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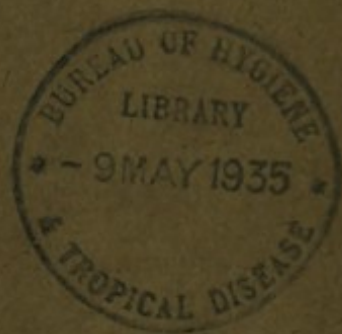
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BOROUGH OF SWINTON AND PENDLEBURY
EDUCATION COMMITTEE

Twenty-first
ANNUAL REPORT
of the
School Medical Officer
FOR THE YEAR 1934

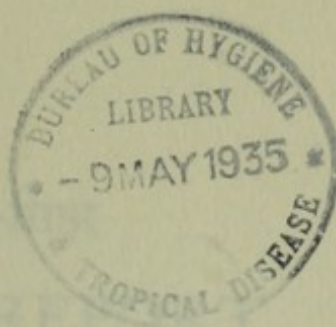
G. HAMILTON HOGGEN, M.R.C.S., D.P.H.
School Medical Officer





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ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER

BOROUGH OF SWINTON AND PENDLEBURY
EDUCATION COMMITTEE



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School Medical Officer

FOR THE YEAR 1934-1935

By **W. H. HARRISON, M.D., F.R.C.S., D.P.H.**
School Medical Officer



ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER





BOROUGH OF SWINTON AND PENDLEBURY
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FOR THE YEAR 1934

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School Medical Officer



BOROUGH OF SWINTON AND PENDLEBURY
EDUCATION COMMITTEE

Twenty-first
ANNUAL REPORT
of the
School Medical Officer
FOR THE YEAR 1904

G. HARRISON, B.Sc., M.B., D.P.H.
School Medical Officer



Printed in Great Britain by SHERRATT & HUGHES, at the
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Education Committee

DECEMBER 1934

Chairman:

Alderman W. S. MYCOCK, J.P.

Vice-Chairman:

Rev. Canon D. FLETCHER, M.A.

Members:

Alderman J. Bradley, J.P. (Mayor).	Alderman J. Sumbland.
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	Miss O. Fardell.

School Medical Officer:

G. HAMILTON HOGBEN, M.R.C.S., D.P.H.

Education Committee

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School Medical Officer:

G. HAMILTON HOCKEN, M.R.C.S.

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The first Annual Report of the School Medical Officer in this district was prepared by Dr. W. Stewart Stalker in 1913. Thus the Annual Report for the year 1934, which I have the honour to present, attained its twenty-first anniversary during the year of birth of the new Borough of Swinton and Pendlebury.

While a system of Medical Inspection was first put into operation in this district following the foundation throughout the country of the School Medical Service in 1907, it was not until the appointment of Dr. Stalker, as full-time Medical Officer, that the local Education Authority's scheme received the favourable recognition of the Board of Education. A study of the progress of the School Medical Service as portrayed in the Annual Reports from this date shows that the local Education Committee pursued then a policy which led in succeeding years to the establishment of a service to meet the immediate needs of the school child.

Among the special activities of the past year mention should be made of the immediate adoption by the local Education Committee of the Board of Education's suggestions relating to the Milk Marketing Board's Scheme which came into force on October 1st, 1934. In connection with this scheme a comprehensive nutrition survey of the whole school population was commenced, the result of which is reported elsewhere in this report.

In conclusion, I wish again to express my thanks for the kind consideration which the Education Committee has extended to me during the past year, and my appreciation of the very willing co-operation of the medical, nursing, and clerical staff of the School Medical Service.

I have the honour to be

Your obedient Servant,

G. HAMILTON HOGBEN

TOWN HALL, SWINTON, LANCs.

1st March, 1935.

To the Chairman and Members of the Board of Education and
Public Health Committee

My Dear Sirs:

The first Annual Report of the School Medical Officer in this
district was prepared by Dr. W. Stewart in 1917. This
the Annual Report for the year 1918, which I have the honor to
present, affords an opportunity during the year in
which of the new Borough of Sutton and Penton.

While a system of Medical Inspection was not put into opera-
tion in this district during the year 1918, the fact that the
Secretary of the School Medical Service is now in the
appointment of Dr. Stewart as full-time Medical Officer, that
the Local Education Authority's scheme for the year 1919
contemplates the Board of Education. A study of the progress
of the School Medical Service as published in the Annual
Reports from the date shows that the Local Education Committee
permeated from a policy which is in accordance with the
establishment of a system to meet the needs of the
school child.

Among the special activities of the past year mention should
be made of the formation of the Local Education Com-
mittee of the Board of Education's suggestions relating to the
Local Education Board's scheme which came into force on
October 1st 1918. In connection with this scheme a complete
survey was made of the whole school population was
conducted, the result of which is reported elsewhere in this
report.

In conclusion, I wish again to express my thanks for the kind
consideration which the Education Committee has extended to
me during the past year, and my appreciation of the very
willing co-operation of the medical, nursing and dental staff
of the School Medical Service.

I have the honor to be

Yours faithfully

C. H. H. H. H.

John Hall, Secretary, Local
Education Committee

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Staff of the School Medical Service

Medical Officer:

G. HAMILTON HOGBEN, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer (Part-time):

GLADYS F. A. McLEAN, M.B., Ch.B., D.P.H.

Dental Surgeon:

STANLEY J. GRAY, L.D.S.

Specialist Medical Officers (Part-time):

Ophthalmic Surgeon: GORDON RENWICK, M.B., C.M.

Orthopædic Surgeon: ROBERT OLLERENSHAW, M.D.,
F.R.C.S.

Aural Surgeon: E. BURT HAMILTON, M.C., M.B.,
F.R.C.S.E.

Anæsthetist: J. O'GRADY, L.A.H.

School Nurses:

Miss M. J. METHVEN, S.R.N., Cert. R.S.I.

Miss E. BANKS, S.R.N., C.M.B.

Miss E. A. PORTER, S.R.N.

Masseuse (Part-time):

Miss I. W. MOUNSEY, C.S.M.M.G., M.E., S.R.E., S.R.N.

Clerical Staff:

H. R. Rees, A.I.S.A. (Chief Clerk)
B. W. Mitchinson
J. E. Flowers
Miss D. Hollinshead

} comprising the whole
of the clerical staff of
the Public Health
Department.

Staff of the School Medical Service

Medical Officers:

G. HAMILTON HOBBS, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer (Part-time):

CLAYTON F. A. MEEHAN, M.B., Ch.B., D.P.H.

Dental Surgeon:

STANLEY J. GRAY, L.D.S.

Specialist Medical Officers (Part-time):

Ophthalmic Surgeon: MORRISON NEWICK, M.B., Ch.B.

Orthopaedic Surgeon: ROBERT OLLERENSHAW, M.D., F.R.C.S.

Anal Surgeon: E. BURT HAMILTON, M.C., M.B., F.R.C.S.E.

Anaesthetist: J. O'GRADY, F.A.S.

School Nurses:

Miss M. J. METHVEN, S.R.N., Cert. R.S.I.

Miss E. BANKS, S.R.N., C.M.B.

Miss E. A. PORTER, S.R.N.

Masseuse (Part-time):

Miss I. W. MOUNSEY, C.S.M.C., M.E., S.R.N.

Clinical Staff:

H. R. REES, A.I.S.A. (Chief Clerk)	comprising the whole of the clinical staff of the Public Health Department.
R. W. MITCHELL	
J. E. FLOWER	
Miss D. BOLLAND	

1. General Information

The population of the Borough of Swinton and Pendlebury as estimated by the Medical Officer of Health on 31st December, 1934, was 39,534. The school population as recorded on that date was 4,709, which includes 431 children under the age of five years.

Total cost of School Medical Service for the year ending 31st March, 1934	... ..	£3224
Parents' contributions	... ..	£144
Product of Penny Rate	... ..	£723
Cost of all Education Services in terms of rate in the £ after taking into consideration Government Grant	... ..	3/2.7d
Cost of School Medical Service in terms of rate in the £ after taking into consideration Government Grant	... ..	2.18d

ELEMENTARY SCHOOLS IN THE BOROUGH.

School	Department	Accommodation	No. on books
<i>Council Schools:</i>			
Cromwell Road	Boys	500	427
"	Girls	500	413
"	Infants	250	246
Moorside	Senior Boys	360	279
"	Senior Girls	360	248
"	Junior Mixed	400	361
"	Infants	300	234
Clifton	Mixed	296	158
"	Infants	147	60
St. Paul's	Infants	148	77
Open Air	Special	110	126
<i>Non-Provided Schools:</i>			
Christ Church	J.M. and I.	629	205
St. Augustine's	Mixed	455	372
"	Infants	252	132
St. Mark's	Mixed	297	180
St. Mary's	Mixed	395	233
"	Infants	200	120
St. Peter's	Junior Mixed	400	339
"	Infants	200	139
St. Stephen's	Infants	310	187
St. Charles	M. and I.	186	173
Total, December, 1934		6695	4709
Total, December, 1933		6420	4726
Total, December, 1932		6410	4480

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The centralisation of the former Council Schools at the New Moorside Council School and its inaccessibility to the Victoria Park Centre has resulted in the establishment of a Dental Clinic at the Education Offices, Folly Lane, the success of which introduces for the serious consideration of the Education Committee the provision of other School Clinic Services at this Centre.

In addition to the school population of Swinton and Pendlebury itself there must be taken into consideration for the purpose of the School Medical Service those children living within the Borough but attending schools in adjacent districts. The most recent census of these children shows that a total of 544 children from this district were attending schools outside the area.

SCHOOL MEDICAL SERVICE CLINICS.

The undermentioned clinics are provided by the Education Committee, and with the exception of the additional Dental Service provided for the Swinton Schools at Folly Lane, are held regularly at the Town Hall, Victoria Park, Swinton.

FUNCTIONS OF THE CLINICS.

1. **Minor Ailments Clinic:** Medical Officer and School Nurses in attendance for the purpose of dealing with uncleanness, diseases of the skin, external eye and ear ailments, minor injuries, and to prevent further disease developing from these conditions.

2. **Ophthalmic Clinic:** Visiting Ophthalmic Surgeon, School Nurse and optician in attendance. The objects of the clinic are to deal with causes of defective vision and to correct Errors of Refraction.

3. **Aural Clinic:** Visiting Ear, Nose and Throat Surgeon and School Nurse in attendance to treat children suffering from middle-ear disease and defective hearing, to deal with catarrh and infective conditions, and to arrange for and supervise the treatment of enlarged tonsils and adenoids.

