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COUNTY BOROUGH OF WARRINGTON.

Annual Report
TO THE
Education Authority
ON
SCHOOL HYGIENE

For the Year

1936

(G. W. N. JOSEPH, M.D., D.P.H., deceased 28.8.36)

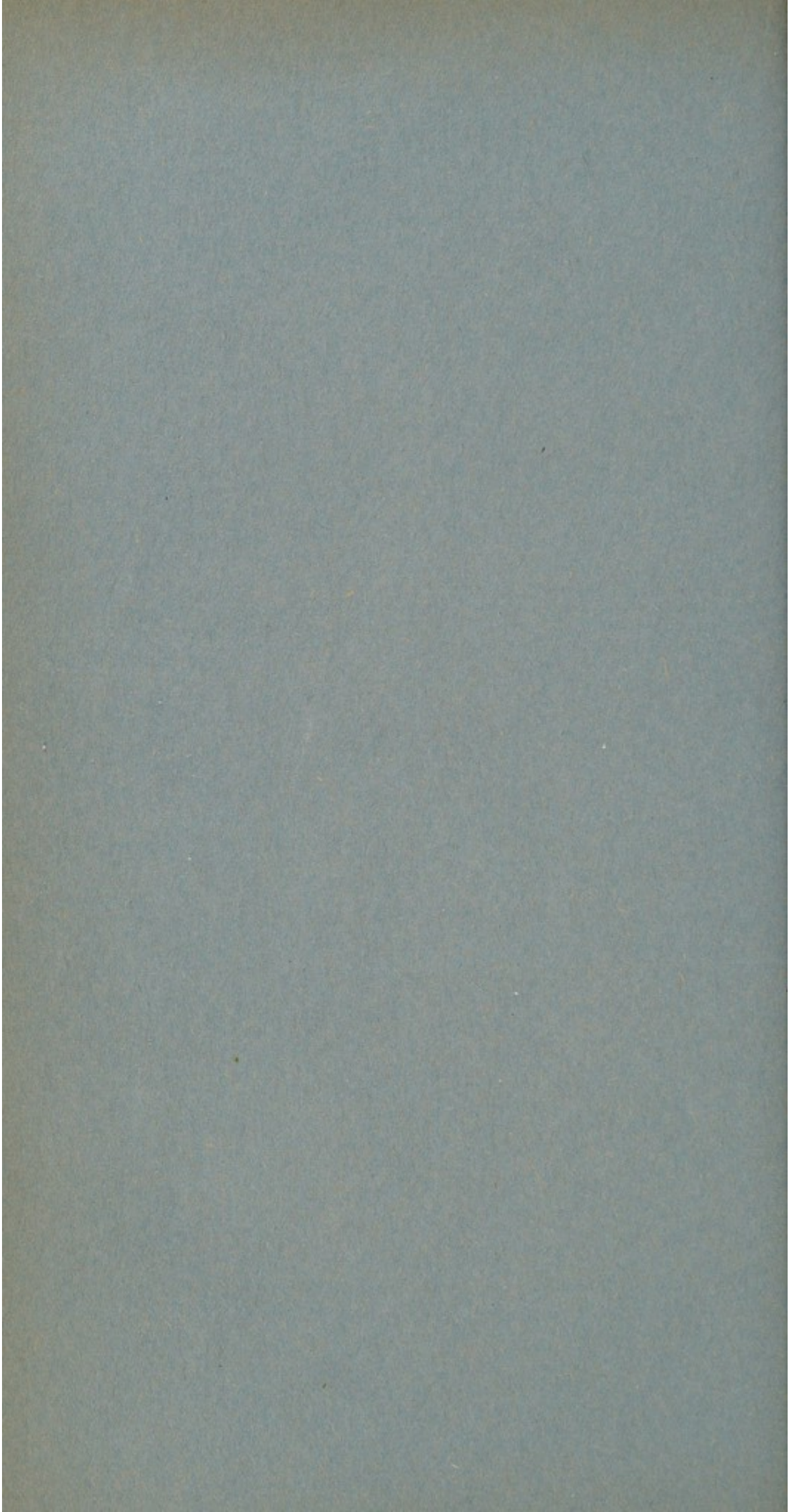
CYRIL A. PAULUSZ,

L.R.C.P., L.R.C.S. (Ed.), L.R.F.P. & S. (Glas.) L.M.R.C.P.I., D.P.H.

*Acting Medical Officer of Health
and School Medical Officer.*




WARRINGTON:
PRINTED BY MACKIE & CO. LTD., THE GUARDIAN PRESS.
1937.



ERRATA

- Page 3, line 36: his duties ably *instead of* hisdutiesably.
- „ 9, „ 9: groups *instead of* group.
- „ 10: Omission of percentages. Group 4, foot of page:
- | |
|-------|
| 6.4% |
| 11.1% |
| 10.0% |
| 9.4% |
| 3.4% |
- „ 39, line 4: against *instead of* from.
- „ 47, „ 32: page 60 *instead of* page 78.
- „ 53, „ 20: have *instead of* has.



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TO THE EDUCATION AUTHORITY OF THE
COUNTY BOROUGH OF WARRINGTON.

Ladies and Gentlemen,

I beg to submit herewith the Annual Report on the work of the School Medical Service for the year 1936.

The duty of compiling this report has devolved on me, as I was appointed Acting School Medical Officer in consequence of the regrettable death of your late Medical Officer, Dr. Joseph, on August 28th, 1936.

Out of the 11,576 children attending our Public Elementary Schools, 3,794 were medically examined during the year at Routine Medical Inspections in the schools, and 2,522 at various special inspections, either in the schools or at the Clinic, making a total of 6,316.

In addition, the children attending the Boteler Grammar School and the Secondary School were also kept under supervision (page 52).

In the Elementary Schools the number of individual children found at the Routine Medical Inspections with defects requiring treatment (exclusive of uncleanliness and dental disease) was 358, or 9.4% of those examined (page 9).

Practically all the defects found during the year received satisfactory treatment.

At our School Clinic 291 children attended on 2,226 occasions for the treatment of minor ailments. In addition, the Nurses carried out 21,514 dressings in the Schools (page 19), thus obviating the necessity of excluding the children from attendance.

The only new feature about the work done during the year is in connection with the immunization of school children against Diphtheria, which is referred to on page 39.

This was carried out at the School Clinic up to the latter part of the year under review, but in the month of November, a scheme for immunization in the schools was inaugurated, the first school to be dealt with being St. Augustine's.

Dr. Fahy, who acted as Temporary (Part-time) Assistant School Medical Officer, carried out his duties ably and took a keen interest in his work.

I have to express my appreciation of the excellent work done by the School Nurses, reference to which is made in the body of the report.

Mr. Flood, Chief Sanitary Inspector, was of great assistance to me in investigating and supervising the sanitary condition of the schools.

I wish to take this opportunity of conveying to the Head Teachers of all the schools, and their Assistants, my sincere thanks for their co-operation and the cordial manner in which they have always rendered assistance to the members of the School Medical Service.

I would also like to express my thanks to the School Medical Service Committee for their cordial support, and to Mr. C. E. Stewart, Chief Education Officer, and his staff, for their ready co-operation and their assistance in collecting much of the information obtained in this report.

I am,

Your obedient Servant,

CYRIL A. PAULUSZ.

payable on expenditure on buildings. The grant will be payable in respect of expenditure either on council school building or on aiding voluntary school building, under any powers which may be conferred upon them. It seems an opportune time, therefore, for us to review in some detail, the sanitary conditions in our schools.

On the 31st December, 1936, there were 21 Public Elementary Schools divided into 44 Departments and there were 2 Secondary Schools. A portion of one school is utilised as a Special School for Partially-Sighted Children.

During the year the following schools were reorganised :—

Beamont School for Senior Boys, Junior Mixed and Infants' Departments.

Oakwood Avenue School for Senior Girls, Junior Mixed and Infants' Department.

Heating.

Central heating is installed in 37 out of the 44 Departments. Open fires only are in operation in 4 departments (in St. Ann's and St. Barnabas' Schools).

Coke Stoves only in 3 departments (Heathside Boys, Girls and Infants).

In addition to other means, 2 closed coke stoves have been introduced, one into St. Barnabas' Infants and one into Latchford R.C. School. These coke stoves often give off fumes—they tend to dry the air too much and are by no means a desirable type of heating apparatus.

Lighting.

As a rule this is good throughout our Schools, but on dull days is poor in some of the classrooms in the older schools. The following are the worst examples, but owing to the structural arrangement of the building or the environment are difficult to remedy.

St. Barnabas' Mixed Department. Poor in parts of main room.

St. Ann's Mixed Department. Poor in parts of main room.

Silver Street Mixed Department. Poor in central section, main room, ground floor.

Artificial light (mainly electric) is available in all class rooms.

Ventilation.

This is fair as a rule, and is especially good in the newer schools. In the following instances it is poor.

St. James' Infants. More inlet ventilation required in main room.

Orford C.E. More inlet ventilation required in main room (East side).

Washing and Drinking.

The arrangements in the following schools are insufficient :—

Latchford R.C. Mixed.

Latchford St. James' Mixed.

St. Benedict's Mixed and Infants.

St. Mary's Boys.

It is essential too, that children should be taught to wash their hands after using the sanitary conveniences, and for this purpose the provision of adequate and accessible lavatory basins is necessary.

Sanitary Conveniences.

The type of sanitary convenience in use is as follows :—

Pedestal Water Closets	....	....	29
Trough Closets (Auto-flush)....	....	....	11
Pail Closets	....	....	4
			—
			44
			—

Pail Closets are still installed at Orford C.E. School, St. Barnabas' C.E. (2 departments) and Trinity School Infants. It is surely time that this antiquated system was abolished from our Schools and modern water closets introduced. In no instance would this be a difficult matter so far as carrying out the work is concerned, for main drains are in close proximity to the existing buildings.

Cloakrooms.

Storage and drying of clothing. The only cloakrooms with heating arrangements for drying clothes are in the new Bewsey Council and Richard Fairclough Schools and at St. Alban's Infants'.

The following are not satisfactory :—

Parochial Boys', dark.

Latchford R.C., poor.

Latchford St. James' Mixed, poor.

Heathside Girls' and Infants', small.

St. Barnabas', small.

St. Ann's Infants', small.

St. Mary's R.C. Boys', small.

School Baths.

The only schools with bathing accommodation are Bolton Council, Oakwood Avenue Council and Evelyn Street Council. In the latter school, which was the first one to introduce such facilities, the baths are too small and inconvenient and might without much difficulty be enlarged.

Playgrounds.

In the main, the schools in the Borough have good playgrounds. The following are unsatisfactory :—

Latchford St. James' C. of E. Large yard, greater portion unpaved, and in very bad condition in wet weather.

Sacred Heart. Only half paved.

St. Barnabas'. Too small. Children have to play in street and in back passage.

It must be remembered that the condition of the playground often has a great effect on the general cleanliness of the school premises.

4.—MEDICAL INSPECTION.

The Routine Medical Inspections are conducted by the Assistant School Medical Officer at the various schools in the Borough.

All routine inspections are made on the school premises (Article 44B). The Board of Education schedule of medical inspection is followed in every instance, and there has been no disturbance of the ordinary school arrangements.

Age Groups Inspected.

Opportunity is offered for every school child to be thoroughly medically examined at least three times during attendance at a Public Elementary School, viz. :—

As soon as possible in the 12 months following

- (a) their first admission to school (Entrant Group) ;
- (b) their attaining the age of 8 years (Intermediate Group) ;
- (c) their attaining the age of 12 years (Leaver Group).

During 1936, there was no alteration in the age group inspected. The work left uncompleted at the end of 1935 was done first, and this was completed by 29th January. The routine inspection of the children in the above-mentioned groups was then commenced and all the work required was completed by the end of the year.

In addition to the examinations of the children who were in the usual age groups, those children who were absent from the medical inspection in the previous year were again summoned for inspection.

The numbers dealt with in 1936 were as follows :—

(a) Elementary Schools.						
Entrants	....	....	1,047	}	Boys.	Girls.
Intermediate	....	....	1,350			
Leavers	....	....	1,378			
			3,775			
Partially-sighted Class	....		19		12	7
(b) Secondary Schools						
	....		525		372	153
			4,319		2,261	2,058

Further particulars of age and sex are given in Table Ia, page 56

Contrasting recent years the number of routine inspections have been :—

1936	.....	.....	.....	.....	3,794
1935	.....	.....	.....	.....	3,933
1934	.....	.....	.....	.....	3,490
1933	.....	.....	.....	.....	4,069
1932	.....	.....	.....	.....	4,426
1931	.....	.....	.....	.....	3,831
1930	.....	.....	.....	.....	3,816
1929	.....	.....	.....	.....	4,178
1928	.....	.....	.....	.....	4,488
1927	.....	.....	.....	.....	3,681

For Secondary School Inspections see pages 52 and 58

Special Examinations.

In addition to the routine medical inspections, many children are specially examined by the doctor each year. The teachers submit any special case to him in the schools after the routine inspection is ended, or special cases may at any time be sent to the School Clinic.

