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AC. 4461 (1) TODMORDEN

BOROUGH OF TODMORDEN

EDUCATION COMMITTEE.



ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

Medical Inspection of School Children,

FOR THE

YEAR ENDED DECEMBER 31st, 1923.

1923.

John Bentley & Sons, Printers, etc., Halifax Road, Todmorden.

Todmorden Education Committee.

School Medical Officer's Report, 1923.

Area of Borough	...	12,770 acres.	
Population	...	...	24,140.
Number of Schools	...	...	16
Number of Departments	...	...	25
Number of School Places	...	...	5,298
Average Number of Children on Registers	...	...	3,058
Average in Attendance	...	...	2,670

Education Committee.

**George Windsor, Esq., J.P. (Chairman); Coun. T. Greenwood (Vice-Chairman); His Worship the Mayor, *Alderman Crabtree, **Ald. T. Greenwood, Ald. W. Greenwood, Ald. Ormerod, J.P., C.C., Councillors Bentley, **Gilmartin, **Goucke, **Healey, Holt, **Knighton, **Sunderland, Whitaker, **Woodhead, Mrs. Jackson, Mrs. Sutcliffe.

* Chairman of School Attendance and Medical Inspection Sub-Committee.

** Members of School Attendance and Medical Inspection Sub-Committee.

Medical Officer—CECIL L. WILLIAMS, B.Sc. : Hons : Lond : L.R.C.P., M.R.C.S.Eng : M.R.San.I. : F.R.I.P.H. : D.P.H. Camb.



Public Health Department,

Roomfield,

Todmorden.

March, 1923.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF THE BOROUGH OF
TODMORDEN.

LADIES AND GENTLEMEN,

I have the honour to submit herewith my Report upon the work of Medical Inspection and Treatment of School Children in the Borough of Todmorden for the year ending December 31st, 1923.

I am, Ladies and Gentlemen,

Your obedient servant,

CECIL L. WILLIAMS.

BOROUGH OF TODMORDEN.

EDUCATION COMMITTEE.

Report of the Medical Officer on the Medical Inspection
and Treatment of School Children for the year ending
31st December, 1923.

1.—THE STAFF.

CECIL L. WILLIAMS, B.Sc.Hons. Lond., L.R.C.P., M.R.C.S.
Eng., D.P.H.Camb., M.R.San.I., F.R.I.P.H.

EDWARD B. GIBSON, L.D.S. Manch., School Dentist (part
time).

MRS. A. N. GEE, C.M.B., A.R.San.I., Borough Nurse (part
time).

MISS A. JOHNSON, S.R.N., C.M.B., Borough Nurse (part time).

MISS J. HOYLE, S.R.N., C.M.B., Borough Nurse (part time).

MISS C. SUTCLIFFE, Clerk, duties divided between L.S.A., and
L.F.A.

MISS H. BRIERLEY, Clerk.

In January 1922, Miss Hoyle entered on her engagement as half time Nurse. It was pointed out last year that since my appointment the duties of the nurses had increased. Owing to one or two minor alterations their duties have been still further increased during the year 1923.

On this account my recommendations last year, that the services of three whole time Nurses is the minimum on which the joint work of the Local Sanitary Authority and the Local Education Authority can be carried out, has become urgent and I beg to recommend the Committee to apply forthwith to the Board of Education for permission to employ Miss Hoyle full time instead of part time.

Three whole time Nurses would be a modest estimate for a town with a population the same as Todmorden, even if the town were not situated as Todmorden is radiating along

three valleys for an approximate distance of three miles in all three directions, and such a modest estimate is an obligatory minimum in Todmorden if the work is to be carried out successfully.

I have every confidence that such an application would receive the approval of the Board of Education.

2.—CO-ORDINATION.

The Health work carried out by you relating to children of school age is definitely linked up with the health work carried out by the Local Sanitary Authority for children under school age. Your Medical Officer is also Medical Officer to the Local Sanitary Authority and is in charge of the Maternity and Child Welfare work carried out by that Authority.

It is thought by some that in the near future the results of routine medical inspection and other medical activities of the Local Education Authority will be tabulated at the end of each child's school life and such reports placed at the disposal of the Authority responsible for National Health Insurance.

The records kept of your children at your clinic are of very great importance but at the present time owing to lack of co-operation between the Education service and the Health Insurance service their value ceases at the end of the child's school life.