4. **Orthopædic, Massage and Remedial Exercise Clinic:** Visiting Orthopædic Surgeon, School Nurse, and Masseuse in attendance. The masseuse is also in attendance daily for massage treatment, artificial sunlight, electro-therapeutics and remedial exercises. The objects of the clinic are to prevent crippling, and to treat deformities from rickets, infantile paralysis, bone tuberculosis, and congenital deformities, also individual and collective treatment of postural defects, defective chest development, flat foot, etc.

5. **Artificial Sunlight Clinic:** The Medical Officer and Masseuse attend for the purpose of treating by ultra-violet radiation

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

delicate and debilitated children whose condition is amenable to such form of treatment. Accurate records are kept of weight and progress under treatment.

6. **Nutrition Clinic:** The Medical Officer and School Nurses are in attendance for the purpose of investigating the causes of underweight and physical development and advise parents thereon. Children in receipt of free meals and milk are weighed, and records kept at this clinic.

7. **Mental Clinic:** The Medical Officer investigates the causes of mental retardation, mental defectiveness, and to advise on child guidance.

8. **Dental Clinic:** A full-time Dental Surgeon and School Nurse are in attendance daily, and the Visiting Anæsthetist attends for administration of general anæsthetics. The object of the Clinic is primarily preventive in the treatment of dental caries by extraction or conservative treatment, and to promote dental education to the parents and children attending.

School Medical Service Clinics

No.	Clinic	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	MINOR AILMENTS : Victoria Park ..	9—10 a.m.	9—10 a.m.	9—10 a.m.	9—10 a.m.	9—10 a.m.	9—10 a.m.
2	OPHTHALMIC : Victoria Park ..	—	—	10—12 noon alternate weeks	—	—	—
3	AURAL : Victoria Park ..	—	10—12 noon alternate weeks	—	—	—	—
4	ORTHOPAEDIC MAS- SAGE, ETC. : Victoria Park ..	1-30—4 p.m.	1-30—4 p.m.	1-30—4 p.m.	1-30—4 p.m.	Surgeon Once Monthly 1-30—4 p.m.	—
5	ARTIFICIAL SUN- LIGHT : Victoria Park ..	3-30 p.m.	3-30 p.m.	3-30 p.m.	3-30 p.m.	—	—
6	NUTRITION : Victoria Park ..	—	—	—	—	—	10—12 noon
7	MENTAL : Victoria Park ..	—	11—12 noon	—	—	—	—
8	DENTAL : Victoria Park ..	9—12 noon	9—12 noon	9—12 noon	Anaesth. Session	9—12 noon	9—12 noon
	Folly Lane ..	2—5 p.m.	2—5 p.m.	2—5 p.m.	School Insp'ns	2—5 p.m.	—

2. Co-ordination

The administrative work of the School Medical Service is carried out in the Health Department under the supervision of the School Medical Officer, who is also Medical Officer of Health with charge of the Local Authority's Scheme for Maternity and Child Welfare. By the fusion into one unit of these services economy and efficiency in administration is promoted, all members of the staff, with the exception of the three school nurses, being available for service in either section to meet the varying needs of the services, and the executive direction and control being vested in one person.

The several treatment schemes brought into the service for the school child are also available for children of pre-school age. Furthermore, the home visiting and Infant Welfare records of a child attaining the age of five years are incorporated in the School Medical system, and the medical history is thus available for the School Medical Officer when the child is examined as an "entrant" at school.

Increasing numbers of children under five years of age, actually 87 per cent of notified births, are being brought to the Infant Welfare Centres for medical inspection on the lines provided for by routine medical inspection in the schools; and the parent of to-day appreciates the facilities provided for dental and specialist services in the treatment of the pre-school child.

The establishment of nursery classes in a number of schools in the district has given further opportunities for the early detection of defects in the pre-school child. By this means it is possible to treat such defects and so ensure a healthier entrant at school.

In this district the School Medical Officer is also Certifying Factory Surgeon, and, in addition to completing the medical record of school-leavers applying for employment, he is able in certifying "young persons" for employment under the Factory Acts to take with him a register of defects discovered by the School Medical Service. Also by virtue of membership of the Juvenile Employment Advisory Committee he is able to foster the close co-operation which exists between the Secretary of this organisation and the School Medical Service.

3. School Hygiene

A quarterly inspection is made by the School Medical Officer of the hygienic conditions of all schools in the district, and relates to conditions of ventilation, heating, lighting, surface of play-

grounds, and adequacy of cloak-room and sanitary accommodation.

Minor defects requiring urgent attention are brought to the notice of the Director of Education, and more gross defects are made the subject of a report by the School Medical Officer to the Committee.

Of the older type of schools built prior to the passing of the Education Act and condemned as far below the amenities standard required in a modern school, it is gratifying to note that (at the time of writing) plans have been approved for the erection of a new Council School at Clifton and a new Church School (St. Augustine's) at Pendlebury.

There were no structural alterations to any of the schools during the year other than additional lavatory accommodation at the Open-Air School. Several of the schools were redecorated, but in some instances the beneficial effect of this was somewhat lost by the drab colours and tones selected.

4. Medical Inspection

Routine. The routine medical inspection of school children is confined to the following three groups, and no exception was made during the year 1934:—

- (i) The entrants, or those not previously examined since their admission to school.
- (ii) The intermediates, or those who have attained the age of 8 years.
- (iii) The leavers, or those who are 12 years of age and have not been examined since reaching that age.

Tables I and II.B (Appendix) show the numbers of children examined in the various groups together with the numbers found to require treatment, and Table II contains a classification of the defects found. Eleven schools, involving 20 departments, were visited for the purpose of the inspections. The parents of all children due for inspection were requested to be present to witness the examination, and 897, or 62 per cent, took advantage of the opportunity. The corresponding figures for the previous year were 805 and 58 per cent.

The following tabulation relates to the routine medical inspections during the past five years, and shows the percentages of children subjected to examination found to require treatment.

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

PERCENTAGES OF THOSE EXAMINED.

Year	Entrants	Inter-mediates	Leavers	Total
1930	20.8	22.8	18.3	20.9
1931	23.23	25.44	17.47	23.36
1932	17.52	30.13	22.19	23.39
1933	22.79	30.48	19.85	24.08
1934	19.02	18.89	14.15	17.26

Special. This heading includes all children of ages other than those included in the routine groups who, in the opinion of the School Medical Officer, the school teachers, or parents, require medical attention. The number of "specials" examined during the year 1934 was 2,927, and a summary of the defects found is contained in Table II. As in the case of routine medical inspections, careful records are kept and the results classified.

Re-inspections. Every child found defective or requiring observation, whether as a "routine" or "special" case, is re-examined from time to time until the condition has been remedied. The total number of re-inspections during the year 1934 was 2,582.

5. Findings of Medical Inspections and Arrangements for Treatment

(a) **Malnutrition.** A total of 20 children was found at the routine and special inspections to be suffering from malnutrition and in need of immediate treatment. An additional 30 children were detailed to be kept under observation. The 50 children recorded under this heading represents a percentage of 1.14 of the total number examined, which shows a marked decrease on the proportion of 2.3 per cent discovered in the previous year.

Children found to be in need of treatment or required to be kept under observation are requested to attend a special Nutrition Clinic, which is held regularly on Saturday mornings, and at which careful records are kept of the progress of children in attendance.

(b) **Uncleanliness.** The total number of examinations of children at the cleanliness surveys in the schools conducted by the school nurses was 13,357, as compared with 11,136 in the previous year. The number of individual children found unclean was 502, which represents 10.7 per cent of the total school population. These figures compare unfavourably with the total of 454 unclean children and percentage of 9.6 recorded in the

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

year 1933. It should be noted that the numbers include all cases of uncleanliness, *however slight*.

It was found necessary to cleanse two children under the arrangements provided by the School Medical Service. In no case was the Authority forced to take legal action.

A child found to be verminous is excluded from school, and the parent is given instructions to render the child free from vermin within a period of days. Occasionally a parent, either from obstinacy or apparent indifference, refuses to cleanse the child. In such cases a notice "to seize and cleanse" the child is served. The task of cleansing is undertaken either at the Council's Cleansing Station or at the School Clinic.

(c) **Skin Diseases.** The combined totals of the various diseases of the skin—viz. 458, of which 15 only were discovered at the Routine inspections—represents 10.4 per cent of the total children examined during the year as compared with 9.8 per cent for the year 1933.

The proportion of children suffering from skin disease during the past three years is observed to show a steady increase, the percentage for 1932 being 9.4, and for the succeeding years 9.8 and 10.4 as previously stated. An increase in the incidence of any disease demands an enquiry to ascertain if possible the cause, and an analysis of the figures for the past three years under this heading has been made with the following interesting result. The numbers of children with skin diseases found at the Routine inspections were: 27 in 1932, 39 in 1933, and 15 in 1934, and because of their small influence upon the total and marked decrease in the latter year, have been excluded from the comparison. The special inspections and the children found by such inspection to be suffering from skin diseases are tabulated below:—

Year	1932	1933	1934
Total number of Special Inspections	1,642	2,419	2,927
Number of children found to be suffering from skin diseases ...	248	334	443
Percentage of total special inspections	15.14	13.81	15.13

It should be explained that the "special" inspection is to some extent in the nature of a voluntary inspection, in that children are thus inspected not by any routine arrangement but by reference from teachers or parents, and the deduction to be obtained from the above table is that more children are being referred to the Minor Ailments Clinic for treatment. It would seem, therefore, that the tendency to increase shown in the total

incidence of skin diseases is not due to the greater prevalence of these ailments but to a wider knowledge of the service offered in the Council's clinic.

In considering the various types of skin diseases, it is gratifying to note the gradual elimination of

Ringworm. There were two cases only of ringworm of the scalp and one case of ringworm of the body. The two cases of ringworm of the scalp received X-ray treatment under the Authority's scheme.

The treatment of ringworm is usually a lengthy proceeding, and may necessitate absence of many weeks from school. The practice of inspecting each child thrice yearly in regard to uncleanliness gives the nurses an opportunity of discovering any suspicious cases of ringworm and arranging for inspection and treatment at the Minor Ailments Clinic. The value of a sufficient and efficient staff of nurses has not only been proved by the great reduction in the percentage of uncleanliness but in the marked reduction of ringworm of the scalp in the list of diseases which so seriously affect school attendance.

Fifty-four cases of **Scabies** were discovered during the year, as compared with 38 in the previous year. The treatment of these cases necessitated 252 attendances at the Minor Ailments Clinic. Each case of this disease is investigated, and where necessary clothing and bedding are disinfected.