Thus in 1936 the following were dealt with :—

“Specials” at School and Clinic 2,522
(Compared with 2,269 in 1935).

Re-Examinations.

Then again, various additional examinations and re-examinations are carried out, both in the Schools and the Clinic in connection with the following up of defects. The number of such Re-inspections was 1,570 (compared with 1,753 in 1935).

A valuable adjunct to our work would be a systematic weighing and perhaps measurement of all children periodically at, say, 3-monthly intervals. The records could be kept in the form of a graph for each child and it would be possible to see at once whether a child was progressing normally or not and any abnormal cases could be at once picked out and referred to the Medical Officer for special examination.

5.—FINDINGS OF MEDICAL INSPECTION.

Out of 3,794 children examined in our Schools at the Routine Inspections during 1936, 358, or 9.4% were found to require treatment for one or more defects (see Table IIA, page 58). In addition, a number with defects required to be kept under observation although no actual treatment was necessary at the time. Table IIA in the Appendix (page 58), gives a return of the various defects found, whilst the number of children affected is shown as follows :—

Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

Group.	Number of Children		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups :			
Entrants	1047	68	. %
Second Age Group	1350	150	. %
Third Age Group	1378	138	9.4%
Total (Code Groups)	3775	356	9.4%
Other Routine Inspections			
(Secondary School)	525	18	. %
Partially-sighted Class.	19	—	

The proportion of children in all three groups showing defects, is remarkably low, and the proportion of defects found compares very favourably with that of England and Wales as a whole, as is evidenced from the figures in the following table.

Return Showing

- (1) The number of defects found among 3,794 children in the three age groups and the partially-sighted class at the routine examinations, 1936.
- (2) The incidence of defects requiring treatment and observation per 1,000 children examined in 1936.
- (3) The average incidence of defects amongst school children throughout England and Wales.

Group of Defects.	Treatment.			Observation.		
	Number of Defects requiring treatment.	Incidence of Defects per 1,000 children inspected.	Incidence of Defects per 1,000 pupils in England and Wales in 1935.	Number of Defects requiring observation.	Incidence of Defects per 1,000 children inspected.	Incidence of Defects per 1,000 pupils in England and Wales in 1935.
Skin Disease.....	35	9.2	9.5	—	—	2.1
Defects of Vision.....	164	59.7*	81.7*	3	1.0*	40.4*
Squint.....	5	1.3	7.8	5	1.3	4.6
Other Eye Diseases.....	34	8.9	7.3	—	—	2.3
Defects of Hearing.....	—	—	2.8	—	—	2.2
Otitis Media.....	—	—	4.1	—	—	1.2
Chronic Tonsillitis.....	79	20.8	19.6	64	16.8	48.3
Adenoids.....	2	.5	2.7	2	.5	3.4
Adenoids and Chronic Tonsillitis.....	28	7.3	19.9	2	.5	12.6
Other Throat and Nose Defects.....	—	—	6.5	5	1.3	7.0
Defects of Speech.....	—	—	1.1	1	.2	2.7
Organic Heart Disease.....	—	—	1.6	6	1.5	3.4
Pulmonary Tuberculosis :						
(a) Definite.....	—	—	.1	—	—	.1
(b) Suspected.....	—	—	.4	—	—	.6
Non-Pulmonary Tuberculosis.....	1	.2	.6	—	—	.8
Epilepsy.....	—	—	.2	—	—	.4
Chorea.....	1	.2	.5	1	.2	.5
Other Nervous Conditions.....	—	—	1.2	3	.7	2.0
Deformities :						
Rickets.....	1	.2	1.4	—	—	2.8
Spinal Curvature.....	6	1.5	2.5	—	—	2.1
Other Forms.....	2	.5	8.0	—	—	7.6

* In calculating this figure the entrants have been left out of account.

The following are some of the points revealed by the year's work so far as the routine medical inspections by the School Medical Officer are concerned :—

(a) Nutrition and Malnutrition.

Close observation has been kept on the nutrition of children in our schools as usual, during the year.

Height and Weight.

The height and weight of every child is measured at the time of routine inspection, and the following table shows the average at different ages :—

	Heights.				Weights.					
	Boys		Girls		Boys		Girls			
	ft.	ins.	ft.	ins.	st. lb.	ozs.	st. lb.	ozs.		
Entrants—										
4 years	3	4	3	3	2	9	14.2	2	6	5.3
5 years	3	5.3	3	5.1	2	11	12.5	2	10	3
6 years	3	6.7	3	6.5	3	0	1.4	2	12	10.6
7 years	3	9.2	3	9	3	6	9.3	3	3	0.9
8 years	3	11.5	3	9	3	8	14.6	3	5	1.6
9 years			4	0.8				3	10	10
Second Age Group—										
8 years	4	0.3	4	0.1	3	12	7	3	11	5
9 years	4	2.7	4	2.4	4	4	11.5	4	2	14.8
10 years	4	4	4	4.5	4	6	13	4	11	4
Third Age Group—										
12 years	4	7.4	4	8.5	5	6	15.3	5	10	11.3
13 years	4	9.2	4	10.8	5	13	13.7	6	5	5.5

Notes.—In the Entrant Group the average age is approximately as shewn, whereas in the Second and Third Age Groups the average age is higher than the age shewn by approximately four months.

The children examined in 1936 as carry-overs from 1935 have not been included.

Once again one has to report that not only has the high average of recent years been well maintained, but there is even a slight increase in some cases.

Nutrition.

Great attention has been paid to the problem of the standard of nutrition of children attending our schools, with a view to the discovery of cases of under-nourishment.

The Board of Education in Memorandum 124, issued at the end of 1934, pointed out that it was desirable that statistical returns from all Local Education Authorities should be classified in a precise and uniform manner.

The returns (table B, page 59) are, therefore, in accordance with this classification divided into Excellent, Normal, Slightly Sub-normal and Bad.

Nutrition.

Age Groups.		Number examined.	A Excellent.	B Normal.	C Slightly Sub- normal.	D Bad.
Entrants—						
Boys, Age	4	9	2	7	—	—
" "	5	265	30	198	34	3
" "	6	208	27	137	40	4
" "	7	30	1	26	3	—
" "	8	9	1	5	3	—
Girls, Age	4	6	2	4	—	—
" "	5	261	34	181	40	6
" "	6	217	30	157	25	5
" "	7	33	6	21	4	2
" "	8	5	—	4	1	—
" "	9	4	1	2	1	—
Total		1047	134	742	151	20
Percentage			12.79%	70.86%	14.42%	1.91%
Second Age Groups—						
Boys, age	8 (1935)	81	6	54	18	3
" "	9 (1935)	1	—	1	—	—
" "	10 (1935)	1	—	1	—	—
Girls, age	8 (1935)	72	13	44	12	3
" "	9 (1935)	1	—	—	1	—
Boys, age	8	534	74	355	95	10
" "	9	33	7	23	3	—
" "	10	4	—	4	—	—
Girls, age	8	585	92	364	125	4
" "	9	35	8	19	8	—
" "	10	3	1	—	2	—
Total		1350	201	865	264	20
Percentage			14.88%	64.07%	19.55%	1.48%
Third Age Groups—						
Boys, age	12 (1935)	89	7	50	21	11
Girls, age	12 (1935)	97	13	54	25	5
" "	13 (1935)	1	—	1	—	—
Boys, age	12	574	68	410	86	10
" "	13	39	8	24	7	—
Girls, age	12	526	116	310	79	21
" "	13	52	17	30	5	—
Total		1378	229	879	223	47
Percentage			16.62%	63.79%	16.18%	3.41%
Partially-sighted Class—						
Total		19	1	12	5	1
Percentage			5.26%	63.15%	26.31%	5.26%
Elementary—						
Total		3794	565	2498	643	88
Percentage			14.89%	65.84%	16.94%	2.31%
Secondary Schools—						
Boteler Grammar,	Boys	183	14	163	5	1
Secondary,	Boys	189	40	137	6	6
"	Girls	153	45	96	8	4
Total		525	99	396	19	11
Percentage			18.85%	75.42%	3.61%	2.09%
Grand Total		4319	664	2894	662	99
Percentage			15.37%	67.00%	15.39%	2.29%

(b) Uncleanliness.

Out of the 3,794 children examined by the doctor at the Routine Inspections only 25 or .65% were found to have verminous heads in greater or lesser degree. This continues to manifest a vast improvement, as is evidenced from the following table for the past 17 years. In fact out of the 25, only 1 was sufficiently serious as to warrant exclusion from school.

1920	....	....	....	....	....	6.3%
1921	....	....	....	....	....	3.8%
1922	....	....	....	....	....	6.6%
1923	....	....	....	....	....	3.6%
1924	....	....	....	....	....	2.4%
1925	....	....	....	....	....	3%
1926	....	....	....	....	....	5.4%
1927	....	....	....	....	....	3.7%
1928	....	....	....	....	....	3.07%
1929	....	....	....	....	....	3.03%
1930	....	....	....	....	....	4.3%
1931	....	....	....	....	....	3.3%
1932	....	....	....	....	....	2.3%
1933	....	....	....	....	....	1%
1934	....	....	....	....	....	1.3%
1935	....	....	....	....	....	1.3%
1936	....	....	....	....	....	.65%

It must be emphasised, too, that the standard of cleanliness expected is much higher now, and compared with 1920, for instance, the .65% of 1936 might almost be considered "negligible."

It must be remembered that the early supervision of the scholars in the schools by our School Nurses accounts for a good deal of this improvement.

We have again to acknowledge our indebtedness to the Police Clothing Fund which, as usual, has been of great assistance to the poorer families.

(c) Minor Ailments and Diseases of the Skin.

Impetigo amongst school children has greatly diminished of recent years, and we rarely find those severe cases of involvement of the scalp that used to be so common, especially amongst girls, a few years ago. Out of 3,794 children examined at routine inspections, 24, or .6%, were found to be suffering from impetigo.

No cases of ringworm of the scalp or of the body were found, and only one of scabies.

The number of cases of conjunctivitis and blepharitis found during the year was 32 (.8%).

The continuous work of the Nurses in the schools is a factor in the large reduction of the minor ailments discoverable at routine inspections.

(d) **Visual Defects.**

61.72% of the children examined were found to have perfectly normal vision when examined at the school inspection amongst the two senior age groups, as the eyesight of the entrants is not tested unless under exceptional circumstances.

In the Intermediate and Leaver Groups, the vision of 2,715 children was examined and 176 children or 6.48% were found to require treatment.

The following table shows the results of the examinations of the two groups :—

Group.	No.	6/6	6/9	6/12	†W.G.	aT.	*N.G.I.
SECOND AGE GROUP. Examined.							
Boys—Age 8	611	358	161	25	24	42	1
" " 9	34	20	11	—	2	1	—
" " 10	5	4	—	1	—	—	—
Girls— " 8	653	386	178	30	20	39	—
" " 9	36	22	8	—	2	4	—
" " 10	3	1	1	—	—	1	—
THIRD AGE GROUP.							
Boys—Age 12	660	450	80	36	46	44	4
" " 13	39	21	8	3	5	2	—
Girls— " 12	621	387	123	12	58	38	3
" " 13	53	27	13	—	6	5	2
Total	2715	1676	583	107	163	176	10
Percentage		61.72	21.47	3.94	6.00	6.48	.36

*N.G.I.—No glasses improve.

†W.G.—Wearing Glasses.

‡ Includes 10 cases already on the Treatment list. aT.—Treatment required.

The following is a summary showing the degree of defect among the 176 children requiring treatment :—

Number referred for refraction for :—

Vision—6/18 in both eyes	23
6/18 in one eye and good or fair vision in the other	48
6/24 in both eyes	8
6/24 in one eye and 6/18 in other eye	13
6/24 in one eye and good or fair vision in the other	16
6/36 in both eyes	7
6/36 in one eye and 6/18 or 6/24 in the other	7
6/36 in one eye and good or fair vision in the other	11
6/60 in both eyes	1
6/60 in one eye and 6/18, 6/24, or 6/36 in other eye	4
6/60 in one eye and good or fair vision in the other	6
less than 6/60 in one eye and 6/18, 6/24, or 6/36 in other eye	1
less than 6/60 in one eye and good or fair vision in the other	3
With Squint	5
Glasses unsuitable and requiring re-examination	*23
	176

*Of the 23 cases requiring re-examination the degrees of defect were :—

Vision—6/6 in both eyes with glasses	....	....	....	....	....	....	....	....	3
6/9	..	..	..	..	..	..	..	..	10
6/12	..	..	..	..	..	..	..	..	4
6/18	..	..	..	..	..	..	..	..	3
6/60	..	..	..	..	..	..	..	..	2
Squint cases	....	....	....	....	....	....	....	....	1
									<hr/> 23

(e) **Nose and Throat Defect.**

The total number of cases of nose and throat disease requiring treatment was 109 or 2.8%.

For the treatment of enlarged tonsils and adenoids and the policy pursued with regard to operations, see page 27.