I would advise that scholars be instructed in the usefulness of such a record and that they be persuaded to apply at the end of their school life for a record of their medical condition during their school life, and that you authorise me in cases where application is made to supply the information requested.

If these steps were taken you would be anticipating probable future legislation and making of avail the details which are carefully recorded at your clinic and which are otherwise of little or no value when the child leaves school.

3.—SCHOOL HYGIENE.

The general conditions of the schools, having regard to their position and structure is good.

From time to time certain disadvantages have been brought to your notice and dealt with by you.

The large cast iron stoves mentioned in my last year's report are still in use. I am glad to be able to report that at least one school which hitherto has used tub closets is about to be supplied with water closets.

Provision for drying the children's clothes is not general throughout the town although it is to be found in some of your schools.

The possibility of providing drying apparatus in all your schools is one I am afraid, for economic reasons, it is inopportune to raise as an urgent consideration.

With regard to cloak-rooms, I have in a previous report expressed the considered opinion that Head teachers should take so much care as their premises allow to ensure that the hats and caps of children suffering from ringworm are kept separate from the hats of other children.

I would recommend that this should be brought to the notice of all Head teachers in order that uniform practice may be ensured whereby the hats and caps of children suffering from ringworm shall be so separated from the hats of other children.

4.—MEDICAL INSPECTION.

(a) (b) The age groups of the children inspected are shown in the statistical tables.

(c) The early ascertainment of crippling defects is secured by the routine medical inspection, the other visits of the doctor to the schools, and the constant visitation of the schools by your nurses. It is not apprehended that any crippling defect amongst children attending school is long unnoticed and even where such children do not attend school the constant visits of your nurses, who are also Health Visitors, to the homes, makes it but little likely that such a case could be unnoticed.

The possibility of these children being treated is another question with which I propose dealing later.

(d) The measures adopted for restricting the interference with school life which medical inspection is bound to a certain extent to cause are those which have been used in previous years. Briefly they are as follows:—Each inspection is carried out with two nurses and one clerk present besides the doctor. The nurses are responsible for weighing, measuring, testing the acuity of vision, and the acuity of hearing, examining the clothing, footgear, and general cleanliness of

the children. They are further expected to make a note of any deformity which comes to their notice. It is found that by doing all this work on the same day as the medical inspection, and with clerical assistance to write notes dictated whilst the examination is actually proceeding, the number of children which can be examined in any session is considerable and that therefore the number of sessions during which the school is disturbed is reduced to a minimum.

5.—FINDINGS OF MEDICAL INSPECTION. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(a) **Uncleanliness.**—It will be seen from Table 2, that 46 children were dealt with during the year for uncleanliness of the head. The corresponding figure last year was 23. There is a wide variation from the standpoint of cleanliness between children of one school and another. As last year I can again speak in terms of the highest praise of some of the schools and classes.

I would advise in cases where the offence of uncleanliness is repeated to the detriment of the wellbeing and education of the child, that parents be summoned to appear before the School Attendance and Medical Inspection Sub-Committee, there to be dealt with, firstly for being a danger to the health and happiness of other children, secondly for neglecting their own children, thirdly for having their children off school excluded for conditions arising from their own negligence.

(e) **Minor Ailments.**—Respiratory diseases are still very prevalent as is shown by the findings of Routine Medical Inspection.

Irregular action of the heart is still fairly constant but from my observation of the cases which have come to my notice I find that only a negligible proportion have proved serious.

Chicken Pox is a disease for which parents should be on their guard. The epidemic in Roomfield School was traced to an isolated case which was only discovered after the epidemic had established itself. In this case no spots were visible on any exposed surface. The painstaking co-operation of parents can alone prevent such outbreaks.

Wherever any pox markings occur, to their knowledge, the educators immediately apply for medical advice and parents on all such occasions should do the same.

The presence of Small pox in the country makes this a public as well as a private duty.

(c) **Tonsils and Adenoids.**—Many children were found to be suffering from Tonsils and Adenoids. This condition affects the development not only of the nose and throat but also of the chest, and where early treatment cannot be obtained the affected parts of the body cannot develop normally.

Time lost in natural development, if prolonged, cannot be made up satisfactorily.

The partial deafness too which accompanies this condition also makes early treatment essential because it represents a direct loss to the education of the child.

