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CITY OF



CARLISLE

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

School Health Service

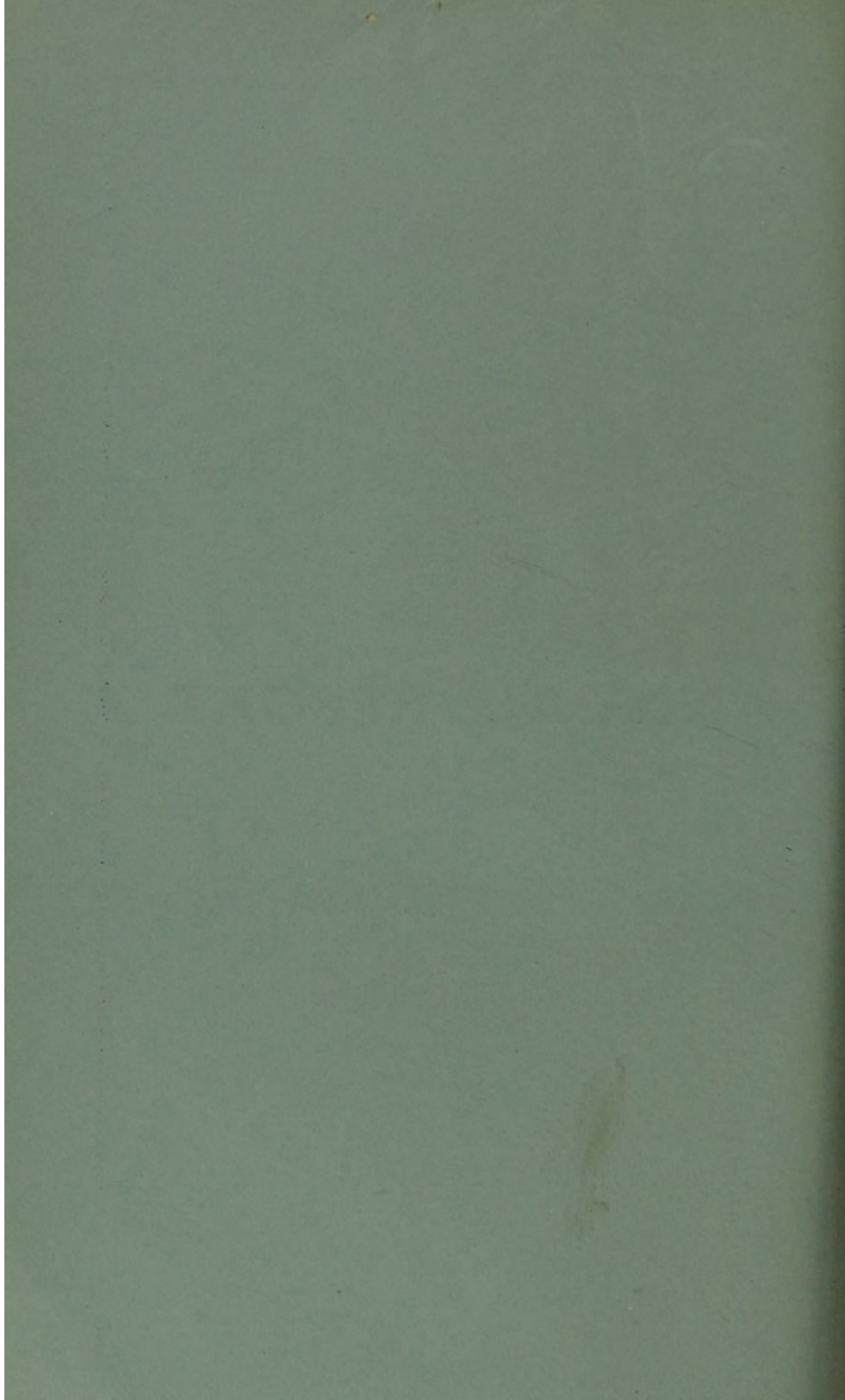
FOR THE YEAR 1953

BY

JAMES L. RENNIE

M.D., F.R.F.P.S. (Glas.), D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER



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*To the Chairman and Members
of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the School Health Service for the year 1953.