(f) **Ear Disease and Defective Hearing.**

At Routine Inspections 9 cases of Aural Discharge were discovered, and 4 cases of wax in ears. See remarks on prevention of deafness (page 28).

(g) **Dental Defects.**

The School Medical Officer refers to the Dental Officer for treatment all children with four or more decayed teeth, or any children who are obviously suffering from lack of attention to the mouth.

During 1936, 27 such cases were discovered.

(h) **Orthopædic and Postural Defects.**

Altogether 9 children suffering from these defects were found at the inspection and referred to the Orthopædic Surgeon, including cases of Rickets, Spinal Curvature, Flat Foot, Wry-Neck and old Infantile Paralysis (see page 30).

(i) **Heart Disease and Rheumatism.**

11 cases of functional heart disease were discovered, and kept under special observation on this account. 4 cases of anæmia were found during Routine Inspection, of which 2 were kept under observation, and 2 were referred for treatment.

All these children and those exhibiting any rheumatic manifestations are kept under special supervision throughout the year.

All cases of Heart Disease, Chorea and Rheumatism are specially noted in the register of physically defective children.

(j) **Tuberculosis.**

1 case of non-tubercular tuberculosis was discovered at the Routine Inspection.

Reference is made in the section on Infectious Diseases to the incidence of tuberculosis amongst the school children in the borough (pages 38 and 39).

(k) **Other Defects and Diseases.**

ROUTINE INSPECTIONS.

	Requiring Treatment.	To be kept under observation.
Sore Throat	3	—
Nasal Swab	1	—
Debility	—	1
Sub-maxillary Glands	—	1
? Mental Deficiency	—	1
	—	—
	4	3
	—	—

SPECIAL INSPECTIONS.

	Requiring Treatment.	To be kept under observation.
Muscular Rheumatism	1	—
Muscular Weakness	6	—
Osteomyelitis	1	—
Right Arm Weakness	1	—
Flat Foot	6	1
Inturned Foot	1	—
Defective Gait	1	—
Drop Foot	1	—
Weak Ankles	2	1
Hallux Valgus	1	—
Sore Throat	1	—
? Mental Deficiency	—	3
Hernia	—	1
Debility	—	2
Fainting	—	1
	—	—
	22	9
	—	—

Exclusions.—All children suffering from contagious disease who may be a danger to the other children, and all cases in which the condition necessitates absence from school, are at once excluded by the A.S.M.O. at the time of his inspections. Slight cases are not excluded, but referred for treatment to the Nurses at their bi-weekly visits. The following are the cases excluded during 1936 at both routine and special inspections. In addition, 122 children were referred to the Nurses for treatment in schools as not being serious enough to exclude :—

	Exclusions.	Treatment in School.
Uncleanliness—Head	.... —	10
Body	.... 2	14
Ringworm—Head	.... 1	—
Body —	—
Scabies	.... 5	—
Impetigo	.... 2	24
Other Skin Diseases	.... —	6
Blepharitis	.... 2	31
Conjunctivitis	.... —	2
Keratitis —	—
Stye	.... —	2
Aural Discharge	.... —	21
Wax in Ears	.... —	4
Sore Throat	.... 4	—
Defective Clothing	.... 1	5
Defective Footgear	.... —	3
Total	.... 17	122

Further examination of cases selected at the Inspections in the Schools.

The further examination of certain cases is made at the Inspection Clinic when necessary. These cases consist of children whom it is impossible to examine thoroughly during the Routine Examination.

In 1936 there were 287 such examinations made of 275 children. When a defect was discovered it was entered on the schedule card, and has been included in the foregoing statistics as though found at the original Routine Inspection.

Other Medical Inspection Work.

In addition to the Routine inspection work and the examinations of children in the schools in the afternoons, a large amount of work is done by the S.M.O. at the Clinic every morning (see page 21).

6.—“FOLLOWING-UP” OF CHILDREN SUFFERING FROM PHYSICAL DEFECTS AND WORK OF THE SCHOOL NURSES.

The procedure adopted in the following-up of the cases to see that defects found at Routine and other inspections are dealt with promptly and satisfactorily has been explained in former Reports.

The Tables at the end of the Report show the results obtained, but no record is given of the actual number of re-examinations made in each case by the doctor, or of the number of visits paid by the Nurses and School Attendance Officers in advising parents and in offering facilities for treatment.

Only as a last resort are parents summoned to attend before the School Medical Service Committee for not obtaining satisfactory treatment for their children (see page 47).

Work of the School Nurses.

The usual large amount of work has been carried out during the year 1936 in a very thorough manner in the Clinic, in the homes, and in the schools, by the Nurses—Miss Brown, Miss Griffith, Miss Wright, Miss Coventry and Miss Fletcher.

(a) IN THE SCHOOLS.

The examination and dressing of the children are carried out either in the medical room or staff room in the newer schools, or, where there is no such accommodation, in the cloak room or sometimes in a screened-off portion of a class room (see page 23).

The work comprises dressings of discharging ears, sore eyes, impetigo, eczema, supervision of minor ailments which are being treated at home, orthopædic cases, and all children who have been found unsatisfactory at a surprise visit, either nits, unclean, defective footgear, or clothing.

Classes in which cases of Scarlet Fever or Diphtheria have occurred are examined and suspicious cases excluded.

Any children sent by the teachers for sore throats, defects or neglect are also seen, and noted.

Each Wednesday a "surprise" visit is done to one of the schools by each nurse. Every child in the school is seen by the nurse and examined for nits, cleanliness of body and clothing, and defective footgear. The names and addresses of all unsatisfactory children are taken and Home Visits are made whenever possible. All such children are seen at subsequent visits to the school.

(b) IN THE HOMES AND IN THE SCHOOL CLINIC.

One nurse attends the minor ailments clinic in the mornings and routine medical inspections in the schools during the afternoon, followed by work in the clinic again at 4 p.m. attending to "after-school" cases. A large number of miscellaneous cases have been dealt with in the homes and in the schools.

Full particulars of this work are given on pages 26 and 27, and apart from this the following is a summary of the activities of the Nurses for the year 1936 :—

Visits paid to Schools to treat minor ailments	1,807
No. of Dressings in School (see page 23)	21,514
Visits to homes of children (in many cases assisting with treatment)	2,650
Attendances at Routine Medical Inspection in the Schools with the A.S.M.O.	212
Notices sent to teachers with reference to excluded children	458
"Surprise Visits" to Schools (see page 35)	162
Special Visits (to Schools) re Infectious Disease	183
Cases of tonsils and adenoids after operation kept under observation	150

7.—TREATMENT OF DEFECTS OF CHILDREN DURING 1936.

In endeavouring to secure treatment for ailing school children, use is made of all existing agencies, and in addition a large number of cases are referred under supervision for treatment in their own homes.

Whenever the circumstances warrant it, cases are induced to obtain treatment from a private medical practitioner.

A list of the days and hours of attendance at the various Clinics is given on page 2.

A.—Minor Ailments.

The Minor Ailment Clinic is open each day from 9 to 12 noon.

Re-examination after operation for tonsils and adenoids, 9 to 9.30 a.m.

Dressings of minor ailments, 9.30 to 12 noon.

“After-School” cases, 4 to 5 p.m., Mondays to Fridays.

With regard to the work in general, there has been a gradual tendency for a decrease in the incidence of minor ailments amongst school children, dating back to the introduction of the system of bi-weekly treatment by the Nurses in the schools.

This is shown in the following table :—

	No. of children attending		No. having Home Treatment	No. of Treatments in the school Dressings
	Inspection Clinic	Treatment Clinic		
1922	1,552	560	662	47,513
1923	1,113	349	362	37,451
1924	1,054	377	296	34,337
1925	925	395	218	33,529
1926	1,069	390	305	26,779
1927	2,535	1,633	303	31,639
1928	1,348	844	172	36,638
1929	897	388	247	28,139
1930	858	326	306	27,025
1931	953	363	310	32,837
1932	889	365	251	29,319
1933	810	363	215	23,763
1934	751	364	192	30,610
1935	560	262	157	24,276
1936	600	291	166	21,514

Minor ailments are potential sources of more serious conditions if neglected, and they certainly lead to a considerable loss of attendance at school of the children affected, thereby interfering considerably with their education.

Not only is the incidence of these ailments being reduced from year to year, but the severity of the conditions found is on the whole much less than in former years.

Inspection Clinic. (For cases referred by School Nurses, School Teachers, School Attendance Officers, and others.)

	Boys.	Girls.	Total.
Ringworm (Scalp)....	8	5	13
" (Skin)	7	7	14
Conjunctivitis	36	34	70
Blepharitis	8	3	11
Aural Discharge	1	3	4
Impetigo (Scalp)	34	44	78
" (Skin)	53	35	88
Scabies	20	22	42
Pediculosis (Scalp)	11	158	169
" (Body)	10	8	18
Eczema	4	6	10
Corneal Ulcers	1	—	1
Miscellaneous	43	37	80
Keratitis	1	1	2
	<hr/>	<hr/>	<hr/>
	237	363	600

(In 1935 the numbers were : Boys 212, Girls 348 ; Total 560.)

The miscellaneous cases consist of various ailments such as sores on the feet or legs, herpes, burns, bruises, abscesses, &c.

These cases were dealt with as follows :—

	Boys.	Girls.	Total
Referred to private practitioners....	22	27	49
" " Infirmary	8	4	12
" " School Clinic (excluded from school)	163	128	291
" " treatment at home	23	143	166
Found fit for school on first attendance....	21	61	82

So far as the Local Authority is concerned the treatment of minor ailments may be divided into 3 groups :—

1. Treatment at the School Clinic.
2. Treatment in the Schools.
3. Treatment in the Homes.

(1)—Treatment at the School Clinic.

When a child is suffering from an ailment that from its contagiousness may spread to other children, or when the attendance of a child in school may be harmful for other reasons, the case is excluded for treatment, and in the majority of instances of minor ailments this treatment is sought at the School Clinic.

The following table gives a summary of the cases dealt with in this way :—

Number of Cases Treated at the Clinic.

Disease.	No. of cases treated in School Clinic.	Total No. of attendances.	Average No. of attendances per case.	No. of days under treatment.	Average No. of days under treatment.
Keratitis	1	29	—	70	—
Ringworm (Skin)	13	118	9.0	152	11.7
„ (Scalp)	11	266	25.0	435	39.5
Conjunctivitis.....	61	349	5.7	400	6.5
Impetigo (Skin)....	76	644	8.4	702	9.2
„ (Scalp)	71	506	7.1	650	9.1
Blepharitis, &c.	9	28	3.1	36	4.0
Aural Discharge....	4	20	5.0	22	5.5
Eczema	5	80	16.0	106	21.2
Miscellaneous.....	40	186	4.6	256	6.4
Total	291	2226	7.6	2829	9.7
In 1935	262	1844	6.9	2258	8.6

This total of 291 which is also shown in Table IV., Group I. in the Appendix is not strictly comparable with statistics from other areas as only the severe cases are referred to the Clinic. Most cases of minor ailments are dealt with in the schools daily by the School Nurses.

In addition 184 children put in 629 attendances at the Clinic after school hours for defects which did not render it necessary for them to be absent from school.

	Boys.	Girls.	Total.
Ringworm (Skin)	18	1	19
Conjunctivitis	38	11	49
Impetigo (Skin)	110	74	184
Impetigo (Scalp)	27	27	54
Blepharitis	22	10	32
Aural Discharge	26	21	47
Scabies	—	5	5
Miscellaneous	158	81	239
	399	230	629

Miscellaneous cases consist of boils, burns, eczema, injuries, septic sores, ped. cap., nasal discharge.

Ringworm of the Scalp.

There has been a decrease both in the incidence of ringworm of the scalp and in the length of time taken to cure this disease since the provision of X-ray treatment for the condition by the Local Authority.

During 1936 the total cases dealt with in the Clinic were 11, of which 7 received X-ray treatment.

(2)—Treatment in the Schools.

Our arrangements for dealing bi-weekly with minor ailments in the schools have been detailed in previous Reports.

Altogether the Nurses paid 1,807 visits to the schools, an average of 79 to each, not including "surprise" visits.

When considered necessary, the Nurses exclude any cases of contagious or infectious disease.

In this way 305 children (221 girls and 84 boys) were excluded for contagious conditions and 164 (91 girls and 73 boys) and 4 boys' clothing for suspected infectious disease.

In addition the Nurses submitted a list of children to the School Medical Officer for further examination for suspected defects.

The amount of work done in this connection by the School Nurses in 1936 is as follows:—

NUMBER OF DRESSINGS IN THE SCHOOLS.

	Boys.	Girls.	Total.
Impetigo (Scalp)	285	230	515
„ (Skin)	6020	4647	10667
Eczema	923	712	1635
Eyes	2174	1830	4004
Ears.....	2624	2069	4693
	<u>12026</u>	<u>9488</u>	<u>21514</u>

There are approximately 200 school working days and this shows that more than 107 cases of minor ailments are dealt with by the Nurses in the schools each day apart from the work of the Clinic.

