

[Report 1922] / School Medical Officer of Health, Swinton & Pendlebury.

Contributors

Swinton and Pendlebury (England). Council.

Publication/Creation

1922

Persistent URL

<https://wellcomecollection.org/works/xbqgm3ab>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Annual Report

TO THE

EDUCATION COMMITTEE,

Swinton and Pendlebury

(CHAIRMAN: COUNCILLOR EDWARD L. BARRITT)

BY THE

SCHOOL MEDICAL OFFICER

(DR. H. C. MULHOLLAND),

For the Year ending Dec. 31st, 1922.

INDEX TO CONTENTS.

Blind, Deaf, Defective Children	26
Breathing Exercises	18
Co-operation	25
Co-ordination	7
Crippling Defects	14
Dental Defects	14
Ear Disease	13
Employment of Children	26
Eye Disease	13
Exclusions	19
Factory Surgeon Examinations	27
Following Up	20
Hygiene	8
Infectious Disease	14
Meals	25
Medical Inspection	10
Open-Air Education	23
Ophthalmic Surgeon Report	21
Physical Training	25
School Clinics	6
School Closure	18
Staff	5
Statistical Summary	5
Skin Disease	13
Tables 1—6	28-32
Treatment	7,20
Tuberculosis	13
Tonsils and Adenoids	12
Uncleanliness	11
Vision	13

*To the Chairman and Members of the Swinton and Pendlebury
Education Committee.*

GENTLEMEN,

I have the honour to submit the Annual Report upon the School Medical Service for the year 1922.

The work performed, and the results achieved bear favourable comparison with former years, whilst in some respects a distinct advance is noticeable. For the first time an analysis of one year's results of the Open Air School has been made, and proves conclusively that the school is a necessity in this district, and that it is fulfilling its function in a satisfactory manner. Industrial depression during the year has reacted unfavourably upon the health of the school child, and has swollen the list of applicants for the school, which at the moment cannot accommodate the numbers which would be helped by it.

Infectious disease has not been prevalent during the year under review except in the case of Measles, an epidemic of which with maximum intensity in October and November, passed through many of the Infant departments during the latter half of the year. There is no infectious disease which I dread more than Measles in epidemic form, because of the difficulties of control, and yet there are few diseases treated by parents in a more matter-of-fact and casual way. I have endeavoured where possible to have each Measles case visited during the course of the disease by a nurse, and examined after convalescence by a doctor, but in spite of all efforts, the ravages of the disease have been frequently in evidence at the School Clinics in diseased lungs, diseased ears and eyes, etc. The public is long in learning the tragedy of Measles:—the pneumonias, collapsed lungs, consumption, etc., which could have been prevented by shielding the child from Measles for another year or two.

Much has been written concerning the co-operation of parents, but the co-operation of the child is of almost equal importance. The School Medical Service to secure the best results must have the co-operation of both. The school child requires a health ideal, and in the schools and homes should be encouraged in this. It is true that the various recreations particularly out-door, tend to produce health, but in addition the child requires an intimate personal pride in, and longing for "Health" for its own sake,

Towards this end he should be weighed and measured regularly, and learn for himself the effects on growth of the factors he has himself control of, *e.g.*, closed windows, cigarette smoking, vicious habits, over fatigue, loss of sleep and so forth, so that when a failure to progress is noticed, his efforts will be obtained in preventing a recurrence. It would be for the common good if weighing machines were part of the ordinary school equipment, and all children were weighed at monthly intervals. The present facilities are too limited to be of much service.

I am happy to record the fact that some of the more progressive employers of labour in this district have inaugurated schemes on the lines of the School Medical Service for children between the ages of 14 and 16, with Welfare Supervisors taking the place of the School Nurses. In the past much of the money spent on the school child was wasted in early working life by the absence of after care.

A need exists in the district for holiday camps, and convalescent homes for delicate and convalescent children. To see a child unfit for school, spending his time playing in the squalid surroundings of back streets is disheartening and prolongs ill health.

I wish to thank the Secretary to the Authority for his advice and help on all occasions when sought, and to express my appreciation of the co-operation of his staff, of the teachers, School Attendance Officers and Officers of the N.S.P.C.C. in the work.

In conclusion I have to thank the Committee for their support and consideration during the year, which has been marked by steady progress and enlightened outlook.

I am,

Your obedient Servant,

H. C. MULHOLLAND,

School Medical Officer.

Statistical Summary.

Total Number of Schools—

(a) Provided—Elementary Ordinary	2
(b) Provided—Open Air	1
(c) Non-Provided	9

Accommodation—

Provided	1,499
Non-Provided	4,399
Average attendance for last completed year ..	4002.6
On Books	4745
Number of children under five years of age on books	414
Average Attendance do.	230
Rateable value for Education Purposes	£123,090
Education Rate	3/2
Yield of 1d. rate for Aid grant purposes ..	£476-12-2
Cost of Medical Inspection for year ending	
March 31st (1922) Nett	£1249-2-11

Staff of the School Medical Service.

School Medical Officer & Medical Officer of Health :

H. C. MULHOLLAND, M.B., D.P.H.

Consulting Ophthalmologist :

WM. STIRLING, O.B.E., M.D.

School Nurses :

MISS M. J. METHVEN.

MISS E. BANKS.

**Clerks :*

MR. J. FLOWER.

MISS D. HOLLINSHEAD.

*(Also engaged upon Public Health and Maternity duties.)

School Clinics.

School Clinics are held daily at the Council Offices, Swinton, from 9—10-30 a.m. The School Medical Officer and School Nurses are in attendance at each session. A clerk also attends to assist in the clerical work, which includes registration of time of arrival and departure of scholars, and the careful recording of any action taken or advised by the staff—such as inspection and re-inspection of defective children; examination for infectious disease; granting of certificates; treatments, and so on.

Treatment for minor ailments of the type indicated in the following summary is provided free for the necessitous. The work is largely consultative, and is made free use of by parents, school teachers and school attendance officers and others interested in, and engaged upon Child Welfare work.

A special clinic for diseases of the eye and defective vision is held once fortnightly. Dr. Stirling, a consultant appointed by the Local Authority, is in attendance, and is accompanied by a special fitter, who sees that glasses are fitted and supplied as ordered.

