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County Borough.**

Contributors

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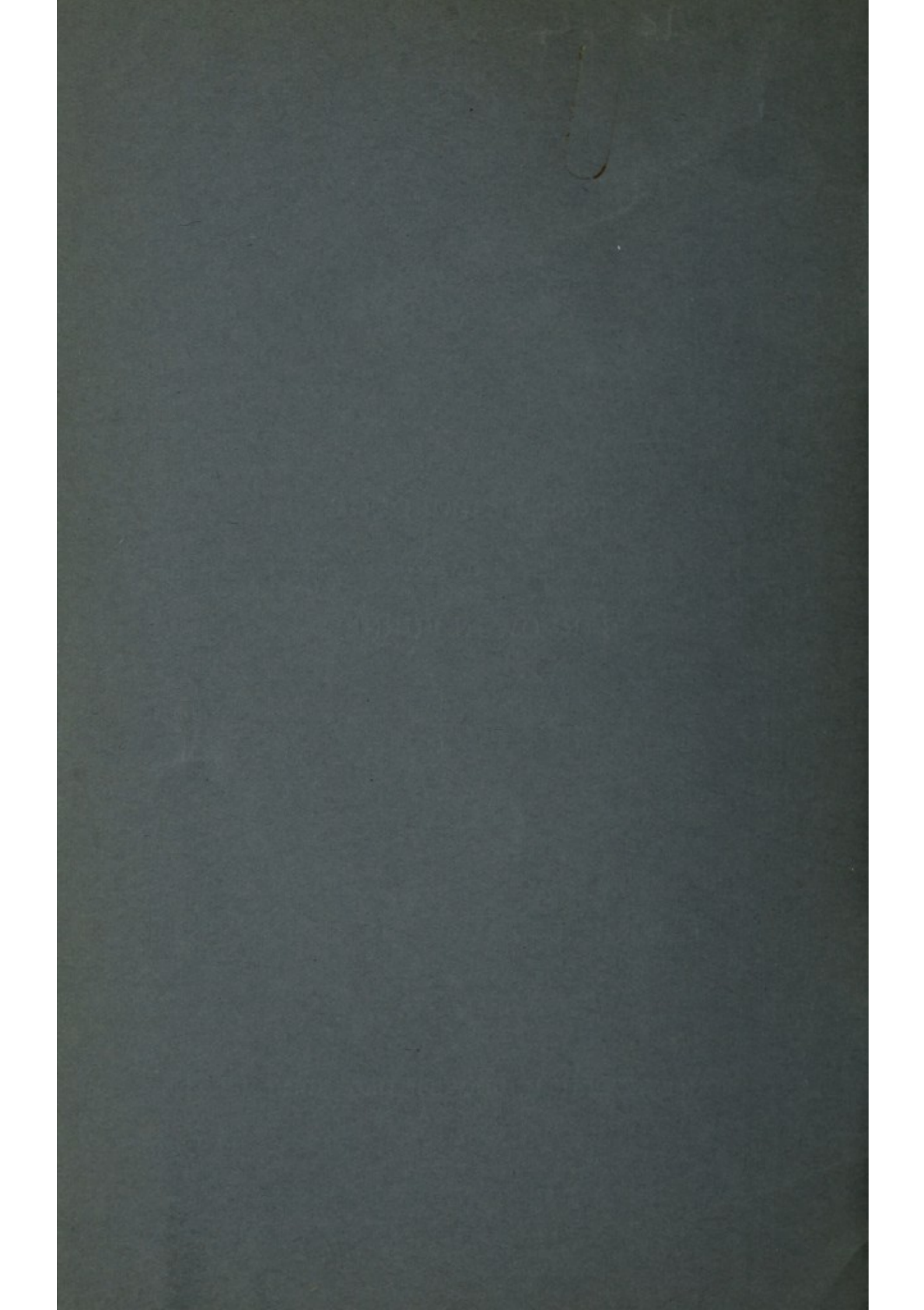
10. PARKS ROAD,
OXFORD



COUNTY BOROUGH
OF
BARROW-IN-FURNESS

School Medical Officer's
Report

FOR THE YEAR ENDED 31st DECEMBER, 1949.





*With the Compliments
of the
Medical Officer of Health.*

*Town Hall,
Barrow-in-Furness.*



REPORT OF THE SCHOOL MEDICAL OFFICER.

FOR THE

YEAR 1941-42, ENDING DECEMBER 1942

PRESENTED TO THE CHAIRMAN OF THE LOCAL EDUCATION AUTHORITY

BY THE

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The Hospital and Specialist Services of the Metropolitan Asylums Board have continued to expand and school children have benefited from the increased facilities to an extent never before possible.

Unfortunately the control of the Metropolitan Asylums Board is no longer sufficient to guarantee the school children in the district and the Local Education Authority has accordingly arranged the question of the Local Education Authority to be discussed with the Metropolitan Asylums Board in the report proper.

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REPORT OF THE SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31ST DECEMBER, 1949.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION

COMMITTEE OF THE COUNTY BOROUGH OF

BARROW-IN-FURNESS.

Ladies and Gentlemen,

It is my privilege to present my Annual Report on the work of the School Health Service for the year ended 31st December, 1949.

On the whole the general health of the School population has been good. No major epidemic has occurred nor has the usual seasonal rise in the incidence of Scarlet Fever and Measles given cause for concern.

It has been possible to continue in terms of average height and weight the nutritional survey of all children medically examined throughout the year, and from the information available there is nothing to suggest that the physique of the average post war school child is any different to that of the average school child of 1939.

In one instance only, that of Barrow Island Nursery School, was concern felt for the nutritional state of the children and full details are given in the body of the report.

The Hospital and Specialist Services of the Manchester Regional Board have continued to expand and school children have benefitted from the increased facilities to an extent never before possible.

Unfortunately this cannot be said of the Supplementary Ophthalmic Service in so far as provision of spectacles to school children is concerned and this matter which has constantly engaged the attention of the Local Education Authority is discussed more fully under the appropriate heading in the report proper.