The total number of children attended to each year in school is seen from the following figures:—

	Number of School Dressings.
1936	21514
1935	24276
1934	30610
1933	23763
1932	29319
1931	32837
1930	27025
1929	28139
1928	36638
1927	31639
1926	26779
1925	33529
1924	34337
1923	37451
1922	47513

In addition to the dressings and apart from the work of "surprise visits," the Nurses supervise cases of uncleanliness and pediculosis, and in this connection 418 boys and 1,314 girls were examined on 2,085 and 13,112 occasions respectively, or an average of 4.9 for the boys and 9.9 for the girls.

(3)—Treatment in the Homes.

Certain cases are referred for treatment in their own homes, and have to attend from time to time at the Clinic for instruction and supervision as to the results of treatment.

Such conditions as pediculosis, uncleanliness, scabies, ringworm of the skin, cuts and bruises and various septic sores are generally dealt with in this way.

During 1936 the following received attention :—

	Boys.	Girls.	Total.
Pediculosis of the head	7	117	124
Pediculosis of the body and uncleanliness	2	6	8
Scabies	14	20	34
Miscellaneous	—	—	—
	23	143	166

There is a slight increase in the number of cases, compared with the previous year.

The School Nurses visit the homes to advise the mothers with regard to treatment and to see that it is adequately carried out. Altogether 2,650 visits were paid in 1936.

B.—Treatment of Visual Defects.

Our arrangements with the Warrington Infirmary for dealing with cases of refraction have been continued as usual during the year.

From Table IV., Group II., on page 64, it will be seen that 374 cases of defective vision were dealt with during the year.

- 314 under the L.E.A.'s scheme,
 - 19 by private practitioners,
 - 41 otherwise.
- 98 cases carried forward into next year.

I am indebted to Dr. Fox (Ophthalmic Surgeon to the Education Authority) who carried out this work for us at the Infirmary for the following Report of the cases dealt with :—

SUMMARY OF REFRACTION CASES DEALT WITH IN 1936.

	Hyper- metropia.	Hypermetropic Astig- matism.	Myopia.	Myopic Astig- matism.	Mixed Astig- matism	Total.
Vision improved	73	79	51	37	4	244
Vision not improved....	35	—	—	—	—	35
Defective Vision not due to errors of re- fraction	15	—	—	—	—	15
Normal Vision, or 6/9	20	—	—	—	—	20
Totals	143	79	51	37	4	314

Ten cases were found suitable for School for Partially-sighted; 33 cases of Squint; six were advised operation.

EDWARD FOX.

Squint Operations.

Number of operations in 1936 = 4 (2 boys, 2 girls).

Provision of Spectacles.

The cost of spectacles in practically every instance is defrayed by the parents.

During 1936, 245 pairs were provided by the Local Education Authority. The cost of these, varying from 5/9 per pair for cylindrical and compound lenses, to 3/9 for spherical lenses, was recovered from the parents.

In addition, 17 children were supplied with spectacles by the Public Assistance Committee, in cases where the parents were in receipt of relief, and unable to pay the cost.

Prevention of Blindness.

Some remarks on this subject as affected by features in our School Medical Service were given in the Reports for 1933 and 1934.

A draft copy of the letter that is sent to parents when a child with defective vision leaves school was published last year.

During 1936, 158 such letters were sent, and in several instances parents consulted the Medical Officer with reference to facilities available for advice and treatment for their children after leaving school.

Partially-Sighted Class (Evelyn Street Council School).

A class for partially-sighted children was established at Evelyn Street Council School, and the children first attended on 18th February, 1935. During the year altogether 27 attended the class at one time or another. The highest number of children in the class at any time was 24, and on the 31st December, 1936, 23 children were in attendance. Their classification according to type of visual defect was as follows :—

Myopia	....	....	....	....	17
Hypermetropia	....	....	....	....	6
Nystagmus	....	....	....	....	2
Cataract	....	....	....	....	1
Astigmatism....	....	....	....	....	1
					—
					27
					—

During the year 4 of the children left school, and all of them obtained employment. The children are selected in the first place from the possible cases by the A.S.M.O., and every case is submitted to the Ophthalmic Surgeon for examination and report.

In those cases where he certifies them as suitable for admission to the class, the parent is informed by letter of the eye condition, and accommodation in the class is offered.

Omnibus contracts are issued to those children who have any distance to travel, and who can use the bus routes. Arrangements are made for those who stay at school for their mid-day meal to have a hot drink, free of charge.

The Ophthalmic Surgeon makes a quarterly visit to the class and reports on his visit, to the Committee. At this visit he also reports on the suitability for employment of children who are about to leave school under the age qualification. This report in all cases is transmitted to the Juvenile Employment Officer. Every child is re-examined individually by the specialist at intervals of not more than six months, to ascertain whether there has been any improvement or deterioration in the ophthalmic condition, and in some cases alteration in the glasses worn is prescribed. The A.S.M.O. makes a Routine Medical Inspection of all the children in attendance at the date of his visit.

The School Dentist makes a Dental Inspection of all the children

A School Nurse makes a visit to the class twice weekly for the treatment and supervision of minor ailments, particular attention being paid to eye condition and the wearing of glasses where prescribed.

The difficulty is, however, that some of these children persist in reading ordinary type out of school hours and at home.

C.—Treatment of Defects of Nose and Throat.

From Table II. A. (page 58) it will be observed that the following defects of the nose and throat were referred for treatment :—

	At routine inspections.	At "special" examinations.
Chronic Tonsillitis	79	133
Adenoids only	2	12
Chronic Tonsillitis and Adenoids	28	55
Other conditions	—	3
	109	203
	312	

In 1935 there were 213 similar cases, and 300 in 1934.

A large proportion of the "special" examinations are cases referred by general practitioners asking that the child be dealt with by the School Authority.

237 received treatment during the year as follows (see page 65. Table IV., Group III.) :—

By operation	{ Under the L.E.A.'s Scheme	....	....	....	192
	{ By private practitioner	....	....	....	4
	{ Other forms of treatment	....	....	....	41
					237

The following is a summary of the cases dealt with at Warrington Infirmary for which we are indebted to Mr. Archer, who carries out the work :—

"SUMMARY OF NOSE AND THROAT CASES DEALT WITH IN 1936

Defects.	Satisfactory after operation.		Unsatisfactory after operation.		Totals.		Grand Total.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Tonsils	2	2	—	—	2	2	4
Tonsils and Adenoids	89	95	—	—	89	95	184
Adenoids	—	—	—	—	—	—	—
Other Defects	—	—	—	—	—	—	—
Cases failed to report for discharge	2	2	—	—	2	2	4
Totals	93	99	—	—	93	99	192

Of the above, 8 boys and 8 girls suffered from other defects.

G. E. ARCHER."

For many years now, great care has been exercised in the selection of cases of children requiring operative treatment for enlarged Tonsils and Adenoids and such a course has only been advised when the child shows signs of deafness, or of marked nasal obstruction, or other serious defects as a result.

A special memorandum, drawn up by the Medical Officer, on the subject, which was circulated to the Medical Officers of the Department, was published in a previous Report.

Close attention has been given to the question of choice of the anæsthetic used in tonsil and adenoid operations in accordance with the warning in the Report of the Chief School Medical Officer.

Prevention of Deafness.

From the early days of medical inspection, the Local Authority has provided treatment for minor ailments, including cases of aural discharge, but many of these require specialist advice and treatment if early cure is to be obtained and deafness or other disaster eventually avoided.

A large amount of ear disease results from infectious diseases, such as measles, scarlatina, diphtheria and meningitis. An aural specialist is attached to our Isolation Hospital and available for every case of these complications requiring his aid. The same specialist also holds regular consultation sessions for children under five years of age, and cases from the Infant Welfare Centres or elsewhere are referred to him, and, when necessary, are admitted to the Borough General Hospital to be operated on by him.

It would, undoubtedly, be advantageous if this system could be extended to our School Medical Service, and probably a monthly consultation session would suffice, with occasional operation sessions. The ionisation work at the Orthopædic Clinic could then be under his direct supervision, whilst intermediate treatment would be carried out as heretofore by our own Staff.

D.—Treatment of Dental Defects.

Our aim has always been to secure an initial dental inspection of every child on its entry into school life, to be followed by an annual re-examination until the child ceases to attend school.

We are now approximating this for the first time, but on the last occasion it took about fifteen months instead of twelve to complete all the inspections throughout our schools :—

Senior Group—Commenced 18th February, 1936,
Completed, 17th July, 1936.

Entrant Group—Commenced 18th August, 1936, Completed
23rd November, 1936.

Intermediate Group—Commenced 12th September, 1935,
Completed 17th February, 1936.

The remarkable improvement in the work of this department, following on the appointment of a second dental officer and of a dental attendant, is shown as follows

Year	Number of Children Examined (excluding special cases and Secondary Schools)	
1931	4,296
1932	3,169
1933	2,549
1934	7,810 (additional dentist appointed 1/2/34)
1935	8,589
1936	7,930

I am indebted to the School Dental Surgeons (Mr. E. Crosbie, L.D.S. and Miss I. M. Candon, L.D.S.) for the following report on their work :—

Ladies and Gentlemen,

At the end of the year 1935 the children of the Intermediate Group were being inspected. The inspection was completed in February, 1936. As in the previous year, the Senior Group followed, and after that, the Infant Group, which was completed in November. The inspection of the whole of the children occupied 14 months. The Annual Inspection of the Secondary and Boteler Grammar School was also carried out.

The total number of Routine Inspections at the Elementary Schools was 7,930. Of these 5,876 were referred for treatment and 3,101 actually treated.

It has been noticed that whilst the number of parents attending the inspection of the Infant Group has been good, and at some of the schools showing an increase, it has also been found that there is a great falling off in the case of the Intermediate Group, whilst with the Senior Group the attendance of parents has been negligible. It does not follow, however, that non-attendance of parents means non-acceptance of treatment. The acceptance rate for treatment remains persistently high, being 81.2% as compared with 81.05% for the previous year. But there are many parents who, though accepting treatment, will not consent to having teeth filled. It is these people with whom the Dentist likes to get in touch so that the necessity and importance of fillings can be brought home to them. There are also the parents who refuse to have any treatment at all. The majority of refusals are those who refuse year after year, whilst others wish to have treatment privately. The percentage of those receiving private treatment is extremely small.

The time comes when these children suffer violent toothache, which is shown by the number of special cases. It was found during the year that the majority of specials either refused treatment or failed to attend when an appointment was made for them.

As in previous years, it has been our aim to give as much time as possible to conservative treatment. The total number of fillings inserted for the year was 2,072. As much time as possible was given to the Senior Group so that they could leave school with their teeth in sound condition.

It does not mean, however, that conservative treatment is necessary for permanent teeth alone. The deciduous, or first teeth, are equally important, and should, where possible, be saved. The first teeth have a definite function to perform, and should remain for a definite length of time, and it, is therefore, essential to keep them where possible for that length of time. To help to meet this object, 164 fillings were inserted and 244 teeth were treated with Silver Nitrate.

Most of the extractions were carried out under general anæsthesia.

"Other operations," which number 253, include a variety of conditions: scaling and cleaning; treatment of gum conditions, such as gingivitis; dressings of teeth awaiting extractions and fillings; dressings after hæmorrhage.

We have again had a visit by two Lecturers from the Dental Board.

Their talks are of great value to the children, who show keen interest in their talks and demonstrations. They are also a great help to the dentists in their educational value.

Secondary Schools.

The annual inspection and treatment of the pupils of the Secondary and Boteler Grammar School have again been carried out.

Of the 551 children examined at the Routine Inspections, 353 were found to require treatment, and 151 were actually treated.

The amount of treatment required remains the same as the previous year.

It is pleasing to note that the rate of acceptance shows an increase this year, being 69.2% as compared with 62.9% for the previous year.

In conclusion, may we again record our thanks to the Chief Education Officer, Medical Officer and the Staff of the Education Department, also the Staffs of the Schools for their very ready co-operation with us during the past year.

We are, Yours, obediently,

E. CROSBIE,

I. M. CANDON,

School Dental Surgeons.

E.—Orthopædic Treatment.

The Orthopædic Clinic at the Borough General Hospital, under Mr. Harman Taylor, Liverpool, was carried on successfully, as in previous years.

No. of first examinations by the Surgeon	....	....	....	40
No. of cases dealt with at the Clinic during the year	....	....	....	131
No. of cases in which operations have been performed	....	....	....	16
				(21 Operations)
No. of children who have attended the Clinic for remedial treatment	....	....	....	86
No. of cases in which appliances have been ordered	....	....	....	*17
No. of X-ray examinations	....	....	....	21

*This includes repairs, alterations, &c. (13 cases).