Impetigo is by far the most common skin lesion met with in the examination of school children. Five cases were found at the Routine inspections and 218 at the Special inspections, the latter showing an increase of 55 over the number found by the same method in the previous year. Of this total of 223, 211 were treated at the Minor Ailments Clinic, and the remaining 12 by some other means available to the parents. The number of attendances at the Minor Ailments Clinic for this complaint was 2,680.

Children suffering from **other skin diseases** number 178, ten only of whom were treated by means other than that offered by the Authority. The 168 treated at the Minor Ailments Clinic involved 2,167 attendances.

(d) **Visual Defects and External Eye Diseases.** Of the external eye diseases, 59 cases of Blepharitis, 82 cases of Conjunctivitis and 57 other eye conditions were referred for treatment. The number of these cases treated at the Minor Ailments Clinic was 189, and the number of attendances made by such children was 3,331. The remaining 9 were treated by private arrangement. The total of 198 is 52 in excess of the number recorded in the previous year.

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The number of children found to have **Defective Vision and Squint** was 144 and 14 respectively at the Routine inspections and 23 and 15 respectively at the Special inspections. The number requiring treatment in respect of defective vision was 90 and in respect of squint 23, making a total of 113 new cases referred to the Ophthalmic Surgeon, as compared with 115 during the year 1933, and 112 in 1932.

The total number of **errors of refraction** treated during the year was 321, 309 of which were treated at the Authority's Ophthalmic Clinic and 12 by private arrangement. Thirteen other defects of vision were also treated at the Clinic and one privately. The 335 defects treated under this head compares with 322 for the year 1933.

The number of Ophthalmic Clinic Sessions held during the year was 30; the number of individual cases treated 271; and the total attendances 512. Spectacles were prescribed by the Ophthalmic Surgeon in 122 cases, and of this total 119 children were provided with spectacles under the Authority's scheme. An additional eight children treated otherwise than by the Authority's scheme were found to have been duly provided with spectacles. Three children were subjected to operation for squint and 3 for congenital cataract at the Royal Eye Hospital, Manchester.

The following list, which relates to the past three years, is a summary of the defects treated by the Ophthalmic Surgeon (Dr. Gordon Renwick):

CONDITIONS TREATED.							1932	1933	1934
REFRACTIVE ERRORS.									
Hypermetropia	...	...	...	...	...	...	65	54	53
Myopia (under 6 dsph)	...	...	...	...	...	...	28	29	21
Myopia (over 6 dsph)	...	...	...	...	...	...	5	4	5
Hypermetropic Astigmatism	...	...	...	...	...	...	9	4	10
Compound Hypermetropic Astigmatism	...	...	...	...	...	...	72	68	71
Myopic Astigmatism	...	...	...	...	...	...	6	3	2
Compound Myopic Astigmatism	...	...	...	...	...	...	13	19	24
Mixed Astigmatism	...	...	...	...	...	...	38	46	25
Emmetropia	...	...	...	...	...	...	4	3	5
Anesometropia	...	...	...	...	...	...	9	9	12
DISEASES OF CONJUNCTIVA AND LIDS.									
Conjunctivitis	...	...	...	...	...	...	5	8	13
Blepharitis	...	...	...	...	...	...	6	6	11
Hordeolum	...	...	...	...	...	...	1	3	5
Chalazion	...	...	...	...	...	...	1	1	2
DISEASES OF MUSCLES.									
Convergent Strabismus	59	61	67
Divergent Strabismus	2	1	3

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CONDITIONS TREATED (*Continued*).

	1932	1933	1934
DISEASES OF CORNEA AND IRIS.			
Ulcer of Cornea	3		2
Phlyctenular Keratitis	1		5
Nebula Cornea	8		6
Adherent Leucoma	1		1
Optic Atrophy			4
CONGENITAL ANOMALIES.			
Albinism	2	2	1
Cataract	3	2	4
Lachrymal Obstruction	1	1	2

(e) **Nose and Throat Defects.** All cases of enlarged tonsils and adenoids found during the Routine and Special inspections, which in the opinion of the School Medical Officer were causing or likely to cause injury to the child's health, were referred to the Specialist Aural Surgeon. The number of cases so referred during the year amounted to 106 in comparison with 174 in 1933. The number of cases referred for further observation as likely to subside or improve as the result of conservative treatment, e.g. dental sepsis, etc., amounted to 107 as compared with 90 in the preceding year.

The total number of defects treated under this head during the year was 257, 109 of which received operative treatment for the removal of tonsils and/or adenoids and the remainder some other form of treatment. The total of 257 compares with 308 for the previous year, and the number receiving operative treatment, namely 109, compares with 133 for 1933.

Adequate arrangements are made for the hospital treatment of enlarged tonsils and adenoids, providing for consultant, hospital, ambulance, home-nursing, and after-care services. The number of cases operated on at Park Hospital, Davyhulme, during the year was 106 compared with 128 in 1933; the cases dealt with apart from the Authority's scheme numbered 3, in comparison with 5 in 1933.

Twenty-five sessions of the Aural Clinic were held during the year; 291 children were examined, and the attendances reached a total of 462. The corresponding figures for 1933 were: 26 sessions, 301 children, and 476 attendances. Mr. E. S. Burt Hamilton, Consulting Aural Surgeon, has submitted the following figures with regard to the defects treated, together with a note which is reprinted in full. The list for 1933 is included for the purpose of comparison.

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CONDITIONS TREATED.

	1933	1934
EAR (excluding Tonsil and Adenoid Cases)		
Otitis externa	1	2
Cerumen only	2	1
Non-suppurative ear disease	7	8
Acute suppurative Otitis media	11	15
Chronic suppurative Otitis media	27	23
Results of C.S.O.M.	13	8
Nose (excluding T and A cases)		
Nasal discharge	5	10
Epistaxis		1
Deflected Nasal Septum, injuries, etc.	8	11
Atrophic Rhinitis	1	2
TONSIL AND ADENOID operation recommended ...	193	180
Chief Indications:—		
Repeated Tonsillitis	26	40
Nasal obstruction from Adenoids	45	35
Adenitis	63	45
Bronchitis	19	22
Rheumatism	2	6
Aural disease due to Adenoids	36	25
Re-operation—recurrent tonsillitis	1	2
Diphtheric carrier	1	1
General ill-health due to Tonsils and Adenoids		2
Speech defects		2
THROAT other than above		
Acute Pharyngitis	1	
Laryngitis	1	1
Post-diphtheria paresis		1
CASES INSPECTED or postponed	31	28
RESULTS OF TREATMENT IN CASES OF OTORRHOEA.		
Acute suppurative Otitis media	15	15
Apparently cured	9	7
Only seen once	6	8
Chronic suppurative Otitis media	27	23
Apparently cured	6	7
Improved	11	7
Not improved	5	2
Only seen once	5	7

Mr. Hamilton concludes his report with the following remarks:—"To avoid duplication, cases have been classified under the most important condition present. The numbers of cases of bronchitis and rheumatism are almost certainly too low, as only cases in which there was definite evidence of these conditions were classified as such. Both conditions had probably been present in a good many other cases. No important complications of the operation for the removal of tonsils and adenoids were

seen. Cases inspected or postponed include cases operated on in the previous year and those referred for various causes in which immediate treatment was not recommended."

(f) **Ear Disease and Defective Hearing.** Twelve cases of defective hearing were discovered at the Routine and Special inspections, ten of which were referred for treatment and two detailed to be kept under observation. Under the other categories of this heading, namely, **Otitis Media** and **other ear diseases**, 55 and 24 respectively were referred for treatment, and four of the former and one of the latter were referred for observation. These 79 cases were treated as follows:—76 at the Minor Ailments Clinic, necessitating 4,167 attendances (4,084 were in respect of otorrhoea cases alone), and the remaining three cases were treated under some private arrangement available to the parents.

The report of the Aural Surgeon included in the previous sub-heading gives particulars of cases of ear disease treated at the Aural Clinic during the year.

(g) **Dental Defects.** On the 15th January 1934, the Authority appointed Mr. Stanley J. Gray, L.D.S., who had previously been engaged in a part-time capacity, to the office of full-time Dental Surgeon. Also to meet the needs of an extending district a new dental clinic was opened on the 1st March at Beechfield House, Folly Lane, Swinton. This Clinic is open in the afternoon session, and in the main serves children from the Moorside and Folly Lane districts.

The statistics required by the Board of Education in respect of the work of the Authority's Dental Clinics are contained in Table IV., Group V (Appendix). Additional information is set out in the table below.

It will be noted that the number of children examined during the year reached a total of 4,871 in comparison with 3,025 during the previous year. The Authority's decision to appoint a full-time Dental Surgeon for the purpose of examining all school children once each year has proved effectual.

A further 797 children were examined as "specials" on account of urgency, having come to the notice of the Service by reference from teachers or parents.

The number of children found at the Routine Inspections to require treatment was 2,483, which is equal to 51 per cent. of the total examined at these inspections. The corresponding proportion for the year 1933 was 47 per cent, and for 1932, 54 per cent.

As the result of all inspections, the total children referred for treatment was 3,451, of whom 2,570 were actually treated at the

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Authority's Dental Clinics. The percentage of children actually treated of those requiring treatment was thus 75 per cent which, while appearing to be a high proportion, is markedly below that of 86 per cent for the year 1933 and 84 per cent for 1932. A high percentage of treated cases has for many years been a feature of this Authority's Dental Service, and mention has been made in previous reports of the excellent "following-up" system which has made such good results possible. It is a matter for regret, however, that with the appointment early in 1934 of a full-time Dental Surgeon and the consequent holding of clinics in both morning and afternoon sessions the services of the Dental Nurse have of necessity been confined to routine clinic and dental inspection work with consequent discontinuance of the practice of devoting at least half of each day to "following-up" in the home of cases of unexplained refusal. That this lack of "following-up" has had any adverse effect upon the total number of children treated during the year 1934 is not apparent, as the increased waiting list consequent upon the extra inspection of schools enabled the dental clinics to work to full capacity during the whole of the year.

The re-establishment of an efficient "following-up" system requires the immediate consideration of the Committee if the future effectiveness of the Dental Service is to be maintained.

Dental Clinic in 1934.

