Health,
and School Medical Officer.

St. Helens :

WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS
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Central Children's Care Committee.

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Deputy-Chairman :

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MR. W. H. MILLS.

MR. A. THOMAS.

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 1933.

During the year there has been practically no alteration in the general scheme of the School Medical Service as carried out in previous years.

Owing to the large number of absentees at the routine inspections, fewer children were examined at these inspections than in previous years, but this was to a certain extent counterbalanced by an increase in the number of special inspections made.

Taken as a whole, the general health of the children was not quite as good as in the previous year. This is evidenced in the abnormally high incidence of infectious diseases and in the increase in the percentage of children examined at routine inspections who were referred for treatment or for observation. These percentages rose from 13.8% in 1932 to 16.5% in 1933 for those referred for treatment, and from 21.1% to 22.0% respectively for those referred for observation. Further, though impossible to put into figures, medical officers, nurses and teachers all agree that there appeared to be a slight lowering of the general standard of fitness of the children. This, no doubt, was to some extent the result of the excessive prevalence of infectious diseases, but it must not be forgotten that it might also have been to some extent a contributory cause of that prevalence, and one is forced to the conclusion that the effects of the long continued industrial depression are now beginning to show in the children.

On the treatment side of the service, it is satisfactory to note that 94.1% of those referred for treatment for medical defects and 60% of those referred for treatment for dental defects were treated before the end of the year. Further, 93% of all elementary school children treated were treated under schemes of the Local Authority.

During the year a scheme for the provision of a sight-saving class for the partially blind child was adopted by the Committee and now awaits the approval of the Board of Education. When put into force, it should be the means of giving these children a sound education without further deterioration of their already limited eyesight.

There has, however, not yet been established any special accommodation for the feeble-minded. Too many of these are still in attendance at ordinary classes where, apart from the impossibility of giving them the individual attention they require, they impede the education of other children. Special classes with more individual teaching should be provided for them.

Another group of children for whom special training is required comprises those suffering from impediment in speech. This group is small but the defect is one which may seriously handicap an otherwise bright child in after-life. As pointed out in my Report last year, recent methods of treatment have been very successful, and I would again suggest that the Committee make arrangements for this special training where required.

I regret I have again to deplore the want of after-care for the exceptional child. As pointed out in many previous Reports, any special education given to these children is wasted if nothing is done to see that that education is put to the best advantage after they leave school.

I cannot leave this short review of the School Medical Service without reference to the condition of the clinic premises in Cloughton Street. Though it is hoped during the current year to remove the dental clinic to separate premises, this can only be considered a temporary expedient. It still leaves the present premises totally inadequate in accommodation and quite unsuitable for its many uses. I would also refer to my remarks, in that portion of the Report

dealing with the provision of treatment, regarding the advisability of having combined school medical and maternity and child welfare clinic premises attached to new schools built in outlying districts.

For much of the work that has been done I am indebted to Dr. Allison, Deputy Medical Officer, and my special thanks are due to Mr. Lonie, Secretary for Education, for his cordial co-operation and assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

April, 1934.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE
DURING THE YEAR 1933.

Children in Average Attendance at Elementary Schools	19,021
Total Examinations of Elementary School Children	21,397
Total Examinations of Secondary School Children	1,117
Miscellaneous Examinations (Bursars, etc.)	258
Minor Ailments treated	3,957
Visual Defects treated	729
Throat and Nose Defects treated	350
Children inspected by School Dentists	20,625
Children treated by School Dentists	7,621
Total Attendances at All School Clinics	63,086
Examinations by Nurses for Cleanliness	37,926
Visits to Schools by Medical Officers	310
Visits to Schools by Nurses	5,105
Home Visits by Nurses	13,794
Total Attendances at Inspection Clinic	4,530

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 :—

S. F. Allison, M.B., Ch.B. (Edinburgh), D.P.H. (Camb.).

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

G. O'Brien, M.B., Ch.B., D.P.H. (St. Andrews).

Enid M. Hughes, M.B., Ch.B. (Liverp.).

Dental Surgeons :—

A. G. Batten, L.D.S.

L. A. Jones, L.D.S.

Annie M. Kean, L.D.S.

Health Visitors and School Nurses :—

Ethel Denman,	(1), (2), (3), (4)	Mary Corrish,	(3), (4)
Mary Riding,	(3), (4)	Alice Happold,	(3), (4)
Winifred Cowan,	(2), (3), (4)	*Mary Elliott,	(3), (4)
Amy Coates,	(2), (3), (4)	Edith Curran,	(3), (4)
Emily Corrish,	(2), (3), (4)	Ellen R. McDonald,	(2), (3), (4)
Daisy C. Cruickshank,	(3), (4)	Agnes MacDonald,	(2), (3), (4)
Nora Hogan,	(3), (4)	Doris Parkinson,	(2), (3), (4)

After-Care Sister (Orthopaedic Scheme) :—

Constance Anthony (5) (resigned February, 1933).

Isabella Marvin Corke (5) (from May, 1933).

School Clinic and Dental Nurses and Attendants :—

Florence Faber	(3), (4)	Ethel M. K. Elliot,	(4)
Florence Wilkinson	(4)	Elizabeth Howarth	
Phyllis M. Mather	(4)	Ellen Glynn	

(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 of Chartered Society of Masseuses, etc.

* Died October, 1933.

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.), Consulting Orthopaedic Surgeon.

B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B.,
F.R.C.S. (Ed.), Orthopaedic Surgeon.

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

SCHOOL HYGIENE.

Though there has been considerable improvement in recent years in the school buildings there is room for still further improvement.

Taken generally, the condition in the Council schools are good, as these are all of fairly recent construction. The overcrowding which formerly existed in some of them has been considerably relieved by the re-organisation of departments and the building of new schools.

The completion of the new Central School at Parr marks an important addition to the Educational Institutions of the Borough and a notable advance in the hygiene of school buildings. It represents the Local Authority's interpretation of what the Hadow Committee regard as essential for the proper mental and physical development of senior children. Planned on semi-open air lines, the school gives an impression of space, light and air. The classrooms on one side are fitted with "Esavian" sliding windows, whilst the full length of the opposite side opening on to the verandahs is filled with glass doors fitted with opening hoppers. The windows of all class-rooms are glazed with "Vita" glass in the positions where the maximum benefit can be obtained. Both Head Teachers report that the Gymnasia and Spray Baths are a great boon and have already produced a noticeable improvement in the general condition of the scholars.

The majority of the provided schools, however, are much older than the Council schools, and conditions in them are not quite so good. Some of them have been considerably improved in recent years by alterations and repairs, but there are still some in which the conditions are not ideal. Lighting, ventilation, and sanitary arrangements are still points which require attention, and though re-organisation of departments has reduced over-crowding in some of them, there are still some in which this evil exists.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1933 there were under the control of the Education Committee, 40 Elementary Schools with 83 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	...	...	24,739
Average number of children on the roll during the year	...	...	21,365
Average number of children in attendance during the year	...	...	19,021
Percentage attendance for the year	...	...	89.0%

The scheme for medical inspection remained as outlined in previous reports, namely, three visits by medical officers to each school and the examination of the three routine age groups laid down by the Board of Education together with the examination of special cases and the re-examination of children previously found defective. During 1933, however, the arrangements were somewhat disturbed owing to the unusually high incidence of infectious diseases amongst school children. These persisted throughout practically the whole year, and, causing in some instances the closure of departments and in others very reduced attendances, resulted in a considerable decrease in the number of routine examinations during the year.

In addition to the medical inspections at the schools, a large number of special cases and cases requiring further examinations was dealt with at the Inspection Clinic held twice weekly at the Town Hall.