The types of cases were as follows :—

Weakness of Limbs	....	....	....	....	....	12
Rickets	....	....	....	....	....	14
Paresis	....	....	....	....	....	2
Torticollis	....	....	....	....	....	3
Pes Cavus	....	....	....	....	....	1
Curvature of Spine	....	....	....	....	....	21
Weakness of Shoulder	....	....	....	....	....	1
Infantile Paralysis	....	....	....	....	....	20
Flat Foot	....	....	....	....	....	14
Club Foot	....	....	....	....	....	6
Spastic Paraplegia	....	....	....	....	....	2
? Hip Disease	....	....	....	....	....	3
Fusion of Ribs	....	....	....	....	....	1
Paralysis of Facial Nerve	....	....	....	....	....	1
Pes Calcanus	....	....	....	....	....	1
Deformity of Finger	....	....	....	....	....	1
Bursa (Knee)	....	....	....	....	....	2
Deformity of Foot	....	....	....	....	....	2
Round Shoulders	....	....	....	....	....	2
Absence of First Metacarpal	....	....	....	....	....	1
Deformed Ears	....	....	....	....	....	1
Inturned Foot	....	....	....	....	....	2
Osteomyelitis	....	....	....	....	....	1
Drop Foot	....	....	....	....	....	3
Perthies Disease	....	....	....	....	....	2
Winged Scapulæ	....	....	....	....	....	1
Injured Ankle	....	....	....	....	....	4
Myositis	....	....	....	....	....	1
General Muscular Weakness	....	....	....	....	....	2
Contracture following Burns	....	....	....	....	....	1
Muscular Rheumatism	....	....	....	....	....	1
Defective Gait	....	....	....	....	....	1
Hallux valgus	....	....	....	....	....	1
						<hr/>
						131
						<hr/>

ORTHOPAEDIC OPERATIONS.

Manipulation and plaster	....	....	....	....	....	2
Tenotomy	....	....	....	....	....	3
Steindler's Operation	....	....	....	....	....	2
Plaster applications	....	....	....	....	....	8
Removal of cyst....	....	....	....	....	....	3
Wrench and plaster	....	....	....	....	....	2
Triple Athrodesis (right foot)	....	....	....	....	....	1
						<hr/>
						21
						<hr/>

MASSAGE, ELECTRICAL TREATMENT & REMEDIAL EXERCISES—

With regard to massage and other forms of treatment, the following are the attendances for the past three years :—

	1934		1935		1936	
	No. of children	No. of attendances	No. of children	No. of attendances	No. of children	No. of attendances
January	38	163	37	202	31	139
February	39	195	40	195	30	146
March.....	44	239	40	247	36	188
April	46	233	43	233	40	175
May	59	282	47	249	40	193
June	55	279	46	203	41	151
July	39	172	40	226	28	128
August	30	124	40	178	20	90
September	38	183	34	182	18	63
October	39	210	37	195	10	41
November	38	209	33	180	11	56
December	37	175	22	83	16	74
					321	1444
Average per month	42	205	38	198	27	120

IONISATION TREATMENT—

Number of cases of Otorrhœa examined (new cases)	18*
Number of cases dealt with at the Clinic during the year	28
Number of cases discharged cured	20
Number of cases left school over age	1

* Includes 4 Re-admissions.

Altogether 331 attendances were made at the Clinic at a cost to the L.E.A. of £33 2s. 0d. (rate = 2s. per attendance).

IONIZATION TREATMENT, 1936—

	No. of children.	No. of attendances.
January	5	24
February	7	30
March	6	31
April	6	21
May	10	41
June	5	16
July	8	43
August	7	28
September	5	17
October	4	20
November	4	23
December.....	6	37
	73	331
Average	6	28

RESULTS OF ORTHOPAEDIC TREATMENT.**Cases Discharged—No Further Treatment Required.**

Rickets	9
Perthies Disease	1
Curvature of Spine	6
Infantile Paralysis	2
Winged Scapulae	1
Flat Foot	3
Weakness of Limbs	7
Round Shoulders	1
Inversion of Feet	1
Injured Ankle	4
Drop Foot	1
Torticollis	1
Myositis	1
General Muscular Weakness	2
Muscular Rheumatism	1
Defective Gait	1
Hallux Valgus	1
	<hr/>
	43
	<hr/>

Over Age—Transferred to Adult Clinic.

Curvature of Spine	1
Infantile Paralysis	1
Flat Foot	2
Contracture following Burns	1
	<hr/>
	5
	<hr/>

Transferred to T.B. Scheme.

Perthies Disease	1
------------------------	---

Parent Refused Operation.

Bursa (Knee)	1
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Removed to Other Areas.

Infantile Paralysis	2
Curvature of Spine	1
	<hr/>
	3
	<hr/>

I have to thank Mr. Harman Taylor for the following report on the work for the year :—

Dear Sir,

At the beginning of 1936, the number of children who were attending the Clinic was 31, whilst at the end of the year, the number was 16. At the end of 1929, there were 79 children attending the Clinic. It will be noticed that there has been a considerable diminution in numbers. This small number of 16 suggests the physical fitness of the children who are now attending the schools under the Education Authority. This is, indeed, a small percentage of physical deformity amongst school children. The diminution in the number is due to many causes, thus; better housing of the people, a higher standard of knowledge amongst parents as to the proper feeding of children, are factors in producing this diminution.

I consider the inauguration of the Orthopædic Clinic for children of pre-school age has undoubtedly contributed, in that this Clinic has resulted both in the prevention and correction of physical deformity at the very earliest period in the life history of the individual. I think I can say, with some justification, that there is no reason to suppose that the work of the Clinic will increase in the future; nay, one can visualise the time when there will only be a handful of children requiring this specialised treatment each year. The problem of the crippled child has thus been seriously and efficiently tackled in Warrington with gratifying results.

My thanks are especially due to Dr. Paulusz for his careful scrutiny of the children attending the schools in Warrington.

In addition to the Orthopædic treatment of school-children, the Clinic has also given treatment to children who have suffered from a chronic discharge from their ears. These cases of Otorrhœa have been undergoing Ionization. As yet only a small number of cases have been admitted to the Electrical Department, and the results are gratifying. The first batch sent to the Clinic were cases who had been suffering from this condition for a considerable number of years. This early batch were really difficult cases to treat, but, after a course extending in some cases over a year, the discharge has abated and the children once more have been free from this condition. I think an extension as regards the numbers sent to the Clinic is justified from the results so far obtained. I would, therefore, plead that all school-children suffering from this condition should now be sent to the Electrical Department to undergo this modern form of treatment for Otorrhœa. In this way this problem should be as efficiently dealt with as has been the problem of the crippled child.

The recent National appeal for physical fitness among the people of this land has already been responded to by the Education Authority in their timely resolution to appoint an organiser of physical education. To my mind this is a most commendable resolve; I would, however, point out that in any such scheme there should be a close co-operation with that branch of medicine which deals with physical defect as a speciality, and which comes under the category of physical medicine. Whilst the physical culture expert is undoubtedly thoroughly trained as regards physical culture, the latter should not be undertaken except under the ægis of medical authority, as the physical culture expert has not had the extensive scientific training of the human body as has the medical authority. To separate the two would, to my mind, not bring about the ideal of physical efficiency which is aimed at. Efficient physical efficiency can only be brought about by the physical culture expert in so far as the methods and practice is undertaken in the deeper and wider knowledge of medical theory and practice.

Yours faithfully,

HARMAN TAYLOR.

F.—Treatment of Uncleanliness.

The "surprise" visits to the schools were carried out as usual during the year.

Altogether 2,616 children were found in a more or less uncleanly condition at these inspections, as follows:—

	Boys.	Girls.	Total.
Nits	188	1787	1975
Unclean body	197	53	250
.. clothing	309	82	391
	<hr/> 694	<hr/> 1922	<hr/> 2616

In addition to the above, however, 43 were in such a state as to warrant exclusion from school (5 boys and 38 girls).

As might be expected, the large majority of cases of pediculosis of the scalp occurred in girls.

The Nurses again tried to obtain a high standard of cleanliness, but still report that in a minority of cases they meet with disappointment, owing to the apparent apathy and indifference of a certain class of parent. Even after many visits to the same homes little improvement is effected in such cases.

In only a few instances could the uncleanly condition of the child be attributed to poverty or to the size of the family.

“Surprise” Visits.

For many years it has been the custom for the school nurses to pay surprise visits to the schools to discover cases of uncleanliness. These visits which at one time were of prime importance are not now quite as essential as they were, owing to the fact that the nurses attend all the schools twice weekly and have many opportunities of cleanliness surveys.

During 1936, an average of 7.1 surprise visits were paid to each school in the Borough. This average is somewhat lower than formerly, as will be seen in the next table, partly owing to the number of special visits that had to be paid by the nurses on account of the prevalence of infectious diseases and partly on account of the extra time devoted to nutrition surveys.

There are 46 departments in the 23 schools, and each department is visited at least once each term :—

The following are the particulars of the “surprise” visits for the past 9 years :—

Year	1928	1929	1930	1931	1932	1933	1934	1935	1936
Number of Schools in the Borough	23	23	23	23	21	22	24	21	23
Average number of visits per annum paid by Nurses to school	10.6	9.08	9.56	13.78	11	9	10.3	6.5	6.2
Total number of examinations made by School Nurses of children	34314	31039	35181	41354	28408	30598	43254	40573	37773
Number of children found unclean (2616), excluded	75	89	83	101	95	57	59	41	43
Number found suffering from minor ailments (120), excluded	53	50	26	92	33	34	71	55	79

Legal Proceedings are taken when necessary under the School Attendance Byelaws, but no action was required last year, and only in one instance parents were summoned to attend before the School Attendance Committee.

Number of Cases of Ped. Cap. summoned before the Committee	1
Number of Cases Prosecuted	—
Number of Convictions	—

G.—Treatment of all Other Defects.

The other defects found at Routine Inspection, except infectious diseases and tuberculosis which are referred at once to the Health Department, received consideration as follows:—

	Referred for treatment.	Treated.	Still under observation	Left School
Malnutrition	3	3	—	—
Anæmia	2	1	1	—
Total	5	4	1	—

In the first instance we advise these cases to receive treatment from their own doctor. If the parents cannot afford this we assist them in obtaining a recommendation for attendance at the local Infirmary, or, if necessary, from the District Medical Officers of the Public Assistance Committee. The Guild of Social Service, British Red Cross Society, and United Services' Fund have all rendered valuable service in defraying the expense of sending children to special institutions or in providing extra nourishment and clothing.

Tuberculosis.

All children suffering from or suspected to be suffering from this disease, are referred to the Tuberculosis Dispensary.

(a) Dispensary.

During 1936 there were the following examinations:—

	No. of Cases.	No. of Examinations.
Tuberculosis of lungs	6	8
Suspected cases and contacts	137	187
Tuberculosis of glands	35	60
" " abdomen	18	27
" " bones and joints	26	42
Other forms of tuberculosis....	3	4
Totals	225	328

An important point to note is the number of children kept under observation once they are suspected or have been in contact with cases of tuberculosis. In 1936, 187 examinations were made of 137 such cases.

Treatment has been provided at various institutions, as follows:—

(b) In Residential Institutions.

37 children of school age received in-patient treatment at the following institutions :—

Hefferston Grange Sanatorium	....	....	....	....	12
Borough General Hospital	....	....	....	....	22
Warrington Infirmary	....	....	....	....	2
Sir Robert Jones and Agnes Hunt Hospital, Oswestry	....	....	....	....	1
Total	....	....	....	....	37

The cases were as follows :—

Tuberculosis of lungs	....	....	....	....	5
" " glands	....	....	....	....	7
" " abdomen	....	....	....	....	7
" " knee	....	....	....	....	3
" " hip	....	....	....	....	5
" " spine	....	....	....	....	3
" " arms and legs	....	....	....	....	2
" " Meningitis	....	....	....	....	1
Observation cases	....	....	....	....	4
					37

Of the 37 cases, 28 were discharged during the year, and 9 were still receiving treatment on 31/12/36. The average period of stay was 25 weeks 1 day.

Of the 28 cases discharged, 20 were quiescent, 4 were improved, 3 were observation cases found not tuberculous, and 1 died.

22 were fit to return to school, and 4 were placed under Dispensary Supervision, 1 was retained for treatment for a non-tubercular condition.

(c) Out-patients.

23 children of school age received out-patient treatment at the following hospitals :—

Warrington Infirmary, 2.
Borough General Hospital, 21.

The cases were as follows :—

	Warrington Infirmary.	Borough General Hospital.
Tuberculosis of Cervical Glands	—	13
" Skin	2	—
" Bones and Joints	—	8

The two cases attending Warrington Infirmary were still receiving treatment there on 31/12/36.

15 of the 21 cases receiving treatment at the Borough General Hospital completed treatment, 12 were discharged much improved, 2 were recommended for in-patient treatment, 1 ceased attending.

6 were still receiving treatment on 31/12/36.

The 2 cases that attended the Warrington Infirmary for skin treatment and artificial sunlight treatment made 96 attendances. The 21 cases attending the Borough General Hospital Clinic made 209 attendances. The total out-patient attendances were 305.

6 school children were supplied with surgical appliances.

7 school children were supplied with extra nourishments in the form of Milk and Virol.

X-ray Examinations.

These were carried out at the X-ray Department of the Borough General Hospital by the Tuberculosis Officer in conjunction with Dr. Fox. The number of X-ray examinations during the year was 68. This work has been found to be essential for accurate diagnosis.

