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County Borough.**

Contributors

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COUNTY BOROUGH
OF
BARROW-IN-FURNESS

School Medical Officer's Report

FOR THE YEAR ENDED 31ST DECEMBER, 1952.



REPORT OF THE SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31st DECEMBER, 1952

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION

COMMITTEE OF THE COUNTY BOROUGH OF

CONTENTS.

Ladies and Gentlemen,

These reports are presented to the Council Report on the work of the School Health Service for the year 1952.

The year 1952 was a very successful one for the School Health Service. There was a high standard of medical inspection and a high standard of arrangements for treatment. There was a high standard of work of the school nurses. There was a high standard of infectious diseases. There was a high standard of handicapped pupils. There was a high standard of school dental service. There was a high standard of miscellaneous. There was a high standard of statistical tables.

Section 1. Co-ordination.

Section 2. Medical Inspection.

Section 3. Arrangements for Treatment.

Section 4. Work of the School Nurses.

Section 5. Infectious Diseases.

Section 6. Handicapped Pupils.

Section 7. School Dental Service.

Section 8. Miscellaneous.

Section 9. Statistical Tables.

During the year 1952, the School Health Service has been working in close co-operation with the Public Health Department and general medical practitioners.

There is unfortunately a slight rise in the incidence of head infestation. The school nurses advised by daily ear-cleaning are constantly treating the condition with the most effective preparations and home visiting by the nurses persuading them to follow up advice given regarding prevention of re-infestation. There are certain households in town where head infestation is usually found and while again rather than ignorance presents a difficult barrier to cure. Eradication of head infestation can only be brought about by visiting the family and rather than the school staff and having the power to remove head infestation are advised.

Measles continued to be a major cause of absence from school. There was no case of diphtheria and the communicable state of school children has been maintained.

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REPORT OF THE SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31st DECEMBER, 1952.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION

COMMITTEE OF THE COUNTY BOROUGH OF

BARROW-IN-FURNESS.

Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the work of the School Health Service for the year 1952.

The number of school children in the Borough continues to expand and 11% more routine school medical inspections than last year were conducted. There was also an increase in the number of special inspections made by the School Medical Officers who continue to advise parents and children on the prevention of defects and the preservation of good health. There is ample evidence that co-operation from Head Teachers and parents is continuing and even increasing. This is a good sign in a field in which continued co-operation is most desirable.

The health of the children was good during 1952 and their good general physique was maintained. Milk in schools and school dinners together with the greater accent on P.T. instruction and recreational facilities have no doubt played their part in achieving this result.

Arrangements for treatment continue to be satisfactory and harmonious relationship exists between the Public Health Department and general medical practitioners.

There is unfortunately a slight rise in the incidence of head infestation. The school nurses assisted by clinic orderlies are constantly treating this condition with the most effective medicaments and home visiting by the nurses permits them to follow up advice given regarding prevention of re-infestation. There are certain households in town where head infestation is usually worst and where apathy rather than ignorance presents a difficult barrier to overcome. Eradication of head infestation can only be overcome by treating the family unit rather than the school child and herein our powers to achieve head cleanliness are weakest.

Measles exhibited its biennial rise this year but no major epidemic of infectious disease has occurred. Once again there were no cases of diphtheria and the immunisation state of school children has been maintained.

Much attention has again been devoted to the needs of handicapped children and in addition the Child Guidance Centre has amongst other things continued to render valuable assistance to the slightly maladjusted or backward child whose handicap is not so severe as to justify education in a special school.

This is the first full year since 1947 that two full time school dentists have been available but despite this it has not been possible to restore even partially the desired routine dental inspection. Moreover there are marked increases in the number of school children receiving treatment and consequently in the number of dental sessions required for this purpose. More than 60% of the limited number of children routinely inspected were found to require treatment. The apparently poor condition of school children's teeth and the resulting increase in toothache necessitated the setting up of an emergency dental service during the year. To get a clear picture of the dental condition of the children in the Borough it was decided to appoint a temporary part time dentist to enable routine school dental inspections to be carried out. Even without such a survey it is fairly obvious that an increase in the school dental establishment is well overdue and urgently necessary.

