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COUNTY BOROUGH OF STOCKPORT.

REPORT

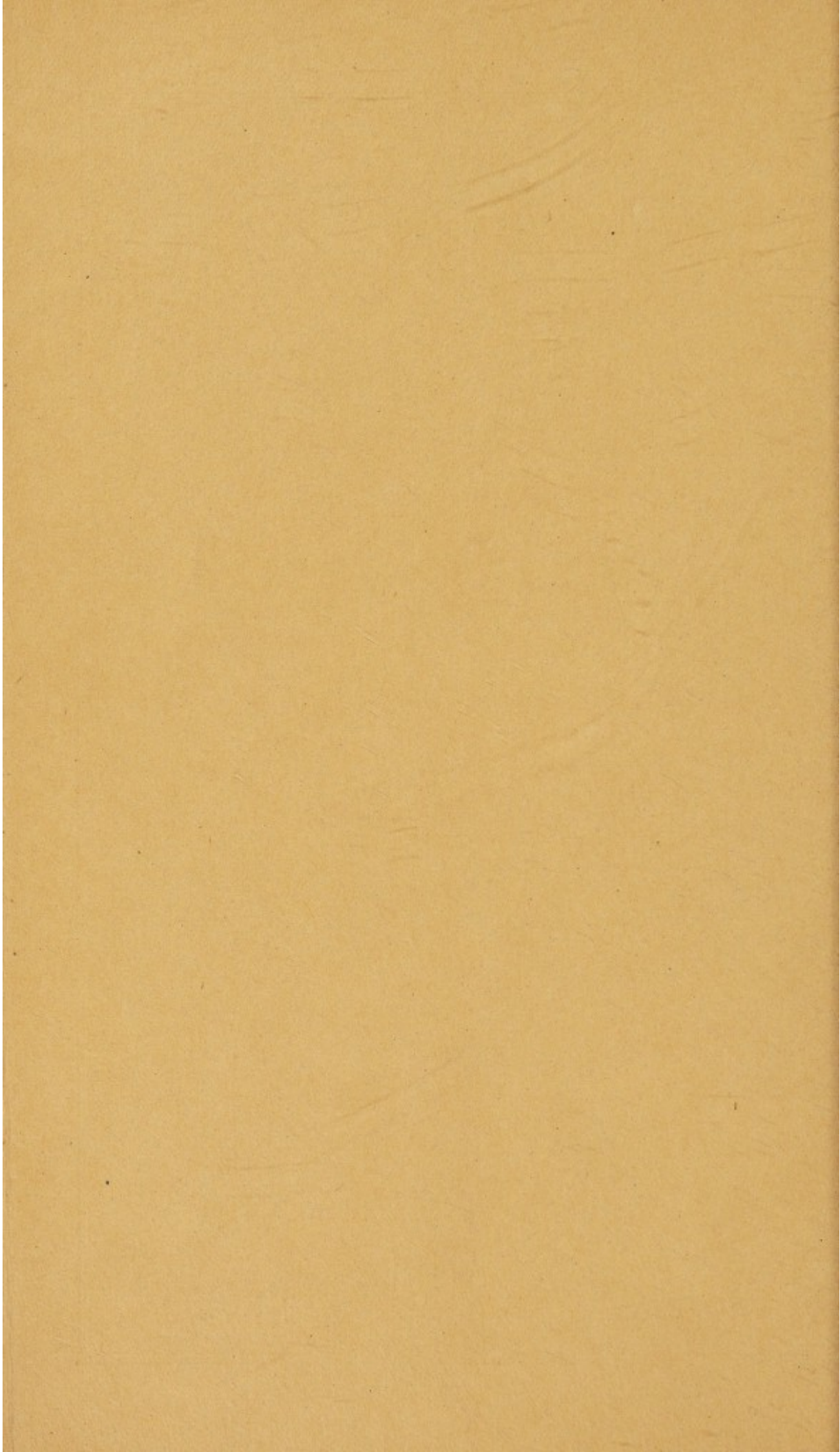
ON THE

Medical Inspection of School Children

From January 1st to December
31st, 1920.



FALCON Printing Co., Ltd., Wellington Street, Stockport.





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STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee—H. E. Corbin, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers—M. D. Barber-Taylor, M.B., Ch.B.

W. H. Rowell, O.B.E., M.D., D.P.H.

School Dentist—H. Walmsley, L.D.S. (26th Jan., 1920).

School Nurses—Miss Pott, Miss Bell (resigned 4th Dec., 1920), Miss Longley (12th Feb., 1920), Miss Burn (22nd Mar., 1920), Miss Binnings (Dental Clinic, 19th Jan., 1920).

Assistants at School Inspections—Miss Taylor, Miss Bourne.

Clerk—Miss Demount.

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

Mr. Mayor, Mrs. Potts and Gentlemen,

I beg to submit the Annual Report on the Medical Inspection and Treatment of School Children for the year 1920.

During the year 8,170 children have been examined in the Elementary Schools, of whom 5,668 were those of the routine age groups, viz., 5, 8 and 12 years, and 2,502 special cases. Of the 5,668 children examined under the code groups, 1,919 or 33·85 per cent. were found to be suffering from one or more defects, and 549 children were marked for observation.

At the Secondary Schools 659 routine examinations were made and 94 children were seen for special defects. 150 or 22·76 per cent. of the routine cases in these Schools required treatment for defects, and 85 required to be kept under medical observation.

The percentage of children suffering from verminous heads in the Elementary Schools was 10·8, showing an improvement in the figure for last year, which was 12·8. Each School received six visits from a School Nurse relative to this matter, and 20,682 examinations were made.

The School Nurses paid 6,989 visits to the home of children with a view to following up cases with medical defects and securing the necessary treatment.

The number of necessitous children provided with free meals was 74 per week as compared with 37·4 in 1919.

The Central School Clinic has been carried on at 108, Wellington Road South since April, and although these premises have not been adapted according to the plan which was approved by the Board of Education the increased accommodation there has enabled this important branch of the medical work to develop. The Clinic is open daily—one day per week being devoted to refraction work for defective vision and the prescription of glasses. A Branch Clinic at Reddish is held once a week. 3,635 children attended the Clinics, with a total number of attendances of 13,569 during the year.

A very important addition to the work of the Medical Inspection Committee during the year was the appointment of a School Dentist and the organisation of a scheme for Dental Inspection and Treatment of School Children. The total number of children inspected by the Dentist during the year was 4,382, and of this number 2,728 were treated at the Clinic at 25, Tiviot Dale.

Although from the point of view of the School Children this would not appear to be an attractive branch of the Committee's work, Mr. Harold Walmsley, L.D.S., has taken such pains to enlist the sympathy alike of teachers, parents and children that the Dental Clinic has almost become a popular institution.

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

I have the honour to be

Your obedient servant,

H. E. CORBIN,

MAY, 1921.

Medical Officer to the Education Committee.

ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has, since the amalgamation of the Heaton Norris area in November, 1913, an area of 7,059 acres, and an estimated population of 130,635. There is therefore, approximately one elementary child to every 7·03 persons living in the district. The corresponding figure for England and Wales at the time of the last census, 1911, was 5·9, and for the County of London 6·08. The following list gives the school accommodation of the Borough and average attendance up to December 31st, 1920 :—

NAME OF SCHOOL.	Dept.	Accommodation.	No. on Roll.	No. of Partial Exemption Scholars	Average Attendance.	Percentage.
Wellington Road Council ...	M.	308	327	21	287	91
„	I.	127	121	—	102	84
Hanover Council ...	M.	344	261	39	212	88
„	I.	107	56	—	43	77
St. Thomas', C.E. ...	M.	720	760	129	629	91
„	I.	324	191	—	146	76
Parish Church ...	M.	600	495	—	447	90
„	I.	219	203	—	174	86
Central Partial Exemption ...	M.	294	438	318	276	99
Edgeley R.C. ...	B.	317	361	66	284	87
„	G.	345	336	54	267	86
„	I.	238	196	—	155	79
Hollywood Park Council ...	M.	500	432	—	366	87
„	I.	200	196	—	160	82
St. Peter's C. of E. ...	M.	337	294	—	243	83
„	I.	209	68	—	50	74
Brentnall St. Wesleyan H.G. ...	M.	462	499	—	442	89
„	I.	144	151	—	131	87
Stockport R.C. ...	B.	226	288	62	225	88
„	G.	242	287	41	221	83
„	I.	230	251	—	196	78
St. Paul's C.E. ...	M.	311	371	77	301	91
„	I.	143	139	—	115	83
Vernon Park Council ...	M.	600	389	—	337	87
„	I.	320	179	—	156	87
Portwood Temp. Council ...	M.	348	386	30	334	90
„	I.	237	186	—	155	83
Alexandra Park Council ...	S.	500	366	—	328	90
„	J.	400	375	—	315	84
Higher Brinksway Council ...	S.	252	287	64	215	84
„	J.	215	246	—	205	83
Edgeley Council ...	M.	310	315	—	275	87
„	I.	150	160	—	116	73

NAME OF SCHOOL.	Dept.	Accom- modation.	No. on Roll.	No. of Partial Exemp- tion Scholars.	Average Atten- dance.	Per- cent- age.
St. Matthew's C.E.	... M.	425	366	—	313	86
„	... I.	198	211	—	166	79
Lancashire Hill Council	... M.	397	350	35	290	87
„	... I.	157	112	—	85	76
Christ Church of E.	... S.	364	424	90	350	92
„	... J.	220	259	—	225	87
„	... I.	243	208	—	151	73
All Saints' C.E.	... M.	318	297	43	237	86
„	... I.	210	119	—	79	66
St. Mary's R.C.	... M.	337	341	61	268	86
„	... I.	195	181	—	140	77
Great Moor C.E.	... M.	330	309	—	274	89
„ Council	... I.	120	111	—	92	83
St. George's C.E.	... S.	300	301	—	257	85
„	... J.	300	313	—	255	81
„	... I.	272	266	—	180	67
Cale Green Council	... M.	464	314	—	276	88
„	... I.	220	181	—	151	83
Banks Lane Council	... M.	362	276	—	254	92
„	... I.	124	138	—	107	78
St. John's, Heaton Mersey...	... M.	253	213	—	186	87
„ „	... I.	142	79	—	61	77
Heaton Moor Council	... M.	128	80	—	68	85
„	... I.	150	196	—	157	80
Hope Memorial C.E.	... I.	223	140	—	115	82
Cheadle Heath Council	... M.	320	310	1	287	93
„	... I.	160	125	—	103	82
St. Thomas', Heaton Chapel	... M.	328	201	5	158	80
„ „	... I.	120	64	—	39	61
Houldsworth	... M.	419	460	64	368	86
„	... I.	286	218	—	163	75
North Reddish Council	... S.	360	369	18	305	85
„	... J.	300	280	—	235	80
„	... I.	320	284	—	207	73
South Reddish Council	... M.	227	279	38	232	89
„	... I.	141	146	—	118	81
Reddish R.C.	... M. & I.	360	143	18	115	85
St. Mary's C.E.	... M.	153	185	20	140	80
„	... I.	136	107	—	73	68

Totals, 23rd December, 1920 ... 20361 18566 1294 15188 84.7

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

Until the Education Act, 1902, came into operation, the provision of Education in this town was undertaken by voluntary organisations.