The staff of combined Health Visitors and School Nurses was, for the first time, sufficient to divide the City into specified districts in such a way that each Health Visitor was responsible for the school work within her own district, in addition to her other duties. The Health Visitors did not, however, undertake work at the School Clinic, which has continued to operate as in the past.

Throughout the year we have continued to have the services of Mr. R. S. Venters at the Ear, Nose and Throat Clinic; Mr. W. McKechnie and Miss F. E. Soutter at the Orthopaedic Clinic; Dr. A. Ross Wear at the Eye Clinic; and Dr. J. Braithwaite and Miss Lamb (Psychiatric Social Worker) at the Child Guidance Clinic. These officers are all on the staff of the Regional Hospital Board and their Clinics are held on Local Authority premises. All other staff connected with these sessions is provided by the Local Education Authority, and as specialist clinics virtually form outposts of the Hospital Service they have not been restricted to children in attendance at maintained schools. The provision of such specialist services at school clinics not only relieves the congestion in the overcrowded out-patient departments of the hospitals but, what is of much greater importance, offers a very personal service to the children and affords the maximum degree of co-operation between the Consultant and those responsible for the preventive medical services.

1953 was the first complete year in which we had the benefit of the services of two dental surgeons.

In September Harraby Infants' School was opened and this accommodation provided educational facilities that were much needed in this large and expanding housing estate.

The Department was fortunate in securing the services of a Remedial Gymnast, in lieu of an orthopaedic nurse, as from January, and a Speech Therapist as from September.

I should like to take this opportunity of expressing my thanks to the members of the Education Committee for their support and to all members of the staff of this Department for their unfailing loyalty and industry. I also wish to give thanks to the Director of Education and his staff and the Head Teachers and their staffs for their valued contribution to the success of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Principal School Medical Officer.

STATISTICAL SUMMARY

The following is a summary of the work done by the section, apart from Specialist Clinics, throughout the year.

Average No. on Rolls	9763
No. of " Routine " Inspections	3942
No. of Children (" Routine " Inspections) referred for Treatment excluding Dental Diseases	618
No. of Children (" Routine " Inspections referred for observation)	974
No. of " Special " Inspections	3160
No. of Re-inspections	5375
Total No. of Inspections	12477
No. of Parents interviewed at " Routine " Medical Inspections (78.7%)	3103
No. of Visits to Schools by Assistant School Medical Officers	213
No. of Visits to Schools by Health Visitors	573
No. of Visits to Homes by Health Visitors	1089
No. of Cases treated at the Clinic	1356
No. of Attendances at Clinic for Treatment	8138
No. of Children examined by School Dentists	5728
No. of Children treated by School Dentists	3071

MEDICAL INSPECTION

The periodic inspection of children was carried out in accordance with the regulations of the Ministry of Education and in the manner of previous years. Every opportunity was taken during those inspections to educate the parents and children in matters affecting their health.

3,942 children were examined of whom 78.7 per cent. were accompanied by their parents. 2,350 of these children were found to be free of obvious defect but in the remaining 1,592 children 2,119 defects were noted.

Table 1 gives the defects noted at the periodic inspection of the 3,942 children and those found in 3,160 children referred for special examination.

During the year 930 children in the 7 year old age group were examined at school for visual defects. As a result 30 were referred for treatment and 130 noted for further observation.

TABLE 1
FINDINGS OF MEDICAL INSPECTION

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin	53	49	173	—
Eye	156	497	287	142
Ear	138	29	139	17
Nose and Throat	104	248	236	30
Cervical Glands	10	105	2	43
Speech	5	28	28	4
Heart and Circulation....	3	31	—	1
Lungs	40	78	18	—
Nervous System	4	5	2	2
Orthopaedic Defects	161	116	176	13
Other Defects and Diseases (excluding Defects of Nutrition, Dental Diseases, and Uncleanliness)	65	194	1088	2
Total	739	1380	2149	254

COMMUNICABLE DISEASES

There was a considerable number of cases of measles and chicken pox. Poliomyelitis broke out during the summer and the City had a relatively high incidence of such cases.

