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County Borough.**

**Contributors**

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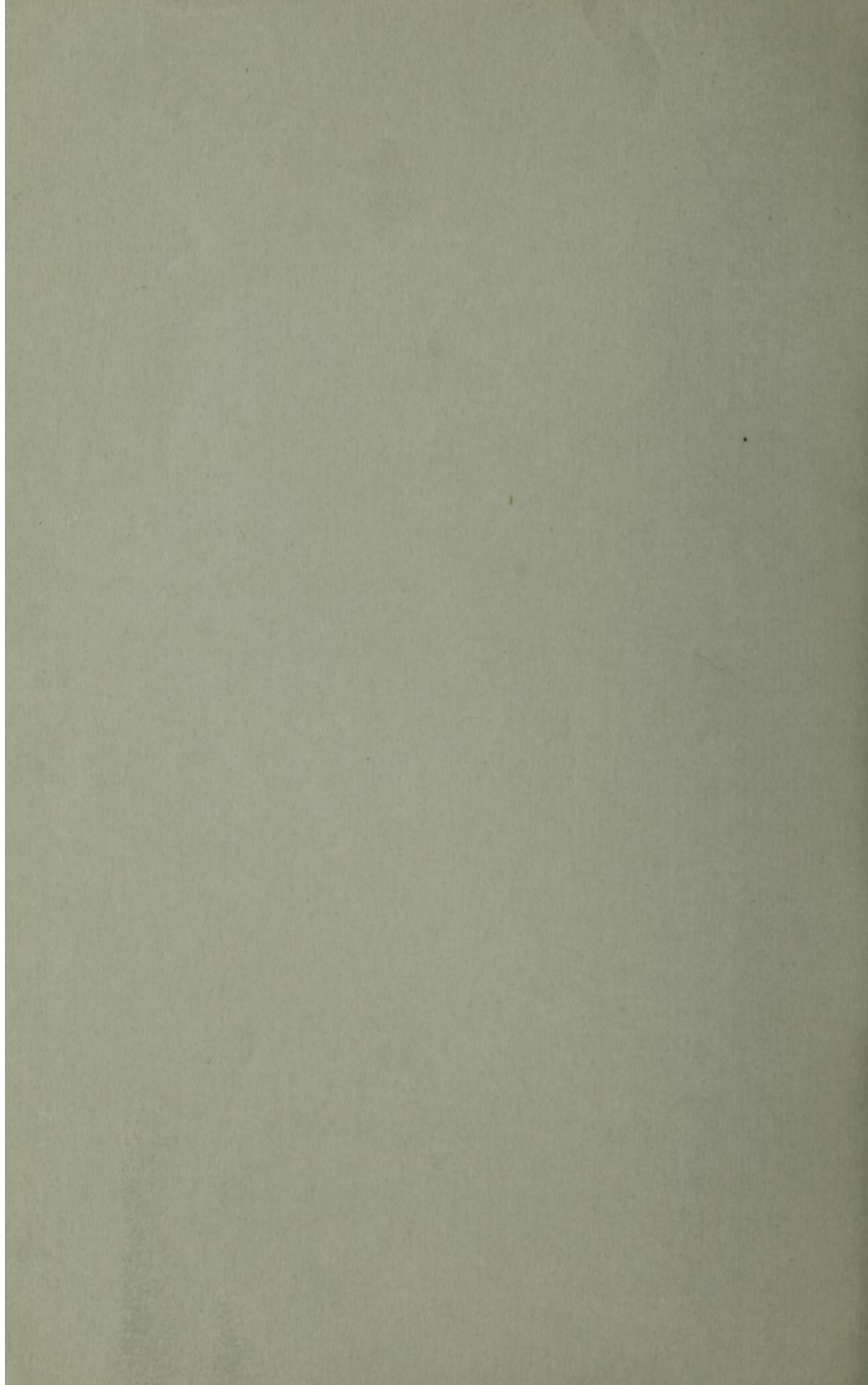
# Annual Report

of the

Principal School Medical Officer

I. D. M. NELSON,  
M.B., B.Ch., B.A.O., D.P.H.

1956.