I wish to express to members of the Children and Young Persons Welfare Sub-Committee my thanks for the interest and support they have shown in the year's work. I am also grateful to the Chief Education Officer and his Staff for their co-operation and I am indebted to the medical, dental, nursing and clerical staff of the School Health Service for their high standard of work and their willing help at all times.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES MACLACHLAN,

Medical Officer of Health and
School Medical Officer.

MEDICAL, DENTAL AND NURSING STAFFS.

School Medical Officer :	JAMES MACLACHLAN, M.B., CH.B., D.P.H. (Appointed 7/3/52).
Asst. School Medical Officers :	DOROTHY G. STEWART, M.B., CH.B. MAUDE W. SMITH, M.D. (Appointed 9/1/52). ROBERT A. H. MORISON, M.B., CH.B. (Appointed 7/4/52).
Chief Dental Officer :	ARTHUR FIELDING, L.D.S.
Dental Officer :	WINIFRED G. SIVEWRIGHT, L.D.S.
School Nurses :	NURSE L. JACKSON, S.R.N. (Temp.). NURSE N. MCFARLANE, S.R.N., S.R.F.N., S.C.M., (H.V. CERT.). NURSE A. QUINN, S.R.N., (H.V. CERT.). NURSE S. SCOTT, S.R.N., S.C.M. (H.V. Cert.).
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 :—11,140.

COUNTY SECONDARY SCHOOLS—

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

VOLUNTARY SECONDARY SCHOOLS—

Our Lady's R.C.

COUNTY PRIMARY SCHOOLS—

Barrow Island Infants.
 Barrow Island Junior.
 St. James's Infants.
 Abbotsmead Infants.
 Abbotsmead Junior.
 Ormsgill Infants.
 Ormsgill Junior.
 Victoria Junior.
 Greengate Infants.
 Greengate Junior Boys.
 Greengate Junior Girls.
 Roose Primary.
 Ramsden Infants.
 Vickerstown Primary.
 Victoria Infants.
 South Walney Primary.
 South Newbarns Primary.

VOLUNTARY PRIMARY SCHOOLS—

St. George's C. of E. Primary.
 St. Paul's C. of E. Primary.
 St. James's C. of E. Junior.
 Sacred Heart R.C. Primary and Senior
 St. Columba's R.C. Primary and Senior.
 St. Mary's R.C. Infants.
 St. Mary's R.C. Junior and Senior Boys.
 St. Mary's R.C. Junior and Senior Girls.
 St. Patrick's R.C. Primary and Senior.

OTHER SCHOOLS—

Roa Island Special.
 Bram Longstaffe Nursery.
 Ramsden Special.

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

Our Lady's Preparatory School.

Average number of children on the school register :—140.

SCHOOL CLINICS.

MINOR AILMENT AND SPECIAL INSPECTION CLINIC.	Arndene, 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.	do.	Examination, refrac- tion and treatment of all cases referred from routine inspec- tion and minor ail- ment and special in- spection clinics, by Head Teachers, School Nurses, etc., or at parents' request.	Tuesday and Wednesday, 2-0—5-0 p.m. Thursday, 9-0—12 noon.
IMMUNISATION CLINIC.	Municipal Clinic, Abbey Rd.		3-0 p.m. Tuesday and Thursday
DENTAL CLINIC.	do.	Examination and treatment of all cases referred from routine medical and dental inspection, by Nurses, Head Teach- ers, etc., or at par- ents' request.	9-0—12 noon. 2-0—5-0 p.m. Monday to Friday.
ORTHOPÆDIC CLINIC.	do.	Examination of all cases with crippling defects and deformi- ties referred from routine medical in- spection or minor ailment and special inspection clinics.	Every six weeks under arrangements made with the Medical Superinten- dent, Ethel Hedley Hos- pital, Winder- mere.
ULTRA VIOLET RAY CLINIC.	do.	Treatment of all cases of malnutri- tion, anæmia, etc., referred from routine medical in- spection or minor ailment and special inspection clinics.	2-0 p.m. Mon- day & Thurs- day.