Clinic Inspections.

Disease.	Boys.	Girls.	Times inspected.
Malnutrition	10	11	72
Skin Diseases	147	96	426
External Eye Disease	29	59	180
Defective Vision	42	52	97
Squint	23	18	43
Ear Disease	52	42	361
Nose and Throat	72	81	427
Enlarged Glands (Non T.B.)	5	12	83
Speech	2	—	3
Teeth	3	3	36
Heart Affections	35	46	321
Lungs (Non. Tubercular)	40	30	234
Pulmonary Tuberculosis	6	14	100
Non-Pulmonary Tuberculosis	2	4	17
Suspected Tuberculosis	1	1	11
Nervous System	11	9	64
Rickets	4	6	28
Deformities	11	10	45
Minor Injuries	15	6	36
Miscellaneous	111	114	708
Totals	621	614	3492

Clinic Treatments.

Disease.		Boys.	Girls.
SKIN	Impetigo	1435	1005
	Scabies	58	46
	Ringworm—Head ..	159	58
	„ Body	38	32
	Other Skin	294	54
EYES	Blepharitis	40	191
	Conjunctivitis	254	832
	Keratitis	31	—
	Corneal Ulcer	—	5
	Other Conditions	40	87
EARS	Defective Hearing ..	108	103
	Otorrhœa	1496	953
NOSE & THROAT	Tonsils	31	—
	Adenoids	61	18
	Other Conditions	68	169
	Enlarged Glands	—	6
	Minor Injuries	64	25
	Miscellaneous	512	403
Totals		4689	3987

Co-ordination of the School Medical Service with other Agencies.

The Infant Welfare Department furnishes all available records of children entering school for the first time to the School Medical Department. In most cases, therefore, there is a record of the child's health history from birth onwards, and of the conditions under which he or she is living. The Public Health Staff works in association with the School Medical Department, and their services are fully utilised in the prevention of disease and other matters affecting the health of the child, such as housing.

Ailing children under school age are as a rule under the supervision and care of the Maternity and Child Welfare Staff. When they enter school, the records are passed on to the School Department, and supervision is maintained by the staff of the latter.

No nursery schools exist in the district. There are, however, 414 children under age 5 on the registers, and an average attendance of 230, under conditions approximating to those of a nursery school. Experience teaches that in this district the attendance of certain children at school before the age of 5 is highly desirable, and the closing of the schools to these children would be in my opinion an unqualified misfortune to the children, and an injury to the health of the future population. Many mothers in this district are unable to take entire charge of their little ones until they are of school-age. Some have neither the opportunity or the ability to supply that "Nurture" so necessary for the developing child, and the home environment is not always desirable. Children learn more in the years 3-5 than any subsequent similar period, and anyone can see for himself what a difference a few months in the nursery classes often make in the cleanliness, cheerfulness and health of the child. It appears to me that the proper test for fixing the age of entry to school, is the nutrition of the child, and the effect of school life upon the nutrition.

SCHOOL HYGIENE.

This matter has been dealt with in previous reports (see reports of S.M.O., 1920, pages 81 and 82 ; 1919, pages 91 and 92, etc). Speaking generally, School Hygiene in this district does not compare unfavourably with that of other districts similarly situated, but falls very far short of the ideal in many of the schools. Nothing is to be gained by re-capitulation of the defects in each school, but the following summary is given of points which should receive attention when circumstances permit of expenditure on school buildings.

1.—Ventilation and Lighting.

Insufficient means of ventilation and lighting exist chiefly in the older schools, owing to structural defects in the buildings. The presence of opaque glass in the windows of some of the schools diminishes the illumination which would otherwise be possible. At the same time, I have noted during the year that the ventilation of some of the class rooms could have been improved by making better use of the facilities already provided. There is a close connection between not only ventilation, but also illumination of class rooms, and the spread of disease.

2.—Heating.

The arrangements for heating some of the schools have proved insufficient in the cold weather to maintain the temperature of class rooms at 65° for infants and 56-60 for other children.

The danger from this, however, arises in the natural temptation to maintain the temperature at the expense of ventilation. Children can adjust themselves by exercise and clothing to a considerable range of temperature; they cannot, however, adjust themselves to lack of fresh, or more correctly called "Circulating" Air. Moreover stagnant air means polluted air, and communicable disease is spread thereby.

3.—Cloakroom Accommodation and Lavatory Accommodation.

Here again some of the schools are lacking. Insufficient provision exists: in one instance to the extent of piling clothes on forms, and crowding them on hooks in dimly lighted passages. The presence of infection is all that is required in certain schools to cause an outbreak of disease.

Trough closets exist in four schools and a privy midden system in one. Facilities for washing are scanty in certain schools. One or two wash basins for a school are useless for inculcating cleanliness, and yet 7 departments are no better provided for. There should be one for every 25 children in a school.

I should like to see every school provided with adequate cloakroom and lavatory accommodation, supplied with mirrors and clean towels, so that the interest of children would be excited, and they would be led to take a pride in cleanliness. Were the effect of this part of their education to end with the school life, it would not make so much difference, but it does not. The habits and outlook of the child are the habits and outlook of the adult. It has not been sufficiently recognised that the school is responsible for the education—using the word in the broadest sense—of the child, and yet how can a teacher teach Hygiene, heavily handicapped by amongst other things the building and equipment at their service. It is a public health question no less than a school question.

(4).—Cleanliness of Schools.

As far as circumstances permit the schools are kept clean. This is ensured by the Monthly Inspection of the Sanitary Inspector, a report of which goes before the Committee at its meetings. A school cannot be expected to be a model of cleanliness where the playground is inches deep in mud in wet weather. Apart from paving or asphaltting the yards, improvement might be obtained by erecting brushes at the entry to the schools for the children to clean their boots upon,

Here I might remark that the common methods of cleansing admit of improvement where electric light is installed. An electric vacuum will remove instead of displacing dust; of course, this would necessitate increased work in the picking up previously, paper and larger objects, but teachers quite justly complain that on Monday morning the pictures and such things are frequently covered by dust displaced from the floors in process of cleansing.