Although a School Board was elected for Stockport in 1870 it was soon dissolved, and no scheme matured for the erection of schools.

Voluntary organisations did not erect premises adapted for Day School purposes alone, but for use as Sunday Schools and for Parochial purposes.

It thus follows that a number of school buildings, when judged by modern requirements for educational purposes, are not adequate or suitable.

Since 1902, however, a great deal has been done, and the newly erected Council Schools, five in number, and one modernised school, are fully up to the present day standard.

They are:—

Alexandra Park Council, 1912.

North Reddish Council, 1907 and 1911 (Infants School).

Vernon Park Council, 1909.

Hollywood Park Council, 1907.

Cheadle Heath Council, 1906.

All these schools are one-storied buildings.

Cale Green Council School, a two-storied building, was modernised in 1908.

They have a central assembly hall.

As regards the NON-PROVIDED SCHOOLS:—

St. GEORGE'S C. E. is a modern structure, but the windows have leaded lights and Cathedral glass.

St. PETER'S C. E. is fairly modern.

REDDISH R. C. is a new and modern structure.

PARISH CHURCH OF E. is a fairly modern school.

St. MARY'S R. C. and EDGELEY R. C. have both been partially modernised.

The remainder of the Temporary Council and non-provided School buildings are not of modern design.

The surroundings of many of the older schools are not ideal. Being situated in the dense centres of population, they are naturally cramped. For instance, Lancashire Hill Council School, an old structure, has no proper playground.

PORTWOOD T. C. SCHOOL, is an old structure, but electric lighting will shortly be installed. There is much obscure glass in the windows. Hopper ventilators were provided in 1912, the further improvement of the ventilation is now under consideration.

BANKS LANE C. SCHOOL has most of the windows of obscure glass. The ventilation is moderate and the warming is fairly good. The building is being repaired. The lighting by gas and upright mantles is not at all satisfactory.

HIGHER BRINKSWAY C. SCHOOL.—A tender for an electric lighting installation has been accepted and the change in the lighting will be advantageous. The building has been extended and class-rooms re-arranged by means of folding partitions.

HANOVER COUNCIL SCHOOL may be described as a semi-base-ment building. The installation of electric light and the improvement of the ventilation will, it is expected, be shortly an accomplished fact.

At SOUTH REDDISH C. SCHOOL and at WELLINGTON ROAD C. SCHOOL the improvement of the lighting is in hand.

The structure of certain of the older premises with stone window frames and leaded lights makes effective VENTILATION difficult. In large central rooms especially it is almost impossible to get cross ventilation without draughts. As already stated this matter is constantly under consideration.

In many of the Rented Schools commendable progress is being made to carry out general improvements in order to bring the premises up towards the modern standard as regards lighting and ventilation and the repair of playgrounds, which are reasonably adequate, and the surfaces of which will gradually be made suitable for the purpose for which they are intended.

The LIGHTING of many schools is inadequate and the grouping of the lights is not ideal. Upright incandescent burners do not cause an equable diffusion of light.

It may be stated generally that much has been, and is being done to deal with this very important subject and its bearing upon the comfort of the school children.

WARMING OF SCHOOLS. In the newly-erected schools already referred to and in many of the modernised buildings the warming system is adequate and sufficient. It must be admitted however that in many schools owing either to the smallness of the boiler or to inadequacy of the warm water pipes around the rooms, the amount of heat radiated is insufficient to warm the rooms thoroughly in cold weather. A considerable number of breakdowns in the apparatus have occurred during the year, but have been remedied.

SCHOOL FURNITURE. Previous to the year 1915 the Education Authority made it a practice to supply yearly to the schools a certain amount of modern school fittings. During the period of the War this practice ceased and it is suggested that it should be revived, although it is recognised that the heavy prices now prevailing would make it a matter of anxious consideration.

In the new schools Dual Desks are provided, and in one of them (Alexandra Park Council), the junior department has small chairs and tables. These are considered very advantageous for young children, and moreover they can more easily be moved to make floor space for games, etc.

In the older schools there is a mixture of the dual desks supplied by the Education Authority since 1904 and the old equipment. There are many old desks six feet long without backs to the seats. It is hoped that it will be possible gradually to eliminate these long desks. Many classrooms would not accommodate the same number of children if dual desks were substituted for the older pattern.

BLACKBOARDS. It is considered that the type of blackboard mounted upon an easel is probably the best, although in the new schools there are also long boards placed upon the wall in front of the class.

The easel type of board allows of the adjustment of what may be described as the "angle of light," particularly important if the surface of the board becomes glazed and shiny, a dull surface being decidedly desirable.

A blackboard should be light to handle, its structure of framed three-ply wood, heavy boards especially if braced at the corners by angle irons, being a dangerous weighty appliance. These points would seem to apply especially to departments staffed by lady teachers.

SANITARY CONVENIENCES. The sanitary appliances in certain of the schools have been reviewed in previous reports.

All the modern schools are fully equipped as regards sanitary conveniences, lavatories and water supplies both for washing and for drinking purposes. At St. Mary's C. E. and at Great Moor C. E. Schools, the privy middens referred to in the Annual Report for 1919 are still unconverted. Whilst it is recognised that the Managers of these schools are severely handicapped financially it is obvious that from a medical point of view it is highly desirable that self-contained water closets should be installed.

Whilst in the older schools, speaking generally, the arrangement for the supply of drinking water is adequate, in certain ones there is room for improvement.

CLEANLINESS of school rooms. In the smaller schools the caretaking is done by a man, whilst in the larger schools the male caretaker has female assistance for cleaning purposes. On the whole this system is adequate and free from complaints.

DRYING ROOMS. It is considered that in a town the same necessity does not exist for the provision of drying rooms as in rural areas. The child has generally a limited distance to travel to and from school in the former, and should the clothing be really wet it is the precautionary practice to allow the child to return home in order to change the clothing. The changing of clothing at the school is in practice not workable, neither is it possible in the Elementary Schools of the town for each child to retain a change of foot gear on the school premises.

The Education Authority has, in fact, provided a drying room in the modern school at Alexandra Park, but the experience is that it is of limited value.

The following conclusions may be drawn from a general structural review of the schools in this area :—

A considerable number are certainly excellent, modern, and well-equipped, with a Central Hall which is a great asset in school routine.

There are others which through structural defects cannot be modernised.

HANOVER COUNCIL SCHOOL is a semi-basement building with unsatisfactory class-room accommodation and absence of playground facilities.

LANCASHIRE HILL COUNCIL SCHOOL has awkward staircase access. There is no playground for the Mixed Department, and the sanitary conveniences are not ideal. Electric light is installed.

ST. THOMAS'S C. E. SCHOOL is a heavy double-storey building, indifferently lighted, the window area being too small, and with an absence of cross ventilation. The lower rooms are depressing.

GREAT MOOR SCHOOL is not in a good state of repair.

ST. PAUL'S C. E. A Gothic type of building with a high roof and stone mullioned windows. Under present day conditions it is badly placed being close to the tramways and very noisy. Electric light is installed.

ST. MARY'S C. E. The type of the old village school, inadequate for the present population, and with unsatisfactory sanitary offices.

STOCKPORT R. C. This school is shut in by houses and business premises, and the large number of children attending causes marked congestion owing to want of space. Electric light is installed.

EDGELEY R. C., and ST. JOHN'S, Heaton Mersey, are of the type of the old schools.

Provision must be made for an increasing number of school children.

The "Attendance Return" for the last school week in December, 1920, shows school accommodation for 20,361 children, whilst 18,566 children are actually on the Roll. This would indicate that 1,795 school places are unoccupied, but this paper accommodation is not necessarily available where it is most needed. Some schools in the more densely populated areas are overcrowded, others further afield have ample room to spare. Travelling difficulties for children interfere with a more equable distribution of the school population.

HANOVER COUNCIL SCHOOL, in the centre of the Town, has accommodation for 107 children in the Infant's Department, but only 56 on the Roll.

ST. PETER'S C. E. SCHOOL, in the business centre, can accept 209 in the Infant's Department, but 68 are on the Roll.

ST. PAUL'S C. E. SCHOOL, in a populous centre but more towards one of the outskirts of the Town has accommodation for 311 children in the Mixed Department, and 371 on the Roll, whilst the Infant's Department is full also.

CHRIST CHURCH C. E. SCHOOL, in a populous centre, has a total accommodation of 827. The Roll numbers 891.

STOCKPORT R. C. SCHOOL, St. Petersgate, in the centre of the Town, owing to its denominational character is overcrowded. The number of scholars on the Roll is 128 in excess of the accommodation. One large class-room is divided into some half-dozen "areas," the different classes being taught under most difficult conditions from the instructors' point of view.

ALEXANDRA PARK COUNCIL SCHOOL, an excellent modern school on the outskirts of the town, has accommodation for 900 children but there are only 741 on the Roll at the present time. Vacancies will be filled as the population in this neighbourhood increases.

VERNON PARK COUNCIL SCHOOL accommodates 920. The Roll is 568.

HOLLYWOOD PARK COUNCIL SCHOOL accommodates 700 children. 628 attend.

The three last mentioned schools have not as yet recovered their normal school population which was transferred to other schools during their period of use as Military Hospitals. This matter will adjust itself again in a short period of time.

Whilst the clauses in the Education Act, 1918, in reference to the abolition of Half-time Employment are not yet operative, the Factories Acts have been amended to prohibit children being employed under the age of 14 years.

Of the 1,294 half-time children probably about 1,200 are employed in the Textile Mills. These will continue in their employment, but no new entries are possible under 14 years of age. They will remain therefore at school full-time, and approximately 600 school places will be needed for them.

At present there is a Central Partial Exemption School with accommodation for 294 children, but it is understood that at a future date the premises will be utilised in connection with the War Memorial Scheme.

Having foreseen the necessity of providing new schools the Local Education Committee has acquired desirable sites at Edgeley, Lancashire Hill, Great Moor, Hempshaw Lane, Mid-Reddish and Cheadle Heath.

