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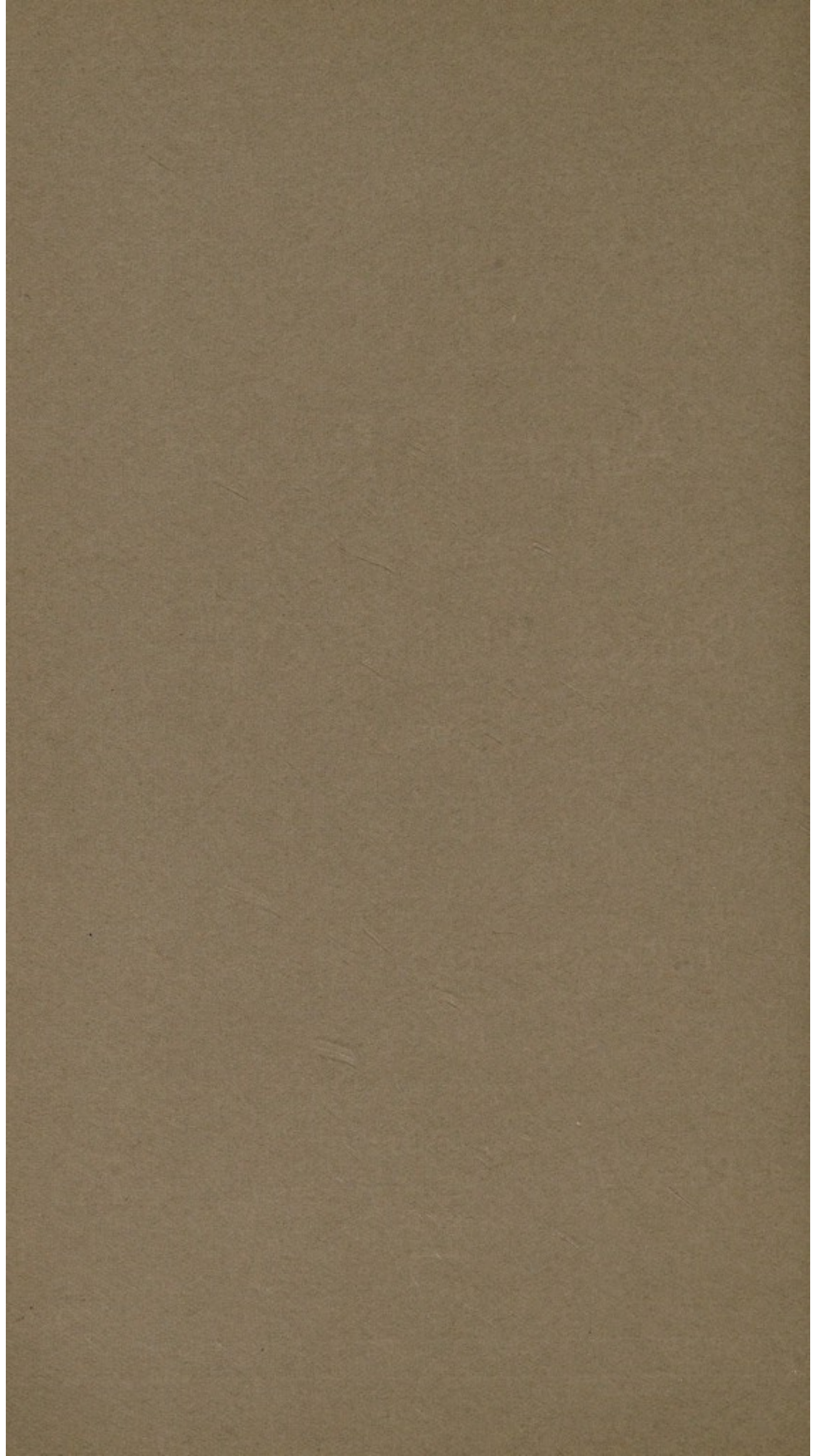


Annual Report
OF THE
School Medical Officer,
FOR
1936

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

St. Helens :
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Central Children's Care Committee.

Chairman :

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Deputy-Chairman :

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STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE
DURING THE YEAR 1936.

Children in Average Attendance at Elementary Schools	18,025
Total Examinations of Elementary School Children	22,897
Total Examinations of Secondary School Children	1,091
Miscellaneous Examinations (Bursars, etc.)	292
Minor Ailments treated	3,653
Visual Defects treated	807
Throat and Nose Defects treated	386
Children inspected by School Dentists	20,204
Children treated by School Dentists	8,460
Total Attendances at All School Clinics	60,989
Examinations by Nurses for Cleanliness	46,443
Visits to Schools by Medical Officers	335
Visits to Schools by Nurses	6,315
Home Visits by Nurses	10,236
Total Attendances at Inspection Clinic	4,510

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

Ladies and Gentlemen,

I submit herewith my Annual Report as School Medical Officer.

Though the results of medical inspection show that during 1936 there was a slight increase from 34.5% in 1935 to 35.3% in 1936, in the number of children found with medical defects requiring treatment or to be kept under observation, this was mainly due to a larger number of minor skin defects found and a considerable increase in the number of cases of defective vision which were referred for observation—the latter, it is believed, resulting from the epidemics of catarrhal infectious diseases occurring during 1935. There was also a slight increase in the percentage of cases, from 3.2% in 1935 to 3.4% in 1936, in which nutrition was considered to be sub-normal. In regard to nutrition it may be noted that the percentage of sub-normal children in St. Helens is much smaller than that for Lancashire County as a whole which, in 1935, was 10.6%. Despite these increases, however, I think it can be said with confidence that generally speaking the standard of health of the St. Helens school-child compares very favourably with other areas.

During 1936, important additions to the School Medical Service were the opening of the new Speech Defect Clinic, the organising of a special Aural Clinic and the opening of the new District Minor Ailment Clinic. These followed the lines outlined in my Report for 1935. Another extension of the work carried out during the year was the routine inspection of all children attending Nursery Classes. These additions to the School Medical Service will still further ensure that complete supervision of the child which is so necessary during its school life.

So far we have been able to cope with expansions of the service such as those above, but I would again draw attention to the urgent necessity of new Central Clinic premises if these or any future

developments are to be successful. I would also draw attention to the fact that new Housing Areas are being developed mainly on the outskirts of the town. New District Clinics will shortly have to be provided for these, and I would again refer to the desirability of providing clinic accommodation on new school premises. The provision of such accommodation will soon become an urgent problem in regard to the Haresfinch Area.

For much of the work done I am indebted to Dr. O'Brien, Deputy Medical Officer, and the able and active co-operation of Mr. Lonie, Director of Education, has been of the utmost assistance in the development of our work in the schools.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

May, 1937.

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 :—

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's)

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

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

Peter Henderson, M.D. (Aberdeen), D.P.H. (England).
(Resigned September, 1936).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and
L.M. (from October, 1936).

Dental Surgeons :—

Ronald G. Clague, L.D.S.

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S.

Health Visitors and School Nurses :—

Superintendent : Eleanor J. Moorehead (2), (3), (6).

Ethel Denman	(1), (5), (6)	*Ellen R. MacDonald	(2), (3), (6)
Mary Riding	(3), (6)	*Agnes MacDonald	(2), (3), (6)
*Amy Coates	(3), (6)	Doris Parkinson	(2), (3), (6)
Emily Corrish	(3), (6)	Amanda S. Hume	(2), (3), (6)
*Daisy C. Cruickshank	(3), (6)	Nellie Richardson	(3), (6)
Nora Hogan	(3), (6)	Leah Rogers	(2), (3), (6)
Mary Corrish	(3), (4), (6)	Louisa Peace	(3), (6)
Alice Happold	(3), (5), (6)	Edith Jones	(2), (3), (6)
Edith Curran	(3), (6)	Caroline Good	(3), (6)

Orthopaedic Nurse :

Isabella Marvin Corke (7)

School Clinic and Dental Nurses and Attendants :—

Florence Faber	(3), (6)	Ethel M. K. Elliot	(3)
Florence Wilkinson	(3)	Elizabeth Howarth	
Phyllis M. Mather	(3)	Ellen Glynn	
Mary T. Ewing	(3), (6)		

(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.