(5).—**Equipment of Schools.**

Multiple seated desks without back rests still exist in some of the schools. Each child should be separated from its neighbour to prevent the dissemination of disease, and lessen fatigue. The fitting of the desks to the size of scholar prevents faulty attitudes, limits fatigue, tends to prevent deformity and ill-health in the child.

MEDICAL INSPECTION.

Routine Medical Inspections are conducted on school premises during school hours. Re-inspections of defective children are also conducted in the schools, except in the case of defects requiring more detailed and exhaustive enquiry than is possible there. Special Inspections and Re-inspections are also conducted at the School Clinics, the convenience of parents being consulted as much as possible. Previous to an inspection, the head teachers are notified and parents are invited and encouraged to be present, by them. In some cases examinations are conducted in class rooms, in others the head teachers have kindly placed their rooms at our disposal for this purpose, much to the comfort and advantage of the scholars examined. In the smaller schools unfortunately in bad weather, Medical Inspection in a class room means crowding in another, which is undesirable, but cannot be helped under present arrangements.

Children of the following ages have been examined during the year: (1) all entrants of whatever age; (2) ages 8; (3) ages 12 (or over 12 if not previously examined after reaching the age of 12). The Board of Education Schedule has been completed in all the schools and the grading of leavers as to their fitness for work has been continued on the same lines as last year. The records of these are available to the Factory Surgeon when passing children for work.

The work accomplished in the past has borne fruit in the number of parents who seek advice at the Clinics for crippling and other defects. The constant watch kept by teachers, attendance officers, and others, and their co-operation is of great

help in the detection of the early onset of crippling diseases. The Infant Welfare nurses are also of great service, as being so frequently in the houses, their attention is called to complaints which might otherwise be missed or neglected.

I am of opinion that all children should be examined before entering school, and that admittance should be on the certificate of the S.M.O. This opinion is based on the following :—

- (1) Unclean and verminous children would be excluded until cleansed.
- (2) Missed or carrier cases of Infectious Disease would be prevented entering school.
- (3) Mental and physical defectives could be secured treatment before beginning school life.

Parents could bring their children before admission, to the School Clinics, when examination could be made and advice or treatment given where necessary.

FINDINGS AT MEDICAL INSPECTION.

(a) Uncleanliness.

Three complete Routine Cleanliness Inspections of the school have been made by the School Nurses during the year, and 10,960 examinations made. 471 visits have been paid to departments, giving an average of 22.4 visits to each department. At the Routine Inspections, 48 children were found with "nitty heads," and three were severely infected with vermin. At the Special Examination of cases known to be habitual offenders, 312 were found "nitty" and 74 verminous. All the cases were dealt with as circumstances demanded. Statutory notices to cleanse children were served upon four parents, who would yield to no less severe measures; 27 were cleansed by the nurses.

To keep a child's head free from nits and vermin inflicts no hardship on parents. The head louse differs from the body louse, and can be prevented by active and persevering methods, of which instructions are given by the school staff. The body louse is propagated by the home conditions, and it is easy to understand how lack of washing facilities in the homes tends to foster body vermin. The habitual offenders from *head* lice on the contrary, are deserving of no sympathy. Nits are the eggs from which vermin are hatched, and cannot occur without the presence of vermin.

(b) **Minor Ailments.**

This term embraces skin diseases, Impetigo, Eczema, Abscesses, Ringworm, Minor Injuries, Otorrhœa, certain forms of eye diseases, Enlarged Glands, and minor degrees of more serious ailments such as Malnutrition, Anæmia, etc. These diseases are in their beginnings frequently of minor importance, but experience teaches that when neglected, they are the cause of much absence from school, invalidism, crippling and even premature death. Their cure and prevention are comparatively easy when co-operation of parents is secured at an early stage.

Table 6 at the end of the report shows the findings at the Routine Examinations. Most cases of Minor Ailments are not, however, found during Routine Inspection, but have been ascertained at an earlier date by teachers, parents, etc., and submitted to the School Clinics for treatment. The cases which are found during inspection are frequently those whose parents are neglectful, or ignorant of the value of early treatment. Here the Routine Inspections prove of educational value, as each case is followed up to the homes if necessary.

Table 4 gives the numbers treated.

(c) **Tonsils and Adenoids.**

At the routine examinations, 50 cases of Enlarged Tonsils and Adenoids were discovered. Seventy-five additional cases were under observation during the year. Operative interference was only advised when, after a suitable period of observation, it was obvious that the child's health was suffering and that other forms of treatment were of no avail. Table IV. C. gives the numbers operated upon. All other cases being kept under observation or provided with alternative methods of treatment.

The numbers shew a considerable decrease upon previous years. This is partly due to the teaching of the Welfare Centre, and to the efforts of the teachers to prevent mouth breathing, and establish nasal and oral hygiene from infancy upwards. Breathing exercises, singing, handkerchief drill, physical exercises, etc., all play important parts in the prevention of Enlarged Tonsils and Adenoids.

The arrangements in force for the treatment and following up of these cases will be found in the report for 1921, pages 13 and 14—a copy of instructions issued to the parents of each case operated upon is given on pages 17 and 18, together with breathing exercises, which are necessary to complete the cure after operation,

(d) Tuberculosis.

Definite Pulmonary Tuberculosis is not a common disease in school children. One such case and six doubtful cases were found at the Routine Inspections. All such cases are referred to the Tuberculosis Officer for diagnosis, and his help has been most freely given on all occasions.

(e) Skin Disease.

Nine cases of scalp ringworm were discovered during the year, as compared with 26 in the previous year. The comparative freedom of the schools from this disease is due to the fact that most cases are treated by X Rays.

There were 11 cases of Scabies which yielded readily to the Danish method of treatment. Two hundred cases of Impetigo occurred, as compared with 142 in the previous year. Impetigo is largely a disease of malnutrition, insanitary homes, defective hygiene, and food deficient in vitamine content.

(f) External Eye Disease.

Thirty-seven cases of External Eye diseases (including Squint) were found at Routine Examinations; 117 cases were otherwise discovered as compared with 33 and 142 in 1921.

(g) Defective Vision.