The Medical and Dental Staffing of the School Health Service continues to constitute an apparently insoluble problem and it is only too obvious that the salary scales in operation are insufficient in relation to those offered by other sections of the Health Service to attract suitable candidates.

Already the Dental Service has had to abandon its preventive work. There is now difficulty even in treating within a reasonable time defects of a type which ought not to have arisen were routine Dental inspections possible.

On the Medical side the staff deficiency has been such that planning ahead has been impossible and in this respect the School Health Service regrettably has become an emergency one.

It has been possible to maintain routine inspections and associated clinics at a satisfactory level only at the expense of other duties such as interpretation of statistics and assessment of clinical findings.

This latter and other allied functions of the School Health Service whilst perhaps not of immediate importance are integral parts of planning and development and their omission must ultimately have serious repercussions on efficiency.

Recruitment of School Nurses as such has not improved but the introduction of the scheme for assisted training of Health Visitors/School Nurses has done much to fill existing vacancies on establishment and to provide a reasonable prospect of maintaining the complement at full strength.

In conclusion it is my pleasure to express my thanks to members of the Education Committee, the Chief Education Officer and his Staff and to my own Staff for their readily given co-operation and support.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

G. G. DICKIE,

Medical Officer of Health and
School Medical Officer.

MEDICAL, DENTAL AND NURSING STAFFS.

School Medical Officer :	G. G. DICKIE, M.B., CH.B., D.P.H.
Asst. School Medical Officers :	DOROTHY G. STEWART, M.B., CH.B. JOSEPH H. C. CORR, L.R.C.P. & S., L.R.F.P. & S.
Assistant Dental Officer :	WINIFRED G. SIVEWRIGHT L.D.S.
School Nurses :	NURSE M. QUINN, S.R.N., S.C.M. (H.V. CERT.) (Resigned 31-3-49). NURSE M. SCOTT, S.R.N., S.C.M., (H.V. CERT.) (Resigned 6-9-49). NURSE N. MCFARLANE, S.R.N., S.R.F.N., S.C.M. (H.V. CERT). NURSE L. JACKSON, S.R.N. (TEMP.). NURSE M. T. MORRIS, S.R.N., S.C.M. (Appointed 1-7-49. Resigned 31-12-49).
Ophthalmic Surgeon (part-time) :	HERBERT C. KODILINYE, M.B., CH.B., D.O. (OXON), D.O.M.S. (ENG.).

SCHOOL PROVISION.

Average number of children on the school register:—10,005.

COUNTY SECONDARY SCHOOLS —

Grammar School for Boys.
Grammar School for Girls.
Technical School for Boys.
Walney Modern School.
Risedale Modern School.
Victoria Modern School.
Holker Modern School.
Alfred Barrow B. Modern School.
Alfred Barrow G. Modern School.

COUNTY PRIMARY SCHOOLS—

Ocean Road J. & I. County School.
 Vickerstown J. & I. County School.
 Cambridge St. J. County School.
 Cambridge St. I. County School.
 Roose J. & I. County School.
 Oxford St. J. County School.
 Victoria I. County School.
 Hawcoat J. & I. County School.
 Blake St. I. County School.
 Rawlinson St. J. B. County School.
 Rawlinson St. J. G. County School.
 Rawlinson St. I. County School.
 Barrow Island I. County School.
 Thwaite St. I. County School.

VOLUNTARY PRIMARY SCHOOLS—

St. Paul's J. & I. Voluntary C. of E. School.
 St. James' J. Voluntary C. of E. School.
 St. George's J. & I. Voluntary C. of E. School.
 St. Columba's M. & I. Voluntary R.C. School.
 St. Mary's B. Voluntary R.C. School.
 St. Mary's G. Voluntary R.C. School.
 St. Mary's I. Voluntary R.C. School.
 Sacred Heart M. & I. Voluntary R.C. School.
 St. Patrick's M. & I. Voluntary R.C. School.

OTHER SCHOOLS—

Roa Island Open Air School.
 Barrow Island Nursery School.
 Thwaite St. Special (E.S.N.).

INDEPENDENT SCHOOLS—(To whom the facilities afforded by the School Health Service are extended).

Convent of the Sacred Heart of Mary Preparatory School.
 Convent of the Sacred Heart of Mary High School.

Average number of children on the school register :—320.

SCHOOL CLINICS.

MINOR AILMENT AND SPECIAL INSPECTION CLINIC.	Municipal Clinic, Abbey Rd.	Treatment of defects and diseases of skin ear, eye, nose and throat, etc., Exam- ination of all cases referred from routine medical inspections, by Head Teachers, Nurses, Attendance Officers, etc., or at parents' request.	9-0—12 noon, Monday to Friday.
OPHTHALMIC CLINIC.	Municipal Clinic, Abbey Rd.	Examination, refraction and treatment of all cases referred from routine inspection and minor ailment and special inspection clinics, by Head Teachers, School Nurses, etc., or at parents' request.	Monday, Wednesday and Thursday, 9-0—12 noon. Tuesday and Wednesday, 2-0—5-0 p.m.
IMMUNISATION CLINIC	do.		3-0 p.m. Tuesday.
DENTAL CLINIC.	do.	Examination and treatment of all cases referred from routine medical and dental inspection, by Nurses, Head Teachers, etc., or at parents' request.	9-0—12 noon. 1-30 — 4-30 Monday to Friday.
ORTHOPÆDIC CLINIC.	do.	Examination of all cases with crippling defects and deformities referred from routine medical inspection or minor ailment and special inspection clinics.	Every six weeks under arrangements made with the Medical Superintendent, Ethel Hedley Hos- pital, Winder- mere.

ULTRA VIOLET RAY CLINIC.	52, Paradise Street.	Treatment of all cases of malnutrition, anæmia, etc., referred from routine medical inspection or minor ailment and special inspection clinics.	2-0 p.m. Tuesday & Thursday.
MASSAGE AND REMEDIAL EXERCISES CLINIC.	52, Paradise Street.	Treatment of all cases with postural defects, flat foot, etc., referred from orthopædic clinics, routine medical inspections or minor ailment and special inspection clinics.	2-0 p.m. Monday and Friday.
	North Lonsdale Hospital.		2-0 p.m. Wednesday.
EAR, NOSE AND THROAT CLINIC.	North Lonsdale Hospital.	Examination and treatment of all Ear, Nose and Throat defects referred from routine medical inspection or minor ailment and special inspection clinics.	2-0 p.m. Tuesday.

