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ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

Swinton and Pendlebury

(CHAIRMAN - - - COUNCILLOR P. LINDLEY),

BY THE

SCHOOL MEDICAL OFFICER

(DR. H. C. MULHOLLAND),

FOR THE

Year ending December 31st, 1925.

THE "REPORTER" PRINTING WORKS, PENDLETON.



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To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, MISS RODGERS AND GENTLEMEN,

I have the honour to submit the Report on the School Medical Service for the year 1925.

Speaking generally, the work reviewed in the following pages is characterised by a pronounced expansion of the services for treatment, by a diminution in the number of epidemics in the schools and by the attainment of a higher standard of hygiene as evidenced in increased cleanliness and freedom from verminous conditions and impetigo.

It would be difficult where progress is so general and steady to point to any outstanding improvement in the general health and happiness of the children, but all the same, the steady pressure of a higher and broader conception of hygiene is producing results which are evident in their cumulative effects to those who are dealing with the children year by year.

The corner stone of the School Medical Service is Medical Inspection of all the children in the schools, healthy as well as ailing. In the appendix it will be seen that nearly 22% of the school entrants required treatment for defects. This alone reveals the need for medical inspection and demands facilities for treatment, both in the interests of the child and in the interests of the public.

Where adequate treatment is not available otherwise, it is the duty of the Education Committee to provide it.

In response to this need, the Committee has during the year 1925, in co-operation with the Maternity and Child Welfare Committee, instituted three very important schemes for treatment. They were all urgently required, and they will all have far-reaching results. Dental, Orthopædic and Aural Clinics, staffed by Specialists, are now part of the School Medical Service at the disposal of the children of the district. The numbers in attendance at the clinics furnish evidence of the need for them and the use made of them.

The Open Air School, though not an integral part of the School Medical Service, is so intimately associated with it in work and function, that reference may be made to the improvements which have taken place in it. An extra class for crippled children, electric lighting, new lavatory accommodation, new kitchen accommodation, another teacher, etc.

This Report should be regarded as a study of a particular portion of the Public Health. It has to do with the private health and public health of approximately 6,000 inhabitants of our district, and it is merely another agency superimposed on other Public Health activities.

The close co-operation which exists in this district between Education, Public Health, Maternity and Child Welfare and Juvenile Employment is of the utmost value to the public. The scheme is orderly, comprehensive and fairly well balanced. It is only by the effective co-ordination of all agencies dealing with the child that the highest results can be attained.

The health of the School Child is no less an education question than it is a health question. A defective child is handicapped in school and he handicaps both teachers and fellow scholars. Indeed, health is the primary consideration to which other education is secondary, and money spent on health is returned in education.

It is obvious that the School Medical Service is severely handicapped when it has to start work with one child in every five admitted to the schools requiring treatment.

It is the duty of the Maternity and Child Welfare Committee to take to heart the lessons of the School Medical Service and to be particularly vigilant over those conditions leading to the defects found in entrants. One example will suffice, especially as it is of vital importance to the child. Far too many children enter school without having learned to breathe properly. Running noses, open mouths, enlarged tonsils, running ears, bronchitis and increased susceptibility to infection, are the end results. To combat this the School Medical Staff are at work, the teachers are at work and, though belated, the parents often begin to work too.

If children were taught to breathe properly from infancy upwards, the diseases in our schools would be lessened, the attendance would be increased and the mind and body of the child would be vastly improved.

The expansion of the School Medical work has thrown increased work on the Nursing and Clerical Staff. A nurse though largely concerned with treatment of disease has a primary duty in preventing disease, and as disease can only be prevented by the help and consent of the parents, it will be understood that a good deal of time is taken up by what may be called purely educational work. It is this aspect which all workers in the School Medical Service wish to concentrate upon and to develop, but it is not so easy as simple attention to the routine demands of the day.

I take this opportunity to acknowledge amongst other things the considerate action of the Committee in sending the School Medical Officer for a course of training in Mental Deficiency, one Nurse for a post graduate course of study, and in allowing the other the opportunity of obtaining her C.M.B. Certificate, the examination for which she passed during the year. Post Graduate work stimulates keenness, and broadens outlook, whilst it keeps one in touch with modern developments in the service.

I have further to acknowledge the help and consistent support given during the year by the Secretary and other Officers of the Council, and by Dr. Higson and Dr. Williams, who acted for me during the holidays.

I take the opportunity of expressing my thanks to the Nurses, Teachers, School Attendance Officers and Clerical Staff for their assistance in the work and in the preparation of the Report.

I am,

Your obedient servant,

H. C. MULHOLLAND,

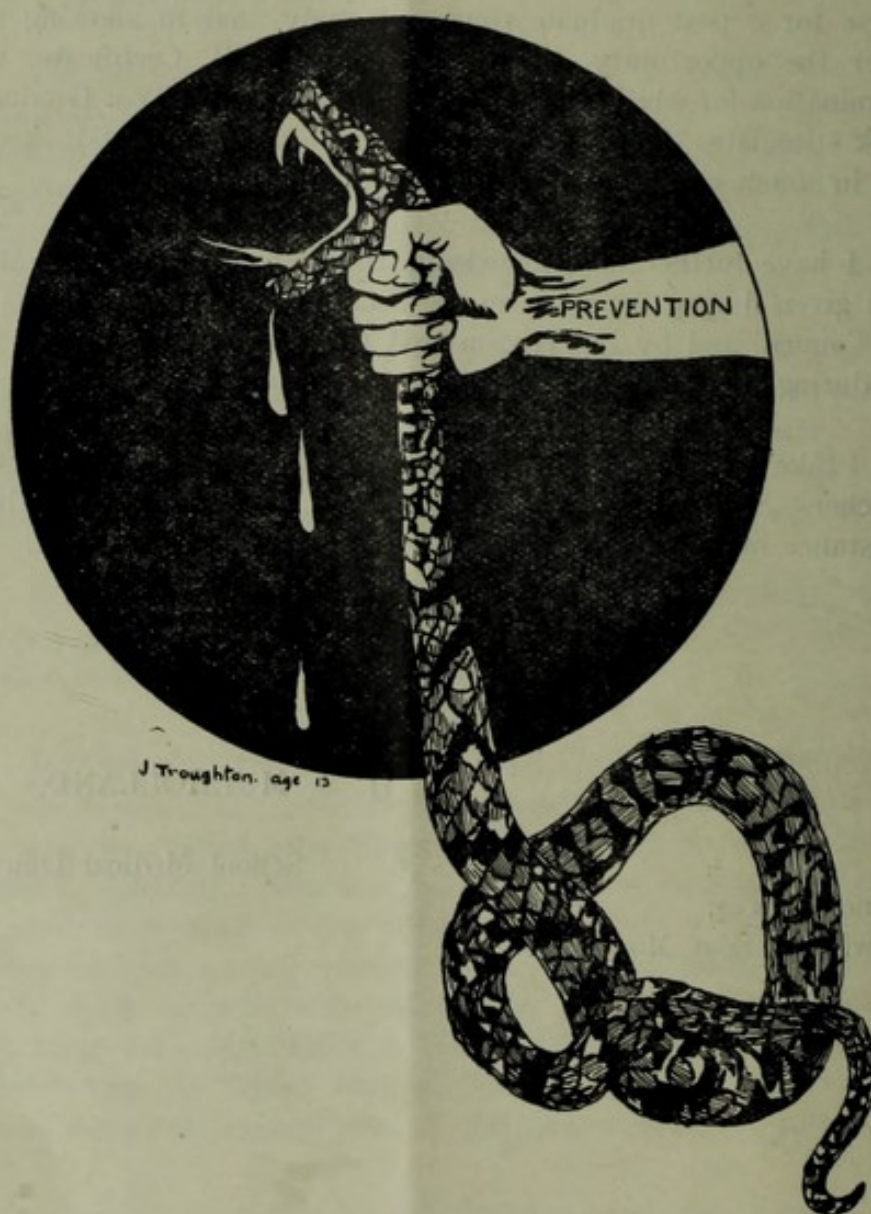
School Medical Officer.

Council Offices,
Swinton, near Manchester.

This sketch, drawn by a child of 13 in one of your Elementary Schools, illustrates the aim of the School Medical Service. This, and other sketches by school children on Public Health questions were freely distributed throughout the district during Health Week, by the Health Week Committee, and must exercise an influence in many homes. The mere drawing of the sketches constitutes a lesson on hygiene, from which the artist must also profit.

I am indebted to the teachers who gave the opportunities and encouragement to the children, and to the children for the efforts they put into the work.

12



21.9% of School Entrants	required treatment.	
19.1% of children aged 8	"	"
16.7% of children aged 12	"	"

Statistical Summary and Staff of the School Medical Service.

Total Number of Schools—

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

Accommodation—

Provided	1,568
Non-Provided	4,338
Average attendance for last complete year	3,823
On books	4,668
Number of children under age 5 on books	538
Average attendance under 5 years of age	282
Death Rate in children 5–14 years of age	1.9 per 1,000
Rateable value for Education Purposes	£145,451
Education Rate	3/2
Yield of 1d. rate for Grant purposes	£562
Cost of Medical Inspection for year ending 31st March, 1925, nett	£1,083

Staff of the School Medical Service.