The Cabinet Resolution in a Circular-Letter from the Board of Education, dated 17th December, 1920, notifies Local Authorities that schemes involving expenditure not yet in operation are to remain in abeyance, whilst a further Circular-Letter dated 11th January, 1921, indicates that only under very exceptional circumstances can schemes for the erection of 'large or costly permanent buildings' be sanctioned. The educational work in this Town must continue, therefore, under the present existing circumstances, and although not ideal it is considered that the work can be performed efficiently from a health point of view until further modern school buildings can be provided.

Many of the schools, although not of modern type, would not be so bad but for the fact that they are becoming overcrowded.

MEDICAL INSPECTION.

The children are examined at the schools.

A fortnight previous to the intended examination the head of each department is notified that the inspection is about to take place. The head teacher is requested to send a list obtained from the register of all children in the department who fall under the age groups given, and a list of all special cases stating the possible defect for which the child is to be examined; also to enter upon the inspection card the child's previous illnesses, to weigh and measure the age-group children (this is only done by a small proportion of the head teachers) and to notify the parents on the forms provided for the purpose, arranging for 16 parents per hour.

A second notice is sent to the head teacher a few days beforehand stating the date and time at which the examination will commence.

An assistant is always present with the Doctor at the inspections. Her duties are to weigh and measure the children when this has not been done, to help with the dressing and undressing when the parents are not present, and to test the eyesight and hearing (20ft. whisper test). Routine cases are always taken at the rate of 16 per hour. Special cases are seen at a quicker and more variable rate.

If the parent is present the condition of the child and any necessary treatment can be discussed with her; if not, the child is given a letter addressed to the parent, containing a printed card giving the defect, the dangers the child may incur if left untreated, and urging treatment. The days on which the Doctor may be seen at the Clinic for consultation or treatment are also given. There is no disturbance of the ordinary school arrangements during the inspections.

During the year 204 visits have been made to the elementary schools for the annual inspections.

5,668 children were examined as routines under the age groups of 5, 8 and 12, and 2,502 as special cases, an average of 40.05 children per school session.

At the end of the year 80 visits were made to the schools for the purpose of re-examinations. 2,778 children or 67.6 per cent. of the 4,104 children marked as defective or requiring to be kept under observation were seen. Any new special cases and children who were absent at the annual inspection were also seen. Any child who is still marked as a defect or observation case will be seen again in 1921. In this way each annual inspection is linked up with that of the preceding year and as few children as possible are lost sight of.

FINDINGS OF MEDICAL INSPECTIONS AT THE SCHOOLS.

5,668 children were examined under the "code" groups. Of these 1,919 or 33.85 per cent. had defects.

In addition to these 549 children were marked for observation. Many of the children had more than one defect, 2,146 defects being recorded (excluding uncleanliness and defective clothing and foot gear). Amongst the 2,502 "specials" seen at the schools 1,168 had defects requiring treatment and 432 required to be kept under observation.

(a) *Uncleanliness.*

The proportion of girls among the routine cases showing a verminous condition of the head was 20.69. Only 21 boys were recorded under this heading, giving a total percentage of 10.86, an improvement on the corresponding figure of last year, which was 12.8 per cent. This continued reduction is due in part to the series of visits paid to the schools by the nurses, and also to the teachers. More could be accomplished if a rule was made for all schools that the hair, if not kept short, should be tied back or plaited.

Sores on the head are invariably caused by a verminous condition of the hair, and keep the children out of school frequently and for long periods of time. These could be entirely eradicated.

During the year 31 of the schools have been visited by the nurses for the inspection of heads. Both boys and girls were examined. Only three schools received two inspections during the year.

Number of children examined	13,595
,, found verminous at first visit.....	2,013
,, found with lice at first visit	228
,, found with lice at subsequent visits ...	139

Each school received six visits.

Total number of examinations 20,682.

A large proportion of the time of one of the Nurses is spent in this work. This year (1921) it is proposed that the girls only shall be seen. This will halve the numbers seen at the first inspection; and in this way it is hoped that all schools (except a few of the cleanest) will receive at least two complete inspections and that more permanent good will be effected.

(b) *Minor Ailments and Skin Diseases.*

Very few minor ailments are seen at the school inspections, these being largely eliminated by the teachers as they appear. Only three cases of ringworm were found amongst the routine cases, 15 of scabies and 12 of impetigo.

43 cases of other skin diseases were notified as requiring treatment. These are mostly non-contagious and include eczema and psoriasis.

(c) *Tonsils and Adenoids.*

491 or 8.7 per cent. of the routine cases were found to need treatment for enlarged tonsils and adenoids, about two-thirds of these needing operative treatment. The others were referred for medical treatment and this should be combined with special breathing exercises, the necessary dental treatment and good general hygiene.

240 cases were seen amongst the special cases, this being the second most prevalent defect for which children are submitted for inspection by the teachers. This gives a total of approximately 450—500 needing operative treatment. 88 routine cases and 46 special cases were referred for treatment for other defects of the nose and throat, including rhinitis, mouth breathing and four cases of cleft palate, making a total of 865 defects.

(d) *Tuberculosis.*

Amongst the routine cases 0.12 per cent. were found to be phthisical and an equal number of cases were recommended treatment for suspected phthisis. The percentage is low, but includes only those cases that are actually in attendance at the schools and does not include children whose names are on the register but are excluded for phthisis. Of the special cases .32 per cent. were found to be phthisical and .41 per cent. were advised to obtain treatment for suspected phthisis.

The various forms of non-pulmonary tuberculosis found were also few in number; that of glands in the neck being the commonest. The total percentage of cases was .52 amongst the routine cases and .56 amongst the special cases. Valuable assistance in connection with these cases is given by the Tuberculosis Officer, Dr. Jenner.

(e) *External Eye Disease.*

58 or 1.02 per cent. of the routine cases were found to have external eye diseases. These were largely slighter cases of blepharitis, the children with more serious conditions being out of school.

(f) *Vision.*

734 or 12.94 per cent. of the routine cases were found to be suffering from defective vision, 97 of them being squint cases. This number does not include those of the routine cases who were already provided with glasses. In addition to these 931 cases of defective vision and of squint were notified as requiring treatment amongst the special cases. This gives a total of 1,665 requiring treatment; that is 8.76 per cent. of the total number of children on the school register, a very large number, and one giving rise to serious consideration as to how far defective vision is manufactured by insufficient natural and artificial lighting.

(g) Ear Disease and Hearing.

88 or 1.55 per cent. of the routine cases were found to have otorrhœa in either one or both ears.

160 or 2.82 per cent. other cases of deafness were recorded. These are largely the result of untreated tonsils and adenoids.

(h) Crippling Defects.

0.75 per cent. of the routine cases were found to have crippling defects of which only 42 per cent. had previously received treatment. The cause of the majority of cases was infantile paralysis; rickets was also a frequent casual factor. As infantile paralysis occurs most frequently in infancy, the children have often been left without orthopædic treatment for several years before they are seen at the schools or are notified by the Attendance Department.

25 cases of crippling defects were seen amongst the special cases, a total of 65 children.

INFECTIOUS DISEASES.

SCHOOL CLOSURE DURING 1920:—

School	Period of Closure	Cause of Closure
St. Thomas', H. C. (Infants' Department)	Feb. 2nd to Feb. 20th	Whooping Cough
Great Moor (Infants' Department)	Feb. 11th to March 2nd	Measles
St. Peter's, C.E. (Infants' Department)	March 10th to March 31st	Measles
St. John's, H. M. (Mixed and Infants' Dept.)	March 12th to March 31st	Scarlet Fever and Diphtheria
St. Mary's, C.E. (Infants' Department)	May 11th to May 20th	Measles
St. John's, H. M. (Infants' Department)	July 9th to July 29th	Measles

Owing to the prevalence of infectious disease the School Doctors inspected certain children in six schools to detect early cases as follows:—

Oct. 1st	...Cale Green (Mixed & Infants' Dept.)	...Scarlet Fever.
„ 8th	...St. Mary's C.E., Reddish (Mixed and Infants' Dept.)	... „
„ 11th	.. Houldsworth (Mixed & Infants' Dept.)	... „
Nov. 4th	...St. George's C.E. (Infants' Dept.)	...Diphtheria.
„ 25th	...North Reddish C. „	...Scarlet Fever.
„ 26th	...St. Thomas' C.E. (Standard II.)	... „

FOLLOWING UP.

A few weeks after the School Inspection, when sufficient time has elapsed for the Doctor's advice to have been followed out, the home of each child recorded as having a defect requiring treatment is visited by the Nurses in order to record what has been done and to impress on the parent again the need for treatment and the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or for consultation when the parent was not present at the inspection. After the Schools have been re-examined cases that have not yet received treatment or are in need of further treatment are followed up again at the homes by the Nurses. Records are kept of all visits made and of treatment obtained.

Notifications are received from the Attendance Officers of children who are out of school with minor ailments and who are not under treatment by their own doctors. These cases are followed up in the homes by the Nurses, directions given for the carrying out of simple treatment at home where such would be satisfactory, or the case is urged to attend at the Clinic.

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

There are four nurses on the Staff; one is engaged full time in the Clinic, two are fully employed with the following up, and the time of the fourth one is taken up with the inspection of schools for the cleanliness of heads, attendance at the Branch Clinic one half-day a week, and the clerical work in connection with this.

Occasional visits to the Manchester Skin Hospital in charge of the children attending for X-ray treatment are also made.

During the year 6,989 visits have been made to the homes.

MEDICAL TREATMENT.

Available for the treatment of the defects there are the following:—

- (1) Private Practitioners.
- (2) Hospitals.
- (3) School Clinics.
- (4) The Dispensary.

At the School Clinic treatment is restricted to that of minor ailments and refraction work for defective vision. At the Dispensary treatment is given to tubercular and pre-tubercular children who cannot afford treatment privately.

In connection with the School Clinics, X-ray treatment is obtained at the Manchester Skin Hospital, and a fee of ten guineas per annum enables children to attend the Manchester Royal Eye Hospital. All other defects are treated by the private practitioners or at the hospitals.

There are two School Clinics. The Central Clinic has always been held in the Town Hall, but in April of 1920 removal was effected into the house rented by the authority for the new Clinic. This is at present in use without any of the necessary alterations having been made.

The Clinic is open for the attendance of all cases on Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays refraction cases are dealt with. An inspection Clinic is held on Saturday mornings; at this the cases seen include :—

- (1) Certain cases seen at school that require further examinations.
- (2) Children attending for examination previous to being sent to special schools.
- (3) Special cases sent by the Superintendent of Attendance Officers to be examined as to their fitness for school.

A Branch Clinic is held at North Reddish on one afternoon a week. The Doctor attends fortnightly, a Nurse attends weekly. 1,727 attendances have been recorded.