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

			1929	1930	1931	1932	1933
			—	—	—	—	—
Routine Examinations	...	...	6016	5970	5685	6576	5744
Special Examinations	...	...	5912	5769	6138	6117	6524
Re-examinations	...	...	8135	9297	9206	9840	9129
Attendances at							
Inspection Clinic	...	...	3525	3484	3790	3762	4530

The detailed figures of the number medically inspected during the year are given in Table 1.

Apart from inspections by medical officers, the school nurses visit the schools once weekly and carry out 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. During outbreaks of infectious disease the nurses visit the schools daily.

Secondary Schools.

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

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

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. Girls are examined by the female assistant medical officer.

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

			1929	1930	1931	1932	1933
			—	—	—	—	—
Routine Examinations	...	...	1010	794	911	972	878
Special Examinations	...	...	56	101	66	88	121
Re-examinations	...	...	143	218	186	202	118

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.

In a normal year the results found at the medical examination of the routine age groups may be taken as a good indication of the general health and incidence of defects in all school children. When, however, as in 1933, there is a large number of absentees from routine inspection, the findings of these examinations do not give such an accurate picture, and, when we consider that the weakly children are those most likely to be absent, it is probable that the number of defective children last year was higher than the routine inspections show.

Of 5,744 children examined at the routine medical inspections during 1933, 949 (16.5%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects), which required treatment, and 1,266 (22.0%) from defects requiring to be kept under observation. For the previous year the corresponding percentages were 13.8% and 21.1% respectively.

Though these figures show an increase in the incidence of defects requiring treatment or to be kept under observation, I do not consider there is cause for undue alarm. The increase is not peculiar to any particular defect but appears to be a slight increase in nearly all the principal defects, and some increase was inevitable as a result of the persistent incidence of infectious diseases throughout the year. Apart from that, however, there has been, I think, a lowering of the general standard of nutrition of the children. It is at present slight and difficult to put into figures, (those classed under the term "Malnutrition" are only those with definitely poor nutrition), but general observation on the part of the medical officers, supported by the observations of the nurses and the teachers, points to a general lowering of resistance. There is no doubt this has resulted mainly from the industrial depression which has persisted in the town, and suggests that despite the present excellent school feeding arrangements something more will have to be done for the nourishment of these children if the decline is not to become serious.

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

				Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—	Boys	...	...	863	305	35.3
	Girls	...	...	862	269	31.2
Intermediates—	Boys	...	...	922	384	41.6
	Girls	...	...	952	342	35.9
Leavers—	Boys	...	...	1086	447	41.2
	Girls	...	...	1059	468	44.2
All Ages—	Boys	...	...	2871	1136	39.6
	Girls	...	...	2873	1079	37.6

*Vision only tested where reason to suspect defect.

The following table shows the percentage of defects referred from routine medical inspections for treatment or for observation per 100 children examined during the past five years.

Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined					
	1929	1930	1931	1932	1933
Requiring treatment ...	15.07	14.15	18.3	16.3	17.7
Referred for observation ...	20.54	18.10	19.5	21.2	24.2
Total	35.61	32.25	37.8	37.5	41.9

The chief defects for which children were referred for treatment or for observation at routine inspections during the last five years are shown in the following table as percentages of the children examined.

	1929	1930	1931	1932	1933
External Eye Diseases	1.2%	1.6%	2.4%	2.2%	1.8%
Defective Vision and Squint (Intermediates and Leavers only)	18.5%	18.6%	18.7%	15.5%	15.7%
Ear Disease or Defect	1.5%	1.5%	1.3%	1.5%	1.5%
Throat or Nose Defects	13.0%	11.6%	10.5%	9.5%	11.3%
Disease of Heart and Circulation	1.6%	2.6%	2.9%	2.5%	2.8%
Lung Disease (Non-Tubercular)	2.6%	1.9%	1.6%	2.2%	3.9%
Tuberculosis	0.8%	0.8%	0.7%	0.6%	0.7%
Malnutrition	1.1%	0.8%	1.1%	1.2%	1.1%

Though the principal External Eye Disease was again blepharitis, there was a distinct reduction from the preceding year, during which a campaign was undertaken to emphasise the importance of early and continuous treatment, and to abolish such objectionable habits as rubbing the eyes with dirty hands, soiled handkerchiefs and rags.

The percentage of children referred for treatment or for observation with Defective Vision or Squint was practically stationary, as was also the case in Ear Conditions.

In regard to Throat and Nose Defects, though an increase appears to have occurred, a large number of these cases were "dirty" noses and mouth breathers. An attempt was made throughout the year to range up these offenders and subject them to discipline in nasal drill and proper breathing exercises, and it is hoped by such methods to achieve a reduction in the incidence of these unsightly and unhealthy defects.

The slight increase in Diseases of the Heart and Circulation was due to the advisability of referring a considerable number of children for further observation. These were cases which, though presenting no

symptoms, showed some impurity of heart sounds under the stethoscope, and were probably due to that slight lowering of stamina already referred to. In this connection it should be noted that the percentage of children referred for treatment or for observation for malnutrition refers only to those with definitely poor nutrition, and does not include those where there has been only a slight lowering of the standard of nutrition.

There was a considerable increase in the incidence of the Non-Tubercular Lung Diseases in 1933. This was principally due to the large number of cases of bronchitis following the influenza and whooping cough epidemics of the early part of the year.

The percentage of children found Verminous was again reduced from 4.5 (in the preceding year) to 3.8.

Considering the impoverished circumstances of many of the families the condition of the clothing and footwear was remarkably good. That it was so, was mainly attributable to the interest taken in this matter by the Committee and the teachers. During the year, 824 children were provided with clogs from the Committee's footwear fund and 1,075 with clothing or foot-wear through the agency of the teachers or School Care Committee.

The percentage of children found at routine inspections in 1933 with Defective Clothing was 2.3% as compared with 2.8% in 1932, whilst the percentage of children with Defective Foot-wear in 1933 remained the same as in 1932, i.e., 0.4%.

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	...	...	...	...	4686	
Total re-examinations	...	...	...	...	9129	
Number found remedied	...	...	...	...	1235	(13.5%)
Number found improved	...	...	...	...	4666	(51.1%)
Number found stationary	...	...	...	...	3141	(34.4%)
Number found retrograde	...	...	...	...	87	(1.0%)

Secondary Schools.

Of 878 children coming up for routine medical inspection, 92 (10.5%) were referred for treatment and 287 (32.7%) referred for the observation of defects (other than uncleanliness or dental defects) which, though not requiring immediate treatment, required to be kept under observation. The corresponding percentages for 1932 were 7.8 and 32.0 and the corresponding percentages for elementary schools were 16.5 and 22.0.

The chief defects for which treatment was considered necessary or further observation desirable, were—Defective Vision or Squint, 23.6% ; Throat and Nose Defects, 7.4% ; Diseases of Heart and Circulation, 4.6% ; and Lung Diseases, 0.3%.

In addition to the routine inspections, 121 special cases were examined and 118 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 1933. Table A gives the percentage of the children referred for treatment who have been treated each year during the last 10 years, 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 1924 to 1933.