<i>School Medical Officer :</i>	Date of Appt.
H. C. MULHOLLAND, M.B., D.P.H.	1921

<i>Consulting Ophthalmologist :</i>	
GORDON RENWICK, M.B., C.M.	1924

<i>Orthopædic Surgeon :</i>	
ROBERT OLLERENSHAW, M.D., F.R.C.S. (Eng.) .	1925

<i>Aural Surgeon :</i>	
G. E. ARCHER, M.B., Ch.B.	1925

<i>Dental Surgeon :</i>	
A. T. SPAVEN, L.D.S. (Eng.)	1925

<i>*School Nurses :</i>	
MISS M. J. METHVEN, Cert. R.S.I. (H.V. and S.N.), S.R.N.	1917
MISS E. BANKS, C.M.B., S.R.N.	1918

<i>Masseuse :</i>	
MISS E. MAUDSLEY, C.S.M.M.G., M. & E.	1925

<i>Clerks :</i>	
MR. J. FLOWERS	1919
MISS D. HOLLINSHEAD	1921
MR. L. E. PRIOR	1925

* With these exceptions all the staff devote part time only to the School Medical work.

School Clinics: Council Offices Swinton

1. MINOR AILMENTS :—

Daily, 9 - 10-30 a.m.

School Medical Officer in attendance.

2. EYE CLINIC :—

10 a.m. alternate Wednesdays.

Dr. Gordon Renwick in attendance.

3. EAR CLINIC :—

10 a.m. alternate Wednesdays.

Mr. Archer in attendance.

4. ORTHOPÆDIC CLINIC :—

Massage and Electrical.

Mr. Ollerenshaw in attendance once a month.

The Clinic meets on Tuesdays and Fridays at 2 p.m. The senior masseuse from the Royal Manchester Children's Hospital, Gartside Street, Manchester, is in attendance.

5. DENTAL CLINIC :—

Monday morning, 10 a.m.

Mr. Spaven, Dental Surgeon in attendance.

To prevent crowding and waiting at the Eye, Ear, Orthopædic and Dental Clinics, treatment is now given by appointment. Ionization treatment for running ears is also by appointment on Tuesday and Friday mornings. Consultations are unrestricted and free to all children. It will be borne in mind that children under school age are also provided for.

School Clinics.

Clinics for school children are held daily in the Council Offices. In addition to those reported on previously (S.M.O. report 1924, page 6), Special Clinics were begun during the past year for diseases of the Ear, Orthopædics, and Dental work. These will be commented upon in the body of the report. There has been considerable increase in the accommodation, in consequence of the increase of work which has been undertaken, and the increased accommodation has been utilized by the Maternity and Child Welfare Department.

Generally speaking, the function of the school clinics is the prevention of disease, although the facilities for treatment have grown, particularly in the year under review. The character of the growth has been determined by the needs of the children in the district, and the facilities existing for their treatment. The need has existed for dental surgery, crippling diseases, running ears, etc., as mentioned in previous reports, and these needs have been met by the establishment of special clinics, staffed by specialist officers, working in some cases in co-operation with hospitals.

The character of the Minor Ailment clinic and the scope of its work has not altered from those outlined in my report for 1924, page 6. The new clinics are supplementary and afford facilities, hitherto unprovided, for the cure or relief of certain defects.

The Minor Ailment Clinic.

This clinic is held each morning in the Council Offices, for the treatment of minor ailments and injuries, ringworm, impetigo, skin diseases, and similar diseases which usually require daily dressings. Daily treatment is also given to cases such as running ears, referred back from the ear and other clinics, which only meet once a fortnight.

It is, however, as an Inspection Clinic that the Minor Ailment clinic is most made use of. Children are referred by teachers, attendance officers and parents for special examination and reports both for suspected and actual illnesses, including infectious disease. This is to be encouraged, for thereby disease can often be checked at its onset, and further disease prevented by the various agencies at the disposal of the staff. A summary of the work performed at the Minor Ailments clinic is appended.

Clinic Inspections.

Disease.	Boys.	Girls.	Times re-inspected.
Uncleanliness	—	3	79
Malnutrition	21	20	266
Skin Disease	121	74	325
Defective Vision and Squint	48	53	126
External Eye Disease	30	34	103
Ear Disease	59	41	95
Nose and Throat	43	98	361
Enlarged Glands (Non T.B.)	7	9	41
Speech	—	—	1
Teeth	6	5	27
Heart Affections	10	14	172
Lungs (Non Tubercular)	44	47	284
Pulmonary Tuberculosis	3	1	7
Non-Pulmonary Tuberculosis	6	1	21
Suspected Tuberculosis	3	1	10
Nervous System	11	18	57
Rickets	—	1	9
Deformities	4	3	22
Miscellaneous	233	221	866
Totals	649	644	2872

Clinic Treatments.

Disease.	Boys.	Girls.	Totals.
Impetigo	1296	437	1733
Scabies	—	60	60
Ringworm of Body	17	—	17
Other Skin Diseases	101	57	158
Blepharitis	53	122	175
Conjunctivitis	103	166	269
Keratitis	3	—	3
Other Eye Diseases	26	19	45
Defective Hearing	62	14	76
Otorrhœa	1355	1155	2510
Other Ear Diseases	3	8	11
Nose and Throat	521	333	854
Enlarged Cervical Glands	16	—	16
Miscellaneous	469	286	755
Totals	4025	2657	6682

The special clinics for diseases of the Eye, diseases of the Ear, Nose and Throat, Orthopædics, and Dental work are referred to later.

Advice given at the clinics is free to all school children. A charge according to an income scale is made at the Dental clinic, Orthopædic clinic, and for Hospital treatment of Ringworm of the Scalp, Tonsils and Adenoids and Orthopædics. Glasses are provided at cost price to those recommended by the Consultant.

It will be noted that whilst there is ample provision for consultation, and at no cost to parents, treatment is provided only for the necessitous, and those for whom proper facilities for treatment are not available otherwise.

In addition to the figures given above, 482 examinations were made for infectious diseases and for uncleanness.

The work of the clinic does not tend to diminish. In fact, it tends to increase, not because there is a greater amount of disease amongst school children than in years gone by (there is considerably less, and there are less epidemics), but because there is a closer following up of all degrees of existing disease, whether mild or severe, in order to secure treatment, and because the standard aimed at is higher, and the scope of the work more comprehensive. To give an example in illustration; mouth breathing though perhaps noted in previous years, has had new emphasis put upon it in recent years. Each case in the schools is known to the staff and the teacher, and each case is traced to its cause. This may necessitate many visits to the clinic, may entail consultations with

a specialist, and require prolonged and continued effort to remedy—the remedy depending upon the cause. It is well known that mouth breathing and its underlying causes is a fruitful source of running ears, deafness, bronchitis, and many other more serious maladies which can thus be prevented if the original cause is removed.

The School Medical Officer attends the Minor Ailment clinic daily, to advise parents and supervise the dressings, etc.

Co-Ordination.

The Health Services of the Council are all linked up together, and efforts are made to maintain complete and continuous health records from birth (and in some cases previously) until the child leaves school. The Health Visitors supply the School Nurses with visiting and clinic records of all children under their care, as soon as they enter school. Such records give information to the S.M.O. when the child is first examined in school, and special notes are always made of defective children previously known to the Health Visitors. In this way the care of the Health Visitors for debilitated children under school age is gradually transferred to the School Nurses. No Nursery Schools exist in the district, but there are 538 children under the age of 5 on the school registers, who attend more or less regularly the Nursery classes, are examined soon after entry to school, and kept under home and school observation by the Nursing Staff.

Monthly sanitary inspections of all schools are made by the Sanitary Inspectors and reports submitted to the Committee. In other ways the staff of the Health Department works in close co-operation with the School Medical Staff, as for example in the cleansing of houses and clothing of children affected with infectious disease, vermin, etc.

SCHOOL HYGIENE.

It cannot be claimed that the essentials for health are provided in all the schools in the district. There are buildings which are defective in structure and where the lighting is deficient. There are playgrounds which in wet weather are pools of mud and water, directly injurious to the children, and rendering impossible the maintenance of a high standard of cleanliness in child or school. There are desks which are obsolete, and sanitary conveniences which are primitive. There are instances of insufficiency of lavatory bowls and cloak room accommodation, and in general a multitude of defects which were so common a generation ago, but which are gradually giving way to better things. It is encouraging to be able to report that progress though slow, is yet being made ; that old desks are being substituted by new ; playgrounds paved

and so forth, but there is a long way to go before we can promise a child health in all our schools.

It is common knowledge that children very often improve in health and cleanliness, etc., even in the most defective schools. This is so. They do, especially where the home environment is unsatisfactory, but it does not prove that the school building is not acting prejudicially on these children. This is impossible to prove except in individual cases and where perhaps epidemics are fostered. We know by contrast that a school providing sufficient light and admitting sunshine and air, restores ailing children to health without other special measures. We know that suitable sized desks help to restore the shape of deformed spines, and that, therefore, a desk suited in size to each child will tend to prevent deformities arising. We know that crowding of clothing and caps spreads Ringworm, Vermin and other disease; that attractive toilet and sanitary arrangements lead to cleanliness, and therefore to health.