Nature of Work Done	Routines	Specials	Under 5	Total
Attendances at Clinic:				
Treatments	2369	1054	183	3606
Other Purposes	211	481	94	786
Appointments:				
Made	2670	1131	203	4004
Kept	2369	1054	183	3606
Broken	301	77	20	398
New Patients	695	438	156	1289
From Former Years	907	359	15	1281
Repeated Treatments	767	257	12	1036
Fillings:				
Temporary	240	54	23	317
Permanent	1351	152	—	1503
Total Number of Fillings	1591	206	23	1820
Extractions:				
Temporary	1633	872	290	2795
Permanent	518	237	11	766
General Anaesthetics	537	286	72	895
Local Anaesthetics	49	66	2	117
Other Operations:				
Temporary	3	3	1	7
Permanent	102	47	—	149
Scalings:				
Temporary	6	1	2	9
Permanent	189	15	—	204

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The Dental Surgeon (Mr. Gray) in his report to the Medical Officer expresses concern at the absence of provision for treatment at the Council's clinic of cases of overcrowding and irregularity of the teeth. Mr. Gray says: "I would like to point out that defects coming within the sphere of Orthodontia (regulating of teeth) have had in the majority of cases to remain untreated. It is the practice where possible to refer such cases to the Dental Hospital, Manchester, but the cost of travelling to and from the Hospital on the many occasions upon which a child must attend, has, in fact, resulted in few parents taking advantage of this form of treatment. It is to be hoped that in the near future it may be found possible to devote one session per week to Orthodontia, and I have no doubt that if such a step were taken the Authority would be amply repaid. Irregular and overlapping teeth provide a very large loophole for the development of dental diseases of all kinds by allowing food to lodge in crevices, and for this reason alone a claim for the institution of an Orthodontic Clinic is justified. Secondly, there is the question of the appearance of the patient, which, while not being so important as the health factor already pronounced, is one naturally falling within the scope of the School Medical Service. A dental malformation very often creates a sense of inferiority which proves a definite handicap when the child leaves school and is seeking a career. The psychological effect of an abnormal denture is more far-reaching than would at first sight appear, and when combined with the health factor gives more than adequate support for the existence of an Orthodontic clinic in the School Dental Service."

The Dental Anæsthetic Clinic is held one session per week during the School terms, supplemented by extra sessions when required to reduce a lengthy waiting list. Forty-five sessions were held during the year 1934, and 953 general anæsthetics administered, the latter being classified as follows:—

School Medical Service:

Number referred by Dental Surgeon	...	...	537
Number of Specials and Emergencies	...	...	286

Maternity and Child Welfare Service:

Number of Expectant and Nursing Mothers	...	58
Number of children under 5	...	72

Total	953
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Dr. O'Grady, the visiting Anæsthetist, reports as follows:

"As in previous years the routine anæsthetic employed is gas and oxygen, combined with ethyl chloride; except in the

case of very young children, when gas and oxygen alone is used. This anæsthetic is pleasant to take and normal healthy children are not frightened by it. During the nine years I have been administering anæsthetics at this Clinic, I have not had a single case about which I have had any real anxiety after the anæsthetic has been given. The after-effects are, in the majority of cases, negligible. In the few cases in which vomiting has occurred after the anæsthetic, the cause has invariably been that the child has been given a meal before coming to the Clinic. This is, of course, contrary to the instructions which are issued to the parents, the importance of which is not always realized by parents.

"Each child is examined by me before the anæsthetic is administered, as regards general health. If there is any doubt as to the child's fitness for an anæsthetic I interview the parent. If necessary, the child is then referred either to the School Medical Officer or to the family doctor.

"In practically every case the child is fit to return to school on the following morning, and many are fit to return the same afternoon."

(h) **Orthopædic and Postural Defects.** The Routine and Special inspections revealed 46 children needing treatment for some form of crippling defect. A further 11 children were re-referred for observation. A notable feature of the classes of defect coming under this head is the comparative absence of Rickets. During the Routine inspections for the past three years at which a total of 4,125 children were examined, only two children were scheduled under this disease. The defect, discovered in each case in the year 1934, was not so severe as to require immediate treatment, and the children were thus recorded for the continued observation of the department. At the special inspections during the same period of three years one case requiring treatment was discovered in each year, and an additional child in 1932 was referred for observation.

Twelve sessions of the Orthopædic Clinic were held during the year 1934, Mr. Robert Ollerenshaw, Orthopædic Surgeon, being in attendance on each occasion, together with the Masseuse. The latter was also in attendance daily from 1.30 to 4.30 to carry out prescribed treatment in Massage, Electrical treatment and Remedial exercises. The total number of sessions held with the Masseuse alone in attendance was 218.

The table given below sets out the diseases treated, together with the attendances at the Orthopædic Clinic and the Remedial Exercises Clinic. The total examinations made by the Ortho-

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pædic Surgeon during the 12 sessions in which he was in attendance, namely 329, is in excess of the number of 303 for the previous year, when 11 sessions were held. The totals for the Massage and Remedial Exercises Clinic for 1934, viz.:—218 sessions and 2,664 attendances compares with 220 sessions and 2,901 for 1933. The totals for the latter Clinic include 1,085 and 1,382 in the respective years for Artificial Light treatment.

The Masseuse, Miss I. W. Mounsey, again refers to the general appreciation of the facilities provided by the Clinic, not only by those who take advantage of the service, but by the number of cases referred to the Clinic by local medical practitioners and general hospitals.

The remedial exercise classes are taking an increasingly important part in the routine treatment, though owing to insufficient accommodation it is impossible to extend further this service by the use of remedial apparatus. Miss Mounsey also refers to the advantage of exercises in the open air in warm weather, made possible by the flat roof now available and leading from the Orthopædic Clinic.

The following is a list of the conditions examined by the Orthopædic Surgeon, and the treatments given by the Masseuse:—

Disease	No. of Examinations by Orthopaedic Surgeon		No. of Attendances for Treatment by Masseuse		Total Attend- ances
	Under 5	Over 5	Under 5	Over 5	
Infantile Paralysis ...	2	17	32	63	114
Congenital Talipes ...	9	—	—	—	9
Hemiplegia... ..	—	5	—	51	56
Rickets	58	13	24	2	97
Birth Paralysis	—	2	—	33	35
Congenital Deformity	—	1	—	38	39
Injury	—	2	—	77	79
Pes Planus	12	57	35	319	423
Remedial Exercises ...	1	7	21	342	371
Various	58	85	135	407	685
Artificial Light	—	—	768	317	1085
Totals	140	189	1015	1649	2993

The cases which received hospital treatment are as follows:—Infantile paralysis, 1; torticollis, 1; hip disease, 1; old osteotomis, 1; and other conditions, 4; making a total of 8 in comparison with 12 last year. The number of X-Ray examinations was 16; and splints and appliances were provided in 71 instances.

The Artificial Sunlight Clinic is conducted under the super-

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vision of the School Medical Officer, the treatments being undertaken by the Masseuse on four sessions per week. The number of treatments given to children over the age of 5 was 317, and under 5 years of age 768. The numbers for 1933 were 494 and 888 respectively.

The careful selection of suitable cases for this specialized treatment has again been maintained. Those conditions found to be most amenable to treatment are rickets, malnutrition and/or debility, and cervical adenitis. A number of cases of enuresis or "bed-wetting" have shown beneficial results from this treatment.

Conditions Treated by Artificial Sunlight.

Disease Treated	Individual Treatments			Results		Failure to complete Course
	Boys	Girls	Total	Improved	Stationary	
Rickets	12	6	18	9	1	8
Bronchitis	1	3	4	3	—	1
Cervical Adenitis... ..	6	2	8	5	—	3
Malnutrition & Debility	19	15	34	24	3	7
Enuresis	10	7	17	12	2	3
Alopecia	1	—	1	1	—	—
Anaemia	1	1	2	2	—	—
Other Conditions... ..	3	6	9	6	1	2
TOTALS	53	40	93	62	7	24

(i) **Heart Disease and Rheumatism.** Eighteen children at the Routine inspections and 6 at the Special inspections were found to have organic heart disease. Two of the latter were referred for treatment. The total from both examinations, i.e. 24, compares with 30 for the previous year. The cause of this disease is in the majority of cases rheumatism. There is no special class in the district for children suffering from heart disease. Those fit to attend school are placed in the ordinary class, and when necessary excluded from participating in physical training lessons, or sent to the Open-Air School, where systematic rest may be obtained.

Under the heading of functional heart disease, a total of 23 children was recorded, 3 of whom were referred for treatment and the remainder required to be kept under observation.

There were 45 children found to be suffering from anæmia, 36 of whom were referred for treatment. The corresponding figures for the year 1933 were 63 and 50.

(j) **Tuberculosis.** A total of five cases under this heading was found at the Inspections during the year. Two of these were

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pulmonary cases, both children being referred for treatment, and the remaining three were instances of tuberculosis of the glands. Two of the latter were referred for treatment and one listed for observation.

All suspected cases are referred to the Dispensary, Station Road, Pendlebury, for the opinion of the County Tuberculosis Officer, who immediately undertakes the care of any active cases of tuberculosis thus brought to his notice.

Adequate arrangements are made for dispensary supervision and treatment, Hospital and Sanatorium accommodation, X-Ray examinations, Ultra-Violet Light treatment, and After-care supervision.

Dr. George Jessel, M.D., D.P.H., Consulting Tuberculosis Officer to the Lancashire County Council, reports as follows:—

Treatment of Tuberculosis in Children:

Admitted to Sanatoria	I
Admitted to Pulmonary Hospitals	—
Admitted to General or Special Non-Pulmonary Hospitals	2
Granted "Light" Treatment	4
Granted X-Ray Examination	24
Granted Dispensary Supervision	17
Granted Dispensary Supervision with provision of special nourishment	2
Under supervision at the end of the year	19
Recovered and taken from Register	2

The cases under supervision at the end of the year have been classified as follows:—

Pulmonary	2
Non-Pulmonary	17
Combined (Pulmonary and Non-Pulmonary)	—

Particulars of children under 14 in Institutions on 31st December, 1934, whose permanent address is in Swinton and Pendlebury:

Number of infectious pulmonary and gland tuberculous cases at Sanatoria Schools approved by the Ministry of Health	—
Number at other Institutions	—
Number of Non-infectious but active pulmonary and gland tuberculous cases at Sanatoria or Sanatoria Schools approved by the Ministry of Health	I

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Number at other Institutions	—
Active non-pulmonary tuberculous cases at Sanatoria or Sanatoria Schools approved by the Ministry of Health	I

(k) **Lung Diseases other than Tuberculosis.** The number of cases scheduled under this category reached a total of 157 in comparison with 133 in the previous year. Bronchitis was responsible for 142 of the total, 46 being found at the Routine inspections and 96 at the Special inspections. Children suffering from the effects of bronchitis are referred for treatment at the School Clinic and allowed cod-liver oil. In some instances they may be recommended, in addition, artificial sunlight treatment.