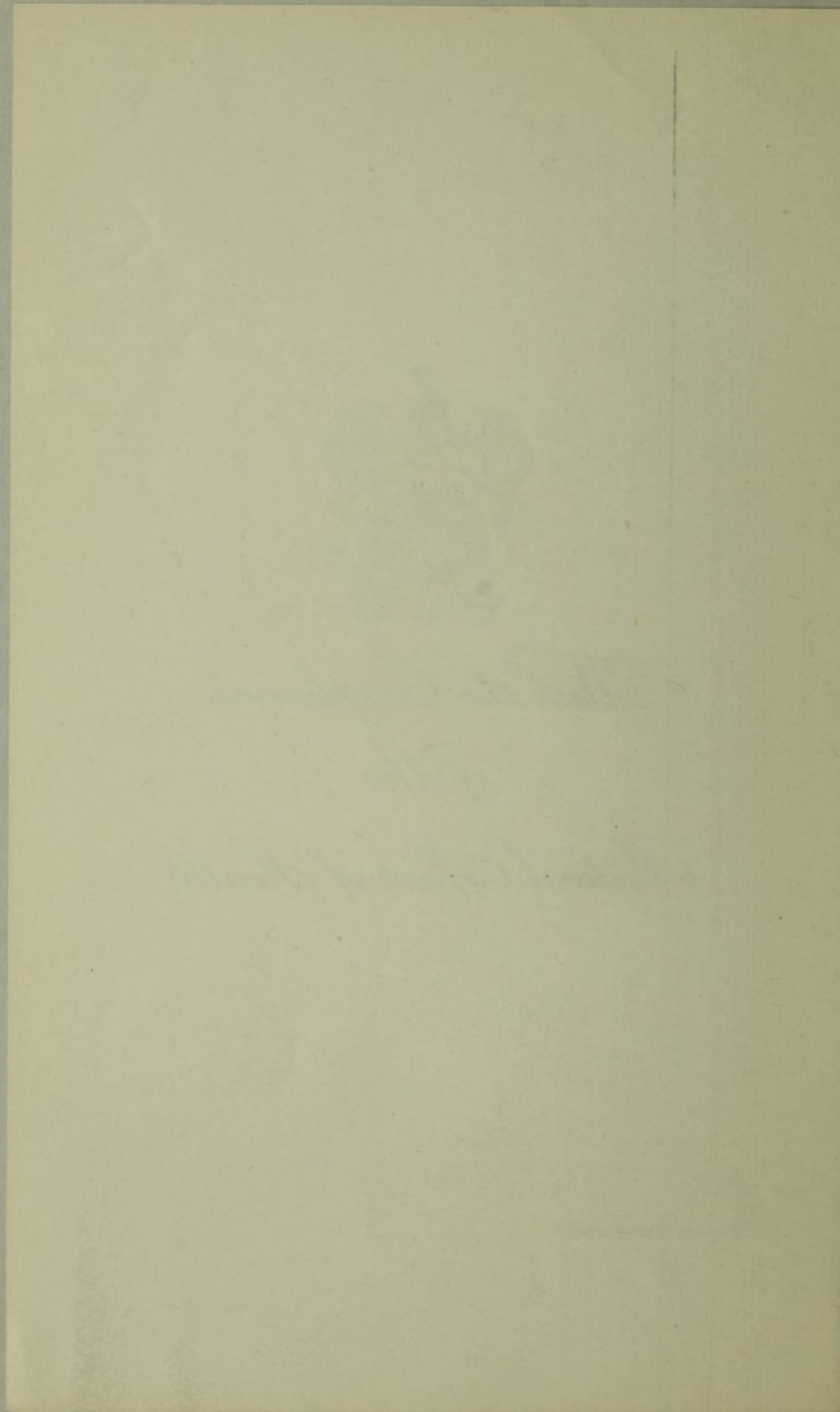




*With the Compliments  
of the  
Medical Officer of Health*

*Town Hall,  
Barrow-in-Furness.*





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# REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE

YEAR ENDED 31<sup>ST</sup> DECEMBER, 1956.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE COUNTY BOROUGH OF  
BARROW-IN-FURNESS.

Ladies and Gentlemen,

Dr. Maclachlan resigned at the end of September and I did not take up my appointment until March, 1957.

This report has been prepared in its entirety by Dr. D. G. Stewart and to her goes the credit. The commentary and observations are hers. I am only formally presenting the report to you.

The form of the report follows the pattern of those of recent years.

The general health of the school population was satisfactory and there was no significant change in nutritional or height and weight standards in the various age groups. As directed by the Minister of Education, the former heading of General Condition on the school medical record card has been changed to Physical Condition and this is now assessed as Satisfactory or Unsatisfactory in place of the former A. B. and C. Categories.

In the field of infectious diseases, there were no serious outbreaks and no case of dysentery, diphtheria or poliomyelitis was notified and the number of cases of tuberculosis notified dropped from 10 in 1955, to 4.

In the preventive field, the diagnostic testing of, and the protection by vaccination with B.C.G. of those found to be susceptible to tuberculosis, which was inaugurated in 1955, was carried on all through the year, and thanks to the intelligent co-operation of parents, 1,041 children were tested and 838 were susceptible and were vaccinated and so given a high degree of protection before leaving school and entering industry. This measure should reduce, from year to year, the incidence of tuberculosis.



For the first time, protection against poliomyelitis has been made available. Registration of children for vaccination in the age groups authorised by the Ministry of Health, i.e. those born in the years 1947-1954 was offered to the public in March and April by notices in the press and by individual approaches to parents by Medical Officers, Health Visitors and School Nurses and 789 acceptances were received, a rather disappointing percentage of the eligible population. Owing to the comparatively small supply of vaccine available, the Ministry of Health had to limit the supply to each Local Authority to an amount sufficient only for the vaccination of children born in certain months of the selected years, and this was carried out in May, June and November. When larger stocks of vaccine are made available early in 1957, the remainder of the registered children will be vaccinated, and, as production increases, it is hoped that this service will be as readily available as protection against smallpox, diphtheria and whooping cough is now, and that, as the safety and simplicity of the procedure becomes more widely appreciated, a much greater response will be made by the public.

The work of the Dental Department has again increased. A Third Dental Officer, Miss Lynch, was appointed and began work on 5th November. This should enable the favourable trend of more preventive work, as shown in this year's report by the Principal School Dental Officer, to rise still further.

In the field of Health Education, all members of the School Health Service attended an In-Service Course provided by the Central Council for Health Education in November.

Finally, thanks are expressed to the Chairman and Members of the Children and Young Persons Welfare Sub-Committee for their support and encouragement, the Chief Education Officer and his staff for their co-operation at all times and the staff of the School Health Service for their efficient, loyal and willing service throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

I. D. M. NELSON,

Principal School Medical Officer.



### MEDICAL, DENTAL AND NURSING STAFFS.

Principal School Medical Officer : JAMES MACLACHLAN, M.B., Ch.B., D.P.H.  
(Resigned 30/9/56).

School Medical Officers : DOROTHY G. STEWART, M.B., Ch.B.

MAUDE W. SMITH, M.D.

RALPH WHARTON, M.B., Ch.B.

Principal School Dental Officer : D. D. WATTS, M.Sc., L.D.S.

Dental Officers : WINIFRED G. SIVEWRIGHT, L.D.S.

JOAN LYNCH, L.D.S.

(Commenced 5/11/56).

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.).

Speech Therapist : Miss M. HALL, L.C.S.T.

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 :—11,645.