MASSAGE AND REMEDIAL EXERCISES CLINIC.	do.	Treatment of all cases with postural defects, flat foot, etc., referred from orthopædic clinics, routine medical in- spections or minor ailment and special inspection clinics.	2-0 p.m. Tues- day and Fri- day.
	North Lonsdale Hospital		2-0 p.m. Wednesday.

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.

SECTION 2.

MEDICAL INSPECTION.

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

- (a) "Entrants"—pupils admitted for the first time to a maintained school.

- (b) " Second Age Group "—pupils in the last year of attendance at a maintained Primary School.
- (c) " Third Age Group "—pupils in the last year of attendance at a maintained Secondary School.
- (d) " 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 Our Lady's Preparatory School, 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.
- (e) " Specials "—pupils examined under the Handicapped Pupils and School Health Service Regulations, 1945, or at the request of Head Teachers, School Nurses, Parents, etc.
- (f) " 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 classes (a), (b), (c) and (d) 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.

STATISTICS RELATING TO NUTRITION.

Tables showing the average height and weight of each age group for the years 1948, 1949, 1950, 1951 and 1952 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				
	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952
4	40.9	40.6	40.3	40.9	41.1	41.1	41.0	40.4	41.4	41.7
5	42.3	42.5	42.4	42.3	42.7	42.7	42.7	42.7	42.8	42.8
6	43.5	45.1	43.6	44.9	44.2	43.7	46.0	44.4	44.8	45.1
7	47.6	47.9	47.4	47.5	47.1	47.7	47.9	47.8	47.7	47.8
8	49.1	48.4	48.9	49.0	49.0	49.7	47.8	49.4	49.1	52.8
9	51.0	51.4	52.5	53.0	50.3	51.5	52.9	53.2	52.0	51.5
10	53.5	54.2	54.0	54.8	53.7	53.5	55.1	54.7	53.5	53.9
11	54.8	55.6	54.7	55.1	55.7	55.0	56.3	55.1	54.7	55.4
12	56.3	57.4	57.3	57.5	59.4	57.7	57.3	57.4	57.7	56.7
13	59.9	59.9	59.7	60.6	59.8	58.8	59.9	59.8	59.2	59.1
14	61.0	61.1	61.1	61.0	61.5	61.9	62.1	62.4	61.9	62.2
15	63.2	63.6	62.9	63.1	63.5	65.2	64.8	65.1	65.3	64.8
16	63.1	65.7	63.7	63.9	64.1	67.8	67.1	67.2	67.5	67.4
17	64.5	64.0	68.1	65.0	64.0	69.1	68.9	69.4	68.1	68.8

Average Weight in lbs.

Age Group	GIRLS					Boys				
	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952
4	38.2	38.4	38.4	38.6	38.8	39.4	39.1	39.7	40.3	40.8
5	40.1	40.8	40.9	40.7	40.4	41.9	42.1	42.8	42.8	42.1
6	42.1	42.1	43.1	46.9	41.7	44.1	46.7	45.7	47.0	46.4
7	51.3	50.7	51.2	51.6	50.0	51.9	51.9	52.8	52.5	52.2
8	54.7	54.5	54.4	55.0	54.8	58.1	53.9	56.4	56.1	56.2
9	60.5	64.8	62.2	65.0	61.0	61.9	64.2	62.6	58.3	60.0
10	67.9	71.2	70.0	72.2	68.8	69.8	70.4	71.2	69.3	69.7
11	74.2	75.8	73.9	74.0	73.4	72.4	75.4	74.4	73.7	72.1
12	78.1	85.0	85.0	81.9	91.6	80.8	80.3	82.4	85.7	79.2
13	95.9	95.6	94.7	97.7	95.2	89.6	93.5	95.3	93.6	92.4
14	104.9	104.8	105.5	106.0	107.0	102.6	104.0	106.1	103.9	103.4
15	117.5	117.0	115.0	114.4	118.5	118.8	114.1	120.7	122.1	116.7
16	119.3	120.6	120.7	119.1	120.2	132.1	129.0	131.3	131.9	130.2
17	128.5	123.8	120.7	128.5	122.1	141.6	142.9	145.1	138.0	145.3

SECTION 3.

ARRANGEMENTS FOR TREATMENT.

MINOR AILMENTS CLINIC AND SPECIAL INSPECTION.