In my opinion, the most serious result of the defective schools is the difficulty the teachers have in teaching hygiene, for children do not learn by precept but by example, and what is good enough for the school is good enough for the home, and so the Public Health suffers in after years by errors of omission and commission, which could have been prevented if tackled at the source, *e.g.*, the school.

There would seem to be a general opinion that the time is coming for better things in our schools. If this is so it should be remembered always that the ideal school is the school on Open Air principles, with at least one Open Air class room, and that ordinary glass which is impenetrable by the health-giving rays of the sun, could with advantage be replaced by glass which can now be obtained, and which is pervious to those rays. Such glass is more particularly indicated in Infant Schools, and in those windows facing in the direction from which the sun shines.

Medical Inspection.

Routine medical inspections are conducted in the schools. In some cases a teacher's room has been available for this purpose. In other cases, a class room has been made use of. Routine inspections are inspections of all children healthy or ailing in the following groups :—

1. All entrants to school.
2. Children aged 8.
3. Children aged 12, or over if they have not been previously examined after reaching the age of 12.

The Board of Education Schedule has been followed in all instances. It is rare to meet a case nowadays where the parents refuse the offer of medical inspection of their children, and it is noteworthy that such objections can usually be traced to the desire to hide defects, *e.g.*, vermin, or a sense of grievance more fancied than real. Rarely, a very young child will be too timid or noisy for the examination to be completed, and such child is left over until the next visit to the school. At each visit to the schools for re-inspection of defects previously noted, the children who escaped examination at the previous visit are now examined. A child absent from illness at one visit is usually found present for one of the subsequent examinations during the year.

The lists of children due for examination are submitted by the Head Teachers, who also invite the presence of parents to the examinations.

In some of the schools it is quite impossible to secure the quietness necessary for a detailed and careful examination. This is unavoidable where space is limited, but the best results cannot be obtained in such schools, and children have to be referred to the Clinic occasionally for the completion of their examination.

The early ascertainment of defects in children is secured by information received from Health Visitors, School Teachers, parents and others. All defects known to the staff are re-inspected at intervals in the Schools or Clinic.

Findings at Medical Inspection.

Uncleanliness

At the Routine Medical Inspection 1.6 per cent. of the 1,525 children examined were found to be in varying degrees verminous. The number of children found to harbour body vermin was extremely small, and these were confined to a limited number of families who are habitual offenders in this respect and who are continually under the supervision of the staff. It is the exception to find that in these cases the children and parents are totally responsible for the condition, nor can it be said that they do not make reasonable efforts to secure cleanliness, but bad housing, unemployment, overcrowding and sickness, more than parental irresponsibility, constitute the real cause of vermin, and make the struggle for cleanliness in many houses an unending one, and what applies to body vermin applies to head vermin with this exception—head vermin can be kept down by cutting the hair. It is being reduced by the practice of bobbing, and it is seldom found in the hair of boys in our schools.

Cases of uncleanliness due to contact with verminous children or clothing have only to be pointed out to be remedied, and more

good is done by the resentment of these parents towards the infecting children and their parents, than by any pressure which can be exacted by the Sanitary Staff.

The School Nurses made 10,933 examinations in the schools for vermin, and 304 individual children were found verminous. (A child is verminous even if she has only half-a-dozen nits in her head.) In 1924, although there were only 8,169 inspections, 447 were found unclean. There is therefore a considerable improvement, which improvement is not only manifested in the numbers affected, but in the severity of the infestation.

It is an encouraging feature of the work and the good results are due to many factors. Firstly, to a more enlightened view as to the evils or disgrace of vermin, and secondly, to pressure from nurses, doctors, teachers and others. I have no doubt that the strong line adopted by the Committee in 1924 and 1925, towards the habitually unclean parents, has had a good deal to do with the improved conditions, and I cannot commend the teachers too highly for their keenness in endeavouring to keep their schools free.

Cases of uncleanliness are treated on their merits ; education, help, or coercion if necessary. It will be recognised that a parent who allows her child to remain unclean after due notice is inflicting cruelty upon that child and is liable to be dealt with accordingly, but some parents have a remarkable ability in evading this law.

I have been struck this year with the absence of verminous eczema of the head which used to be not uncommon. In the lessening of verminous infestation, the display of models, sketches and microscopic specimens by the school nurses during Health Week, cannot but have played a part. The interest exhibited by parents and children in this display was enormous.

It is a noticeable fact that verminous children tend to lessen in numbers as school leaving age approaches. This may be partly due to the fact that a child must be completely clean before being passed for work by the Factory Surgeon. It is probably due to other psychological factors, and it is surprising the influence which opportunities provided for washing, and mirrors in which children can see themselves, have upon the general state of cleanliness.

Cleanliness secured through the personal ambition of a child is more valuable by far than cleanliness secured by coercion. Children are naturally clean, given the opportunity.

The methods adopted by the staff and the co-operation of Sanitary Staff, N.S.P.C.C., etc., are dealt with on page 11 of the 1924 report.

Uncleanliness is most manifested after a school holiday.

Vision.

Forty-five cases, or 2.9 per cent. of the children examined suffered from defective vision, and an additional 71 cases were discovered at Special Inspections. The latter were children referred by teachers, and it is very striking how often a teacher will discover a short-sighted child before the parents of the child are aware of the defect. It is, of course, much preferable that a child be referred early for treatment than that he wait for the Routine Medical Inspection, for not only will education be impaired, but the child's vision may be permanently injured. Each school is supplied with a list of pupils who should wear glasses, and some schools make a practice of notifying the S.M.O. weekly of those children who are found in attendance at school without them.

External Eye Disease.

Inflammation of the eyelids, and of the external surface of the eye, ulcers on the eye, or opacities and squint are the diseases under this head. 20 cases were found at Routine Inspection (1.3 per cent.) as compared with 2 per cent. in 1924. There has been no epidemic throughout the year, and here again we have evidence of a more advanced state of hygiene generally. Many types of external eye disease are infectious, and it is, I think, primarily due to the efforts of the nursing staff and the services of the Consultant (Dr. Renwick) that the infective cases do not give rise to epidemics, for 91 cases were at various times under observation or treatment throughout the year.

There are certain types of external eye disease due largely to defective feeding, which improve or get cured quickly in the Open Air School, only to relapse when returned to the old conditions. This is due to economic conditions as often as to ignorance of dietetic principles and hygiene generally.

Certain types of external eye disease are caused or aggravated by defective vision. Glasses, when provided, effect a remedy, but are not always worn, and many are the excuses or explanations for this: the child does not like them; they get broken and are not repaired; they are forgotten or lost; and now and then, that vision is not improved by them, etc., etc.

Ear Disease and Defective Hearing.

1.5 per cent. of the children examined at Routine Inspection suffered from these complaints. The handicap to the child is obvious. When to this number are added 95 cases already known to the staff, the burden due to diseased ears may be realised. It is not only that an affected child is severely handicapped at school, nor that money spent on his education is partly wasted; he is constantly living on the edge of a volcano and may develop disease

in his brain demanding a most serious surgical operation at any moment. His earning capacity on the labour market is lessened. These facts have been pointed out in previous years, but the diseases are found year after year in much the same proportions. There is a good deal of ignorance and superstition regarding running ears, and many cases reject all offers of treatment, or what is just as bad, they avoid it by promising to go to hospital or their own doctor. No objection is taken to this procedure, but unfortunately it is mostly only a conscious effort to avoid treatment, for no doctor or hospital is consulted. Often, although consulted, the treatment is not persevered with, either because it is undesired or that cure does not come quickly enough, or through the superstition that something dreadful will happen once the ears stop running. Often, the cure demands an operation for adenoids, and not all parents are willing to go so far.

There are three points at least to be considered when dealing with the problem of running ears in school children.

- (1) The discovery of the causes of each case.
- (2) The cure of existing cases.
- (3) The prevention of further cases.

1. The Discovery of the Causes of each Case.

There is nothing mysterious or obscure about the causes. They arise after Measles, Scarlet Fever, Influenza, Colds in the head and other infectious conditions. Adenoids are often present. Blocked noses and running noses, collapsed alae nasi and deformed palates occur so frequently associated with mouth breathing, that a case of running ears without one or more of these signs is a curiosity. It may be, and in my opinion is, that faulty habits of breathing, contracted in early years are the prime source of all subsequent troubles and complications. It is extremely difficult to make a baby breathe through its mouth, but when colds come and running noses follow, the habit of mouth breathing is soon contracted, and a nose not used for breathing soon becomes the seat of disease. The other events ending in running ears are but the natural results from this.

2. The Cure of the Disease.

Of most importance is the early discovery and treatment. It is a fact that the majority of the cases if discovered early, soon recover under treatment.

Treatment may involve treatment for one or more of the defects of structure or function mentioned under (1). A complete scheme has been provided by the Education Committee, and a Consultant attends the Ear Clinic once a fortnight, and controls when he does not actually perform it himself, the whole treatment

of each case. This Ear Clinic, established in 1925, and provided with the latest forms of treatment, cautery, ionization, etc., supplies what has been an urgent need in this district for years. The Clinic is open to children under school age (by arrangement made with the Maternity and Child Welfare Committee), and this is very necessary, for it is in the earlier years that the diseases are mostly acquired and are most easily remedied.