SECTION 1.

CO-ORDINATION.

The Medical Officer of Health is also School Medical Officer, thus ensuring complete co-ordination of the School Health and General Public Health Services. The Assistant Medical Officers, moreover, have duties in both Services, thus enabling them to gain all-round experience and to correlate their various duties.

All School Nurses, with one exception, are also Health Visitors, but they work in their respective departments. It has not been possible to completely integrate the two services, and thereby give each nurse an area of the Borough where she could be responsible for all children in her area from birth until they leave school. The raising of the school-leaving age and the shift of the population due to new housing has imposed a strain on the resources of certain schools, with the result that artificial boundaries of areas for Health Visiting do not coincide with the boundaries of the school population.

The records from the Maternity and Child Welfare Department are transferred to the School Health Service when the child commences school, thereby ensuring a complete record of the child's health from birth until leaving school. These records are available should information be required by the Factory Inspector when dealing with new apprentices under the Factory Act, the Ministry of Labour when dealing with certain cases of Juvenile employment and for cases coming before the Children's Court.

SECTION 2.

MEDICAL INSPECTION.

The medical inspection of the following groups was carried out during the year :—

1. " Entrants "—pupils admitted for the first time to a maintained school.
2. " Second Age Group "—pupils in the last year of attendance at a maintained Primary School.
3. " Third Age Group "—pupils in the last year of attendance at a maintained Secondary School.
4. " Other Routine Inspections "—8-year olds, pupils attending the Authority's Nursery, Special (E.S.N.) and Open Air Schools, the examination in accordance with the above age groups of children in attendance at Croslands Convent, and the inspection of pupils, other than " leavers " in attendance at the Grammar and Technical Schools whose examination was considered necessary by the School Nurse or Head Teacher.
5. " Specials "—pupils examined under the Handicapped Pupils and School Health Service Regulations, 1945, or at the request of Head Teachers, School Nurses, Parents, etc.
6. " Re-inspections "—Those pupils who at the last routine or special inspection had been marked down for further observation or treatment.

Prior to the Medical inspection of the children referred to in groups 1, 2, 3 and 4 above, the School is visited by the School Nurse, who weighs and measures the children and tests the vision of the 8-year-olds and upwards. At the actual inspection the Medical Officer is accompanied by the School Nurse, and parents are invited to be present so that instructions can be given regarding any necessary treatment.

OBSERVATIONS ON MEDICAL INSPECTIONS

No pathological condition or group of conditions was found to be unduly prevalent throughout the year.

NUTRITION.

The classification of the general nutrition of children remains in force as follows :—

- A. Good.
- B. Normal.
- C. Poor.

This form of classification, although useful for purposes of review, is open to differences of opinion on the part of individual Medical Officers, and is not of great value for comparative purposes.

NUTRITIONAL SURVEY.

In the course of inspection of Barrow Island Nursery School it was found that the children, 111 in number, were classified as follows :—

- A. 7.2%
- B. 50.6%
- C. 42.2%

There was therefore no doubt that an unduly high proportion was below average in nutrition although not necessarily suffering from clinical malnutrition.

With a view to ascertaining the possible cause of this, various factors likely to contribute to malnutrition were examined as follows :—

A questionnaire was prepared and completed by Health Visitors and School Nurses who visited a total of 110 homes.

In most cases the parents were fully co-operative. In only one instance did a mother flatly refuse to provide any information ; in several other cases mothers either refused or were unable to give answers to certain parts of the questionnaire.

It was interesting to note, but infortunate from the point of view of value of the survey, that with one exception the parents who could not or would not supply full information were the parents of undernourished children.

Category " A " children have been excluded from the remainder of this section which therefore becomes a comparison of " B " and " C " children respectively in so far as the various factors are applied to them.

1. Percentage of children having accessory foodstuffs at home, e.g. Malt and Codliver Oil, etc.

B	C
41.9%	50%

2. Percentage of children obtaining sufficient sleep

B	C
73.2%	82.8%

There is nothing significant in the above findings.

3. Weekly income level per head of members of family

	B	C
Below 10/-d.	0.0%	4.3%
10/-d. to 15/-d.	15.2%	21.7%
15/-d. to 20/-d.	51.5%	26.0%
20/-d. to 30/-d.	27.3%	34.8%
Above 30/-d.	6.0%	13.2%

In order to obtain uniformity in this calculation, income was taken to mean housekeeping money available to the mother. From this was deducted the weekly rent and the result was divided by the number in the family including parents.

It will be seen that the bulk of " B's " appear in the middle of the scale. More " C's " than " B's " have an income level of below 15/-d. to 20/-d. per week yet more " C's " than " B's " have an income level greater than 20/-d. per week.

From this it is impossible to draw any hard and fast conclusion. It is, however, reasonable to deduce that although economic factors are responsible for some malnutrition, they are by no means responsible for all of it.

4. Percentage of children having satisfactory meals at home

	B		C
Mother's Opinion.	School Medical Officer's Opinion.	Mother's Opinion.	School Medical Officer's Opinion.
64.3%	70.5%	77%	71.4%

These findings suggest that " B " mothers more readily consider that their children are receiving insufficient food than do " C " mothers.

5. Percentage of mothers able to afford more food if they could get it

	B.	C.
	42.8%	57.1%

This finding is the reverse of that to be expected if economic factors were the main ones. Taken in conjunction with heading (4) above it would seem that " B " mothers normally spend more on food than do " C " mothers.

6. Home Conditions

	B.	C.
Good	73.8%	47%
Fair	21.4%	29.4%
Bad	4.8%	23.6%

This finding which is based on mothercraft and general ability to provide a satisfactory and healthy home is probably the only significant one in the survey and would appear to provide the answer.

As a result, a course of instruction was arranged by the Chief Education Officer for mothers of children attending Barrow Island Nursery School. Lectures on Hygiene, Mothercraft, Housecraft, Child Management and kindred subjects were given.