A Daily clinic has continued to be held at Arndene. It is staffed by an Assistant Medical Officer, two School Nurses and one Cleanser, together with a clerical assistant. The Medical Officer in addition to supervising the treatment of minor ailments 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 Teachers 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.

Head Teachers are informed by letter of the results of the special examinations.

During the year, 2,491 children made 7,175 attendances under the different Groups as follows :—

	No. of individual children attending				No. of Attendances
Group 1	1648
Group 2	448
Group 3	144
Group 4	251

Several other examinations including the ascertainment of Handicapped Pupils, the initial and routine examination of foster children and the examination of pupils to determine their fitness for employment were also conducted at the clinic and in all 219 children were seen in the 12 months ended 31st December.

The various out-patient clinics of the North Lonsdale Hospital were also available to school children, and during the year 2,691 children made 7,973 attendances.

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, 424 children made 1,427 attendances.

Although these clinics are adequate for the purpose of diagnosis and of providing out-patient treatment, a considerable 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.

OPHATHALMIC CLINICS.

Arrangements for the examination of children with defective vision and minor eye conditions were the same in substance as in previous years.

The provision of spectacles through the Supplementary Ophthalmic Service was satisfactory, there being no delay between prescription and supply.

The Ophthalmic Surgeon reports :—

"The work of the clinic during the year comprised examination, diagnosis and treatment of various ocular defects, acquired and congenital, in pre-school and school children. In all 975 children were presented at the clinic, of these 890 were of school age and 85 of pre-school age. The attendances made were 1,802.

Owing to excellent liaison between the clinic and the North Lonsdale Hospital cases requiring surgical treatment and hospitalisation were dealt with at the hospital without delay. Increasing numbers of squint cases received surgical treatment at the hospital and it is hoped that in the near future it will be possible to provide an Orthoptic Clinic for the whole Barrow and Furness hospital area.

The following types of eye conditions were treated with spectacles :—

Hypermetropic Astigmatism	....	....	45.6%
Myopic Astigmatism	....	....	16.3%
Mixed Astigmatism	....	....	6.2%
Hypermetropia	....	....	19.0%
Myopia	....	....	12.7%

About 18% of all children examined at the clinic suffered from squint of various kinds. They were treated with glasses and eye exercises and by operation where necessary."

REFRACTIVE ERRORS AND OTHER DEFECTS ACQUIRED AND CONGENITAL.

Anisometropia	....	....	1
Hypermetropic Astigmatism	....	....	314
Hypermetropic Astigmatism with Right Amblyopia	....	....	2
Hypermetropic Astigmatism with Left Amblyopia	....	....	2
Hypermetropic Astigmatism with Bilateral Nystagmus	....	....	1
Hypermetropic Astigmatism with Congenital Nystagmus	....	....	2
Hypermetropic Astigmatism with Right Congenital Dislocation of Disc	....	....	1
Myopic Astigmatism	....	....	113
Myopic Astigmatism with Congenital Nystagmus	....	....	1
Myopic Astigmatism with Partial Albinism	....	....	1
Myopic Astigmatism with Bilateral Central Choroiditis	....	....	1
Right Myopic Astigmatism with Amblyopia and Divergence	....	....	1
Mixed Astigmatism	....	....	42
Mixed Astigmatism with Nystagmus	....	....	1
Mixed Astigmatism with Migraine	....	....	1

Hypermetropia	126
Hypermetropia with Left Amblyopia	1
Hypermetropia with Partial Albinism	1
Hypermetropia with Congenital Pigmentation of Left Retina	1
Hypermetropia with Incomplete Coloboma of Left Iris (Congenital)	1
Hypermetropia with Congenital Ptosis	1
Myopia	89
Myopia with Congenital Lamella Cataracts Right and Left	2
Progressive Myopia with Retino Choroidal Atrophy	1
High Myopia with Corneal Scars	1
Retinitis Pigmentosa	2
Bilateral Pseudo-Neuritis	1
Migraine	2
Epicanthus	2
Emmetropia	19