(l) **Enlarged Cervical Glands.** The number of children found during the year to have enlarged glands of the neck (non-tubercular) was 61 as compared with 99 in the year 1933. Thirty-eight cases were referred for treatment and the remainder kept under observation. In the treatment of this condition the causative factor is first sought for and is commonly found to be impetigo, septic sores, dental caries or unhealthy enlarged tonsils. The appropriate treatment is applied and in many cases followed by a course of general and local artificial sunlight.

(m) **Speech Defects.** Two children were found to have some minor defect of speech and were noted with a view to being kept under observation. For particulars of the provision made by the Education Committee for the treatment of children suffering from speech defects and who are amenable to treatment, see Annual Report, School Medical Officer 1932, page 15, and 1933 page 23.

6. Following-up

During the year 581 visits were paid by the School Nurses to the homes of children found to be suffering from some defect brought to light at one or other of the routine inspections. The number for 1933 was 1,427, and the difference is accounted for partly by the absence of visits to dental cases, the reason for which is referred to in the section of this report relating to the work of the Dental Clinics, and also to the time occupied by the considerable increase in the number of children examined in the school as suspected contacts of infectious disease, namely, 4,955, compared with 2,492 in 1933. The duty of "following-up" in the home forms an integral part of the work of the School Nurse.

Parents who are present at the routine, medical, and dental inspections when their children are being examined are informed

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Minor Ailments Clinic.

TREATMENTS.

Disease	No. of Treatments	
	1933	1934
Impetigo... ..	1,246	2,680
Scabies	141	252
Ringworm of Head	40	—
Ringworm of Body	11	—
Other Skin Diseases	1,111	2,167
Blepharitis	1,187	2,094
Conjunctivitis	490	958
Other Eye Disease	130	279
Otorrhoea	3,529	4,084
Other Ear Disease... ..	6	83
Nose and Throat	3	38
Miscellaneous and Minor Injuries ...	3,217	4,410
TOTALS	11,111	17,045

INSPECTIONS.

Disease	Special Inspections		Re-Inspections	
	1933	1934	1933	1934
Malnutrition	16	8	41	27
Uncleanliness—Head	4	3	4	1
Ringworm—Head	4	2	6	5
Body	3	1	1	1
Scabies	32	49	55	80
Impetigo	163	218	54	42
Other Skin	133	174	65	61
Blepharitis	41	55	21	7
Conjunctivitis	56	82	20	9
Defective Vision	16	23	13	14
Squint	17	15	4	3
Other Eye Disease	40	57	7	7
Defective Hearing... ..	1	9	—	2
Otorrhoea	63	52	28	45
Other Ear Disease	16	23	11	8
Adenoids	8	3	4	1
Chronic Tonsillitis... ..	70	48	52	47
Chronic Tonsillitis and Adenoids	24	10	57	60
Other Nose and Throat	245	206	198	185
Enlarged Cervical Glands	46	33	26	18
Speech	4	1	—	1
Teeth	110	138	17	7
Heart—Organic	7	6	22	22
Functional	3	6	8	4
Anaemia	21	19	39	27
Bronchitis	76	96	73	106
Other Non-T.B. Chest	—	4	5	8
Phthisis	—	—	—	2
Suspected Phthisis	—	1	—	—
T.B.—Glands	1	1	3	—
Other Bones and Joints	—	—	—	—
Other Forms	—	—	—	—
Nervous System—Epilepsy	3	5	9	29
Chorea	9	8	17	15
Other Forms... ..	2	6	—	3
Deformities—Rickets	1	1	—	—
Spinal Curvature	1	—	—	3
Other Deformities... ..	26	30	19	22
Minor Injuries	417	568	72	70
Other Defects and Diseases	740	964	592	514
TOTALS	2,419	2,925	1,543	1,456

of any defects which may exist and given appropriate instructions regarding treatment. It is apparent that parents sufficiently interested to be present at the inspection of their children are also anxious to co-operate if any treatment is deemed necessary. There are, however, parents who either cannot or will not assist in this manner, and it is the duty of the school nurse to visit the home for the purpose of stimulating action likely to result in either private medical treatment or a visit to the appropriate clinic of the Council.

8. Infectious Diseases

Considerable loss of school attendance annually occurs, especially in the infants' departments, owing to whooping-cough, measles, chicken-pox, and mumps, and, in order to keep a check upon the incidence of these conditions in school children, an arrangement exists by which the head teachers are able to keep the Health Department informed of the weekly absences due to infectious diseases. The information supplied by the head teachers includes the names and addresses of the children, thus enabling the School Nurses to visit the homes. When it is considered advisable or necessary, a general survey is made of all the scholars attending particular classes, with a view to discovering newly-attacked or missed cases.

The following is a summary of the **non-notifiable** infectious diseases brought to the notice of the School Medical Officer by the weekly notification of teachers: Measles, 309; Mumps, 5; Whooping-cough, 92; and Chicken-pox, 96. The number of children examined in schools for infectious diseases was 4,955.

It was not considered necessary during the year 1934 to order the temporary closure of any school as a result of infectious disease, although outbreaks of measles and whooping-cough in the early part of the year reduced the attendances at many infants' schools to a very low figure. It is the practice in such cases for the School Medical Officer to issue certificates indicating that the low attendance is due to the prevalence of an infectious disease, and the following is a list of such certificates issued during the year. It should be noted that the total of 18 certificates issued compares with 34 in 1933, and that the final date of the last certificate issued, viz. 16th March, marked the end of a period of prevalence which commenced on the 25th of September, 1933.

Of the notifiable infectious diseases, the incidence of diphtheria was again very high, the number of school children suffering from the disease being 88. The number for 1933 was

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LOW ATTENDANCE CERTIFICATES—1934.

School	Period		Nature of Epidemic	Percentage in Attendance
	From	To		
St. Augustine's Infants	8 Jan.	12 Jan.	Measles	49.3
St. Peter's Infants ...	8 "	12 "	Measles and whooping-cough	47.7
St. Mary's Infants ...	8 "	12 "	Measles	48.7
St. Stephen's ...	8 "	12 "	"	57.5
St. Peter's Infants ...	15 "	19 "	Measles and whooping-cough	48.5
St. Mary's Infants ...	15 "	19 "	Measles	44.8
St. Augustine's Infants	15 "	19 "	"	47.8
" " "	22 "	26 "	"	55.2
Clifton Infants ...	22 "	26 "	"	58.0
St. Mary's Infants ...	22 "	26 "	"	56.0
St. Peter's Infants ...	22 "	26 "	"	50.4
" " "	29 "	2 Feb.	Measles and whooping-cough	58.1
Clifton Infants ...	29 "	2 "	Measles	51.4
" " "	5 Feb.	9 "	"	45.3
" " "	12 "	16 "	"	45.9
" " "	26 "	2 Mar.	Measles and whooping-cough	56.3
" " "	5 Mar.	9 "	Measles	52.6
" " "	12 "	16 "	"	59.1

114, and although the total for the year under review is lower, it is still above the level for the years immediately preceding the epidemic of 1933

Diphtheria Immunisation. Facilities have been offered for several years at the School Clinic and Child Welfare Centres for immunisation against this disease, and the apparent indifference of parents towards this service has been repeatedly referred to. It is gratifying, however, to state that during the past few months the demand for immunisation has increased appreciably. The demand has not only been confined to the Council's Clinics, but the Department has been called upon to supply the prophylactic to medical practitioners in the district who have been requested by parents to immunise their children. The co-operation and ready response given to this service by local medical practitioners has done much to arouse interest in the public mind as to this important measure.

The following is a list of notifications of infectious disease received in respect of school children during the year 1934:

NOTIFIABLE INFECTIOUS DISEASES

(5 to 14 years).

Scarlet Fever ...	47	Pulmonary Tuberculosis ...	1
Diphtheria ...	88	Non-pulmonary Tuberculosis ...	2
Acute Primary or Influenzal Pneumonia, 5.			

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MINIMUM PERIODS OF EXCLUSION FROM SCHOOL OF PERSONS SUFFERING FROM INFECTIOUS DISEASES AND OF PERSONS WHO HAVE BEEN IN CONTACT WITH SUCH CASES.

<i>Disease.</i>	<i>Persons suffering from Infectious Disease.</i>	<i>Contacts.</i>
SCARLET FEVER.	2 weeks after discharge from hospital. 9 weeks from onset of disease if child is treated at home.	All children one clear week after disinfection of the house.
DIPHTHERIA.	4 weeks after discharge from hospital. If treated at home, 4 weeks after house has been disinfected.	All children 2 weeks after house has been disinfected.
TYPHOID OR ENTERIC FEVER.	One month after discharge from hospital.	Contacts need not be excluded.
MEASLES.	One month from onset.	All children under the age of eight years and others who have not had measles. For 3 weeks after onset of last case.
CHICKEN-POX	3 weeks from onset or longer until all scabs have disappeared.	All children for same period.
WHOOPING-COUGH.	6 weeks from commencement of cough.	All attending infant schools and others who have not had the disease (for same period).
MUMPS.	3 weeks.	Contacts need not be excluded.
INFLUENZA.	Period indefinite.	Unnecessary except in special cases.
RINGWORM. OPHTHALMIA (Contagious inflammation of Eyes). IMPETIGO (Septic Sores). SCABIES.	When certified by Assistant School Medical Officer or Medical Attendant as free from infection.	Contacts need not be excluded.
SMALLPOX.	2 weeks after discharge from hospital.	All children 3 weeks after disinfection of house.

9. Open-air Education

The number of children who attended the holiday camp at Conway, North Wales, was 228, as compared with 150 in the previous year. In order to allow a larger number to benefit, the length of stay of each child was reduced to a week instead of a fortnight.

This scheme, which is well organised and combines educational instruction under excellent health conditions, is made possible by the co-operation of the Education Committee and the Children's Seaside Fund. Other societies, particularly the British Legion, also help in sending children to the seaside and elsewhere.

Each child selected for attendance at the camp was medically examined on two occasions, firstly as regards physical capacity to undertake the routine of camp life, and again 24 to 48 hours before departure to exclude the possibility of any child carrying infection. The total number of examinations made in 1934 was 478. The children selected were necessitous cases of a kind most likely to benefit by the week's holiday provided, and that real benefit to these children has resulted is clearly expressed in the report of the teacher in charge of the camp. From the physical standpoint the School Medical Officer has had ample opportunity, especially in the recent conduction of a nutrition survey of the entire school population, to obtain first-hand information of the beneficial effect received by those children who attended the camp.

There is no doubt that the Seaside Fund, during its many successful years of activity, has done much to improve the health of the school children of this district.