15 children in school were found to be suffering from communicable diseases and were excluded by the School Medical Officers.

Table 2 sets out the conditions for which such exclusions were made.

TABLE 2

Scabies	...	...	...	...	...	2
Ringworm of the Scalp and Body	...	...	...	...	...	6
Chickenpox	...	...	...	...	...	2
Rubella	...	...	...	...	...	5

In addition 15 children were excluded from school because they were medically unfit to attend although not suffering from a communicable disease.

There were only sporadic cases of ringworm in the City. Facilities for X-ray treatment for this condition became available during the year at the Cumberland Infirmary.

The hard core of unclean families continues to cause annoyance, but is no longer the serious problem verminous conditions constituted a few years ago.

The statistics relating to uncleanness are given in Table 3.

TABLE 3

Total number of examinations	...	...	24404
Number of children found dirty or verminous (Verminous, 270; Nits, 282; Other conditions, 19)	...	...	571
Number of these allowed to continue at school under supervision	...	...	171
Number excluded from school	...	...	99
Number of parents requested to clean dirty or fleabitten body and/or clothing of children	...	...	19
Number of children excluded on—			
One occasion	...	...	81
Two occasions	...	...	11
Three or more occasions	...	...	7

Infectious Diseases will be fully dealt with in the report of the Medical Officer of Health. It is with pleasure I can record for the fourth year in succession the absence of Diphtheria from the City. Table 4 gives the incidence of infectious diseases in the school population.

TABLE 4

Scarlet Fever	...	...	...	52
Measles	...	...	...	358
Whooping Cough	...	...	...	67
Pneumonia	...	...	...	11
Acute Poliomyelitis—Paralytic	...	...	...	5
Non-Paralytic	...	...	...	6
Dysentery	...	...	...	14
Meningococcal Infection	...	...	...	1
Mumps	...	...	...	19
Chickenpox	...	...	...	205

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign has been pressed forward and 8,541 children of statutory school age are known to have been immunised.

MEDICAL TREATMENT

The City Council provides the following clinics :—
The School Clinic at 2 George Street affords provision for :

1. Special inspections and examinations by School Medical Officers.
2. Minor Ailment Clinics.
3. A Scabies, etc., cleansing station.
4. Immunisation Clinic.
5. Ophthalmic Clinic.
6. Ear, Nose and Throat Clinic.
7. Speech Therapy Clinic.
8. Accommodation for Educational Psychologist.
9. Child Guidance Centre.

The Health Department Clinic at Eildon Lodge, 50 Victoria Place provides, on behalf of the Education Authority, facilities for—

1. Priority Dental Services.
2. Orthopaedic Clinic.
3. Medical Officers' special examination clinics.

Minor Ailments

The Minor Ailment Clinics were conducted by the School Nurses as in previous years.

The number of cases treated (excluding scabies) at the School Clinic during the year was 1,326*, and 8,138 attendances were made. The results of treatment obtained are shown in Table 5.

TABLE 5

Cured	1261
Ceased attending or failed to complete their course of treatment	25
Referred to Hospital	13
Still attending for treatment on 31st December, 1953	27

In addition, 30 cases of scabies attended for advice and treatment; practically all were treated by a junior member of the school nursing staff at the Cleansing Centre.

*This figure includes children shown in Table IV., Groups I, II, III and VII of the Ministry's Returns on pages 8 to 8.
31 33

DENTAL INSPECTION AND TREATMENT

By T. W. GREGORY, L.R.C.P.S., L.D.S.,

Principal School Dental Officer

This Service has been satisfactorily maintained during the year. Indeed, with professional staff representing one-sixth more than in 1952, it has been possible to give treatment to a greater number of children and to record an increase in the forms of treatment given. Nevertheless, we are still unable to carry out an Annual Inspection and provide the necessary treatment for all the Schools, and this should be the minimum requirement.

Owing to the outbreak of poliomyelitis in the late summer it was deemed advisable to refrain from extracting teeth except in urgent cases, hence the routine extraction sessions were suspended for three months. Although the leeway was to a great extent made up afterwards, the figures indicate a slight drop due to this cause rather than the lack of patients requiring extractions!