3. The prevention of Ear Diseases.

This, after all, is the most important side of the problem. *They are preventable*, and parents must prevent them. The hygiene of the nose must be preached by everyone. The man in the street must preach it, doctors, nurses, midwives, and teachers must preach it until the importance to the child is realised by parents. Health Visitors are paying special attention to this problem, and school teachers, especially of Infant Schools are helping, for instance, by breathing exercises and handkerchief drill, conducted as a routine in the schools.

The prevention of running ears after fever, measles, etc., is receiving particular attention from the Sanitary Staff, Nurses and others, and I have no doubt that it is only a question of time before a sanitary conscience on nose and throat troubles puts an end to most of the Ear troubles.

The work of the Aurist and the popularity of the Clinic emphasise the need which is being met.

Skin Diseases.

Skin diseases being most obvious, are usually detected and referred early to the clinics for treatment. 194 cases were so referred during the year. Only 17 cases were found at Routine examination; the majority of the cases were, as usual, "Impetigo," a very contagious skin disease found particularly in the winter in this locality, and probably aggravated by absence of sunlight and by food deficient in vitamins. It spreads rapidly amongst the children of certain families, and is easily spread in schools amongst the children in contact with an affected case. Many of the inflamed eyes occurring in schools are due to the same cause, and yield to the same kind of treatment.

Ringworm of the head is not a disease which is often found in our schools. When cases arise they are usually treated by X Rays and rapidly cured. Although individual cases arise from time to time, the disease has not been spread by or in the schools for many years. There were 10 cases in 1925, one of which was detected in school during the Routine Inspection. One case of Scabies was also found, and 9 cases were referred to the Clinic by parents or teachers for treatment.

Skin diseases were found in 1.1 per cent. of the children examined as compared with 1.6 per cent. in 1924. The improvement noted under the heading uncleanness (q.v.) has resulted in a lessening of the skin diseases also.

Tuberculosis.

Four cases of suspected Tuberculosis of the Lungs were discovered at Routine Inspection, and one of Tuberculosis of the Hip. All suspected and actual cases are referred to the Tuberculosis Officer for his opinion. The help of this Officer has been most liberal during the year, and his co-operation continues to be of great advantage to the School Medical Service. The following report is submitted by Dr. Jessel, Tuberculosis Officer.

No. of cases of Tuberculosis in School Children.

Admitted to Pulmonary Hospitals, 1925	1
" " General Hospitals	7
Granted Skin Hospital treatment	2
Granted Dispensary Supervision or special treatment ..	49
Granted X Ray examination	31

Under supervision on 31st December, 1925 :—

Pulmonary Cases:	14
Non-Pulmonary Cases	27
Combined Cases	1

Tonsils and Adenoids.

Of the children examined at Routine Inspection, 2.9 per cent. required treatment for enlarged tonsils and adenoids, whilst a further 2.9 per cent. required to be kept under observation for similar defects. There is always an increase in the number of children affected with this complaint after an epidemic of Measles and Whooping Cough, due to absorption of poisons from the discharging nose and throat. Their prevention is part of the general Public Health campaign to stamp out Infectious Disease, and the unremitting attention of Health Visitors, School Nurses, Doctors, Teachers and others, is necessary to educate the parents of the child in the need for nasal hygiene, and to re-educate the child to use his nose for the purpose intended by nature. This matter is dealt with elsewhere, but it might be noted here that these complaints generally arise before the child enters school, thus rendering more difficult the efforts of the teachers to effect a cure for mouth breathing. It is not generally realised that an obstructed air way lessens the actual intellectual achievements of a child, and is a link in a long chain of evils which will affect the child throughout life. Nor is it generally realised that an operation for enlarged tonsils cannot in itself undo the evils, past and present, due to

them. It is to the parents of the affected child who are living with him all day long that we must look for the prevention of mouth breathing and catarrh, leading to enlarged tonsils and adenoids, and also to them that we must look for remedying the defect even when an operation has been done. Teachers, Doctors, Nurses, are only accessory to the prevention and cure.

Minor Ailments.

Impetigo, Ringworm, Scabies, Conjunctivitis, Blepharitis, Diseases of the External Ear, Enlarged Tonsils (not acute), Minor Injuries, Chilblains, Septic Sores, etc.

At the Routine Inspection 25 per cent. of the children examined required treatment and the majority of these were for minor ailments. These are the outposts of disease, and their cure prevents serious incapacity and disorders such as defective vision or even blindness, deafness, blood poisoning, etc., and in addition tends to keep down epidemics, and increases the comfort and happiness of the children. Most of the minor ailments are considered too trivial for the parents to consult a doctor, and most are treated at the School Clinic. Minor ailments are constantly arising in children, and their early detection and remedy is most important. The number detected at the Routine Inspection is small compared with the total numbers arising, as the majority have already been referred for treatment by teachers, parents, or others. There is a constant daily stream of minor ailments from the schools to the clinic, and there is a large increase in the numbers after a school holiday.

Dental Defects.

It is the exception to find children with completely sound teeth, and the amount of treatment obtained by the school population before 1925 was negligible. It is not only because sound teeth improve appearance and comfort, that so much attention has been directed to them, but because decayed teeth are the most common causes of ill-health of most diverse kinds. The problem of the children's teeth is not so simple as it seems at first glance, because it is impossible to provide treatment for all right away, and besides not all will avail themselves of it. In addition, permanent teeth have already been lost by the majority, others cannot be saved, so that no amount of patch work will turn the children out of school with a full set of sound teeth. It is therefore necessary to take a wide survey of the question, and thus it will be obvious that the dental care of a child must begin as soon as the first permanent tooth appears. The child must then be kept under observation or treatment until he leaves school. Early defects will be detected and remedied. In course of time every

child will reach school leaving age with teeth as sound as dental skill can make them.

The dental scheme inaugurated by the Education Committee, began on November 2nd. Provision is made for inspection by the Dental Surgeon, of all children aged 5 and 6 years during the first year, and for such treatment as is necessary. Conservation of the teeth is the aim. One session per week is given to dental work. If time permits, the children aged 7 years will be also attended to and a certain number of elder scholars who are suffering from the results of defective teeth will also receive attention. In the second year the new children aged 5 years will be taken on, and the children inspected during the first year (now 6 or 7 years of age) will be kept under observation or treatment. Year by year the scope of the scheme will extend until all the children are in it. The number of sessions devoted each year to dental work will increase as circumstances require. The scheme embodies the principles laid down by the Board of Education.

As it was only inaugurated in November, there is not much result shewn as yet. Reference may be made to table IV. in the appendix, which is a summary of the work done between November 2nd and December 31st.

In addition to the routine work of dental inspection and treatment, attention is being given to propaganda. The Dental Surgeon exhibited several films during Health Week, dealing with his work. Parents are invited to the dental inspection, and opportunities are taken to interest and instruct them in the principles of conservative dentistry. The Maternity and Child Welfare Committee co-operates with the Education Committee, and treatment is available for expectant and nursing mothers and children under 5 years of age.

There is very uphill work in front of the Committee. The public have first to be educated in these matters (*e.g.* diet) which influence the structure of the teeth. They have to be taught how to avoid those things which cause dental decay, and the evils resultant from such decay. There is then the further question of persuading them to accept treatment for the young children.

The sympathy and understanding of parents is nowhere more essential to success.

Crippling Defects.

At the Routine Inspections 4 cases of organic heart disease were discovered. Four other cases were inspected during the year. To these may be added the cases which attended the Orthopaedic Clinic, which was inaugurated by the Committee in June, 1925:—

Infantile Paralysis	9
Talipes	2
Rickets	6
Birth Paralysis	4
Osteitis Deformans	2
Scoliosis	2
Other Congenital Deformity	2
T.B. Deformity	1
Injury	2
Genu Valgum	1
Various	13

These figures do not give the total work of the Orthopædic Clinic, as children under 5 years are not included. The details for children under 5 will be found in the Annual Report of the Medical Officer of Health. Refer also to page 31.

Infectious Diseases.

The following is a summary of Infectious disease affecting school children during 1925 :—

Scarlet Fever	47
Diphtheria	9
Chicken Pox	141
Encephalitis Lethargica	See special report.
*Measles	39
*Mumps	16
*Whooping Cough	44
Pneumonia	24
Enteric Fever	3

* These diseases not being notifiable, the figures only represent cases coming to the notice of the School Medical Officer by weekly notifications or teachers and others.

The procedure for detection, and the methods for prevention of Infectious diseases in schools are those outlined in my Report for 1922, page 14. There has been no serious epidemic affecting school children during the year, with the exception of Infectious Catarrh or Influenza which was very prevalent in January, 1925, and necessitated the closure of St. Charles' School for one week, from Monday, January 26th to Monday, February 2nd. Although the disease was generally prevalent it was not necessary to advise the closure of other schools.

Certificates, where attendance fell below 60 per cent., were granted to the following schools :—

Week ending

Jan. 23	}	.. St. Stephen's Infant School	Epidemic Catarrh and Influenza.
„ 30			
„ 23	}	.. Holy Rood Infant School.	do.
„ 16			
„ 23	}	.. St. Mark's Infant School	do.
Nov. 20			
„ 27			
Dec. 4			
„ 11			

Exclusions issued.

	1925.	1924.	1923.
(1) To prevent the spread of Infectious Disease	300	519	832
(2) For unclean or verminous conditions	27	73	178
(3) Physical or Mental defects	627	854	749

Encephalitis Lethargica.