10. Physical Training

This is included as part of the daily routine in each school, and usually occupies 20 to 30 minutes each day. No gymnastic apparatus is available in the older schools, nor is a physical-training instructor employed, dependence being placed upon the members of the teaching staff, who have undergone training in this subject at their respective Training Colleges. The new Moorside School, however, includes a gymnasium, and with the employment of a physical instructor it will be possible to incorporate one physical-culture lesson in the daily curriculum of each class.

The role of the School Medical Service staff is limited to a general encouragement of the work, to observance of its effect upon certain children, and to proffering advice regarding individual pupils found to be suffering from defects such as heart disease which are likely to be influenced exceptionally by physical training of any kind.

11. Provision of Meals

The following meals were provided at the four Centres in the district during the year, as compared with the two preceding years—year ending 31st March in each case:

Meals		1934	1933	1932
Breakfasts	... ..	20,459	22,023	17,061
Dinners	... ..	27,499	23,672	18,131
		<hr/>	<hr/>	<hr/>
		47,958	45,695	35,192
		<hr/>	<hr/>	<hr/>

Thus during the year ending 31st March 1934, 47,958 meals were supplied. The children involved numbered 225 in comparison with 176 in the previous year. The average cost per meal was 4.86*d.*, as compared with 4.17*d.* for the year ending 31st March, 1933. These meals, which are provided at special Centres, are exclusive of those given at school, or at the Open-Air School.

The children are selected (*a*) by the School Medical Officer on medical grounds associated with necessity, and (*b*) by the School Attendance Officer on the plea of necessity only. The number of attendances at the school clinic during the year for weighing and measuring was 604.

Each Centre was visited at frequent intervals during the year by the School Medical Officer and School Nurses, and the menus approved.

Supplementary meals in the form of milk are provided in the schools. The reduced charge, made possible by the operation of the Milk Marketing Board Scheme, whereby one-third of a pint is supplied to school children at a halfpenny, has resulted in a great increase in the quantity of milk consumed in the schools. The following table shows the number of children receiving milk before the inception of the Milk Marketing

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Board's Scheme, and the marked increase during the first week in which the scheme was in operation.

Particulars relating to children recommended by the School Medical Officer for a supply of milk on medical grounds are to be found in Section 19 of this Report (pp. 44-47).

MILK IN SCHOOLS.

Name of School	Number of children taking milk	
	prior to October 1st, 1934	at date October 8th, 1934
Moorside Girls'	76	208
St. Augustine's Mixed	30	220
Cromwell Road Boys'	60	260
Moorside Infants'	130	168
Christ Church	65	155
St. Peter's Junior Mixed	84	261
Clifton Council Mixed	—	100
Clifton Council Infants'	—	40
Moorside Junior	160	253
St. Charles'	25	130
St. Mary's Mixed	16	135
St. Mary's Infants'	31	70
St. Mark's	25	107
St. Stephen's	100	179
St. Peter's Infants'	60	108
Cromwell Road Infants'	134	185
Cromwell Road Girls'	104	311
St. Augustine's Infants'	60	95
St. Paul's	30	57
Moorside Boys'	34	120
Totals	1,224	3,162

12. Co-operation

The **parents** of children required to be examined are requested to be present at the time of inspection. During the year 1934 the number of parents attending the Routine medical inspections was 897, representing 62 per cent of the children examined. The percentage is 4 per cent better than that for the previous year, when 805 parents were present at the inspections. This interest on the part of the parents is very gratifying, and no opportunity is lost in making each parent feel that his or her co-operation in the safeguarding of the health of the child is essential to the efficiency of the School Medical Service. The parents are generally appreciative of the advice given with regard to their children.

The help of the **teaching staff** is invaluable in securing regular daily attendance of the children under treatment at the clinics. Their assistance at the medical and dental inspections is

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freely given, and much appreciated; and, although in some cases they are placed in difficulties by lack of accommodation in their schools, the inspections are carried out in the smoothest possible manner.

The **attendance officers** co-operate well with the work of the service. Many instances of non-attendance at school attributed to ill-health are referred for the attention of the School Medical Service, thus facilitating the earlier intervention than otherwise of the Council's nurses.

Acknowledgement of the helpful work of **Voluntary Agencies** is expressed in particular to the National Association for the Prevention of Cruelty to Children and to the South-East Lancashire Association for Mental Welfare. An acknowledgement is due to the latter Association for the interest taken in the case of a girl of six years of age who was suffering both from blindness and mental deficiency, and for whose removal to a suitable institution the Association was responsible.

As in previous years, the co-operation of the N.S.P.C.C. proved particularly helpful to the School Medical Service. The work done by the Society is exemplified in the following list of details, which relates to visits by the Society's officers to families in this district during the year 1934.

CASES REPORTED BY THE CHILD WELFARE AND SCHOOL MEDICAL DEPARTMENTS, SWINTON AND PENDLEBURY, 1ST JANUARY TO 31ST DECEMBER, 1934.

Case No.	Children	Offence	No. of Visits	Result
5939	3	Neglect	13	Satisfactory—child attending Clinic
5945	1	"	3	Case still under notice
5977	1	"	13	Case being followed up
6013	1	"	4	Child attended Clinic. Glasses provided.
6033	1	"	4	Child attended Clinic.
6099	1	"	4	Case satisfactory—child attended Clinic
6114	1	"	3	Now wearing glasses

Several cases which have previously been reported have received further attention.

13. Blind, Deaf, Defective, and Epileptic Children

The model regulations of the Board of Education for the detection of these children are in operation and work satis-

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factorily. A summary of the children coming under this heading is given in Table III (Appendix).

Blind children. At the end of the year 1934 there were three children of this district in an institution for the partially blind. Three others suffering from partial blindness were in attendance at public elementary schools. Partially blind children not in special schools are placed under the care and supervision of the School Ophthalmologist.

Deaf children. One child, who is too deaf to be taught at an elementary school, resides at a Certified School for the Deaf, and three others are at a school for the partially deaf. There is, in addition, one partially deaf child in the district who attends a public elementary school.

Mentally defective children. Feeble-minded children are visited in their homes by the Nursing Staff each year. A summary of the children in this area coming under this heading is given below:

	Suitable for Special Class		Suitable for Special School		Ineducable	
	Attending School	Not Attending School	Attending School	Not Attending School	Attending School	Not Attending School
Boys	2	2	3	4	—	7
Girls	—	3	7	3	1	2
Total	2	5	10	7	1	9

One child, a girl of seven years of age, was notified to the Local Mental Deficiency Authority as being incapable of receiving benefit from instruction in a special school.

Epileptic children. At the end of the year there were four children in the district suffering from severe epilepsy. Eight others were found at the Routine and Special inspections to have minor epilepsy. Three of these were referred for treatment and the remainder detailed for observation.

Delicate children. There were 185 children coming under this category on the Department's register at the end of the year. The number actually in attendance at the Open-Air School at that time was 121, and of the remainder 26 were not in a fit condition to attend school.

Open-Air Schools

All children attending the Open-Air School are selected by the School Medical Officer, and 121 admissions were made during the year. Sanction was obtained from the Board of Education to increase the accommodation from 100 to 110.

The children admitted have been similar to those reported upon in previous years, namely, for such conditions as anæmia, enlarged cervical glands, malnutrition, and nervous and highly strung children.

The fundamental value of the work of this school is well known to the Committee, and an increasing interest is shown by parents and other members of the public who attend in increasing numbers at the various "at home" days held during the year. Constant medical supervision is maintained, the children are weighed and records completed fortnightly, and the Medical Officer and Nurse are in attendance once a week.

Improvements carried out during the year included internal redecorations, better artificial lighting and additional lavatory accommodation. The provision of a bathroom would prove invaluable in a special school of this kind.

To Miss Brobson, the head teacher, I am indebted for the following observations upon some aspects of the school life:

"Meals and meal times have always been popular in the Swinton and Pendlebury Open-Air School, but invaluable pleasure was added when Easter 1934 saw the introduction of a dining-room maid. The cleanliness of the dining-room is now a feature of great importance. Bright, shining windows, spotless linoleum, clean tablecloths and feeders for the tinies, white wood tables and chairs—always white—represent the environment for every meal. This cleanliness has had a marked effect upon the children. They will not tolerate anything but personal cleanliness—they wish to be equal to their surroundings. A high standard of neatness and cleanliness has spontaneously arisen. The incongruity of the absence of cleanliness is felt with disgust, and cannot be tolerated.

"More than 1,000 children of the Swinton and Pendlebury area have spent some of their school days at the Open-Air School. Many of these children are now grown men and women, and almost every week some 'one-time' scholar calls to chat about Open-Air School days and ways, and about life in general. It is gratifying and interesting to see how splendidly these

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children have developed. They have become healthy citizens, capable of taking and holding their places in the industrial life of the community. In sports, too, they have their achievements. Some play in the local rugby matches, some take part in boxing matches, some swim in the galas, and all appear to take part in the activities of the district. Invariably these visitors offer the information that their attendance at the Open-Air School formed the turning points in their lives, because it created an enthusiasm for health and healthy ways."

OPEN-AIR SCHOOL ADMISSIONS DURING 1934.

Disease	Boys	Girls	Total
Malnutrition	2	5	7
Bronchitis	12	13	25
Bronchitis and Debility ...	3	—	3
Bronchitis and Asthma ...	1	—	1
Anaemia	4	8	12
Anaemia and Debility ...	—	1	1
Anaemia and Malnutrition ...	—	1	1
Debility	8	21	29
Debility and Malnutrition ...	—	1	1
Nervous Debility	1	1	2
Chorea	2	2	4
Chorea and Rheumatism ...	1	—	1
Rheumatism	4	4	8
Heart Disease	—	2	2
Adenitis	2	—	2
Pleurisy	1	—	1
Ch. Catarrh	—	1	1
Mentally Defective	1	1	2
Post-Pulm. T.B.	—	1	1
Post-Diphtheria	—	3	3
Post-Measles	2	2	4
Post-Whooping-cough ...	2	3	5
Post-Chicken-pox	—	2	2
Post-Pneumonia	1	—	1
Post-Rickets	1	—	1
Post-Mastoid operation ...	1	—	1
Totals ...	49	72	121

DISCHARGED DURING 1934.

	Boys	Girls	Total
Over school-age	3	2	5
Returned to former school ...	57	47	104
Unfit for any school	1	—	1
Left district	1	1	2
Deceased	—	1	1
All reasons	62	51	113

15. Nursery Schools

No Nursery Schools have been established by the Swinton and Pendlebury Education Committee, but exceptionally efficient Nursery Classes exist in the local Elementary Schools. In December, 1934, the total children under five years of age on the School registers as being in attendance at these classes was 431.