SQUINTS

Right Convergent Concomitant Squint	30
Right Divergent Squint	1
Left Convergent Concomitant Squint	64
Left Convergent Concomitant Squint with Retinal Detachment	1
Alternating Convergent Squint	34
Alternating Divergent Squint	1

TREATMENTS

Conjunctivitis	4
Conjunctival Contusion Left	2
Melanoma of Conjunctiva	2
Blepharitis	9
Phlyctenular Ophthalmia	2
Right Contusion of Lids	1
Foreign Body Left	1
Meibomian Cyst Right Upper Lid	1
Hordeolum Externum	1
Trichiasis	1
N.A.D.	1
Occlusion Right Convergent Concomitant Squint	16
Occlusion Left Convergent Concomitant Squint	16
Simple Orthoptic Exercises	44

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 Physio-therapist.

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.

8 Orthopædic Clinics were held during the year and 109 school children made 196 attendances.

REMEDIAL EXERCISES, MASSAGE AND ULTRA VIOLET THERAPY

A complete service providing Remedial Exercises, Massage and Ultra Violet Therapy has been maintained throughout the year.

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	157	1650
Massage	3	195
Remedial Exercises	224	1908
Other Treatment (Plasters, etc.)	71	576

HOSPITAL TREATMENT

No change has taken place in the procedure for referring school children for specialist opinion, investigation or treatment. The scheme continues to work well and a harmonious relationship exists between all concerned.

Advice of hospital admissions and discharges continues to be sent to the School Medical Officer for record purposes.

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)	523
No. of examinations and re-examinations (cleanliness, etc.)	32055
No. of home visits	440
No. of attendances at Minor Ailment and Inspection Clinic	350

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

SCHOOL.	No. of Examinations.	Instances of Uncleanli- ness.	Percentage. Unclean.	1952.	1951.
Abbotsmead County Infants	1128	114	10.1	8.9	
Abbotsmead County Junior	1381	123	8.9	7.7	
Alfred Barrow Boys	1116	10	0.8	1.7	
Alfred Barrow Girls	1060	92	8.6	6.1	
Barrow Island County Infants	917	89	9.7	6.1	
Barrow Island County Junior	834	89	10.6	9.6	
Boys' Grammar	507	—	—	—	
Girls' Grammar	855	9	1.0	2.1	
Greengate County Infants (Annexe)	144	19	13.1	—	
Greengate County Infants	582	52	8.9	12.0	
Greengate County Boys	329	14	4.2	3.5	
Greengate County Girls	1254	310	24.7	15.9	

Holker County Secondary	1113	27	2.4	3.3
Ormsgill County Infants	716	85	11.8	10.3
Ormsgill County Junior	279	46	16.4	—
Our Lady's R.C. Secondary	381	23	6.0	4.6
Ramsden County Infants	877	50	5.7	5.9
Risedale County Secondary	1157	108	9.3	6.3
Roose County Primary	392	5	1.2	5.5
Sacred Heart R.C. Primary & Senior	1121	148	13.2	11.2
South Newbarns County Primary	938	58	6.1	5.4
South Walney County Primary	1009	5	0.4	0.4
St. Columba's R.C. Primary & Senior	235	3	1.2	1.9
St. George's C. of E. Primary	410	88	21.4	18.3
St. James's County Infants	579	38	6.5	6.4
St. James's C. of E. Junior	1281	55	4.2	5.3
St. Mary's R.C. Infants	516	71	13.7	16.1
St. Mary's R.C. Boys	213	12	5.6	6.3
St. Mary's R.C. Girls	240	50	20.8	21.6
St. Patrick's R.C. Primary & Senior	458	62	13.5	6.4
St. Paul's C. of E. Primary	167	—	—	—
County Technical	700	13	1.8	1.6
Vickerstown County Primary	1177	31	2.6	2.1
Victoria County Infants	960	37	3.8	3.3
Victoria County Junior	1315	41	3.1	5.6
Victoria County Secondary	899	75	8.3	7.6
Walney County Secondary	976	15	1.5	0.8
Total	28216	2067	7.3	6.7
Bram Longstaffe Nursery	595	40	6.7	7.1
Our Lady's R.C. Preparatory	420	10	2.3	0.9
Roa Island Special	707	77	10.8	7.6
Ramsden Special (E.S.N.)	118	18	15.2	16.1
Ramsden Special (Annexe)	107	43	40.1	—
Total	1947	188	9.6	6.4
Grand Total	30163	2255	7.4	6.7

The number of school children treated during the year for Scabies was 8.

