

**[Report 1938] / School Medical Officer of Health, Stretford Borough.**

**Contributors**

Stretford (England). Borough Council.

**Publication/Creation**

1938

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BOROUGH OF STRETFORD

EDUCATION AUTHORITY



*James*

# Annual Report

OF THE

## SCHOOL MEDICAL OFFICER

FOR THE

Year ended 31st December, 1938.

E. H. WALKER,  
School Medical Officer.

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PENDLETON :  
Atlas Printing Co., Brindleheath Road.

## BOROUGH OF STRETFORD.

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### Members of the Education Committee, 1938

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*Chairman:* Councillor H. W. HIGHAM.

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His Worship the Mayor, Alderman T. SPACKMAN, J.P.

Alderman Sir THOMAS ROBINSON, K.B.E., J.P.	Councillor J. H. GIBSON.
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Rev. J. M. EDMONDSON.

C. M. MASON, Esq., M.Sc.

L. W. BAKER, Esq.

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JNO. HINDLE, *Director of Education.*

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C. TREWAVAS, Town Clerk.

## The School Medical Service in relation to The Public Elementary Schools, 1938.

Total Number of Schools :—

		At 31st March, 1938	
		Accommo- dation	Average Attendance
(a)	Council Schools—Elementary .....12	6916	4357
(b)	Non-provided Schools ..... 8	1978	1389
Total .....		8894	5746

Number of Children on Books		under 5 years of age .....	244
(31st March, 1938)		5 years and over .....	6438
Total .....			6682

Product of a Penny Rate (1937-38) ....	£2111
Gross Cost of School Medical Service (year ending 31st Mar., 1938)	£3822
Amount received in Government Grant ....	£1700
Parents' Payment for treatment ....	£421
Net Cost on the Rates .....	£1701

### 1.—STAFF.

School Medical Officer : E. H. WALKER, M.B., Ch.B., D.P.H.

Assistant School Medical Officers :

BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.

T. P. SEWELL, M.B., Ch.B., D.P.H.

Dental Officer : R. BRADBURY, L.D.S.]

Ophthalmic Surgeon (part time) : H. V. WHITE, M.C., M.D.

Aural Surgeon (part time) :

E. S. BURT HAMILTON, M.C., M.B., Ch. B., F.R.C.S.ED.

Consultant Orthopaedic Surgeon :

HARRY PLATT, M.D., M.S., F.R.C.S.

School Nurses :

Miss CARBERRY, State Registered Nurse.

Miss MILNE, State Registered Nurse, Certified Midwife. Certificates of Royal Sanitary Institute and Sanitary Inspectors' Examination Board; Health Visitor's Certificate.

Miss COOMBES, State Registered Nurse, Certified Midwife.

Miss A. PARRY, State Registered Nurse, Certified Midwife, Health Visitors' Certificate.

Miss F. GARNER, State Registered Nurse, Certified Midwife, Health Visitors' Certificate.

Masseuse : Miss R. LEIGH, C.S.M.M.G., M.E., L.E.T. (Resigned May 1938)

Miss H. E. COWAN, C.S.M.M.G. (from June, 1938).

Clerks :

Miss M. W. HEWITT, Miss S. CHAMBERS.

Dental Section: Miss M. U. SPARGO.

## 2.—CO-ORDINATION OF SCHOOL MEDICAL WORK WITH THAT OF OTHER HEALTH SERVICES.

### (a) **Infant and Child Welfare.**

Co-ordination with the infant and child welfare services of the Council has been prominent throughout the development of both services and may fairly be described as complete.

### (b) **Nursery Classes.**

At the present time there are Nursery Classes at Trafford Park, at the new school at Lostock and at the reorganised school at Gorse Hill. Temporary provision has also been made since last summer at Seymour Park School.

A scheme for the provision of Nursery Classes at Stretford Road Infants', Seymour Park and Moss Park Schools, is now before the Board of Education. It is hoped that next year these further welcome amenities to schools will have been put into operation.

### (c) **The Care of Debilitated Children under School Age.**

During 1938, 182 children of pre-school age were examined at the School Clinics. Of these, 82 received treatment for minor ailments, 57 received dental treatment, 13 were referred to the Orthopædic Surgeon and 22 received operative treatment for tonsils and adenoids. Twenty-eight children below school age were examined by the Ophthalmic Specialist and 42 were referred to the Aural Specialist. Sixty-six pre-school children made 915 attendances at the Remedial Exercise Clinic.

The Toddlers' Clinic at Old Trafford is now well established and will unquestionably prove advantageous to the school medical service. Similar clinics to be established in the new Health Centres at Stretford and at Lostock will consolidate the medical supervision of pre-school children. The full value of these clinics will be reflected in a reduction of defects found at the medical inspection of entrants to the elementary schools.

## 3.—TEACHING OF MOTHERCRAFT.

Courses of instruction in Mothercraft have again been given to the Senior girls in five of the schools (Stretford Senior Girls, Old Trafford Senior Girls, Gorse Park, Trafford Park, St. Antony's). The School Nurses, who are also Health Visitors, have co-operated with the teachers of cookery, sewing and science in arranging the syllabus for the Mothercraft lessons given by the teachers and by two of the School Nurses.

The practical work has included visits to the Child Welfare Centres, small groups of girls attending at the routine sessions each week. Mothers have assisted by bringing babies and toddlers to the schools. These children have been bathed and their behaviour observed during the Mothercraft lessons.

Films illustrating the care of the infant have been shown in the schools.

Examinations in Mothercraft were held in the schools in April and July, 1938, and on the results four prizes and eight certificates were awarded. These were presented at the monthly meeting of the Education Committee. Children from four schools entered for the Rhondda Mothercraft Competition.

#### 4.—MEDICAL INSPECTION.

##### (a) **Age Groups of the Children Inspected.**

Medical inspection of all children in Public Elementary Schools is carried out as soon as possible in the twelve months following :—

- (a) their first admission to Public Elementary Schools, and
- (b) their attaining the age of eight years, and
- (c) their attaining the age of twelve years.

The Board's Schedule of Medical Inspection has been followed, except for the exclusion of weights and measurements.

The routine medical inspections have been carried by the Assistant Medical Officers : Dr. Barbara M. Knight and Dr. T. P. Sewell.

Each school was visited twice during 1938 for the purpose of routine medical inspection. 2,315 children were examined in the three "code" groups as compared with 1,725 in 1937. 654 "other routine inspections" were also made.

Children with defects which are under observation are now seen at intervals of six months instead of twelve months.

The policy of routine visits to each school twice a year, made possible by the appointment of an additional medical officer in 1937, has resulted in many children who are absent at the time of inspection being seen at the next visit in the same year. Following up of defects has also been more efficiently carried out.

## 5.—FINDINGS OF MEDICAL INSPECTION.

### (a) **Uncleanliness.**

At the routine inspections 50 children were found with vermin or with nits in the head. At the 71 special inspections made by the School Nurses for this purpose, 27 boys out of 6,279 examined, and 527 out of 7,719 girls, showed evidence of infestation with nits or vermin. Uncleanliness of the body or clothing was noted in 4 boys and 1 girl. The number of individual children found to be unclean was 240.

Teachers have maintained their interest and assistance towards improving the standard of cleanliness.

### (b) **Minor Ailments.**

The number and type of defects found at medical inspections, both routine and special, is shown in Table II on page 37. The number of individual children requiring treatment is shown separately in Table Ic on page 36. This figure includes minor skin conditions and slight departure from normal posture. 222 of the 844 defects found at routine inspection were defective vision.

