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#### **Contributors**

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COUNTY BOROUGH OF STOCKPORT.

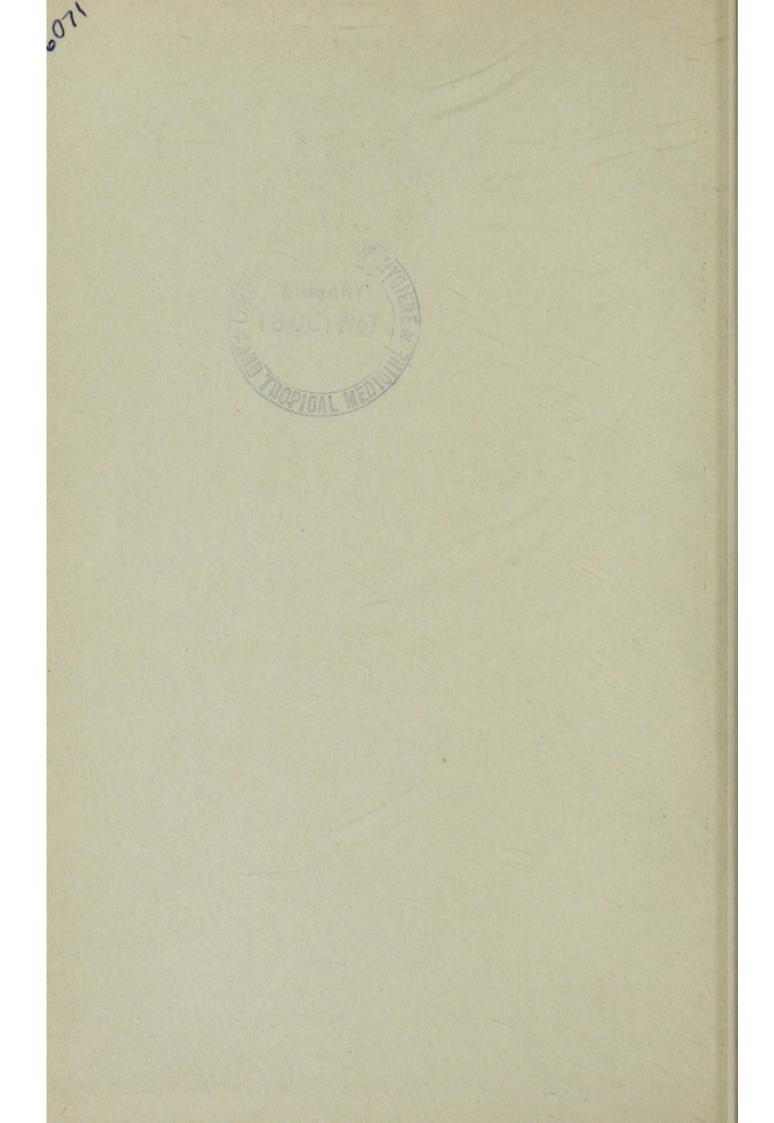
# REPORT

ON THE

# Medical Inspection of School Children

From January 1st to December 31st, 1924.

STOCKPORT: FALCON PRINTING Co. LTD., Wellington Street.





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Rev. Canon A. N. Claye, D.D.

#### STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee— A. G. Jenner, M.R.C.S., L R.C.P., D.P.H.

School Medical Officer-W. H. Rowell, M.D., B.S., D.P.H.

Assistant School Medical Officer-Doris A. Haworth, M.B., Ch.B., D.P.H.

School Dentist-Mary V. Nidd, L.D.S.

School Nurses-Miss Longley, Miss Powell, Miss Axon.

Assistants at School Inspections—Miss Taylor, Miss Charlesworth.

Assistant to School Dentist-Miss Weaver.

Clerical Assistant-Miss Demount.

## To the Mayor, Aldermen and Councillors of the County Borough of Stockport.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Annual Report on the Medical Inspection and Treatment of School Children during the year 1924.

During this period 7,969 children have been inspected in the Elementary Schools, of whom 5,702 were in the Routine Groups, viz., Entrants, Intermediate Group, Leavers, and "other groups," and 2,267 were Special Cases.

Of the 5,702 inspected under these Code Groups 1,226 cases, or 21.5 per cent., were found to require treatment. The percentage in 1923 was 25.6.

2,759 children were re-inspected at the Schools to ascertain if treatment had been obtained and the result.

At the Secondary Schools 536 Routine Inspections were made. The number of individual children having defects which required treatment, was 96 or 17.9 per cent. 209 children were seen as Special Cases.

The Central School Clinic, 108, Wellington Road South, is open daily, the branch Clinic at North Reddish being open once a week.

At these two Clinics 3,203 individual children attended during the year, with a total number of attendances of 13,377. (In 1923 it was 11,926 attendances).

The School Nurses paid 1,190 visits to the homes of children, following up medical defects, and securing the necessary treatment.

They have also given special attention to the discovery and treatment of verminous heads (girls) in the Elementary Schools.

Any child with suspected Ringworm is sent immediately to the School Clinic.

The total number of individual children inspected at the Schools by the School Dentist during the year was 1,811, and of this number 1,512 were referred for treatment. Also 2,924 Specials were inspected.

3077 children were actually treated during the year.

Under the Provision of Meals Act, 1906—1914, during the statistical year for the accounts of the Feeding Centres (which does not correspond with that of the School Medical Report), 45,055 meals were provided for necessitous School Children.

The average number of children attending the Feeding Centres per meal in 1924 was 81. In 1923 it was 80.

In November, 1923, in accordance with the provisions of Section 81 (1) Education Act, 1921, a scheme and scale of payments by parents for the Medical Treatment of School Children at the Clinic were adopted.