#### 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.

St. Aloysius' 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.  
 North Walney Primary  
 Roose Primary.  
 Ramsden Infants.  
 Vickerstown Primary.  
 Victoria Infants.  
 South Walney Infants.  
 South Walney Junior  
 South Newbarns Infants  
 South Newbarns Junior

## VOLUNTARY PRIMARY SCHOOLS—

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

## 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 :—158.



## 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, 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
SPEECH CLINIC	do.	Investigation and treatment of all pu- pils with speech dis- orders referred from routine medical in- spections or minor ailment and special inspection clinics.	9-0—12 noon. 1-30—5-0 p.m. Monday to Friday.
DENTAL CLINIC.	do.	Examination and treatment of all cases referred from routine medical and dental inspections, 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- spections 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.	Municipal Clinic, Abbey Rd.	Treatment of all cases of malnutri- tion, anæmia, etc., referred from routine medical in- spections 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.

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## SECTION 1.

### CO-ORDINATION.

The Medical Officer of Health is also Principal 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.

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## SECTION 2.

### MEDICAL INSPECTION.

The School Health Service and Handicapped Pupils Regulations, 1953, which came into effect in August, 1953, introduced certain changes in the requirements regarding medical inspection.



Under the 1945 Regulations, 3 general medical inspections were prescribed during a pupil's attendance at school at specified periods in his school career. Additional general medical inspections were permissible with the Minister's approval. By the new Regulations a minimum of 3 medical inspections is prescribed during the period of school life, but it is left to the Authority's discretion when to arrange these and also whether to arrange for additional general inspections. Provision is also made by the new Regulations for the Minister's approval to less than 3 general inspections being conducted during the period of compulsory school age, the provision being included to enable Authorities who wish to do so to experiment with other arrangements not based on periodic medical inspections, e.g. where it is possible for a School Doctor to visit schools regularly (at least two or three times a term) it might be preferable for him to see on each occasion such children as are brought to his attention by parents, teachers, or the school nurse, instead of seeing all the children of a particular age group at infrequent intervals.

It was felt however that within the limitations of the present establishment of Medical Officers and the adequate facilities available for "follow up" at the Special Inspection Clinic, the existing arrangements for periodic medical inspection (which incidentally provide for 3 medical inspections per annum at the Open Air School) were the most satisfactory and the medical inspection of the following classes was accordingly carried out throughout 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 at the request of Head Teachers, School Nurses, parents, etc., or for ascertainment as Handicapped Pupils.
- (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.

#### PHYSICAL CONDITION.

As directed by the Minister of Education, the use of the previous categories of the general condition of children (namely A—Good ; B—Normal ; C—Poor), has been discontinued, and from 1956 these have been replaced by only two categories, Satisfactory and Unsatisfactory.



## STATISTICS RELATING TO NUTRITION.

Tables showing the average height and weight of each age group for the years 1951, 1952, 1953, 1954, 1955 and 1956 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					
	1951	1952	1953	1954	1955	1956	1951	1952	1953	1954	1955	1956
4	40.9	41.1	40.9	42.6	40.4	40.9	41.4	41.7	41.0	41.3	41.3	41.0
5	42.3	42.7	42.4	42.6	41.8	42.3	42.8	42.8	42.8	42.5	42.9	43.0
6	44.9	44.2	44.6	45.7	44.0	44.7	44.8	45.1	45.1	45.3	45.5	46.1
7	47.5	47.1	47.4	47.5	47.6	47.6	47.7	47.8	47.8	47.9	47.8	47.7
8	49.0	49.0	49.1	49.0	49.0	48.9	49.1	52.8	49.1	48.9	49.5	49.2
9	53.0	50.3	51.1	52.4	50.9	51.0	52.0	51.5	51.5	51.2	52.3	53.2
10	54.8	53.7	53.8	53.8	53.9	54.0	53.5	53.9	53.7	53.4	53.7	54.7
11	55.1	55.7	55.0	55.5	55.6	55.5	54.7	55.4	55.3	55.3	55.2	55.8
12	57.5	59.4	56.5	58.0	58.4	56.1	57.7	56.7	56.1	57.6	57.5	58.0
13	60.6	59.8	60.3	60.5	60.3	61.7	59.2	59.1	60.2	60.0	59.2	59.6
14	61.0	61.5	61.3	61.4	61.3	61.9	61.9	62.2	63.3	62.6	62.1	63.2
15	63.1	63.5	63.5	62.6	62.7	61.8	65.3	64.8	65.9	65.2	64.6	63.4
16	63.9	64.1	63.6	—	63.4	63.7	67.5	67.4	66.8	66.8	67.1	68.1
17	65.0	64.0	63.9	—	64.2	—	68.1	68.8	69.2	—	70.0	69.6

## Average Weight in lbs.

Age Group	GIRLS						Boys					
	1951	1952	1953	1954	1955	1956	1951	1952	1953	1954	1955	1956
4	38.6	38.8	37.8	39.8	38.0	38.5	40.3	40.8	39.5	41.0	40.2	40.8
5	40.7	40.4	40.8	41.0	41.4	41.0	42.8	42.1	41.9	42.2	42.5	43.3
6	46.9	41.7	45.5	46.8	45.2	46.0	47.0	46.4	47.4	50.5	46.9	46.8
7	51.6	50.0	51.0	52.8	52.2	51.8	52.5	52.2	52.8	53.5	53.1	52.8
8	55.0	54.8	55.9	54.9	55.0	54.9	56.1	56.2	57.8	56.5	56.4	56.7
9	65.0	61.0	60.4	69.6	60.4	59.3	58.3	60.0	62.8	62.3	67.6	64.8
10	72.2	68.8	69.0	70.6	71.0	70.7	69.3	69.7	70.5	70.5	72.2	70.3
11	74.0	73.4	73.3	76.4	77.2	79.0	73.7	72.1	73.0	75.2	75.5	76.8
12	81.9	91.6	99.6	85.4	94.7	78.6	85.7	79.2	72.7	84.5	79.8	95.3
13	97.7	95.2	97.8	102.6	101.2	103.9	93.6	92.4	95.1	96.2	91.7	99.7
14	106.0	107.0	105.7	106.6	107.5	106.8	103.9	103.4	108.0	106.6	103.5	109.8
15	114.4	118.5	117.2	110.2	115.1	113.2	122.1	116.7	121.1	127.5	115.0	110.5
16	119.1	120.2	123.3	—	116.6	119.8	131.9	130.2	128.4	129.8	131.1	130.6
17	128.5	122.1	122.0	—	142.4	—	138.0	145.3	144.3	—	147.4	146.3