(2) New Health Visitor's Certificate of the Royal Sanitary Institute.

(3) General Trained Nurse.

(4) Fever Trained Nurse.

(5) Children's Trained Nurse.

(6) State Certified Midwife.

(7) Certificate of the Chartered Society of Massage and Medical Gymnastics.

* Resigned during the year.

The following are part-time officers :—

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.

Muriel W. Ferrie, M.S.S.T., Speech Therapist.

SCHOOL HYGIENE.

Early in the year the Board of Education issued two circulars which referred specially to the arrangements made for the physical welfare of school children. The first, Circular No. 1444, encouraged the establishment of Nursery Classes, the provision of modern buildings in connection with re-organisation schemes, and the extension of the School Medical Service. The second, Circular No. 1445, dealt specifically with Physical Education, and proposed that the arrangements made be reviewed and extended where necessary

by the provision of playing fields and gymnasia. Later a further Circular was issued which suggested that special clothing and shoes should be provided for physical training. The Committee have welcomed these Circulars and, in the light of them, have reviewed the needs of the area.

In the course of the year another $2\frac{1}{4}$ acres have been added to the playing fields at the Rivington Road School, in addition to the $4\frac{1}{2}$ acres mentioned in the last report.

An offer made by Mrs. Richard Pilkington and members of her family to provide a pavilion on the Bishop Road Playing Field as a memorial to the late Colonel W. N. Pilkington, has been gratefully accepted by the Committee.

Work on the new Junior Mixed and Infants' School to accommodate 650 children at Robins Lane has been commenced during the year. The erection of the Grange Park Senior School is now proceeding rapidly, and the building of a gymnasium at the Waterloo Street Junior Instruction Centre for Girls has been started.

The additions and extensions to Knowsley Road School, which have brought the building into line with modern ideas were completed, and the school re-opened in October, 1936, for Junior and Infant children.

The first instalment of the scheme for the re-organisation of all the Roman Catholic schools in the district, is nearing completion by the building of a new school for Junior and Infant children for Holy Cross.

A proposal by the Committee to replace all the existing obsolete furniture has been approved by the Board of Education and in the near future it is hoped that no school will use out-of-date desks and chairs. This should prove a considerable help in inculcating good habits of posture in children.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1936 there were under the control of the Education Committee, 39 Elementary Schools with 79 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	...	...	24,241
Average number of children on the roll during the year	...	...	19,858
Average number of children in attendance during the year	...	...	18,025
Percentage attendance for the year	...	...	90.7%

In the Annual Report for 1935, the desirability of greater attention being paid to children under five was stressed, and the need for co-operation between Nursery Classes and Toddlers' Clinics of the Maternity and Child Welfare Service. In previous years, children entering Nursery Classes were classed as entrants and their next routine examination normally did not take place until they were 8 years of age. To obviate this big gap arrangements were made during 1936 whereby all children attending Nursery Classes will be examined yearly up to the age of 5 years. By so doing, and by co-operating such inspection with the work of the Maternity and Child Welfare Service, it is hoped that the child starting what might be called his normal school career at 5 years of age, will be a healthier child.

Apart from this innovation, which will become a permanent feature of the School Medical Inspections, the general scope of the Service has remained as outlined in previous years. The following statement shows the number of inspections carried out during the past five years :

			1932	1933	1934	1935	1936
			—	—	—	—	—
Routine Examinations	...	...	6576	5744	6158	5797	6919
Special Examinations	...	...	6117	6524	6348	6437	6216
Re-examinations	...	...	9840	9129	9693	9570	9762
Attendances at							
Inspection Clinic	...	...	3762	4530	3746	3960	4510

The marked increase in routine inspections during 1936 was mainly due to the inclusion of all Nursery Class children as outlined above.

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

Secondary Schools.

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

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

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

			1932	1933	1934	1935	1936
			—	—	—	—	—
Routine Examinations	...	...	972	878	928	960	894
Special Examinations	...	...	88	121	184	134	54
Re-examinations	...	...	202	118	217	157	143

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

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 6,919 children examined at the routine medical inspections during 1936, 1,133 (16.4%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental

defects), which required treatment, and 1,312 (18.9%) from defects requiring to be kept under observation.

During the past five years the corresponding percentages have been :

	1932	1933	1934	1935	1936
Referred for treatment	13.8%	16.5%	11.8%	16.1%	16.4%
Referred for observation	21.1%	22.0%	23.1%	18.4%	18.9%
Total	34.9%	38.5%	34.9%	34.5%	35.3%

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 uncleanness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined					
	1932	1933	1934	1935	1936
Requiring treatment ...	16.3	17.7	12.4	18.1	19.3
Referred for observation ...	21.2	24.2	24.5	23.7	22.6
Total	37.5	41.9	36.9	41.8	41.9

In comparison with 1935 there was a slight increase both in the percentage of children found defective and in the incidence of defects. In neither case was the increase serious. The increase in the incidence of defects was in the category "requiring treatment." This was mainly due to a larger number than usual of mild skin conditions requiring attention, an increase in the number of cases of enlarged tonsils and adenoids referred for treatment, and

an increase in the number of cases of postural defects, mainly round shoulders, in which remedial measures were deemed necessary. The increase in the number of these postural defects referred for treatment was mainly due to the special attention given to such defects during the year in view of the extended interest now being devoted to the campaign for increased physical fitness amongst school children.

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.

	1932	1933	1934	1935	1936
External Eye Diseases	2.2%	1.8%	0.97%	1.8%	1.6%
Defective Vision and Squint (Intermediates and Leavers only)	15.5%	15.7%	16.5%	13.1%	18.1%
Ear Disease or Defect	1.5%	1.5%	1.3%	2.0%	1.9%
Throat or Nose Defects	9.5%	11.3%	8.8%	10.3%	9.1%
Disease of Heart and Circulation	2.5%	2.8%	2.9%	2.7%	2.3%
Lung Disease (Non-Tubercular)	2.2%	3.9%	3.4%	4.9%	3.7%
Tuberculosis	0.6%	0.7%	0.5%	0.4%	0.5%
Malnutrition	1.2%	1.1%	0.9%	3.2%	3.4%

An analysis of the chief defects shown as above, and covering children referred both for treatment and for observation, shows that there was a decrease in 1936 in the percentage of children with external eye diseases, non-tubercular lung diseases and combined ear, nose and throat defects. The linking contributory factor was the cessation of the mild epidemic of whooping cough which occurred during 1935, and which with the severe epidemic of measles was responsible for so many catarrhal infections during that year.

At the same time the sequelae of these epidemics was reflected in the increased percentage of defective vision and squint. The

increase was almost wholly due to the number of cases referred for observation and not for treatment and, therefore, may be taken as indicative that defective vision "per se" amongst children was not more marked than in former years, but that cases of temporary eye strain due to the 1935 epidemics of catarrhal diseases were more likely to occur and require observation for varying periods.

Special comment must be made on the percentage of malnutrition cases. As 1935 was the first year when complete records for all the country became available, it may be of interest to look back in order to note a few comparisons. Under the new classification, nutrition is now grouped as (a) excellent, (b) normal, (c) slightly sub-normal, and (d) bad. The figure for (c) in St. Helens in 1935 was 3.12% and for (d) 0.13%. They compare with the figures for Lancashire County as a whole of 10.1% for (c) and 0.5% for (d); for Liverpool with 10.1% for (c) and 1.4% for (d); and for Manchester with 6.53% for (c) and 0.18% for (d).