	1920	1919	1918
Total attendances	13,569	11,022	6,730
Total No. of Children attended...	3,635	2,866	1,975
Average No. of Attendances per child	3.7	3.8	3.4

Children treated :—

Skin Diseases.....	1,583
Ear Disease	157
Eye Disease	170
Defective Vision	1,032
Verminous Heads	61
Miscellaneous Minor Ailments..	78

In addition to these, children to whom no treatment is given attend for consultation with their parents, and for certificates of exclusion from or admission to school.

The following is a classified list of these cases :—

Deafness	15
Phthisis	12
Tubercular Conditions other than Phthisis	2
Anæmia, Debility, and suspected Tuberculosis...	64
Bronchitis and Bronchial Catarrh	74
Stomach Catarrh.....	17
Epilepsy	16
Chorea	20
Mental Defects and Backwardness	16
Enlarged Glands.....	25
Heart Disease.....	26
Rheumatism	16
Enlarged Tonsils and Adenoids	119
Other Nose and Throat Conditions	60
Infectious Diseases.....	72
Teeth	30
Deformities	12
Rickets.....	8
Miscellaneous	50

During the year it was necessary to give 1,872 exclusions from school for varying periods of time. The following list shows the various conditions for which these were given :—

Impetigo	571
Scabies	220
Ringworm of Scalp	67
Ringworm of Face	52
Other Skin Diseases.....	52
Eye Diseases.....	114
Tonsillitis	115
Verminous Conditions	132
Nervous Diseases	83
Infectious Diseases	84
Pyrexia	20
Rheumatism	31
Ear Disease	19
Tuberculosis Lungs	23
Chest Diseases other than Phthisis	86
Anæmia, Debility, and suspected Tuberculosis..	15
Tubercular Conditions other than Phthisis	15
Heart Disease	39
Hydrocephalus	2
Miscellaneous	134
Total.....	1874

(a) MINOR AILMENTS AND SKIN DISEASE.

1,583 cases of minor ailments were treated at the Clinic during the year whilst 43 cases are on record as obtaining treatment elsewhere. (To explain the comparative smallness of this latter number it must be remembered that all the children who go direct to the family doctor and are not seen at school or Clinic are not on record).

These cases may attend at the Clinic on four days in the week. Many bad cases of impetigo are seen daily by the Nurse and dressed. In this way the condition is cured more quickly and the child returns to school sooner.

Results of treatment have been very satisfactory. 1,102 cases of impetigo were treated and cured during the year. The number of cases of scabies, though still remaining large, has decreased since 1919. 175 cases were treated, of which only five were out of school at the end of the year. The average number of attendances was 3.84 and the average length of treatment was 28.02 days, which compares very favourably with 47.3 days in 1919. It is in a few careless and indifferent families where no attempt is made to carry out treatment that it is so difficult to cure this disease when no Cleansing Station is available. Several such cases were admitted to the Union Hospital.

61 cases of ringworm of the body were treated and cured in an average length of 24.7 days.

The number of cases of ringworm of the scalp shows an increase on that of last year, the numbers being 82 and 64 respectively. This is due to the large number of cases sent in from two schools in one district. As soon as this was noticed a special inspection of the heads was made in one of the schools with a result that children were found in school having returned to school after treatment by an unqualified "specialist." These children were excluded from school and no further cases were notified. It is a rule of the Committee that all children who have been out of school for ringworm of the scalp should not be re-admitted until a certificate has been obtained from the School Medical Officer, but in a case such as this the condition may not be called ringworm by the "specialist;" the growth of hair on the children's heads was abundant, and though the disease had spread all over the scalp there was no "bare patch" such as is looked for by the teacher.

When two or three cases come in from one school it is invariably found on inspection that the little epidemic is due to a "missed" case or to one admitted without a certificate of freedom from infection. If the rule were more strictly and thoroughly applied the number of cases would decrease considerably.

Of the 84 cases all were in school at the end of the year except five. Only the worst cases are advised to have X-Ray treatment; in slighter cases it is found that cure can be effected as quickly without X-Rays, and without resorting to ointments as strong as to cause inflammatory reaction, when there is a danger of bald patches resulting. Even in the bad cases the parents usually prefer to try other treatment for some time first; this increases considerably the duration of time the child is under treatment.

The average number of days for all cases was 66.2. Number out of school at end of 1919, 16. All these, except one, were certified for school early in 1920. The one case is still out of school under the care of the family doctor.

New cases excluded during the year	66
Cases sent back to school certified cured	61
No. out of school at end of 1920	5
{ No. treated by X-Rays	22
{ No. certified as fit for school.....	20
{ No. treated by ointment only	44
{ No. certified as fit for school.....	41

Of these three uncertified two are under treatment by the family doctor.

135 cases of other types of skin disease were treated at the Clinic during the year. These were mild cases of eczema, psoriasis, seborrhœa, alopecia, and rarer cases of herpes zoster. The cases of eczema invariably clear up rapidly, the cases of psoriasis and alopecia naturally take longer, but the children attend school during treatment.

Other minor ailments treated included pyorrhœa alveolaris, slightly inflamed throats and enlargement of cervical glands.

(b) TONSILS AND ADENOIDS.

731 cases of enlarged tonsils and adenoids were referred for treatment; of these 450-500 required operative treatment. Only 147 were on record as having been operated on, 110 at the local Infirmary, 37 at the Manchester Hospitals or by their own doctors.

The actual number eventually operated on is larger than this as many cases had been to the Hospitals and were awaiting notification to attend for operation.

In addition 254 cases received medical treatment in the form of gargles or sprays and the slighter cases were improved by this method. It does not, however, suffice for the bad cases, which are complicated by otorrœa or deafness.

(c) TUBERCULOSIS.

1. *Pulmonary.*

Cases of phthisis receive treatment from the private practitioner, or in cases where the parent cannot afford to pay for the necessarily long and continuous treatment, at the Tuberculosis Dispensary. Of the cases seen at the schools and Clinic during the year 23 were excluded from school and 18 cases not already under treatment obtained it and made progress, three receiving sanatorium treatment. The 25 cases recommended treatment for suspected phthisis all obtained treatment; 15 were sent away to the country or seaside under the Fearn's Trust and most benefited greatly. Two developed definite phthisis.

These numbers are comparatively small, but in Table III. it will be seen that there are 92 cases of definite phthisis on record, of which 61 were out of school and of which none were in a special school and only four in a sanatorium.

263 children attended the Dispensary during the year:—

Phthisis	46
Bronchitis, Suspected Phthisis and Pre-Tubercular	
Debility	183
Tuberculosis of Cervical Glands.....	32
,, ,, Spine	1
,, ,, Hip	1
	<hr/>
Total	263

48 of these cases were first seen and examined as contacts with phthisical relatives; 14 other contacts seen were healthy. When it is realised that quite apart from the phthisis cases the great majority of these cases are out of school for part or all of the year the grave need of a Residential or Day Open Air School is apparent.

2. *Non-Pulmonary.*

12 cases of tubercular cervical glands were seen and received treatment, two were operated upon, one with a fatal result; the rest improved with medical treatment; two were sent away by the Fearn's Trust.

15 cases of tuberculosis of bones and joints were seen and received treatment; two were sent to a special school for surgical tuberculosis where they have received operative treatment and are making good progress.

The others received operative or splint treatment or both at local hospitals and are continuing with the necessary treatment.

There is a total of 27 cases on record of crippling due to tuberculosis. (Table III.)

There were eight cases of other forms of tuberculosis; these received treatment during the year but were not cured.

(d) EXTERNAL EYE DISEASE.

170 cases of external eye disease received treatment at the Clinic. 152 were cured, 13 were sent into hospital, and five cases were still attending at the end of the year.

The following were the most frequent conditions:—

Corneal Ulcer	32
Conjunctivitis	51
Phlyctenular Conjunctivitis	16
Blepharitis ..	37
Iritis	4
Keratitis	3

Many of them were serious cases necessitating daily attendance at the Clinic. The parents readily appreciate the danger to the child's eyesight incurred in these diseases, but the treatment is difficult for them to carry out, and the conditions do not improve without frequent skilled attention. The majority are found to have defective vision and are most readily cured or prevented from having further attacks by the provision of glasses.

(e) VISION.

The total number of cases seen either at the Schools or at the Clinic and referred for refraction was 1,665.

1,147 or 68·88 per cent. were refracted for glasses, and glasses were prescribed for 1,021 or 61·32 per cent.

Of the 1,147 refraction cases 1,053 were carried out under the Scheme of the Authority, 883 at the School Clinic by the two School Medical Officers, and 170 at the Manchester Royal Eye Hospital.

Out of 1,021 children who were prescribed glasses only 736 or 73·11 per cent. obtained glasses. 397 pairs of glasses were provided by the Blind Asylum, 339 were bought by parents, the remaining 285 parents have not bought the glasses. As only those who actually have the glasses can be recorded as having received treatment, these figures only give a percentage of 44·2 of the total 1,665.

Many of these children with high degrees of Myopia, or of Hypermetropia especially when complicated by Astigmatism, are unfit for, even after glasses are provided, the ordinary class of an Elementary School. The eyesight is further strained by the use of books and blackboard writing suitable for normal children, whilst the poor illumination present in many of the older schools and the cramped position necessitated by accommodation in a multiple desk, aggravate the strain.

A Central Class for the Conservation of Vision, with ideal lighting, suitable desks and equipment, could be started at comparatively little cost but with great benefit to the children.

(f) EAR DISEASE AND HEARING.

Of the 203 cases of otorrhœa seen during the year, 157 received treatment at the School Clinic. This condition is only cured by continuous treatment, and good results are only accomplished when regular treatment is obtained. Many parents do not realise the gravity of the condition, and the children cease attending as soon as the discharge stops, before the condition is really cured. Hospital accommodation for these cases is very meagre, and bad cases which can only be cured by operation continue indefinitely with palliative treatment.

71 or 45.2 per cent. of the 157 cases were cured during the year. 34 other cases were treated by the private practitioner.

There were 288 cases of Deafness recorded, the result of untreated Tonsils and Adenoids and of the neglect of repeated inflammatory attacks in the ear, resulting in ear conditions which are very unsatisfactory to treat, and which cannot, in the later stages, be cured. These cases account for a large number of the dull and backward children; the remedy lies in the earlier enucleation of Tonsils and Adenoids and the education of the parents in the necessity of obtaining prompt treatment for any ear trouble.

(h) CRIPPLING DEFECTS AND ORTHOPÆDICS.

No treatment for these defects is given at the Clinic. 30 cases of Rickets were recorded as requiring treatment, 22 of these were causing more or less actual crippling. Osteotomy was recommended in six of these cases, but in only one was consent obtained and the condition remedied. In 15 other cases some slight improvement was recorded, but only three of these had obtained medical treatment.