8.—INFECTIOUS DISEASES.

The measures taken to prevent the spread of infectious disease have been the same as in previous years. The daily visitation of schools by the nurses has assisted this work considerably.

The re-organisation of the schools in accordance with the Hadow Report undoubtedly brings some medical problems in its train. It is doubtful whether the present elementary school code dealing with exclusions from school on account of infectious disease will not require modification. Junior schools will certainly have a larger concentration of susceptible subjects than the former Three-Department Schools.

The number of cases of **Notifiable** infectious disease occurring among school children during 1936 is shown in the following table, compared with the previous years:—

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pulmonary Tuberculosis.	Other Tubercular Diseases.	Smallpox.
1924	198	26	2	10	23	—
1925	162	33	1	19	37	—
1926	55	48	1	12	12	—
1927	35	48	—	9	22	2
1928	123	40	—	8	23	—
1929	97	96	1	6	17	—
1930	504	103	1	2	21	—
1931	574	50	—	9	22	—
1932	245	47	—	5	16	—
1933	138	74	—	1	14	—
1934	155	333	—	2	7	—
1935	312	323	—	3	12	—
1936	169	232	—	2	17	—

In common with many other parts of the country, we have experienced an epidemic of diphtheria of a severe type during the past year.

Immunization from Diphtheria.

During the year, 935 children of school age were immunized at the School Clinic, and 120 at the Isolation Hospital, making a total of 1,054 in all, as compared with 190 in the previous year.

In the month of November, however, a scheme for immunization at schools was inaugurated so as to make the procedure adopted easier and cheaper for the parents, as by its adoption at the schools the parents have not to incur the expense of bus fares on three occasions to the Clinic in Sankey Street, and in some cases, where there are three or four children in a family to be immunized, this means a considerable saving.

In every instance the written consent of the parents or guardians is previously obtained and no child is immunized unless consent is given.

At the school, the Head Teacher always assists by getting the written consent of the parents, and they also muster the children when they have to be treated. A nurse is always in attendance to assist in the treatment and keep a careful record of it on a special card used for this purpose.

Number of cases immunized during 1936 :—

	<i>Boys.</i>	<i>Girls.</i>
At School Clinic	461	473
At Fever Hospital	43	77

Tuberculosis.

The actual incidence of tuberculosis amongst the school children of Warrington as known to us on the 31st December, 1936, was as follows :—

	Attending school.		Not attending school.		Total.
	Males.	Females.	Males.	Females.	
Tuberculosis of Lungs	2	—	2	2	6
„ „ Glands	9	18	—	—	27
„ „ Abdomen	11	3	4	—	18
„ „ Bones and Joints	7	6	4	3	20
Other forms of Tuberculosis..	2	—	—	—	2
Total	31	27	10	5	73

The next table shows the number of cases of **Non-Notifiable** infectious disease, although this does not represent the total number of cases occurring in the town among school children, but only those that came to our notice :—

Year.	Whooping cough. cases.	Chicken-pox. cases.	Mumps. cases.	Sore throat. cases.	Measles. cases.	German Measles. cases.
1923	268	416	371	334	540	5
1924	56	272	65	207	559	233
1925	415	592	325	189	1188	2
1926	146	418	1204	99	179	82
1927	135	457	45	210	636	24
1928	72	418	38	208	479	3
1929	463	586	1445	298	71	48
1930	10	312	1262	311	1345	10
1931	288	547	37	318	82	231
1932	212	271	686	333	739	6
1933	116	513	154	234	130	21
1934	350	646	3	268	1043	59
1935	37	348	9	188	261	13
1936	423	586	871	201	872	35

Measles.

Chickenpox cases numbered 586, and from inquiries made at the homes of school children suffering, it was found that 427 were vaccinated out of the 586 patients.

School Closure was not resorted to as a preventive measure for any outbreak of infectious disease in 1936 (Article 45 (b) and 57 of the Code). Closure is resorted to only in very exceptional circumstances, because as soon as the schools are closed one of our most valuable sources of information regarding sickness among the child population is cut off.

Under Administrative Memorandum No. 51 (dated January, 1927), a certificate was granted in the case of seven schools for the weeks indicated during which the attendance fell below 60% owing to the prevalence of infectious disease :—

- Heathside Infants, weeks ending 21/2/36, 28/2/36, 4/12/36.
- St. James' Infants, weeks ending 24/1/36, 31/1/36, 7/2/36, 14/2/36.
- Sacred Heart Infants', weeks ending 31/1/36, 14/2/36.
- St. Alban's Infants', weeks ending 31/1/36, 7/2/36, 14/2/36, 21/2/36.
- St. Mary's Infants', weeks ending 7/2/36, 14/2/36, 21/2/36.
- Silver Street Infants', weeks ending 17/1/36, 24/1/36, 31/1/36, 7/2/36.
- Trinity Infants', week ending 11/12/36.

In order to minimise as far as possible the risk of conveying infection to school, certain children are referred daily to the Medical Officer of Health. These cases consist of :—

convalescents from infectious disease ;
 contacts with infectious disease ;
 children who are suspected of infectious disease ;
 children suffering from sore throats ;

and the numbers dealt with in 1936 are shown in the next table :—

**CHILDREN EXAMINED BY MEDICAL OFFICER OF HEALTH
 AS TO FREEDOM FROM INFECTION.**

Disease.	Number of Examinations	Cases Detected.	
		Scarlet Fever.	Diphtheria.
SCARLET FEVER (Convalescents examined as to their fitness to return to School.)	209	—	—
DIPHTHERIA Ditto.	397	—	—
CONTACTS with cases of Diph- theria examined previous to being allowed to attend School after case removed to Hospital.	349	—	10
SORE THROATS (examined previous to being allowed to attend School).	14	1	2
RASH	9	1	—
NASAL DISCHARGE	10	—	3
Totals	988	2	15

Deaths from Infectious Diseases and all other causes among children of school age during the past 12 years are given in the following table :—

Cause of Death.	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Scarlet Fever	3	1	—	—	—	4	7	1	—	2	—	—
Diphtheria	1	—	—	1	1	5	3	4	1	24	18	14
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—
Measles	4	—	1	—	—	2	1	1	2	1	—	1
Whooping Cough	1	1	—	—	—	—	—	—	1	1	—	—
Diarrhoea	2	—	—	—	—	—	—	—	2	—	—	—
Tuberculosis of Lungs	2	3	2	1	5	—	2	2	5	2	2	1
Other Tubercular Diseases	3	2	—	2	1	4	—	2	7	—	—	1
Influenza	—	1	1	—	2	—	—	—	2	—	2	—
Accidents.....	8	5	5	2	4	8	7	7	4	4	3	3
All other causes	29	20	13	19	17	20	18	12	12	19	12	13
Totals	53	33	22	25	30	43	38	29	36	53	37	33

The following table shows the number of visits paid by the Sanitary Inspectors to the homes of school children in investigating and supervising outbreaks of infectious disease :—

To premises where cases of Scarlet Fever, Enteric Fever or Diphtheria occurred	401
Re-visits to ascertain if contacts with Scarlet Fever, Enteric Fever and Diphtheria were free from infection and fit to return to School	199
Re-visits to cases of Scarlet Fever, Diphtheria or Enteric Fever being treated at home	62
Visits to premises where there were cases of Measles and German Measles	907
Re-visits to homes where cases of Measles and German Measles are being treated	916
Visits to homes of children reported by Education Department as being absent from School, owing to either Whooping Cough, Chickenpox, or Mumps	1880
Re-visits to homes of children suffering from either Whooping Cough, Chickenpox, or Mumps	2110
Visits to homes of children absent from School with Sore Throat or Suspicious Rash	201
Visits to homes where there were cases of Influenza or Pneumonia	125
Visits to homes of children suffering from Pulmonary and Non-Pulmonary Tuberculosis	266
Total	7,067

11.—PROVISION OF MEALS.

Voluntary schemes for the supply of milk to school children have been in operation in our schools for the past eight years, extending from year to year.

Once again our best thanks are due to all those teachers who so ably initiated and conducted these schemes.

As it is absolutely essential that any scheme for the provision of milk to growing children should ensure that the supply is free from the tubercle bacillus, we have made it a condition that all supplies should be at least "Pasteurised" or "Grade A (T.T.)." At the moment only pasteurised milk is being supplied .

In a few cases dried malted milk is used in addition to cow's milk.

The cost is $\frac{1}{2}$ d per $\frac{1}{3}$ rd. of a pint.

A scheme is in operation whereby the Local Authority supplies the milk free to necessitous cases.

In accordance with the policy laid down by the Board, selection of these cases has been based on medical grounds.

At the Routine Inspections, all children whose nutrition is either slightly sub-normal or bad are recommended by the Assistant School Medical Officer to have milk in school. In addition, children whose nutrition is noted as normal may be suffering from some defect or disease, and the Medical Officer has recommended certain of them as being in need of milk. Reports have been received from the Medical Officer of Health, Head Teachers, School Nurses, School Attendance Officers and parents, of children who are in need of milk meals, and arrangements have been made for their early examination by the Assistant School Medical Officer at the School Clinic.

From the Routine Inspections 913 children, of whom 223 had been already dealt with, have been noted by the Assistant School Medical Officer as being in need of milk, and at special inspections at schools and clinic 402 children have been noted.

In all recommended cases visits have been made by the School Attendance Officers (except where parents have themselves attended at the Office) to inform the parents of the Assistant School Medical Officer's recommendations, and to enquire whether it is desired that application for milk free of charge is to be made, or whether the parent will arrange with the Head Teacher to send payment for it.

Furthermore, the Board suggest that periodical nutrition surveys should be held at which all children not receiving meals would be passed under review.

This will have to be considered, although it will to some extent increase the work of the School Medical Officer.

In addition, some periodic review will be necessary of the list of children receiving milk free, but unless there is some change in the financial circumstances of the family there is no necessity for haste in removing a child's name from the list.

The following tables show the number of children dealt with under the scheme, which embraces every school in the Borough :—

RETURN IN REGARD TO THE PROVISION OF MILK FOR CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS.

Month.	No. of Bottles of Milk Supplied Free.	Cost.			Number of Children Recorded for the first Time.			Number of Milk Meals.			Number of Children.		
		£	s.	d.	Free.	For Payment.	Total.	Free.	For Payment.	Total.	Free.	For Payment.	Total.
January	30484	63	10	2	75	77	152	15302	8708	24010	916	594	1510
February	33226	69	4	5	84	53	137	16846	9227	26073	986	615	1601
March	42435	88	8	1½	64	65	129	21260	11768	33028	1058	688	1746
April	29982	62	9	3	55	48	103	14973	8918	23891	1096	718	1814
May	40316	83	19	10	65	49	114	20228	12267	32495	1126	742	1868
June	33936	70	14	0	38	25	63	17012	10125	27137	1138	756	1894
July	23696	49	7	4	10	13	23	12171	6966	19137	1116	731	1847
August	21304	44	7	8	14	9	23	10699	6021	16720	1078	676	1754
September	44333	92	7	2½	55	73	128	22370	13881	36251	1119	753	1872
October	46001	95	16	8½	39	38	77	23077	14641	37718	1145	797	1942
November	33588	69	19	6	52	18	70	16850	10643	27493	1142	775	1917
December	34978	72	17	5	32	43	75	17815	10858	28673	1151	785	1936
Totals	414279	863	1	7½	583	511	1094	208603	124023	332626			

Return in regard to the Provision of Milk for normal children (*i.e.*, those outside the scheme for under-nourished children).

Month.	No. of children Recorded for the first time.	Number of Milk Meals.	Number of Children.
January	193	69015	4933
February	131	75680	4960
March	135	88538	5907
April	206	60155	5104
May	195	81008	5193
June....	85	62483	4810
July	31	41930	4469
August	427	39592	4625
September	136	84451	4807
October	143	87091	4901
November	155	62533	4806
December	57	65208	4696
Totals	1894	817684	—

9.—OPEN-AIR EDUCATION.

There are now four schools of the semi-open-air type, which are particularly well ventilated and lighted and capable of being thrown open on two sides. They are well provided with playing space and their favourable environment should be of assistance in promoting the health of the scholars.

In the older schools when circumstances permit, playground classes are organised as there are no class rooms of an open-air type in them.

There is no special day or residential open-air schools available for Warrington children.

10.—PHYSICAL TRAINING.

As far as possible, every child undergoes physical training for a period of twenty minutes each day. The syllabus is based on the Syllabus of Physical Training for Schools issued by the Board of Education in 1919 and usually each teacher is responsible for his or her own class. The Town Hall, Parks and Baths Committee have given permission for the use of Bank Park for organised games during school hours.

All children in classes of an average age of 11 to 11½ years attend the Public Swimming Baths during school hours.

In addition to the physical education in school hours, the teachers have organised competitions in Football (Association and Rugby) Netball, Rounders, Hockey and Swimming, which take place outside of school hours, and are participated in by all the schools.