### (c) **Tonsils and Adenoids.**

118 children were noted at routine inspections to require operative treatment and 178 at special inspections. Of the latter, 34 were referred by private medical practitioners for early treatment. Cases referred for observation or non-operative treatment numbered 285 at routine inspections and 85 at special inspections.

### (d) **Tuberculosis.**

NEW CASES OF TUBERCULOSIS IN CHILDREN OF SCHOOL AND PRE-SCHOOL AGE notified to the Medical Officer of Health under the Public Health (Tuberculosis) Regulations, 1930, during the year ended December, 1938 :—

Notified by	Nature of Case				Total
	Pulmonary		Non-Pulmonary		
	Male	Female	Male	Female	
School Medical Officer .....	—	—	—	1	1
Medical Officers of Institutions .....	—	—	4	1	5
General Practitioners .....	—	1	1	2	4
Tuberculosis Officer .....	—	—	—	3	3
Transferred from other areas .....	1	1	3	2	7
<b>Total .....</b>	<b>1</b>	<b>2</b>	<b>8</b>	<b>9</b>	<b>20</b>

**(e) Skin Disease.**

4 children were found to be suffering from ringworm of the body, while 19 children had scabies. There were 47 children with impetigo.

**(f) External Eye Disease.**

28 children with diseases of the eyelids or of the conjunctiva were found at routine inspections, and 30 at special inspections.

**(g) Vision.**

233 children were found to require examination by the Ophthalmic Surgeon. Of these 222 were detected at the routine examinations in schools and 11 as a result of special inspections; 6 were found in school not wearing glasses which had previously been prescribed.

**(h) Ear Disease and Hearing.**

12 children with defective hearing requiring treatment, and 22 cases for observation were detected. The number of children with ear discharge from middle ear disease was 28 at the routine inspections and 77 at special inspections.

**(i) Dental Defects.**

367 children out of 3,696 were found at *medical* inspection to be suffering from dental defects requiring treatment to prevent damage to health.

1,345 children out of 1,619 examined by the School Dentist at the routine dental inspection in schools, between the ages of six and thirteen years, were found to require treatment. 250 absentees missed the dental inspection in school, but many of these children were later seen at the dental clinic.

**(j) Orthopaedic defects.**

13 children with deformities requiring treatment were detected at routine inspections, and 30 others were seen at special inspections. 154 children were under supervision on account of orthopaedic defects.

## 6.—INFECTIOUS DISEASES.

67 school children were notified during 1938 to be suffering from diphtheria, as compared with 63 in 1937 and 45 in 1936. Notifications of scarlet fever among school children were 123 in 1938 compared with 62 in 1937 and 111 in 1936.

A considerable amount of time of the Medical Officers and Nurses is occupied in the investigation of infectious diseases, particularly diphtheria.

13 special visits were made by the medical officers to 8 schools. 528 children were examined at these visits and absentee contacts were visited at home.

88 swabs were taken, including 57 from children attending the Minor Ailments Treatment Clinic, and 11 during the course of routine medical inspection, from children with signs suspicious of diphtheria, usually of the nose. As a result of the swabs taken, 15 "carriers" were detected. 10 of these "carriers" were admitted to the Ladywell Sanatorium.

The inspection of contacts, the detection of "carriers," the exclusion of individual children from school and the home visiting of absentees who may be sources of infection, are routine methods adopted in control of outbreaks of diphtheria amongst children attending school.

### Immunisation Against Diphtheria.

Immunisation has for several years been carried out by the medical officers in the capacity of public health officers, at the School Clinics and Child Welfare Centres. All expenditure on materials incurred is met by the Health Committee of the Council. Occasionally, when a large number of applications are received for immunisation of children from one school, the work may be done at the school so as to minimise the loss of time involved in attendance at a clinic. The desirability of protection of children against diphtheria and the value of immunisation has been fully discussed in previous reports and the Toddlers' Clinics will afford the best opportunity of providing protection before the children begin to attend school.

During the year, 559 children have been immunised, each child normally receiving three injections at intervals of not less than a week :—

	Number immunised.
Old Trafford Clinic ... ..	43
Stretford Clinic ... ..	89
Trafford Park Clinic ... ..	126
Seymour Park School ... ..	82
Child Welfare Centres ... ..	98
Kings Road School ... ..	115
By private practitioners with material supplied by the Public Health Department ... ..	6
Total ... ..	559

The total number immunised is quite inadequate to effect any marked reduction in the *incidence* of the disease, but a definite protection is afforded to these 559 children.

TABLE showing Schools attended by Stretford Children suffering from notified Infectious Disease in 1938.

School	Number of children on Books	Scarlet Fever	Diphtheria
Gorse Hill Council .....	445	1	6
Gorse Park .....	264	—	—
Victoria Park Council .....	563	11	4
Seymour Park Council .....	605	14	2
Trafford Park Council .....	333	4	18
Kings Road Council .....	318	3	—
Stretford Road Junior .....	272	19	—
St. Alphonsus' R.C. ....	301	4	1
St. Hilda's .....	189	10	—
Moss Park .....	692	13	6
St. Anne's R.C. ....	225	3	6
Stretford Senior Girls .....	334	2	2
St. Anthony's R.C. ....	136	—	2
Stretford Senior Boys .....	328	5	2
St. Matthew's.....	163	6	7
St. Joseph's .....	233	1	—
Old Trafford Senior Boys .....	292	3	—
"    "    "    Girls .....	313	1	—
Stretford Grammar .....	525	1	1
Stretford High School for Girls	402	1	—
Open-Air School .....	115	1	2
St. Teresa's .....	81	3	—
Royal Schools for the Deaf .....	—	7	2
Henshaws Institute for Blind...	—	2	—
Totals .....	7129	115	61

Amongst children living in Manchester but attending Stretford Schools, there were 8 cases of diphtheria, 9 cases of measles and 18 of scarlet fever.

There were 8 cases of scarlet fever and 5 cases of diphtheria in Stretford children attending schools in Manchester.

Measles, chicken-pox and whooping cough are not notifiable infectious diseases in the Borough.

### 7.—FOLLOWING UP.

The total number of visits made by the school nurses during 1938 to homes of school children was 546 as compared with 532 visits in 1937.

Home visits by the School Nurses establish contact with the parents in cases where treatment has been found to be necessary. These visits are valuable in that they form a link between parents and the School Medical Service and ensure the useful co-operation of all responsible for the care of the school child. From an educational point of view, these visits provide tremendous opportunities and much is done when the reasons are explained, e.g., as to the necessity of long continued treatment in cases of squint, remedial exercises, daily treatment in the case of ear discharge, etc.

Contact is established between parents and the Education Authority and a knowledge of the special work carried out by the Committee helps parents to realise how much assistance is available for the successful bringing-up of their children. Notably the special services are better appreciated, and co-operation is effected. Again, in the case of unclean heads, contact with the home and sympathetic understanding of domestic difficulties makes the task of disinfection much more easy of accomplishment.