The two dental officers devoted 30 half-days to Inspection and 894 half-days to treatment. Approximately 56 of these sessions were devoted to work coming under the Health Committee.

Conservation of the teeth is, of course, the principal purpose of the dental service, together with a policy of dental education. Two-thirds of the dental officers' time is devoted to conservative treatment in this Authority. Fillings inserted come to a total of 4,001, while 622 other operations were carried out.

On page 33 will be found the figures relating to dental defects. Not included in this table are particulars regarding Orthodontic and Prosthetic work. 99 of the 894 half-days devoted to treatment were sessions held for Orthodontic and Prosthetic work, at which 1,383 attendances were made and 164 children treated. In addition, 110 children were referred for X-ray examination and report.

In conclusion, we record with gratitude the services of the medical and dental staff, and in addition make special mention of the Head Teachers, whose helpful co-operation is much appreciated.

EAR, NOSE AND THROAT DEFECTS

The Specialist Clinic for ear, nose and throat defects was conducted by Mr. R. S. Venters, F.R.C.S., at the George Street premises on 24 occasions. As indicated previously, this clinic is neither confined to children attending maintained schools nor to those of school age, a considerable number (133) of those who attended being under 5 years. A total of 646 (513 school and 133 pre-school) children were examined. The young patients seen at this clinic could have any necessary operative treatment carried out at the City General Hospital by Mr. Venters, and during the year 93 (74 school and 19 pre-school) children received such treatment. 8 school children were admitted to the hospital for non-operative treatment.

The decrease in numbers compared with 1952 was largely due to the suspension of operative treatment from the 17th July to 28th September on account of the prevalence of poliomyelitis.

During the year 15 children were referred for X-ray examination and 2 for pure tone audiometer tests.

Professor and Mrs. Ewing and their staff at Manchester University have, as in previous years, examined and advised on the education of deaf and partially deaf children referred by the Council's medical staff.

It has always been the custom at this Ear, Nose and Throat Clinic in Carlisle (even before the "appointed day") for doctors to send children directly there with a note, so that the sources of referral of the young patients are—directly by the family doctor, from the family doctor through the Medical Officer of Health, or from the School Medical Officer with the knowledge of the family doctor. All children referred by the staff of the School Medical Service are referred for opinion and not for specific treatment.

DEFECTS OF THE EYES

The Ophthalmic Clinic was conducted as in the previous year by Dr. A. Ross Wear, Consultant Oculist, and was held on 42 occasions at the George Street Clinic. In all 487 (426 school and 61 pre-school) children were examined at the clinic. Of the school children 146 were being examined for the first time and 280 were being re-examined, generally with a view to ascertaining whether they required a change of spectacles. In 44 of the latter cases their existing spectacles were found to be satisfactory, but among the others, spectacles were prescribed in 312 cases.

Of the school children examined above, 80 suffered from squint in a greater or lesser degree and of these 9 (7 girls and 2 boys) had an operation carried out by Dr. Ross Wear at the Cumberland Infirmary.

23 school children were found to have lesions other than visual defects and the conditions encountered are shown in Table 6.

TABLE 6

Blepharitis	...	...	...	...	...	16
Chalazion	...	...	...	...	...	3
Conjunctivitis	...	...	...	...	...	1
Phlyctenular Keratitis	...	...	...	...	...	1
Injury to Eye	...	...	...	...	...	1
Styes	...	...	...	...	...	1

During the year one blind girl was admitted to a Residential School for the Blind while a younger girl who had been ascertained as partially-sighted was placed on the waiting list of an appropriate school.

ORTHOPAEDIC SERVICE

Mr. W. McKechnie, F.R.C.S. (Ed.) and Miss F. E. Soutter, F.R.C.S. (Ed.) have conducted 40 Clinic sessions at which 1,388 (834 school and 554 pre-school) children were examined.

There is now no orthopaedic nurse at the clinic, but on 12th January Miss Greenlees took up duty as Remedial Gymnast. She held Clinics for exercises at which 241 school children made 3,139 attendances. In addition 367 attendances were made by pre-school children.

Table 7 indicates the type of case treated by her.