								Number of children referred for treatment.	Children treated.	
									Number	Per cent.
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
1928	Medical only	...	...	...	...	...	6829	6463	...	94.6
	Dental	...	...	...	...	...	10493	7770	...	74.0
	Total	...	...	...	...	...	17322	14233	...	82.1
1929	Medical only	...	...	...	...	...	7074	6630	...	93.7
	Dental	...	...	...	...	...	10561	7015	...	66.4
	Total	...	...	...	...	...	17635	13645	...	77.3
1930	Medical only	...	...	...	...	...	7508	7239	...	96.4
	Dental	...	...	...	...	...	13543	8159	...	60.2
	Total	...	...	...	...	...	21051	15396	...	73.1
1931	Medical only	...	...	...	...	...	6781	6523	...	96.2
	Dental	...	...	...	...	...	13164	7533	...	57.2
	Total	...	...	...	...	...	19945	14056	...	70.0
1932	Medical only	...	...	...	...	...	7157	6882	...	96.1
	Dental	...	...	...	...	...	13195	7812	...	59.2
	Total	...	...	...	...	...	20352	14694	...	72.2
1933	Medical only	...	...	...	...	...	7610	7160	...	94.1
	Dental	...	...	...	...	...	13335	8003	...	60.0
	Total	...	...	...	...	...	20945	15163	...	72.4

Table A shows that the percentage of defective children who obtain the necessary treatment still maintains a highly satisfactory level. There has been a slight decrease in the percentage of medical defects treated during 1933, probably due to excessive sickness throughout the year. There has, however, been a slight increase in the percentage of dental defects treated.

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1929 to 1933.

	1929	1930	1931	1932	1933
Minor Ailments—					
No. referred for treatment	3864	4069	3396	3933	4185
No. treated	3848	4036	3376	3896	4135
% treated	99.5	99.2	99.4	99.0	98.8
Visual Defects—					
No. referred for treatment	748	794	844	801	765
No. treated	706	732	791	759	723
% treated	93.4	92.2	93.7	94.8	94.5
Throat and Nose Defects—					
No. referred for treatment	787	835	692	640	755
No. treated	444	679	542	498	519
% treated	56.4	81.3	78.3	77.8	68.7
Other Medical Defects—					
No. referred for treatment	1676	1810	1849	1783	1905
No. treated	1650	1790	1814	1729	1783
% treated	98.4	98.9	98.1	96.9	93.6

During 1933 approximately 93% of the children treated were treated under the schemes of the Local Authority compared with 90% in 1929, 92% in 1930, 91% in 1931, and 93% in 1932.

Secondary Schools.

Of the 126 children referred for treatment for medical defects during the year, 88 (69.8%) were treated before the end of the year, and, of 461 children referred for dental treatment, 302 (65.5%) were treated. Though the percentages treated show a decrease on the

corresponding figures for last year, which were 76% and 70%, they can still be considered very satisfactory, particularly when it is remembered that the majority of the medical inspections during 1933 were conducted in the last quarter of the year, thereby leaving a short period for the execution of the treatment recommended.

Approximately 34.9% 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.

Arrangements for treatment remain practically the same as in previous years, consisting of the provision of special clinics for minor ailments, dental defects, eye defects, throat and nose defects, and the X-ray treatment of ringworm by the Local Education Authority, and the use of the other health services of the Local Authority, e.g., the tuberculosis dispensary for tuberculous cases, the orthopaedic clinic for crippling defects, and the Borough Isolation Hospital for the treatment of obstinate impetiginous conditions and serious external eye diseases and the cleansing of verminous children.

I have again to submit my annual criticism of those premises in Cloughton Street which are used as the Central Clinic. As previously, my complaints are directed against the overcrowding and confusion which arises from the general lack of accommodation, and the limited capacity of the various rooms which prevents the introduction of up-to-date methods of treatment. These obstacles are of such magnitude as definitely to impede the smooth working of the various services.

During the current year it is hoped to move the dental clinic to separate premises and thus reduce to some extent the overcrowding in the waiting room. This can only be considered a temporary

expedient, however, and adds not only to difficulties in administration but also to cost. Further, other health services which use these premises are seriously cramped for room, so that not only is their expansion prohibited but the work is seriously interfered with.

It is hoped that in the near future the various services will find themselves properly provided for in an entirely new building.

District clinics for minor ailments at Elizabeth Street Clinic, West Street Clinic, St. Vincent's School, Sutton Manor School, and Gartons Lane School, are still being maintained and are providing useful services. District dental clinics are also held at Elizabeth Street Clinic, West Street Clinic, and Gartons Lane Clinic, the dentist visiting these clinics for periods after the dental inspection of the schools in the vicinity of the clinic concerned.

At the district minor ailment clinics, 2,227 children made 24,624 attendances during 1933 for treatment by a nurse, and at the district dental clinics, 2,122 children made 2,809 attendances for treatment.

As pointed out in previous Reports, a district clinic is urgently required for both minor ailments and dental treatment in the Parr District. For these purposes I have on several occasions recommended that when new schools are erected in outlying districts, provision should be made in the scheme for the erection of special clinic premises to be used conjointly for the treatment of school children and as a maternity and child welfare centre. They could also be used for medical inspection purposes and thus save the cost of building medical inspection rooms in the school itself. Such premises would thus become the health centre for its district and would greatly facilitate the continuous supervision of the child from infancy to school leaving age. It is to be regretted that opportunity to do this was not taken when Parr Central School was erected.

Though that school is provided with excellent medical inspection rooms, these rooms can only be used for medical inspection or for

the treatment of minor ailments. They cannot be used for dental treatment. I would strongly urge that in the building of the proposed new school at Grange Park combined clinic premises be provided.

The operative treatment of tonsils and adenoids is carried out at one of the local hospitals, and I am indebted to Mr. John McGibbon, Ear, Throat and Nose Surgeon, for the following review of his work during 1933 :

“ During the past year 340 children have been operated on for the removal of tonsils and/or adenoids. These are cases which have been selected by the school medical officers owing to the existence of defects of their upper respiratory tracts, such as the following :—nasal obstruction, chronic rhinitis, recurrent sore throats, discharging ears, enlarged cervical glands, etc.

All the children are examined a day or two before operation and, if in any way found unfit, they are referred back for operation at a later date.

As in previous years ethyl chloride given on an open mask has been the anaesthetic used ; and this has been found to be satisfactory and to be free from risk. There have been no cases of post-operative hæmorrhage, but two children developed septicaemia. Both recovered after a somewhat prolonged illness. Most of the children operated on have been examined a week later, and the immediate results of operation have appeared satisfactory. The usual printed instructions have been issued to all cases ; and a “ follow-up ” of all cases has been carried out. Each child operated upon is granted a certificate of exclusion from school for a period of ten days subsequent to the operation, or longer if considered necessary.

In addition to the above, two children have undergone cauterisation for persistent nose bleeding.”

The following table shows the continued increase in the work of the Ophthalmic Clinic. The large number of cases attending for re-examination during the last four years has been a very satisfactory feature of the work of this clinic, and it is a pleasure to record a further increase during 1933.

	1929	1930	1931	1932	1933
Cases for refraction	647	689	783	749	729
Cases glassed	489	551	696	673	571
Cases not glassed	162	138	87	76	158
Old cases reviewed	183	502	481	680	881
Cases referred for observation	7	3	20	6	4
External eye diseases	29	40	25	23	8
Operations	1	1	1	3	6
Total attendances	1205	1392	1396	1506	1516

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

	1929	1930	1931	1932	1933
Minor Ailments	3,678	3,844	3,193	3,697	3,957
Visual Defects	647	689	783	749	729
Defects of Throat and Nose ...	295	544	365	331	350
Dental Defects	6,062	7,689	7,091	7,478	7,621
Crippling Defects	203	220	237	361	432
Other Defects	1,299	1,451	1,367	1,258	1,167
Total Number of Defects treated	12,184	14,437	13,036	13,874	14,256
Total Attendances	42,511	58,736	57,827	63,815	63,086

For the year ended the 31st December, 1933, £142/14/- has been recovered from parents for treatment provided at these clinics. No charge is made for minor ailments or for attendance at the Orthopaedic Clinic, but the cost of hospital treatment of orthopaedic cases is recovered in accordance with the scale of income of the family.