MONTHLY INCIDENCE OF DIPHTHERIA AMONG CHILDREN ATTENDING ELEMENTARY SCHOOLS  
1938

School	January		February		March		April		May		June		July		August		September		October		November		December		Totals	
	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15	5-10	10-15
Goose Hill Council ...		1			1						1												1			6
Victoria Park Council ...									2														2			4
Seymour Park Council ...		2																								2
Trafford Park Council ...	2		1	1											4		8	1				1				14
St. Alphonsus R.C. ...																	1									1
Stretford Senior Girls ...							1				1															2
Moss Park Council ...			1												3			1	1							4
St. Anne's R.C. ...					1								2		1		1					1				4
Lostock ...																	1									1
St. Anthony's R.C. ...							1	1												1						1
St. Matthew's ...						1	4		1											1						6
Stretford Senior Boys ...																						1		1		2
Grammar School ...						1																				1
Open Air School ...																			2							2
Deaf School ...													1													1
Schools outside the district...	1					1									1							1				4
Totals ...	3		5		7		8		3		2		4		9		13		5		4		4			48
																										19

Total diphtheria cases notified : Under School Age ... 13  
 School Age ... 67  
 Over School Age ... 9  
 89

## 8.—MEDICAL TREATMENT.

## (a) Treatment of Minor Ailments.

The following Table shows the number and nature of the minor ailments treated at the three School Clinics.

## MINOR AILMENTS TREATMENT CLINICS.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31st DECEMBER, 1938.

	Old Trafford Clinic		Trafford Park Clinic		Stretford Clinic	
	Treated	Cured	Treated	Cured	Treated	Cured
<b>SKIN :</b>						
Ringworm-Body ....	5	4	3	2	—	—
Scabies .....	12	10	13	13	9	7
Impetigo .....	80	80	59	59	64	59
Other skin diseases	74	72	73	72	45	45
<b>EXTERNAL EYE DISEASE .....</b>	<b>62</b>	<b>54</b>	<b>32</b>	<b>32</b>	<b>36</b>	<b>32</b>
<b>MINOR EAR DEFECTS :</b>						
Ear discharge, wax	93	74	46	39	54	41
<b>MISCELLANEOUS :</b> e.g., minor injuries, bruises, sores, chil- blains, etc. ....	<b>391</b>	<b>377</b>	<b>375</b>	<b>374</b>	<b>145</b>	<b>129</b>
<b>Total .....</b>	<b>717</b>	<b>671</b>	<b>601</b>	<b>591</b>	<b>353</b>	<b>313</b>
<b>Total No. of Attendances .....</b>	<b>3206</b>		<b>2039</b>		<b>659</b>	

## (b) Tonsils and Adenoids.

No child is submitted for operation without a period of careful observation, but each year the waiting list exceeds the provision made for operative treatment. Many are referred by private practitioners with recommendations of urgency, but every such child is examined by the Aural Surgeon, who finally decides as to the necessity for operation.

The whole of the conditions laid down by the Board of Education in 1923 as essential in a satisfactory scheme for the operative treatment of chronic tonsillitis and adenoids have for many years been adopted. In the Annual Report of the Chief Medical Officer of the Board of Education for 1937, the following statement indicates that modification to the scheme is required.

“Whereas the scheme in 1923 stated that, *whenever possible*, all patients should have in-patient treatment before and after operation, admission the night before operation, and detention for two nights after, should now be regarded as *essential*.”

This requirement has been accepted by the Education Authority and provision has been made, as from 1st April, 1939, for each child to be kept in hospital for two nights after operation, at an additional cost to the Authority of 10s. 6d. for each child. All patients, after operation, are taken home by Ambulance, accompanied by one of the school nurses. No charge is made by the Corporation to the Education Authority or to the parents for the Ambulance Service.

The danger of “excessive operating” appears to be adequately safeguarded by the fact that the Board’s approval would be required to any extension of the scheme. The number of operations provided for in the scheme has remained for several years at 140 per annum.

(c) **Tuberculosis.**

The following statement is kindly supplied by Dr. G. Jessel, the Consultant Tuberculosis Officer of the Lancashire County Council, whose valued assistance is at all times available.

TREATMENT RECEIVED DURING THE YEAR 1938 BY TUBERCULOUS

CHILDREN RESIDING IN THE BOROUGH OF STRETFORD.

	Children.
Admitted to Sanatoria ... ..	2
Admitted to General Hospitals ... ..	5
Granted “Light” Treatment at the Eccles Dispensary ... ..	6
X-Ray Examination ... ..	26
Dispensary Supervision or Dispensary Treatment ... ..	27
Dispensary Supervision or Treatment with provision of special nourishment ... ..	8
Under Supervision on 31st December, 1938 ... ..	35

The 35 cases under supervision at the end of the year were :—

Pulmonary ... ..	4
Non-Pulmonary ... ..	31
Cases taken off the Register as "Recovered" ... ..	1

(d) **Skin Diseases.**

No cases of ringworm of the scalp were under treatment during the year.

There has been a slight increase in the number of cases of impetigo, but most of the cases were comparatively mild in character.

(e) **External Eye Disease.**

130 children were treated at the Minor Ailments Treatment Clinic. (See Table, page 12.)

(f) **Vision.**

419 children were examined by the Ophthalmic Surgeon. Of these, 246 were new cases and 197 were re-examinations. Spectacles were prescribed for 258 children.

The number of clinic sessions attended by the Eye Specialist was 41 during the calendar year. 419 children made 549 attendances. In addition to these, 79 children attending County Schools in the Borough were referred by the County School Medical Officer. Five of the 41 sessions were specially arranged for County School pupils.

Parents of 85 children have taken advantage of the arrangements made for payment for spectacles by instalments. In 6 necessitous cases glasses were supplied by the Authority without charge to the parents.

The number of new cases examined by the Eye Specialist was 246, whilst at medical inspections 233 children were found to have defective vision. (See page 37.) In addition to new cases provision has to be made for periodic re-examination of children and special attention is required to supervision of cases of myopia.

The importance of the early detection and treatment of squint has been frequently explained in earlier reports. Practically half the cases seen are first dealt with before the children reach school age.

Ten children have attended the clinic for Orthoptic treatment and the results encourage the view already expressed, that when financial considerations permit the proper equipment required, there is a useful field for extension of service.

Two of the ten children attended irregularly over a period of six months and showed no improvement. Five children attended regularly

during the whole year and both visual acuity and fixation improved. Three other children only attended for three months in this year, and in two of these definite improvement has commenced.

The treatment at present available is limited in scope by lack of equipment and by the time required in the training of each child.

AGES OF CHILDREN REFERRED FOR TREATMENT FOR SQUINT.

Ages, years	und. one	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number of children examined, 1938 ...	1	4	5	9	11	11	16	4	17	13	8	6	10	12	7	134
New Cases examined, 1938 ...	1	4	4	4	2	7	5	1	6	2	1	2	3	3	1	46
Ages at first attendance of those re-examined in 1938	1	8	9	8	7	14	10	10	8	4	2	2	2	2	—	88

Of the 88 children examined on account of squint, 17 were already wearing glasses. Spectacles were first ordered in 1938 for 15 children. Orthoptic treatment is not practicable until the error of refraction has been corrected, nor in the case of children under 5 or 6 years of age.

TABLE showing defects found amongst cases examined by the Ophthalmic Surgeon during the year ended 31st December, 1938.

Defect	New Cases		Old Cases	
	Number Examined	Number of Cases of Squint	Number Re-examined	Number of Cases of Squint
Hypermetropia ... ..	19	12	19	14
Myopia ... ..	28	1	16	—
Hypermetropic Astigmatism ... ..	16	3	11	7
Myopic Astigmatism ... ..	10	—	4	2
Compound Hypermetropic Astigmatism... ..	74	16	56	33
Compound Myopic Astigmatism	30	2	22	3
Mixed Astigmatism ... ..	32	—	17	4
Emmetropia ... ..	14	—	1	—
Congenital Strabismus... ..	12	12	24	24
Corneal Nebulae ... ..	—	—	1	—
Nystagmus ... ..	2	—	2	1
Injury to Lacrymal Sac. ... ..	1	—	—	—
Conjunctivitis ... ..	2	—	1	—
Blepharitis ... ..	—	—	1	—
Cong. Dislocation, both lenses	1	—	—	—
Chalazion ... ..	1	—	—	—
Microphthalmos ... ..	1	—	—	—
Eccentric Pupil ... ..	—	—	1	—
Totals ... ..	243	46	176	88

**(g) Ear Disease and Hearing.**

155 children made 189 attendances at the Special Ear Clinic for examination and treatment by the Consultant Aural Surgeon.