One hundred and sixty cases of defective vision were found as compared with 170 in 1921, and 113 in 1920. For further particulars see report by Dr. Stirling, page 21.

The attention of the Committee is particularly directed to the difficulty in getting children to wear their glasses. Without the aid of the teachers, it would in many instances be impossible. The glasses get broken or lost and the parents are too negligent and in some instances reluctant on account of expense, to have them repaired, so that the child often goes without the glasses with consequent danger to eyesight, and risk of becoming unemployable at school-leaving age. Lists of children supplied with glasses are sent to head teachers, who have during the past year been indefatigable in their supervision of these children.

(h) Ear Disease and Defective Hearing.

Thirty-eight cases of defective hearing were discovered and 87 cases of running ears, as compared with 25 and 83 in 1921. It will be remembered that during the year there occurred epidemics of

Measles and Catarrh in children. These are fruitful causes of ear trouble, and fortunately the majority were detected at an early and frequently curable stage. It is much to be regretted that a more enlightened outlook is not taken by parents in regard to "colds" and "running ears," which provide instances where prevention is easier than cure.

(i) Dental Defects

Without a dentist the correct enumeration of defective teeth is impossible and a waste of time. The year's survey has, however, been characterised by a larger number than usual of children with perfectly sound teeth. This has occurred chiefly amongst leavers, and cannot be attributed to better dental care, but may in some part be due to the fact that those children were getting their second set of teeth in the lean years of war when sugar was scarce, and Standard bread was the rule—conditions which aid in the preservation of teeth. It may be that the teaching at the Welfare Centres on dietetics is bearing fruit. Sound teeth is really a question of dietetics.

(j) Crippling Defects.

Seventeen cases of rickets were discovered, seven of which required treatment; 9 cases of Spinal Curvature, and 21 other deformities were found at the Inspections.

Action taken to detect and prevent Infectious Disease.

The action taken is in co-operation with the Public Health staff, who upon receipt of a notification of Infectious Disease, issue the necessary instructions regarding the exclusion of children from school. Each case is treated as a potential source of spread. Contacts are re-admitted to school after examination at appropriate intervals; Schools are disinfected where necessary, and endeavours made to ascertain the origin of the disease, particular attention being paid to carriers, and mild or missed cases in the schools and elsewhere. The school nurses are skilled in the detection of the ordinary infectious disease and modern methods of diagnosis. Swabbing of throats of contacts of Diphtheria is frequently done by them, and investigation of infectious disease in scholars is made by them. This applies to the non-notifiable infectious disease, but includes Chicken Pox. During the year, 992 contacts and suspicious infectious disease cases have been examined in the schools by the nurses, and 134 cases have presented themselves at the Clinic for diagnosis. The only disease of note affecting school

children during the year was Measles. This disease, one of the most difficult to deal with on account of its method of onset, was prevalent from July until the end of the year. Sporadic cases are still occurring.

The following table gives an idea of Measles prevalence amongst school children, but as the disease is not compulsorily notifiable, many cases have no doubt been missed. I have to rely almost entirely upon the teachers and School Attendance Officers for information regarding non-notifiable Infectious disease. This information enables the staff to check the disease and indirectly is a means of saving life, for each case is visited by the nurses with a view to advice and help being given. Two hundred and twenty-five cases of Measles have been visited in the homes.

NOTIFICATION OF MEASLES FROM ELEMENTARY SCHOOLS.

	Christ Church.	St. Stephen's.	St. Joseph's.	St. Augustine's.	Cromwell Road.	St. Peter's.	St. Mary's.	TOTAL.
July	—	—	—	—	44	—	—	44
October	32	36	3	3	1	—	—	75
November	—	23	1	5	—	9	34	72
December	1	3	5	23	—	—	2	34
Totals	33	62	9	31	45	9	36	225

**SWINTON AND PENDLEBURY EDUCATION
COMMITTEE.**

*Directions for the care of patients before and after the removal of
Tonsils and Adenoids.*

Before Operation.

(1) At 6-30 to 7 o'clock on the morning of the day of operation, give the child a light breakfast of thin bread and butter and a cup of weak tea, but after that give him nothing whatever either to eat or drink. The patient should be at the hospital at 9 a.m.

(2) A parent or responsible adult must come with the patient. Please bring a wrap to travel in, and also a clean towel.

(3) The child will be brought home by ambulance if this is available, and should be kept in bed for 3 days and not allowed to go out for 5 days.

(4) No food or drink should be given for at least 4 hours after the operation, then he can have a little warm milk, beef tea, or weak tea, and in the evening a small basin of bread and milk.

(5) On the day after the operation he may have any soft food to which he is accustomed.

(6) During the first 12 hours following the operation, he may be sick and bring up some blood which has been swallowed, but if he bleeds from the nose or mouth without vomiting, make him lie on his back and give him ice to suck. If this does not stop the bleeding, bring the child to the hospital or the nearest doctor. To prevent bleeding do not let the child take any violent exercise or play for a week.

(7) Avoid exposing the child to bad smells, or people suffering from cold or other infectious disease.

(8) If earache or deafness occurs, bring the child to the hospital or send for a doctor. If there is pain behind the ear or feverishness, bring it to hospital as soon as possible.

(9) Prevent the child breathing through its mouth. The operation will have been a failure if the child does not learn to breathe through its nose, and towards this end, as soon as the child is about again, the following exercises should be begun and persisted with for many months, until nose breathing is firmly established.

Breathing Exercises especially suitable for the Correction of the Habit of Mouth Breathing.

- (1) The nose should first be blown by closing each nostril in turn and blowing down the other on to a handkerchief, without compressing the nostrils.
- (2) While breathing deeply through the nose, the nostrils should be open widely, especially while breathing in.
- (3) The mouth must be kept closed during the exercise, both whilst breathing in and out. To ensure this, the child may hold tightly between the lips a small piece of clean wood, the size of a match.

“A.”—From the position of “attention,” with heels together and toes apart, rest the hands lightly on front of the lower ribs, with the fingers two or three inches apart and pointing inwards. Breathe slowly in till the chest is full and then breathe slowly “out” (the child can thus feel the chest expanding and contracting).