There are now 11 cases of this disease known to the School Medical Officer. The outlook for these cases is very uncertain. They may remain ill for years and do not appear to yield to treatment. It is impossible to forecast their future. Most are unfit for school, and many require Institutional accommodation which is not available. The following histories of the cases may be of interest.

- 1.—Age 8. Became ill in February, 1924, with abdominal pains and sickness, was not confined to bed, very irritable and restless at night ; memory defective and forgot errands ; tendency to wandering developed, very emotional and fidgety, tears bed clothes, destructive and quarrelsome. No physical signs of disease present except a mask-like face and a lateral nystagmus. The symptoms were intermittent—one day the child was apparently normal and the next as bad as ever.

There appears to be complete recovery in this case. By the end of 1925 the child was fit for school.

- 2.—Age 11. Onset of disease February, 1924, with twitching of arms and head ; turns night into day ; irritable and emotional. Symptoms chiefly physical, *e.g.*, Myoclonus, Parkinsonian face, inco-ordination of legs and arms. Symptoms intermit now and then from no obvious cause ; knee jerks exaggerated. The posture and gait are characteristic. The patient has apparent difficulty in maintaining an erect posture. The head tends to fall forwards on the chest, and spinal muscles seem unable to hold the body erect for more than a second.

At the end of 1925, the patient seemed to have improved but was still unfit for school, as all the above signs were still present though in a lesser degree. The patient can be kept at home.

- 3.—*Age 7.* Began by being sleepy in school in June, 1924; turns night into day, had several weeks in hospital and convalescent home, but did not improve; tears bed clothes to shreds at night; very naughty and quarrelsome—marked salivation, picks nose until it bleeds; has developed intermittent very severe dysproea; knee jerks absent.

By the end of 1925, the patient was, if anything, worse than ever, and had to be sent to an Institution.

- 4.—*Age 11.*—Began in September, 1924, with extreme lassitude and debility, dull, emotionless expression on face, with open mouth, suggestive of adenoids, tremor of hands and arms, lies around for hours, not speaking to anyone; sleep inversion. Face and gait are typically Parkinsonian.

At the end of 1925, the patient, in spite of hospital and other treatment, was worse.

- 5.—*Age 10.* Began February, 1924, with twitching of face and hands—very restless at night, drowsy during day time; has developed a habit of spitting and picking nose; speech indistinct and slurring, nystagmus.

At the end of 1925, patient was still restless at night, emotional, irritable and unreliable. The original symptoms more or less constantly present together with an increasing weakness of the muscles, particularly of the back.

- 6.—*Age 9.* Began much like the previous cases in 1924; pupils unequal, emotionless expression on face, restless at night. Can scarcely stand upright for more than a few seconds without the head falling forwards on chest and the whole body bending forwards—marked alteration in habits; speech slurring; knee jerks exaggerated.

- 7.—*Age 11.* Began in 1923, with coarse twitchings in arms and shoulders, and hæmorrhage from nose; sleeplessness at night, was confined to bed for 20 weeks and appeared to improve, but had a relapse in 1924. There is still twitchings of arms and shoulders and tremors of hands. Face expressionless; pulls own teeth out; picks nose until it bleeds; sleeps badly at night, and is irritable and perverse. Muscle tone similar to cases already described. Institutional treatment was obtained for this case.

8.—*Age 13.* Began in 1924; acute case with usual signs of lethargy, headache and paralysis of certain eye muscles, and loss of the light reflex; nystagmus; emotionless expression on face; irritability, etc.

The patient had so far recovered that in March, 1925, being over school-leaving age and desirous of working, he was allowed to do so, being kept under observation. He is doing well, and appears cured except for his dull expression and some nystagmus still present.

9.—One case discovered post mortem (age 13).

10.—An acute case ending fatally (age 11).

11.—Case similar to 8 (age 15).

These are the cases of Encephalitis Lethargica which have been brought to the notice of the School Medical Staff amongst school children. No doubt there are other cases, so mild or so abnormal in type as to have been missed, but as a keen watch has been kept for them, the numbers missed cannot be many.

Summary of Cases.

1. Case cured—no defect remaining except uncertain temper.
- 2 Recovered and working but still presenting some remains of the disease, which however, do not appear to affect earning capacity.
1. Improved, but still suffering from Parkinsonian Syndrome with exaggerated reflexes; attends school intermittently.
2. Cases worse and in Institutions—not fit for school.
3. Cases with marked character, emotional and physical changes; unfit for school.
2. Dead; these are the only two cases in school children which had their onset in 1925.

The disease is therefore a most serious one from 4 aspects:—

1. That the death rate is high, and that the total recovery rate is low.
2. That so much crippling of mind and body follows generally, and treatment seems so far of no avail.
3. There is no suitable educational provision for the convalescent cases.
4. There may be other milder cases in the community which have so far not been discovered.

It is to be expected that a disease affecting the brain at this early age may lead, in many cases, to mental deterioration. It is impossible to forecast the future in most cases.

No connection has been discovered between the cases.

Following up.

The school nurses paid 408 visits to homes for the purpose of following up diseased or defective children, and 396 visits to

schools for the same purpose. Teachers have helped in following up cases, as have School Attendance Officers, Officers of the N.S.P.C.C. and others. Defects in school children are kept under observation until the need no longer exists (see also report for 1924, page 16). The object of following up cases is to discover and remove the causes of disease, and to secure treatment primarily through the co-operation of parents. Much following up can be dispensed with when parents attend Medical, Dental, and other Inspections.

The work of the School Nurses is very varied. They examine all the children in the schools three times a year for uncleanliness, make arrangements for Medical Inspections and attend the Inspections, follow up children to their homes; make inspections where necessary, examine contacts for infectious disease in schools, visit cases of Whooping Cough, Measles, Chicken Pox and others; co-operate with the School Attendance Dept., weigh and measure children on the free feeding lists, attend the general and special clinics and the Open Air School, etc.

2,928 contacts of infectious disease were examined in the Schools by the School Nurses in 1925.

Medical Treatment. Methods available for Treatment.

All cases requiring treatment are in the first instance referred to a doctor of the patient's choice. Where parents are necessitous or where no other adequate provision exists, treatment is secured as follows :—

A. MINOR AILMENTS.

School Clinic. See pages 9, 10.

B. TONSILS AND ADENOIDS.

Operative treatment at Pendlebury Children's Hospital.
See Report for 1924, page 16.

Number of cases operated on in 1925, under the Authority's Scheme—54. See also page 18.

C. TUBERCULOSIS.

County Scheme. See page 18.

All cases are referred to the Tuberculosis Officer (Dr. Jessel) for an opinion, and for disposal as regards treatment.

D. SKIN DISEASES.

(1) School Clinic.

(2) X Ray treatment of Ringworm of the scalp at the Skin Hospital, Manchester. See Report for 1924, page 17, Local Authority's Scheme. Four cases so treated in 1925, see also page 17.

E. EXTERNAL EYE DISEASE AND VISION. See page 15.

(1) School Clinics.

(2) Special Ophthalmic Clinic once a fortnight, attended by a Consultant, who reports as follows :—

OPHTHALMIC REPORT, 1925.

GENERAL STATISTICS.

Number of patients examined	234
Number of new patients	105
Number of old patients examined	129
Total number of attendances at School Clinics	449
Number of pairs of glasses provided	138

REFRACTIVE ERRORS.

Hypermetropia	38
Myopia (under 6 dsph)	20
Myopia (over 6 dsph)	7
Hypermetropia and Astigmatism	25
Compound Hypermetropic Astigmatism	36
Myopic Astigmatism	12
Compound Myopic Astigmatism	3
Mixed Astigmatism	30
Emmetropia	5
Anisometropia	3

DISEASES OF CONJUNCTIVA AND LIDS.

Simple Conjunctivitis	8
Blepharitis	21
Hordeolum	2
Phlyctenular Conjunctivitis	2
Chalazion	1

DISEASES OF MUSCLES.

Convergent Strabismus	52
Divergent Strabismus	1
Paralysis External Rectus	1

DISEASES OF CORNEA AND IRIS.

Ulcer Cornea	1
Phlyctenular Keratitis	2
Old cut Cornea	1
Nebula Cornea	3
Adherent Leucoma	1
Iritis	1

CONGENITAL ANOMALIES.

Coloboma of Iris and Choroid	1
Albinism	1
Nystagmus	4
Cataract	1
Naevus	1
Lacrymal Obstruction	1

Children who have defective eyes, cannot unless relieved, receive and profit by school education. To such children school work is a pain and burden. Unless relieved and rendered fit for study, they are backward, become disheartened, and always behind in their classes. This has a secondary or indirect influence on their health. It is here that the parent can help us so much, for where glasses are essential and worn, they will surely soon promote the physical and intellectual development of the child, and prevent many years of suffering and perhaps irreparable ocular disease. With one exception, the refraction of each case tested was done under a mydriatic, the latter being a 1 per cent. solution of atropine sulphate. All Myopes have been systematically tested and re-tested. Glasses have been ordered to be worn constantly. There were no very marked new cases of progressive myopia. I must give my thanks to the nurses and teachers for the supervision over wearing of glasses, and for seeing that reading and writing are performed in the correct attitude, because it is this, more than anything, which is tending to keep the cases of myopia low, and sending the children out into life with useful eyes.