**THE AUDIOMETER GRAMOPHONE.**

During 1938 the hearing of 25 children has been tested by the Audiometer Gramophone. This number includes 9 who were re-tested after treatment. All were children referred for advice on account of ear discharge from one or both ears or because they were reported by parents or teachers to have defective hearing.

Of the 9 children re-tested, 6 shewed improvement following operative or other treatment and 3 remained unchanged.

The earlier detection of defective hearing by group testing with the Audiometer is another of the desirable extensions of the services.

**(h) Report of the School Dental Officer.**

I have much pleasure in submitting my third Annual Dental Report, dealing with the period 1st January to 31st December, 1938.

During the year, 2,539 children were examined and 2,280 were found to require treatment. Of these, 1,842 were actually treated at the Clinic, making 4,059 visits.

It was considered advisable to complete the treatment of as many as possible of the children for whom consents were received, rather than to inspect the whole of the children in all the schools with little hope of treatment of many.

The necessity for the appointment of an additional dentist is amply illustrated by the fact that practically two-thirds of the children have not been inspected. This position will be materially improved with the expansion of the service in the year 1939.

Six Dentures were supplied to school children and 12 Orthodontic Appliances made for the correction of misplaced teeth. Patients undergoing orthodontic treatment need weekly attention for considerable periods, but in many cases only minor adjustments are required and the slight interference with the routine work is more than justified by the results.

Local anæsthesia has been used with considerable success in conservation work. One may take it as an axiom that the more perfect the cavity preparation the more painful the operation is likely to be. To most patients this pain is bearable, but to others it is quite intolerable. Regional or block anæsthesia is used in the Clinic for all extractions, but for conservative work this method has two definite disadvantages. Firstly, in addition to the teeth, it anæsthetises the cheeks and lips, and these are liable to damage before sensation returns. The second disadvantage is swelling; no matter how perfect the technique, swelling may result. Although this is painless, a child with a swollen face after a filling is a poor advertisement. During the last year a modification of Parrott's method of anæsthesia by injection into the bone has been extensively tried with good results; the anæsthesia is certain, immediate, and if the new alkalised solutions are used no after pain of any kind is experienced. The adoption of this procedure as a routine measure has resulted in very appreciative patients, more satisfactory fillings, and a far more interesting session for the operator, with less fatigue.

At the routine dental inspections in the Infant Departments one is appalled at the widespread caries already evident in the children. A complete, healthy set of teeth is a rarity; a typical child has caries of most of the temporary molars and upper incisors with two or three abscesses or boils suppurating out of the gum, but that is by no means the whole picture. The first permanent molars which are now erupting are often already carious, and in many instances have to be extracted before the child leaves the Infant Department! Authorities are not agreed upon the cause or causes of dental caries, probably there are many factors. Water supply, neglect of dental hygiene, psychological causes, etc., are all suggested, but the most reasonable theory is that our diet is deficient in certain substances which are necessary to build strong teeth. We cannot cure dental caries, that is, we cannot persuade Nature to replace the hard dental tissues which have been destroyed, and our best filling materials are a poor substitute. But we can do something to prevent it in the teeth which are being formed in the jaw, but are not yet erupted in the mouth. Lady Mellanby and her co-workers have proved that if Vitamin D is taken in sufficient quantities *whilst the teeth are being formed*, the enamel of these teeth, when they do erupt, will be of a fine texture and have a hard glass-like surface likely to resist subsequent decay.

Vitamin D can be given in a concentrated form of Cod Liver Oil, small doses of which (5 drops each day) are sufficient. One of the most important problems which must be faced, if we are to make progress in preventive dentistry, is to ensure that this essential vitamin is given to every child.

R. BRADBURY,

Dental Officer.



**PATIENTS UNDER TREATMENT AT BIDDULPH GRANGE  
ORTHOPAEDIC HOSPITAL DURING 1938.**

During the year, Stretford patients under treatment at the Biddulph Grange Orthopaedic Hospital of the Lancashire County Council, were :—

1. A boy aged 13 has been an in-patient since January, 1935, on account of a comparatively rare condition of extreme brittleness of bones (*fragilitas ossium*). His general condition has materially improved but he is still very liable, on the least provocation, to sustain a fracture of one or other of his limbs. Without the provision afforded at Biddulph he would have been quite unable to attend school and no education would have been possible. Since his admission to hospital his education has proceeded along with treatment.

2. A girl aged 5 years was admitted on 23rd October, 1936, shortly after an attack of infantile paralysis. This family removed into the County Area in March, 1938, and responsibility for the girl's maintenance at Biddulph was taken over by the County Council.

3. A girl aged 15 years, who had been under orthopaedic treatment at a Manchester hospital since October, 1928, for a severe type of spinal curvature due to infantile paralysis at the age of 3 years, was admitted to Biddulph in May, 1936, and was still under treatment at the end of the year.

4. A girl aged 13 years was admitted in March, 1938. At the age of 3 years she had infantile paralysis and she had been under orthopaedic treatment and supervision continuously since January, 1929. She was still in hospital at the end of the year.

5. A girl aged 10 months was admitted on June 27th, 1938, on account of congenital dislocation of the left hip. Her family removed from the Borough 2 days later and responsibility for her maintenance was therefore transferred to the County Council as the Maternity and Child Welfare Authority of the district to which the family removed.

6. A boy aged 14 years was admitted on 28th October, 1938, for treatment of deformities of both feet (claw feet). He was still in hospital at the end of the year.

7. A boy aged 12 years was admitted on 8th July, 1938, with hip disease. He was transferred to the County Tuberculosis Hospital, Wrightington Hall, on 12th September, after it had been established that the boy's condition was tuberculosis of the hip.

At the end of the year there were four Stretford patients in the hospital and three children were waiting for admission.

### Orthopaedic After-care and Remedial Exercises Clinic.

Date of commencement of Clinic ... ..	...6th May, 1927
Number receiving treatment on that date ... ..	6
Number receiving treatment, 1st January, 1938 ... ..	61
Number receiving treatment, 31st December, 1938 ... ..	39
*Individual children treated during year 1938 ... ..	138
†Number of attendances made for treatment during 1938 ... ..	1930
Number of treatments given during 1938 ... ..	2868
Average attendance per session during 1938 ... ..	21

\* Includes 66 children of pre-school age.

† Includes 915 attendances by children of pre-school age.

### Number and Type of Cases Treated at Remedial Exercises and After Care Clinics.

Defect	Number of Treatments given				
	No. of Cases	Massage and Joint Movements	Remedial Exercises	Re-education of Muscle and Muscle Groups	Electrical
Flat Feet .....	26	191	240	191	—
Spinal Curvatures	4	—	102	—	—
Postural Defects .....	14	—	320	—	—
Club Feet .....	3	57	—	—	—
Polio-myelitis.....	7	335	80	335	28
Spastic Paralysis ...	3	50	31	50	—
Birth Palsy .....	2	—	40	—	—
Torticollis .....	2	10	33	—	—
Genu Various .....	10	95	—	—	—
Fractures and other injuries .....	6	54	10	14	—
Debility .....	26	321	—	—	—
Other Conditions ...	35	244	3	21	13
	138	1357	859	611	41

### REPORT OF THE MASSEUSE IN CHARGE.

At the end of the year the numbers of school children and pre-school children attending the clinic were almost equal, most of the latter having knock-knees, bow-legs or flat feet. All have shown considerable improvement.