Contribution Boxes are installed in both Medical and Dental Departments of the Central Clinic.

I have to express my thanks to the Education Committee for the consideration given at all times to the School Medical Officers, and also to the Secretary of Education and his Staff for their help and co-operation during the year.

I have the honour to be,

Your obedient servant,

ARTHUR G. JENNER,

Medical Officer to the Education Committee.

FEBRUARY, 1925.

#### ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has an area of 7,059 acres, and an estimated population of 125,700. The number of children on the School Register in December, 1924, was 16,229, approximately one elementary school child to 7.7 persons living in the district. The following list gives school accommodation in the Borough and average attendance up to 18th December, 1924:—

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
Lancashire Hill Council		M. I.	397 157		269 101	244 93	91 80
Christ Church of E.		S. J. I.	364 220 243	<del>-</del> 43	344 228 124	313 209 122	91 92 72
All Saints' C.E.	N	I. & I.	528	18	349	330	90
St. Mary's R.C.		M. I.	337 195	23	313 124	280 129	89 88
Wellington Road Council		M. I.	308 127	<del>-</del> 40	296 79	270 91	91 88
Hanover Council	N	1. & I.	451	20	214	208	89
St. Thomas' C.E.		M. I.	$\frac{720}{324}$	<del>-</del> 56	615 126	547 138	89 76
Parish Church of E.		M. I.	600 219	<del>-</del> 11	416 170	378 154	91 85
Higher Brinksway Cl.		S. J.	$\frac{252}{215}$	33	229 170	204 170	89 84
Edgeley Council		M. I.	310 150	28	$\frac{302}{105}$	268 109	89 82
Alexandra Park Council		S. J.	500 400	37	496 348	454 300	92 78
St. Matthew's C.E.		M. I.	425 198	28	334 147	303 147	91 84
Edgeley R.C.		В. G. I.	317 345 238		316 307 133	276 264 149	87 86 84
St. Peter's C.E.	N	I. & I.	546	20	310	285	86
Hollywood Park Council		S. J.	400 300	57	338 186	303 205	90 84
Brentnall Street Council	N	1. & I.	337	19	295	272	87

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll under 5.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
Houldsworth		M. I.	419 286	28	$\frac{409}{162}$	$\frac{364}{155}$	89 82
North Reddish Council		S. J. I.	400 260 320		383 261 226	350 229 221	91 88 82
South Reddish Council		M. I.	$\frac{227}{141}$	17	$\frac{247}{150}$	225 130	91 78
Reddish R.C.	]	M. & I	. 360	3	162	140	85
St. Mary's C.E.	1	M. & I.	289	14	228	203	84
Great Moor C.E. ,, Council		M. I.	330 120	5	330 83	280 56	85 64
St. George's C.E.		S. J. I.	300 300 272	32	305 294 190	283 268 167	93 91 75
Cale Green Council		M. I.	$\frac{464}{220}$	20	297 119	277 104	93 75
Banks Lane Council		M. I.	$\frac{362}{124}$	24	299 109	282 103	94 77
Stockport R.C.		В. G. I.	226 242 230		241 230 193	212 192 189	88 83 80
St. Paul's C.E.		M. I.	311 143	39	338 93	300 92	89 70
Vernon Park Council		M. I.	600 320	43	384 122	335 130	87 79
Portwood Temp. Council		M. I.	348 287	 23	338 118	294 109	87 77
St. John's, Heaton Merse	y1	M. & I.	395	14	195	177	85
St. Thomas', Heaton Cha	pel :	M. & I.	448	6	187	154	80
Hope Memorial C.E.		J.	209	43	125	135	80
Heaton Moor Council		M. & I.	327	12	311	236	73
Cheadle Heath Council		M. I.	320 160		287 107	261 98	91 78
Totals, 18th Dec.,	1924	1	19833	922	15307	13966	86
					5229		

#### MEDICAL INSPECTION AT THE SCHOOLS.

A fortnight previous to the intended examination the head of each department is notified that the inspection is about to take place.

A list is prepared from the school register of all children in the department who come within the Routine Age Groups, and the necessity of bringing forward special cases for examination is impressed upon the Teachers.

The attendance of parents at the Inspection is urged in every possible way.

All children suffering from defects found at the previous examination are re-inspected.

The exact day and hour of the Inspection is notified later.

If the parent is present the condition of the child and any necessary treatment is discussed with her; if not, the child takes home a sealed letter addressed to the parent, stating the defect found, and urging treatment. The days on which the doctor can be consulted at the School Clinic are given.

A lady assistant is always present with the Doctor at the Inspection. Her duties are to weigh and measure the children, when this has not already been done, to help with the undressing and dressing of the child in the absence of the parents, and to test the eyesight. Routine Cases are taken at the rate of 16 per hour, Special Cases at a more variable rate.

During the year 258 visits were made to the Elementary Schools for the Annual Inspection. 5,702 children received the full systematic examination which each child undergoes three or more times during school life, 2,267 children were seen as Special Cases, whilst 2,759 children were re-inspected for some previously ascertained defect.

Of the 5,702 Routine children, 1,226 or 21.5 per cent. had defects. School Entrants examined this year included children of 4 years of age. 2,083 parents attended the Inspections.

#### FOLLOWING UP AND WORK OF SCHOOL NURSES.

All cases requiring treatment are notified to the parents at the time of the examination.

After a short interval the home of each child requiring treatment is visited by a nurse to ascertain if such treatment is being carried out, and if necessary to impress on the parent again the need of treatment, and the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or for consultation, when the parent was not present at the School Inspection.

Each child is re-examined by the Doctor at the next visit to the School, and, if necessary, the case is again followed up at the home.