A detailed analysis of the corresponding figures for St. Helens during 1936 may be seen in Table II. Though that shows a slight increase in both categories of malnutrition, it appears that so far St. Helens compares favourably with surrounding areas. The excellent arrangements for school meals and for milk in schools, and no less the scheme of allowance of milk in early life under the Maternity and Child Welfare Service, probably accounts for this.

The percentage of children found verminous in 1936 showed a slight decrease from 4.38% in the preceding year to 4.21%. In no instance was compulsorily cleansing necessary.

The percentage of children found at routine inspections with defective clothing was 2.05% in 1936 as compared with 2.53% in 1935; whilst the percentage with defective footwear was 0.25% compared with 0.36% in the preceding year.

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	...	...	...	...	5074
Total re-examinations	...	...	...	...	9762
Number found remedied	...	...	...	...	1812 (18.6%)
Number found improved	...	...	...	...	5108 (52.3%)
Number found stationary	...	...	...	...	2802 (28.7%)
Number found retrograde	...	...	...	...	40 (0.4%)

Secondary Schools.

At the Secondary Schools 894 children were examined at the routine inspections. Of these 64 (7.16%) had defects (other than uncleanliness, defective clothing or footwear or dental defects) requiring treatment and 222 (24.8%) defects which required to be kept under observation. The corresponding percentages for 1935 were 7.29% and 29.9% and for Elementary Schools were 16.37% and 18.96%.

The chief defects for which children were referred for treatment or for observation during the past 5 years were as follows :—

	1932	1933	1934	1935	1936
Defective Vision or Squint	21.4%	23.6%	23.8%	22.4%	23.4%
Throat and Nose Defects	9.5%	7.4%	5.5%	5.0%	2.8%
Diseases of the Heart and Circulation	4.4%	4.6%	3.0%	4.7%	2.1%
Lung Disease (Non-Tubercular)	0.7%	0.3%	0.1%	0.8%	0.1%
Sub-normal nutrition	Nil	Nil	Nil	0.9%	0.3%

There was a decrease in the percentage of cases referred both for observation and treatment in the Secondary Schools.

A consideration of the chief defects for which treatment or observation was advised shows a reduction in the incidence of all defects on a parallel with the decrease in similar defects in the elementary schools, i.e. catarrhal conditions of the ear, throat and nose, and lungs. Similarly there was a slight increase in the incidence of defective vision and squint.

The standard of nutrition still remains very satisfactory. Only 0.3% of the children were found to suffer from slightly sub-normal nutrition and none from bad nutrition. The corresponding figures in the Elementary Schools were 3.29% slightly sub-normal and 0.16% bad.

In addition to the routine inspections, 54 special cases were examined and 143 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 IX.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table VII in summary form the treatment obtained for the various defects referred for treatment during 1936. 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 1927 to 1936.

								Number of children referred for treatment.	Children treated.		
									Number	Per cent.	
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
1934	Medical only	...	...	...	...	...	7159	6905	...	96.5
	Dental	...	...	...	...	...	12764	7481	...	58.6
	Total	...	...	...	...	...	19923	14386	...	72.2
1935	Medical only	...	...	...	...	...	6884	6455	...	93.8
	Dental	...	...	...	...	...	12694	8028	...	63.2
	Total	...	...	...	...	...	19578	14483	...	74.0
1936	Medical only	...	...	...	...	...	7646	7044	...	92.1
	Dental	...	...	...	...	...	11354	8607	...	75.8
	Total	...	...	...	...	...	19000	15651	...	82.4

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1932 to 1936.

	1932	1933	1934	1935	1936
Minor Ailments—					
No. referred for treatment	3933	4185	4242	3781	3906
No. treated	3896	4135	4209	3728	3833
% treated	99.0	98.8	99.2	98.6	98.1
Visual Defects—					
No. referred for treatment	801	765	752	691	829
No. treated	759	723	718	676	811
% treated	94.8	94.5	95.5	97.8	97.8
Throat and Nose Defects—					
No. referred for treatment	640	755	530	588	902
No. treated	498	519	409	370	546
% treated	77.8	68.7	77.2	64.6	60.5
Other Medical Defects—					
No. referred for treatment	1783	1905	1635	1824	2009
No. treated	1729	1783	1569	1681	1854
% treated	96.9	93.6	96.0	92.2	92.3

It will be noted there was a slight decrease in 1936 in the percentage of medical defects treated. This occurred in the percentage of throat and nose defects. Actually more children received treatment in this category than for several years formerly, but owing to the large number referred for treatment, the resulting percentage showed a decrease. There was a marked increase in the percentage of dental defects treated during the year, and as a result the total percentage of children receiving treatment was the highest for the past 10 years, reaching the high figure of 82.4%.

The percentage of children treated under schemes of the Local Authority during 1936 was approximately 94%.

Secondary Schools.

Of the 84 children referred for treatment for medical defects during the year, 76 (90.5%) were treated before the end of the year, and, of 311 children referred for dental treatment, 259 (83.3%) were treated. The corresponding figures for 1935 were 97.9% and 54.9%.

Approximately 46.6% of the defects treated were treated under the schemes of the Local Authority.

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

Provision of Treatment.

Following a special Report made by me to the Committee in April, 1936, some important alterations and extensions in the provision of treatment have to be recorded. The Report referred to was printed as an Appendix to the Annual Report for 1935.

Arrangements for the establishment of the Special Centre for the training of Speech Defects were finally completed during the year, and in November the work of organisation and preparation was commenced. Through the kind co-operation of the Director of Education, premises were obtained in Windle Pilkington Infants' School and the special class, conducted in four weekly sessions by an experienced teacher, is now drawing its pupils from all the elementary schools of the town.

The organisation of the special Aural Clinic to be held at the Cloughton Street Centre was also completed in 1936, and the Clinic was opened early in February of the current year. A fortnightly visit is paid by Mr. McGibbon, Consultant Aurist and Laryngologist to the Corporation, and a nurse specially trained in the treatment of these defects is in attendance each afternoon for the supervision and control of intercurrent treatment.

Now that adequate provision as noted above has been made for these important defects, it is hoped that the scheme for dealing with children suffering from seriously defective vision will soon be in operation. The handicap suffered by these children in later life could be considerably minimised by the provision of a sight saving class.

District clinics for minor ailments and dental defects at Elizabeth Street, West Street, Gartons Lane and Parr Flat School are still being maintained. Arrangements for the establishment of a new district Minor Ailment Clinic at the Albion Street Maternity and Child Welfare Centre were completed at the end of the year, and the clinic was opened in January of the current year. This clinic provides daily treatment for minor ailments in children attending the Junior and Infant Departments of the Knowsley Road and Dentons Green districts.

In regard to the accommodation at the Central Clinic in Claughton Street, it is more encouraging to note that a move has at last been made towards the provision of more satisfactory premises. Plans have now been prepared for the provision of a new Health Centre providing accommodation for all the Clinic Services of the Health Department on the ground floor, with the health visiting, sanitary and administrative staffs in the same building, and it is hoped that these proposals be proceeded with. As is so well known, the present Clinic premises are very unsatisfactory, and it seems, therefore, a suitable opportunity to have all the Central Clinic Services under one roof, thereby enabling proper co-operation between the various Services. It is also considered desirable to have the health visitors and the administrative staff in the same building as the Clinic Services owing to the fact that the clinical and administrative work is so closely intertwined.

At the district minor ailment clinics, 1,550 children made 18,499 attendances during 1936 for treatment, and at the district dental clinics 1,893 children made 2,719 attendances for treatment.

The operative treatment of tonsils and adenoids and of cases of squint is carried out at one of the local hospitals. During the year, 386 children were operated on for the removal of tonsils and adenoids and 21 operations were carried out for squint.

The following table shows the work carried out at or in connection with the Ophthalmic Clinic during the past five years.