In addition, many weakly and debilitated children have been supplied with Cod Liver Oil Emulsion or Oil and Malt at a small charge, or free according to circumstances.

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. A. G. Batten, Senior School Dental Surgeon, for the following notes on the work of the School Dental Department.

“ Each of the elementary schools in the borough was inspected at least once during the year by the dental surgeons, but it is regretted there was a further reduction in the number of schools which it was found possible to inspect twice.

The scheme of the dental service provides for two inspections of every school each year, but the increase in the number of children who attend the School Clinic for treatment as a result of the first inspections has resulted in a gradual encroachment on the time available for second inspections. It is hoped, however, that with the improved accommodation which it is proposed to provide during the current year for dental treatment some increase will be possible in the number of cases treated at each session. This should eventually result in more time becoming available for inspection purposes.

I have previously directed attention to the increasing amount of conservative work carried out at the School Clinic, and it is encouraging to note that parents are more anxious than formerly to take advantage of the facilities for this type of treatment.

During the year 19,617 children in the elementary schools and 117 special cases referred to the School Clinic were examined by the dental staff. Of these children, 13,157 (67.1%) were found to be in need of treatment, and in 2,679 (20.3%) of the latter the defects in their teeth had developed since they had been seen approximately twelve months previously. In those schools that were visited on a second occasion, the teeth of 4,690 children were re-examined and 3,232 (68.9%) cases were found in need of attention ; 506 (15.6%) of those found defective had developed defects since their inspection approximately six months previously. These findings are illuminating and from them it can be deduced that were it possible to maintain bi-annual examination and treatment of all school children, the percentage of children with defective teeth would be kept at a lower figure that is at present possible.

116 sessions during the year were devoted to inspections at the elementary schools, and during these sessions, 24,307 examinations were carried out, showing an average of 209 children inspected per session. This average was only made possible by the willing co-operation of the school staffs concerned, to whom I take this opportunity of expressing my thanks.

7,533 elementary school children were treated at the dental clinics during the year, and these children made 10,985 attendances. 1,202 sessions were devoted to the treatment of these cases, and 262 of the sessions were devoted solely to general anaesthetic cases. There were 2,792 of the latter, showing an average number treated of 10.7 per session. This shows a decrease on the corresponding figure for 1932, which was 12.6 per session and resulted in some measure from the lack of sufficient and suitable waiting room accommodation at the Cloughton Street Clinic.

The remaining 940 sessions were devoted to the treatment of cases other than those requiring a general anaesthetic, the

average sessional attendance being 8.7. Among the operations performed during each session were 6.9 fillings and 2.9 administrations of a local anaesthetic.

In addition to the children treated at the clinic, records show that 470 obtained treatment privately, so that out of a total of 13,335 children referred for dental treatment by dental or medical officers, 8,003 (60%) were treated during the year.

The Hamblett Open-Air Council School was visited as in previous years on three occasions for the purposes of dental inspection and the carrying out of any necessary treatment. An analysis of the inspections gives the following figures. At the first inspection, 104 children were examined and 60 (57.7%) were found in need of attention ; 38 (63.3%) of the latter had developed defects since their previous examination. At the second visit only new entrants and those absent during the first visit were seen ; 19 children were examined and 17 (89.5%) were found to have dental defects. At the third visit, 99 children were examined and 47 (47.5%) were found to require attention ; of those found defective, 37 (78.7%) had developed defects since their previous inspections. These figures emphasise the necessity for frequent inspection and treatment, if the children's mouths are to be kept in a reasonably healthy condition. The total number of cases treated at the Open-Air School during the year was 123, and in addition 1 case attended the School Clinic for treatment, and 1 was treated privately.

The number of children treated at the district dental clinics continues to be satisfactory, 1,069 being treated at the West Street Clinic, 690 at the Elizabeth Street Clinic, and 363 at the Gartons Lane Clinic. The convenience of these clinics to the parents has a marked influence on the number of children attending for treatment from the schools they serve. I would like to see another clinic instituted in the Parr District, as in many cases the parents of children in the schools in that area will only undertake the journey to Cloughton Street when their

children are actually suffering with toothache. From the point of view of a satisfactory dental service this is most undesirable, for in these cases the treatment required becomes more extensive, the time necessary for their treatment is increased, and the discomfort to the child is infinitely greater than when attention is received as soon as possible after the dental defects are first noted.

At the Cowley Secondary Schools 890 pupils were examined at routine inspections and 1 special case was examined at the School Clinic ; of these, 444 (49.8%) were found to require treatment. In addition to these cases, 17 children were referred by medical officers for dental treatment. From the secondary schools, 88 cases visited the School Clinic for treatment and 214 were treated privately, giving a total number treated during the the year of 302, i.e., 65.5% of those referred for treatment.

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

The arrangements whereby the duties of school nurse are combined with those of health visitors remain as in previous years and as detailed in previous Reports.

Though it is impossible to give a full statistical report on the work carried out by them, the following figures give some idea of their work for the School Medical Service during the year :

- | | |
|---|--------|
| 1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections | 5,105 |
| 2. Number of examinations of children for cleanliness | 37,926 |
| 3. Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc. | 13,794 |

In addition to the school nurses mentioned above, special nurses are employed at the School Clinic and District Clinics who are wholly engaged treating or assisting in the treatment of various defects.

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 1929 :—

	1929	1930	1931	1932	1933
Scarlet Fever	286	158	64	95	211
Diphtheria	69	85	50	41	133
Measles	799	445	941	213	2174
Whooping Cough	317	179	6	176	600
Chicken Pox	295	316	276	242	317
Mumps	29	565	19	261	123
German Measles	21	8	2	97	275

It will be seen that the incidence of these diseases during 1933 was high, particularly in the case of scarlet fever, diphtheria, measles and whooping cough.

In the case of scarlet fever a steady number of cases occurred from January to September and these were not limited to any particular area. From that point onwards, however, there was an additional increased prevalence in one district especially associated with two schools, and although all the usual methods of prevention were adopted fresh cases continued to occur until the end of the year. This was mainly due to the large number of missed cases resulting from the mild type of the disease.

The diphtheria outbreak was founded on a school epidemic which commenced at the beginning of June. Following upon the initial case others followed at intervals of a few days until by the end of the month 10 cases had occurred. Despite repeated swabbing of the noses and throats of all children and teachers it was only towards the end of the month that an intermittent otorrhoea was discovered in which the discharge was proved bacteriologically positive. This

child was immediately isolated but further cases continued to appear and, by the end of July, 10 more cases had occurred. The outbreak then subsided for a fortnight, after which still further cases occurred. The explanation of the re-occurrence appeared to be in a family of three children. One of these was at home under medical treatment for tonsillitis whilst the other two were allowed to remain at home. The onset of paralysis however, showed that the so-called tonsillitis had been diphtheria, and it was then found that one of the children attending school had been acting as a carrier. After the exclusion of all three children the epidemic commenced to subside.

During the last quarter of the year there was an unusually large epidemic of measles. Though the case mortality was not excessive the disease was severe with abundant complications, and, as is usual with all measles epidemics, spread rapidly through all the schools. A small outbreak of German measles occurred simultaneously with the measles outbreak.

The high incidence of whooping cough was principally during the first quarter of the year and was largely a continuation of an epidemic which had commenced towards the end of the previous year.

In the first two months of the year there was a considerable epidemic of influenza. Cases were of various clinical types and numbered among them a fair proportion of marked severity. It was, therefore, considered advisable to adopt the somewhat unusual course of closing the Infant and Junior Departments of the Elementary Schools for two weeks. This meant that 46 departments were closed for that period.