Notifications are received from the Attendance Officers of children out of School with minor ailments, and who are not under treatment by a private doctor. The homes are visited and directions given for carrying out simple treatment where such is indicated, or the case is urged to attend at the Clinic.

Home visiting is also necessary in connection with certain cases in attendance at the Clinic.

There are three Nurses on the Staff. One is engaged full time in the Central Clinic. The other two are employed in following up cases, with the regular visitation of Schools to examine children for verminous conditions, skin diseases, etc., and attendance at the Branch Clinic one half day a week.

During the year 1,190 visits were made to the homes. A nurse accompanies all children sent to Manchester Skin Hospital for X-ray treatment of scalp ringworm.

The regular examination of children for verminous conditions of the head is proving a repaying section of the School Nurses' work, and has conduced to a marked diminution in the number of cases of ringworm of the scalp owing to early detection. Personal instructions are always more effective than anything in writing, and the intervention of the School Nurse has the effect of bringing home to parents the seriousness of allowing their children to remain in what is really a diseased condition. In addition the fact that every child is examined does much to eliminate friction.

Although as a rule verminous heads (other than Impetigo) are not treated at the School Clinic, it is advisable to deal with a number of cases where the girl is badly affected, or where the home conditions are particularly hopeless.

During the year 34 Schools were visited by the Nurses for head inspection, girls only being seen, the total number of visits paid being 299. Each School was inspected at two different periods in the year.

14,458 children were examined, and 1,277 heads found verminous at the first visit.

At the subsequent visits 1,818 unclean heads were inspected, and eventually found satisfactory. These figures are a distinct improvement on previous years.

#### TREATMENT.

School Clinics.

At the Central School Clinic, 108, Wellington Road South, work is going on all day. Minor ailments only are treated. The doctors attend all day on Monday, Tuesday, Thursday and Friday.

On Wednesday refraction work is undertaken, and spectacles prescribed for defective vision, whilst Saturday morning is devoted to special consultations, mentally defective children examined, etc.

The Branch Clinic at North Reddish is usually open on one afternoon a week, a Doctor attending fortnightly, and a Nurse weekly, but owing to accommodation difficulties it has been closed since September.

Many children suffering from various types of skin diseases and eye affections attend daily for treatment, appreciably shortening the duration of the disease.

Total attendances at the Clinics	
Total No. of Children attended	
Average No. of attendances per Child	4.17
Defects treated:—	
Skin Diseases	
Eye Disease (external and others)	311
Ear Diseases	277
Miscellaneous Minor Ailments (Sores, etc.)	1,471
Defective Vision	

In addition to these, children attend with their parents for examination and advice, and to whom may be given certificates of exclusion from, or admission to School.

During the year 958 certificates of exclusion from School for varying periods of time were given. The following list shows the various defects:—

#### EXCLUSIONS, 1924.

Impetigo	92
Scabies	6
Scalp Ringworm	52
Body Ringworm	28
Other Skin Diseases	46
Eye Diseases	62
Tonsillitis	35
Nervous Diseases	28
Infectious Diseases	122
Pyrexia	30
Rheumatism	1
Tuberculosis of Lungs	2
Other Chest Diseases	
Anæmia, Debility, etc.	43
Heart Diseases	7
Tubercular Conditions other than Phthisis	2
Ear Disease	4
Verminous Conditions	52
Miscellaneous	231
_	
Total	958

In connection with the School Clinics X-ray treatment for scalp ringworm is obtained at the Manchester Skin Hospital on payment of a fee by the Education Authority of two guineas per case. This method of treatment is one requiring elaborate apparatus and great skill in application. The practice of treating the whole scalp, irrespective of the extent of the disease, has again been followed. Only the worst cases are advised to have X-ray treatment. No charge is made to parents of children.

17 children were successfully treated by this method during the year (27 cases in 1923), and in no case has any subsequent alopecia occurred.

- (1) Scalp Ringworm. There have been 82 cases of this affection as compared with 120 cases in 1928. This satisfactory diminution is undoubtedly the result of frequent examinations of children in the Schools by School Nurses leading to early detection and exclusion.
- (2) Body Ringworm. This is a different disease from ringworm of the head and can be cured by the application of ointments in two weeks.
- 61 cases were treated at the Clinics, and one case otherwise—all cured. In 1923 there were 98 cases.
- (3) Scabies. 10 cases were referred for treatment at the Clinic, compared with 35 cases in 1923.
- (4) Impetigo. 82 cases were referred for treatment, all treated at the Clinics.
- (5) Other Types of Skin diseases treated at the Clinics numbered 245 cases (eczema, psoriasis, etc.).

#### EXTERNAL EYE DISEASES.

311 cases received treatment, 268 being cured. Many serious cases attend daily at the Clinic.

#### VISION.

The total number of cases seen either at the Schools or the Clinics and referred for refraction were 558. Of these 328 were actually refracted, 225 under the Authority's Scheme. Glasses were prescribed for 313 cases, of whom 312 actually obtained them. 120 pairs of spectacles were provided free of cost.

A donation of ten guineas per annum by the Authority enables special cases to attend Manchester Royal Eye Hospital at the discretion of the School Doctors.

#### DEFECTS OF NOSE AND THROAT.

Adenoids should be removed if presenting obstructive symptoms, mouth breathing and snoring, or giving rise to obstinate nasal discharge or deafness.

Removal of tonsils is indicated when the tonsils are obviously obstructing swallowing or breathing, are definitely diseased, or subject to recurrent attacks of acute inflammation, or accompanied by persistent enlargement of cervical glands from septic absorption.

Many cases show marked improvement from breathing exercises, "handkerchief drill," and toning up the general health, whilst distinct benefit has been obtained by regularly painting the minor degrees of enlarged tonsils with glycerine and tannic acid.

607 cases of Defects of Nose and Throat were referred for treatment during the year.