24 children were found to be crippled as the result of Infantile Paralysis and to be in need of Orthopædic treatment. Financial help has been given in certain cases by the Fearn's Trust in procuring the necessary splints. A few cases receive systematic and continuous treatment privately or under hospitals, and results improve gradually. In two cases both legs are affected and the children attend school in wheeled chairs. Special Day or Residential Schools are needed for the marked cases.

Seven children were crippled as the result of other causes, among which injury and congenital conditions were the chief.

Apart from the Cripples, Orthopædic treatment was recommended for other conditions. 12 cases of Spinal Curvature were found. These need remedial exercises which are at present unobtainable. 22 other Deformities were recorded. The most important of these were the cases of partial paralysis of the arm, a condition which is a serious handicap to a child in an ordinary school. If the right arm is affected the child has to be taught to use the left, and again in these cases, massage with special exercises and training is needed. In one case that attended for massage treatment regularly at the local Infirmary great increase in power and range of movement was noted. The other deformities recorded included two cases of Torticollis which did not receive operative treatment, partial Joint Ankylosis caused by injury or disease, and Chest Deformities resulting from Pneumonia in early life.

Total Recommended Treatment 96.

„ Received „ 52 or 54.16 per cent.

(i) NON-TUBERCULAR CHEST DISEASES.

94 cases of bronchitis and bronchial catarrh and 4 of asthma were seen during the year, of which 55, or 58·51 per cent., obtained treatment. 11 of these were treated at the Dispensary, the remaining 44 cases obtained treatment from the private practitioner. General hygienic measures are very important in these cases. These children are often overclothed, and are kept during an attack in a close atmosphere of too high a temperature, the natural mechanism by which the body reacts to cold air is weakened and another attack supervenes. The condition is often cured at 8-10 years of age currently with the child leading a freer and more active open air life.

The cases occur therefore largely in the infant departments, but are important because the children are so frequently away from school.

20 cases were cured, and 26 were improved during the year.

(j) HEART DISEASE AND ANÆMIA.

There were 66 or 1·16 per cent. of cases of organic heart disease among the Routine Cases, and 40 among the Special Cases. Of these, 64 required medical treatment, the remaining 42 needed only supervision with regard to games, drill and the amount of rest taken at home.

Treatment is obtained from the private practitioner or at the hospitals.

Complete rest, an essential part of the treatment in the bad cases, is difficult or impossible to achieve in the poorer homes. In this condition again many of the cases have to be excluded from the ordinary school, some permanently, and accommodation in Residential Special Schools is difficult to obtain.

50 cases received treatment, and of these, 38 improved during the year; 2 cases died.

On enquiring into the cause of the condition, some are found to have supervened on acute rheumatism, rarely on pneumonia or scarlet fever, but far more frequently a history is obtained of conditions which were not considered serious enough to need medical treatment at the time, *i.e.* slight but recurrent tonsillitis accompanied by pains in the limbs, or slight but repeated attacks of Chorea. Gradual education of parents of families in which a rheumatic tendency is present is the best method of prevention.

66 cases of Anæmia were seen of which 59 received treatment, 9 cases were cured and in 40 a distinct improvement was noted.

(k) NERVOUS DISEASES.

23 Cases of Epilepsy were seen during the year, of which only twelve received medical treatment. Constant supervision of the cases is needed to obtain continuous treatment. Only 2 cases were recorded as cured. The milder cases attend school.

12 Cases of Chorea were recorded, all received some treatment, but only 4 were completely cured.

16 other cases of nervous disease were seen. Of these 12 received treatment, and 4 were cured.

(l) OTHER DISEASE OR DEFECT.

114 miscellaneous defects were recorded, of which 71 received treatment. They include cases of thyroid enlargement, herniæ, abdominal diseases etc,

9. OPEN-AIR EDUCATION.

(a) *Playground Classes.*

In the modern schools, where there is a large play-shed available, such classes are held. A large number of collapsible forms, recently purchased from the Military Authorities, have been distributed amongst the schools in order to encourage the holding of open-air classes in suitable weather at all schools, and not merely in those possessing overhead cover. It is thus possible to do all kinds of aural work, but not written work, even in the older type of schools.

A beginning having been made in open-air education, it is hoped to extend and amplify it in the near future.

(b) *School Journeys.*

For three years previous to the war a commendable scheme was initiated by Mr. Downham, of North Reddish Council School, whereby some of the elder scholars of the school were taken for a week's visit to Kettleshulme, situated in the hilly country between Stockport and Buxton. Accommodation was found in two cottages. Twelve girls under the charge of the cookery teacher and one of the regular staff stayed there for a week doing all their own shopping, cooking and housework, thus putting to practical use the cookery class instructions given during the year, and at the same time enjoying a holiday.

Twelve boys with teachers had also an instructional holiday in the same country.

For many years previously Mr. Downham had taken a number of boys from his late school, St. Peter's, into the country, sometimes putting them under canvas or at other times hiring a building in the village. During the present year, however, the difficulty experienced in obtaining suitable accommodation has caused the scheme to be in abeyance.

Stockport, although an industrial district, is situated on the borders of the country, to which access is readily obtainable. It would appear, therefore, that school journeys are not so urgent as in large towns.

Periodical visits are made to the Museum at Vernon Park, Stockport, by parties of school children, who receive instruction in natural history. No expenses are incurred on this journey.

(c) *School Camps.*

Negotiations are now proceeding for the obtaining of facilities to form a permanent camp for young people on a portion of the Woodbank Estate on the outskirts of Stockport.

This estate consists of both park land and open ground, and it is suggested that certain outbuildings of the estate residence be converted to provide permanent dormitories for use during severe weather, with a cook house and necessary offices.

The camp would be thrown open (in the first instance) for the use of Juvenile Organisations in the town, subject to an orderly programme approved by the Juvenile Organisations Committee.

After each usage the clothing and equipment would be disinfected by arrangement with the Health Committee. Experience will suggest a variety of uses for this camping ground.

As this matter is still under consideration, reference will be made to it in the next Annual Report when some finality has been reached.

The active co-operation of various departments of the Municipal Services, for example the Parks Committee, the Tramways Committee and the Education Committee, would tend to promote the well-being and health of the rising generation, by offering facilities for open-air recreation and instruction away from the crowded streets of the town.

(d) At present there are no class-rooms in the public elementary schools of the real open-air type.

(e) No day open-air schools exist, but they form part of the schemes now being considered under the Education Act, 1918.

(f) *Residential Open-air Schools.* None.

10

PHYSICAL TRAINING.

The Education Authority have had in the past an organiser who devoted her services partly to the Secondary Schools and partly to the Elementary Schools.

Owing to the increased numbers of Secondary School pupils her services have not been available for the Elementary Schools since July, and the Authority adopted a resolution to engage two instructors (male and female).

The intention of the Authority was, that in addition to the effective supervision of all physical exercises, as outlined in the Board's Scheme, that the male instructor should organise the outdoor games of the boys (such as cricket, football and swimming), whilst the lady instructor would undertake remedial exercises in association with the School Clinic and under the direct supervision of the School Medical Staff. When this scheme is initiated, satisfactory arrangements will be made for the association of the School Medical Services with the work of physical training in the schools.

As such a scheme would confer undoubted benefit upon the school population by not only improving their general physique, but also by remedying early physical defects by medical gymnastics and massage (such as round shoulders, flat chests with shallow respiration, certain forms of spinal curvature and weak and wasted limbs following infantile paralysis) it is hoped that the reduction of expenditure by the Cabinet will not cause delay in the appointment of this additional staff of physical instructors.

Miss E. F. Kerr, the Area Organiser of Physical Training reports as follows :—

During the school year, September, 1919, to July, 1920, the following schools were visited :—

St. Peter's C.E.
St. Joseph's R.C.
Portwood Temp. Council.
All Saints' C.E.
St. George's C.E.
Hollywood Park Council.
Banks Lane Council.
Cale Green Council.

St. John's, Heaton Mersey.
St. Thomas's, Heaton Chapel.
Heaton Moor Temp. Council.
St. Mary's Parish C.E.
Great Moor C.E.
Vernon Park Council.
Wellington Road Council.
Edgeley R.C.

At each school a demonstration lesson was given, at which, in most cases, all the staff was present. The lesson was given according to the 1919 Syllabus of Physical Exercises, in order to give the teachers an idea of the method of using it.

On the whole the children were keenly interested and responsive, but their positions were not very satisfactory, showing that greater care is needed in obtaining good starting positions before an exercise is performed. Keener observation and more correction of faulty positions are required. Many of the teachers have expressed a wish for a course of instruction in physical training under the new 1919 syllabus, and while the enthusiasm is there and the syllabus is now obtainable by everyone, it is to be regretted that classes for teachers have not been formed during the winter 1920-21. It is hoped that the teachers will soon be able to have this tuition so that they may fully know and understand the best method of teaching the new syllabus. The children under their care would then derive full benefit from the teaching and soon show a marked improvement in general physique.

11 PROVISION OF MEALS FOR SCHOOL CHILDREN.

(Provision of Meals Act, 1906-1914).

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

Children are recommended for free meals by :—

- (1) School Teachers.
- (2) School Medical Officers.
- (3) Attendance Officers.

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

The children are weighed fortnightly at the School Clinic, and any child whose condition is unsatisfactory is seen by the School Doctor.

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

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

On certain mornings porridge and milk or treacle is served, but is not appreciated by the children.

Dinner consists of meat or fish served in a variety of ways, with potatoes, and Yorkshire pudding or some form of milk pudding, etc.

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

Milk allowance per head per day is $\frac{1}{8}$ pint.

Meat	"	"	"	1 $\frac{1}{2}$ ounces.
Fish	"	"	"	3 ounces.

40,412 meals have been provided during the year.

	1920.	1919.	1918.
Cost of Food per Meal	—2·87d.	2·61d.	2·66d.
Cost of Administration per Meal	—2·13d.	1·83d.	1·92d.

The average number of children attending the Feeding Centres, per meal, during 1920 was 74·6. In 1919 it was 37·4.

At the Public Central Baths, St. Petersgate, Stockport, and also at the Branch Baths at North Reddish, one bath is placed at the disposal of the Education Committee upon payment.

Detailed time tables are drawn up whereby the baths are utilised by parties from the various schools.

The baths are so extensively used by the Boys' Swimming Classes as to preclude them being used in an equal ratio by the girls. Should a head teacher desire more provision for girls, they utilise the public bath for women on payment of a reduced fee.

No provision for bathing exists on school premises.

Administrative arrangements would appear to preclude the actual provision of swimming baths on school premises, but it is considered a practicable scheme to instal overhead spray baths in future schools, of a simple type similar to those used by the army in France.