SECTION 5.

INFECTIOUS DISEASES.

All cases of infectious disease 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 1952 :—

Scarlet Fever	29
Whooping Cough	3
Measles	357
Pneumonia	5
Tuberculosis	8

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 re-inforcing dose of toxoid at the age of four and a half years prior to entering school.

During the year 8 courses of immunisation and 99 re-inforcing doses were administered at the clinic. In addition 17 courses of immunisation and 14 re-inforcing doses were administered by General Practitioners participating in the arrangements made by the Local Health Authority under the National Health Service Act, 1946.

66.15% of the population between 5 and 15 is 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- ucation- ally Sub- normal (8) Mal- adjusted		(9) Epi- leptic	TOTAL 1-9
In the calendar year :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Spec- ial Schools or Homes	—	—	1	—	28	1	18	2	—	50
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes.	—	—	1	—	34	1	31	1	—	68

Number of children reported during the year :—

(a) under Section 57(3) (excluding any returned under (b) )	....	....	1
(b) under Section 57(3) (relying on Section 57(4) )	....	....	—
(c) under Section 57(5)	....	....	4

Of the Education Act, 1944.

	(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										
(a) Day Pupils	—	—	—	—	118	1	101	—	—	220
(b) Boarding Pupils	2	2	5	1	—	—	4	—	1	15
(ii) Attending inde- pendent schools (under arrange- ments made by the Authority)	—	—	—	—	—	—	3	2	—	5
(iii) Boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	2	—	2
TOTAL C.	2	2	5	1	118	1	108	4	1	242
D. Number of Handi- capped Pupils being educated under ar- rangements made under Section 56 of the Education Act, 1944—										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	2	—	—	—	2
E. Number of Handi- capped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiv- ing home tuition)	—	—	1	—	—	5	19	—	—	25

SECTION 7.**DENTAL OFFICER'S REPORT.**

During 1952, 3,623 Barrow school children out of a school population of 11,200 were given treatment at the School Clinic and shared between them 9,979 visits.

Unfortunately, only a small percentage of schools received a routine inspection and the majority of patients for the year were obtained as a result of "special" requests for treatment. Consequently a far larger responsibility has been placed on those parents who previously relied on school inspections for selection for treatment. They now only seek an appointment for their children when toothache occurs.

50 children received orthodontic treatment for irregularities during the year. Most cases of this nature require a long course of treatment and as a result only a small proportion of those who would have benefitted from this form of treatment could be seen.

It is regretted that so many children seem unwilling to keep their teeth as clean as they might do, for although clean teeth in themselves is no guarantee for perfect dentition, there is no doubt that a clean mouth is a considerable help in that direction.

In the three years in which only an emergency service was in operation a considerable amount of work accumulated and many cases which if they could have received early attention would have been comparatively small tasks, now require considerably more time to complete. It is unfortunate that this hang-over from previous years should continue for until this enormous back-log of work which had been accentuated by a school population that goes on increasing and, since free treatment through the National Health Service was discontinued, by an increase in the request for treatment under the Maternity and Child Welfare Service is wiped out (if such is possible with the present establishment) it will not be possible to give a service of the high standard desired.

SECTION 8.**MISCELLANEOUS.****PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES.**

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

This year for the first time senior girls from St. Mary's R.C. Junior and Senior School for Girls, County Grammar School for Girls and Victoria County Secondary School had the use of two hard courts for tennis at Rock Lea.

PROVISION OF MILK AND MEALS.

(a) Average number of children receiving milk daily	....	....	8781
(b) Number of $\frac{1}{2}$ pint bottles of milk delivered and consumed	1764965		
(c) Average number of children receiving meals per school day	3247		
(d) Total number of meals supplied during the year	....	....	669379
(e) Number of centres supplying meals	....	....	28

SECTION 9.

STATISTICAL TABLES.