78 recorded operations for enlarged tonsils and adenoids were performed, although the actual number operated upon is larger, as many cases go to the Hospitals and await their turn to attend for operation.

236 cases received other forms of treatment.

Necessitous cases requiring removal of enlarged tonsils and adenoids are operated upon at the Stockport Infirmary, a fee of one guinea and a half per case being paid by the Authority. The parents in non-necessitous cases are required to pay 10/6 to the Local Authority for this operation.

#### EAR DISEASE AND HEARING.

225 cases had otorrhœa in either one or both ears, and 69 other Ear Diseases were referred for treatment.

227 cases received treatment for these conditions, 149 being cured and 31 improved.

#### TUBERCULOSIS.

Two definite cases were found at Routine Inspections and 9 "suspected."

The Special cases showed 3 definite cases and 25 cases for treatment as pretubercular.

Tuberculous glands occurred 3 times in the Routine Inspections, whilst 11 were Special Cases. All were treated and 6 cases cured.

Phthisis cases are treated either at the Tuberculosis Dispensary or privately.

132 children attended the Dispensary during the year, bronchitis, debility or anæmia being the most prevalent conditions.

10 cases in contact with cases of phthisis were examined and found uninfected.

7 Routine Cases and 8 Special Cases of Tuberculosis of bones or joints were seen and all received treatment.

#### CRIPPLING DEFECTS. (Table III).

The majority of these are due to Infantile Paralysis. When seen by the School Doctor they have usually reached a stage where treatment is not satisfactory.

In the treatment of crippling defects, assistance is given, where necessary, in obtaining surgical appliances through the Fearn's Trust.

#### NON-TUBERCULAR CHEST DISEASES.

353 cases of bronchitis and other non-tubercular diseases were referred for treatment. 218 are known to have received treatment, 177 being cured The remainder were improved.

#### HEART DISEASE AND ANÆMIA.

There were 23 cases of organic heart disease amongst the Routine Cases, and 40 amongst the Specials. Treatment for these is either at the hospitals or by private practitioners.

117 cases of anæmia of varying degree were found at the Routine Examination, and 176 Special Cases. 209 of these cases received treatment, of whom 71 were cured and 79 improved.

Many of these cases of anemia are symptomatic of a general debility and improve with Cod Liver Oil and Chemical Food (NOT provided by the Clinic).

#### NERVOUS DISEASES.

EPILEPSY.—Five Routine Cases were found, whilst 20 Special Cases are recorded. This includes cases stated by parents to be epileptic. Many cases proved not to be true epilepsy.

13 cases received definite treatment.

It is difficult to ensure the prolonged and continuous treatment required for this condition. The milder cases attend school.

20 cases of Chorea were seen, 14 treated, 7 being cured and the remainder improving.

9 Routine and 52 Special Cases of Other Nervous Conditions were found on inspection. 51 cases were treated, 23 being cured and 18 improved.

There were 14 cases of Encephalitis Lethargica amongst children between the ages of five and sixteen years notified in the Borough during the year. Of these cases, two ended fatally, two are still receiving treatment, one (although "recovered") is so mentally affected that arrangements have been made for his admission to a Special School for Mental Defectives, and the remaining nine cases have quite recovered.

Arrangements have been made to admit cases of Encephalitis Lethargica into the Borough Isolation Hospital, and disinfection and other preventive measures are carried out in the homes where cases occur and also the examination of contacts is made.

#### OTHER DEFECTS AND DISEASES.

1,471 miscellaneous defects have been treated (e.g., minor injuries, sores, chilblains, etc.).

VACCINATION.

1,049 entrants were un-vaccinated, 49.38 per cent.

#### OPEN-AIR EDUCATION,

There is no change since the last Report.

#### PHYSICAL TRAINING.

This is undertaken in the Elementary Schools by teachers who have paid special attention to the subject, no organiser being now available.

#### PROVISION OF MEALS FOR SCHOOL CHILDREN.

(Provisions of Meals Act, 1906-1914).

There are two main feeding centres in the town—Queen Street West Mission Rooms and Charlesworth Street Cookery Centre. These buildings are suitable for the purpose, centrally situated and adequately equipped.

Children are recommended for free meals by :-

(1) School Teachers.

(2) School Medical Officers.

(3) Attendance Officers.

The Superintendent of Attendance Officers enquires into the financial state of the parents in all cases with a view to part payment being made, otherwise "free" meals are given. He personally supervises the centres and consults with the School Medical Officers, who pay periodical visits to the Feeding Centres and examine the diet sheets, etc.

Any child whose condition is unsatisfactory is seen by the Medical Officer.

The children attend for breakfast and dinner on five days per week, on Saturday for dinner only. Meals are provided during the school holidays, excepting on public holidays, when the catering staff are away.

Breakfast consists of cocoa, bread and jam, treacle or margarine.

At dinner they have meat or fish, served in a variety of ways, with fresh vegetables and potatoes, and Yorkshire pudding or some form of milk pudding, etc.

The cooking and serving are good, the food is appetising and much appreciated by all the children.

Milk allowance per head per day is 2/5 pint. Meat ,, ,,  $\frac{1}{2}$  ounces. Fish ,, ,, ,

The statistical year for accounts of the Feeding Centres does not correspond with that of the School Medical Report, but from March, 1923, to March, 1924, 45,055 meals were provided. The cost of food per head per meal was 2.6 pence, administration 1.9 pence, a total cost per head per meal of 4.5 pence.

The average number of children attending the Feeding Centres, per meal, during 1924 was 81.

#### CO-OPERATION OF PARENTS.

#### (1) At the School Inspections.

An explicit "Notice to Parents, Date of Medical Inspection" is sent by the Head Teacher to the parent of any child who is to be examined as a Routine case.