	1932	1933	1934	1935	1936
Cases for refraction	749	729	717	678	814
Cases glassed	673	571	626	591	701
Cases not glassed	76	158	91	67	113
Old cases reviewed	680	881	695	779	994
Cases referred for observation	6	4	8	2	-
External eye diseases	23	8	10	18	9
Operations	3	6	8	7	21
Total attendances	1,506	1,516	1,539	1,541	1,780

The total number of defects treated at the various clinics during the past five years is shown in the following statement.

	1932	1933	1934	1935	1936
Minor Ailments	3,697	3,957	4,034	3,543	3,653
Visual Defects	749	729	717	678	807
Defects of Throat and Nose ...	331	350	259	241	396
Dental Defects	7,478	7,621	7,176	7,677	8,460
Crippling Defects	361	432	332	331	415
Other Defects	1,258	1,167	1,055	1,092	1,236
Total Number of Defects treated	13,874	14,256	13,573	13,562	14,967
Total Attendances	63,815	63,086	66,063	59,666	60,989

Examination of the figures shown above, shows distinct increase in the number of cases dealt with at the various Clinics. The total number of defects treated in 1936 was higher than in any year during the past 5 years. The increase is especially noticeable in cases dealt with at the Ophthalmic Clinic and at the Dental Clinic. As the majority of the cases are dealt with at the Central Clinic in Cloughton Street, the expansion thus shown provides another powerful argument for new clinic premises.

An entirely new departure in the Provision of Treatment was entered upon this year. As formerly, Cod Liver Oil Emulsion and Malt and Oil were available at the Central Clinic at a small charge

or free in necessitous cases. Commencing in October, 1936, however, Cod Liver Oil Emulsion was supplied free of charge to all Nursery Classes in the Infant Departments of the Elementary Schools. The emulsion was given daily to necessitous cases at the discretion of the Head Teacher, and also to special cases selected by the School Nurses and School Medical Officer. The results, as reflected in the reports from the Headmistresses, have been more than satisfactory. The health of the children has been greatly benefited and the incidence of catarrhal infection in these schools during the winter has been lowered. It is hoped that this will become a permanent feature of school treatment in the future.

Part of the cost of treatment provided at these Clinics is recovered from the parents in accordance with family circumstances. During the year ended 31st December, 1936, parents paid £169/10/0d.

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. R. G. Clague, Senior Dental Surgeon, for the following notes on the work of the School Dental Department.

“Dental decay is an index of dietetic errors. In the ancient peoples, dental decay was rare, but to-day of all organs in the body, nowhere is disease more frequently found than in the organs of mastication. In the interests of general health, children's teeth can be taken as a guide to nutrition. Children whose feeding is not supervised, and who, generally speaking, are badly fed, in most cases suffer from dental caries. In fact, one can judge from the condition of teeth, whether the mother has adhered to the diet recommended or not.

" Now and again, one sees an infant whose teeth have commenced to decay almost as soon as they have erupted ; that is, long before any local action of an unsuitable diet could have brought about decay in a sound tooth. In these cases one must conclude that the mother's diet is defective. Of course, heredity plays a large part in the resistance to dental infection, but interesting facts have been obtained by simple questions of diet put directly to the children and expectant mothers during visits to the surgery for treatment. It is very gratifying to find that the proportion of dentally-minded mothers is gradually increasing, and the fear of the dental chair is slowly decreasing.

" The work of the Dental Department during the past year has been very encouraging, primarily because of an increase of 741 children (9.7%) treated compared with 1935, and secondly by a general increase in all types of treatments.

" Unfortunately, in the interests of conservative dentistry, cases of extraction of teeth considerably outnumber cases of filling of teeth. However, an increase of 444 fillings (7.4%) compared with last year is satisfactory, especially as 78% of the fillings were inserted into permanent teeth. Other treatments which show increases are extractions 442 (2.5%), local anaesthetics 625 (22.1%) and general anaesthetics 186 (5%). Attendances were up by 833 (7.4%).

" Each elementary school in the Borough was visited twice during the year. The total number examined was 19,287, of whom 11,236 (58.2%) were defective.

" At the second visit to the schools 15,203 children were re-examined and 8,273 were found defective (54.4%).

" Although the defects constitute a high percentage of the total number of children examined, bi-annual inspection and treatment is the only way to stem rampant decay, especially in the younger children.

" The Cowley Secondary Schools were visited on two occasions, and at the first inspection 917 children were examined, 306 (33.3%) being found defective. At the second visit, 949 were re-examined and 362 (38.1%) found defective.

" The returns of the district clinics continue to prove their worth, 1,893 children making 2,719 attendances for treatment.

" In addition to West Street, Gartons Lane and Elizabeth Street Clinics, treatments were completed actually on the premises of two outlying schools, the children of these schools having previously attended the Central Clinic. It is interesting to note how treatment provided on the spot greatly improves the percentage acceptance rate at a school where previously children had several miles to journey to the Central Clinic. In 1934 and 1935, 68 (23.6%) and 81 (28.9%) children were treated respectively at Bank House from one outlying school. In 1936, when the Dental Surgeon was in attendance at the school, 101 (42%) children accepted treatment, and without doubt this number will be considerably increased in the future.

" Bi-annual inspections and treatments were carried out at the Open Air School, 38 and 30 being treated respectively, out of a total of 41 and 31 defective children.

" In view of the importance of an optimum diet, special lectures and demonstrations were given by members of the Dental Board of the United Kingdom at the majority of the senior elementary schools during the year. These lectures were received with appreciation, both by the teaching staffs and the children themselves, and it is hoped that more interest will be taken from the point of view of conservative dentistry.

"Detailed figures regarding inspection and treatment carried out by the Dental Surgeons, are given in Table V for Elementary Schools and Table XII for Secondary Schools.

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

As in the previous year, arrangements remained whereby the duties of the School Nurses were combined with those of Health Visitors.

Figures given below give some idea of the work done for the School Medical Service during the year. The increase in the number of visits to schools was occasioned by the necessity of daily supervision in those schools where, in the first few months of this year, the number of cases of scarlet fever and diphtheria were considerable. This also meant an increase in the number of visits paid to homes of children, as all suspicious cases occurring in absentees were followed up in the home.

- | | |
|---|--------|
| 1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections | 6,315 |
| 2. Number of examinations of children for cleanliness | 46,443 |
| 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. | 10,236 |

In addition to the work of the school nurses referred to 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 1932 :—

				1932	1933	1934	1935	1936
Scarlet Fever	...	...	...	95	211	182	374	394
Diphtheria	...	...	...	41	133	146	147	368
Measles	...	...	...	213	2174	405	784	709
German Measles	...	...	...	97	275	59	6	22
Whooping Cough	...	...	...	176	600	95	409	28
Chicken Pox	...	...	...	242	317	371	228	226
Mumps	...	...	...	261	123	567	60	96

During 1936 there was cessation of the epidemic of whooping cough which had occurred during the previous year, but there was a continued prevalence of measles and scarlet fever, and a marked increase in the number of cases of diphtheria. Special measures to combat these infections were adopted, comprising the issue of special instructions to schools regarding School Hygiene, with daily visits by nurses to the schools most affected by the epidemics in order to discover new cases at the earliest possible moment, and to track down possible new sources of infection. It might be stressed here that

more good can be done in the control of these epidemics by close attention to the airing and cleansing of schools together with insistence on the personal hygiene and cleanliness of the scholars, than can be guaranteed by disinfection of school premises.

The type of scarlet fever was, fortunately, not of a serious nature, and in a great majority the cases were of an uncomplicated nature. The same cannot be stated of the character assumed by the cases of diphtheria. In addition to the increased number of cases, the character of the disease seemed to be more virulent than in previous years. In May there was a slight drop in the number of cases notified from schools, but in October the numbers rose again, and continued to show a gradual increase until well into the Spring of the current year. Once again I would urge the importance of taking advantage of the Immunisation Clinic held twice weekly at the Cloughton Street Clinic. Immunisation, which is quite harmless in its effect to the child, produces, after a period of three months, an immunity which will protect the child throughout its school career. As the school years and the pre-school years are those in which diphtheria causes most fatalities, many lives could be saved if only prejudice could be overcome and parents would realise the benefits obtained. The response to appeals for immunisation has been better during 1936 than in previous years, but we cannot regard any result as even approaching satisfactory until 60 to 70% or more of our child population has been immunised.