## NUTRITIONAL ANALYSIS.

A comparison has again been made between the children receiving school milk and school dinners who were in the different categories of physical fitness, and the results show that of those children having neither school dinners nor school milk nine tenths are in the Satisfactory category and only one tenth in the Unsatisfactory category. Four fifths of the children having both school dinners and school milk are in the Satisfactory category, and one fifth being classified Unsatisfactory.

These results would appear to again confirm the statements made in previous Reports that the physical state of the children classified as Unsatisfactory is not attributable to lack of school dinners and milk.





## DEFECTIVE VISION

An investigation into the incidence of defective vision among school children was conducted during the year, the relevant details of which are as follows :—

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
No. of children examined :										
Junior Schools	935	1974	1625	1939	2087	1883	2135	1668	1970	1967
Senior Schools	1764	1196	935	1088	1002	865	807	978	830	795
TOTAL	2699	3170	2560	3027	3089	2748	2952	2646	2800	2762
Grammar Schools only	964	672	365	365	304	226	235	296	156	177
No. found to have defective vision :										
Junior Schools	71	190	216	219	180	165	203	247	290	275
Senior Schools	199	235	220	108	216	163	115	197	200	194
TOTAL	270	425	436	327	396	328	318	444	490	469
Grammar Schools only	138	173	103	17	80	56	40	77	48	48
% found to have defective vision :										
Junior Schools	7.59	9.62	13.21	11.29	8.62	8.76	9.51	14.81	14.72	13.98
Senior Schools	11.28	19.65	23.53	9.93	21.56	18.84	14.25	20.14	24.1	24.4
TOTAL	10.0	13.41	17.03	10.8	12.82	11.94	10.81	16.78	17.5	16.99
Grammar Schools only	14.31	25.74	28.22	4.66	26.32	24.78	17.02	26.01	30.77	27.12
All other Schools	8.18	10.09	15.17	11.64	11.35	10.78	10.27	15.62	16.72	16.29

The figures exclude squints which are either congenital or acquired through accident or disease. The numbers of children examined refer to general routine medical examinations. Junior Schools means children up to and including the age of 11 years and Senior Schools means children above the age of 11 years. Figures for children in Grammar Schools are given separately.

Defective vision is greatest in Grammar Schools and least in Junior Schools, with Senior Schools coming between. Defective vision is shown to increase with seniority of age. In Senior and Grammar Schools, over these ten years, there is a slight but not significant change of incidence. I think that a statistical review should be maintained for another year or two before entering upon a complicated investigation concerning eyestrain and involving factors such as cinema going, television viewing, amount of sleep, home habits, poor lighting, excessive reading and quantity of homework.

Little significance can be attached to the increase at present, which is also the opinion of Mr. Kodilinye, Consultant Ophthalmic Surgeon, with whom I have discussed the matter, but the position is being carefully watched with a view to the observance of future trends.



## 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, 1,529 children made 3,194 attendances under the different Groups as follows :—

	No. of individual children attending				No. of Attendances
Group 1	....	....	....	618	2046
Group 2	....	....	....	483	720
Group 3	....	....	....	207	207
Group 4	....	....	....	221	221

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 141 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 2,028 children made 5,223 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, 351 children made 1,271 attendances.

A waiting list of cases requiring operative measures remains but the waiting time for adenoidectomy and tonsillectomy has been considerably reduced.

### OPHTHALMIC 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 Clinics were conducted on the same lines as in the previous year. The children were generally referred to the Clinic for treatment for various eye conditions by the School Medical Officers, after routine school inspection, and from the Child Welfare and Minor Ailment Clinics. A few children were referred by their own Medical Practitioners.

The diagnosis having been established after examination, the appropriate treatment was carried out. Glasses were prescribed where necessary, and those children needing medical treatment were treated at the Clinic, but those who required surgical treatment and hospitalisation, were referred to the North Lonsdale Hospital where adequate facilities exist for such treatment.

The total number of children seen during the year was 884. Of these 845 were of school age and 39 of pre-school age. 1,128 attendances were made. 852 refractions were carried out and 726 prescriptions were issued.

The number of squints was 125, representing 14.1% of the children seen at the Clinic. The various refractive errors, for which glasses were prescribed, were as follows :—

Hypermetropic Astigmatism	....	46%
Hypermetropia	....	16%
Myopic Astigmatism	....	16%
Myopia	....	15%
Mixed Astigmatism	....	7% "