(d) **Tuberculosis.**—Although a large number of cases of tuberculosis have not actually come to my knowledge from routine examination, a large number of cases which in this and previous years have been recorded as Bronchial Catarrh and Consolidation of the Lungs, have recently been reported (not notified) to me from the County Medical Officer as having been diagnosed "Tuberculosis" by the District Tuberculosis Officer.

In these circumstances these children have not been included in Table 2, but the diagnosis of the District Tuberculosis Officer has been accepted and the children included in Table 3.

It is not apprehended that any of the children attending a public elementary school who have been diagnosed as suffering from Tuberculosis are present to their own, or the detriment of other children, because where there has been any reason whatever to suspect danger, such children have only been allowed to remain at school where, in the opinion of the District Tuberculosis Officer they are fit for education in an ordinary elementary school.

(e) **Skin Diseases.**—Ringworm of the head has shown a decline this year and although the decline is not sufficient to justify us looking to the future with great hopefulness it is nevertheless sufficient to give us some degree of satisfaction.

(f) **External Eye Disease.**—The number of cases is approximately the same as last year.

(g) **Vision.**—The number of cases of defective vision does not call for special comment, but owing to the fact that systematic refraction has only been commenced this year the

number of cases with actual defective vision uncorrected by spectacles, is a large one.

(h) **Ear Disease.**—Ear diseases have not been so common this year as last, but as is to be expected from the large number of untreated cases of tonsils and adenoids, the acuity of hearing in many cases is not so desirable as might be.

(i) **Dental Defects.**—Notwithstanding the very real improvement which has been achieved in the condition of the children's teeth during the time the dental clinic has been open, a very large number of children inspected have been found to have defective teeth.

(j) **Crippling Defects.**—The number of children suffering from crippling defects due to tuberculosis and other causes, found during routine inspection is comparatively few and the total number known in the whole town is not excessive.

Tuberculosis is the cause of such crippling in nearly half of the cases. These cases however are very important economically and the question of dealing with these cases is one which no doubt demands your serious consideration.

6.—INFECTIOUS DISEASES.

It has not been necessary to close any of the schools during the year, although one particular classroom was at one time closed for disinfection.

The Head Teachers often times call in your nurses and myself in doubtful cases and in one instance no less than 98 children were examined on account of an outbreak of chicken pox.

7.—FOLLOWING UP.

The clerical arrangements to ensure adequate following up are those suggested by the Board of Education and after each inspection your nurses visit the homes of the children in order that treatment may be obtained where necessary.

In this way home visits have been paid by your nurses respecting nine hundred and sixty one children.

You have further directed Head Teachers at the end of each term to submit lists to your Medical Officer of outstanding cases in need of medical attention.

Following Up is very difficult in Todmorden. The work is always behind hand and cannot be adequately carried out with your present staff.

8.—MEDICAL TREATMENT.

(a) **Minor Ailments.**—These are largely treated at your clinic. A considerable number however are referred to, and treated by medical practitioners.

(b) **Tonsils and Adenoids.**—As a preventative measure nasal breathing is enforced wherever possible and where treatment by painting is likely to be of avail, such treatment is carried out at your Clinic.

There remains however a very large number of cases for whom surgical treatment is the only form of treatment which can ensure success. The Local Authority should take into their consideration what arrangements they can make for dealing with these cases surgically.

The number dealt with at present by Hospitals at Manchester and elsewhere are insignificant and do not constitute a serious attempt to deal with the question.

This is a question which makes the Education Authority keenly interested in the possibility of Todmorden being provided with suitable Hospital accommodation.

Such a hospital if and when provided might very fittingly deal with these cases and would afford the best solution to the present difficulty.

Meanwhile, the possibility of approaching a large Manchester Hospital with a view to making arrangements for these children to be dealt with should be entertained, although the cost, including as it will, taking the children to and bringing them back from Manchester on separate days would be very considerable.

(c) **Tuberculosis.**—It is to be regretted that no children this year have been admitted to Sanatorium from Todmorden.

Not unnaturally the parents of such children have some reluctance in allowing their children to go away, and in the absence of an adequate number of beds for dealing with such cases it is obvious that children will be admitted where the parents are alive to the need for such treatment.