In a number of cases, the defect was very slight. In these cases, it was necessary to order glasses, because the defect was just sufficient to cause at times slight pain, lower the sharpness of vision, and imperil the health of the eye during school life.

It must not be supposed that eye tests of school children are merely for the purpose of correcting ocular defects by glasses. Such instances are frequent, but there are many ocular conditions which the school tests disclose, viz., the various forms of red and sore eyes. The greatest value of the Medical and Nursing Staff to the community lies in its work for prevention of eye disease rather than its cure. Here much credit is due to the Nursing Staff for the quickness with which these cases are detected and for their efficient treatment, as they recur so often and leave behind defective eyesight.

Last year these recurrences diminished and were speedily cured. It is gratifying to see that the parents of these cases appreciate the services rendered and help to carry on the treatment at home.

There were no epidemics of contagious eye disease and there were no new cases of granular conjunctivitis. The two cases in last year's report have left the district.

(Signed)

GORDON RENWICK, M.B., Ch.M.

Ear Disease and Hearing.

1. School Clinics.

2. Special Aural Clinic.

The Authority made a big advance when it instituted Specialist advice and treatment at the School Clinic in 1925. All cases are now seen by Mr. Archer, the Consultant, and minor operations to nose and throat (not T. and A. operations) are done in the Clinic. Ionization treatment for running ears, is undertaken. The Clinic, by arrangement with the M. and C.W. Committee, is also availed of by children under school age.

The most important aspect of this Clinic is its preventive aspect. In this district, partly owing to climatic influences, partly social influences, but chiefly owing to parental and public ignorance of the functions of the nose, and the importance of attending to trivial ailments, *e.g.*, running noses, mouth breathing, etc., diseases of the nose and throat are much more common than they need be. If the Clinic awakens public interest alone, it will serve a most useful purpose. See page 15.

The Aural Clinic began on March 4th and has met at fortnightly intervals since.

I am indebted to Mr. Archer, for the following report on work done.

The Ear Clinic was opened on 4th March, 1925, and below are enumerated the number of cases attending, the various diseases treated, and the results of treatment.

Otitis Media	Suppuration	Total	N.C.	Result :	
				Cured & Discharged	Relieved,
	Acute	1		1	—
"	" Intermittent ..	3	1	2	—
"	" Chronic ..	57	18	21 (N.C.)	18
"	" Mastoiditis ..	5	9	2 (2 require operation.)	1
"	" Catarrhal				
	Chronic ..	27	14	2	11
Deafness due to wax	..	4	—	4	—
"	" Post Sup- puration	8	2	3	3
Tonsils and Adenoids un- complicated .. ..	..	6	6	(awaiting operation)	
Chronic Nasal Catarrh, as yet uncomplicated by deafness .. ..	..	5	5	—	—
	Turbinates	1	1	—	—
	Septum	1	1	—	—
	Miscellaneous ..	5	—	5	—
Totals		123	57	42	33

From the above statistics, it will be seen that chronic nasal catarrh is present in 46 per cent. of all cases attending the Clinic.

It will therefore be appreciated that chronic nasal catarrh is not only one of the commonest conditions found among children attending the Clinic, but that it is the chief cause of the chronicity of the various diseases from which they suffer. It is the factor which explains why they do not more easily yield to treatment, and is also responsible for most of the relapses which have taken place in cases which appeared to have been cured.

Therefore, in order that real progress may be obtained in the treating of the various conditions and that children so far exempt from various ear, nose and throat complaints may continue to enjoy such immunity, it is important that special measures should be directed to the prevention and cure of these nasal catarrhs.

Nasal catarrh in children is almost always the legacy of repeated simple nasal colds or one of the acute fevers. The most potent reason for these nasal infections becoming chronic is the absence of efficient ventilation of the nose as a result of mouth breathing.

Nasal catarrh is partly caused, and certainly aggravated, by breathing a damp atmosphere containing irritant matters resulting from the incomplete combustion of coals, by inefficient ventilation of rooms, particularly at night time, and is certainly aggravated by lack of knowledge of the correct but simple methods of cleansing the nose, *i.e.*, lack of nasal hygiene.

Therefore, our aim should be to establish proper nasal breathing from earliest infancy, and to ensure correct methods of nasal hygiene. To secure this we must have the whole-hearted co-operation of the doctors, parents and teachers. It is hoped that special instructions in these matters may be given in order that the parents and teachers may help to instil into the young mind healthy and clean habits.

The importance of proper nasal breathing, more especially in childhood, cannot be too strongly insisted upon. In many cases it is due to nasal obstruction, resulting from adenoids. Very frequently it is just a habit, a habit commenced during the "cold" stage, but which aggravating the nasal catarrh, causes the lining membrane of the nose to swell up. This swollen lining of the nose causes real obstruction, from which mouth breathing follows. In this way a vicious circle is established.

(Signed),

G. E. ARCHER, M.B., Ch.B.

Dental Defects.

Facilities for treatment are now available at the School Dental Clinic. See page 20.

This is another big advance in the provisions of the Education Committee to secure the health of the children.

Crippling Defects and Orthopaedics.

On June 26th, 1925, the Orthopædic Scheme of the Education and Maternity Committees began. The Council was fortunate in securing the services of Mr. R. Ollerenshaw, F.R.C.S., as Orthopædic Surgeon.

Briefly, the scheme is as follows :—

- A. A summary of all the crippled children in the district was made.
- B. All the children on this list were invited to meet Mr. Ollerenshaw, at the Clinic.
- C. The children were divided by him into three classes :
 1. Suitable for treatment at the Clinic.
 2. Requiring in-patient hospital treatment (operative or other).
 3. Out-patient hospital treatment—X Rays and Pathological work.

Cases requiring massage, electrical treatment, plastering, splinting, remedial exercises, etc., are attended to at the Clinic.

Operative cases are admitted to the Children's Hospital, Perdebury, under Mr. Ollerenshaw.

A special class has been started at the Open Air School to accommodate cases from the Orthopædic Clinic, who would otherwise not be fit for school, and for whom constant supervision is necessary.

The Secretary of the Royal Manchester Children's Hospital has given his ready and helpful co-operation in measures to make the scheme run smoothly.

The masseuse attends the Clinic twice weekly, and Mr. Ollerenshaw attends once a month to see all cases.

The splint maker from the Hospital has attended to take directions, also to fit splints, etc. Cases requiring the attention of the Consultant at other than routine visits, are seen at the Hospital.

Summary of work done on children of school age during the year.

ORTHOPÆDIC CLINIC (School Section).

No. of Sessions during the year 1925 50
 No. of attendances, Masseuse 50
 No. of attendances, Orthopædic Surgeon 7

Disease.	Examinations by Mr. Ollerenshaw. Over 5 years.	No. of Treatments by Masseuse.. Over 5 years.	TOTAL.	No. of individual children treated. Over 5 years.
Infantile Paralysis	27	90	117	9
Congenital Talipes	8	—	8	2
Hemiplegia	—	—	—	—
Rickets	20	20	40	6
Birth Paralysis	7	5	12	4
Osteitis	4	23	27	2
Scoliosis	9	16	25	2
Congenital Deformity	5	—	5	2
Chorea	4	31	35	1
T.B. Deformity	4	—	4	1
Injury	2	—	2	2
Athetosis	3	28	31	2
Genu Valgum	3	—	3	1
Various	39	43	82	13

Children admitted to Hospital for Operation.

Infant and other paralysis	5
Talipes	1
Rickety deformity	1
Admitted to Marple Convalescent Home—Rickets	1
X Ray Examinations	9
Splints and appliances provided	6

Reference should be made to the M.O.H.'s Report for 1925, for the treatment of children under 5 years of age.

So much for treatment ; but it has to be borne constantly in mind that the majority of cripples are not born with their defects, but acquire them in the early years of life, through faulty feeding, overcrowding and deprivation of sunlight and air or exercise. Those who have congenital defects, if denied early treatment when their defect is slight and easy of correction, will become much aggravated with each month and year of life. It is therefore important to get cases at the clinic at the earliest possible moment and to keep them under skilled treatment.

Open Air Education.

It will be a misfortune if the emphasis being laid nowadays on Open Air Schools as a prerogative and a need for ailing children, blinds our eyes to the fact that the healthy child as well as the ailing child benefits from the open air and sunshine. Open Air education can be availed of in most of the schools by playground classes in good weather, and by the use of open spaces in the district, by school journeys and so forth.

The following particulars are kindly supplied by the Secretary to the Education Committee :—

SCHOOL A.—Playground classes held during seasonable weather, each class taking its turn for outside work. At least two classes are in the playground daily. Nature rambles, sixteen during the year.

SCHOOL B.—One school journey for the day into the country, and visits of inspection to objects of educational interest, etc.

SCHOOL C.—A considerable number of nature rambles in the parks.

SCHOOL D.—Playground drill and classes. Short walks in the fields and open spaces and garden. Reading and other lessons often taken in the open air in summer by all classes.

These are examples of what is being done in the schools on Open Air lines, and an extension of opportunity for outside air education will be to the physical and mental interest of the children of all ages, particularly in those schools which are structurally defective.