## REFRACTIVE ERRORS AND OTHER DEFECTS ACQUIRED AND CONGENITAL.

Hypermetropic Astigmatism .....	309
Hypermetropic Astigmatism with Right Amblyopia .....	3
Hypermetropic Astigmatism with Left Amblyopia .....	4
Hypermetropic Astigmatism with Congenital Nystagmus .....	3
Hypermetropic Astigmatism with Corneal Scars .....	2
Myopic Astigmatism .....	108
Myopic Astigmatism with Migraine .....	1
Mixed Astigmatism .....	52
Hypermetropia .....	105
Hypermetropia with Right Amblyopia .....	1
Hypermetropia with Left Amblyopia .....	2
Myopia .....	99
Myopia with Right Amblyopia .....	1
Myopia with Right Corneal Scar .....	2
Myopia with Retro-Choroidal Atrophy .....	1
Anisometropia .....	5
Anisometropia with Right Amblyopia .....	1
Anisometropia with Bilateral Corneal Scars .....	1
Emmetropia .....	11
Congenital Nystagmus (Bilateral) .....	2
Optic Atrophy (Bilateral) .....	1
Left Optic Atrophy with Macular Lesion .....	1
Astigmatism with Left Asthenopia .....	1
Astigmatism with Right Corneal Scar and Disseminated Choroiditis .....	1
Amblyopia (left) .....	2
Congenital Buphthalmos .....	1
Epicanthus .....	3
Left Ptosis with Paresis of Superior Rectus .....	1
Congenital Ptosis .....	1
Congenital Cataract .....	2
Right Myopic Astigmatism with Left Hypermetropic Astigma- tism .....	2

## SQUINTS

Right Convergent Concomitant Squint .....	28
Right Convergent Concomitant Squint with Amblyopia .....	5
Right Convergent Concomitant Squint with Hypermetropic Astigmatism .....	2
Right Convergent Concomitant Squint with Hypermetropia .....	2
Left Convergent Concomitant Squint .....	36
Left Convergent Concomitant Squint with Amblyopia .....	8
Left Convergent Concomitant Squint with Hypermetropic Astigmatism .....	4
Left Convergent Concomitant Squint with Hypermetropia .....	2
Left Convergent Concomitant Squint with Left Congenital Ptosis .....	1
Alternating Convergent Squint .....	21
Alternating Convergent Squint with Hypermetropic Astigmatism .....	3
Alternating Divergent Squint .....	2
Left Divergent Squint .....	1
Right Divergent Squint .....	1

## TREATMENTS

Blepharitis .....	21
Blepharo-Conjunctivitis .....	1



Conjunctivitis	1
Occlusions	21
Orthoptic Exercises	5

#### 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.

9 Orthopaedic Clinics were held during the year and 152 school children made 271 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 :—

	Individual No. of children treated	No. of Attendances
Ultra Violet Therapy	97	927
Massage	5	224
Remedial Exercises	234	1527
Other Treatment (Plasters, etc.)	126	1093

#### SPEECH CLINIC.

Patients treated during 1956 include dyslalics and stammerers together with those suffering from retarded and cleft palate speech ; one brain injured child has also been receiving treatment during the year.

Comparatively, attendances both for treatments and interviews have been better during 1956. A larger proportion of those summoned for interview have attended ; 237 have attended compared with 195 in 1955. The overall attendances are 79 less but this is accounted for by the fact that the speech clinic was closed for five weeks owing to the therapist's illness.

Several infants' and other schools have also been visited and numerous new cases have been added to the waiting list.

Statistics relating to the work of the Clinic are shown below :—

Total No. of individual pupils treated	109
Total attendances	1456

No. of individual pupils who ceased treatment during the year :—

(i) Cured	5
(ii) Relieved but unlikely to receive further benefit	1



(iii) Miscellaneous (left town, treatment not desired, etc.)	11
No. of individual pupils summoned for interview	334
No. of individual pupils attending for interview	237

In addition to the above, 31 children were discharged from the Clinic after parents had worked with the children at home under the direction of the Speech Therapist.

#### 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 Principal 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)	405
No. of examinations and re-examinations (cleanliness, etc.)	30066
No. of home visits (all purposes)	354
No. of attendances at Minor Ailment and Inspection Clinics, etc.	598

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

SCHOOL.	No. of Examinations.	Instances of Uncleanli- ness.	Percentage. Unclean.	
			1956.	1955.
Abbotsmead County Infants	1006	102	10.1	7.4
Abbotsmead County Junior	1223	108	8.8	6.0
Alfred Barrow Boys	1169	6	0.5	0.3
Alfred Barrow Girls	1062	44	4.1	3.8
Barrow Island County Infants	441	27	6.1	5.2
Barrow Island County Junior	742	43	5.8	5.8
Girl's Grammar	470	1	0.2	0.6
Greengate County Infants (Annexe)	454	22	4.8	10.0
Greengate County Infants	587	33	5.6	5.7
Greengate County Boys	1050	6	0.6	2.3
Greengate County Girls	1043	78	7.5	7.2
Holker County Secondary	631	20	3.2	5.1
North Walney County Primary	29	1	3.4	....
Ormsgill County Infants	689	56	8.1	7.9
Ormsgill County Junior	1251	83	6.6	5.0
Our Lady's R.C. Secondary	152	5	3.3	1.9
Ramsden County Infants	811	35	4.3	2.8
Risedale County Secondary	632	50	7.9	4.9
Roose County Primary	418	1	0.2	1.1



Sacred Heart R.C. Primary	975	76	7.8	9.3
South Newbarns County Infants	1054	45	4.3	3.1
South Newbarns County Junior	1441	31	2.1	3.6
South Walney County Infants	549	4	0.7	....
South Walney County Junior	890	5	0.5	....
St. Aloysius' R.C. Secondary	830	45	5.4	8.6
St. Columba's R.C. Primary	276	8	2.9	3.7
St. George's C. of E. Primary	428	121	28.3	36.8
St. James's County Infants	137	3	2.2	4.9
St. James's C. of E. Junior	996	40	4.0	2.1
St. Mary's R.C. Infants	608	38	6.2	4.7
St. Mary's R.C. Junior	737	29	3.9	1.8
St. Patrick's R.C. Primary	153	14	9.1	9.7
St. Paul's C. of E. Junior	268	....	....	....
County Technical	136	....	....	....
Vickerstown County Primary	1000	12	1.2	1.1
Victoria County Infants	678	8	1.2	2.0
Victoria County Junior	1133	12	1.0	1.15
Victoria County Secondary	654	61	9.3	6.6
Walney County Secondary	775	4	0.5	0.9
<b>Total</b>	<b>27588</b>	<b>1277</b>	<b>4.6</b>	<b>4.4</b>
Bram Longstaffe Nursery	148	9	6.1	5.4
Our Lady's R.C. Preparatory	544	5	0.9	2.1
Roa Island Special	845	55	6.5	6.4
Ramsden Special (E.S.N.)	209	31	14.8	12.0
Ramsden Special (Annexe)	62	17	27.4	37.8
<b>Total</b>	<b>1808</b>	<b>117</b>	<b>6.5</b>	<b>7.5</b>
<b>Grand Total</b>	<b>29396</b>	<b>1394</b>	<b>4.7</b>	<b>4.6</b>

The number of school children treated during the year for Scabies was 2.