The whole question of the usefulness of Sanatoria in the treatment of Tuberculosis, as compared with the usefulness of other lines of preventive and curative medicine, is open to re-consideration at the present time, but so far as children are concerned I think there is little doubt but that residence in a Sanatorium repays economically the cost of such treatment to the State.

It should also be emphasised that Tuberculosis is a disease which is intimately associated with housing, and that no steps taken by the Education Committee are likely to have an economic return unless or until the housing conditions of Todmorden are very considerably better than they are to-day.

(d) **Skin Diseases.**—Impetigo is treated usually at your Clinic and except where the domestic conditions are of a very low level does not present any serious difficulty.

Sore heads due to vermin are dealt with as Verminous Sore Heads by exclusion

You have not a cleansing station but it is customary for your Nurses wherever possible to give whatever help they can towards getting the heads clear from vermin as well as towards healing up the affected parts.

The treatment of ringworm of the head is a constant source of trouble particularly so on account of the fact that it is difficult in some cases to convince the guardians of the children that the diagnosis is well grounded.

Even in cases where the clinical evidence has been supported by the evidence of the County Pathologist at Wakefield, this difficulty has not been overcome.

In these circumstances it is often-times difficult to obtain permission for the hair to be cut sufficiently short for efficient treatment to be maintained, and often-times it is particularly difficult to maintain treatment for such a length of time that success can be assured.

It is our custom to exclude children suffering from ringworm, and then so soon as circumstances permit, to allow these children to return to school under the three following conditions to wit,

- (1) That the hair is kept short.
- (2) That efficient treatment is maintained.
- (3) That the child wears a suitable washable cap.

During the year the question has arisen as to whether the attendance at school of children under these conditions can be enforced, and I advise you to seek an authoritative ruling from the Board of Education on this matter.

Such an authoritative ruling would be of great value to your medical service.

It would help to obviate the social difficulties met with in such cases, which difficulties are bound to be a very great hindrance to the efficient workings of your medical service.

(e) **External Eye Disease.**—These are treated as previously with Protargol and other Silver preparations including Colloidal Silver, as well as by other preparations.

Treatment is carried out largely at the Clinic because these cases require constant supervision.

These eye cases present another series of cases which could be economically treated in a local hospital.

During my residence at St. Bartholomew's Hospital as Ophthalmic House Surgeon, I was particularly struck with the ease and rapidity with which external eye diseases cleared up when once admitted to hospital even when the cases had proved refractory to considerable periods of treatment in the out-patients department.

I have no hesitation in saying that many of these cases if treated continuously as in-patients would clear up in a very short time instead of dragging along for several, and in some cases, many weeks; to the enhanced happiness and well-being of the child and the benefit of the child's education.

Such cases might well be treated in a hospital in Todmorden, if and when such is provided.

(f) **Vision.**—Defective vision is now being treated at your refraction clinic which you set up towards the end of last year. It is to be regretted that there is still in Todmorden an antipathy, more or less general, to the wearing of glasses, more particularly spectacles.

The number of cases treated this year shows an enormous increase on those treated in previous years although the number is still well below what may be considered a desirable figure. It is anticipated that in time, as the wearing of glasses in school becomes more general, and the knowledge of the need for such glasses becomes better appreciated, the antipathy to wearing glasses will pass away.

The passing of such antipathy however, must be a matter of time.

In some schools physics and chemistry are to be found in the curriculum and if, where possible, during lessons on "light" simple experiments with lenses were introduced, the rising generation could be taught the basis on which in later years they could build an appreciation of the need for glasses where the lens apparatus of the eye is not normal.

It is hoped in the coming year to show at least a small improvement on the number of cases treated last year.

(g) **Ear Disease and Hearing.**—The treatment of these cases remains the same as in previous years but now as a matter of routine all cases with discharging ears or similar conditions, are referred to the dentist in order that efficient steps may be taken to ensure the fullest application of oral hygiene.

(h) **Dental Defects.**—Mr. Gibson attends on two half-days per week. I have from time to time intimated to the Authority that whilst the dental work carried out at the clinic is achieving conspicuous success, the time will come when an extension of this service will have to be seriously considered if the fullest possible measure of success is to be assured.

It will be seen from the findings of medical inspection that there still remain in your schools many children who have defective teeth, and in my opinion the time has come for the Local Authority very seriously to consider the extension of this service, and I advise that this service be extended by two half-days per week, making a total of four half-days per week instead of the present two half-days.