The Day Open Air School.

This school now provides accommodation for 100 children. Another class is now added and a second hut taken over and utilised as a rest room, dining room and kitchen. New lavatory accommodation has also been provided during the year.

The special class has been started during the year for children so crippled physically as to be unfit to attend ordinary Elementary Schools. No one can realise the amount of work connected with such a school unless they have actually seen it. The following types of children are admitted :—

1. Undernourished anæmic children.
2. Debilitated children convalescing from disease, Chronic Bronchitis, etc.
3. Certain types of crippled children.
4. Nervous children.
5. Incipient or cured Tuberculosis.

There are four teachers whose primary function is the health of the child. Each child has to be known and graded for work and play. The ordinary school curriculum cannot be enforced, because over activity, mental or physical, may put a child back for weeks. The child has to be taught hygiene, and each lesson or work has to be specially designed.

Then the progress of the child has to be watched by weighing and measuring, etc. The meals and midday rest have to be supervised, together with a multitude of other details peculiar to the school. All this has to be done by the teachers, and it is a cause of much disappointment when after a school holiday, many of the children return to school worse than when they left.

The children who make most marked and speedy progress at the Open Air School, are the nervous, high strung children, and the children with emotional disorders.

The undernourished as a rule rapidly improve, but unless the underlying cause is removed, are liable to relapse when sent back to their old conditions.

The beneficial influence of the school is evidenced on practically all the children. See also pages 21 and 22 of S.M.O.'s Report for 1924.

**Diseases of Children attending the Open-Air School,
and Ages of Same.**

	Boys.	Girls.
Malnutrition (Primary)	8	13
Anæmia and Debility	16	15
Organic Heart	1	2
Bronchitis	16	12
Collapsed Lung	1	—
Quiescent T.B.	2	—
Incipient T.B.	3	—
T.B. Glands (Non-infective)	—	1
T.B. Spine (Non-infective)	1	—
Rickets	2	2
Encephalitis Lethargica	3 (Conval'nt)	—
Miscellaneous	6	10

Ages.

Boys.	Girls.
5 years 3	5 years 1
6 „ 3	6 „ 5
7 „ 7	7 „ 5
8 „ 9	8 „ 5
9 „ 8	9 „ 9
10 „ 8	10 „ 11
11 „ 6	11 „ 5
12 „ 8	12 „ 9
13 „ 6	13 „ 4
14 „ 1	14 „ 1

The Diseases of those discharged* were as follow :—

Diseases	Boys.	Girls.
Anæmia and Debility	9	7
Malnutrition	9	9
Bronchitis	2	1
V.D. Heart	1	—
Chorea	—	3
Hydrocephalus (not improved)	—	1
Epilepsy (not improved)	1	1
Quiescent T.B.	—	1
Incipient T.B.	1	1
T.B. Glands	1	—

* Over school age or fit to return to Elementary Schools unless otherwise stated.

Three unsatisfactory cases were transferred to their old schools.

Arrangements were made for one boy living in the Salford district to be transferred to Salford Open Air School.

Holiday Camp.

The Swinton, Pendlebury and District Poor Children's Seaside Fund is doing splendid work for the children of this district. During the year, 252 boys and 176 girls were sent to the seaside for one week, and 5 boys and 3 girls to Convalescent Homes for three weeks. It is gratifying to note the interest taken in the Holiday Camp movement. The Secretary has been very helpful in getting away children recommended by the S.M.O. for a holiday, or to a Convalescent Home. In 1924, 360 children were sent away as compared with 428 in 1925.

It will be noted that the Holiday Camp movement is dependent upon voluntary subscriptions, although it is supported by the Education Committee, and that everyone gives their services free.

The examinations of the children for camp during 1925, were done by the S.M.O. and by Drs. Higson and Williams.

Physical Training in Schools.

Of the value of physical training in schools there can be no question. The following extract is from the Annual Report of the Chief Medical Officer to the Board of Education for the year 1924, Par. 306 :—

" I trust it is unnecessary to remind teachers that games should be for all children and that those children with a special aptitude should not be given additional practice at the expense of their less-gifted fellows ; that girls should be given opportunities as well as boys, and that competition should be inter class and inter school competition, rather than contests between selected groups or individuals."

Par. 308.—" Provided a child is healthy, swimming is one of the best forms of exercise for the promotion of all-round physical development, and it is satisfactory to note that greater attention is being given to it all over the country ; that efforts are being made to re-organise arrangements for swimming instruction, in order that the greatest number of children attending baths may actually learn to swim, and that modern strokes and methods of teaching are being employed."

School Athletics.

I am indebted to Mr. A. Johnston, Hon. Secretary to the Swinton and Pendlebury Schools' Athletic Association, for the following information :—

" The Association was founded in 1921, to organize the out-of-school side of athletics. Each year inter School Sports are held. Amongst other activities may be mentioned :—

- A. Inter-School Association and Rugby football matches.
 - (1) "Cheney" Association Football Cup—proceeds in aid of S. & P. Poor Children's Holiday Fund.
 - (2) Swinton R.F.C. Cup.
- B. Inter-district matches in both codes.
 - (1) English Schools Shield.
 - (2) Lancs. County Association Football Cup.
 - (3) Lancs. County Rugby Football Cup Winners, 1924-5.
- C. Inter-district Athletics.
 - (1) Salford Cycling and Athletic Club Shield Winners, 1925."

It is unnecessary to comment upon the value of the above to the child of to-day and the citizen of to-morrow.

Provision of Meals.

Apart from the Open Air School in which morning milk and a two-course dinner are given to all children, meals are provided for necessitous children at three centres. Children are selected on medical grounds or are put on the feeding list owing to the low wages of their parents. The menus provided are approved by the School Medical Officer, who also examines each child monthly and ascertains their height and weight progress.

The following represents the nutrition standard of those on the feeding list :—

Above the average	31
Average	19
7% below average	12
10% below average	9
The number of breakfasts given in 1925 ..	11,316
The number of dinners given in 1925 ..	11,031

School Baths.

A limited number of children make use of the Public Baths. This is a valuable form of physical training.

Co-Operation of Parents.

It is found that the majority of parents are anxious to co-operate with the School Medical Staff. Difficulties do arise and opposition is encountered from time to time, but to a much lesser extent than formerly. Where co-operation is not secured, generally speaking, it is because of misunderstandings, ignorance, and tradition, but these are decreasing in numbers from the influence more of an enlightened public opinion than anything else.

Co-Operation of Teachers.

The help of the teachers is a necessity. It has been given fully and freely during the year. Invitations to parents to attend medical inspections have been sent by them, parents have been interviewed and influenced by them, and defects in children followed up.

In many ways, I have been helped in my work inside and outside school hours. The theory and practice of Hygiene is learned in the schools, and there is distinct evidence that this is beginning to assume the importance it merits.

The School Attendance Officers have worked in co-operation with the School Medical Dept., and have been very helpful in the following up of cases. This co-operation is mutually advantageous.

Co-Operation of the National Society for the Prevention of Cruelty to Children.

This Society has rendered valuable service to the School Medical Department by getting children up for inspection, following up cases, and securing treatment for them, and in providing Hospital and Convalescent Home accommodation.

The cases usually referred to them are :—

1. Habitual neglect.
2. Failure to provide adequate treatment.
3. Failure to provide glasses.
4. Habitual verminous conditions.

No case is given over to the Society until other methods have been repeatedly tried without success, and in the majority of the cases, the help and persuasion of the Society has achieved the desired result.

During the last completed year the Society had 54 cases referred to them, and the Inspector paid 400 visits to these cases. The cases required not only to be visited, but kept under observation frequently. This necessitated an average of 7 visits per case, from which the difficulties of dealing with these types of cases may be judged. It frequently happens that where one child is habitually verminous, the other children in the same house are similar, so that it was found necessary to keep under observation 108 children in the 54 homes. The value of such work has only to be seen to be appreciated.

Employment of Children and Young Persons.

A.—CHILDREN AGED 14–16. OCCUPATIONS IN THE DISTRICT OR NEIGHBOURING DISTRICTS.

- Accumulator Manufacture.
- Baking and Confectionery.
- Mineral Water Manufacture.
- Coal Mining.
- Tile and Pottery Manufacture.
- Building Trade.
- Cotton Spinning, Weaving, Dyeing, etc.
- Rope Manufacture.
- Laundry work.

B.—CHILDREN UNDER AGE OF 14.

1. Paper Delivery	48
2. Milk Delivery	10
Miscellaneous	3
Certificates granted during 1925	61
Certificate refused during 1925	1 (asthma)

C.—CHILDREN EXAMINED BY THE FACTORY SURGEON.

Examined	550
Passed	498
Rejected	27
Passed conditionally	25

CAUSES OF REJECTION.

Pediculi	8	Ringworm	1
Defective Vision	12	Trachoma	1
Epilepsy	2	Heart Disease	1
Infantile Paralysis	1	Debility	1

CONDITIONAL CERTIFICATES GRANTED OWING TO:—

Debility	4	Bronchitis	4
Infantile Paralysis	2	Hernia	1
Defective Vision	8	Various	6

Fitness for employment of children of school-leaving age, as certified by the S.M.O.