In addition to the closure of Infant and Junior Departments owing to influenza, epidemic diseases were responsible for a fall to below 60% in the attendance of 38 other departments during 76 weeks of the year.

The minimum periods of exclusion for patients and contacts are shown in the accompanying Table.

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

(Revised April, 1934).

DISEASE	Incuba- tion 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 two successive negative swabs have been obtained from the nose and throat and not less than ten days from date of disinfection of premises, either after removal of patient to hospital, or in the case of patients treated at home release from isolation.	
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 under 7 years of age. (2) all other children who have not had the disease	Sixteen days from appearance of rash 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 (1) all children under 7 years of age ; (2) children age 7 to 10 years who have not had the disease.	Three 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.

During 1933, 19 cases of pulmonary tuberculosis and 29 cases of non-pulmonary tuberculosis were notified as occurring in children of school age and at the end of the year there were in St. Helens 228 children of school age suffering from the following forms of tuberculosis :

Pulmonary	92
Non-Pulmonary :—	
Bones and Joints	29
Peripheral Glands	73
Abdominal	18
Skin and others.....	16
	<hr/>
	228
	<hr/>

Many of the cases, however, were in a quiescent condition, there being only 18 pulmonary and 36 non-pulmonary cases in need of active treatment.

Cases of active pulmonary tuberculosis are excluded from school and, of 18 such cases at the end of the year, 12 were at Eccleston Hall Sanatorium and 6 were receiving treatment at home. So long as their general health is good, quiescent cases are allowed to attend the public elementary schools, where they are regularly re-examined. At the first suggestion, however, of any falling off in health, they are transferred to the Open-Air School or to sanatoria or sanatorium schools. At the end of the year, 8 such cases were attending the Open-Air School.

By arrangement with the Tuberculosis Department school children contacts of all notified cases of pulmonary tuberculosis are kept under observation by the School Medical Department. Doubtful cases are referred to the Tuberculosis Officer as occasion requires, and during the year 54 such cases were specially examined by him. Of these, 6 were diagnosed as definitely suffering from tuberculosis of the lung, 11 were found to have non-pulmonary tuberculosis, 34 cases were found to be non-tuberculous and 3 cases were still under observation at the end of the year.

The treatment provided for the tubercular child is by private practitioners, tuberculosis dispensary, school clinic, orthopaedic clinic, sanatoria or hospitals. During the year 300 children made 982 attendances at the Tuberculosis Dispensary for examination, observation or treatment; 45 children made 419 attendances for X-ray treatment of tubercular glands or lupus; 35 children suffering from tubercular bones or joints made 66 attendances to see the orthopaedic surgeon and 250 attendances for intermediate treatment at the orthopaedic clinic; 6 children with surgical tuberculosis were maintained at Leasowe Hospital for 1,603 days; 46 children spent an aggregate of 7,537 days in Eccleston Hall Sanatorium; and 1 child was treated at the Heswall Branch of the Royal Liverpool Children's Hospital for 102 days.

At the Eccleston Hall Sanatorium, out of 46 children of school age who have been in the Sanatorium during the year, 44 attended the special school attached to the Sanatorium for various periods. The average daily attendance was 15, and the average number of days each child attended, 163.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1933 there were in St. Helens 70 children of school age in whom the crippling was sufficiently severe to interfere with their normal mode of life. The crippling in these cases was attributable to :—

Tuberculosis	9
Infantile Paralysis	43
Rickets	2
Congenital deformities	10
Miscellaneous	6
	<hr/>
	70
	<hr/>

Of these, 13 were at certified special schools, 45 were at ordinary day schools (44 at Public Elementary Schools and 1 at the Secondary School), 6 were at other institutions and 6 were at no school or institution. There are, however, many other children with lesser degrees of crippling, so that excluding tuberculosis cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 432 cases suffering from the following defects on that register during the year :

Infantile Paralysis	60
Other forms of paralysis	58
Congenital deformities	39
Rickets	55
Traumatism	39
Miscellaneous	181
	<hr/>
	432
	<hr/>

The treatment provided for these children involved 408 attendances for consultation or treatment by the orthopaedic surgeon, 3462 attendances for intermediate treatment by the nurse and 357 home visits by the nurse for purposes of supervision. In addition, 28 cases received surgical or other hospital treatment for an aggregate of 1668 days.

During the year 67 children were discharged from the clinic as cured or with the disability negligible, 15 were struck off the register as being over 16 years of age, 10 left the district and 31 ceased to attend, leaving 309 cases still under treatment or supervision at the end of the year.

In addition to the crippled children there are in St. Helens 9 children with heart disease of such severity that they are physically crippled. 2 of these attend public Elementary Schools, 1 attends the Secondary School and 6 are at no school.

Delicate Children.

At the Hamblett Open-Air Council School excellent work continues to be done for the delicate and debilitated child. Situated as it is on one of the healthiest sites in St. Helens, its beneficial effects of education under ideal conditions combined with good and proper feeding have been the means of placing many of the children attending on the way to a healthier and happier life. It is regrettable, however, that there are still some parents who either refuse to send their children or withdraw them before the best results have been obtained. I would suggest that where attendance at this school is desirable in the interest of the health of the child such attendance should be made compulsory. Further, when necessary, attendance up to the age of 16 years should be insisted on.

There is accommodation at the school for 120 and at the beginning of 1933 there were 119 children on the roll. During the year 51 new cases were admitted and 53 were discharged so that at the end of the year there were 117 on the school register. Of the

number discharged 17 were considered fit to return to ordinary schools, 8 who had derived considerable benefit were allowed to leave at the age of 14 years, 7 who showed rheumatic manifestations did not thrive and were released as unsuitable, 4 developed acute disease and had to be removed for treatment, and 1 who had been the subject of severe and progressive anaemia died. Further, 4 left at the parents' request and 12 were taken off the roll mainly owing to indifference of parents in complying with the rules of the school. The average attendance for the year was 86%, which though lower than the previous year (87%) compares very favourably with that of the elementary schools in the borough (89%) considering the type of children attending.

A trained nurse is in daily attendance ; constant medical supervision is given ; dental inspection and treatment are provided three times a year ; and the orthopaedic sister visits weekly for the supervision and treatment of those with crippling defects.

The following table shows the average weekly gains in weight and monthly gains in height during the year 1933 arranged according to the year of original admission to the school.

Average weekly gain in weight	Year of Admission	Boys.	Girls.
	1930	1.9 ozs.	3.7 ozs.
	1931	2.2 ozs.	2.2 ozs.
	1932	2.3 ozs.	3.2 ozs.
	1933	3.1 ozs.	3.1 ozs.
Average monthly gains in height	1930	.13 ins.	.18 ins.
	1931	.20 ins.	.19 ins.
	1932	.21 ins.	.19 ins.
	1933	.20 ins.	.20 ins.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 2 blind children were sent to special residential schools, and the Local Authority is at present maintaining 3 epileptic, 13 blind, and 10 deaf and dumb children in these special schools.

The number of partially blind children in St. Helens is estimated to be 21 and a scheme for dealing with these has been formulated by the Committee and now awaits the approval of the Board of Education. The scheme provides for the education of these at the Hamblett Open-Air Council School where separate classes with special apparatus, books, etc., would be held for work entailing eye strain, but for all other work and for recreation the children would join in with the other scholars attending this school. As in the case of other children attending the Open Air School they would be conveyed to and from school by the special buses provided. Such a scheme, providing as it does the special sight-saving education necessary for these children without segregation from their fully sighted companions and providing education under the healthiest possible conditions, would be of the greatest benefit to them, and it is hoped that the Board of Education will signify their approval at an early date.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 66 feeble-minded (but educable) children in the borough, only 14 are at present maintained at special residential schools. Of the remainder, 50 who should be receiving special education are attending ordinary classes in the public elementary schools.