The course was not a success. It was poorly attended and mostly by mothers least in need of instruction.

STATISTICS RELATING TO NUTRITION.

Tables showing the average height and weight of each age group for the years 1939, 1947, 1948 and 1949 are given below.

It can safely be stated that no great change in physique has taken place during the years under review.

Average Height in Inches.

Age Group	GIRLS				Boys	
	1939	1947	1948	1949	1948	1949
4	42.0	42.0	40.9	40.6	41.1	41.0
5	42.0	42.6	42.3	42.5	42.7	42.7
6	44.7	44.2	43.5	45.1	43.7	46.0
7	46.9	47.1	47.6	47.9	47.7	47.9
8	48.8	48.8	49.1	48.4	49.7	47.8
9	51.0	52.5	51.0	51.4	51.5	52.9
10	53.3	53.7	53.5	54.2	53.5	55.1
11	53.8	54.7	54.8	55.6	55.0	56.3
12	58.3	57.0	56.3	57.4	57.7	57.3
13	59.3	60.7	59.9	59.9	58.8	59.9
14	59.9	61.5	61.0	61.1	61.9	62.1
15	62.9	63.6	63.2	63.6	65.2	64.8
16	63.1	63.7	63.1	65.7	67.8	67.1
17	63.5	64.2	64.5	64.0	69.1	68.9

Average Weight in lbs.

Age Group	GIRLS				Boys	
	1939	1947	1948	1949	1948	1949
4	41.8	40.7	38.2	38.4	39.4	39.1
5	40.4	41.5	40.1	40.8	41.9	42.1
6	45.2	45.3	42.1	42.1	44.1	46.7
7	51.7	49.8	51.3	50.7	51.9	51.9
8	54.8	53.9	54.7	54.5	58.1	53.9
9	58.4	63.0	60.5	64.8	61.9	64.2
10	68.1	68.4	67.9	71.2	69.8	70.4
11	74.7	73.4	74.2	75.8	72.4	75.4
12	85.8	84.0	78.1	85.0	80.8	80.3
13	92.8	93.3	95.9	95.6	89.6	93.5
14	109.0	101.2	104.9	104.8	102.6	104.0
15	112.9	117.8	117.5	117.0	118.8	114.1
16	113.1	120.2	119.3	120.6	132.1	129.0
17	118.0	121.0	128.5	123.8	141.6	142.9

SECTION 3.

ARRANGEMENTS FOR TREATMENT.

MINOR AILMENTS CLINIC AND SPECIAL INSPECTION.

The scheme for dealing with children is as follows :—

The clinic is held daily at the Municipal Clinic, Abbey Road.

The staff consists of an Assistant Medical Officer, two School Nurses and one Cleanser, together with a clerical assistant.

The Medical Officer sees every minor ailment case attending for the first time and before discharge, and supervises treatment generally. In addition he carries out special examinations of cases referred from routine medical inspection or referred by Head Teachers or at the parents' request. All these cases classified as follows are given an appointment.

- Group 1. Minor Ailment Cases.
- Group 2. Cases referred by Head Teacher or at request of parents.
- Group 3. Those children who were absent at routine medical inspection.
- Group 4. Those children who have been referred from routine medical inspection for some specific defect.

The Medical Officer informs the Head Teacher by letter of the result of the special examination.

During the year, 4,371 children made 9,716 attendances under the different Groups as follows :—

	No. of individual children attending				No. of Attendances
Group 1	3486
Group 2	255
Group 3	242
Group 4	388
					8422
					664
					242
					388

The various out-patient clinics of the North Lonsdale Hospital were also available to school children and during the year 2,156 children made 5,923 attendances.

It is interesting to note that whereas the total number of children attending Minor Ailment and out-patient Hospital Clinics remains much the same as last year's figure, a far greater percentage attended at the Hospital than previously was the case.

It seems that parents now tend to consult their family doctor in respect of minor ailments and are subsequently referred to the Hospital Out-patient Department for treatment.

EAR, NOSE AND THROAT DEFECTS.

By arrangement with the Manchester Regional Hospital Board, Mr. John Magill, M.B., Ch.B., D.L.O., has continued to conduct separate Specialist Ear, Nose and Throat Clinics for the benefit of school children.

The clinics are conducted weekly at the North Lonsdale Hospital and during the year 50 sessions at which 725 children made 1,226 attendances were held.

Although these clinics are adequate for the purpose of diagnosis and of providing out-patient treatment, a considerable and growing waiting list of cases requiring operative measures remains. This is entirely due to shortage of hospital beds and although the position has been reviewed from time to time, no solution has been forthcoming. It is fairly clear that re-allocation of existing beds is impracticable and it would seem that the waiting list must remain until new building increases the bed availability.

In addition, the following cases were dealt with :—

EAR

Mastoidectomy	....	....	....	....	....	10
Paracentesis	....	....	....	....	....	5

NOSE

Antrum Washout	....	....	....	....	....	26
Fracture Nose	....	....	....	....	....	2
Cauterisation of Nose	....	....	....	....	....	1
Severe Epistaxis	1
S.M.R.	2
Totes	3

THROAT

Tonsillectomy and Adenoidectomy	317
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OPHTHALMIC CLINICS.

The arrangement referred to last year whereby additional ophthalmic clinics were held as necessary has been continued.

It has thus been possible to deal without delay with children referred by reason of defective vision and minor eye conditions.

As in the latter half of last year spectacles were provided through the Supplementary Ophthalmic Service and again, unfortunately, demand by far exceeded supply.

An improvement in the position was noted towards the end of the year on the introduction of the priority scheme for supply of spectacles to School Children. The scheme, however, was not retrospective in its application and children for whom spectacles had been prescribed prior to the operative date derived no benefit.

In an attempt to overcome this defect in the priority scheme certain selected cases of children with grossly defective vision were re-examined and fresh orders for spectacles were placed.

As a general rule children whose vision was most defective and who therefore required more complicated lenses had to wait the longest.

The arrangements for orthoptic treatment remain as outlined in last year's report. Certain additional equipment has been obtained and within its limits the clinic functions satisfactorily.