“B.”—From the position of “attention” with the arms at the side, swing arms up slowly over the head, the palms pointing inwards and breathing deeply “in”; then lower the arms to the side, breathing “out.”

Repeat this exercise from 20 to 30 times, morning and night, with the windows open or in the open air until the habit of mouth breathing has been quite overcome.

These exercises are being taught to children at school. Parents are asked to co-operate with the teachers, by seeing that the child practices in the house for 5 minutes daily with the windows open. If persevered with for six months, there will be a great improvement in the child's health, and the Nose, Throat, Ears and Teeth, etc., will be preserved from much disease, and in many cases cured of that already existing.

School Closure.

The following summarises the action taken :—

(a) under Article 45b.

1. CLOSURE CHRIST CHURCH INFANTS SCHOOL,
2/10/1922 to 6/10/1922 (inclusive).
2. CLOSURE ST. STEPHEN'S INFANTS SCHOOL.
(Class 1A only), 9/10/22 to 13/10/22 (inclusive).
3. CLOSURE ST. STEPHEN'S INFANTS SCHOOL.
(Whole school) 16/10/22 to 27/10/22 (inclusive).
4. CLOSURE ST. MARY'S INFANTS SCHOOL.
7/11/22 to 24/11/22 (inclusive).

Closure was advised in each case by the School Medical Officer with the express object of limiting the spread of the disease, and the action taken in each case was based upon the recommendations of the Board of Education. It will be seen that class closure was tried in the case of St. Stephen's School, but failed to limit the spread of the disease, and the whole school had subsequently to be closed. The disease was principally limited to Infant Schools. Owing to the fact that Measles is contagious before we are aware of its existence, it is practically impossible to prevent its spread, but I do not think the schools were responsible to any great extent. The public at large do not appreciate the danger of this very serious disease, and cases of Measles are not kept sufficiently in isolation until the danger of contagion is passed. Thus cases occur from mixing in the streets and elsewhere to quite as great an extent as could occur from contact in the schools, where the children were kept under the closest supervision by the teachers and staff of the School Medical Service.

(b) Article 57. Nil.

(c) ACTION TAKEN UNDER 53B OF THE CODE.

This provides for exclusion of children from school under certain conditions, by the School Medical Officer. The following is a summary of action taken during the year.

- (1) Exclusion to prevent the spread of disease—246.
- (2) For unclean or verminous conditions detrimental to the other scholars—93.
- (3) Children incapable of receiving proper benefit from instruction owing to physical or mental defects—362.

The procedure involved in the above occupies a considerable portion of the morning at the school clinics, for in addition to the examinations of the children, and the issue of appropriate certificates, treatment follows as a matter of routine, either being given at the clinics, or by reference of patient to private doctors of their own choice, or Hospitals, Cleansing Station, etc. Children dealt with as above are those referred by doctors, parents, teachers, attendance officers, N.S.P.C.C., public health staff, etc. A large number of course come for certificates only, being already under treatment, but being unwilling or unable to pay the cost of a certificate of exclusion otherwise obtained.

Unclean and verminous children are detected in school by the nurses or referred by the teachers.

Following up.

The following up of defects found in school children is regarded as next in importance to the ascertainment of the defect. Where possible the defect or disease is traced to its source, and the predisposing and exciting causes removed. The child is at the same time secured treatment and re-examined at appropriate intervals. The elaborate and accurate system of record cards in use, enable the child to be kept under periodic observation without risk of being forgotten, whilst the intimate knowledge possessed by the nurses of the people and the district, give a personal and very desirable touch to the work. More is often accomplished by their painstaking and systematic understanding of parental difficulties, than could be accomplished otherwise. The procedure of "following up" of course, depends on the defect followed, but in all cases embraces investigation and the securing of treatment where necessary, from the various agencies which exist for that purpose. The school nurses attend the inspection in the schools and clinics, and give treatment to selected cases, attend the Eye Specialist at his clinic, keeping the records and forming a connecting link between doctors, teachers, parents, N.S.P.C.C. attendance officers, etc. ; visit cases in homes, including such infectious diseases as Measles, Chicken Pox, and Pneumonia, in school children. Inspect school children for uncleanliness, and contacts of infectious disease. During the past year girls leaving school have had an opportunity given them of being shown round the Health and Maternity departments of the Council, under the care of the nurses, and a considerable interest has been displayed by many which is hoped will be of profit in the future. Short addresses in hygiene for girls have also been given, by the nurses.

Supervision of children on the feeding list and the weighing of them and of the children at the inspection, also form part of their work.

Methods employed for the treatment of defects.

All cases of defects in children are in the first instance referred for treatment to private doctors of the parents' choice. When patients are necessitous, treatment is secured as follows :—

- (a) Minor Ailments School Clinics.
- (b) Tonsils & Adenoids Manchester Childrens' Hospital,
Pendlebury (Local Authority
Scheme, 30/- per case and 3/6 am-
bulance fee).
- (c) Tuberculosis County Tuberculosis Scheme.

- (d) Skin Disease School Clinics—Manchester Skin Hospital or other Hospitals.
- (e) External Eye Disease School Clinics—See report by School Oculist ; Local Authority's Eye Clinic, Manchester Eye Hospital.
- (f) Vision—as (E)
- (g) Ear disease & hearing School Clinics. Hospital provision inadequate and unsatisfactory.
- (h) Dental Defects By reference to Dental Surgeon or Dental Hospital. Inadequate and unsatisfactory.
- (i) Crippling Defects, etc. Manchester and Salford Hospitals. Minor cases dealt with at the School Clinics.

REPORT ON THE WORK OF THE OPHTHALMIC CLINIC BY WM. STIRLING, O.B.E., M.D

During the year 1922, the ophthalmic department has dealt with the following cases :—

218 Individual Children have been examined by the Oculist.

440 Examinations have been made on these children during the year.

135 pairs of glasses were ordered and supplied.

35 pairs of glasses were repaired and readjusted.

1 artificial eye was supplied.

2 cases were so severely affected as to necessitate In-patient Hospital Treatment. This was carried out at the Manchester Royal Eye Hospital with an excellent result in each case. The causes of their disabilities being one case of Phlyctenular Keratitis and one case of Interstitial Keratitis.