I have on several occasions pointed out how very undesirable it is to have no special local accommodation for these feeble-minded children. To permit them to remain at ordinary schools means that they are not only an impediment to the progress of normal children but being of insufficient intelligence are themselves unable to cope with the work, or in any appreciable way benefit by the teaching. I would again urge the provision of a scheme to segregate them and give them the means of obtaining specialised care and teaching.

During the year 1 feeble-minded child and 2 imbeciles were notified to the Local Control Authority. The following is an analysis of these cases :

Diagnosis.	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	—
(b) Imbeciles	1	1
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16.	1	—
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases.	—	—
4. Children who were, in addition to being mentally defective, blind or deaf.	—	—
GRAND TOTAL	2	1

After-Care and Vocational Training.

Though a special After-Care Committee consisting partly of members of the Education Committee and partly of representatives of various Voluntary Societies specially interested was formed during the year, no practical steps have been taken yet to deal with the exceptional child after he or she leaves school. I consider this to be a very serious defect in the educational scheme.

As pointed out in previous Reports, much money is spent in giving these children a specialised education necessary in accordance with their defects yet, (with the exception of the blind), when they leave school it is nobody's business to see that the benefits of that education are used to the best advantage. After finishing their education in special schools many defective children require a further course of special training to enable them to become wage earners. This is one of the functions an After-Care Committee could most usefully carry out. Such a Committee should know what occupation the child is most suited for and equally important the occupation in which the child has the best chances of employment in after-life. In St. Helens the blind child is well catered for under the supervision of the St. Helens and District Society for the Welfare of the Blind. That Society endeavours to get every blind child sent for vocational training when it leaves the blind school and after training arranges for their employment. There is, however, no systematic attempt made to train other defective children, with the result that many of them later drift into the care of the Poor Law. An After-Care Committee might not remedy this evil but it could do much to mitigate it. Arranging for vocational training and finding employment is, however, not the only function of an After-Care Committee. These children are exceptional children and require help and guidance until they become established in life and a sympathetic After-Care Committee, by interesting themselves in their general welfare, could do much to improve their chances in life and prevent what is at present a very serious wastage.

NURSERY CLASSES.

Though there are no Nursery Schools in St. Helens, Nursery Classes have been established in 14 infants' departments of public elementary schools and there are approximately 400 children attending these classes. The usual age of children attending is 4 years, though children may be admitted at the age of 3 years. From the

medical standpoint these classes are very valuable. The child spends its day in a period of well balanced rest and activity and its mentality is livened. Further, being under regular medical and dental supervision, defects which so commonly develop during these early years are frequently avoided.

A full report on these classes was given in my Report of last year, and the general arrangements remained unchanged during 1933.

OPEN-AIR EDUCATION.

Mr. Lonie, Secretary for Education, has kindly supplied the following notes regarding the general arrangements for Open Air Education :—

“(a) Playground Classes.

The value of fresh air and sunlight is now realised and better appreciated. Head Teachers are quick to take advantage of suitable weather conditions by holding classes in school playgrounds or in neighbouring fields and parks. Organised classes in physical training and organised games are held regularly in the school playing fields and in the local parks and recreation grounds.

(b) Open Air Classrooms in Public Elementary Schools.

Recent school buildings provided by the Local Authority are all planned on the semi-open air principle and the conditions at Parr Central School, Windlehurst Council Junior School, and Parr Flat Council Junior School, are well nigh ideal.

The Head Mistress of the new Parr Central Girls' School reports that one of the most noticeable features of the school work has been the all-round improvement in the physical condition of a group of girls who, when the school was first opened, were pale and anaemic looking.

(c) School Journeys and Camps.

Most of the schools arrange school journeys to supplement class work in Nature Study, Geography, etc. In addition, several schools arrange week-end school journeys to such places as London, Edinburgh, Oxford and Stratford-on-Avon in accordance with arrangements approved by H.M. Inspector.

Some of the Boys' Schools organise week-end camps, whilst in two cases, groups of boys with their teachers sleep under canvas throughout the summer months, camp equipment being loaned by the Local Authority.

By the kindness of the Misses Pilkington, the Penmaenmawr Holiday Home was placed at the disposal of the Education Committee for a period of three weeks in the month of May, and this enabled three separate classes of forty senior girls from three different schools, accompanied by their class teachers, to spend a week in the ideal surroundings of North Wales. It was a wonderful experience for the girls and the Education Committee hereby record their sincere thanks to the Misses Pilkington.

The majority of the schools have their annual excursion to the seaside or to the Lake District, and each year also 250 of the poorest children of the town are sent away by the kindness of a Voluntary Organisation for a week's camp in North Wales."

PHYSICAL TRAINING.

I am indebted to Mr. H. A. Lonie, Secretary for Education, for the following report on Physical Training.

"As a detailed report was submitted last year, it is proposed to refer briefly to the main aspects of the work.

Physical Training.

It is a pleasure to record continued improvement in the fundamental exercise lesson and to note the development of better carriage by the girls. The publication of the new Syllabus of Physical Training by the Board of Education has aroused great interest : special classes for teachers have been held, and in certain schools the provision of suitable clothing for children during the physical training lessons has undoubtedly increased their zest and enjoyment.

Games.

The games are taken fairly regularly at the various playing fields, and whilst there is no doubt that there is a greater disposition to take the children into the open air, there is still a tendency in some schools to forego the games lesson if the weather is uncertain ; this is to be deplored, as it ought to be possible for some form of physical training to be taken, if necessary, in the classroom.

Dancing.

The dancing is improving very quickly, although progress halts in some cases owing to lack of suitable accommodation.

Swimming.

In spite of lack of accommodation, the work progresses. Sixty-seven girls passed the Committee's elementary test and eighty-nine girls the proficiency test.

The Education Committee are now affiliated with the Royal Life Saving Society, and it is worthy of special mention that for the first time in the history of the Elementary Schools, girls were entered for the examinations of the Royal Life Saving Society. The results are a credit to teachers and scholars, forty girls passing the elementary examination and twenty-five the intermediate examination."

BATHS.

The Parr Central Council School, the Windle Pilkington Council School, and the Parr Flat Council Junior School are the only elementary schools equipped with baths. These consist of slipper and spray baths, and are in constant use, a large proportion of the children securing a bath weekly.

At the Hamblett Open-Air Council School there are spray baths and, unless countermanded by the Medical Officer, all children attending that school have a weekly bath under the supervision of the nurse attached to the school.

Arrangements are also in force by which school children have the use of the small plunge bath at the Public Baths in Boundary Road for swimming on seven half-days per week.

PROVISION OF MEALS.

Breakfasts and dinners are provided seven days a week at the Arthur Street, Merton Bank, and Peasley Cross Centres, and on five days a week at the Windle Pilkington, Sutton Manor, Parr Flat, Allanson Street, Parr Central, Gerard Hall, St. Paul's, Thatto Heath, Park Street and Sutton centres. 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 has been 638,528. Of these 634,522 were provided free.

The total number of individual children receiving free meals was 1,616, and the number who paid for meals was 33.

The average total cost per meal was 2.02 pence, of which 1.01 pence was for food.