The sanction of the Board of Education will I feel sure be given willingly to such an extension.

(i) **Crippling Defects and Orthopaedics.**—A movement is on foot in the West Riding more completely to deal with these cases, and your Medical Officer attended a conference in Bradford on this question under the Chairmanship of the Lord Mayor of Bradford.

At that conference Sir Robert Jones enforced, so far as such crippling is due to Tuberculosis, the need for looking upon the majority of such cases as due to our present deplorable milk supply.

A scheme was propounded linking up the authorities to deal with this very difficult question, which on account of the economic straits in which Todmorden has found itself within the last few years or so, has been particularly acute. During the last year some difficulty has been experienced in getting these cases dealt with, and the matter has been brought to the notice of the Committee.

It is expected that a scheme for dealing with such cases collectively throughout Yorkshire may be brought forward in the near future.

9.—OPEN AIR EDUCATION.

(a) **Playground Classes.**—Some schools make a feature of these, such instruction as sketching etc., taking place out of doors.

The value of teaching in the open air is again brought to the notice of the educators this year. The occasions when such classes can be held in Todmorden are not numerous, and it would be wise to take advantage of every opportunity which presents itself.

(b) **School Journeys.** (c) **School Camps.**—School journeys and school camps are not a feature which calls for comment because they are so infrequent.

It is advisable that if and when any serious attempts are made in such directions, the co-operation of your Medical Officer be secured in order to prevent the inclusion of unsuitable children.

(d) **Open Air Classrooms in Public Elementary Schools** The construction of your schools does not lend itself to the formation of such classrooms.

(e) **Day Open Air Schools.**—One of these is provided in the town. There is an average number of 50 on the register.

This school is doing useful work but so far as any economic return is concerned, I should say the whole question of Open Air School Education in Todmorden calls for reconsideration.

From time to time I have brought to your notice the fact that much of the good work done at this school is counter-balanced by the housing conditions of the children at home and the general conditions of home life, so that many of the children do not make the physical advances which one would like to associate with attendance at the Open Air School.

I feel sure that the high measure of success for which we look can only be attained by making such schools residential.

Another important factor influencing the economic usefulness of this school is that the school is closed during the summer vacation which is a serious loss to the children, which loss will be specially appreciated if one realises how short is any summer that Todmorden ever experiences.

(f) **Residential Open Air Schools.**—None are provided in Todmorden.

10.—PHYSICAL TRAINING.

No definite arrangements are provided to co-ordinate the school medical service with the work of physical training. As explained last year, any children who come to the notice of the Medical Officer, and, who for medical reasons, should not take part in physical training, are brought to the notice of the Headmaster of the School. From time to time your Medical Officer has viewed the classes whilst at physical training, but it has not formed a definite part of the medical routine.

Again this year the importance of breathing exercises is brought to the notice of the educators.

It is also highly desirable that foot exercises should form a very important part in the curriculum in order to preserve the normal arch of the foot.

11.—PROVISION OF MEALS.

The Medical Officer inspects the meals which are provided, and the place or places where the children have their meals.

He is responsible for seeing that the children who come to his knowledge and have need for such meals, obtain them. There has been no difficulty in obtaining such meals where necessary.

12.—SCHOOL BATHS.

During the summer, swimming at the Baths is a detailed operation of the school curriculum.

13.—CO-OPERATION OF PARENTS.

The presence of parents during Routine Examination is requested, and a form is sent to them some little time before

such Inspection takes place. A large number of parents avail themselves of the opportunity afforded of attending this Inspection, but the industrial conditions prevent many mothers from being present.

The attendance of the mothers at the Clinic during re-inspection and treatment is fair.

Your Nurses in their "following up" endeavour wherever possible to encourage mothers to be present on these occasions.

14.—CO-OPERATION OF TEACHERS.

1. Medical Inspection.—On all hands the Educators have shown particular zeal in facilitating medical inspection, and without their cordial co-operation it would have been impossible to carry out inspection so expeditiously as it has been carried out, and to carry it out with a minimum interference to school life.

2. Following Up.—There is now a special provision whereby Head Teachers are instructed to communicate with the Medical Officer at the end of each Term, pointing out to him any outstanding cases which still require treatment.