There is, however, no area organiser of physical training, though the Board of Education in circular 1445 (January, 1936), stress the great importance of such an appointment. It is considered that the services of both a man and a woman organiser should be available in every area, and where the size of an area does not justify such appointments, two or more neighbouring authorities might with advantage make joint appointments.

School Baths have been installed in three of the schools in the town (Bolton Council, Evelyn Street Council and Oakwood Avenue) and full use has been made by the children of the facilities provided.

A special system for the complete purification of the water has been installed in the Public Baths at Legh Street, and parents need have no fear that their children run any risk of contagion there.

In the School Report for 1933, some hints were given for the children using these baths, together with a list of rules that should be observed.

12.—CO-OPERATION OF PRIVATE PRACTITIONERS, PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

(a) **General Practitioners.**

We are greatly indebted to the cordial manner in which the doctors in the town co-operate with us. Both in the matter of granting certificates for non-attendance at school and in assisting in the following up and treatment of defects discovered at Routine Inspections, the private practitioners do invaluable work and are always ready and willing to consult the School Medical Department.

We refer all cases whose circumstances warrant it to the family doctor for treatment and the family doctor in return does not hesitate to avail himself promptly of any facilities for treatment offered by the Local Authority that he considers his patient requires.

(b) **Parents.**

In 1,875 instances (49.42%) out of 3,794 examinations at routine medical inspections, one or both of the parents were present.

These attendances, which may be looked on as satisfactory, vary greatly according to sex and age of the child being examined. On the average, more than 75% were present for the entrant group, some 56% for the intermediate group, and about 26% for the leaver group.

There were 6 objections to Routine Medical Inspection.

In the majority of cases the parents act at once on the advice offered, and co-operate willingly in obtaining adequate attention for their children.

Committee Cases and Prosecutions.

Only as a last resort are parents summoned to appear before the School Medical Service Sub-Committee. During 1936 this was required for the following cases:—

Failure to complete payments for spectacles 4

In none of these cases, however, was it found necessary to prosecute, as the parents consented to do what was required after being interviewed by the Committee.

The steps taken in dealing with uncleanliness are given on page 34.

(c) Teachers.

The success of the work of the School Medical Service is due in large measure to the help given by the Teachers, who co-operate both willingly and usefully at medical inspections, and in the treatment and after-care of the children.

This is more than ever evident at the present time when so much treatment is being carried out in the schools by the Nurses, for without ready assistance of the Teachers this would not have proved the success that it has.

Once more our best thanks are due to the teachers who are assisting so much in the improvement of the health of their pupils by the distribution of a daily supply of milk.

(d) School Attendance Officers.

The School Attendance Officers have again rendered every assistance possible to our Department.

13.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The following table shows the number of exceptional children in the area together with the incidence of defective children per 1,000 of the school population (see tables 8cM in the Appendix page 78).

			Number of Children	Incidence per 1,000
Multiple Defect	....	....	1	.08
Blind—Totally	....	....	4	.35
Partially	....	....	33	2.91
Deaf—Totally	....	....	5	.44
Partially	....	....	—	—
Mentally Defective (feeble-minded)			26	2.29
Epileptic (Severe)	....	....	16	1.41

	Number of Children	Incidence per 1,000
Physically Defective.		
Pulmonary Tuberculosis	6	.52
Non-pulmonary Tuberculosis	69	6.09
Delicate Children	68	6.02
Crippled Children.....	19	1.67
Heart Disease	32	2.82
	<hr/>	<hr/>
Total—Physically Defective	279	24.62
	194	17.12

(a) In the 1933 Report a review was given (and need not be repeated here) of the methods adopted for ascertaining and dealing with children who are defective within the meaning of Part V of the Education Act, 1921.

The numbers of exceptional children in 1936 were as follows :—

(i) Blind.	Boys.	Girls.	Total.
At certified schools for the blind	2	2	4
Partially-sighted (at public elementary schools)	5	5	10
Partially-sighted (at certified schools for partially-sighted)	12	11	23
	<hr/>	<hr/>	<hr/>
	19	18	37
<hr/>			
(ii) Deaf			
At certified schools for the deaf.....	4	1	5
At no school	—	—	—
<hr/>			
(iii) Multiple Defects			
<i>The cases of multiple defect were :—</i>			
Feeble-minded and infantile paralysis	0	2	2
(iv) Physically Defective.			
<i>Not Attending School—</i>			
(a) Crippled Children	Boys.	Girls.	
Rickets	—	1	
Spastic Paraplegia	—	1	
? Spine	1	—	
	<hr/>	<hr/>	
	1	2	
(b) Children with heart disease	—	—	
(c) Delicate children—			
Chorea	3	3	
Bronchiectasis	—	2	
Mastoid	—	1	
Corneal Ulcers	1	—	
Ashtma	1	1	
Discharging Sinus Jaw	—	1	
? Weakness of Limbs	1	—	
Rheumatic Carditis	—	2	
	<hr/>	<hr/>	
	6	10	

<i>In Institution—</i>					Boys.	Girls.
Osteomyelitis	....	....	....	....	—	1
Neurosis	....	....	....	....	—	1
Mastoid	....	....	....	....	—	1
Endocarditis	....	....	....	....	1	—
? Tuberculosis	....	....	....	....	1	—
					2	3
<i>Attending School—</i>						
<i>(a) Crippled Children</i>					Boys.	Girls.
Club Foot	....	....	....	....	2	—
Infantile Paralysis	....	....	....	....	4	5
Spastic Paraplegia	....	....	....	....	1	—
Foot and Hip	....	....	....	....	—	1
Diseased Bone in Leg	....	....	....	....	1	—
Fibrocystic Disease upper end of Right Humerus	....	....	....	....	1	—
Rickets (Knock-knee)	....	....	....	....	—	1
					9	7
<i>(b) Children with Heart Disease</i>					30	
<i>(c) Delicate Children</i>					47 (99)	
Rheumatism	....	....	....	....	2	—
Bronchitis	....	....	....	....	1	—
Chorea	....	....	....	....	3	13
Bronchiectasis	....	....	....	....	—	1
Unresolved Pneumonia	....	....	....	....	—	1
Rickets (chest) and Chronic Bronchitis	....	....	....	....	1	—
Debility	....	....	....	....	1	—
Empyema	....	....	....	....	1	—
Rheumatic Endocarditis	....	....	....	....	2	6
					11	21
T.B. Figures					$\underbrace{15}_{47}$	

Among the "delicate" children are included such cases as chorea, nephritis, rheumatism, bronchitis and asthma. The figures in brackets show the corresponding figures for last year and apparently there seems to be a large reduction. The assessment has, however, been carried out on different lines.

The Board of Education has directed that children should not be regarded as suitable for admission to an open-air school unless the Medical Officer is prepared to certify that they are incapable, by reason of physical defect, of receiving proper benefit from instruction in the ordinary Public Elementary Schools.

All cases under observation or treatment for malnutrition have, therefore, been deducted this year.

For cases of Tuberculosis attending or not attending School, see pages 36 and 39.

(v) **Mentally Defective.**

Feeble-minded :	Boys.	Girls.	Total.
At Public Elementary Schools	9	4	13
Not at school	8	5	13
	<hr/>	<hr/>	<hr/>
	17	9	26

Notified to L.A. :

Imbeciles	—	1	1
-----------------	---	---	---

(vi) **Epileptic.**

Not at school	7	9	16
---------------------	---	---	----

(b) **Arrangements for supervision of mentally defective children not in special schools.**

Feeble-minded children who can do so attend at the elementary schools and are inspected by the A.S.M.O. every time he visits the school, i.e., twice a year. Those children who cannot attend an elementary school because of their troublesome behaviour are re-examined periodically at the school Clinic. All cases notified to the Local Authority (ineducables) are also reported to the West Lancashire Association for Mental Welfare, and feeble-minded children who attain 14 years of age are notified to this association also. A further notification is also sent of all M.D. cases on their attaining 16 years of age.

The West Lancashire Association conducts a mental defectives' "occupation centre" in the town, and the School Medical Service co-operates with them in recommending suitable cases and in advising parents to take advantage of the facilities offered.

(c) **Special Schools.**

There are no special schools in this Borough.

14.—HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

At the age of 16 years blind children are transferred to institutions for training. Before this is done, the local Society for the Blind is consulted as to the occupation which is likely to be most suitable for the student, from the point of view of employment in the future.

The local Society for the Blind reports blind adults who are in need of training and arrangements are made for their admission to a suitable institution. Close co-operation is maintained with the Society for the Blind during the period of the student's training.

During 1936 there were 3 persons in training in institutions for the Blind. During the year one was discharged from training institutions.

There are no Deaf, Epileptic or other Defective children receiving higher education.

There is co-operation with the local Deaf and Dumb Society and the Northern Counties' Association for the Deaf, and the services of the Education Committee's Choice of Employment department are used in finding suitable employment for deaf children when they leave school.

The Local Authority does not maintain any training courses of its own.

15.—NURSERY SCHOOLS.

There are no Nursery Schools in the area.

Under our Maternity and Child Welfare Scheme, we have our Health Visitors constantly visiting the homes of children up to five years of age, we have our Consultation Centres at which parents can always obtain medical advice and we have instituted a system which offers a Routine Medical Inspection to all children at their third birthday. Unfortunately, only the intelligent type of mother takes advantage of the facilities provided, and year after year we find defects amongst the entrant class of school children (*i.e.*, those of 5 years of age) that might have been prevented, or at any rate remedied, at an earlier age, if the child had been under close medical supervision.

Whilst admitting that the ideal place for the child of tender years is with the mother in its own home, there are many small children who cannot get the personal attention they require because the mother has to go out to work, or the food is unsuitable or insufficient, or the home is squalid. These are the very ones who do not attend our Centres, and admission of them to the Public Elementary School before the age of five would be of the utmost advantage, for it brings them within the scope of the School Medical Service. There are two main ways of accomplishing this—firstly by providing a special nursery school or nursery classes for children aged from 2 to 5 years, or, secondly, by lowering the age of the entrance to the ordinary classes.

16.—SECONDARY SCHOOL.

There is one Secondary School for boys and girls (Municipal Secondary School) provided by the Authority, and a Secondary School for boys (Boteler Grammar School) which previously was aided by the Authority, has been, since the 26th May, 1933, provided by the Authority.

The arrangements for medical inspection and treatment of the children attending the Secondary School were given in detail in the Report for 1931.

The results disclosed are given in the tables in the Appendix "Defects" in Table IIa, page 58 and the treatment of the defects in Table IV, group II, page 64.

All defects found were remedied during the year under review.

Secondary School and Boteler Grammar School.

Number of children examined at the Routine Medical inspection:—

Secondary School—							
Boys	....	....	....	....	....	....	189
Girls	....	....	....	....	....	....	153
Boteler Grammar School—							
Boys	....	....	....	....	....	....	183
							525

Number of Special Inspections 13

NUTRITION.	Above normal.	Normal.	Below normal.	Markedly defective.
Secondary School—				
Boys	40	137	6	6
Girls	45	96	8	4
Boteler Grammar School—				
Boys	14	163	5	1
<hr/>				
	99	396	19	11
	18.85%	75.42%	3.61%	2.09%

In comparison with the children in the Elementary Schools, as might be expected, the standard of nutrition of the Secondary Schools is higher.

VISION.	6/6	6/9	6/12	Wearing glass im- glasses.	No Requiring proves. treat- ment.
Secondary School—					
Boys	144	8	1	27	8
Girls	114	8	—	26	3
Boteler Grammar School—					
Boys	129	22	2	21	5
<hr/>					
	387	38	3	74	16
	74.71%	7.33%	.57%	14.28%	3.08%

7 children requiring further examination.

17.—PARENTS' PAYMENTS.

(a) In the report for 1933, full details were given of the cost of the various forms of treatment provided for the children and the scale of charges made (if any) to parents.

(b) Arrangements for recovering the cost of treatment from parents of pupils attending the Secondary School are exactly the same as for the public elementary schools.

(c) Parents' contributions towards the cost of maintenance in special schools (Blind, Deaf, etc.) are assessed by the School Attendance Committee according to the income of the family.

18.—HEALTH EDUCATION.

A large amount of health teaching goes on daily in our schools and the handbook of the Board of Education on "Suggestions on Health Education" is in general use.

The Head Teachers found the leaflets and publications of the Health and Cleanliness Council of very great service to them in their efforts to inculcate a hygienic conscience.

19.—SPECIAL INQUIRIES.

1. The Health of the Entrant.

There has been no special inquiries during the year under review.

20.—MISCELLANEOUS.

(a) Examination of Bursars, Student and Pupil Teachers.

Nil.

(b) Number of Children Examined Before Summer Camp.

Summer camp examinations	....	....	500
"Chronicle" Cinderella Fund Examinations	....	....	30

(c) **Employment of Children and Young Persons.**

The Local Education Authority set up in 1925 a Special Juvenile Employment Committee to exercise the powers under Section 107 of the Education Act, 1921, and Section 6 (1) of the Unemployment Act, 1923.

The main facts are transferred from the child's school medical schedule card to the Juvenile Employment Bureau card. Further, a special full report is submitted in the case of every physically defective or exceptional child applying for employment.