The provision of school baths in an industrial area would undoubtedly be beneficial if the harmonious co-operation of the parents was assured, for an improvement in the general health of the school children, the reduction of the incidence of scabies and vermin infection and their general feeling of well-being would ensue.

13.

CO-OPERATION OF PARENTS.

(1) At the School Inspections.

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

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

1,665 parents or 20.13 per cent. attended at the Schools in 1920.

Should any child be found to require treatment and the parent is not present, a "defect card" is given to the child (Ref. Par. 7). Treatment is much more easily obtained when the parent is present at the Inspection.

(2) At the Clinic.

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

(3) In the Home.

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

14

CO-OPERATION OF TEACHERS.

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

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

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

15 CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

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

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

16 CO-OPERATION OF VOLUNTARY BODIES.

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

In 1920 the number of spectacles provided free was 397 pairs.

By means of a grant to £250 the Local Authority supplement the efforts of the "Fearn's Trust" (a local charitable bequest) to provide residential open-air convalescent treatment for debilitated children.

All cases are recommended by the School Medical Officers, and the Trust then deals with their actual placing in the homes. Twenty-two beds are provided in the rural districts of Ashford, Chessbrook, Edale, Handforth, Mellor and West Kirby, and at Cleethorpes-by-Sea. Thirty-one children were away for varying periods during 1920.

The Trustees have also ten beds at the Ormerod Homes for Convalescent Children at St. Annes-on-Sea. These beds are occupied by heart cases, or other more delicate children selected by the School Medical Staff. Twenty-five children benefitted by treatment there during 1920. No limit is placed upon the length of residence, supervision being exercised by the Medical Officer of the Ormerod Homes.

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

The "Pearson's Fresh Air Fund" has assisted materially in sending children away for a holiday, each child being medically examined previous to departure.

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

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

In the past year 266 pairs of clogs were provided at a cost of £101 18s. 3d.

The local officer of the National Society for the prevention of Cruelty to Children occasionally brings children (verminous, etc.) for examination at the School Clinic, and willingly renders valuable assistance in investigating special cases referred to him from the School Clinic. He also assists, if requested, in urging parents to obtain spectacles and other appliances.

The School Medical Staff desire to express their appreciation of the great and invaluable assistance given by the above-mentioned Institutions in assisting the well-being of the School Children, and express their pleasure in being able to co-ordinate with them to a marked degree.

17 BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

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

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

No Day Special Schools are available in Stockport.

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

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

Cases of Imbecility are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but their accommodation is limited. 21 such cases are out of school, and three of a minor degree of severity are supervised in an ordinary elementary school. Eight cases have been notified to the Town Clerk this year.

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

18

NURSERY SCHOOLS.

There are none at present, and in view of the Board's ruling upon expenditure, the matter remains in abeyance.

19

SECONDARY SCHOOLS.

The children of the Municipal Secondary School have for several years been examined on entering the school with regard to fitness for games, drill and gymnastics, and swimming.

In 1919 this was extended to a full inspection based on the same principles as the examination of the children in elementary schools. Children are seen on admission (i.e., 11 or 12 years of age) and annually after 12 years of age. The High School for Girls was also included and has now received two annual inspections. The children seen were aged 5, 8, 12 and 15 years of age, and special cases were also examined. A nurse was present to assist with the dressing of the children whilst the assistant did the weighing and measuring and the testing of eyesight and hearing.

At these examinations all the girls are seen by the Lady School Medical Officer.

The inspection schedule in use at the elementary schools has been used, but special points (not applicable to elementary school children) are inquired into in accordance with Circular 1,153. The attendance of parents with the girls is moderately good, and small points of personal hygiene as well as the treatment of actual defects can be discussed with them when present. The question of the child's suitability for partaking in the various games, drill and apparatus work is considered in detail, especially in cases of slight heart weakness. Conditions such as spinal curvature, flat foot and other deformities are referred personally to the respective drill mistresses, and suitable remedial exercises discussed with them.

A total of 15 visits were made to these schools in 1920. 659 children were fully inspected and 94 were seen for a special defect.

The attendance of parents was 27.61 per cent.

150 children or 22.76 per cent. of the 659 routine cases required treatment for 160 defects, whilst 85 children required to be kept under observation.

70 cases were recorded as requiring treatment for defective vision and squint and 21 for enlarged tonsils and adenoids.

No tuberculosis was found, but there were 14 cases of organic heart disease, 9 of which required medical treatment.

18.2 per cent. of the children were unvaccinated, a number which compares very favourably with that recorded for elementary school children.

The treatment of these cases is not followed up by the nurses; treatment is not, as yet, obtainable at the School Clinic and no records of treatment are available. A list of all children found to be defective and the nature of the defect is sent to the head mistress and head master of each school, and invaluable help is rendered by them in seeing that treatment is obtained.

CONTINUATION SCHOOLS.

A class of apprentices in the Engineering Trade meets in the Technical School in the evenings during the week and on Saturday morning. The extension of this scheme has been delayed owing to the use of the building by pupils from the Secondary School, whose own school was used as a Military Hospital. These premises are now converted to their original purpose, and progress will ensue.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Bye-laws under the Employment of Children Act, 1903, were adopted by the Local Education Authority in May, 1920, and forwarded to the Home Office for approval. These were returned in December, 1920, together with a number of objections which had been forwarded to the Secretary of State by local organisations with a request that the Education Authority would forward their observations upon these objections. This matter is at present under consideration.

In this district half-time employment (children working between the ages of 12 and 14 years) is largely prevalent. They are chiefly employed in the textile and felt hat trades.

The number of half-time children in 1920 was approximately 1,300.

The provisions of the Women, Young Persons and Children (Employment) Act which comes into operation on 1st January, 1921, will greatly reduce in the future the number of half-time children.

- (1) Fully one-half of the young people employed are in textile factories, engaged in spinning, weaving and doubling, different processes in the manufacture of cotton goods.
- (2) The Supervisor of the Juvenile Employment Bureau receives a copy of the typed list of senior defective children found at any particular school examination. He thus has knowledge of many children whose occupation has to be chosen according to his physical fitness. His attention is further directed to any individual child's defect on the "leaving card" forwarded to him from the school. As the Employment Bureau and the School Clinic are in adjacent buildings, he is able to consult the School Medical Officer about any doubtful case. Frequently children make application at the Bureau for employment immediately after leaving school, who have been excluded from school for long periods on a medical certificate. These are submitted by him to the School Medical Officer for examination, and the parents are advised as to further medical supervision or rest, before following a daily occupation. The following statistics for 1920 give some indication of the scope of the work carried out by the Bureau :—

No. of children leaving school.....	1630.
„ Applicants at the Bureau.....	1216.
„ Children placed in situations.....	578.
„ Cases visited by Members of the Care Committee.....	250.

The Certifying Factory Surgeon of the district does not refer to the School Medical Officers.

- (3) The work in a cotton mill is largely mechanical, a question of the dexterity of hand and eye. The brain grows but the intellect is not stimulated.

The noise in the mills seems to impair hearing acuity. It is observed that if a child has worked during the morning, he appears too tired for mental work in the afternoon.

No actual physical defect traceable to the occupation is noted, but anæmia and stunted development is observable.

22

SPECIAL ENQUIRIES.

During the year 1920 a medical register has been compiled, so far as practicable, of exceptional school children in the area.

Coloured cards are used headed in accordance with the divisions in Table III.

These cards are found most useful, and it will be possible to compile gradually a register of all such cases.

23

MISCELLANEOUS.

- (1) All candidates for Minor Municipal Scholarships tenable at the local Secondary Schools are medically examined before the examination.

In 1920 there were 146 Boys and 115 Girls examined, a total of 261. One case only was rejected on medical grounds.

- (2) Five certificates were given during the year, after medical examination, to children about to be employed on the Stage.
- (3) Eight children were examined and given medical certificates for admission into Industrial Institutions.
- (4) Owing to a breakdown of the heating apparatus, St. Mary's C.E. School was closed from Dec. 13th to 17th.

24

VACCINATION.

- (5) 2,986 children or 47·32 per cent. of the Routine Cases examined were found to have no vaccination marks.

The figures for the three preceeding years were 42·4 per cent, 33·11 per cent. and 24·0 per cent.

Amongst the 5 year old children 51·16 per cent. were found unvaccinated.

- (6) *MALNUTRITION.*

281 or 4·95 per cent. of the Routine Cases had subnormal nutrition. 633 or 11·16 per cent. were regarded as excellent, the remaining cases were recorded as normal.

DENTAL INSPECTION AND TREATMENT.

The Education Committee appointed Mr. Harold Walmsley, L.D.S., as School Dentist at the beginning of the year, and a School Dental Clinic was established at 25, Tiviot Dale, where a Voluntary Clinic had been previously carried on. An additional School Nurse was also appointed to assist the Dentist at the schools and at the Treatment Centre.

The scheme is as follows :—

INSPECTION.

The routine inspection is confined to the children of ages 6, 7 and 8 years, *i.e.*, the period at which the permanent teeth begin to erupt. During the year it has only been possible to deal with the children of these age periods in about one-half of the schools, but when all these children have been dealt with *once*, it is very desirable that the scheme should include the inspection of the 5 year old infants, as it is between the ages of 5 and 7 years that the child's first permanent teeth (first permanent molars) come into position, and the condition and position of these teeth very largely determine the character of the whole dental armature.

Each child possesses a Dental Examination and Treatment Card which will contain a record for the child during the whole of its school life. Yellow cards are used for boys and white for girls, pink and green cards are used for casual boys and girls, *i.e.*, cases not included in the routine age groups.

Careful examination is made by the Dentist at the school with a mirror and probe, and the Nurse notes on the chart the following details :—The number of sound, saveable, and unsaveable teeth, both temporary and permanent, the date of inspection, and also marks on the chart which teeth are to be saved by filling and those requiring extraction.

In every case referred for treatment a printed form is sent to the parent in order to obtain consent for treatment, and no treatment is undertaken at the Dental Clinic without the signed consent of the parent or guardian.

CASUALS.

Apart from the children of the routine age groups, a large number of children over 8 years of age come for treatment either as a result of toothache or are referred for some special reason by the teacher or parent. These are known as "Casuals," and while cases in pain are dealt with at any time by the Dentist, it is not possible to allow these "Casuals" to interfere too much with, and cause arrears in, the routine work. Arrangements have been made to deal with as many of these cases as possible on Saturday mornings.

TREATMENT.

Appointments are made by post-card for those children whose parents have signed the form of consent, to come to the Dental Clinic for treatment, and about 90 per cent. of these children attend the Clinic, each child making an average of two visits to the Clinic.