The following list shows the diseases noted and treated (the figure or figures following the name of the disease shows how many times that particular disease has been diagnosed during the year).:—

REFRACTION ERRORS.

Hypermetropia	73
Myopia (under 6dsp)	11
High Myopia (over 6dsp)	5
Hypermetropic Astigmatism	11
Myopic Astigmatism	6
Compound Hypermetropic Astigmatism	30
Compound Myopic Astigmatism	15
Mixed Astigmatism	11

Amblyopia ex Anopsia	7
Emmetropia	32
MUSCLES OF EYE.	
Convergent Strabismus	61
Alternating Convergent Strabismus	6
Divergent Strabismus	1
CONJUNCTIVA AND LIDS.	
Conjunctivitis	16
Blepharitis	13
Trichiasis	1
Hordeolum	3
Foreign body under lid	1
Septic Chalazion	1
Operative Anophthalmos	1
CORNEA.	
Phlyctenular Keratitis	11
Adherent Leucoma	1
Ulcer Cornea	1
Nebulæ Cornea	3
Interstitial Keratitis	2
IRIS	
Atrophic Iris	1
LACHRYMAL APPARATUS	
Lachrymal Obstruction	2
LENS.	
Anterior Polar Cataract	1
Zonular Cataracts	2
FUNDUS OCULI.	
Vitreous Opacities	1
Staphyloma Posticum	5
Optic Nerve Atrophy	1
CONGENITAL ABNORMALITIES.	
Epicanthus	2
Ptosis (double)	2
Nystagmus	3
Coloboma Iris and Choroid	1

At present all the children, previously treated for refractive errors, and who have been ordered glasses, are retested as follows:—Once yearly the teachers are asked to carefully examine the spectacles worn by their pupils and if these glasses are found to be broken, worn or twisted, then to report the fact to the school nurses; this scholar is immediately seen and the damage made good.

All cases of Hypermetropia and Astigmatism are examined every 18 months. All Myopic cases under 6dsp every 12 months and all

Myopic cases over 6dsp every 6 months. All cases of Convergent Strabismus are examined every 12 months at least.

The number of normal sighted cases submitted for routine examination under a Mydriatic namely 32, is very small, which reflects well on the school authorities and nurses, etc., in their keenness in picking out defective sighted children.

(Signed)

WM. STIRLING, O.B.E., M.D.

Open Air Education.

It is a pity that Education in all the schools cannot be conducted on lines approximating to those of the Open Air School; for what is good for the ailing child, must be good for the healthy. Playground classes, country rambles, and playing fields are of great value, but true open air education is available only at the Open Air School. This school which has been in existence since 1918 (but not in its present location) is one of the most valuable assets which the district possesses. Recognition as an Open Air School was obtained from the Board in 1922, but the accommodation was unfortunately limited to 40. During the past year, an additional open air classroom has been provided; rest couches and blankets added, and dinner prepared on the premises. This represents a distinct improvement upon previous conditions, but better accommodation for washing and baths are still required.

The children in attendance are selected by the School Medical Officer, and from admission to their return to the ordinary Elementary School, are under frequent supervision, treatment where necessary being provided. The children remain for dinner, towards the cost of which they pay according to their parents' income.

The following tables give particulars of the children on the register at the end of 1922, and the diseases from which they suffered.

TABLE SHOWING AGES OF CHILDREN AT SCHOOL.

Age.	Boys.	Age.	Girls.
6.....	2	6.....	1
7.....	2	7.....	2
8.....	4	8.....	2
9.....	1	9.....	4
10.....	4	10.....	2
11.....	1	11.....	4
12.....	3	12.....	1
13.....	2	13.....	6
14.....	—	14.....	1
	—		—
	19		23
	—		—

DISEASES OF THE CHILDREN.

	Boys	Girls.
Debility and Malnutrition ..	5	5
Organic Heart	1	1
Anaemia	5	5
Chest (non-Tubercular)	3	8
Chorea	1	3
Adenitis	—	1
T.B. Spine	1	—
T.B. Hip	1	—
Inf. Paralysis	2	—
	—	—
	19	23
	—	—

Results of the Open Air School.

Twenty-three boys and 36 girls have been removed from the Register of the School during 1922. Thirty-eight of these have been considered fit to return to their ordinary school; the remainder have left school, having attained school leaving age. In all but two cases the children have been suited to any work appropriate to their age, and in these two instances disabilities existed which necessitated selected work. From these results we can roughly estimate the value of the school from a health standpoint.

The average entrant to the school is ill-nourished, dull and apathetic, suffering from such diseases as are indicated in the tables above. After a valuable period of regular succession of work and play, rest and exercise in the open air, together with wholesome meals and the cultivation of the open air habit, they have gained in height and weight and colour. A quickened interest and happier outlook accompanies the improved health. These are just the cases which, if neglected, are specially prone to crippling diseases and premature death. The Open Air School is thus in essence, an institution for the prevention of disease.

To get the best results from the school, much greater co-operation on the part of the parents is imperative. Too often the efforts of the staff of the school and the School Medical Staff are checked by adverse home conditions, not always outside parental control, particularly in feeding, rest, sleep and fresh air.

The meal provided at midday for the children consists of two courses providing about 1100 calories, *i.e.*, almost one half of the total food value required for a growing child for one day. It would be an advantage were another light meal provided in the mid morning of 250 calories, in the school, *e.g.*, milk or cocoa and biscuits.

Much of the credit for the results obtained by the school is due to the painstaking efforts of the staff. Each scholar has his

own health problems, and demands an intelligent understanding of disabilities and capabilities. Teaching and training must be individual.

Physical Training.

The increasing interest displayed by children in athletics is to be commended. The routine physical exercises associated with the Curriculum, and the outdoor indulgence in athletics promotes health and stimulates body and mental vigour.

Provision of Meals.