## SECTION 5.

### INFECTIOUS DISEASES.

All cases of infectious disease are notified to the Medical Officer of Health, who is also Principal 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 notifiable disease occurring in school children during 1956 :—

Scarlet Fever	5
Measles	50
Pneumonia	4
Meningococcal Infection	1
Whooping Cough	16
Tuberculosis	4



#### 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 12 courses of immunisation and 152 re-inforcing doses were administered at the clinic. In addition 7 courses of immunisation and 26 re-enforcing doses were administered by General Practitioners participating in the arrangements made by the Local Health Authority under the National Health Service Act, 1946.

Immunisation against whooping cough is also carried out at the Central Clinic and included in the above figures are children who have received a course of combined diphtheria-pertussis vaccine.

Of the population aged between 5 and 14 years 17.91% are estimated to have maximum immunity against diphtheria as a result of inoculations given subsequent to 1951. A further 54.37% have been immunised at some earlier date but in these cases immunity has not been re-inforced by the administration of a booster dose in the last five years.

#### POLIOMYELITIS VACCINATION.

As referred to in the introduction to this report, vaccination against poliomyelitis was available to certain children in selected age groups, under arrangements made by the Local Health Authority. At the end of the year, 44 school children had received two injections and 4 had had one.

#### TUBERCULOSIS.

Following notification of two cases of tuberculosis among children attending the County Grammar Schools, thorough investigation of all school contacts was carried out. Parental consent for Mantoux testing and chest X-rays was sought.

131 children were Mantoux tested; of these 50 gave positive reactions and were X-rayed. A further 3 children whose parents consented to chest X-rays but not to Mantoux testing were also X-rayed.

Additionally, 29 teachers and 7 members of the school canteen staff volunteered to have chest X-rays and these were carried out. All X-ray results were satisfactory.

#### IMMUNISATION AGAINST TUBERCULOSIS: B.C.G. VACCINATION.

Arrangements were continued to offer B.C.G. vaccination against tuberculosis to children aged 13 years and under 14 years at the end of the current school year, whose parents or guardians gave written consent to this procedure and to the pre-vaccination and post-vaccination tests. Immunisation was carried out in schools to ensure minimum loss of school time and to obviate the need for children to travel.

The following figures are a survey of the work done.

Name of School	No. of children to whom facilities were offered	No. of children whose parents consented to the arrangements	No. whose Susceptibility to tuberculosis was tested (Tuberculin tests)	Results read three days after testing		No. vaccinated (i.e. those whose reaction to the Tuberculin test was negative)	No. who were re-tested following an interval of between 6-8 weeks after vaccination	Results read three days after second test	
				Posi- tive	Nega- tive			Posi- tive	Nega- tive
Alfred Barrow ....	100	78	75	18	55	55	182*	179*	1*
Grammar ....	177	158	154	11	142	132	245*	237*	7*
Technical ....	60	47	46	5	41	37	70*	60*	9*
Holker C. Secondary ....	113	88	86	9	74	66	110*	98*	8*
Victoria C. Secondary ....	185	150	137	13	121	120	116	108	4
Ramsden Special ....	29	14	13	1	12	12	10	10	—
Our Lady's R.C. Sec. ....	62	54	53	15	37	37	37	36	—
St. Aloysius R.C. Sec. ....	218	171	163	31	129	128	122	121	—
Risedale C. Secondary ....	280	221	220	47	167	167	160	160	—
Walney C. Secondary ....	107	85	83	29	53	53	51	51	—
Roa Island Special ....	16	11	11	4	7	7	6	6	—
	1347	1077	1041	183	838	814	1109	1066	30

The results of the pre-vaccination Tuberculin Tests show that 17.6% (approximately 1 in 6) of the children had previously acquired a degree of natural immunity to tuberculosis.

\* These figures include a number of children who, having been vaccinated during 1955, were re-tested early in 1956.



## SECTION 6.

## HANDICAPPED PUPILS.

The ascertainment of Handicapped Pupils 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
	(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	—	33	1	13	1	—	50
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes.	1	—	1	—	29*	1	12†	2‡	—	46

\*—28 included at A. †—7 included at A. ‡—1 included at A.

Number of children reported during the year :—

(a) under Section 57(3) (excluding any returned under (b) )	....	....	8
(b) under Section 57(3) (relying on Section 57(4) )	....	....	—
(c) under Section 57(5)	....	....	11

Of the Education Act, 1944.

[illegible]



## SECTION 7.

### PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

During 1956, 29 schools have again been inspected and routine treatments completed for 25 schools. The total number of children inspected at schools was 8,394 as compared with 7,931 in 1955 and 785 in 1954. On account of extensive school inspections and routine treatments in 1955 the number of casualties declined to 2,530 in 1956 as compared to 3,081 in 1955 and 3,237 in 1954. This naturally gives more time for preventive dentistry. It is pleasing to report that Miss Lynch commenced as third Dental Officer with effect from 5th November, 1956.