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

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

The fact that out of a total of 4,382 children inspected by the Dentist no less than 4,197 were referred for treatment is sufficient to indicate that the state of the mouth and teeth is very unsatisfactory in the large majority of school children.

All details of treatment are entered on the child's Dental Record Card.

ANÆSTHETICS.

In order to avoid pain as far as possible an anæsthetic is employed in all extractions. Only local anæsthetics, however, have been used—Novocain being injected for the extraction of permanent teeth, and Ethylchloride sprayed on to the gum in case of temporary teeth extractions.

IRREGULARITIES.

In any scheme of dental treatment it is important to see that the child masticates the food by means of two dental arches nicely adapted to one another and not by means of a certain number of individual teeth. Apart from the question of appearance, irregularities are of importance because they affect the function of the teeth and predispose to decay. While some minor cases of irregularity, which can be dealt with by a few judicious extractions, are treated at the Clinic, the more serious cases are sent by the School Dentist to the Manchester Dental Hospital. These cases require considerable time and skill to be devoted to them, and the thanks of the Education Committee are due to Mr. G. Campion, Senior Dental Surgeon to the Hospital, who has at the present time between 30 and 40 of our cases under his care.

The following tables show the details of dental inspection and treatment:—

- (1) Table showing the schools inspected with numbers of each sex in each age group.
- (2) Table showing treatment of dental defects.
- (3) Table showing time given and operations undertaken.



ELEMENTARY SCHOOLS.

TABLE I.—Number of Children Inspected 1st January, 1920, to 31st December, 1920.

(a)—Routine Medical Inspection.

Age.	ENTRANTS.					
	3	4	5	6	Other ages	Total.
Boys	1	19	711	309	79	1119
Girls	2	17	683	297	97	1096
Totals	3	36	1394	606	176	2215

Age.	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
	8	12	13	14			
Boys	640	862	126	8	36	1032	2791
Girls	639	822	135	10	175	1142	2877
Totals	1279	1684	261	18	211	2174	5668

(b)—Special Inspections.

Age.	Special Cases.	Re-Examinations <i>i.e.</i> , No. of Children re-examined.
Boys	2266	1374
Girls	2297	1404
Totals	4563	2778

(c)—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

 No. of Individual Children Inspected.

 9670

ELEMENTARY SCHOOLS.

TABLE II.—Return of Defects found in the Course of Medical Inspection, 1920.

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.
	Malnutrition	20	8	4	4
	Uncleanliness :				
	Head	616	...	6	...
	Body	157	...	...	...
Skin	Ringworm :				
	Head	1	...	78	...
	Body	2	...	59	...
	Scabies	15	...	160	...
	Impetigo	12	...	1090	...
	Other Diseases (Non-Tubercular)	43	2	123	1
Eye	Blepharitis	34	12	40	...
	Conjunctivitis	4	1	34	...
	Keratitis .....	...	...	1	...
	Corneal Ulcer .....	...	...	17	...
	Corneal Opacities.....	6	9	9	...
	Defective Vision	637	258	796	215
	Squint	97	37	135	40
	Other Conditions	14	...	19	...
Ear	Defective Hearing	160	36	128	26
	Otitis Media	85	1	118	...
	Other Ear Diseases.....	3	2	5	...
Nose and Throat	Enlarged Tonsils	319	113	132	36
	Adenoids	59	1	50	2
	Enlarged Tonsils and Adenoids	113	4	58	4
	Other Conditions	88	24	46	19
	Enlarged Cervical Glands (Non-Tubercular)	13	2	3	...
	Defective Speech	33	3	40	4
	Teeth—Dental Diseases .....	...	...	...	...

ELEMENTARY SCHOOLS.

TABLE II.—Return of Defects found in the Course of Medical Inspection, 1920.—*Continued.*

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.
Heart and Circulation	Heart Disease :				
	Organic	40	26	24	16
	Functional.....	3	4	2	...
	Anæmia.....	50	5	16	...
Lungs	Bronchitis	69	3	25	3
	Other Non-Tubercular Diseases.....	4	...	..	...
	Pulmonary :				
Tuber- culosis	Definite	5	4	13	2
	Suspected	7	2	18	1
	Non-Pulmonary :				
	Glands	5	4	7	1
	Spine	2	2	2	1
	Hip	1	2	2	4
	Other Bones and Joints	3	4	5	...
	Shin	4	...	...	1
	Other Forms.....	2	1	2	1
Nervous System	Epilepsy	6	...	17	1
	Chorea	3	..	9	1
	Other Conditions.....	9	2	7	5
Deformities	Rickets	20	3	10	1
	Spinal Curvature	8	...	4	...
	Other Forms.....	25	15	29	3
Other Defects and Diseases		70	58	44	13

Number of Individual Children having Defects which required Treatment or to be kept under observation..... 5426

ELEMENTARY SCHOOLS.

TABLE III.—Numerical Return of all Exceptional Children
in the area in 1920.

		Boys	Girls	Total	
BLIND (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elemen- tary Schools	1	2	3	
	Attending Certified Schools for the Blind...	6	4	10	
	Not at School	1	...	1	
DEAF AND DUMB (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elemen- tary Schools	3	2	5	
	Attending Certified Schools for the Deaf...	6	8	14	
	Not at School .....	...	...	...
MENTALLY DEFICIENT.	Feeble Minded	Attending Public Elemen- tary Schools	68	38	106
		Attending Certifi'd Schools for Mentally Defective Children	10	5	15
		Notified to the Local Con- trol Authority by Local Education Authority during the year.....	7	2	9
		Not at School .....	...	...	...
	Imbeciles	At School	2	1	3
		Notified to the Local Con- trol Authority by Local Education Authority during the year	7	1	8
		Not at School	16	5	21
	Idiots	Notified to the Local Con- trol Authority by Local Education Authority during the year .....	...	...	...

ELEMENTARY SCHOOLS.

TABLE III.—Numerical Return of all Exceptional Children
in the area in 1920.—*Continued.*

		Boys	Girls	Total	
EPILEPTICS					
	Attending Public Elementary Schools	19	6	25	
	Attending Certified Schools for Epileptics	1	1	2	
	In Institutions other than Certified Schools .....	...	...	...
	Not at School	2	5	7	
PHYSICALLY DEFECTIVE	Pulmonary Tuberculosis	Attending Public Elementary Schools	11	20	31
		Attending Certified Sch'ls for Physically Defective Children .....	...	...	...
		In Institutions other than Certified Schools	2	2	4
		Not at School	27	34	61
	Crippling due to Tuberculosis	Attending Public Elementary Schools	7	8	15
		Attending Certified Sch'ls for Physically Defective Children	3	...	3
		In Institutions other than Certified Schools .....	...	...	...
		Not at School	5	4	9
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	26	21	47
		Attending Certified Sch'ls for Physically Defective Children .....	...	...	...
		In Institutions other than Certified Schools .....	...	...	...
		Not at School	5	4	9

ELEMENTARY SCHOOLS.

TABLE III.—Numerical Return of all Exceptional Children
in the area in 1920.—*Continued.*

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.— <i>Cont.</i>	Other Physical Defectives, <i>i.e.</i> , delicate and other children suitable for admission to open-air schools, children suffering from severe heart disease	Attending Public Elemen- tary Schools	33	41	74
		Attending Open-air Sch'ls	...	...	...
		Attending Certified Sch'ls for Physically Defec- tive Children other than Open-air Schools	...	1	1
		Not at School	25	23	48
DULL OR BACKWARD		Retarded 2 years	433	377	810
		Retarded 3 years	127	109	236

ELEMENTARY SCHOOLS.

TABLE IV. Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm—Head	82	79	3	82
Ringworm—Body	69	61	8	69
Scabies	179	175	4	179
Impetigo	1112	1102	10	1112
Minor Injuries	31	31	..	31
Other Skin Disease	153	135	18	153
Ear Disease	203	157	34	191
Eye Disease (external and other)	178	170	175	175
Miscellaneous	87	87	...	87

TABLE V.—Summary of Treatment of Defects as shown in Table IV.
(A, B, C, D and F, but excluding E).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	2094	1997	82	2079
Visual Defects	1665	656	81	737
Defects of Nose and Throat	865	...	471	471
Dental Defects	4197	2728	...	2728
Other Defects	875	103	477	580
Total.....	9696	5484	1111	6595

ELEMENTARY SCHOOLS.

B.—Treatment of Visual Defect.

Number of Children									
Referred for Refraction.	Submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recommended for treatment other than by glasses.	Received other forms of treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
1665	1053	46	48	1147	1021	736	1	1	125

C.—Treatment of Defects of Nose and Throat.

Number of Children				
Referred for Treatment.	Received Operative Treatment			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
865	...	147	147	324

ELEMENTARY SCHOOLS.

TABLE VI.—Summary relating to Children Medically Inspected at the Routine Inspections during the year 1920.

(1) The total number of Children inspected at the Routine Inspections	5668
(2) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	549
(3) The number of children in (1) suffering from :—	
Malnutrition	20
Skin Disease	73
Defective Vision (including squint)	734
Eye Disease	68
Defective Hearing.....	160
Ear Disease	88
Nose and Throat Disease.....	579
Enlarged Cervical Glands (non-tubercular)	13
Defective Speech	33
Dental Disease	3610
Heart Disease---	
Organic	40
Functional	3
Anæmia	50
Lung Disease (non-tubercular)	73
Tuberculosis—	
Pulmonary { Definite.....	5
Suspected	7
Non-Pulmonary	17
Disease of the Nervous System	18
Deformities.....	53
Other Defects and Diseases.....	70
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.).....	1919
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	1088

SECONDARY SCHOOLS.

TABLE I.—Number of Children Inspected, 1st January, 1920, to 31st December, 1920.

(a)—Routine Medical Inspection.

Age.	ENTRANTS.					
	3	4	5	6	Other Ages	Total.
Boys	1	1
Girls	7	16	16	39
Totals	7	16	17	40

Age.	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
	8	12	13	14			
Boys .....	...	29	52	52	52	185	186
Girls	12	59	119	92	152	422	473
Totals	12	88	171	144	204	607	659

(b)—Special Inspections.

Age.	Special Cases.	Re-Examinations <i>i.e.</i> , No. of Children re-examined.
Boys	10	...
Girls	84	...
Totals	94	...

(c)—Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children Inspected.

753

SECONDARY SCHOOLS.

TABLE II.—Return of Defects found in the Course of Medical Inspection, 1920.