3. Medical Treatment of School Children.—It is possible again to put on record an appreciation of the work which has been done by teachers in facilitating the medical treatment of school children. In this direction I have pleasure in recording a still further improvement on previous years.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers do not deal with (1) Medical Inspection, (2) Following Up, (3) Medical Treatment of the children, but on the other hand by telephone and otherwise they are helped in their work of finding out why children are off school.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The ladies who help voluntarily at our Clinic engage their attention with Maternity and Child Welfare, but such work of necessity overlaps education work, and the value of the services of these ladies to the young children attending our schools is considerable.

17. BLIND, DEAF, DEFECTIVE and EPILEPTIC CHILDREN.

As will be seen from the Appendix a certain number of these children are to be found in the ordinary elementary schools, and some are undergoing a special course of education in special schools.

Wherever possible it is your particular care to see that the fullest advantage is derived from special education by looking after these children when they leave school.

18.—NURSERY SCHOOLS.

There are no Nursery Schools.

19.—SECONDARY SCHOOLS.

Medical work with reference to the Secondary School is carried out entirely by the West Riding.

In last year's report I pointed out to you the possibility of linking up this work with your own system of following up and treatment, and I beg to report that this matter is still one which might engage your serious consideration.

20.—CONTINUATION SCHOOLS.

There are no Continuation Schools in the Borough.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

1. The employment of Young Children in the Borough is governed by the Bye-laws. The chief work carried on in the town which attracts the greatest number of young persons is that of Cotton Weaving.

2.—Your Medical Officer is responsible for supplying certificates wherever necessary, as to the fitness of any particular child to engage in work outside school hours.

In a previous section of this report the desirability of linking up your medical inspection with the other health activities of the Authorities, and the handing over of a report on each child to such Authorities, has been pointed out.

The possibility of linking up your school medical service with that of the Home Office should be considered although the question is really one of national importance.

One case has come to my notice recently where a child who was kept off school for medical reasons, and in whom sufficient was discovered at medical inspection to make compulsory attendance at school a matter of very great difficulty, on leaving school immediately began working and for some time has been working full time.

22.—SPECIAL INQUIRIES.

There have been no special inquiries.

23.—MISCELLANEOUS.

The medical inspection of scholarship candidates is not carried out by your Medical Officer nor are your teachers medically examined by him, but candidates for appointments are from time to time submitted to him for his opinion and report.

The following are the chief points on which advice has been particularly offered.

That the services of three whole time Borough Nurses is a minimum requirement for efficient service.

That medical certificates be supplied to children leaving school, where requested.

That provision for drying children's clothes at school should be entertained where possible.

That the headgear of children suffering from ringworm be kept separate from that of other children.

That the guardians of children repeatedly excluded for uncleanness of the head be summoned to attend the School Attendance and Medical Inspection Sub-Committee.

That the Local Education Authority consider the possibility of treating Adenoids.

That the position with regard to school attendance of children re-admitted conditionally whilst suffering from ringworm be definitely established by taking the advice of the Board of Education.

That Educators be encouraged to include simple experiments with lenses where possible, in their curriculum.

That the Dental Service be increased from two half-days to four half-days per week.

That the possibility of the summer vacation at the Open Air School varying from that of other schools be entertained.

24.—STATISTICAL TABLES.

The six Statistical Tables required by the Board are herewith submitted.

TABLE I. **No. OF CHILDREN INSPECTED 1st JANUARY, 1923, to 31st DECEMBER, 1923.**
ROUTINE MEDICAL INSPECTION (not including Routine Dental Inspection.)

Age.	ENTRANTS.						Inter- mediates	LEAVERS.						Grand Total.
	3	4	5	6	Other Ages.	Total.		8	12	13	14	Other Ages.	Total.	
Boys	25	44	52	32	13	166	130	129	109	11	99	348	644	
Girls	18	47	50	14	18	147	152	131	80	17	119	347	646	
Totals	43	91	102	46	31	313	282	260	189	28	218	695	1 290	

B—SPECIAL INSPECTIONS, 1923.

	Special Cases.	Re-examinations, i.e., No. of Children re-examined.
Boys	185	305
Girls	210	321
Totals	395	626

No. of Individual Children Inspected.

1685

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1923.