The number of injuries treated this year has been very small, two or three cut tendons and a fractured spine of tibia.

One baby girl was under treatment for a comparatively rare condition affecting the tendon sheaths of both thumbs. She wears splints on her hands and is making a satisfactory recovery.

Two baby boys who have attended the clinic from the early age of three weeks have club feet. These are improving satisfactorily and we have every confidence that they will be normal children before reaching school age.

Another little girl, also of pre-school age, has been in Ancoats Hospital where her feet were manipulated and put into plaster. The plasters have now been discarded and she is walking well.

Seven children suffering from the after-effects of Infantile Paralysis have shown some improvement through attendance at the class for postural exercises and re-education of walking. No new cases of Infantile Paralysis have attended.

We are again indebted to Miss Royle of Ancoats Hospital for allowing her students to render their valuable services.

H. ELIZABETH COWAN, C.S.M.M.G.

The necessity for early treatment of orthopædic defects has been repeatedly urged in previous reports, and the Authority's scheme for treatment has from its inception achieved complete co-ordination with the Maternity and Child Welfare Service. Consequently, we are now able to produce definite evidence of highly satisfactory results, by maintaining the preventive and educational aspects of this service. In most cases, treatment must inevitably be prolonged and makes considerable demands on the time and patience of parents. It is gratifying to record that by tactful and sympathetic approach the interest and co-operation of parents has been sustained.

#### **Treatment of Children of Pre-School Age.**

The following is a summary of the treatment of children below school age, during the year ended 31st December, 1938.

	Children.	Attendances.
Inspection Clinic ... ..	100	137
Minor Ailments Treatment Clinic ...	82	198
Dental Treatment Clinic ... ..	57	119
Orthopædic Clinic ... ..	13	22
Remedial Exercises and Massage ...	66	915
Tonsils and Adenoids : Operations ...	22	—
Ophthalmic Clinic ... ..	28	41
Aural Clinic ... ..	42	44

131 expectant and nursing mothers from the Child Welfare Centres were referred to the Dental Clinic and 114 received treatment.

## RECORD OF ARTIFICIAL LIGHT TREATMENT.

JANUARY, 1938 TO DECEMBER, 1938.

Diagnosis	Total cases treated		No. of treatments given	Cases Treated and Results			Course of Treatment unfinished
	Pre-School	School		Cured	Improved	Treatment continued	
Rickets ...	13	—	233	—	9	1	4
Glands, Neck ...	7	12	465	10	5	1	4
Malnutrition, General Debility, Anaemia ...	32	34	1511	18	37	1	11
Bronchitis and Asthma ...	5	12	356	4	10	4	3
Difficult dentition ...	1	—	23	—	1	—	—
Rheumatism ...	—	1	14	—	1	—	—
Acidosis ...	—	2	64	2	—	—	—
Nervous Instability ...	—	6	97	—	4	—	2
Totals ...	58	67	2763	34	67	7	24

## RECORDS OF CASES TREATED, CLASSIFIED ACCORDING TO AGE.

Ages						Cases Treated
Under 1 year	...	...	...	...	...	4
1-2	...	...	...	...	...	26
2-3	...	...	...	...	...	15
3-4	...	...	...	...	...	11
4-5	...	...	...	...	...	7
5-6	...	...	...	...	...	16
6-7	...	...	...	...	...	11
7-8	...	...	...	...	...	9
8-9	...	...	...	...	...	5
9-10	...	...	...	...	...	5
10-11	...	...	...	...	...	4
11-12	...	...	...	...	...	5
12-13	...	...	...	...	...	5
13-14	...	...	...	...	...	2
Over 14	...	...	...	...	...	—

## 9.—OPEN-AIR EDUCATION.

### (a) **Playground Classes.**

Playground classes are held whenever weather conditions permit.

### (b) **School Camps.**

There are no organised arrangements for School Camps for Elementary School children.

Following approval by the Board of Education, under Section 86 of the Education Act, the Authority were able to arrange with the Manchester Evening Chronicle Cinderella Fund for selected children from elementary schools to be sent for a holiday by the sea.

This year 120 children spent a week by the sea at the Sunshine Holiday Home, Rossall. This holiday is more than appreciated by the children and their parents. The benefits derived from the change have been so marked that many of the parents ask for a chance to send another child in the ensuing year. Some of the children had never seen the sea, and for others it was their first holiday. To one child, after a few days of breathless anxiety lest she should not be permitted to go, it seemed, she said afterwards, "like a lovely dream." This child is undersized and of poor nutrition, and she has a constant struggle to compete with more fortunate and better placed children. To her, the memory of that holiday will always be cherished and will serve to encourage her best efforts. Other children, too, have brought back vivid recollections of their first holiday. Apart from the joy to the children, the benefit to their health was noticeable and they returned better able to attend to school work. In the words of one Headmistress, "They were more alert, more energetic, and generally improved by the change."

This is a valuable contribution to the welfare of school children, but there is still need for something tangible to be done in the way of school camps.

### (c) **Day Open-Air School.**

The continued success of the Open-Air School in the rehabilitation of delicate and nervous children has been discussed in previous reports, and to those who have been privileged to see the benefits derived by children at this school no further comment is necessary.

CONDITION ON ADMISSION OF CHILDREN IN ATTENDANCE AT THE OPEN-AIR  
SCHOOL DURING 1938.

Delicate ; Malnutrition ...	83
Anæmia ...	20
Organic Heart Disease ...	4
Otitis Media ...	4
Bronchitis and Debility ...	14
Asthma ...	7
Cervical Adenitis ...	1
Epilepsy and Debility ...	3
Albuminuria ...	3
Debility after Empyema ...	1
Debility after Diphtheria ...	2
Nervous instability ...	12
Infantile Hemiplegia ...	3
Friedreich's Ataxia ...	1
Total ...	158

32 girls and 24 boys have returned from the Open-air School to the ordinary schools during the year.

OPEN-AIR SCHOOL : Records of Height and Weight.

Age, (Years)	No. in attendance	Average : on admission		Average gain		Average stay (weeks)
		Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	
5	19	42.7	39.8	1.5	2.8	21.0
6	25	45.3	43.6	1.5	3.5	38.0
7	28	48.0	45.7	1.7	2.3	36.0
8	23	49.0	51.2	1.3	3.3	45.8
9	24	50.5	56.1	1.3	2.0	35.6
10	17	52.0	55.9	0.5	4.9	45.5
11	13	53.7	65.5	1.2	6.0	38.0
12	6	54.7	73.5	2.0	11.0	69.1
13	3	55.0	67.5	0.5	7.0	53.3

## 10.—PHYSICAL TRAINING.

The two new Gymnasias at Victoria Park and Gorse Hill referred to in last year's report have now been in operation for some time, and it is gratifying to note the increasing use to which these aids to Health and Physical Fitness are being put.

At each school a teacher has been given the advantage of a term's attendance at a Physical Training College in order that a course of instruction might be taken with a view to getting the best out of the new Gymnasias.

An Old Girls' Association has been formed at the Stretford Senior Girls' School, and among other activities of this association is a section taking Physical Training.

Although it does not come within the scope of this report, it is worth mentioning that the Education Committee have just completed a Gymnasium in the premises of the old Cornbrook Park School which they acquired some time ago. This Gymnasium will be used by the boys of the Old Trafford Senior Boys' School, and it will also be required for Physical activities by the thriving Old Boys' Association belonging to the school.