Defect or Disease.		Routine Inspections.		Specials:	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.
	Malnutrition .....	...	...	...	...
	Uncleanliness :				
	Head	5	...	...	...
	Body .....	...	...	...	...
Skin	Ringworm :				
	Head .....	...	...	...	...
	Body .....	...	...	...	...
	Scabies	1	...	...	...
	Impetigo .....	...	...	...	...
	Other Diseases (Non-Tubercular)	2	...	...	...
Eye	Blepharitis	7	2	1	...
	Conjunctivitis .....	..	1	...	...
	Keratitis .....	...	...	...	...
	Corneal Ulcer .....	...	...	...	...
	Corneal Opacities.....	...	...	...	...
	Defective Vision	67	9	11	24
Ear	Squint	3	...	...	2
	Other Conditions.....	...	1	1	...
	Defective Hearing	19	5	...	...
	Otitis Media	2	...	...	...
Nose and Throat	Other Ear Diseases.....	1	...	...	...
	Enlarged Tonsils	18	13	1	2
	Adenoids	2	1	1	...
	Enlarged Tonsils and Adenoids	1	...	...	1
	Other Conditions	9	3	3	1
	Enlarged Cervical Glands (Non-Tubercular) .....	...	...	...	...
	Defective Speech	2	...	...	...
	Teeth—Dental Diseases .....	...	...	...	...

SECONDARY SCHOOLS.

TABLE II.—Return of Defects found in the Course of Medical Inspection, 1920.—*Continued.*

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for treatment.
Heart and Circulation	Heart Disease : Organic Functional Anæmia	9 ... 6	5 3 3	2 ... 3	.........
Lungs	Bronchitis Other Non-Tubercular Diseases	2...	......	......	......
Tuber- culosis	Pulmonary : Definite Suspected .....	......	......	......	......
	Non-Pulmonary : Glands .....	...	...	...	...
	Spine .....	...	...	...	...
	Hip.....	...	...	...	...
	Other Bones & Joints .....	...	...	...	...
	Shin .....	...	...	...	...
	Other Forms.....	...	...	...	...
Nervous System	Epilepsy Chorea Other Conditions	1 ... 1	.........	........	.........
Deformities	Rickets Spinal Curvature Other Forms.....	... ... 4	... ... 1	.........	.........
Other Defects and Diseases		12	13	...	1

Number of Individual Children having Defects which required Treatment or to be kept under observation..... 286

SECONDARY SCHOOLS.

TABLE VI.—Summary relating to Children Medically inspected at the Routine inspections during the year 1920.

(1) The total number of Children medically inspected at the Routine Inspections	659
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	85
(3) The number of children in (1) suffering from :—	
Malnutrition .....	...
Skin Disease	1
Defective Vision (including squint)	70
Eye Disease	7
Defective Hearing.....	10
Ear Disease	3
Nose and Throat Disease.....	30
Enlarged Cervical Glands (non-tubercular) .....	...
Defective Speech	2
Dental Disease	356
Heart Disease—	
Organic	9
Functional .....	...
Anæmia	6
Lung Disease (non-tubercular)	2
Tuberculosis—	
Pulmonary { Definite .....	...
{ Suspected.....	...
Non- Pulmonary .....	...
Disease of the Nervous System	2
Deformities.....	4
Other Defects and Diseases.....	12
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	148
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) .....	...

(b) WEIGHT IN POUNDS.

School.	Average at 5 years.		Average at 8 years.		Average at 12 years.	
	Males	Females	Males	Females	Males	Females
St. George's C.E.....	38.7	38.1	51.6	46.6	74.6	72.0
St. Paul's C.E.....	39.4	36.8	50.9	48.5	69.6	70.1
Hope Memorial C.E.	38.2	35.6	49.6	43.97	—	—
Cale Green Cl.....	37.2	38.4	49.06	47.9	67.85	71.85
Wellington Rd. Cl. ...	39.4	38.6	49.02	48.5	73.15	69.2
Great Moor C.E.....	38.7	38.3	51.8	48.8	72.25	70.4
Brentnall St. Wes. H.G.	40.07	38.2	52.4	47.6	75.5	72.03
Edgeley Cl.	40.4	37.09	52.7	47.1	66.8	69.2
St. Mary's C.E.	38.5	37.3	50.2	47.3	69.75	67.4
St. Thomas', H. Chapel	39.5	35.7	47.95	51.8	65.7	69.3
Lancashire Hill Cl....	40.2	33.9	49.4	48.03	66.6	67.01
Alexandra Park Cl....	41.06	37.3	52.2	46.08	72.2	74.1
Stockport R.C.....	38.9	38.1	50.5	46.1	72.01	60.6
All Saint's C.E.	39.8	34.2	49.2	49.4	66.9	67.5
Heaton Moor T. Cl....	37.85	38.2	54.6	53.1	74.6	70.2
South Reddish Cl. ...	41.0	38.4	50.5	49.95	71.8	68.9
Reddish R.C.	39.4	38.2	53.4	46.75	73.7	65.4
Cheadle Heath Cl. ...	39.9	37.2	52.5	49.09	69.7	71.65
Parish Church C.E....	39.6	38.6	51.3	46.4	70.0	73.1
North Reddish Cl. ...	39.75	39.4	49.7	48.7	71.0	73.5
St. John's, H. Mersey	39.75	36.5	49.6	47.1	73.2	73.2
Portwood T. Cl.	38.3	36.3	51.2	47.2	73.7	74.3
St. Mary's R.C.	36.6	34.4	46.08	43.65	65.03	67.3
St. Thomas' C.E.....	37.9	38.9	47.8	47.5	68.5	65.7
Banks Lane Cl.....	41.09	36.7	49.0	51.2	69.6	68.55
Hanover Cl.	36.2	35.7	47.3	47.4	67.2	70.5
Christ Church C.E....	36.0	37.06	48.07	48.8	68.7	68.4
St. Matthew's C.E....	37.9	35.4	48.9	49.3	69.8	69.97
Hr. Brinksway Cl. ...	39.4	38.02	51.5	49.05	72.9	72.9
Hollywood Park Cl....	37.01	36.4	48.55	46.2	68.8	67.9
Houldsworth	37.8	38.45	48.1	46.7	68.7	69.02
St. Peter's C.E.	34.95	34.3	48.45	48.3	64.5	69.1
Vernon Park Cl.	37.3	34.7	47.97	47.05	68.5	64.2
Edgeley R.C.	38.9	39.2	47.6	47.7	61.3	65.02
Central Partial Exemp	—	—	—	—	67.6	68.05
Average.....	38.73	37.04	49.96	47.9	69.75	69.33
Standard	39.9	39.2	55.0	52.5	71.76	76.5
Municipal Secondary.	—	—	—	—	76.5	77.5
High School for Girls	—	40.9	—	54.6	—	78.55
Scholarship Children.	—	—	—	—	73.6	72.4

(a) HEIGHT IN INCHES.

School.	Average at 5 years.		Average at 8 years.		Average at 12 years.	
	Males	Females	Males	Females	Males	Females
St. George's C.E.	42.1	41.7	48.05	45.6	55.6	55.4
St. Paul's C.E.	41.5	40.5	47.25	46.4	53.9	53.9
Hope Memorial C.E. ...	41.25	36.2	45.8	44.55	—	—
Cale Green Cl. ...	39.95	40.5	46.5	45.6	53.1	54.3
Wellington Road Cl. ...	40.9	40.9	46.05	46.9	55.4	53.7
Great Moor C.E.	41.35	41.8	47.4	48.07	55.7	55.2
Brentnall St. Wes. H.G.	41.7	41.4	48.3	46.2	55.8	55.7
Edgeley Cl.	41.4	40.5	47.55	46.3	53.4	54.6
St. Mary's C.E.	40.8	40.6	46.4	46.3	53.7	53.6
St. Thomas', H. Chapel	42.25	41.9	47.95	50.0	54.25	58.2
Lancashire Hill Cl. ...	42.0	39.6	46.9	47.1	54.15	58.0
Alexandra Park Cl. ...	42.5	41.3	50.0	45.5	55.3	56.25
Stockport R.C.	39.65	41.2	46.3	45.15	53.2	51.65
All Saints' C.E.	42.3	41.4	46.9	47.1	53.7	54.35
Heaton Moor T. Cl. ...	41.35	41.6	49.35	49.5	57.75	55.9
South Reddish Cl.	42.2	41.0	46.8	46.6	54.6	53.96
Reddish R.C.	41.3	41.1	49.0	52.03	56.4	53.8
Cheadle Heath Cl.	42.5	40.6	48.9	48.2	54.7	55.4
Parish Church C.E. ...	41.3	41.3	47.1	46.2	54.2	56.04
North Reddish Cl.	41.4	41.8	47.4	46.55	53.6	55.04
St. John's, H. Mersey	42.1	39.1	47.3	45.8	54.1	55.3
Portwood Temp. Cl. ...	41.3	41.1	47.9	46.5	55.6	55.2
St. Mary's R.C.	38.9	38.6	43.8	43.07	51.5	53.0
St. Thomas' C.E.	40.0	39.9	45.95	45.3	53.3	52.8
Banks Lane Cl.	42.9	41.4	47.5	47.1	54.2	54.07
Hanover Cl.	39.75	40.2	46.07	46.3	52.4	54.1
Christ Church C.E. ...	40.9	41.5	41.08	46.75	54.45	54.1
St. Matthew's C.E. ...	40.85	40.5	47.25	47.6	54.2	54.5
Hr. Brinksway Cl. ...	40.9	40.3	47.09	46.9	54.65	55.9
Hollywood Park Cl. ...	37.9	38.4	43.7	43.4	52.4	51.5
Houldsworth	39.9	41.5	46.1	46.4	53.6	54.5
St. Peter's C.E.	39.5	38.6	45.9	46.6	53.4	55.2
Vernon Park Cl.	40.6	39.3	45.9	46.35	53.6	52.8
Edgeley R.C.	40.4	40.45	46.2	45.9	53.4	54.3
Central Partial Exemp.	—	—	—	—	53.3	53.97
Average	41.04	40.52	46.81	46.58	54.19	54.59
Standard	41.03	40.55	47.0	46.0	55.0	55.5
Municipal Secondary	—	—	—	—	57.2	56.7
High School for Girls	—	41.65	—	48.15	—	56.25
Scholarship Children	—	—	—	—	55.0	54.9

TREATMENT OF DENTAL DEFECTS.

1.—Number of Children dealt with.

	Age Groups.										Spec- ials	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist	36	619	788	900	215	152	145	86	71	15	1355	4382
(b) Referred for treatm't	2842										1355	4197
(c) Actually treated.....	1373										1355	2728
(d) Re-treated (result of periodical examinat'n)	...										...	...

2.—Particulars of Time given and of Operations undertaken.

No. of half-days devoted to Inspection.	No. of half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Per- manent Teeth		No. of Tem- porary Teeth.		Total No. of Fillings.	No. of administrations of General Anæsthetics included in (4) and (6).	No. of other Op- erations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
73	312	3743	472	629	6437	434	1063	...	33	3