DEFECT OR DISEASE.	ROUTINE INSPECTION.		SPECIALS.	
(1)	No. referred for treatment.	No. requiring to be kept under observation, but not for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not for treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	—	6	—	2
UNCLEANLINESS—Head	1	—	45	—
Body	4	—	—	—
SKIN—Ringworm—Head	2	—	20	—
Ringworm—Body	3	—	17	—
Scabies	—	—	—	—
Impetigo	7	—	37	—
Other Diseases. (Non-Tubercular)	18	—	41	2
EYE—Blepharitis	13	—	14	—
Conjunctivitis	1	—	17	—
Keratitis	—	—	—	—
Corneal Ulcer	1	—	2	—
Corneal Opacities	—	—	—	—
Defective Vision	54	—	16	—
Squint	2	2	1	1
Other Conditions	4	—	4	—
EAR—Otitis Media	—	1	—	—
Other Ear Diseases	6	3	4	1
NOSE AND THROAT—				
Enlarged Tonsils	48	65	5	8
Adenoids	1	2	—	2
Enlarged Tonsils and Adenoids	—	—	—	—
Other Conditions	2	4	9	42
ENLARGED CERVICAL GLANDS (Non-Tub.)	—	7	2	5
DEFECTIVE SPEECH	—	1	—	—
TEETH—Dental Disease	613*	—	—	—
HEART AND CIRCULATION—				
Heart Disease:				
Organic	2	1	—	1
Functional	4	35	—	10
Anaemia	—	12	—	7
LUNGS—				
Bronchitis	6	47	2	9
Other Non-Tubercular Diseases	4	41	1	4
TUBERCULOSIS—PULMONARY—				
Definite	—	—	—	1
Suspected	—	1	—	1
TUBERCULOSIS—NON-PULMONARY—				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	1	—
Other Bones and Joints	—	—	1	—
Skin	—	—	—	—
Other Forms	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy	—	—	—	—
Chorea	1	1	—	—
Other Conditions	—	—	—	—
DEFORMITIES—				
Rickets	—	29	—	1
Spinal Curvature	—	5	—	—
Other Forms	5	10	1	2
OTHER DEFECTS AND DISEASES	22	47	39	50
MINOR INJURIES	10	—	57	—
Total	834	322	335	149

Number of Individual Children having defects which required treatment or to be kept under observation.

792 for Medical Defects.
613 for Dental Defects.*

* This includes a small number examined other than by routine and found defective.

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

				Boys.	Girls.	Total.
BLIND (including Partially Blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	...	...	...	...
	Attending Certified Schools for the Blind	...	...	1	...	1
	Not at School	...	...	...	...	...
DEAF & DUMB (including Partially Deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	...	1	...	1
	Attending Certified Schools for the Deaf	...	...	...	...	...
	Not at School	...	...	...	...	...
MENTALLY DEFECTIVE. Feeble Minded	Attending Public Elementary Schools	...	...	8	7	15
	Attending Certified Schools for Mentally Defective Children	...	...	1	...	1
	Notified to the Local Control Authority by Local Education Authority during the year	...	...	...	...	...
Imbeciles	Not at School	...	...	1	...	1
	At School	...	...	...	...	...
	Not at School	...	...	...	...	...
Idiots	...	...	...	...	...	...
	...	...	...	...	...	...

TABLE III.—Continued

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

		Boys.	Girls.	Total.
EPILEPTICS.	Attending Public Elementary Schools ...	1	...	1
	Attending Certified Schools for Epileptics ...	...	...	...
	In Institutions other than Certified Schools ...	...	...	...
	Not at School ...	...	...	...
Pulmonary Tuberculosis	Attending Public Elementary Schools ...	25	20	45
	Attending Certified Schools for Physically Defective Children ...	3	4	7
	In Institutions other than Certified Schools ...	...	...	...
	Not at School ...	7	2	9
Crippling due to Physically Defective Tuberculosis	Attending Public Elementary Schools ...	3	...	3
	Attending Certified Schools for Physically Defective Children ...	1	...	1
	In Institutions other than Certified Schools ...	...	...	...
	Not at School ...	2	1	3
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools ...	4	5	9
	Attending Certified Schools for Physically Defective Children ...	...	...	...
	In Institutions other than Certified Schools ...	...	...	...
	Not at School ...	...	1	1

TABLE III.—Continued.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

		Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (Continued).	Other Phys- ical Defectives			
	e.g., Delicate & other chil- dren suitable for admission to Open Air Schools;			
	Children suffering from severe Heart Disease.			
	Attending Public Elementary Schools	7	13	20
	Attending Open Air Schools	34	37	71*
Attending Certified Schools for Physically Defective Children other than Open Air Schools				
	Not at School	1	2	3
DULL OR BACKWARD.				
	Retarded 2 years	8	21	29
	3 "	8	4	12

* This figure represents the total number for the year. 50 children are kept on the register.