The two instructors at the Secondary Schools each spend one day a week in the elementary schools to advise teachers and give demonstrations. In schools where there are no male teachers, the instructor from the Boys' Grammar School gives lessons to boys.

Evening classes for the elementary school teachers are held in the gymnasias of the Secondary Schools during the winter months.

The interest of the teachers has served to maintain a healthy activity in various games, e.g., football, cricket, tennis, netball and swimming, but the lack of school playing fields is a frequent source of disappointment to them.

### REPORT OF THE ORGANISERS OF PHYSICAL TRAINING.

We, the undersigned, have pleasure in reporting on the progress of Physical Training in the Elementary Schools of the Borough.

During the period under review, 1st January to 31st December, 1938, attention was given to maintaining the supply of equipment at the standard suggested in the Syllabus of Physical Training for Schools, 1935, and to improving the ability of the teachers in its use. The basis of this improvement has been that of co-operation, and we find this to have been remarkably successful. The teachers are always ready to put into effect suggestions for

improvement, and this has resulted in a very satisfactory standard of teaching technique. Changes in personnel due to retirements has resulted in several young teachers, recently out of college, being added to school Staffs, and their training in the modern method of Physical Training has proved very valuable.

Without exception, time-tables now allow satisfactory periods for Physical Training, games and swimming, and Head Teachers are always ready to listen to suggestions, complying with them if at all possible.

Teachers have continued their interest in the development of healthy rivalry in football, cricket, tennis, netball and captain ball, inter-school matches regularly taking place out of the normal school time-table. At least one school teachers and pupils worked together to dig and prepare jumping pits for long and high jumping, also making their own jumping stands and other equipment.

Representations to the Parks Committee resulted in improved facilities for major games. Three concrete pitches for cricket were laid down in two of the Public Parks used regularly by the school children, but as this was done rather late in the cricket season a report cannot yet be made on the amount of use they received.

Two new fully equipped gymnasiums, one for Senior Girls and one for Senior Boys, were brought into full use during the summer term and some time was given to assisting the teachers having the use of them, especially in the preparation of suitable "tables" of exercises. At first some difficulty was experienced in getting the children to provide and change into suitable kit and to use the shower baths, but the position in both has steadily improved. It has not yet been considered necessary for the Education Authority to provide clothing, but the possibility has been considered. During December, work on a third fully equipped gymnasium was commenced for the use of the Old Trafford Senior Boys' School and should be ready for use after Easter, 1939. It is also hoped to develop this as a "Keep Fit" centre in the neighbourhood. Plans have been approved or formulated for three further fully equipped gymnasiums, and one of these will improve the position regarding Senior Boys now being taught physical training by lady teachers. The development of a "Keep Fit" programme is being considered.

Swimming continues to receive satisfactory attention, and the time of the instructor for the boys has been increased from 2 to 2½ days. Matches between schools are a regular feature in the events of Swimming Clubs functioning in the Borough. The Baths Committee and the Baths Superintendent co-operate splendidly to provide facilities for the indulgence of this sport. Many pupils have gained Life-Saving awards during the year, and this is now a regular feature of out-of-school activities.

As in former years, the Schools Athletic Sports were a great success, showing a high degree of organisation and athletic ability. More schools are holding their own sports.

One lady and one male teacher attended three months' courses in physical training during the year and now guide the work at their respective schools. Others have been invited to consider doing so.

Classes for male teachers were continued in the Grammar School Gymnasium, and although attendances could have been larger a fair response allowed the time to be used to improve the ability of those likely to share the work in the new gymnasium.

At the invitation of the local Teachers' Association further demonstrations and discussions were arranged, and this now appears likely to be established as a regular item.

The development of "Keep Fit" classes have been discussed, and it was agreed that it would be wise to delay this until the development of Old Pupils' Associations have been considered, after which further progress will be decided in conjunction with their requirements.

Under the auspices of the County Authority a course in Physical Training for Infants was held from September to December, 1938, the teacher being Miss D. Ainsworth, lady organiser, and ten Stretford teachers attended the course.

Signed with confidence,

(Miss) D. AINSWORTH,

(Mr.) E. G. D. MARSH,

Organisers of Physical Training.

### 11.—SCHOOL BATHS.

The interest of the Authority in promoting swimming among school children has been well maintained. During the year, under the ægis of the Education Committee, 26,353 attendances were made by school children during the summer months for instruction. The Baths Committee are anxious that the facilities provided in the summer months should be, in a modified form, offered to children in the winter months, and the Education Committee are prepared to approve arrangements for, say, instruction in Life-Saving, etc., subject to the attendance of the children being made possible in the time-table.

As usual, the annual schools swimming Gala in September was an unqualified success and gave ample evidence of the success of the swimming instruction given under the Education Committee's scheme and of the keenness of the scholars in this useful and fine physical exercise.

### 12.—PROVISION OF MEALS.

The food centres referred to in last year's report have been in operation throughout the whole of the year under review, including a small centre at the new school at Lostock. The conveyance of food from the Central Kitchen at Eastnor Street to the four branch centres has been carried out successfully and, by the system in operation, food served at all these places without loss of heat or quality.

During the year 42,281 dinners were served, including 1,988 for which payment was made by the parents, at an average cost per meal (rent, wages, cleaning, provisions and the necessary carting) of 5.8d.

Through the Milk Marketing Board's Scheme for the supply of milk in schools, 3,670 children received one-third of a pint of milk each day at a cost of one halfpenny per day.

### 13.—EMPLOYMENT OF YOUNG PERSONS AND CHILDREN.

101 children were examined during the year with the following results :—

Certificates granted permitting employment out of school hours...	93
Certificates granted conditionally upon necessary treatment being obtained ... ..	1
Certificates granted permitting appearance in entertainments ...	7
Certificates not granted—under age... ..	—
Certificates refused on the ground that employment out of school hours would be detrimental to health or education ... ..	—

#### **14.—CO-OPERATION OF THE SCHOOL MEDICAL SERVICE AND THE JUVENILE EMPLOYMENT BUREAU.**

Frequent contact between the two departments has enabled the School Medical Officers to give appropriate advice as to suitable occupations in special cases. The Juvenile Employment Officer keeps in touch with the School Medical Officers whose services and advice are available to him at all times.

In accordance with the recommendations of the Board of Education, a card is handed to the Juvenile Employment Officer in respect of any child who at the routine inspection of "leavers" is considered to be unsuitable for a particular type of work. Such children are kept under medical supervision and are advised to come for medical examination at the time they anticipate leaving school. Whenever it is thought desirable, children who have already left school may be referred for medical examination so as to determine whether the occupation proposed is likely to be detrimental.

#### **15.—NATIONAL HEALTH INSURANCE (JUVENILE CONTRIBUTORS AND YOUNG PERSONS) ACT, 1937.**

In March, 1938, the Board of Education addressed to all Local Education Authorities a memorandum on the provisions of this Act, which provides medical benefit under the National Health Insurance Scheme for "juvenile contributors, i.e., boys and girls who leave school and become insurably employed under the age of 16 years."

Section 6 of the Act reads as follows :—

It shall be the duty, in England of every local education authority under the Education Act, 1921, and in Scotland of every education authority, to make arrangements for their officers to furnish, on the application of a medical practitioner or of an insurance Committee on his behalf, for his confidential information, such particulars as to the school medical record of any young person whom he has accepted for treatment, and such other information in their possession relating to the medical history of that person, as the practitioner may deem necessary for the purposes of his functions in relation to the provision of medical benefit for that person.