The parent is requested to have the child present at school on that date and attend at the examination. Parents may also, and do in some cases attend when a child is only to be examined as a "Special."

2,083 parents attended at the Schools in 1924.

Should any child be found to require treatment and the parent is not present, a "defect card" is given to the child. Treatment is much more easily obtained when the parent is present at the Inspection.

#### (2) At the Clinic.

With regard to Children attending at the Clinic, parents come with them in the majority of cases in which it is necessary for them to do so.

#### (3) In the Home.

The Nurses meet with little opposition in the home visiting. Promises to obtain treatment are usually given after the Nurse has explained its necessity, though refractory cases are occasionly met with.

#### CO-OPERATION OF TEACHERS.

Teachers assist the School Medical Staff materially by preparing lists of children to be examined under each group. They also select any special cases about whom they desire information and advice,

After the completion of an examination a typed list of names and addresses, with defects, is sent to each department in the school, and the influence of the teachers is exerted in urging treatment, if not already obtained.

In some instances they interview parents who are invited to see them and convey to them the suggestions of the School Doctor. They encourage children to bring with them and to wear during school hours their prescribed spectacles.

#### CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Frequent consultations occur between the School Medical Officers and the Superintendent of Attendance Officers, whilst the individual attendance officers also visit the School Clinic with reference to cases of illness or the absence of children from school. This system, in practice, has worked well and harmoniously.

- (1) The attendance at the School Clinic of special cases for further detailed examination (e.g. mentally defective children) is supervised by these officers.
- (2) Where it is considered desirable for the school attendance officers to assist the School Visiting Nurses in following up troublesome cases, and urging treatment for the more serious defects, such help is freely given and has proved beneficial.
- (3) The necessity for the provision of spectacles for children suffering from defective vision is not always appreciated by parents. In extreme cases pressure is made by the attendance officers in order to ensure attendance at the School Clinic for refraction, and the obtaining of such glasses as are not provided free of cost.

#### CO-OPERATION OF VOLUNTARY BODIES.

The Stockport Institution for the Blind, assisted by a grant of £40 from the Education Committee, provide spectacles for school children refracted at the School Clinic gratuitously, if after enquiry by the Superintendent of School Attendance Officers, and confirmed by the Institute, the financial position of the parents is found to justify such gift.

In 1924 the number of spectacles provided free was 120 pairs.

By means of a grant of £150 the Local Authority supplement the efforts of the "George Fearn Trust" (a local charitable bequest) to provide residential open-air convalescent treatment for debilitated children at the Ormerod Homes, St. Annes-on-Sea.

All cases are recommended by the School Medical Officers, and the Trust then deals with their actual placing in the homes. 33 beds are provided in the rural districts of Ashford, Mellor and Peak Dale. 51 children were away for varying periods during 1924.

The Trustees have also ten beds at the Ormerod Homes for Convalescent Children at St. Annes-on-Sea. These beds are occupied by pretubercular or other delicate children selected by the School Medical Staff. 31 children benefited by treatment there during 1924. No limit is placed upon the length of residence, supervision being exercised by the Medical Officer of the Ormerod Homes.

Two children were sent to the Shropshire Orthopædic Hospital.

Whilst no case is rejected for financial disability in the above schemes, a partial contribution is expected from those parents who are in a position to pay.

The "Pearson's Fresh Air Fund" has assisted materially in sending children away for a holiday, each child being medically examined previous to departure. 32 children were inspected as a preliminary to going to camp for 14 days, whilst 1,000 children had a day trip into the country in August.

Through the generosity of the "Fearn's Trust" and of certain private individuals, surgical appliances for physically defective children have been provided for many suitable cases.

There is in existence a "School Attendance Officers' Clog Fund," supported by voluntary contributions, and administered without cost by the Education Department. It is a means of supplying many poor children with efficient foot-gear, and plays a part in no small way in the voluntary schemes of help.

In the past year 1,018 pairs of clogs were provided at a cost of £224 7s. 3d.

#### BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

An Annual Census of children in the Borough under school age is taken by the School Attendance Officers.

Any child of school age suffering as above is examined at the School Clinic. Similar cases below school age are noted.

No Day Special Schools are available in Stockport.

Blind or Deaf Children after examination, and completion of the necessary documents are sent by the Local Authority to Special Residential Schools.

It is more difficult to obtain vacancies in Institutions for Mentally Defective Children. Four such cases were admitted to Special Residential Schools during the year.

Cases of Imbecility are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but their accommodation is limited. Two cases have been notified to the Town Clerk this year.

As regards Epilepsy, it is most difficult to convince parents of the necessity for continuous treatment. It is more difficult to make them realise the benefits of residential treatment. One case has been sent to a special colony.

#### SECONDARY SCHOOLS.

MUNICIPAL SECONDARY SCHOOL.

The Children at this School were for several years examined as "Entrants" regarding their fitness for games, drill and gymnastics and swimming. In 1919 this was extended to full inspection based on the same principles as the examination of children in Elementary Schools. Children are seen on admission (i.e. 11 or 12 years of age), and annually after 12 years of age.

THE HIGH SCHOOL FOR GIRLS has now received six annual inspections. The children seen are aged 5, 8, 12 and 15 years, also "leavers" and special cases are also examined.

FYLDE LODGE SCHOOL, Heaton Mersey, has received the fourth annual inspection.

At these examinations all the girls are seen by Dr. Doris A. Haworth.

The Inspection Schedule in use at the Elementary Schools has been used, but special points (not applicable to Elementary School Children) are inquired into in accordance with Circular 1153. The attendance of parents with the girls is good, and small points of personal hygiene as well as the treatment of actual defects are discussed with them. The question of the child's fitness for partaking in the various games, drill and gymnastics is considered in detail, especially in cases of slight heart weakness. Conditions such as spinal curvature, flat-foot and other deformities are referred personally to the respective drill instructors, and suitable remedial exercises discussed with them.