(1) Fit for any work appropriate to age	335
(2) Healthy children capable of work according to measure of strength	78
(3) Fit only for selected work	53

The School Medical Officer is also Certifying Factory Surgeon, and a member of the Juvenile Advisory Committee.

A system is in operation in four factories, for the continued supervision and periodical examination of children from 14–16 in their employment, and much useful work has been done in suiting children to the work—providing nourishments and minor treatment, and in following up cases of defect to the homes, and generally attending to the physical welfare and education of the children. I have frequently noted an improvement in the children's health under this system.

Blind, Deaf, and Defective Children.

The model Regulations of the Board of Education for the detection of these children are in operation and work satisfactorily.

A summary of the defective children is given in Table III., appendix. The partially blind children not in special schools are under care and supervision of the School Ophthalmologist.

Mentally defective children are visited in their homes by the Nursing Staff each year.

Children under School Age.

There are no Nursery schools in the district, but 538 under the age of 5 attend the Nursery classes. These children all require definite rest periods in the recumbent position, and also nourishment whilst in attendance at school. As I pointed out in a previous report the influence of the schools is mostly good on these children. It would be still better if rest couches and nourishment were available for all of them. Nutrition depends even more on rest than food, and many children are denied adequate rest in their own homes.

APPENDIX.
TABLE I.**RETURN OF MEDICAL INSPECTIONS.****A.—ROUTINE MEDICAL INSPECTIONS, 1925.**

Number of Code Group Inspections :—

Entrants	..	..	..	..	..	523
Intermediates	466
Leavers	466
						<hr/>
Total	1455
						<hr/>

Number of other Routine Inspections	70
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B.—OTHER INSPECTIONS.

Number of Special Inspections	1274
Number of Re-inspections	3926
				<hr/>
Total	..	..	..	5200
				<hr/>

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1925.

DEFECT OR DISEASE.		Routine Inspection No. of Defects.		Special Inspections No. of Defects	
		Referred for treat- ment.	Requiring to be kept under observation but not requiring treatment.	Referred for treat- ment.	Requiring to be kept under observation but not requiring treatment.
	Malnutrition	58	27	20	16
	Uncleanliness	24	1	262	45
	(See table IV, group V.)				
SKIN	Ringworm—				
	(Scalp)	1	—	10	—
	(Body)	—	—	4	—
	Scabies	1	—	9	—
	Impetigo	5	—	134	1
	Other Diseases				
	(non-Tuberculosis)	8	2	34	—
	Blepharitis	3	—	18	2
EYES	Conjunctivitis	2	3	23	—
	Keratitis	—	—	1	—
	Corneal Opacities ..	—	—	1	—
	Defective Vision ..				
	(excluding squint)	37	8	70	1
	Squint	8	3	27	2
	Other Conditions ..	1	—	14	3
EAR	Defective Hearing ..	10	2	17	—
	Otitis Media	7	—	67	—
	Other Ear Disease ..	4	1	10	1
THROAT & NOSE	Enlarged Tonsils only	10	14	5	7
	Adenoids only	4	9	11	3
	Enlarged Tonsils and Adenoids	31	21	19	2
	Other Conditions ..	12	4	30	24
	Enlarged Cervical Glands (Non Tubercular)	2	7	12	1
	Defective Speech	4	—	—	—
TEETH	Dental Diseases	19	—	9	2
HEART AND CIRCULATION	Heart Disease—				
	Organic	3	1	2	2
	Functional	3	10	—	2
	Anæmia	2	6	5	13
LUNGS	Bronchitis	21	7	45	25
	Other Non-Tuber- cular Diseases	2	1	4	4
	Pulmonary—Definite	—	—	1	3
	Suspected	1	3	2	1
TUBER- CULOSIS	N-Pulmon.—Glands	—	—	—	1
	Spine	—	—	—	1
	Hip	1	—	—	—
	Other Bones & Joints	—	—	1	—
	Skin	—	—	—	1
NERVOUS SYSTEM	Epilepsy	—	—	—	8
	Chorea	—	—	8	5
	Other Conditions ..	2	14	—	6
DEFORM- INITIES	Rickets	2	—	1	—
	Spinal Curvature ..	2	—	—	1
	Other Forms	5	2	2	2
	Other Defects and Diseases ..	29	24	176	158

TABLE II.—Continued.

B. Number of individual children found at Routine Inspection to require Treatment (excluding uncleanliness and Dental diseases).

GROUP. 1	Number of Children.		Percentage of Children found to require Treatment. 4
	Inspect'd 2	Found to require treatment. 3	
Code Groups :			
Entrants	523	115	21·9
Intermediates	466	89	19·1
Leavers	466	78	16·7
Total (code groups) ..	1455	282	19·3
Other routine inspections ..	70	18	25·7

TABLE III.

Return of all exceptional Children in the area.

			Boys	Girls	Total
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ..	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind ..	Attending Certified Schools or Classes for the Blind	—	1	1
		Attending Public Elementary Schools	5	4	9
		At other Institutions	—	—	—
		At no School or Institution ..	1	—	1
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf	—	1	1
		Attending Public Elementary Schools	1	—	1
		At other Institutions	—	1	1
		At no School or Institution ..	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf ..	Attending Certified Schools or Classes for the Deaf	1	1	2
		Attending Public Elementary Schools	2	3	5
		At other Institutions	—	—	—
		At no School or Institution ..	1	1	2*
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ..	—	—	—
		Attending Public Elementary Schools	9	11	20
		At other Institutions	—	—	—
		At no School or Institution ..	1	3	4*
	Notified to the Local Control Authority during the year	Feeble-minded	—	—	—
		Imbeciles	1	—	1
		Idiots	2	—	2
Epileptics.	Suffering from severe epilepsy ..	Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution ..	3	1	4
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	2	5	7
		At no School or Institution ..	1	—	1

* Over 14 years of age and working.

TABLE III.—Continued.

			Boys	Girls	Total
Physically Defective.	Infectious Pulmonary and glandular tuberculosis. . . .	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. . .	—	—	—
		At other Institutions	—	—	—
		At no School or Institution . .	1	2	3
	Non-Infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board . .	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	1	1
		At Public Elementary Schools. .	2	3	5
		At other Institutions	—	1	1
		At no School or Institution. . .	—	—	—
	Delicate children (<i>e.g.</i> , pre. or latent tuberculosis, malnutrition, debility, anæmia, etc.).. . .	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	53	49	102
		At Public Elementary Schools. .	22	29	51
		At other Institutions	—	—	—
		At no School or Institution . .	—	—	—
	Active non-pulmonary tuberculosis . .	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools. .	3	4	7
		At other Institutions	—	1	1
		At no School or Institution. . .	1	2	3
	Crippled Children (other than those with active tuberculous disease) <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools . .	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	7	6	13
		At Public Elementary Schools. .	13	16	29
		At other Institutions	—	—	—
		At no School or Institution . .	5	—	5

TABLE IV.
RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1925.

TREATMENT TABLE.

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

Disease or Defect.		Number of Defects treated, or under treatment during the year.		
		Under the Author- ity's Scheme	Otherwise.	Total.
SKIN {	Ringworm (Scalp).....	9	2	11
	" (Body).....	4	—	4
	Scabies	10	—	10
	Impetigo.....	116	14	130
	Other Skin Diseases	35	4	39
Minor Eye Defects (external and other, but excluding cases falling in Group II).		39	2	41
Minor Ear Defects		76	21	97
Miscellaneous, <i>e.g.</i> minor injur- ies, bruises, sores, chilblains, etc.		102	51	153
TOTAL		391	94	485

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

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by priv- ate practitioner or at hospital, apart from the Author- ity's Scheme.	Otherwise.	Total.
Errors of Refraction (includ- ing Squint). Operations for squint should be recorded separately in the body of the Report.	197	—	—	197
Other Defect or Disease of the Eyes (excluding those record- ed in Group I.).....	13	—	—	13
TOTAL	210	—	—	210

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme 138.

(b) Otherwise, 0.

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme, 138.

(b) Otherwise, 0.

TABLE IV.—Continued.

GROUP III.—Treatment of Defects of Nose and Throat.				
Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
54	5	59	7	66

GROUP IV.—Dental Defects.

1. Number of Children dealt with.

	AGE GROUPS.										Specials	Total
	5	6	7	8	9	10	11	12	13	14		
a. Inspected by Dentist	26	120	81	—	—	—	—	—	—	—	—	227
b. Referred for treatment . .	10	43	30	—	—	—	—	—	—	—	—	83
c. Actually treated	4	25	23	—	—	—	—	—	—	—	11	63
d. Re-treated (result of periodical examination)	—	—	—	—	—	—	—	—	—	—	—	—

2. Particulars of time given and of operations undertaken.

No. of half-days devoted to—	Total No. of a tendances at Clinic.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	Administrations of General Anesthetics.	No. of other Operations.	
		Extr'd.	Filled.	Extr'd.	Filled.			Permanent Teeth.	Temporary Teeth.
Inspection Treatment									
3	5	3	4	107	5	9	—	1	27

GROUP V.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	4
(ii.) Total number of examinations of children in the Schools by School Nurses	10,933
(iii.) Number of individual children found unclean ..	304
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ..	4
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ..	Nil
(b) Under School Attendance Bye-laws ..	Nil
Number of Statutory Notices to cleanse	21
Number of children seized and cleansed	4