The following statistical returns for the year ended 31st December, 1952, 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....	1400
Second Age Group	962
Third Age Group	796
Total	3158
Number of other periodic inspections	1893
Grand Total	5051

B. OTHER INSPECTIONS.

Number of special inspections	775
Number of re-inspections	570
Total	1345

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
(1)	(2)	(3)	(4)
Entrants	7	434	302
Second Age Group	83	208	216
Third Age Group	45	165	170
Total (prescribed groups)	135	807	688
Other Periodic Inspections	61	494	373
Grand Total	196	1301	1061

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
	(1)	Requiring treatment (2)	Requiring to be kept under ob- servation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under ob- servation but not requiring treatment (5)
4	Skin	57	43	40	—
5	Eyes (a) Vision	196	196	57	2
	(b) Squint	46	68	10	1
	(c) Other	29	7	37	1
6	Ears (a) Hearing	14	9	5	1
	(b) Otitis Media	17	31	3	1
	(c) Other	4	5	13	—
7	Nose or Throat	145	326	40	4
8	Speech	3	35	2	3
9	Cervical Glands	21	166	4	3
10	Heart and Circulation	140	127	9	6
11	Lungs	63	175	13	4
12	Developmental—				
	(a) Hernia	5	10	—	—
	(b) Other	10	51	1	—
13	Orthopædic—				
	(a) Posture	25	22	5	—
	(b) Flat Foot	138	107	11	—
	(c) Other	41	81	26	5
14	Nervous System—				
	(a) Epilepsy....	1	2	2	—
	(b) Other	23	54	21	5
15	Psychological—				
	(a) Developmental —		22	34	2
	(b) Stability	6	15	2	—
16	Other	18	29	80	3

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1400	399	28.5	642	45.9	359	25.6
Second Age Group	962	445	46.2	349	36.3	168	17.5
Third Age Group	796	443	55.6	232	29.2	121	15.2
Other Periodic Inspections	1893	562	29.7	747	39.5	584	30.8
Total	5051	1849	36.6	1970	39.0	1232	24.4

TABLE III.

INFESTATION WITH VERMIN.

- | | |
|--|-------|
| (i) Total number of examinations in the schools by the school Nurses or other authorised persons | 32055 |
| (Primary, 30163. Re-examinations, 1892) | |
| (ii) Total number of individual pupils found to be infested | 1248 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 86 |
| (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—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE III).

[illegible]

GROUP II—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases dealt with.	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	163	36
Errors of refraction (including squint)	*819	92
Total	982	128
Number of pupils for whom spectacles were		
(a) Prescribed	*647	Information not available
(b) Obtained	Information not available	available

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Service.

GROUP III—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of Cases treated.	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	3
(b) for adenoids and chronic tonsillitis	—	197
(c) for other nose and throat conditions	—	24
Received other forms of treatment	52	13
Total	52	237

GROUP IV—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospital	26	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	316	60

GROUP V—CHILD GUIDANCE TREATMENT.

	Number of Cases treated.	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinic	197	—

GROUP VI—SPEECH THERAPY.

	Number of Cases treated.	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	NIL	NIL

GROUP VII—OTHER TREATMENT GIVEN.

	Number of Cases treated.	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	694	2226
(b) Others (Specify)		
U.V.R.	157	—
Verrucae	118	—
Infectious Diseases	—	403
Surgical	—	272
Medical	—	28
Paediatric	—	152
	969	3081

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers		
(a) Periodic age groups		1041
(b) Specials		3091
(c) Total (1)		4132
(2) Number found to require treatment		3609
(3) Number referred for treatment		3496
(4) Number actually treated....		3623
(5) Attendances made by pupils for treatment		9979
(6) Half days devoted to : Inspection		8
Treatment		789
Total (6)		797
(7) Fillings	Permanent Teeth	2860
	Temporary Teeth	37
	Total (7)	2897
(8) Number of teeth filled :	Permanent Teeth	2736
	Temporary Teeth	35
	Total (8)	2771
(9) Extractions	Permanent Teeth	857
	Temporary Teeth	4418
	Total (9)	5275
(10) Administration of general anaesthetics for extraction		463
(11) Other Operations	Permanent Teeth	1735
	Temporary Teeth	691
	Total (11)	2426