During the year 26 visits were made to these schools, 745 individual children being examined. 536 children were seen as Routine Cases and 209 as Special Cases.

96 routine children were referred for treatment.

9 cases of defective vision or squint, and 10 cases of enlarged tonsils were referred for treatment.

Five cases of heart affection are recorded.

No yearly records of treatment are available, for the cases are not followed up by the visiting nurses, neither do they receive treatment at the School Clinic. Defective children found at an annual examination are re-examined by the School Medical Officer at the next school inspection, a list of their defects being sent to the Head-master or Head-mistress of each School, who render valuable help in seeing that treatment is obtained.

#### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

As in previous years, the Juvenile Employment Bureau has worked in close co-operation with the School Clinic. The plan adopted when the Clinic was first established, has been found to work with excellent results. The Bureau is furnished with regular Reports after every Medical School Inspection, and the names and ages of all children who are found to be in any way defective are given to the Supervisor. These reports are tabulated in the Employment Bureau and a Medical Card showing the nature of the defect is attached to the School Leaving Card when the child reaches the age of 14.

It frequently happens that children who have shown some weakness during their early childhood apply for work at the Bureau, and in those cases where the Supervisor is not satisfied that the defect reported upon has disappeared, he submits the child to the Medical Officers for a further examination. In many cases also, applicants for whom there may be no Medical Report, but whom the Supervisor suspects to be suffering from some defect, are submitted also to the Medical Officers.

The Ladies of the Care Committee attached to the Juvenile Employment Bureau regularly visit the homes of children reported as of the mentally defective type and make reports upon them.

	Boys	Girls	Total.
No. of Applicants registered	 895	777	1,672
No. of Vacancies filled	 406	216	622

#### MISCELLANEOUS.

All candidates for Minor Municipal Scholarships tenable at the Local Secondary Schools are medically inspected before the examination.

187 boys and 153 girls were seen, total 340. No case was rejected on medical grounds.

Five children were examined and given Medical Certificates for admission to Industrial Institutions.

One child was given a certificate under The Employment of Children in Entertainments Rules, 1920.

Wembley Exhibition. The medical examination of 1,031 Elementary School Children proceeding to Wembley has involved a considerable expenditure of time and labour, as the form of Medical Certificate required for each individual child is very comprehensive, and moreover each certificate had to be dated not longer than two days before their departure. Repeated examinations for cleanliness, etc., had been made previously by the visiting Nurses at the Schools. Also 161 Medical Certificates were given to Secondary School Children visiting Wembley.

#### SCHOOL CLOSURE IN 1924.

SCHOOL.	Cause of Closure	Percentage of Children Present	Period of Closure		
Cl. 11 TT - 11 C - 11			From Inclu	To isive	
Cheadle Heath Council (Infants' Department)	Measles	43	Jan. 7th	Jan. 25th	
Heaton Moor Council	,,	60	Mar. 19th	April 11th	
Lancashire Hill Council (Infants' Department)	Measles and Mumps	58	April 3rd	April 16th	
St. Paul's C.E., Portwood (Mixed and Infants' De- partments)	Breakdown of Heating Apparatus	_	Jan. 9th	Jan. 11th	
St. George's C.E. (Senior and Junior Departments)	,,	_	Jan 23rd	Feb. 1st	
Lancashire Hill Council (Mixed Department)	. ,,	_	Noon Nov. 19th	Nov. 21st	

#### CLASS FOR STAMMERING CHILDREN.

During the year 44 children suffering from defective speech have received instruction at the class for stammering children, conducted by a specially trained teacher. In addition a "following up" class, held each Saturday morning, has been fairly well attended. The School Doctor examines each child on entering, recording defects in speech, nervous facial contortions, spasms of the body, etc. At the end of the course the children are again seen by the Doctor.

Girls12	,,7	Improved5 ,,5	
Total44	33	10	1

#### SCHOOL DENTAL OFFICER'S ANNUAL REPORT FOR 1924.

The Annual Report of the Dental Inspection and Dental Treatment of school children is for the period January 1st to December 31st, 1924.

The scheme is as follows :-

#### INSPECTION.

Routine inspection was confined to children of 6, 7, 8, 9 and 10 years of age.

Two High Schools, the Secondary School (both departments) and four Elementary Schools have been inspected during the year.

In addition to the routine cases there are special cases which are referred for treatment to the School Dentist either by the School Doctor, teacher or parent.

Each child possesses a Dental Card which contains a record of the number of examinations and the type of treatment received during the school career.

A detailed examination is made by the Dentist at each school, a mirror and probe being used for this purpose.

At every school inspection a Lady-Assistant accompanies the Dentist. Her duties are to record on a child's card the following details:—

- (1) The date of inspection.
- (2) Number of sound, saveable and unsaveable teeth, both temporary and permanent.
- (3) Teeth requiring filling.
- (4) Teeth requiring extraction.

Notifications are sent to the parents of children referred for treatment asking for their written consent that such treatment may be carried out.

#### CASUALS.

Children, not included in the routine age groups are known as "Casuals." These cases are treated at the Clinic any morning.

#### TREATMENT.

The ordinary course of treatment for each child averages two visits to the Clinic.

Extractions are always done before fillings in order to ensure a clean and healthy mouth before the filling is undertaken.

Great care is taken to avoid the removal of permanent teeth unless this is absolutely necessary.

Out of 4,735 cases inspected 4,422 were referred for treatment. This includes 3,156 casual cases.