In this section "young person" means a person under the age of eighteen years.

The attention of medical practitioners has been drawn by the local Insurance Committees to the facilities afforded them under the Act for obtaining information from the school medical records in the case of "young persons." Such information, which is confidential, is now supplied, at the express request of a practitioner. A special enquiry form has been prepared by the Board of Education and the Ministry of Health for the use of practitioners, asking in each case for a record of any conditions noted at the last school medical inspection and of any point of importance in the young person's school medical history.

A number of such applications has been received and is likely to increase as the facilities become more widely appreciated by medical practitioners. In no instance has there been any important defect to record on the enquiry form.

#### **16.—CO-OPERATION OF PARENTS.**

The attendance during the year of 2,405 parents at the routine inspections in schools and of 3,878 attendances of parents at the school clinics illustrates the co-operation which is maintained. Advantage is taken on these occasions to impress on the parents the preventive and educational aims of the service.

#### **17.—CO-OPERATION OF TEACHERS.**

The co-operation of teachers in the interests of their pupils is greatly valued and has at all times been readily evinced. The service is under a very real obligation to the teachers for the assistance they have constantly given.

#### **18.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**

School Attendance Officers have established themselves as a valuable liaison between the home, the school and the school medical officer. They have repeatedly shown that they are not concerned exclusively with school attendance, but with the best interest of the child's health and education. The Senior Attendance Officer has again, at the sacrifice of personal leisure, been of direct service to the children and has done much to maintain the interest of the parents in the aims of the school medical service.

#### **19.—CO-OPERATION OF VOLUNTARY BODIES.**

The Stretford Civic Guild of Help, the Surgical Aid Society, the Invalid Children's Aid Association and the National Society for the Prevention of Cruelty to Children and the recently formed Stretford Committee of the Crippled Children's Help Society have all co-ordinated their efforts with those of the School Medical Department.

## ORIGIN OF CASES REFERRED TO CLINICS.

Education Department	...	...	...	...	...	...	...	7
Sent by Parents	...	...	...	...	...	...	...	1302
„ Medical Practitioners	...	...	...	...	...	...	...	117
„ School Medical Officer	...	...	...	...	...	...	...	255
„ Teachers	...	...	...	...	...	...	...	277
„ School Nurses	...	...	...	...	...	...	...	161
„ Child Welfare Centres	...	...	...	...	...	...	...	5
„ School Attendance Officers	...	...	...	...	...	...	...	217
„ Hospital Medical Officers	...	...	...	...	...	...	...	18

**20.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.****(a) Ascertainment.**

The methods of ascertainment of all exceptional children, outlined in previous reports, have continued through the co-operation of parents, teachers, medical practitioners, school attendance officers, school nurses, child welfare centres and voluntary agencies.

**(b) Blind and Deaf Children.**

The total number of blind and deaf children maintained in Institutions by the Authority is given in Table III, page 40.

**(c) Supervision of Mentally Defective Children.**

The supervision of mentally defective children in the area is carried out by the school nurses and by reference to the South-East Lancashire Association for Mental Welfare. One boy, admitted to the Mary Dendy Home, Sandlebridge, in July, 1931, remained there throughout the year.

**(d) Epileptic Children.**

Only one child with epilepsy which may be described as severe has attended an elementary school. Though the attacks are severe they occur at fairly long intervals, and the parents are unwilling to consent to institutional treatment.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)  
REGULATIONS, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR  
ENDED 31ST DECEMBER, 1938, BY THE LOCAL EDUCATION AUTHORITY TO  
THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified : 7

Diagnosis	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots .....	—	—
(b) Imbeciles .....	1	3
(c) Others .....	—	2
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives .....	—	—
(b) Others .....	1	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .....	—	—
3. Feeble-minded children notified under Article 3, i. e. "special circumstances" cases .....	—	—
Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority .....		
4. Children who in addition to being mentally defective were blind or deaf .....	—	—
Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
Grand Total .....	2	5

**20.—DEATHS DURING THE YEAR 1938 OF CHILDREN OF  
SCHOOL AGE.**

Certified Cause of Death	Ages — Years							Total
	5	6	7	8	9	10	11	
Accident .....	—	—	—	1	—	1	—	2
Diphtheria .....	—	1	—	—	1	—	—	2
Otitis Media Subdural Abscess	—	—	—	—	1	—	—	1
Meningitis and Broncho- Pneumonia .....	1	—	—	—	—	—	—	1
Acute Appendicitis	—	—	1	—	—	—	—	1
Totals.....	1	1	1	1	2	1	—	7

STRET福德 EDUCATION  
COMMITTEE

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**SCHOOL MEDICAL SERVICE.**

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STATISTICAL TABLES

For the Year 1938

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

## A.—ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :—

Entrants	....	....	....	....	....	....	....	....	891
Second Age Group	....	....	....	....	....	....	....	....	838
Third Age Group	....	....	....	....	....	....	....	....	586
									<hr/>
Total	....	....	....	....	....	....	....	....	2315
Number of other Routine Inspections	....	....	....	....	....	....	....	....	654
									<hr/>
									Grand Total
									....
									2969
									<hr/> <hr/>

## B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	....	....	....	....	....	1996
Number of Re-Inspections	....	....	....	....	....	....	....	....	2853
									<hr/>
Total	....	....	....	....	....	....	....	....	4849
									<hr/> <hr/>

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group	For defective vision (excluding squint)	For all other conditions recorded in Table IIA	TOTAL
Entrants	—	182	182
Second Age Group	89	116	188
Third Age Group	83	54	132
	—	—	—
Total (Prescribed Groups)	172	352	502
Other Routine Inspections	50	93	135
			<hr/>
Grand Total....	222	445	637
			<hr/> <hr/>

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31ST DECEMBER, 1938.

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
Skin	Ringworm :				
	Scalp .....	—	—	—	—
	Body .....	2	—	2	—
	Scabies .....	2	—	17	—
	Impetigo .....	12	—	35	—
	Other Diseases (non-Tuberculous)	34	1	113	9
Eye	Blepharitis .....	20	—	18	—
	Conjunctivitis .....	8	—	12	—
	Keratitis .....	—	—	—	—
	Corneal Opacities .....	1	1	—	—
	Defective Vision (excluding Squint) .....	222	122	11	1
	Squint .....	24	29	9	3
	Other Conditions .....	7	4	23	2
Ear	Defective Hearing .....	4	7	8	15
	Otitis Media .....	28	—	77	—
	Other Ear Diseases .....	123	8	44	4
Nose and Throat	Chronic Tonsillitis only .....	34	194	22	65
	Adenoids only .....	5	19	2	4
	Chronic Tonsillitis and Adenoids .....	79	72	154	16
	Other Conditions .....	82	7	137	40
	Enlarged Cervical Glands (Non-Tuberculous) .....	10	90	47	29
	Defective Speech .....	—	13	—	2

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
Heart and Circulation	Heart Disease :			
Lungs	Bronchitis.....			
	Other Non-Tuberculous Diseases .....			
	Pulmonary :			
	Definite.....			
	Suspected .....			
Tuberculosis	Non-Pulmonary :			
	Glands .....			
	Bones and Joints .....			
	Skin .....			
	Other Forms .....			
Nervous System	Epilepsy .....			
	Chorea .....			
	Other Conditions .....			
Deformities	Rickets .....			
	Spinal Curvature .....			
	Other Forms .....			
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ....				
<b>TOTAL</b> ....	<b>844</b>	<b>810</b>	<b>1239</b>	<b>436</b>

B.—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 ... ..	891	73	8·2	778	87·4	39	4·4	1	0·1
Second Age Group...	838	77	9·0	665	79·4	91	10·9	5	0·6
Third Age Group ...	586	76	12·9	466	79·5	41	7·0	3	0·5
Other Routine Inspections ...	654	60	9·1	523	80·0	68	10·3	3	0·4
Total ... ..	2969	286	9·7	2432	81·9	239	8·0	12	0·4

TABLE III.