During the year, in only four departments did the percentage attendance fall below 60% owing to epidemic sickness. This was in January, February, March and June, when for a total period of 10 weeks the attendances were affected by measles, diphtheria and scarlet fever.

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

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE. (Revised April, 1934).

DISEASE	Incuba- tion Period	Exclusion of Patient		Children involved	Period of exclusion
		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 1936 the low incidence of pulmonary tuberculosis seen in recent years among children of school age was again to be noted, as only 4 notifications of this form of the disease were received during the year. There was, however, a rise in incidence of the non-pulmonary forms, of which there were 26 cases in contrast with 15 during the previous year. This higher figure was almost entirely due to an increase in the number of cases of abdominal tuberculosis. Fortunately this type of disease generally responds well to suitable treatment.

At the end of 1936 there were in St. Helens 178 children of school age suffering from tuberculosis. These may be classified from the point of view of localisation of the disease as follows :

Pulmonary	60
Non-pulmonary :—	
Bones and Joints	23
Peripheral Glands	61
Abdominal	24
Skin and others.....	10
	<hr/>
	178
	<hr/>

Many of the cases, however, were quiescent and only 9 pulmonary and 29 non-pulmonary cases were in need of active treatment.

Of the 9 cases of active pulmonary tuberculosis on the records at the end of the year, 6 were receiving treatment at Eccleston Hall Sanatorium and the remaining 3 were receiving domiciliary treatment. Children with quiescent or arrested disease and who are not in an infectious state are allowed to attend Public Elementary Schools where they are regularly re-examined.

Doubtful cases found by the School Medical Officers are referred to the Tuberculosis Officer as occasion requires, and during

the year 42 such cases were specially examined by him. Of these, 2 were definitely diagnosed as suffering from tuberculosis of the lung, 10 were found to have non-pulmonary tuberculosis, 23 cases were found to be non-tuberculous, and 7 cases were still under observation at the end of the year. The supervision of all cases is carried out at the Tuberculosis Dispensary. During 1936, 171 children of school age made 414 attendances for examination, observation or supervision. By arrangement with the Tuberculosis Department all children of school age who are contacts of cases of pulmonary tuberculosis are notified to the School Medical Department and are kept under observation by that Department.

Out-patient treatment for children suffering from tuberculous disease of bones or joints is provided at the Council's Orthopaedic Clinic, where 43 children made 54 attendances to see the Orthopaedic Surgeon, and 540 attendances for supervision and treatment by the Orthopaedic Nurse. In addition, 31 children suffering from lupus or tuberculous adenitis made 370 attendances at the Tuberculosis Dispensary for X-ray therapy.

Eccleston Hall Sanatorium provides beds for observation and treatment of children in-patients. During 1936, 42 children spent an aggregate of 5,168 days in the Sanatorium. These children received tuition at the special school attached to the Sanatorium, the average daily attendance being 16 and the average number of days each child attended 93.

Accommodation is also reserved for the in-patient treatment of children suffering from surgical tuberculosis at other hospitals outside St. Helens. At the Leasowe Open Air Hospital for Children, during 1936, 7 children spent 1,769 days, at the Heswall Branch of the Royal Liverpool Children's Hospital, 3 children received treatment for 671 days, and at the Royal Southern Hospital, Liverpool, 1 patient for 39 days.

This summary of the treatment provided for the tuberculous school child reveals the extent of the available facilities, and it is

satisfactory to record an increased willingness on the part of parents to utilise these facilities. There are, however, important factors operating in St. Helens in the combat against tuberculosis, namely, the valuable work in prevention afforded by the Open Air School and the extension of the principles of the Open Air School to ordinary Elementary Schools. These, together with the attention to its nutrition which the child receives in school to-day, are all combining towards the diminution of tuberculosis in children of school age.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1936 there were in St. Helens 52 children of school age in whom the crippling was sufficiently severe to interfere with their normal mode of life. The progressive reduction in severe crippling in recent years is seen in the following Table which shows the number of such children at the end of each year since 1932 and the causes of the crippling.

	1932	1933	1934	1935	1936
Tuberculosis	43	9	10	7	4
Infantile Paralysis	25	43	28	19	17
Other forms of Paralysis			20	14	13
Congenital Deformities	10	10	9	5	3
Rickets	2	2	3	3	4
Arthritis	7	6	2	3	3
Miscellaneous			12	6	8
	87	70	84	57	52

Of the 52 children known at the end of 1936, 5 were at Certified Special Schools, 29 were attending Public Elementary Schools, 6 were in Institutions and 12 were at no School or Institution. Efforts to secure vocational training for a larger number of these children are being maintained in order to secure for them the ability to become self-supporting in adult life. Unfortunately, it is frequently difficult to persuade both the parent and the child to accept such training. It has also to be acknowledged that even after training there is frequently great difficulty in obtaining suitable employment. At the end of 1936 only one cripple was undergoing training at the Derwen Cripples' Training College.

There are, however, many other children with lesser degrees of crippling, so that excluding tuberculous cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 415 cases suffering from the following defects on that register during the year :

Infantile Paralysis	60
Other forms of paralysis	52
Congenital deformities	37
Rickets	30
Traumatism	18
Acquired foot deformities	86
Postural defects	80
Other acquired deformities	24
Arthritis	5
Miscellaneous	23
	<hr/>
	415
	<hr/>

These figures reveal an appreciable reduction as compared with the previous year in the number of cases due to congenital deformities and to rickets. This reduction is, however, completely offset by a very large increase in the number of acquired deformities and postural defects. Whilst not of great significance, such defects certainly detract from a high standard of fitness and underline the

necessity for the further development of physical training in the schools.

The treatment provided for these children involved 520 attendances for consultation or treatment by the Orthopaedic Surgeon, 6,609 attendances for intermediate treatment by the nurse and 230 home visits by the nurse for purposes of supervision. In addition, 30 cases received surgical or other hospital treatment for an aggregate of 2,185 days.

In addition to the crippled children there are in St. Helens 30 children with heart disease of such severity that they are physically crippled. 21 of these attend public elementary schools, 1 attends the secondary school and 8 are at no school.

Delicate Children.

As in former years accommodation at the Hamblett Open Air Council School has been fully utilised. At the beginning of the year there were 110 children on the roll, and during the year 52 children were discharged and 58 new cases admitted. Of the cases discharged 32 were considered fit to return to ordinary schools, 4 left to take up employment, 3 were discharged by the Committee owing to non-payment of fees, 3 were discharged at the parents' request, 1 child left the district, and 1 left owing to being over 16 years of age. Of the other cases discharged, 4 were admitted to Eccleston Hall Sanatorium for observation, 1 was admitted to hospital for orthopaedic treatment, 1 was transferred to a special school for the deaf, 1 became too ill to attend, and 1 child died during the year. The percentage attendance at the school during the year was 86%.

With the exception of cases of chronic catarrhal chest infections and a few cases showing signs of adolescent rheumatism, progress in all classes of children attending the school was excellent. The average gain in weight whilst varying slightly in different age groups, was approximately 3 ozs. weekly, both in girls and boys.

Lack of fresh air and properly adjusted rest undoubtedly is as great an impeding factor in physical development as is the lack of good food. The more than usual accentuated stillness that occurs during the after-dinner rest period in the school during the weeks following the introduction of day-light saving is a revealing factor. The extra hour of daylight often means an extra hour of play in the streets when the child ought to be at rest in bed. In the Open Air School, this is adjusted by the provision of the compulsory rest period. Such adjustment is not possible in the Elementary Schools, and, therefore, parents should pay more attention to the bed-time of their children during summer months.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 3 deaf children and 2 blind children were sent to special residential schools, and the Local Authority is at present maintaining 1 epileptic, 9 blind, and 12 deaf and dumb children in these special schools.