16. Secondary Schools

There is no secondary school situated within the district. There are, however, between 250 and 300 children (the most recent census, 1st April, 1933, revealed the number as being 274) ordinarily resident in this district in attendance at Secondary Schools in adjacent areas, and although no arrangements can be made by this Authority for the routine inspection of such children, the facilities for treatment afforded by this Council are not refused when any child under 16 years of age attends one or other of the Clinics.

17. Parents' Payments

The difficulties involved in the individual assessment of parents' payments in respect of children attending the Minor Ailments and Dental Clinics is overcome by the requirement that every child attending for treatment is expected to place a few coppers in a collecting-box provided for the purpose.

With regard to other forms of treatment, viz. operative treatment for removal of tonsils and adenoids, orthopædic treatment, etc., in respect of which the numbers are not so large as to make inquiry into family circumstances impracticable, the parents are assessed according to a scale set by the Education Committee, and any contributions due are required to be paid before admission to hospital.

There is no scheme in operation for the provision of spectacles free of cost or at reduced rates. The total sum involved in the provision of spectacles rarely exceeding 4s. 6d. makes such a provision unnecessary in the majority of cases, while parents who so desire are given permission to make the payment in instalments.

18. Health Education

The only exhibition of note during the year 1934 was the Child Welfare Exhibition arranged by the Maternity and Child Welfare Committee and held at the Town Hall, Pendlebury, during the week 9th to the 14th April. The exhibition contained much of interest to school children of the higher forms, and arrangements were made for such children to attend in the company of class teachers. In order that the children should fully understand the nature of the several exhibits, they were conducted through the exhibition in batches of about a dozen children by Miss L. C. Dixon, Lecturer of the National Association of Maternity and Child Welfare, London, who was in charge. Miss Dixon concluded each tour by a short address given to the children collectively in the centre of the Hall.

19. Inquiry into the Nutrition Standard of School Children

In accordance with the Board of Education Circular 1437, which draws attention to the Milk Marketing Board's Scheme made under the Milk Act 1934 "for increasing the demand for milk by reducing the price of milk drunk in schools", a comprehensive survey of the entire school population was carried out in this district by the School Medical Officer.

The procedure adopted was in accordance with a scheme, the details of which were submitted to and approved by the local Education Committee, and the success attained was in no small measure due to the whole-hearted co-operation of the Director of Education and the Head Teachers.

The system of medical selection of children requiring milk in the school was based upon a division of the children into the following three categories:—

- (a) Actual malnutrition.
- (b) Subnormal nutrition or development.
- (c) Children of economically necessitous families, i.e. below the Committee's Scale of Income, who by such necessitousness were likely to become undernourished.

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The following is a summary of the children examined:

Number of school departments visited	21
Number of children inspected	4,268
Number of children referred for detailed examination	1,178
Number of children absentees at time of inspection	446

“Necessitous” forms were issued in all cases of *suspected* necessity, and numbered 1,023. These forms when completed were returned by the Head Teachers to the Director of Education, and the latter supplied the School Medical Officer with the following information:—

Number of necessitous forms issued	1,023
Number of necessitous forms completed by parents	824
Number found to be “over the scale”	238
Number of parents willing to pay	351
Number of necessitous cases under scale	235

No necessitous forms were issued at the Open-Air School, where such children are already in receipt of free milk supply.

The result of medical examination of referred children showed:—

(a) **Actual Malnutrition.** Only 22 children, or 1.9 per cent of the children examined, were discovered to be suffering from actual malnutrition.

(b) **Subnormal Nutrition or Development.** Under this heading 477 children were found to be undernourished short of actual malnutrition or otherwise below normal physical development.

(c) **Necessitous Cases likely to become Undernourished.** Of the 235 children found by the Director of Education to be necessitous, 151 only are included under this heading, the remainder having been included in category (a) or (b).

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Nutrition Survey.

School	Dept.	No. Inspected	Ref'd for detailed exam.	Nutrition Standard			Assisted forms issued	Absentees
				(a)	(b)	(c)		
St. Augustine's ...	M.	331	68	2	48	4	64	40
St. Augustine's ...	I.	116	16	—	7	6	15	23
St. Mark's.....	M. & I.	152	32	1	25	3	30	28
Christ Church ...	J. M. & I.	178	41	3	28	2	38	27
St. Paul's ...	I.	58	14	1	9	—	13	13
St. Mary's ...	I.	109	40	—	21	6	31	12
St. Mary's ...	M.	212	47	—	37	2	41	21
Cromwell Road ...	I.	220	56	3	27	10	51	15
Cromwell Road ...	G.	383	105	5	56	14	93	17
Cromwell Road ...	B.	391	93	1	41	12	90	19
Clifton Council ...	M.	141	50	—	8	8	46	12
Clifton Council ...	I.	50	13	1	6	4	12	10
St. Peter's ...	J. M.	320	85	—	28	12	76	18
St. Peter's	I.	141	30	1	8	7	24	22
Moorside Council...	S. B.	266	101	1	31	11	92	8
Moorside Council...	J. M.	351	174	—	28	12	163	24
Moorside Council...	I.	199	36	—	14	9	31	65
Moorside Council...	S. G.	224	32	—	19	1	25	13
St. Stephen's ...	I.	161	29	—	10	2	25	28
St. Charles ...	M. & I.	150	63	—	13	26	63	22
Open-Air ...	M.	115	53	3	13	—	—	9
Totals ...		4,268	1,178	22	477	151	1,023	446

At the time of writing all children entitled to free milk are so supplied, and as stated in the section of this Report relating to Supply of Free Meals, page 37, over 3,000 children are taking milk daily in the schools.

In no case has it at present been thought desirable to give more than one-third of a pint of milk a day, a provision provided for under Circular 1437. But all children in receipt of free meals have also free milk at school.

Children thought to have become "necessitous" by the Head Teachers since the operation of the above scheme are referred to the School Medical Officer for examination, and where necessary a Necessitous Income Scale form is issued and the original procedure adopted.

At the Nutrition Clinic held on Saturday mornings and established in 1932, it is anticipated that all undernourished children will receive supervision and observation at monthly intervals throughout the school terms, and thus supply the requirement as to observation outlined in the Board of Education Circular 1437.

Supply and Quality of Milk. Voluntary arrangements for the supply of milk to school children (for payment) having operated in this area for several years, no attempt was made to alter the practice of the selection of dairymen being left to the individual Head Teacher.

The Education Committee, however, decided on the recommendation of the Medical Officer of Health, who is also School Medical Officer, that the following standards must be conformed to, and that where milk was found on two successive examinations to be below such standard the dairyman concerned should automatically cease to supply milk to any school controlled by the local Education Authority :

- (a) All milk to be supplied to schools *cold*, in sealed bottles, one for each child.
- (b) That a Grade A standard of milk shall be supplied in all cases.
- (c) That in view of the Local Authority's experience of heavy bacterial contamination found frequently in pasteurised milk, it was not considered advisable to advise its use generally, i.e. until assured that the technique required in its preparation had become more fool-proof.

20. Employment of School Children

During the year 1934, 60 certificates were granted to applicants for employment under the Bye-laws relating to the employment of children and to street-trading. Forty-nine were for the delivery of newspapers, and 8 for the delivery of milk. Re-examinations are made of children so employed every six months.

In the **employment of young persons**, the School Medical Service is able to co-operate with two important services, namely, the Factory Surgeon Service, of which the School Medical Officer is the Certifying Factory Surgeon, and the Advisory Committee for Juvenile Employment.

During the year 1934, the School Medical Officer, in virtue of his office of Certifying Factory Surgeon, examined 760 young persons between the ages of 14 and 16 years, of whom 17 only were rejected and 88 passed subject to certain conditions of employment suitable to their physical or mental capacity.

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	Examined			Certified			Rejected		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Young persons between 14 and 16 years of age	198	562	760	195	548	743	3	14	17

Young Persons Rejected.

Defect	Number of Persons		
	Rejec- ted	Passed subject to conditions	Total
Subnormal nutrition or development	1	7	8
Deformity	1	2	3
Disease of Skin	2	—	2
Disease of Bones and Joints	—	1	1
Disease of Glands	—	4	4
Disease of Lungs	2	11	13
Disease of Circulatory System	3	20	23
Disease of Nervous System	2	9	11
Disease of Ear, Nose, or Throat	—	11	11
Disease of Eyes and Defective Vision	5	15	20
Dental Defects	1	8	9
Non-medical reasons	—	—	—
Total	17	88	105

The value of the combined appointment of School Medical Officer and Certifying Factory Surgeon is exemplified by the advantage possessed by the latter in having before him at the time of examination of juvenile entrants to factory life, a register of all defects, physical and mental, previously discovered by the School Medical Service, and in some cases the additional information supplied by environmental and infant welfare records.

The present existing amenities for the medical examination of juvenile entrants in the factory is in the majority of cases so defective as to render previous knowledge of the medical history an essential factor if anything approaching a scientific selection of employees to industry is to be obtained. All too often such examinations have to be conducted in a corner of the factory in the presence of a male foreman and within the hearing of incessant noise of machinery. In the case of five of the largest factories in this district where a lady welfare superintendent is employed the conditions are perfected for such medical examina-

tions by the existence of a private examining room, where facilities exist for the testing of vision, weighing and measuring, and accurate keeping of records of defects.

In such factories the Certifying Factory Surgeon has been able to establish a voluntary scheme for the re-examination of defective children up to the age of 16 passed under conditions for employment, and a suitable card-index record retained.

21. Swimming Baths

Arrangements are in operation for the attendance of school children at the Public Baths once a week during the summer months. During the year 1934 the number of attendances by boys and girls were 10,494 and 3,504 respectively. Both these totals show an increase over the corresponding numbers of 9,997 and 2,760 for the previous year. This valuable form of physical exercise should form an integral part of the curriculum of every school.

APPENDIX

Board of Education Returns

Name	Number of Pupils		Percentage of Total Enrollment
	Boys	Girls	
City Schools	1,234	1,123	54.5%
County Schools	876	765	39.8%
Private Schools	234	198	11.7%
Other Schools	123	101	5.0%
Total	2,467	2,187	100.0%

APPENDIX

Board of Education Records

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MEDICAL INSPECTION RETURNS YEAR ENDING 31st DECEMBER, 1934.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

(a) *Number of Inspections in the prescribed Groups:*

Entrants	...	...	...	...	...	...	410
Second Age Group	...	...	...	...	...	...	524
Third Age Group	...	...	...	...	...	...	509
Total	...	...	...	...	...	...	1443

Number of other Routine inspections Nil

(b) *Other Inspections.*

Number of Special Inspections	...	...	...	...	2927
Number of Re-Inspections	...	...	...	...	2582
Total	...	...	...	...	5509

TABLE IIB.