Meals are provided to necessitous children at three centres. The income limit for free meals has been laid down by the Authority, and is adhered to in the selection of cases. Other cases are fed upon the recommendation of the School Medical Officer, where he has reason to think the children are suffering from lack of proper food. All the children fed are kept under supervision and weighed at intervals. The arrangements are adequate and the premises and diet suitable. •

The following meals have been provided during the year :—

Breakfasts	16,078
Dinners	16,065

School Baths

In a district like this where so few houses are provided with baths, it is highly desirable that baths should form part of the school equipment. No school is so provided, but the elder scholars are permitted to make occasional use of the public baths, as far as their limitations allow.

Co-operation of Parents.

Parents receive a written, and in many cases a verbal invitation from head teachers to attend the Medical Inspection. Where it is necessary the school nurses visit the homes and interview parents. Attendance at Routine Inspections is diminishing, probably because parents have learned that if a defect is discovered, they will be informed of it. Attendance at Special Medical Inspection is becoming the rule. This shews an enlightened outlook and appreciation of the value of the inspection and a desire to ascertain the onset of disease rather than await pronounced signs. It is the exception for parents of affected children to voluntarily co-operate in the eradication of pediculosis. Pressure has to be brought frequently to bear through the agency of the Childrens Act—by exclusion from school, or by the help of the N.S.P.C.C. before cleansing can be effected. This work is unpleasant for all concerned.

In many ways the teachers have given ungrudging assistance to the work of the School Medical Service. Record cards are prepared by them; children submitted for diagnosis or treatment; parents interviewed, and children supervised for infectious and other diseases. Weekly returns of Suspected Infectious disease are sent to the School Medical Officer, and this is frequently the means of checking the spread of such disease in schools.

The School Attendance Officers have also rendered valuable service to the department during the year by notifying suspected infectious disease, cripples, etc., securing the attendance of school absentees at the clinics for examination, and in many other ways. Without the cordial co-operation of the teachers and school attendance officers, the work would be severely handicapped.

The service of the N.S.P.C.C. have been frequently availed of. In two instances through their instrumentality, cases have been received into convalescent homes. In other instances, their support has been used to secure treatment and improve homes.

Blind, Deaf and Defective Children.

A census of these children has been made from information gained at Medical Inspection and from other sources, *e.g.*, Teachers, School Attendance Officers, Infant Clinics, N.S.P.C.C., etc. Owing to the fact that all children born in the district are visited by the Infant Welfare Nurses, it is unlikely that cases requiring attention are overlooked. The census is brought up-to-date periodically, and cases added as they come to our notice.

A statement of the work accomplished by the Open Air School is included in an earlier part of this report.

Employment of Children and Young Persons.

The chief employments for children leaving school are in cotton factories, coal mines, and engineering workshops. Children on admission to work in factories and workshops, are examined as to their fitness by the Factory Surgeon, who is also School Medical Officer, and who is thus acquainted with the fitness of the children from schools in this district. All children of school leaving age are graded as to fitness for work before leaving school, and a scheme is in operation whereby any child rejected for work is notified to the Juvenile Employment Committee, of which the S.M.O. is also a member.

The selection of children for work whilst debarring the unfit, is no guarantee that the child will not suffer, as a result of the work conditions. To meet this difficulty, some of the more enlightened firms employing Welfare Superintendents have a system in operation whereby the children are re-examined at intervals by the

Factory Surgeon until they reach 16, and thus come under the scope of the National Insurance Act. Messrs. Acme Spinning Company and Messrs. J. Ashworth have modelled their schemes on the lines of the School Medical Service, the Welfare Superintendents taking the place of the School Nurses.

The fitness of leavers for work during 1921 was classified as follows :—

Examination by School Medical Officer.

		Boys	Girls
Category A.	Fit for any work appropriate to age	194	222
Category B.	The healthy child capable of work, according to its measure of strength ..	42	39
Category C.	Children with mental or bodily defect, requiring selection of work ..	11	12

Examination by the Factory Surgeon.

Boys—92 ; Girls—314 ; Total—406.

Rejected—	(1) Malnutrition and Debility	1
	(2) Deformity	2
	(3) Pediculosis	18
	(4) Tuberculosis	5
	(5) Anaemia	1
	(6) Heart Disease	2
	(7) Defective Vision	5
	(8) Under Age	4
	(9) Ear Disease	2

Total—40.

Per cent. rejected—9·8.

Per cent. rejected, excluding uncleanliness, all of which were passed for work after cleansing—5·4 per cent.

TABLE I.
ROUTINE MEDICAL INSPECTIONS.

Age.	ENTRANTS.			
	3	4	5	Total.
Boys	47	66	98	211
Girls	38	71	95	204
Totals	85	137	193	415

Age.	Leavers.				Intermediate Group.	Grand Total.
	12	13	14	Total.		
Boys	203	44	—	247	241	699
Girls	220	47	6	273	220	697
Totals	423	91	6	520	461	1396

	Special Inspect- ions. Special Cases.	Children Re-examined.	No. of Inspections
Boys	583	453	1746
Girls	911	494	1567
Totals	1494	947	3313

No. of Individual Children Inspected, 2742.

TABLE II
RETURN OF DEFECTS FOUND IN THE COURSE
OF MEDICAL INSPECTION.

DEFECT OR DISEASE.	Routine Inspections.		Specials.		
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment	Number requiring to be kept under observation but not referred for treatment.	
Malnutrition	19	23	9	12	
Uncleanliness	51	—	386	—	
SKIN	Ringworm—				
	(Head)	2	—	7	2
	(Body)	1	—	7	1
	Scabies	2	—	9	—
	Impetigo	12	2	188	—
	Other Diseases	5	5	25	5
EYES	Blepharitis	16	—	10	—
	Conjunctivitis	3	—	42	—
	Keratitis	—	—	4	—
	Corneal Ulcer	—	—	1	—
	Corneal Opacities	—	—	—	—
	Defective Vision	65	1	94	—
EAR	Squint	8	3	41	—
	Other Conditions	5	2	14	5
	Defective Hearing	13	1	21	3
	Otitis Media	17	—	70	—
THROAT & NOSE	Other Ear Disease	—	—	—	—
	Enlarged Tonsils (I)	11	30	15	32
	Adenoids (II)	1	3	5	10
	(I) & (II)	3	2	8	5
	Other Conditions	19	51	20	58
Enlarged Cervical Glands (Non-Tubercular)	1	22	4	13	
Defective Speech	—	1	—	2	
TEETH—Dental Diseases, &c.	23	1	6	—	
HEART AND CIRCULATION	Heart Disease—				
	Organic	—	5	—	14
	Functional	—	29	—	13
LUNGS	Anæmia	13	35	4	50
	Bronchitis	10	24	14	35
	Other Non-Tubercular Diseases	4	25	3	18
TUBERCULOSIS	Definite Pulmonary	—	1	—	20
	Suspected	—	6	—	2
	Glands	—	—	1	1
	Spine	—	—	—	1
	Hip	—	—	—	—
NERVOUS SYSTEM	Other Bones & Joints	—	—	—	2
	Skin	—	—	—	—
	Other Forms	—	—	—	1
	Epilepsy	—	1	—	3
	Chorea	—	1	—	14
DEFOR-MITIES	Other Conditions	—	—	—	3
	Rickets	2	5	5	5
	Spinal Curvature	1	2	2	4
	Other Forms	4	2	3	12
Other Defects or Diseases	16	35	101	140	