The Ophthalmic Surgeon reports :—

" The total number of clinics held during the year was 163 and the number of attendances amounted to 1,921. In all 1,161 children were seen. 953 children had their eyes tested, 889 of these were of school age and 64 of pre-school age. 818 prescriptions for glasses were issued.

The work carried out in the clinic during the period consisted of examination, diagnosis, the treatment of medical cases and sight testing. Cases requiring surgical treatment were referred to and dealt with at the North Lonsdale Hospital. These included chronic dacryocystitis due to blockage of the tear duct from birth, various types of squints and cystic growths of the lids. In all 45 operations were performed, 26 of which were for squints, 15 for dacryocystitis and 4 for cysts of the lids.

The different types of eye conditions for which glasses were prescribed were : Hypermetropic Astigmatism 42%, Myopic Astigmatism 16%, Hypermetropia 18%, Myopia 14%, Mixed Astigmatism 9%, Anisometropia 0.9%. About 19.7% of all children examined at the Clinic suffered from Squint of various kinds, the commonest being the concomitant convergent type.

REFRACTIONS.

Hypermetropic Astigmatism	323
Hypermetropic Astigmatism with Nystagmus	3
Myopic Astigmatism.....	126
Mixed Astigmatism	76
Hypermetropia	125
Myopia	112
Bilateral High Myopia with Congenital Coloboma of the iris, Nystagmus and Cataract	1
Bilateral High Myopia with Corneal Scars	1
Bilateral High Myopia with Marfan's Disease	2
Bilateral High Myopia with Congenital Nystagmus	1
Anisometropia	7
Emmetropia	6
Horizontal Nystagmus with Optic Atrophy	1
Optic Atrophy	2
Left Congenital Ptosis	1
Paresis of Left External Rectus	1
Bilateral Epicanthus	1
N.A.D.	15

SQUINTS.

Convergent	96
Divergent	7
Alternating Convergent	34
Alternating Divergent	1
Amblyopia	9
Amblyopia with Hypermetropic Astigmatism	5
Anisometropia with Left Amblyopia	1

TREATMENTS.

Conjunctivitis	19
Blepharo-Conjunctivitis	9
Phlyctenular Conjunctivitis	2
Blepharitis	11
Hordeolum Externum	16
Foreign Body in Right Eye	2
Injury to Right Lids	1
Epiphora	1
Corneal Abrasion	1
Conjunctival Staining by Analine Pencil	1
Corneal Ulcer	1
Phlyctenular Keratitis	1
Superficial Punctate Keratitis	1
Subconjunctival Eccymosis	1
Right Anophthalmos	1
Abscess in Left Upper Lid Treated Surgically	1
Meibomium Cyst	5
Right Optic Atrophy and Macular Lesion Persistent Hyaloid Artery Left, N.A.D.	1
N.A.D.	2

ORTHOPÆDIC CLINIC.

The Medical Superintendent of Ethel Hedley Hospital, Windermere, attends the Municipal Clinic in Barrow every six weeks and sees children with Orthopædic defects ascertained at medical inspection or referred through the family doctor.

The clinic is also attended by the Local Health Authority's Physiotherapist.

Hospital treatment is provided by the North Lonsdale Hospital in the case of short stay cases, whilst conditions requiring longer terms of hospitalisation are admitted to Ethel Hedley Hospital.

Nine Orthopaedic clinics were held during the year, and 119 school children made 180 attendances.

REMEDIAL EXERCISES, MASSAGE AND ULTRA-VIOLET THERAPY.

By arrangement with the North Lonsdale Hospital the Hospital Rehabilitation Centre is available to the Local Authority's Physiotherapist for remedial exercise clinics.

Massage and Ultra Violet Light Clinics are held at 52, Paradise Street.

The following table shows the number of children who attended the various clinics during the year :

	Individual No. of children treated	No. of Attendances
Ultra Violet Therapy	147	1525
Massage	52	816
Remedial Exercises	258	1865

HOSPITAL TREATMENT.

This has continued in accordance with the provisions of the National Health Service Act of 1946 and has been satisfactory.

Advice of hospital admissions and discharges of school children continues to be sent to the School Medical Officer for record purposes. Where necessary clinical reports and records of treatment given are also provided by the hospital concerned.

SECTION 4.

WORK OF THE SCHOOL NURSES.

The following is a summary of the work done during the year additional to cleansing, preparation of children for medical inspections and assistance at these inspections with the Medical Officers :

No. of visits to schools (all purposes)	320
No. of examinations and re-examinations (cleanliness, etc.)....	23818
No. of home visits	734
No. of attendances at Minor Ailment and Inspection Clinic	378
No. of attendances at Ophthalmic Clinic	56

TABLE SHOWING THE RESULT OF CLEANLINESS (HEAD) INSPECTIONS IN SCHOOLS.

SCHOOL.	No. of Examinations.	Instances of Uncleanli- ness.	Percentage. Unclean.	
			1949.	1948.
Alfred Barrow Boys	622	9	1.4	1.4
Alfred Barrow Girls	612	62	10.1	10.6
Barrow Island Infants	856	62	7.2	10.9
Barrow Island Junior	784	66	8.2	11.7
Blake Street Infants	640	54	8.4	11.9
Boys' Grammar	....	....	....	....
Cambridge Street Infants	873	12	1.3	9.4
Cambridge Street Junior	1116	53	4.7	9.8
Girls' Grammar	384	16	4.1	4.0
Hawcoat Junior	218	17	7.9	12.8
Holker Modern	556	4	0.7	0.3
Ocean Road J. & I.	736	13	1.7	1.4
Oxford Street Junior	1544	46	2.9	4.4
Rawlinson Street Infants	737	51	6.9	10.8
Rawlinson Street Junior Boys	654	21	3.2	5.0
Rawlinson Street Junior Girls	737	75	10.1	15.2
Risedale Modern	641	36	5.6	9.0
Roose J. & I.	582	11	1.8	3.5
Sacred Heart	969	129	13.3	17.8
St. Columba's	273	4	1.4	2.6
St. George's	417	47	11.2	9.7
St. James' Junior	997	73	7.3	9.3
St. Mary's Infants	377	35	9.2	10.1
St. Mary's Boys	595	28	4.7	5.4
St. Mary's Girls	437	42	9.6	16.5
St. Patrick's	392	52	13.2	7.8
St. Paul's	493	1	0.2	0.6
Technical	216	3	1.3	0.4
Thwaite Street Infants	512	9	1.7	7.0
Vickerstown J. & I.	816	36	4.4	4.4
Victoria Infants	1167	38	3.2	4.3
Victoria Modern	764	71	9.3	13.6
Walney Modern	310	7	2.2	2.8
Total	21027	1183	5.6	7.9