The question of massive caries in the teeth of children is still engaging the very keen attention of the Dental Officers who are at present engaged in preparing statistics of the extent of caries prevalent and are trying to evolve a scheme for preventing decay. Such methods have reduced the incidence of caries in the teeth of American school children by 42% according to the latest available reports. The scheme is still in its infancy here and a lot of procedural delay is still to be overcome before the scheme can take a practical shape.

However it is pretty certain that once this scheme comes into operation, this ruthless destruction of teeth by extensive caries will be checked to a great extent. It is really very distressing to find a child of 4 or 5 needing 10 or 12 extractions and a few fillings. The most important step, therefore, is for parents to keep on supervising the brushing of the teeth of children at home.

During the year, 240 children received orthodontic treatment and dentures were supplied to 72 children. Parents and children are quite keen to get the irregularities of teeth set right and this is a step in the right direction. Parents should keep on checking the wrong habits of children, e.g. thumb sucking, chewing a pencil, lip biting, nail biting, and mouth breathing during sleep. A constant check on these habits is bound to decrease the number of children needing orthodontic treatment.

Though the percentage of acceptance of treatment has been very good it is regrettable to note that a lot of parents who do not sign in favour of the School Clinic, do not arrange for any dental attention for the child whatsoever with the result that the teeth of those "dentally neglected children" are deteriorating at a fast rate. This clinic is exceptionally well equipped and the "severe toothaches" receive such prompt attention that parents appear highly satisfied as there is hardly any waiting at all before they get an appointment and treatment.

The scheme of giving "talks" to the schools was continued and during the year the "talks" were mainly concentrated on "Parent Teachers Associations" in the different schools because it was felt that it was necessary for the parents also to know what is required of them in the care of the children's teeth. Besides this, two Dental Films were shown at 20 schools. These films were of an exceptionally good educational value and were much appreciated by the school staff, students and parents alike. Many parents have commented that their children have become very alert towards the cleanliness of their teeth since seeing these films.

The staff of the X-ray department of the North Lonsdale Hospital have always given us very prompt attention at times of emergency—70 cases were referred to North Lonsdale Hospital for X-ray during the year. The Consultant Dental Surgeon at the North Lonsdale Hospital and the Head Teachers have also been very co-operative and helpful.

## SECTION 8.

### MISCELLANEOUS.

#### PHYSICAL TRAINING, SWIMMING AND ORGANISED GAMES.

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



During the year, seven primary schools have been equipped with indoor climbing apparatus and four infants' schools with outdoor climbing frames. All primary schools have now been supplied with wire mesh storage baskets for easy carriage and quick dispersal of small apparatus.

The hall of Victoria County Secondary School has been equipped with a set of 'Cave' Southampton gymnastic apparatus consisting of climbing ropes, wallbars, window ladders, and balance beams. A complete set of 40 international type hurdles has been purchased and distributed equally among ten secondary schools for practice purposes. A condition of their supply is that the complete set of hurdles shall be made available when required during the summer term of each year, for schools' and inter-schools' athletic meetings.

In the three school terms of 1956, swimming certificates were obtained by pupils of primary and secondary schools as follows :—

beginners	proficiency	distance	speed
492	41	589	19

#### PROVISION OF MILK AND MEALS.

(a) Average number of children receiving milk daily ....	9,345
(b) Number of $\frac{1}{2}$ pint bottles of milk delivered and consumed ....	1,870,176
(c) Average number of children receiving meals per school day ....	2,811
(d) Total number of meals supplied during the year ....	570,249
(e) Number of centres supplying meals ....	30

### SECTION 9.

#### STATISTICAL TABLES.

The following statistical returns for the year ended 31st December, 1956, required by the Ministry of Education, indicate the scope of the work of the School Health Service.

TABLE I—MEDICAL INSPECTION OF PUPILS ATTENDING MAIN-TAINED PRIMARY AND SECONDARY SCHOOLS.

#### A PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :

Entrants....	1056
Second Age Group	1047
Third Age Group	828
Total	2931
Number of other periodic inspections	1881
Grand Total	4812



## B. OTHER INSPECTIONS.

Number of special inspections	....	....	....	....	....	639
Number of re-inspections	....	....	....	....	....	461
Total	....	....	....	....	....	1100

## 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 III.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	3	301	232
Second Age Group	87	176	203
Third Age Group	128	98	185
Total (prescribed groups)	218	575	620
Other Periodic Inspections	107	531	453
Grand Total	325	1106	1073

## D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS IN THE AGE GROUPS INSPECTED.

Age Groups Inspected	Number of Pupils Inspected	No.	Satisfactory % of Col. 2	No.	Unsatisfactory % of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1056	949	89.9	107	10.1
Second Age Group	1047	992	94.7	55	5.3
Third Age Group	828	778	94.0	50	6.0
Additional Periodic Inspections	1881	1596	84.8	285	15.2
Total	4812	4315	89.7	497	10.3

TABLE II.  
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	29985
(Primary) 29236 Re-examined 749)	
(ii) Total number of individual pupils found to be infested....	782
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	66
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	3

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31st DECEMBER, 1956.