I am indebted to Mr. Lonie, Secretary for Education, for the following notes on the school feeding arrangements :—

“ The organisation of the provision of school meals is closely correlated with the work of the School Medical Department. The selection of children for meals is made by the School Medical Officer at routine and other inspections, assisted by School Nurses who recommend cases coming under their notice at routine school and home visitations ; by School Care Committees through Head Teachers and their Staffs ; and by the School Attendance Officers, who regularly report cases of apparent under-nourishment.

The dietary of the School Meals Centres has been carefully arranged in consultation with the School Medical Officer, and is based on the Board of Education's Memorandum on School Meals.

Head Teachers are unanimous as to the beneficial effects of School Meals which, they state, are plainly evident in the children.

The provision of School Meals is supplemented in the schools by the fairly general practice of arranging for the children to receive a daily ration of milk or some other beverage such as malted milk or cocoa, and the value of this voluntary work on the part of the teachers cannot be over-estimated. The following particulars obtained at a recent enquiry in the schools, give some idea of the extent of this work :—

- (a) In 70 of the 85 School Departments, a ration of new milk or some other beverage such as malted milk or cocoa, is supplied to scholars daily.
- (b) Where malted milk and cocoa are supplied, it is generally because they can be supplied at a cheaper rate than new milk.

(c) The number of individual children supplied daily is

Infant children	.....	2015
Other children	.....	1978
		<hr/>
Total	.....	3993
		<hr/>

- (d) The cost per day to the scholars varies from $\frac{1}{2}$ d. to 1d., in the majority of cases the charge being $\frac{1}{2}$ d.
- (e) Risk of infection from drinking utensils is eliminated as far as possible by the use of individual cups or sterilised straws, and by washing the utensils in hot water.
- (f) In eleven cases, Head Teachers state that the facilities for heating the beverages and for washing the utensils, are inadequate.
- (g) In a good many cases Head Teachers supply necessitous children without charge.
- (h) The general opinion of Head Teachers is that the practice is beneficial to the children.

The Local Authority are impressed by the testimony of Head Teachers as to the value of the daily ration of milk and to the possibility of a much greater development of the practice if a supply of pure milk could be obtained at a much cheaper rate than that now prevailing (1d. per one-third pint). With a relatively high child population and high average family, there is a real danger that the necessitous children are unable to secure the undoubted benefits of a daily ration of milk owing to the inability of their parents to face the cost. The Local Authority are therefore in communication with the Ministry of Agriculture as to the possibility of some scheme being set up to guarantee a supply of pure milk being available for school children at a price within the reach of most parents."

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

Though parents in all cases are invited to attend the routine inspections, the attendance is never high. I would again stress the point that it would be of service both to the mothers and to the medical inspectors to confer, especially at the examination of infants, on the history and state of the child's health.

Close co-operation is maintained with the School Attendance Department who referred 962 cases to the School Medical Officer for special investigation throughout the year.

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 Crippled and Invalid 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 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 been invaluable in dealing with problems which an official service cannot tackle, and to them and their work the greatest credit must be given.

STATISTICAL TABLES.

FOR THE YEAR 1933.

ELEMENTARY SCHOOLS—Tables I to V

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	1725
Second Age Group	1874
Third Age Group	2145
Total	5744
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	00000	00000	00000	00000	00000	6524
Number of Re-Inspections	00000	00000	00000	00000	00000	9129
Total	00000	00000	00000	00000	00000	15653

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1933.

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	39	22	364	120
Uncleanliness :—(See Table IV., Group VI.)				
SKIN	Ringworm—Scalp	—	15	—
	Body	—	26	—
	Scabies	5	48	—
	Impetigo	53	1582	—
EYE	Other Diseases (Non-Tuberculous)	8	280	12
	Blepharitis	85	393	1
	Conjunctivitis	4	90	—
	Keratitis	—	—	—
	Corneal Opacities	1	31	1
	Defective Vision (excluding Squint)	241	360	908
	Squint	45	119	213
EAR	Other Conditions	4	68	14
	Defective Hearing	1	22	6
	Otitis Media	26	237	82
	Other Ear Diseases	30	63	21
NOSE AND THROAT	Chronic Tonsillitis only	57	201	415
	Adenoids only	1	14	31
	Chronic Tonsillitis & Adenoids	64	227	137
	Other Conditions	85	106	103
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	10	265	82	157
DEFECTIVE SPEECH	—	9	—	37
HEART AND CIRCULATION	Heart Disease—Organic	1	33	2
	Functional	1	56	10
	Anæmia	30	41	125
	Bronchitis	183	34	413
LUNGS	Other Non-Tuberculous Diseases	—	8	181
	Pulmonary—Definite	—	2	20
	Suspected	4	12	10
	Non-Pulm.—Glands	1	12	30
TUBERCULOSIS	Bones and Joints	4	2	16
	Skin	2	1	7
	Other Forms	—	2	5
	Epilepsy	1	—	8
NERVOUS SYSTEM	Chorea	—	2	21
	Other Conditions	1	6	30
	Rickets	2	5	7
DEFORMITIES	Spinal Curvature	—	1	1
	Other Forms	13	19	110
OTHER DEFECTS AND DISEASES (excluding Uncleanliness & Dental Diseases).	13	29	158	78

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

GROUP (1)	Number of Children		Percentage of Children found to require Treatment: (4)
	Inspected (2)	Found to require Treatment (3)	
PREScribed GROUPS :			
Entrants	1725	298	17.28
Second Age Group	1874	322	17.18
Third Age Group	2145	329	15.34
Total (Prescribed Groups)	5744	949	16.52
Other Routine Inspections	Nil	Nil	Nil

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1933.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in the penultimate category of this Table), Heart Disease).

- (1) Number of children suffering from Multiple Defects 1 (Boy).
 (2) Combination of Defects Blindness and deafness.
 (3) Type of School attended Certified School for the Blind (Henshaw's Institution for the Blind).

BLIND CHILDREN.

(Children who are so blind that they can only be appropriately taught in a school for blind children).

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	1	—	—	14

PARTIALLY BLIND CHILDREN.

(Children who, though they cannot read ordinary school books or cannot read them (even with suitable glasses) without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind).

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
Nil	Nil	21	Nil	Nil	21

DEAF CHILDREN.

(Children who are too deaf to be taught in a class of hearing children in an elementary school, and are so deaf that they can only be appropriately taught in a school for the deaf).

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
10	—	—	—	10

PARTIALLY DEAF CHILDREN.

(Children who can be appropriately taught in a school for the partially deaf).

At Certified Schools for the Deaf	At Certified Schools for the partially deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	4	—	—	4

MENTALLY DEFECTIVE CHILDREN.

(Children (excluding children notified to the Local Authority under the Mental Deficiency Act) who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children).

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
14	50	1	1	66

EPILEPTIC CHILDREN.

(Children suffering from Severe Epilepsy, who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	—	—	—	3

PHYSICALLY DEFECTIVE CHILDREN.**A.—TUBERCULOUS CHILDREN.**

(Children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere).

I.—Children Suffering from Pulmonary Tuberculosis.
(including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	*12	6	18

* At Eccleston Hall Sanatorium School.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
6	16	*7	6	35

*At Eccleston Hall Sanatorium School.

B.—DELICATE CHILDREN.

(Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
104	203	—	—	307

C.—CRIPPLED CHILDREN.

(Children (other than those diagnosed as tuberculous and in need of treatment for that disease) suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	44	6	6	69

D.—CHILDREN WITH HEART DISEASE.

(Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	2	—	6	8

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1933.

TREATMENT TABLE.