Proposals for the provision of "sight saving" classes, for partially blind children, at the Hamblett Open Air Council School, are progressing slowly. When it is considered that these children, though not blind, cannot obtain benefit from education in ordinary schools without serious damage to the degree of existing sight, it is evident that the need for the required accommodation is urgent. It is hoped that the Scheme will be pushed forward in a very short time to successful completion.

Mentally Defective Children.

There are at present 46 feeble-minded but educable children of school age in St. Helens, but only 16 of these are at special schools. Of the remainder, 27 attend ordinary classes in the public elementary schools, 2 are at no school or institution, and 1 attends the occupational centre conducted by the local Council of Social Service for Mental Welfare.

During the year 4 imbeciles (3 boys and 1 girl) and 1 idiot (girl) were notified to the Local Control Authority.

After Care and Vocational Training.

Education in special schools for "exceptional" children directs its training as far as possible towards the overcoming of a particular handicap which prevents the child from competing on an equal basis with normal children. On account of these exceptional circumstances there is, however, a real need for a course of supplementary training after discharge from a special school, a training chosen with special attention to the defect of the child in relation to its possible absorption into wage earning classes.

In St. Helens, the welfare of the children between discharge from the special school and entry into a suitable occupation, rests with the After-Care Committee. The type of problem with which they have to deal is undoubtedly a difficult one. However carefully trained, an "exceptional" child is not always easy to place under the standardised conditions which exist in modern life.

In dealing with this question, close co-operation with the Voluntary Association for special defects is very desirable. The Crippled Children's Aid Society, the St. Helens and District Society for the Welfare of the Blind, the St. Helens Deaf and Dumb Society, the Council of Social Service, on account of their specialised knowledge as to conditions of occupation open to different types of cases, can render, and are giving, invaluable assistance in the vocational training of exceptional children.

During 1936, 1 blind girl, 2 deaf boys, and 2 mentally deficient children (1 boy and 1 girl) returned home on completion of their education in special schools. The two deaf boys are now employed in local branches of the Deaf and Dumb Boot Repairing Company, an interesting example of successful placing.

Owing to other factors, less success was attained with the remaining children. The blind girl, owing to heart trouble, is at

present unfit for any employment and is still at home. Of the two mentally deficient children the boy was unfit for any training, but the girl is undergoing a course of domestic training in a Convent in Liverpool. At the end of 1936 there were 8 blind and 1 cripple still at special training institutions.

NURSERY CLASSES.

There are, as yet, no Nursery Schools in St. Helens, but Nursery Classes exist in 14 Infants' Departments of Public Elementary Schools with approximately 400 children attending these classes. Whilst, in many instances, these Nursery Classes in Infants' schools cannot approach the ideal of Nursery Schools, comprising as they do detached units, there is no doubt that physically and mentally the children benefit greatly from attendance at these Classes.

With a view to an approximation to Nursery School standards under existing conditions, the new departure in medical supervision of these children has been outlined earlier in this report, and the annual medical inspection of these children until and when they reach the age of five years will, it is hoped, provide an effective link between schools and 'Toddlers' clinics. Both together, at all events, should ensure an adequate survey for the correction of any existing defects prior to the child's official entry into school life at the age of five years.

As has been also mentioned, the provision of Cod Liver Oil Emulsion has proved of great benefit to the children. It is not claimed that the incidence of notifiable infectious disease was lessened, but there were many less absences due to the common winter cold which is so often a cause of absenteeism.

PHYSICAL TRAINING.

I am indebted to Mr. H. A. Lonie, Director of Education, for the following notes on Physical Training.

" Since my last report the Committee's Organisers of Physical Training, Mr. Rees and Miss Maclellan, have resigned their posts, and two new appointments have been made. Mr. L. K. Wilkinson took up his duties in September, and Miss J. S. Ward will start in January, 1937.

" In general there is no doubt that Physical Training is taking its place in the school curriculum and, as a consequence, beneficial results should be observed in both the mental and physical health of the child.

" Schools.

" The Organisers stress the importance of a daily period of Physical Activity in every school. The best results from this can only be obtained where the surface of the playground used is in a satisfactory condition. Unfortunately there are still several schools where conditions are such that the work in Physical Training activities is seriously hindered. Moreover, it is generally the same schools that are also without suitable indoor facilities and, therefore, progress cannot be maintained.

" Special training courses were held for men teachers in the day time, with excellent results.

" Playing Fields.

" There appears to be little change in the position with regard to Playing Fields from that reported on last year. The Organisers hope to be able to make a detailed survey of the present conditions with a view to improving the organisation.

" Junior Instruction Centres.

" The work in the Boys' Centres is progressing satisfactorily. The gymnasium at the Girls' Centre is nearing completion, and when it is in use there is no doubt that a more suitable scheme of work will be followed than present conditions allow.

“ Evening Institutes.

“ In cases where these classes have been run on ‘ Keep Fit ’ lines, fairly satisfactory results have been shown.

“ A ‘ Keep Fit ’ class for men teachers is to be held, and the work taken will be based on that suitable for use in Evening Institutes. There is also to be a short course for women teachers, where the work will be based on the Syllabus for Evening Schools, to be issued shortly by the Board of Education.

“ Swimming.

“ Full use continues to be made of the Swimming Baths, but there is a definite need for further swimming facilities in the town, as a number of school children are unable to obtain swimming instruction.”

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.

The arrangements for school meals remain as in previous years. Breakfasts and dinners are provided seven days a week at 3 centres and on five days a week at other 9 centres.

The total number of meals served during the year was 564,517 of which 559,122 were provided free. The total number of individual children receiving free meals was 1,325 and the number who paid for meals was 42. The average total cost per meal was 2.21 pence of which 1.22 pence was for food.

As in former years the Milk-in-Schools Scheme has been administered on a voluntary basis as a supplement to the provision of school meals. The majority of children pay a half-penny per day for the milk allowance, but when this cannot be afforded, and the child is in need of extra nourishment, the cost is borne by the Education Committee. During 1936, 69 departments took advantage of the Milk-in-Schools Scheme and an average of 7,700 children were daily supplied with a milk ration. In approximately one quarter of the cases, the Education Committee paid the cost. Only milk the source of supply of which has been approved by the Medical Officer of Health is used and, as an additional safeguard, the milk is analysed periodically and bacteriological examinations carried out for cleanliness and for Tubercle Bacilli.

Now that the scheme has been so generally adopted and the first prejudices have been overcome, it is not an overstatement to say that the resultant improvement in the well-being of the children has in many cases been obvious and striking. This has been evident alike to the trained observer and, more important, to the parents. In many cases the poorer parents have been so impressed with the improvement in the general health of the child that they have made a point of increasing the home ration, or if they cannot afford to do so, have ensured that a needy child is brought to a centre from which the necessary recommendation for an extra allowance may be obtained from the Medical Officer.

In some departments malted milk or cocoa is supplied instead of fresh milk, and during the year approximately 1,000 children were taking malted milk daily, and approximately 200 to 250 were taking cocoa.

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

School medical inspection has become so much a recognised part of the child's school life that few parents now attend the routine inspections. Owing, however, to the fact that the school nurse is also the health visitor for maternity and child welfare and for other health services, there is seldom any difficulty in obtaining contact with the parent when necessary.

To the teachers, the School Medical Service owes much. Only those working in close contact with the teachers and with the children can realise the vast amount of work they do for the welfare of the children, and without that work and without their ever-ready assistance, much of the medical work would, I fear, lose its value.

Close co-operation is also maintained with the School Attendance Department which referred 388 cases to the School Medical Officer for special investigation during the year.

CO-OPERATION WITH VOLUNTARY BODIES.