TABLE IV.

A. 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	...			22	16	6	22
Body	...			20	17	3	20
Scabies	...	...		...	...	...	...
Impetigo	...	...		44	38	3	41
Minor Injuries	...			67	55	7	62
Other Skin Diseases	...			59	50	9	59
Ear Disease	...	...		10	7	3	10
Eye Disease—							
External	...	...		...	...	...	...
Other	...	...		...	...	...	...
Miscellaneous	...			103	75	14	89
Totals	...	...		381	306	53	359

TABLE IV. B.
TREATMENT OF VISUAL DEFECTS.

Referred for Refraction—73.

Number of children submitted to Refraction.—Under Local Education Authority's Scheme. Clinic or Hospital—48. By Private Practitioner or Hospital—3. Otherwise—4. Total—55.

For whom glasses were prescribed—43.

For whom glasses were provided—42.

Recommended for treatment other than by glasses—0.

Received other forms of treatment—0.

For whom no treatment was considered necessary—4.

TABLE IV. C.
TREATMENT OF DEFECTS OF NOSE AND THROAT

Referred for treatment—65.

Number of Children—Received operative treatment—under Local Education Authorities Scheme. Clinic or Hospital—0. By Private Practitioner or Hospital—4. Total—4.

Received other forms of Treatment—22.

BOROUGH OF TODMORDEN SCHOOL DENTAL CLINIC.

D. TREATMENT OF DENTAL DEFECTS.

1. NUMBER OF CHILDREN DEALT WITH.

	AGE GROUPS.										Total.
	5	6	7	8	9	10	11	12	13	14	
(a) Inspected by Dentist	4	91	98	98	103	119	109	109	6	...	737
(b) Referred for Treatment	4	81	89	92	82	96	87	77	5	...	613
(c) Actually Treated.....	10	31	73	97	87	86	73	92	67	13	629
(d) Re-treated * (Result of periodical examination)	...	...	...	20	33	48	37	32	1	...	171

* It is understood that cases under this head are also included under (c) above.

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2. PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

1. No. of half-days devoted to Inspection—8.
2. No. of half-days devoted to Treatment—78.
3. Total No. of attendances made by children at the Clinic—973.
4. No. of Permanent Teeth Extracted—82 ; Filled—397.
5. No. of Temporary Teeth Extracted—1032 ; Filled—409.
6. Total Number of Fillings—806.
7. No. of administration of local anaesthetics included in (4) and (6)—520.
8. No. of other operations—Permanent Teeth—561 ; Temporary Teeth—162.

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 ...	381	306	53	359
Visual Defects ...	73	42	8	50
Defects of Nose & Throat	65	22	4	26
Dental Defects ...	613	629	...	629
Other Defects ...	...	...	...	...
Total ...	1132	999	65	1064

TABLE VI.

**SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS DURING
THE YEAR 1923.**

1.—Total number of children Medically Inspected at the Routine Inspections	1290
Total number of children Inspected at Dental Inspection	737
Total	2027

2.—The number of children suffering from :—

Malnutrition	6
Skin Disease	30
Defective Vision (including squint)	59
Eye Disease	19
Defective Hearing	3
Ear Disease	7
Nose and Throat Disease	122
Enlarged Cervical Glands (non-tubercular)	7
Defective Speech	1
Dental Disease	613
Heart Disease—	
Organic	3
Functional	39
Anaemia	12
Lung Disease (non-tubercular)	98
Tuberculosis—	
Definite	0
Suspected	1
Non-pulmonary	2
Disease of the Nervous System	2
Deformities	49
Other defects and diseases	69
Minor Injuries	10

3.—Number of children (1) suffering from defects (other than uncleanness, defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	322
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4.—Number of children in (1) who were referred for treatment (other than uncleanness, defective clothing or footgear)	216
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5.—Number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing or footgear)	140
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