TABLE 7

	No. of attendances
Postural	505
Flat Foot and Knock Knee	2265
Individual	369

During the year the Remedial Gymnast visited the homes of school children on 212 occasions and 165 home visits were made to pre-school children.

Plaster shells were provided in 63 (16 school and 47 pre-school) instances.

TUBERCULOSIS

A full report on this subject will be given in the Annual Report of the Medical Officer of Health.

Six children were notified as suffering from tuberculosis (3 Pulmonary and 3 Non-Pulmonary). One of the non-pulmonary cases died.

As in the previous year, Dr. Morton, the Director of the Mass Miniature Radiography Unit, conducted sessions during the months of June and July for the examination of pupils about to leave school and all teachers.

It is unfortunate and disappointing that the numbers of pupils and teachers availing themselves of these examinations were less than in 1952. Table 8 gives these results.

TABLE 8

	1952	1953
No. of pupils examined ...	1467	1310
No. of teachers examined ...	216	179

As a result of Ministry of Health Circular No. 22/53, the Education Committee decided to co-operate with the Health Committee in the promotion of a scheme for the testing and, if necessary, vaccination with B.C.G. of children between their thirteenth and fourteenth birthdays.

SPEECH THERAPY

On 1st September, 1953, Miss P. R. Dawson, L.C.S.T., took up duty as Speech Therapist. The Department had been without a Speech Therapist for over a year.

Regular treatment was offered to those already under treatment and requiring its continuance and in addition 45 new pupils were given treatment either by group therapy or individual therapy. Table 9 sets forth the work done throughout the year, while Table 10 indicates the conditions for which treatment was given.

TABLE 9

	Boys.	Girls.	Total.
No. of Cases on Roll, 1st September, 1953	36	13	49
No. of Cases Discharged (remedied during September-December, 1953)	7	3	10
No. of Cases left District, September to December, 1953 ...	3	—	3
No. of New Cases Admitted ...	30	12	42
No. of Cases Re-admitted after Lapse of Treatment	3	1	4
No. of Cases attending December, 1953	59	23	82

TABLE 10

	Boys.	Girls.	Total.
No. of Stammerers	36	8	44
No. of Dyslalics	24	17	41
No. of Cleft Palate Patients ...	4	1	5
Others	5	—	5

HANDICAPPED CHILDREN

There is only one school for handicapped children in the City, namely, the H. K. Campbell Open-Air School, and children with specialised defects have to go to residential schools if vacancies can be found. Table 11 indicates the provision which was made for various classes of handicapped children.

TABLE 11

In Certified Schools for Blind	2
In Certified Schools for Deaf and Dumb...	11
In Residential Cripple School	1
In Orthopaedic Hospital School	1
In Residential Special Schools for Educationally Sub-Normal Children ...	2
In Day Open-Air School on 31-12-53—	
Physically Handicapped	70
In Class for Educationally Sub-Normal Children	13

Number of children who received Education from Peripatetic Teacher throughout the year :—

In City General Hospital	...	...	...	7
In their Own Homes	...	...	...	7
Receiving Education at 31-12-53	...	...	...	7

29 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any establishment under the Education Authority. 12 of these children are in institutions and the remainder are under the supervision of the Local Health Authority.

During the year a class for Educationally Sub-Normal Children was opened in Denton Holme Junior School and 13 children attended it.

H. K. CAMPBELL OPEN-AIR SCHOOL

At the beginning of the year 80 children were in attendance and 28 were admitted during the year, giving a total of 108 children dealt with. 38 children were discharged, leaving 70 still in attendance at the close of the year. The average length of stay of the pupils was 2 years 7 months. Table 12 gives an indication of the defects from which the children suffered.

TABLE 12

Tubercular—

Pulmonary (non-infectious)	...	...	...	5
Non-Pulmonary	...	...	...	8
Pretubercular	...	...	...	1
Bronchitis and Asthma	...	...	...	30
Debility	...	...	...	35
Malnutrition	...	...	...	2
Anaemia	...	...	...	1
Heart Disease	...	...	...	8
Orthopaedic Defects including Spastics	...	...	...	14
Myopia and Partial Blindness	...	...	...	1
Naevus—Left Leg	...	...	...	1
Nephritis	...	...	...	1
Muscular Dystrophy	...	...	...	1

SCHOOL MENTAL HEALTH SERVICE

Report by Educational Psychologist

Miss MARY Y. CAMERON, M.A., Ed.B.