The assistance given to the School Medical Service by the voluntary organisations of the town has proved, as in former years, of the greatest value. The St. Helens Crippled and Invalid Children's Aid Society, apart from the aids given to crippled children, arranged for and maintains selected cases of weakly and debilitated children at the Southport Convalescent Home. The N.S.P.C.C. has given great assistance in dealing with difficult cases. The St. Helens Police clothing fund for destitute children has been a source of help to many needy children. In addition, the St. Helens and District Society for the Welfare of the Blind, in dealing with blind children, and the St. Helens Juvenile Organisation Committee in organising evening play centres, have materially helped in the welfare of the school child.

STATISTICAL TABLES.

FOR THE YEAR 1936.

ELEMENTARY SCHOOLS—Tables I to VII.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	.....	.....	.....	.....	.....	.....	.....	1937
Second Age Group	.....	.....	.....	.....	.....	.....	.....	1869
Third Age Group	.....	.....	.....	.....	.....	.....	.....	2049

Number of other Routine Inspections
(Children under 5 years, other than entrants) 1064

Total 6919

B—OTHER INSPECTIONS.

Number of Special Inspections 6216

Number of Re-Inspections 9762

Total 15978

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

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)	
SKIN	{	Ringworm—Scalp	—	—	—	—		
		Body	—	—	25	—		
		Scabies	4	—	22	—		
		Impetigo	100	—	1308	—		
EYE	{	Other Diseases (Non-Tuber- culous)	30	7	261	10		
		Blepharitis	97	—	291	—		
		Conjunctivitis	3	—	89	—		
		Keratitis	—	—	2	—		
		Corneal Opacities	—	—	13	2		
		Other Conditions (Excluding Defective Vision and Squint)	12	—	63	1		
		Defective Vision (excluding Squint)	197	338	417	858		
		Squint	62	111	153	264		
		EAR	{	Defective Hearing	1	4	19	14
				Otitis Media	38	23	193	29
Other Ear Diseases	57			9	79	9		
NOSE AND THROAT	{			Chronic Tonsilitis only	78	187	113	205
		Adenoids only	2	3	2	7		
		Chronic Tonsilitis & Adenoids	174	70	314	141		
ENLARGED CERVICAL GLANDS (Non-Tuberculous) DEFECTIVE SPEECH HEART AND CIRCULA- TION	{	Other Conditions	85	30	134	125		
		DEFECTIVE SPEECH	19	124	54	126		
		Heart Disease—Organic	14	7	36	4		
		Functional	—	9	9	44		
		Anæmia	—	58	12	113		
		LUNGS	{	Bronchitis	57	33	284	94
				Other Non-Tuberculous Diseases	175	71	333	114
				Pulmonary—Definite	1	7	225	16
				Suspected	—	7	2	34
		TUBERCULOSIS	{	Non-Pulm.—Glands	—	—	3	—
Bones and Joints	1			12	9	33		
Skin	—			4	2	13		
Other Forms	—			1	—	2		
NERVOUS SYSTEM	{			Epilepsy	1	8	3	12
				Chorea	—	—	4	—
		Other Conditions	—	1	19	12		
DEFORMITIES	{	Rickets	1	16	34	34		
		Spinal Curvature	4	8	9	13		
		Other Forms	1	—	7	2		
OTHER DEFECTS AND DISEASES (excluding Defects of Nutrition, Uncleanliness & Dental Diseases).				79	64	124	110	
				13	46	189	74	
Total Number of Defects				1306	1258	4856	2515	

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	1937	385	19.88
Second Age Group	1869	289	15.46
Third Age Group	2049	262	12.79
Total (Prescribed Groups)	5855	936	15.98
Other Routine Inspections (Children under 5 years, other than entrants)	1064	197	18.51

C.—Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Age-Groups	Number of children inspected	A. (excellent)		B. (Normal)		C. (Slightly Sub-normal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1937	142	7.33	1759	90.81	35	1.81	1	0.05
Second Age Group	1869	57	3.05	1724	92.24	85	4.54	3	0.16
Third Age Group	2049	126	6.15	1831	89.36	86	4.20	6	0.29
Other Routine Inspections	1064	48	4.51	993	93.33	22	2.07	1	0.09
TOTAL	6919	373	5.39	6307	91.15	228	3.30	11	0.16

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1936.

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
8	1	—	2	11

PARTIALLY SIGHTED 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
—	—	13	1	2	16

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
12	—	—	2	14

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
—	—	5	—	—	5

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
16	27	1	2	46

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
1	—	1	1	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
—	—	*6	3	9

*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
7	14	*6	2	29

* 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
114	107	—	—	221

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
5	29	6	12	52

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
1	18	—	8	27

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 Section C. of this Table), Heart Disease).

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Blind and Deaf	1	—	—	—	1
Blind, Crippled and Feeble-minded	—	—	—	2	2
Feeble-minded and Epilepsy	—	—	—	1	1
Total	1	—	—	3	4

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1936.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table 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—				
(i) X-Ray Treatment... ..	—	—	—	—
(ii) Others	—	—	—	—
Ringworm, Body	25	24	1	25
Scabies	26	26	—	26
Impetigo	1408	1329	61	1390
Other skin disease	291	281	7	288
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II).	570	492	59	551
MINOR EAR DEFECTS	387	320	40	360
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chilblains, etc.)	1199	1176	17	1193
Total	3906	3648	185	3833

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)	829	771	33	7	811
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	829	771	33	7	811

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	...	...	676
(b) Otherwise	...	...	...	...	...	...	34

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	...	...	...	670
(b) Otherwise	...	...	...	...	...	...	34

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)			
902	2	2	379	1	11	—	49	14	13	2	428	15	88	546	

- (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	
18	20	409	—	—	7	416

TABLE V.
Dental Inspection and Treatment.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Inspection ... 160	
Aged :		Treatment ... 1198	Total 1358
Routine Age Groups	3— 471	Total 12151	
	4—1316		
	5—1972		
	6—1825		
	7—1831		
	8—1750		
	9—1905		
	10—1965		
	11—1841		
	12—1841		
	13—1733		
	14— 621		
	15— 139		
	16— 31		
Specials	46	Total 14110	
Grand Total	19287		
(b) Found to require treatment	11236	(5) Extractions :—	
(c) Actually treated	8320	Permanent teeth 3141	
		Temporary teeth 10969	
		Total 14110	
		(6) Administrations of general anæsthetics for extractions	3713
		(7) Other Operations :—	
		Permanent teeth 610	
		Temporary teeth 1123	
		Total 1733	

*Note :—*In addition to the above inspections, 15203 children were re-inspected during the year, and of those, 8273 were found to require treatment.

TABLE VI.
Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	76
(ii.) Total number of examinations of children in the Schools by School Nurses	45549
(iii.) Number of individual children found unclean	1922
(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	Nil
(b) Under School Attendance Byelaws	Nil

TABLE VII.

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	3906	3648	185	3833
Visual Defects	829	771	40	811
Defects of Throat and Nose	902	394	152	546
Dental Defects { Referred by Dentist	11207	8291	277	8568
" School M.O.	147	29	10	39
Other Defects	2009	1650	204	1854
Total	19000	14783	868	15651

SECONDARY SCHOOLS—Tables VIII to XIV.

TABLE VIII.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	4	—	4
	5	—	26
	6	—	19
	7	—	26
	8	—	18
	9	—	28
	10	—	43
	11	—	83

Age	12	—	93
	13	—	115
	14	—	147
	15	—	132
	16	—	119
	17	—	31
	18	—	10
	19	—	—

Total	...	894
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B.—OTHER INSPECTIONS.