Barrow Island Nursery	....	....	470	35	7.4	8.3
Convent Junior	....	....	137	....	....	1.1
Convent Senior	....	....	208	4	1.9	4.1
Open Air	....	....	516	23	4.4	4.4
Thwaite Street Special	....	....	222	26	11.7	13.2
Total	....	....	1553	88	5.6	5.4
Grand Total	....	....	22580	1271	5.6	7.7

The number of school children treated during the year for Scabies was 56.

SECTION 5.

INFECTIOUS DISEASES.

All cases of infectious diseases are notified to the Medical Officer of Health, who is also School Medical Officer. Details of certain of these cases are sent to the Education Department, who notify the Head Teacher of the appropriate school, ensuring that contacts are excluded from school until free from infection.

The exclusion period is that adopted by the Ministry of Education.

The following gives particulars of cases of infectious disease occurring in school children during 1949 :

Scarlet Fever	....	....	....	106
Whooping Cough	....	....	....	9
Poliomyelitis	....	....	....	2
Measles	....	....	....	68
Cerebro-spinal Fever	....	....	....	1

IMMUNISATION.

Immunisation against Diphtheria is carried out under arrangements made by the Health Committee at special sessions at the Central Clinic.

Ideally each child is immunised before it reaches the age of 12 months and receives a reinforcing dose of toxoid at the age of four and a half years, prior to entering school.

During the year, 27 courses of immunisation and 83 reinforcing doses were administered at the clinic. In addition, 7 courses of immunisation and 1 reinforcing dose were administered by General Practitioners participating in the arrangements made by the Local Health Authority under the National Health Service Act, 1946.

67.8% of the population between 5 and 15 is now estimated to have been immunised.

SECTION 6.

HANDICAPPED PUPILS.

The ascertainment of Handicapped Pupils as required by the Handicapped Pupils and School Health Service Regulations, 1945, was continued during the year.

The following table gives details of pupils ascertained and placed and shows the number of cases at the year end for whom it was impossible to secure places.

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Deli- cate (6) Physi- cally handi- capped		(7) Ed- cation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped Pupils newly placed in Spec- ial Schools or Homes	1	1	....	....	43	....	4	....	....	49
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes.	*1	*1	1	....	†40	2	14	....	....	59

Number of children reported during the Calendar year under Section 57(3) 4 and under Section 57(4) of the Education Act, 1944 nil

*—Included at A.

†—35 Included at A

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Deli- cate (6) Physi- cally handi- capped		(7) Ed- cation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st :—										
C. Number of Handi- capped Pupils from the area—										
(i) Attending Spec- ial Schools as Day Pupils	....	....	....	....	117	1	60	....	....	178
Boarding Pupils	2	3	3	1	....	1	4	....	....	14
(ii) Boarded in Homes	....	....	....	....	....	....	....	....	....	....
(iii) attending assisted schools (under approved arrangements)	....	....	....	....	....	....	1	....	....	1
TOTAL (C)	2	3	3	1	117	2	65	....	....	193
D Number of Handi- capped Pupils from the area requiring places in special schools or Homes but remaining un- placed.	....	....	1	....	....	3	27	....	....	31
E Number of Handi- capped Pupils re- ceiving home tuition (including those also returned in D)	....	....	....	....	....	....	....	....	....	....

SECTION 7.

ASSISTANT DENTAL OFFICER'S REPORT.

During the year 3,084 children were inspected, 2,497 of these applied for treatment as casual patients, leaving little time for routine inspections. Only 587 children were inspected at schools.

The parents have come to rely on the regular school inspections, and in many cases do not notice that dental treatment is necessary until the child complains of toothache, when it may be too late to save the teeth. This leads to a rise in the number of extractions and a loss of permanent teeth which is bound to increase until the clinic is fully staffed and the children are receiving regular attention.

18 children have been supplied with orthodontic appliances and 19 children have been fitted with partial dentures. 15 children were referred to the North Lonsdale Hospital for X-ray.

SECTION 8.

MISCELLANEOUS.

PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES.

The school curriculum includes periods of physical training and, in all of the secondary schools and some of the primary schools, attendance at the Swimming Baths.

Scrambling nets have now been provided for all the Infant schools.

PROVISION OF MILK AND MEALS.

(a) Average number of children receiving milk daily	....	....	8000
(b) Number of $\frac{1}{2}$ pint bottles of milk delivered and consumed	....	1582291	
(c) Average number of children receiving meals per school day	....	3866	
(d) Total number of meals supplied during year	....	867540	
(e) Number of centres supplying meals	....	31	

SECTION 9.

STATISTICAL TABLES.

The following statistical returns for the year ended 31st December, 1949, required by the Ministry of Education, indicate the scope of the work of the School Health Service.

TABLE I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	....	1117
Second Age Group	....	843
Third Age Group	....	684
Total	....	2644
Number of other Periodic Inspections	....	2129
Grand Total	....	4773

B—OTHER INSPECTIONS.