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

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	15	13	2	15
Ringworm, Body	26	26	—	26
Scabies	53	53	—	53
Impetigo	1635	1590	38	1628
Other skin disease	288	284	1	285
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	676	588	68	656
MINOR EAR DEFECTS	379	308	51	359
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1113	1091	22	1113
Total	4185	3953	182	4135

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)	765	696	27	—	723
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	765	696	27	—	723

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	...	...	543
(b) Otherwise	...	...	...	...	...	...	24

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	...	...	..	543
(b) Otherwise	...	...	...	...	...	..	24

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

Referred for treatment	Number of Defects.													Received other forms of treat- ment.	Total number treated
	Received Operative Treatment.														
	Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total						
	i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv			
755	—	3	336	2	3	—	33	—	3	3	369	2	142	519	

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated.						Total
Under the Authority's Scheme			Otherwise			
Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
20	13	423	—	—	4	427

Group V.—Dental Defects.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Inspection ... 116	} Total 1318
Aged :		Treatment ... 1202	
Routine Age Groups	3—	287	} Total 19617
	4—	1036	
	5—	1710	
	6—	1735	
	7—	1964	
	8—	1986	
	9—	2041	
	10—	1979	
	11—	2207	
	12—	2068	
	13—	2109	
	14—	428	
	15—	67	
Specials		117	} Grand Total ... 19734
(b) Found to require treatment	13157		
(c) Actually treated ...	7533		
		(3) Attendances made by children for treatment ...	10985
		(4) Fillings :—	
		Permanent teeth 5343	} Total 6517
		Temporary teeth 1174	
		(5) Extractions :—	
		Permanent teeth 2537	} Total 13010
		Temporary teeth 10473	
		(6) Administrations of general anæsthetics for extractions	2792
		(7) Other Operations :—	
		Permanent teeth 320	} Total 1584
		Temporary teeth 1264	

*Note :—*In addition to these inspections, 4690 children were re-inspected during the year, and of them, 3232 were found to require treatment.

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	61
(ii.) Total number of examinations of children in the Schools by School Nurses	37048
(iii.) Number of individual children found unclean	1396
(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 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	4185	3953	182	4135
Visual Defects	765	696	27	723
Defects of Throat and Nose	755	349	170	519
Dental Defects { Referred by Dentist	13101	7477	432	7909
" School M.O.	234	56	38	94
Other Defects	1905	1589	194	1783
Total	20945	14120	1043	15163

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	4	—	3
	5	—	12
	6	—	16
	7	—	22
	8	—	21
	9	—	11
	10	—	37
	11	—	105

Age	12	—	109
	13	—	141
	14	—	96
	15	—	145
	16	—	71
	17	—	48
	18	—	35
	19	—	6

Total	...	878
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B.—OTHER INSPECTIONS.

Number of Special Inspections	121
Number of Re-inspections	118

Total	...	239
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TABLE VII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

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		—	—	1	—
Uncleanliness—		—	—	—	—
(See Table IX., Group VI.)					
SKIN	Ringworm—Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	1	—
	Other Diseases (Non-Tuberculous) ...	5	6	—	—
EYE	Blepharitis	2	—	1	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint) ...	47	157	3	7
EAR	Squint	1	2	—	—
	Other Conditions	—	—	—	—
	Defective Hearing	—	—	—	—
	Otitis Media	2	1	—	1
	Other Ear Diseases	—	—	—	—
NOSE AND THROAT	Chronic Tonsillitis only	8	40	8	21
	Adenoids only	—	2	—	1
	Chronic Tonsillitis & Adenoids	6	4	—	4
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	Other Conditions	—	5	2	4
	... ..	3	23	3	13
	DEFECTIVE SPEECH	—	4	—	1
HEART & CIRCULATION.	Heart Disease—Organic	—	7	—	3
	Functional	—	8	—	6
	Anæmia	9	16	6	4
LUNGS	Bronchitis	—	3	—	4
	Other Non. T.B. Diseases	—	—	—	—
	Pulmonary—Definite	—	—	—	—
TUBERCULOSIS	Suspected	—	1	—	1
	Non-Pulm.—Glands	—	—	—	—
	Bones and Joints	—	—	—	—
	Skin	—	1	—	—
	Other Forms	—	—	—	—
NERVOUS SYSTEM	Epilepsy	—	—	—	—
	Chorea	—	1	—	—
	Other Conditions	—	—	—	—
DEFORMITIES	Rickets	—	—	—	—
	Spinal Curvature	—	—	—	—
	Other Forms	10	12	—	2
OTHER DEFECTS AND DISEASES... (excluding Uncleanliness and Dental Diseases).		7	2	1	7

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)	878	92	10.48
Other Routine Inspections	—	—	—

TABLE VIII.

Return of all Exceptional Children in the area on the 31st December, 1933.

(NOTE :—The definitions for the purposes of this Table are the same as those shown in Table III of the statistics for Elementary Schools).

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Nil.

BLIND CHILDREN.

Nil.

PARTIALLY BLIND CHILDREN.

Nil.

DEAF CHILDREN.

Nil.

PARTIALLY DEAF CHILDREN.

Nil.

MENTALLY DEFECTIVE CHILDREN.

Nil.

EPILEPTIC CHILDREN.

Nil.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis.

Nil.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	1

B. DELICATE CHILDREN.

Nil.

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Secondary Schools	At other Institutions	At No School or Institution	Total
—	1	—	—	1

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	1

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1933.

TREATMENT TABLE.

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

DISEASE OR DEFECT (1)	Number of Defects referred for Treatment (2)	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme (3)	Otherwise (4)	Total (5)
SKIN—Ringworm, Scalp	—	—	—	—
" Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	1	1	—	1
Other Skin Disease	5	1	4	5
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	3	1	2	3
MINOR EAR DEFECTS	2	1	1	2
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chil- blains, etc.)	—	—	—	—
Total	11	4	7	11

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)	51	33	5	—	38
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—	—
Total ...	51	33	5	—	38

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme 28

(b) Otherwise 5

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 28

(b) Otherwise 5

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

Referred for treatment	Number of Defects.													Received other forms of treatment	Total number treated
	Received Operative Treatment														
	Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total						
	i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv			
24	—	—	1	—	—	—	4	—	—	—	5	—	2	7	

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children Treated.						
Under the Authority's Scheme			Otherwise			
Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Total
1	—	3	—	—	2	5

Group V.—Dental Defects.

(1) Number of children who were :—				(2) Half-days devoted to :—			
(a) Inspected by the Dentist :				Treatment 32			
Aged :				Inspection 2 } Total 34			
Routine Age Groups {							
5 — 9 14 — 114							
6 — 17 15 — 105							
7 — 20 16 — 75							
8 — 19 17 — 44							
9 — 26 18 — 36							
10 — 41 19 — 2							
11 — 100							
12 — 141							
13 — 141				Total 890			
Specials 1							
Grand Total 891							
(b) Found to require treatment ... 444							
(c) Actually treated 88							
				(3) Attendances made by Children for treatment ... 256			
				(4) Fillings :—			
				Permanent Teeth 140			
				Temporary Teeth 21 } Total 161			
				(5) Extractions :—			
				Permanent Teeth ... 81			
				Temporary Teeth ... 19 } Total 100			
				(6) Administrations of general anæsthetics for extractions ... 30			
				(7) Other Operations :—			
				Permanent Teeth ... 12			
				Temporary teeth ... 3 } Total 15			

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	28
(ii.) Total number of examinations of children in the Schools by School Nurses	878
(iii.) Number of individual children found unclean... ..	—
(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 Authority's Scheme	Otherwise	
Minor Ailments	11	4	7	11
Visual Defects	51	33	5	38
Defects of Throat and Nose	24	1	6	7
Dental } Referred by Dentist	443	87	206	293
Defects } Referred by School M.O.... ..	18	1	8	9
Other Defects	40	10	22	32
Total	587	136	254	390