Number of individual children having defects which require treatment or to be kept under observation 1212.

TABLE III.

Numerical Return of all exceptional Children in the area 1922.

		Boys	Girls	Total	
Blind (including partially blind, within the meaning of the Elementary Education Act, 1893)	Attending Public Elementary Schools	—	1	1	
	Attending Certified Schools for the Blind	—	—	—	
	Not at School	—	—	—	
Deaf and Dumb (including partially deaf, within the meaning of the Elementary Education Act, 1893)	Attending Public Elementary Schools	1	2	3	
	Attending Certified Schools for the Deaf	—	1	1	
	Not at School	—	—	—	
Mentally Deficient	Feeble-Minded	Attending Public Elementary Schools	2	5	7
		Attending Certified Schools for Mentally Defective Children	—	—	—
		Notified to the Local (Control) Authority by the L.E.A. during the year	—	1	1
	Imbeciles	Not at School	2	—	2
		At School	—	—	—
Idiots	Not at School	3	1	4	
Epileptics	At School	—	—	—	
	Not at School	—	—	—	
	Attending Public Elementary Schools	4	3	7	
	Attending Certified Schools for Epileptics	—	—	—	
Pulmonary Tuberculosis	In Institutions other than Certified Schools	—	—	—	
	Not at School	1	1	2	
	Attending Public Elementary Schools	6	15	21	
	Attending Certified Schools for Physically Defective Children	—	—	—	
Crippling due to Tuberculosis	In Institutions other than Certified Schools	—	—	—	
	Not at School	1	1	2	
	Attending Public Elementary Schools	2	1	3	
	Attending Certified Schools for Physically Defective Children	—	—	—	
Crippling due to causes other than Tuberculosis	In Institutions other than Cer. Sch.	—	—	—	
	Not at School	1	1	2	
	Attending Public Elementary Schools	13	12	25	
	Attending Certified Schools for Physically Defective Children	—	—	—	
Other Physically Defectives (e.g., Delicate and other Children suitable for admission to Open Air Schools. Children suffering from Heart Disease)	In Institutions other than Cer. Sch.	—	—	—	
	Not at School	1	—	1	
	Attending Public Elementary Schools	14	18	32	
	Attending Open Air School	19	23	42	
Dull or Backward	Attending Certified Schools for Physically Defective Children	—	—	—	
	Not at School	1	—	1	
Retarded 2 years	Retarded 2 years	19	16	35	
	Retarded 3 years	6	4	10	

TABLE IV.
TREATMENT OF DEFECTS OF CHILDREN DURING 1922.
A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Referred for Treatment.	No. Children Treated.		Total.	
		Under L.A. Scheme.	Otherwise.		
SKIN {	Ringworm (Head).....	9	4	3	7
	(Body).....	8	6	1	7
	Scabies	11	11		11
	Impetigo.....	200	155	25	180
	Minor Injuries	14	13	1	14
	Other Skin Diseases	30	12	12	24
Ear Disease	121	83	25	108	
Eye Disease					
(external or other)	95	74	14	88	
Miscellaneous	103	60	33	93	

B.—No. of CHILDREN SUBMITTED TO REFRACTION.

Referred for Refraction.	No. submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recomm'nd'd for treatment other than by glasses.	Received other forms of treatment.	For whom no treatment was considered necessary
	Under L.E.A. Scheme (Clin. or Hospital).	By private Practitioner or Hospital.	Otherwise.	Total.					
212	172	—	13	185	135	135	9	9	28

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	No. of Children received Operative Treatment.			No. who received other forms of Treatment.
	Under L.E.A. scheme (Clinic or Hospital).	By Private Practitioner or Hospital.	Total.	
82	34	9	43	29

TABLE V.
SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV.
A.B.C.

Disease or Defects.	No. referred for Treatment.	No. of Children Treated.		
		Under L.A. scheme.	Otherwise.	Total.
Minor Ailments	488	358	81	439
Visual Defects	212	172	13	185
Defects of Nose & Throat	82	50	22	72
Dental Defects.....	29	—	17	17
Other Defects	103	60	33	93

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED
AT THE ROUTINE INSPECTIONS DURING THE YEAR 1922.

1. The total number of children medically inspected at the Routine Inspections	1396
2. The number of children in (1) suffering from defects (other than uncleanliness or defective clothing), who required to be kept under observation but not referred for Treatment	324
3. The number of children in (1) suffering from :—	
Skin Disease	29
Defective Vision, including Squint	77
Eye Disease	26
Defective Hearing	14
Ear Disease	17
Nose and Throat Disease	126
Enlarged Cervical Glands (Non-Tubercular)	23
Defective Speech	1
Dental Disease	24
Heart Disease —Organic	5
" " Functional	29
" " Anæmia	48
Lung Disease (Non-Tubercular)	63
Tuberculosis :—	
Pulmonary Definite	1
" Suspected	6
Non-Pulmonary Tuberculosis	—
Diseases of the Nervous System	2
Deformities	16
Other Defects or Diseases	51
4. The number of children in (1) who were referred for Treatment (excluding uncleanliness, defective clothing, etc.)	276
5. The number of children who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	139