Number of special inspections	....	660
Number of re-inspections	....	938
Total	....	1598

C—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin) :

GROUP.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	1	202	183
Second Age Group	39	98	126
Third Age Group	44	60	100
Total (prescribed groups)	84	360	409
Other Periodic Inspections	98	448	467
Grand Total	182	808	876

TABLE II.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1949.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
(1)		(2)	(3)	(4)	(5)
4	Skin	27	4	66	—
5	Eyes (a) Vision	182	207	2	—
	(b) Squint	75	11	—	—
	(c) Other	12	6	21	—
6	Ears (a) Hearing	13	7	3	—
	(b) Otitis Media	13	6	23	—
	(c) Other	3	5	34	—
7	Nose or Throat	217	64	35	—
8	Speech	6	7	1	2
9	Cervical Glands	48	41	19	—
10	Heart and Circulation	58	28	19	—
11	Lungs	49	21	18	—
12	Developmental—				
	(a) Hernia	2	11	1	—
	(b) Other	23	88	—	—
13	Orthopaedic—				
	(a) Posture	6	2	3	—
	(b) Flat Foot	98	21	3	—
	(c) Other	44	51	16	—
14	Nervous System—				
	(a) Epilepsy	1	5	—	—
	(b) Other	21	7	34	—
15	Psychological—				
	(a) Developmental	1	17	15	—
	(b) Stability	2	—	—	—
16	Other	7	13	153	—

**B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants	1117	438	39.2	543	48.6	136	12.2
Second Age Group	843	396	46.9	322	38.2	125	14.9
Third Age Group	684	380	55.5	218	31.9	86	12.6
Other Periodic Inspections	2129	731	34.4	931	43.7	467	21.9
Total	4773	1945	40.8	2014	42.2	814	17.0

TABLE III—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school Nurses or other authorised persons	23649
(Primary, 22580, Re-examinations, 1069)	
(ii) Total number of individual pupils found to be infested	807
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	65
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.
TREATMENT TABLES.

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

	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm (Scalp)—	
(i) X-Ray treatment	18
(ii) Other treatment	9
Ringworm (Body)	16
Scabies	56
Impetigo	28
Other skin diseases	846
Eye Disease	203
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	94
Miscellaneous	2255
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	3525
(b) Total number of attendances at Authority's minor ailments clinics	
	8422

GROUP II—DEFECTIVE VISION AND SQUINT (EXCLUDING EYE DISEASE TREATED AS MINOR AILMENTS—GROUP I).

	No. of defects dealt with
Errors of Refraction (including squint)	957
Other defect or disease of the eyes (excluding those recorded in Group I)	77
Total	1034
No. of Pupils for whom spectacles were	
(a) Prescribed	774
(b) Obtained	489

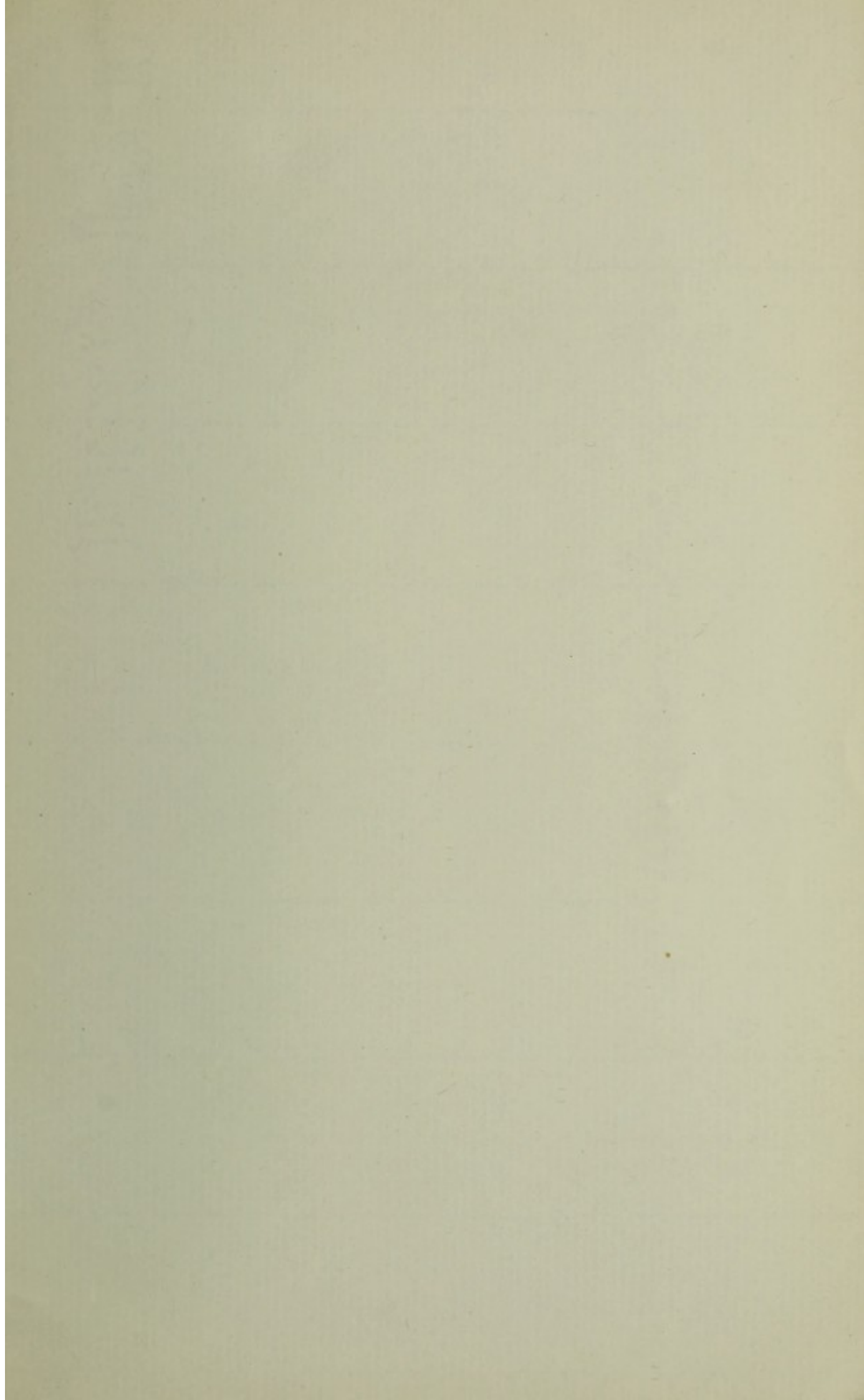


TABLE III - INFORMATION ON TREATMENT OF MENTAL CASES

	1944-45
Subject's previous treatment:	
(a) In hospital and out-patient treatment	21
(b) In out-patient treatment only	24
(c) In other forms of treatment	1
Total	46