Ever since the Juvenile Employment Bureau was first instituted, there has been close co-operation between it and the School Medical Staff.

Before the issue of Administrative Memorandum 137 (16th September, 1935), the Juvenile Employment Officer was informed of any unsuitable occupation for individual children and now, when necessary, the following form is sent in :—

This child is unsuitable for employment :—

- (a) in severe manual work,
- (b) in sedentary occupation,
- (c) necessitating exposure to bad weather,
- (d) in a dusty atmosphere,
- (e) near moving machinery,
- (f) involving prolonged standing,
- (g) causing eye strain,
- (h) requiring acute distant vision,
- (i) requiring acute hearing.

The 1934 Byelaws governing the Employment of children under 14 years of age were set out in the School Report for that year.

The following figures summarise the work for the year 1936 :—

Employment of Children Bye-laws.

Number of Employment Cards in use 1st January	....	....	143
Number of Employment Cards issued during the year	....	....	237
Number of Employment Cards withdrawn during the year	....	....	212
Number of Employment Cards in use 31st December	....	....	168
Number of Cases of Contravention of Bye-Laws	....	....	67
Number of Cases warned verbally	....	....	47
Number of Cases warned by letter	....	....	20
Appeared before the S.M.S. Committee	....	....	—
Procesutions	....	....	—
Number of Children examined by A.S.M.O.	....	....	221
Number of re-examinations of above (in school)	....	....	264
Number of Cases found, on examination, to be unfit for employment	....	....	1

Summary of Occupations.

	Boys.	Girls.
Delivery of Newspapers	100	—
Delivery of Milk	39	1
Drapers' and Outfitters' Errands	5	—
Boot Repairers' Errands	1	—
Butchers' Errands	6	—
Fruiterers' and Greengrocers' Errands	4	—
Grocers' Errands	6	—
Other Tradesmen's Errands	6	—
	167	1

CHILDREN AND YOUNG PERSONS ACT, 1933.

(Street Trading).

Number of Cases of contravention of the Act	....	....	7
Number of Cases warned verbally	....	....	6
Number of Cases warned by letter	....	....	1
Appeared before the S.M.S. Committee	....	....	—
Prosecutions	....	....	—

Second Age Group	Age 8		Age 9		Age 10		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Carried over from 1935	81	72	1	1	1	—	156
	534	585	33	35	4	3	1194
							1350
Third Age Group			Age 12		Age 13		
			Boys	Girls	Boys	Girls	
Carried over from 1935			89	97	—	1	187
			574	526	39	52	1191
							1378

TOTAL { Boys 1877 }
 { Girls 1898 } 3775

Number of other Routine Inspections :—

	Boys.	Girls.	Total.
Partially Sighted Class	12	7	19
Secondary Schools	372	153	525
		Total	544

GRAND TOTAL 4,319

B.—Other Inspections.

Number of Special Inspections :—

Elementary Schools	2522
Secondary Schools	13

Number of Re-inspections :—

Elementary Schools	1570
Secondary Schools	91

TOTAL (other Inspections) 4196

C.—Children found to require Treatment.

Prescribed Groups :—

Entrants	68
Second Age Group	150
Third Age Group	138

Total 356

Other Routine Inspections 18

Grand Total 374

TABLE II. (A.)

FORM 86M.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1935.

Defect or Disease. (1)	ELEMENTARY SCHOOLS				SECONDARY SCHOOL				
	Routine Inspections. No. of Defects.		Specials. No. of Defects.		Routine Inspections. No. of Defects.		Specials. No. of Defects.		
	Requiring treatment	Requiring to be kept under observation but NOT requiring treatment.	Requiring treatment.	Requiring to be kept under observation but NOT requiring treatment.	Requiring treatment	Requiring to be kept under observation but NOT requiring treatment.	Requiring treatment.	Requiring to be kept under observation but NOT requiring treatment.	
									(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Skin	Ringworm :								
	Scalp .....	...	...	1	...	...	...	...	...
	Body .....	...	...	...	...	...	...	...	...
	Scabies	5	...	...	...	...	...	...	...
	Impetigo	24	...	2	...	...	...	...	...
Other Diseases (non-Tuberculous)	6	...	...	...	...	...	...	...
Eye	Blepharitis	30	...	3	...	...	...	...	...
	Conjunctivitis	2	...	...	...	...	...	...	...
	Keratitis .....	...	...	...	...	...	...	...	...
	Corneal Opacities .....	...	...	...	...	...	...	...	...
	Defective Vision..... (excluding Squint)	164	3	164	10	15	...	6	1
	Squint	5	5	39	9	...	...	...	...
Other Conditions	2	...	...	1	...	...	...	...
Ear	Defective Hearing ....	...	...	...	5	...	...	...	...
	Otitis Media .....	...	...	...	1	...	...	...	...
	Other Ear Diseases	13	...	25	1	...	...	...	...
Nose and Throat	Chronic Tonsillitis only	79	64	133	14	1	...	...	...
	Adenoids only	2	2	12	2	...	...	...	...
	Chronic Tonsillitis and Adenoids	28	2	55	...	...	...	...	...
	Other Conditions .....	...	5	3	1	...	...	...	...
Enlarged Cervical Glands (Non-Tuberculous)	1	2	...	...	...	...	...	...

TABLE II. (A.)—*continued.*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Defective Speech .....	....	1	....	2	....	....	....	....
Heart and Circulation	Heart Disease :							
	Organic .....	....	6	....	1	....	....	....
	Functional .....	....	11	....	5	....	....	2
	Anæmia	2	2	....	....	....	....	....
Lungs	Bronchitis .....	....	....	....	....	....	....	....
	Other Non-Tuberculous Diseases .....	....	....	....	1	....	....	....
Tuberculosis	Pulmonary :							
	Definite .....	....	....	....	....	....	....	....
	Suspected .....	....	....	....	....	....	....	....
	Non-Pulmonary :							
	Glands	1	....	1	....	....	....	....
	Spine .....	....	....	....	....	....	....	....
	Hip .....	....	....	....	....	....	....	....
	Other Bones and Joints .....	....	....	....	....	....	....	....
	Skin .....	....	....	....	....	....	....	....
	Other Forms .....	....	....	....	....	....	....	....
Nervous System	Epilepsy .....	....	....	....	....	....	....	....
	Chorea	1	1	....	1	....	....	....
	Other Conditions .....	....	3	....	1	....	....	....
Deformities	Rickets	1	....	3	....	....	....	....
	Spinal Curvature	6	....	8	....	....	....	1
	Other Forms	2	....	2	1	....	....	....
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases)	4	3	22	9	....	....	1	2
Totals.....	378	110	473	65	16	....	7	6

FORM 8bM.

WARRINGTON C.B.

B.—Classification of the Nutrition of Children inspected during the year in the Routine Age-Groups.

ROUTINE AGE-GROUP INSPECTIONS.

Age-Groups.	Number of children inspected	A.		B.		C.		D.	
		(Excellent)		(Normal)		(Slightly sub-normal)		(Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1047	134	12.79	742	70.86	151	14.42	20	1.91
Second Age-Group	1350	201	14.88	865	64.07	264	19.55	20	1.48
Third Age-Group	1378	229	16.62	879	63.79	223	16.18	47	3.41
Other Inspections									
Partially Sighted Class	19	1	5.26	12	63.15	5	26.31	1	5.26
Secondary Schools	525	99	18.85	396	75.42	19	3.61	11	2.09
Total	4319	664	15.37	2894	67.00	662	15.32	99	2.29

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA. FORM 8cM.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	23	10	—	—	33

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
5	—	—	—	5

PARTIALLY DEAF CHILDREN—NIL.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
—	13	—	*13	26

* This figure includes 8 children between fourteen and sixteen years.

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	16	16

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.*	At other Institutions.	At no School or Institution.	Total.
—	2	3	1	6

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.*	At other Institutions.	At no School or Institution.	Total.
—	57	7	5	69

* It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	47	5	16	68

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	16	—	3	19

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	30	—	2	32

MULTIPLE DEFECTS.

		Boys.	Girls.	Total.
Feeble-minded and Infantile Paralysis	At Public Elementary School	—	1	1
Feeble-minded and Infantile Paralysis	At other Institutions	—	—	—
Feeble-minded, T.B. Peritonitis and Myopic Astigmatism	At other Institutions	—	—	—
	Totals	—	1	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1936.

FORM 8dM.

TREATMENT TABLE.

GROUP I.—*Minor Ailments*
(excluding *Uncleanliness*, for which see *Group VI.*) :—

Defect or Disease.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
(1)	(2)	(3)	(4)
<i>Elementary Schools—</i>			
<i>Skin—</i>			
Ringworm—Scalp.			
(i) X-Ray Treatment	7	—	7
(ii) Other "	4	—	4
Ringworm—Body	13	—	13
Scabies	—	39	39
Impetigo	147	16	163
Other Skin Diseases	5	5	10
<i>Minor Eye Defects—</i>			
(External and other, but excluding cases falling in Group II.)	71	8	79
<i>Minor Ear Defects</i>	4	—	4
<i>Miscellaneous—</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	40	27	67
Total	291	95	386

TABLE IV.—Continued.

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

Defect or Disease	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Other-wise.	Total.
(1)	(2)	(3)	(4)	(5)
<i>Elementary Schools—</i>				
Errors of Refraction (including Squint)	314	—	60	374
Other Defect or Disease of the Eyes (excluding those in Group I.)	—	—	—	—
Total	314	—	60	374
<i>Secondary School—</i>				
Errors of refraction (including Squint)	12	—	10	22
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
Total	12	—	10	22

Total number of Children for whom Spectacles were prescribed:—

	Elementary Schools.	Secondary School.
(a) Under the Authority's Scheme	*231	12
(b) Otherwise	†53	10

Total number of Children who obtained or Received Spectacles:—

(a) Under the Authority's Scheme	*233	12
(b) Otherwise	†53	10

* Due to "carry over," † Includes 3 repairs.

TABLE IV.—Continued.

GROUP III.—*Treatment of Defects of Nose and Throat :—*

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
<i>Elementary Schools—</i>				
Tonsils only.	Adenoids only.	Tonsils & Adenoids.	Total	
4	—	188	192	4
<i>Secondary School—</i>				
—	—	—	—	1

GROUP IV.—*Orthopaedic and Postural Defects.*

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	—	—	131	—	—	18	149

GROUP V.—*Dental Defects :—*

ELEMENTARY SCHOOLS.

(1) Number of Children who were :—

(a) Inspected by the Dentists :—

	Aged :	
	4 ...	42
	5 ...	822
	6 ...	1051
	7 ...	723
	8 ...	619
	9 ...	576
Routine Age Groups ...	10 ...	590
	11 ...	338
	12 ...	1039
	13 ...	1171
	14 ...	952
	15 ...	7
	Total ...	7930
	Specials ...	1186
	Grand Total	<u>9116</u>

TABLE IV.—Continued.

GROUP V.— <i>Dental Defects—cont. :—</i>			
(b) Found to require treatment	.....	.....	7062
(c) Actually treated	.....	.....	4287
(2) Half-days devoted to	{ Inspection 161 }	Total	940
	{ Treatment 779 }		
3) Attendances made by children for treatment	.....	.....	5589
(4) Fillings	{ Permanent teeth 1664 }	Total	2072
	{ Temporary teeth 408 }		
(5) Extractions	{ Permanent teeth 1623 }	Total	6764
	{ Temporary teeth 5141 }		
(6) Administrations of general anæsthetics for extractions	.....	.....	2467
(7) Other operations	{ Permanent teeth 238 }	.....	253
	{ Temporary teeth 15 }		
		Total	<u>2720</u>

SECONDARY SCHOOL.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Aged :		
		10	13	
		11	64	
		12	110	
		13	104	
		14	82	
Routine Age Groups	.....	15	92	Total 551
		16	53	
		17	22	
		18	10	
		19	1	
Specials	.....	.....	.....	23
				Grand Total
				<u>574</u>

(b) Found to require treatment 376

(c) Actually treated 174

(2) Half-days devoted to	{ Inspection 10 }	Total	45
	{ Treatment 35 }		
3) Attendances made by children for treatment	.....	.....	401
(4) Fillings	{ Permanent teeth 282 }	Total	284
	{ Temporary teeth 2 }		
(5) Extractions	{ Permanent teeth 78 }	Total	113
	{ Temporary teeth 35 }		
(6) Administrations of general anaesthetics for extractions	.....	.....	25
(7) Other operations	{ Permanent teeth 69 }	.....	72
	{ Temporary teeth 3 }		
		Total	<u>97</u>

GROUP VI.—*Uncleanliness and Verminous Conditions* —

(i) Average number of visits per school made during the year by the School Nurses	.....	7.1
(ii) Total number of examinations of children in the Schools by School Nurses	.....	37,773
(iii) Number of individual children found unclean	.....	2,659
(iv) Number of children cleansed under arrangements made by the Local Education Authority	.....	—
(v) Number of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921	.....	—
(b) Under School Attendance Byelaws	.....	—