Number of individual children found at Routine Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children		Percentage of Children found to require Treatment.
	Inspect'd	Found to require Treatment	
Code Groups:			
Entrants	410	78	19.02
Intermediates	524	99	18.89
Leavers	509	72	14.15
Total Code Groups	1443	249	17.26
Other Routine Inspections	—	—	—

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TABLE IIA.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1934.

DEFECT OR DISEASE		Routine Inspections 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
SKIN	Malnutrition ...	12	30	8	—
	Ringworm—				
	(Scalp) ...	—	—	2	—
	(Body) ...	—	—	1	—
	Scabies ...	5	—	49	—
EYES	Impetigo ...	5	—	218	—
	Other Diseases				
	(non-Tuberculous)	5	4	173	1
	Blepharitis ...	4	1	55	—
	Conjunctivitis ...	—	—	82	—
EAR	Keratitis ...	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision				
	(excluding Squint)	68	76	22	1
	Squint ...	9	5	14	1
NOSE & THROAT	Other Conditions	1	—	56	1
	Defective Hearing	2	1	8	1
	Otitis Media ...	3	4	52	—
	Other Ear Disease	2	—	22	1
	Chronic Tonsillitis				
TUBER- CULOSIS	only ...	31	78	43	5
	Adenoids only	1	5	3	—
	Chronic Tonsillitis				
	and Adenoids	18	19	10	—
	Other Conditions	4	15	148	58
LUNGS	Enlarged Cervical Glands				
	(non-Tuberculous)	8	20	30	3
	Defective Speech ...	—	1	—	1
	Heart Disease—				
	Organic ...	—	18	2	4
NERVOUS SYSTEM	Functional ...	—	17	3	3
	Anaemia ...	18	8	18	1
	Bronchitis ...	18	28	87	9
	Other Non-Tuber- culous Diseases	3	8	4	—
	Pulmonary—				
DEFOR- MITIES	Definite ...	1	—	—	—
	Suspected ...	—	—	1	—
	Non-Pulmonary—				
	Glands ...	1	1	1	—
	Bones and Joints	—	—	—	—
Other Defects and Diseases	Skin ...	—	—	—	—
	Other Forms	—	—	—	—
	Epilepsy ...	—	3	3	2
	Chorea ...	—	—	8	—
	Other Conditions	2	6	6	—
	Rickets ...	—	2	1	—
	Spinal Curvature	1	3	—	—
	Other Forms ...	15	5	29	1
	Other Defects and Diseases	54	15	956	65
		291	373	2115	158

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA, AS ON 31ST DECEMBER 1934.

	At Certified Schools		At Public Elementary Schools	At other Institutions	At no School or Institution	Total
	Wholly	Partially				
Blind... ..	—	—	—	—	—	—
Partially Blind	—	3	3	—	—	6
Deaf	1	—	—	—	—	1
Partially Deaf	—	3	1	—	—	4
Feeble-minded	—	—	12	—	12	24
Epilepsy	—	—	4	—	—	4
Physically Defective:						
A. (i) Pulmonary Tuberculosis	1	—	6	—	—	7
(ii) Non-Pulmonary	1	—	15	2	1	19
B. Delicate Children ...	121	—	38	—	26	185
C. Crippled Children ...	4	—	26	—	4	34
D. Children with Heart Disease	4	—	13	—	6	23
TOTAL	132	6	118	2	49	307

Multiple Defects: 1 boy (hemiplegia and feeble-minded) attending Public Elementary School.

TABLE IV.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP VI).

Disease or Defect	Number of defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin:			
Ringworm—Scalp			
(i) X-Ray treatment	2	—	2
(ii) Other	—	—	—
Ringworm—Body... ..	—	1	1
Scabies	54	—	54
Impetigo... ..	211	12	223
Other Skin Diseases	168	10	178
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	189	9	198
Minor Ear Defects	76	3	79
Miscellaneous, <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc. ...	523	33	556
TOTAL	1,223	68	1,291

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

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.	Other-wise	Total
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in the body of the Report ...	309	12	321
Other Defect or Disease of the Eye (excluding those recorded in Group I).	13	1	14
TOTAL	322	13	335

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme, 122.

(b) Otherwise, 8.

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme, 119.

(b) Otherwise, 8.

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		
106	3	109	148	257

GROUP IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total No. Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-Residential Treatment at an Orthopædic Clinic	
No. of Children Treated ...	—	8	71	—	—	—	79

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

GROUP V.

DENTAL DEFECTS.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(i) Inspected by the Dentist:		Inspection ... 63	
Aged :		Treatment ... 373	
under 5...439		Total 436	
Routine Age Groups	5...371	(3) Attendances made by children for treatment 3606	
	6...383	(4) Fillings :—	
	7...504	Permanent teeth 1503	
	8...494	Temporary teeth 317	
	9...548	Total 1820	
	10...570	(5) Extractions :—	
	11...648	Permanent teeth 766	
	12...521	Temporary teeth 2795	
	13...384	Total 3561	
	14... 9	(6) Administrations of general anæsthetics for extractions 766	
Specials	797	(7) Other operations :—	
Grand Total	5668	Permanent teeth 353	
(ii) Found to require treatment	3451	Temporary teeth 16	
(iii) Actually treated	2570	Total 369	

GROUP VI

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	5
(ii) Total number of examinations of children in the Schools by School Nurses	13,357
(iii) Number of individual children found unclean..	502
(iv) Number of children cleansed under arrangements made by the Local Education Authority	2
(v) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Bye-laws	Nil

SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

Form 307M.

BOARD OF EDUCATION.

Local Education Authority,
BOROUGH OF SWINTON AND PENDLEBURY.

Mental Deficiency (Notification of Children) Regulations, 1928.

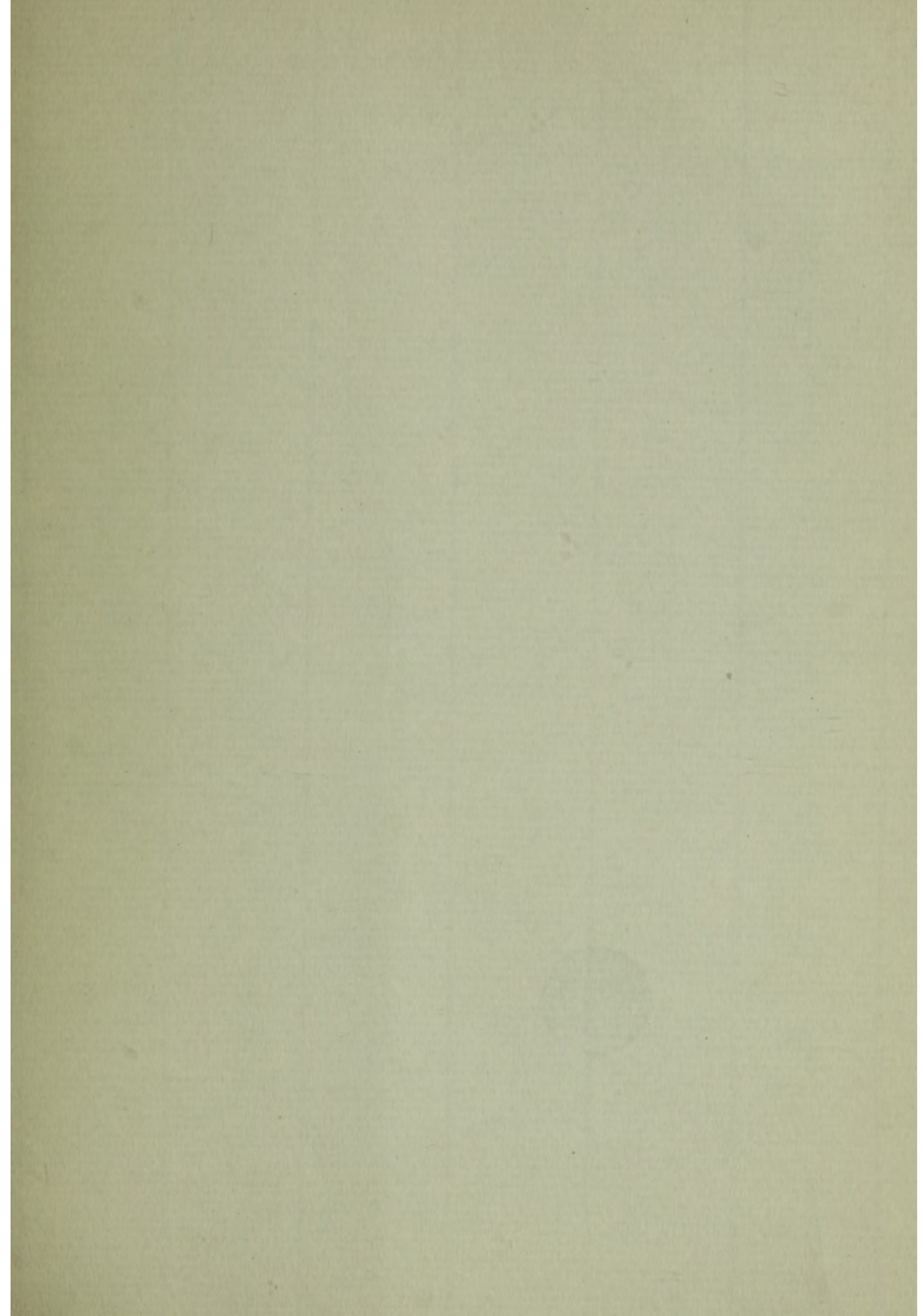
STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED
31ST DECEMBER, 1934, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL
MENTAL DEFICIENCY AUTHORITY.

Total number of children notified, 1

Analysis of the above Total.

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





STATE OF NEW YORK

IN SENATE

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR ENDING DECEMBER 31, 1901

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1902.

RECEIVED JANUARY 1, 1902

OFFICE OF THE COMMISSIONER

Item	Amount	Total
1. Balance forward from previous year	100.00	100.00
2. Land sold	50.00	150.00
3. Interest on bonds	25.00	175.00
4. Other income	10.00	185.00
5. Total		185.00
6. Disbursements		
7. Balance forward		
8. Total		
9. Balance forward		
10. Total		
11. Balance forward		
12. Total		
13. Balance forward		
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15. Balance forward		
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