#### ANÆSTHETICS.

Only local anæsthetics are employed, Procaine being injected for the extraction of permanent teeth and Ethylchloride being sprayed on to the gum in case of temporary teeth extractions.

#### IRREGULARITIES.

Minor cases of irregularity are dealt with at the Clinic, while the more serious cases are referred to the Manchester Dental Hospital.

The annexed tables show the details of dental inspection and treatment:

- (1) Table showing treatment of dental defects.
- (2) Table showing time given and operations undertaken.

#### ELEMENTARY SCHOOLS.

#### TABLE I.—Return of Medical Inspections.

(A.)—Routine Medical Inspections.

#### Number of Code Group Inspections:

Entrants			2124
Intermediates			1483
Leavers			1879
	Total		5486
Number of other Routine Inspections			216
	T	•	
(B)—Other	Inspections.		
Number of Special Inspections			5305
Number of Re-Inspections			6878
	Total		12183

#### ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

	Routine I	nspections.	Special Inspections.  No. of Defects.		
	No. of	Defects.			
Defect or Disease.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	
Malnutrition	63	4	65	5	
Uncleanliness:	24		89		
(See Table IV., Group V.)					
Ringworm:			82		
Scalp	•••		61		
Skin Scabies			10		
Impetigo	9		73		
Other Diseases (Non-					
Tuberculous)	37	1	226		
Blepharitis	25	1	86	1	
Conjunctivitis	6		84		
Keratitis			7		
Eye Ulcers  Defective Vision (excluding	11		77		
Squint)	121	98	322	98	
Squint	51	16	64	18	
Other Conditions	13	2	127	4	
Defective Hearing	15	4	73	4	
Ear -{ Otitis Media	44	4	181	2	
Other Ear Diseases	9	8	60		
Enlarged Tonsils only	130	70	129	20	
Nose   Adenoids only	18	5	35	1	
and { Enlarged Tonsils and	0.9	1	11	1	
Throat Adenoids	83 56	3	162	3	
Enlarged Cervical Glands (Non-	00	0	102		
Tuberculous)	14	2	67	4	
Defective Speech	39	4	85	3	
Ceeth—Dental Diseases	202		78	2	
(See Table IV., Group IV.)					

#### ELEMENTARY SCHOOLS.

#### MEDICAL INSPECTION RETURNS.

## TABLE II.—A. Return of Defects found by Medical Inspection, in the Year ended 31st December, 1924.—Continued.

	Routine In	ispections.	Special In	spections.	
	No. of I	Defects.	No. of Defects.		
- Defect or Disease.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment,	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	
Heart Disease: Organic Circu- lation  Heart Disease: Organic Functional Anæmia	23 3 117	10 1 5	40 9 176	10 4 8	
Lungs Stronchitis	180	9	143	1	
Diseases	15	10	15	1	
Pulmonary: Definite Suspected Non-Pulmonary:	2 9		3 25		
Tuber- Glands	3		11 1	1	
Hip	2 5		4		
Other Bones & Joints Skin	5 2	1	$\frac{4}{1}$		
Other Forms	1		1		
Nervous   Epilepsy (including suspected cases)	5	2	20	1	
System Chorea	9	1	20 52	1	
	10		25	2	
Deformities Spinal Curvature	4 29.	4	5 64	7	
Other Defects and Diseases	232	43	1585	31	

#### ELEMENTARY SCHOOLS.

TABLE II.—B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

	No. of C	Children.	dren	
Group,	Inspected. Found to require		Percentage of Children found to require Treatment.	
Code Groups:—				
Entrants	2194	437	20.57	
Intermediates	1483	356	24.0	
Leavers	1879	402	21.39	
Total (Code Groups)	5486	1195	21.78	
Other Routine Inspections	216	31	14.35	

#### ELEMENTARY SCHOOLS.

#### TABLE III.—Return of all Exceptional Children in the area.

			Boys	Girls	Total
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind		4	9 1
BLIND (includir	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	 1 	 1  1	2 1
leaf and dumb and y deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	5  	6	11
DEAF (including deaf and dumb and partially deaf)	(ii.) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	2	 8 	10

#### ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area—

Continued.

			Boys	Girls	Total
MENTALLY DEFECTIVE	Feebleminded (cases not noti- fiable to the Local Control Authority)	Attending Certifi'd Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution.	7 19  1	7 13  3	14 32  4
MENTAI	Notified to the Local Control Authority during the year	Feebleminded	2 4 	 1 	2 5 
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certifi'dSpecial Schools Attending Public Elementary Schools At no School or Institution	1 1 2	2	3 1 2
E	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	4	5	9
PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution	2	 ï	3

#### ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—

Continued.

			Boys	Girls	Total
Continued.	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-air Schools At Certified Day Open-air Schools At Public Elementary Schools At other Institutions At no School or Institution	 3 		13
PHYSICALLY DEFECTIVEContinued.	Delicate children (e.g., pre- or latent tuber- culosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-air Schools At Certified Day Open-air Schools At Public Elementary Schools At other Institutions At no School or Institution	46	 64  1	
PHYS	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution	 1 	1	2

#### ELEMENTARY SCHOOLS.

## TABLE III.—Return of all Exceptional Children in the area.—

		Boys	Girls	Total
PHYSICALLY DEFECTIVE—Continued. Crippled Children (other than those with active tuberculosis disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	  43  1	49	  92  3

## TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1924.

#### TREATMENT TABLE.

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

	Number of Defects treated, or under treatment during the year.			
Disease or Defect.	Under the Authority's Scheme.	Otherwise.	Total.	
Skin—				
Ringworm—Scalp	74	3	77	
Ringworm-Body	61	1	62	
Scabies	10		10	
Impetigo	82	1	83	
Other Skin Disease	245	19	264	
Minor Eye Defects—				
(External and other, but excluding cases			200	
falling in Group II.)	276	35	311	
Minor Ear Defects	199	28	227	
Miscellaneous—				
(e.g., minor injuries, bruises, sores,	1400	40	1471	
chilblains, etc.)	1423	48	1471	
Total	2370	135	2505	

#### ELEMENTARY SCHOOLS.

### TABLE IV.—Return of Defects during the Year ended 31st December, 1924.—continued.

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

	Number of Defects dealt with,				
Defect or Disease.	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).	225	78	25	328	
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	7		5	12	
Total	232	78	30	340	

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme...245.