TABLE IV - DEPENDENCY AND FINANCIAL STATUS

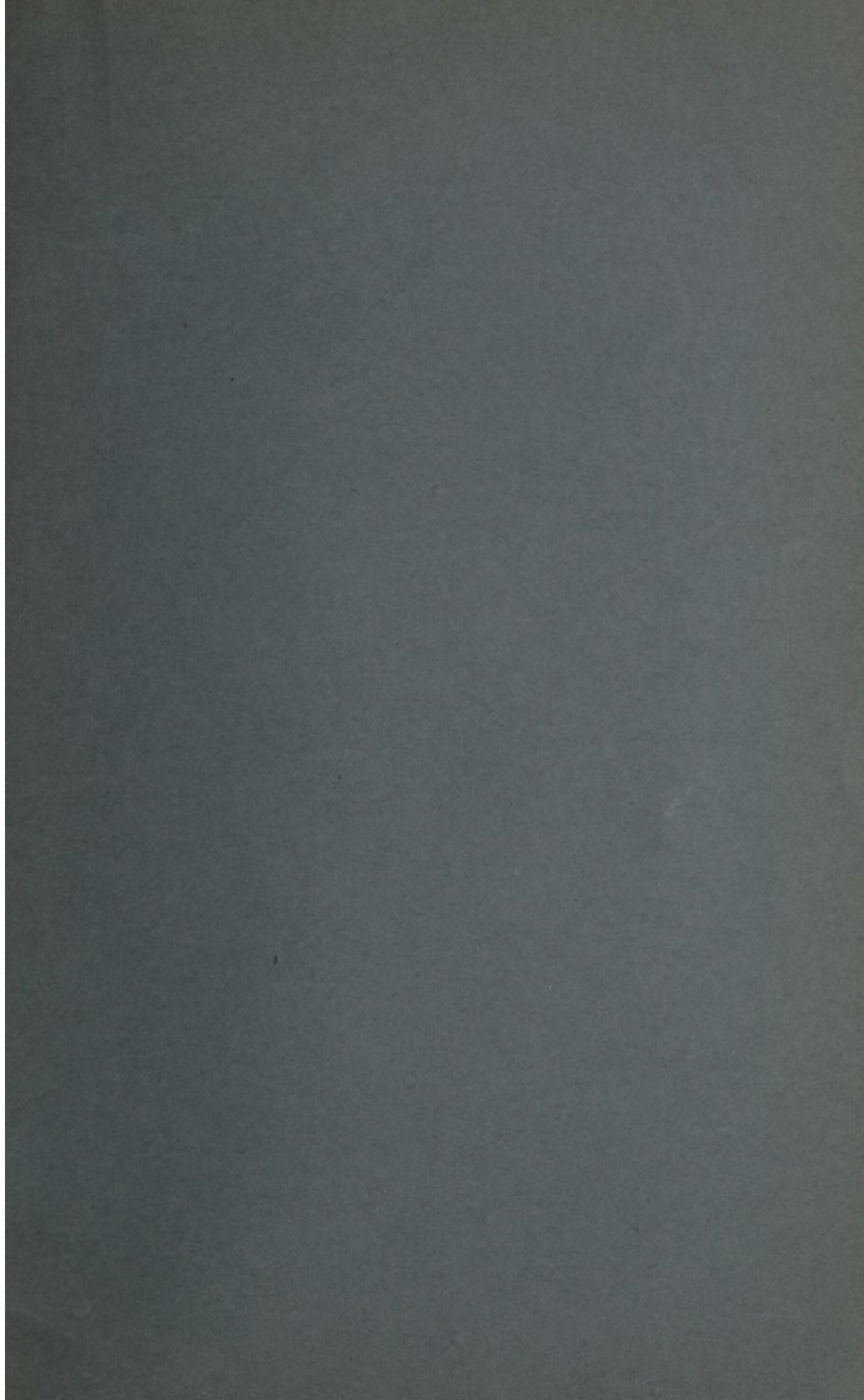
(a) No longer in contact with hospital or out-patient clinic	2
(b) No longer in contact with hospital or out-patient clinic	10

TABLE V - CASES SUBMITTED FOR TREATMENT AND SERVICE TREATMENT

(a) Cases submitted for out-patient treatment	10
(b) Cases submitted for out-patient treatment	1

TABLE VI - DENTAL INSPECTION AND TREATMENT

(a) Patients referred by the Authority's Dental Officer	
(i) For dental treatment	20
(ii) For dental treatment and treatment	10
(b) Patients referred by the Authority's Dental Officer	10
(c) Patients referred by the Authority's Dental Officer	10
(d) Patients referred by the Authority's Dental Officer	10
(e) Patients referred by the Authority's Dental Officer	10
(f) Patients referred by the Authority's Dental Officer	10
(g) Patients referred by the Authority's Dental Officer	10
(h) Patients referred by the Authority's Dental Officer	10
(i) Patients referred by the Authority's Dental Officer	10
(j) Patients referred by the Authority's Dental Officer	10
(k) Patients referred by the Authority's Dental Officer	10
(l) Patients referred by the Authority's Dental Officer	10
(m) Patients referred by the Authority's Dental Officer	10
(n) Patients referred by the Authority's Dental Officer	10
(o) Patients referred by the Authority's Dental Officer	10
(p) Patients referred by the Authority's Dental Officer	10
(q) Patients referred by the Authority's Dental Officer	10
(r) Patients referred by the Authority's Dental Officer	10
(s) Patients referred by the Authority's Dental Officer	10
(t) Patients referred by the Authority's Dental Officer	10
(u) Patients referred by the Authority's Dental Officer	10
(v) Patients referred by the Authority's Dental Officer	10
(w) Patients referred by the Authority's Dental Officer	10
(x) Patients referred by the Authority's Dental Officer	10
(y) Patients referred by the Authority's Dental Officer	10
(z) Patients referred by the Authority's Dental Officer	10





27 SEP 1964