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease.		4	
<b>Blind</b>	(i) Suitable for training in a School for the totally blind	At Certified Schools for the Blind.....	—
		At Public Elementary Schools .....	—
		At other Institutions ....	—
		At no School or Institution	—
<b>Partially Sighted</b>	(ii) Suitable for training in a School for the partially sighted	At Certified Schools for the Blind .....	1
		At Certified Schools for the Partially Sighted ....	—
		At Public Elementary Schools .....	—
		At other Institutions ....	—
		At no School or Institution	—
<b>Deaf</b>	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf .....	8
		At Public Elementary Schools .....	—
		At other Institutions ....	—
		At no School or Institution	—
<b>Partially Deaf</b>	(ii) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf .....	—
		At Certified Schools for Partially Deaf .....	—
		At Public Elementary Schools .....	17
		At other Institutions ....	—
		At no School or Institution	—

<b>Mentally Defective</b>	Feebleminded	At Certified Schools for Mentally Defective Children .....	—
		At Public Elementary Schools .....	—
		At other Institutions ....	—
		At no School or Institution	—
<b>Epileptics</b>	Suffering from severe epilepsy	At Certified Special Schools .....	—
		At Public Elementary Schools .....	1
		At other Institutions ....	—
		At no School or Institution	—
<b>Physically Defective</b>	Pulmonary tuberculosis (including pleura and intrathoracic glands)	At Certified Special Schools .....	—
		At Public Elementary Schools .....	—
		At other Institutions ....	1
		At no School or Institution	2
<b>Physically Defective</b>	Non Pulmonary Tuberculosis	At Certified Special Schools .....	3
		At Public Elementary Schools .....	18
		At other Institutions ....	1
		At no School or Institution	1
<b>Physically Defective</b>	Delicate Children, i.e., all 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 .....	115
		At Public Elementary Schools .....	58
		At other Institutions ....	—
		At no School or Institution	2

Physically Defective —contd.	<p>Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.</p>	<p>At Certified Special Schools ..... 6</p> <p>At Public Elementary Schools ..... 5</p> <p>At other Institutions .... —</p> <p>At no School or Institution 1</p>
	<p>Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary School</p>	<p>At Certified Special Schools ..... 2</p> <p>At Public Elementary Schools ..... 2</p> <p>At other Institutions .... —</p> <p>At no School or Institution —</p>

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31ST DECEMBER, 1938.

## TREATMENT TABLE.

**Group 1.—Minor Ailments** (excluding Uncleanliness, for which see  
Group VI).

Disease or Defect	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
<b>Skin—</b>			
Ringworm-Scalp .....	—	—	—
Ringworm-Body .....	8	—	8
Scabies .....	34	—	34
Impetigo .....	203	—	203
Other skin disease .....	192	6	198
<b>Minor Eye Defects</b> .....	130	5	135
(External and other, but excluding cases falling in Group II).			
<b>Minor Ear Defects</b> .....	193	3	196
<b>Miscellaneous</b> .....	911	6	917
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
<b>Total</b> .....	1671	20	1691

TABLE IV.

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

Defect or Disease	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) .....	408	—	408
Other Defect or Disease of the Eyes (excluding those recorded in Group 1) .....	11	4	15
<b>Total</b> .....	<b>419</b>	<b>4</b>	<b>423</b>

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme .....	258
(b) Otherwise .....	2

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme .....	256
(b) Otherwise .....	2

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

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					
(1)				(2)				(3)		(4)	(5)		
(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)		
—	—	135	5	—	—	26	1	—	—	161	6	21	188

(I) Tonsils only.

(II) Adenoids only.

(III) Tonsils and Adenoids

(IV) Other defects of the nose and throat.

TABLE IV.  
Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total Number Treated
	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	
Number of Children Treated	5	1	153	—	2	—	159

TABLE V.  
Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist. (a) Routine age-groups.

Age ...	5	6	7	8	9	10	11	12	13	14	Total								
Number ...	7	253	243	227	239	238	194	114	104	Nil	1619								
Specials ...	...	...	...	...	...	...	...	...	...	...	920								
Total (Routine and Specials) ...	...	...	...	...	...	...	...	...	...	...	2539								
(2) Found to require treatment ...	...	...	...	...	...	...	...	...	...	...	2280								
(3) Actually treated ...	...	...	...	...	...	...	...	...	...	...	1842								
(4) Attendances made by children for treatment ...	...	...	...	...	...	...	...	...	...	...	4059								
(5) Half days devoted to	<table border="0"> <tr> <td rowspan="2">{</td> <td>Treatment ...</td> <td>446</td> <td rowspan="2">}</td> <td rowspan="2">Total ...</td> <td rowspan="2">...</td> <td rowspan="2">462</td> </tr> <tr> <td>Inspection ...</td> <td>16</td> </tr> </table>						{	Treatment ...	446	}	Total ...	...	462	Inspection ...	16	...	...	...	...
{	Treatment ...	446	}	Total ...	...	462													
	Inspection ...	16																	
(6) Fillings	<table border="0"> <tr> <td rowspan="2">{</td> <td>Permanent teeth ...</td> <td>1595</td> <td rowspan="2">}</td> <td rowspan="2">Total ...</td> <td rowspan="2">...</td> <td rowspan="2">1626</td> </tr> <tr> <td>Temporary teeth ...</td> <td>31</td> </tr> </table>						{	Permanent teeth ...	1595	}	Total ...	...	1626	Temporary teeth ...	31	...	...	...	...
{	Permanent teeth ...	1595	}	Total ...	...	1626													
	Temporary teeth ...	31																	
(7) Extractions	<table border="0"> <tr> <td rowspan="2">{</td> <td>Permanent teeth ...</td> <td>1481</td> <td rowspan="2">}</td> <td rowspan="2">Total ...</td> <td rowspan="2">...</td> <td rowspan="2">4934</td> </tr> <tr> <td>Temporary teeth ...</td> <td>3453</td> </tr> </table>						{	Permanent teeth ...	1481	}	Total ...	...	4934	Temporary teeth ...	3453	...	...	...	...
{	Permanent teeth ...	1481	}	Total ...	...	4934													
	Temporary teeth ...	3453																	
(8) Administrations of general anæsthetics for extractions ...	...	...	...	...	...	...	...	...	...	...	282								
(9) Other operations	<table border="0"> <tr> <td rowspan="2">{</td> <td>Permanent teeth ...</td> <td>1395</td> <td rowspan="2">}</td> <td rowspan="2">Total ...</td> <td rowspan="2">...</td> <td rowspan="2">1406</td> </tr> <tr> <td>Temporary teeth ...</td> <td>11</td> </tr> </table>						{	Permanent teeth ...	1395	}	Total ...	...	1406	Temporary teeth ...	11	...	...	...	...
{	Permanent teeth ...	1395	}	Total ...	...	1406													
	Temporary teeth ...	11																	

TABLE VI.

**Uncleanliness and Verminous Conditions.**

- (i) Average number of visits per school made during the year by the School Nurses ... 3.
- (ii) Total number of examinations of children in the Schools by School Nurses ... 13,998.
- (iii) Number of individual children found unclean ... 240.
- (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 ... —.