(b) Otherwise...68.

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme...244.

(b) Otherwise...68.

#### GROUP III .- Treatment of Defects of Nose and Throat.

#### Number of Defects. Received Operative Treatment By Private Received other Under the Total number Practitioner forms of Authority's treated. or Hospital, Treatment. Total. Scheme. apart from the in Clinic or Authority's Hospital. Scheme. 78 71 149 33 45

#### ELEMENTARY SCHOOLS.

## TABLE IV.—Return of Defects during the Year ended 31st December, 1924.—continued.

#### GROUP IV .- Dental Defects.

GROUP IV.—	Dental Defects.
(1) Number of Children who were:-	(2) Half-days devoted to:—
(a) Inspected by the Dentist:	Inspection $36$ Treatment $429$ Total $465$
Sdnog 5 10 6142 7188 8234 9239 10196 11118 12144 13151	(3) Attendances made by children for treatment3148
9239 10196 Total1579	(4) Fillings:—
9u 11118 12144 13151	Permanent teeth1716 Total Temporary teeth 595 2311
A [13161]	(5) Extractions:—
Specials3156 Grand Total4735	$ \begin{array}{c} \text{Permanent teeth} \ 636 \\ \text{Temporary teeth} 1706 \end{array} \right) \begin{array}{c} \text{Total} \\ 2342 \end{array} $
(b) Found to require treatment	(6) Administrations of general anæsthetics for extractionsNil.
(c) Actually treated3077	(7) Other operations:—
(d) Re-treated during the year as the result of periodical examination. 179	Permanent teeth 585 Total Temporary teeth 36 621
GROUP V.—Uncleanliness	and Verminous Conditions.
(i.) Average number of visits per sc by School Nurses	
(ii.) Total number of examinations of by School Nurses	
(iii.) Number of individual children fo	und unclean 1,277
(iv.) Number of children cleansed un the Local Education Authority	
(v.) Number of cases in which legal p	proceedings were taken :—
(a) Under the Education Act, I	1921
(b) Under School Attendance E	Byelaws 6

#### SECONDARY SCHOOLS.

#### TABLE I.—Return of Medical Inspections.

(A.)—Routine Medical Inspections.

#### Number of Code Group Inspections:

Entrants					23
Intermediates		•••			28
Leavers				,	242
			Total		293
Number of other Routine Ins	spections				243
(B	3.)—Othe	er Inspect	tions.		
Number of Special Inspection	ns				209
Number of Re-Inspections					-
			Total		209

#### SECONDARY SCHOOLS.

TABLE II. (A.) Return of Defects found by Medical Inspection, in the Year ended 31st December, 1924.

10		Routine Inspections.		Special Inspections	
		No. of Defects.		No. of Defects.	
Defect or Disease.		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treat- ment	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treat- ment,
	Malnutrition			2	
	Uncleanliness				
	Ringworm:		-		
	Scalp				
	Body				
Skin -	Scabies				
	Impetigo				
	Other Diseases (Non-				
	Tuberculous)	3	1	1	
	Blepharitis		1	1	1
	Conjunctivitis				
	Keratitis				
	Corneal Opacities				
Eye -	Defective Vision (excluding				-
	Squint)	8	13	1	3
	Squint	8 1 1	1 1	1	
	Other Conditions	1		1 -	
	Defective Hearing	1		***	1
Ear -	Otitis Media	2			
	Other Ear Diseases				
NT.	Enlarged Tonsils only	9	9	2	3
Nose and -		1		•••	1
hroat	Adenoids				
	Other Conditions	2	3	2	1
nlarge	d Cervical Glands (Non-				
Tuber	culous)				
efectiv	re Speech	2			
eeth-	Dental Diseases	13		6	

#### SECONDARY SCHOOLS.

TABLE II. (A.) Return of Defects found by Medical Inspection, in the Year ended 31st December, 1924—Continued.

	No. of Defects.		Special Inspections.		
			No. of Defects.		
Defect or Disease.	Requiring Treatment,	Requiring to be kept under observation, but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treat- ment.	
Heart Disease:					
and Organic	. 5	5		1	
Circu-   Functional	24		2		
ation Anæmia	10		16		
Bronchitis	1		1		
Lungs-Other Non-Tuberculous					
Diseases	2				
Pulmonary:					
Definite					
Suspected					
Non-Pulmonary:	•••				
Cuber- Glands			- 1		
sulosis   Spine			1		
Tr.					
Other Bones and Joints				•••	
Skin				• • • •	
Other Forms	1				
(F. '1					
Nervous (Epilepsy Chorea					
System Chorea		111			
(Other Conditions	2		3		
CD: 1					
mities Spinal Curvature			1		
Other Forms	5		4		
		_	7.1	1	
Other Defects and Diseases	24	7	14	2	

#### SECONDARY SCHOOLS.

TABLE II. (B.) Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental deseases).

	Number	Percentage of Children found to require treatment.	
GROUP.	GROUP.  Inspected.		
CODE GROUPS:—			
Entrants	23	2	8.69
Intermediates	28	10	35.71
Leavers	242	32	13.22
Total (Code Groups)	293	44	15.01
Other Routine Inspections	243	52	21.39