Number of Special Inspections	54
Number of Re-inspections	143
Total	...	...	...	...	...	...	197

TABLE IX.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

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)
SKIN	{	Ringworm—Scalp ... ..	...	—	—	—	—
		Body ... ..	...	—	—	—	—
		Scabies ... ..	...	—	—	—	—
		Impetigo ... ..	...	—	—	—	—
		Other Diseases (Non-Tuberculous)...	...	—	—	2	—
EYE	{	Blepharitis ... ..	...	1	—	1	—
		Conjunctivitis ... ..	...	—	—	1	—
		Keratitis ... ..	...	—	—	—	—
		Corneal Opacities ... ..	...	—	—	—	—
		Other Conditions (excluding Defective Vision and Squint)	...	—	1	—	—
EAR	{	Defective Vision (excluding Squint)...	...	48	157	6	11
		Squint ... ..	...	1	3	—	—
		Defective Hearing ... ..	...	—	—	1	—
		Otitis Media ... ..	...	1	2	1	2
		Other Ear Diseases ... ..	...	8	1	1	1
NOSE AND THROAT	{	Chronic Tonsilitis only ... ..	...	1	17	1	3
		Adenoids only ... ..	...	—	—	—	—
		Chronic Tonsilitis & Adenoids	...	1	6	1	4
		Other Conditions ... ..	...	—	—	—	2
		ENLARGED CERVICAL GLANDS (Non-Tuberculous) ...	...	1	7	—	1
DEFECTIVE SPEECH ... ..	{	...	...	—	—	2	1
HEART & CIRCULATION.	{	Heart Disease—Organic ... ..	...	—	4	—	2
		Functional ... ..	...	—	9	—	6
		Anæmia... ..	...	1	5	—	2
LUNGS	{	Bronchitis ... ..	...	—	—	—	—
		Other Non. T.B. Diseases ... ..	...	—	1	—	1
		Pulmonary—Definite ... ..	...	—	—	—	—
TUBERCULOSIS	{	Suspected ... ..	...	—	—	—	—
		Non-Pulm.—Glands ... ..	...	—	—	—	—
		Bones and Joints ... ..	...	—	—	—	—
		Skin ... ..	...	—	—	—	—
		Other Forms ... ..	...	—	—	—	—
NERVOUS SYSTEM	{	Epilepsy ... ..	...	—	—	—	—
		Chorea ... ..	...	—	—	—	—
		Other Conditions ... ..	...	—	1	—	1
DEFORMITIES	{	Rickets ... ..	...	—	—	—	—
		Spinal Curvature ... ..	...	—	—	—	—
OTHER DEFECTS AND DISEASES... (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).	{	Other Forms ... ..	...	2	8	—	2
		... ..	...	—	3	—	4
Total Number of Defects				65	225	17	43

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)	894	64	7.16
Other Routine Inspections	—	—	—

C.—Classification of the Nutrition of Children inspected during the year.

Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly Sub-normal)		D. (Bad)	
	No.	%	No.	%	No.	%	No.	%
894	87	9.7	804	89.9	3	0.3	—	—

TABLE X.

Return of all Exceptional Children in the area on the 31st December, 1936.

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

BLIND CHILDREN.

Nil.

PARTIALLY SIGHTED 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.

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

C. CRIPPLED CHILDREN.

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

D. CHILDREN WITH HEART DISEASE.

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

CHILDREN SUFFERING FROM MULTIPLE DEFECTS

Nil.

TABLE XI.

Return of Defects Treated during the Year ended 31st December, 1936.

TREATMENT TABLE.

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

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—				
(i) X-Ray Treatment	—	—	—	—
(ii) Others	—	—	—	—
Ringworm, Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Skin Disease	2	2	—	2
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II.)	3	1	2	3
MINOR EAR DEFECTS	12	1	10	11
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chilblains, etc.)	1	1	—	1
Total	18	5	12	17

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) — — —	55	36	3	11	50
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—	—
Total ...	55	36	3	11	50

Total number of children for whom spectacles were prescribed:

(a) Under the Authority's Scheme 31

(b) Otherwise 10

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 31

(b) Otherwise 10

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)		
4	—	—	2	—	1	—	1	—	1	—	3	—	—	4

(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			Total
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	
—	—	6	—	—	2	8

TABLE XII.

Dental Inspection and Treatment.

(1) Number of children who were :—				(2) Half-days devoted to :—				
(a) Inspected by the Dentist :				Treatment ...	25	} Total	33	
Aged :				Inspection ...	8			
Routine Age Groups	{	4	—	3	14	—	138	
		5	—	14	15	—	125	
		6	—	22	16	—	97	
		7	—	27	17	—	42	
		8	—	32	18	—	24	
		9	—	30	19	—	—	
		10	—	42				
		11	—	61				
		12	—	137				
		13	—	115	Total		909	
Specials ...				8				
Grand Total ...						917		
(b) Found to require treatment ...				305				
(c) Actually treated ...				140				
				(3) Attendances made by Children for treatment ...				278
				(4) Fillings :—				
				Permanent Teeth	139	} Total	159	
				Temporary Teeth	20			
				(5) Extractions :—				
				Permanent Teeth ...	137	} Total	142	
				Temporary Teeth ...	5			
				(6) Administrations of general anæsthetics for extractions ...				46
				(7) Other Operations —				
				Permanent Teeth ...	43	} Total	43	
				Temporary teeth ...	—			

NOTE.—In addition to the above inspections, 949 children were re-inspected during the year, and of those, 362 were found to require treatment.

TABLE XIII.

Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	24
(ii.) Total number of examinations of children in the Schools by School Nurses	894
(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 XIV.

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	18	5	12	17
Visual Defects	55	36	14	50
Defects of Throat and Nose	4	2	2	4
Dental } Referred by Dentist	301	135	115	250
Defects } Referred by School M.O.... ..	10	5	4	9
Other Defects	7	1	4	5
Total	395	184	151	335

TABLE XII

Summary of Treatment of Patients

No.	Sex	Age	Date of Admission	Date of Discharge	Length of Stay	Diagnosis	Treatment	Remarks
1	M	35	1/1/22	1/15/22	14	Acute Appendicitis	Appendectomy	Recovered
2	F	28	1/1/22	1/10/22	9	Cholecystitis	Cholecystectomy	Recovered
3	M	42	1/1/22	1/20/22	19	Peritonitis	Laparotomy	Recovered
4	F	31	1/1/22	1/12/22	11	Salpingitis	Salpingectomy	Recovered
5	M	25	1/1/22	1/18/22	17	Diverticulitis	Diverticulectomy	Recovered
6	F	38	1/1/22	1/25/22	24	Uterine Myoma	Hysterectomy	Recovered
7	M	45	1/1/22	1/30/22	29	Prostate Hypertrophy	Prostatectomy	Recovered
8	F	22	1/1/22	1/8/22	7	Acute Ovaritis	Oophorectomy	Recovered
9	M	33	1/1/22	1/14/22	13	Acute Nephritis	Medical Treatment	Recovered
10	F	27	1/1/22	1/11/22	10	Chronic Endometritis	Uterine Curettage	Recovered

TABLE XIII

Summary of Treatment of Patients

No.	Sex	Age	Date of Admission	Date of Discharge	Length of Stay	Diagnosis	Treatment	Remarks
11	M	30	1/1/22	1/16/22	15	Acute Pancreatitis	Medical Treatment	Recovered
12	F	24	1/1/22	1/9/22	8	Chronic Cervicitis	Cervical Curettage	Recovered
13	M	40	1/1/22	1/22/22	21	Chronic Prostatitis	Medical Treatment	Recovered
14	F	36	1/1/22	1/28/22	27	Chronic Ovaritis	Oophorectomy	Recovered
15	M	28	1/1/22	1/13/22	12	Acute Nephritis	Medical Treatment	Recovered
16	F	29	1/1/22	1/17/22	16	Chronic Endometritis	Uterine Curettage	Recovered
17	M	32	1/1/22	1/19/22	18	Acute Pancreatitis	Medical Treatment	Recovered
18	F	26	1/1/22	1/10/22	9	Chronic Cervicitis	Cervical Curettage	Recovered
19	M	41	1/1/22	1/24/22	23	Chronic Prostatitis	Medical Treatment	Recovered
20	F	37	1/1/22	1/31/22	30	Chronic Ovaritis	Oophorectomy	Recovered