## A—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	Entrants		Leavers		Total including all other age groups inspected	
		Requir- ing Treatment	Requir- ing Observ- ation	Requir- ing Treatment	Requir- ing Observ- ation	Requir- ing Treatment	Requir- ing Observ- ation
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
4	Skin ....	8	7	7	5	55	28
5	Eyes (a) Vision ....	3	3	128	72	325	181
	(b) Squint ....	32	18	7	1	80	50
	(c) Other ....	6	4	3	2	37	15
6	Ears (a) Hearing ....	....	2	....	5	9	16
	(b) Otitis Media ....	2	13	1	2	15	30
	(c) Other ....	2	....	1	....	7	3
7	Nose or Throat ....	44	107	8	5	110	245
8	Speech ....	8	6	....	2	24	21
9	Lymphatic Glands ....	7	41	....	2	13	112
10	Heart and Circulation ....	35	17	12	4	168	51
11	Lungs ....	19	29	1	6	29	96
12	Developmental—						
	(a) Hernia ....	3	3	....	....	3	4
	(b) Other ....	13	1	4	3	53	36
13	Orthopaedic—						
	(a) Posture ....	2	1	4	2	14	11
	(b) Feet ....	13	7	6	2	72	17
	(c) Other ....	24	13	5	6	65	66
14	Nervous System—						
	(a) Epilepsy ....	....	2	....	1	3	6
	(b) Other ....	5	6	....	1	15	38
15	Psychological—						
	(a) Developmental ....	....	7	....	2	11	28
	(b) Stability ....	....	2	....	....	2	7
16	Abdomen ....	....	....	....	2	2	3
17	Other ....	77	36	39	20	313	202



## B. SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)						Special Inspections	
							Requiring Treatment (3)	Requiring Observation (4)
4	Skin	....	....	....	....	....	11	....
5	Eyes	(a)	Vision	....	....	....	328	2
		(b)	Squint	....	....	....	32	....
		(c)	Other	....	....	....	30	....
6	Ears	(a)	Hearing	....	....	....	10	....
		(b)	Otitis Media	....	....	....	4	2
		(c)	Other	....	....	....	1	....
7	Nose and Throat	....	....	....	....	....	38	3
8	Speech....	....	....	....	....	....	10	4
9	Lymphatic Glands	....	....	....	....	....	8	4
10	Heart	....	....	....	....	....	9	....
11	Lungs	....	....	....	....	....	13	3
12	Developmental—							
		(a)	Hernia	....	....	....	....	....
		(b)	Other	....	....	....	8	....
13	Orthopaedic—							
		(a)	Posture	....	....	....	4	....
		(b)	Feet	....	....	....	9	....
		(c)	Other	....	....	....	18	1
14	Nervous System—							
		(a)	Epilepsy	....	....	....	1	1
		(b)	Other	....	....	....	15	1
15	Psychological—							
		(a)	Developmental	....	....	....	10	4
		(b)	Stability	....	....	....	3	1
16	Abdomen	....	....	....	....	....	6	5
17	Other	....	....	....	....	....	78	....

TABLE IV.

## TREATMENT TABLES.

## GROUP I—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases known to have been dealt with.	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	59	19
Errors of refraction (including squint)	831	25
Total	890	44
Number of pupils for whom spectacles were prescribed	709	Information not available

## GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

		Number of Cases known to have been dealt with.	
		By the Authority	Otherwise
Received operative treatment—			
(a)	for diseases of the ear	....	7
(b)	for adenoids and chronic tonsillitis	....	224
(c)	for other nose and throat conditions	....	16
Received other forms of treatment....		12	13
Total		12	260
Total number of pupils in schools who are known to have been provided with hearing aids—			
(a)	in 1956	....	2
(b)	in previous years	....	....

## GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS.

		By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments		240	43

## GROUP 4—DISEASES OF THE SKIN (EXCLUDING, UNCLEANLINESS, FOR WHICH SEE TABLE II).

		Number of Cases treated or under treatment during the year by the Authority.	
Ringworm (i) Scalp		....	....
	(ii) Body	....	13
Scabies		....	2
Impetigo		....	27
Other Skin Diseases		....	259
Total		....	301

## GROUP 5—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinic	273
---	-----

## GROUP 6—SPEECH THERAPY.

Number of pupils treated by Speech Therapist	109
--	-----

## GROUP 7—OTHER TREATMENT GIVEN.

(a)	Number of cases of miscellaneous minor ailments treated by the Authority	550
(b)	Pupils who received convalescent treatment under School Health Service arrangements	....
(c)	Pupils who received B.C.G. Vaccination	814
(d)	Others (specify)—	
	U.V.R.	97
	Verrucae	77
Total (a)—(d)		1538



TABLE V.

## DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers						
	(a)	Periodic age groups	....	....	....	....	7798
	(b)	Specials	....	....	....	....	2530
	(c)	Total (1)	....	....	....	....	10328
(2)	Number found to require treatment						7623
(3)	Number offered treatment						5147
(4)	Number actually treated						4895
(5)	Attendances made by pupils for treatment						13176
(6)	Half days devoted to :						
		Inspection	....	....	....	....	56
		Treatment	....	....	....	....	856
		Total (6)	....	....	....	....	912
(7)	Fillings	....	....	....	....	....	
		Permanent Teeth	....	....	....	....	3979
		Temporary Teeth	....	....	....	....	386
		Total (7)	....	....	....	....	4365
(8)	Number of teeth filled	Permanent Teeth	....	....	....	....	3806
		Temporary Teeth	....	....	....	....	371
		Total (8)	....	....	....	....	4177
(9)	Extractions	....	....	....	....	....	
		Permanent Teeth	....	....	....	....	1893
		Temporary Teeth	....	....	....	....	5813
		Total (9)	....	....	....	....	7706
(10)	Administration of general anaesthetics for extraction						1120
(11)	Orthodontics :						
	(a)	Cases commenced during the year	....	....	....	....	182
	(b)	Cases carried forward from previous year	....	....	....	....	58
	(c)	Cases completed during the year	....	....	....	....	47
	(d)	Cases discontinued during the year	....	....	....	....	35
	(e)	Pupils treated with appliances	....	....	....	....	240
	(f)	Removable appliances fitted	....	....	....	....	208
	(g)	Fixed appliances fitted	....	....	....	....	1
	(h)	Total attendances	....	....	....	....	2654
(12)	Number of pupils supplied with artificial dentures						72
(13)	Other operations :						
		Permanent teeth	....	....	....	....	3844
		Temporary teeth	....	....	....	....	959
		Total (13)	....	....	....	....	4803