During the year I dealt with 238 children. 168 were referred in 1953; 54 who were in attendance in 1952 continued to receive treatment while 14 who had ceased attending were sent for further treatment or investigation. Two children discharged in the early part of the year were again referred to me.

In 120 cases treatment was not offered but the children were tested and reports were sent to the Head Teachers, and where appropriate to the Children's Officer and the Probation Officer. Twenty-one of them were notified to the Principal School Medical Officer as being unlikely to benefit from education in an ordinary school.

The parents of 20 children were called to the Centre on one or more occasions and were offered advice. In some cases visits to the homes and schools were paid, but the children were not directly treated. 86 children attended the Centre once a week or oftener. In 4 cases the parents failed to avail themselves of the treatment advised. At 31st December there were 8 children on the waiting list. Persons who referred children to me are shown in Table 13.

TABLE 13

Referred by	No. of Children
Head Teachers	169
School Medical Officers	19
Children's Officer	12
General Medical Practitioners	7
Psychiatric Social Worker	6
Mental Health Worker	5
Parents	5

Speech Therapist	...	...	...	...	5
Probation Officers	...	...	...	...	3
Director of Education	...	...	...	...	2
Psychiatrist	...	...	...	...	2
School Nurse or Health Visitor	...	...	...	...	2
Consultant Physician	...	...	...	...	1
School Welfare Officer	...	...	...	...	1

One child who was discharged in 1951 was recalled after a chance meeting with me had shown him to be in need of further treatment.

Tables 14 and 15 show respectively the distribution of age and intelligence. Fifteen children were not tested because they were too young, or (in two cases) handicapped by deafness, or in too disturbed a state to respond adequately.

TABLE 14

Age in years	3+	4+	5+	6+	7+	8+	9+	10+	11+	12+	13+	14+	15+	16+	Total
No. of boys	1	3	5	7	14	29	24	23	12	7	7	8	—	—	140
No. of girls	—	3	3	8	17	12	7	14	9	8	4	9	2	2	98
Total	1	6	8	15	31	41	31	37	21	15	11	17	2	2	238
Average Age — 9.2 years															

TABLE 15

I.Q.	40-49	50-59	60-69	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140-149	Total
Boys	1	3	6	21	36	35	18	11	2	2	1	136
Girls	—	2	8	24	17	20	9	3	2	2	—	87
Total	1	5	14	45	53	55	27	14	4	4	1	223
Average I.Q. — 89												

Ten children with speech defects were referred either to or by the Speech Therapist and attended her sessions concurrently.

Eight were on probation.

Table 16 shows the incidence of backwardness in school subjects.

TABLE 16
Backwardness

			a	b	c
			General	Arithmetic	Reading
Boys	...	...	1	1	28
Girls	...	...	4	—	6
Total			5	1	34

The very high proportion of backward readers is due to the fact that if a child was found to be backward in more than one subject help was offered with reading as the key to the others, and it was hoped that the satisfaction obtained from success in this would so modify the child's attitude to school work that improvement in other subjects would follow. Hence many children whose backwardness is not confined to reading are listed under that heading only.

In February, three boys, whose I.Q.'s were respectively 80, 81, and 82, and who were between seven and nine years old, were formed into a group for reading and attended the Centre twice weekly until December. Treatment is not usually offered to children of this level of intelligence but an exception was made in these cases as it was thought that such a course of action might have value as an experiment. The school from

which the boys came suffered, as several peripheral schools do, from a rapidly increasing population, overcrowded buildings, and frequent re-organisation. In such conditions the dull child, who is in greatest need of help, suffers most.

The experiment was only partly successful. One of the boys, after weeks of apparently fruitless effort, not only learned the elements of reading but experienced probably the first success of his life in the field of school work. He could not recognise a single letter with certainty, nor any of the words in Burt's list, when first tested; on discharge he scored a reading age of 6 years (Burt). This may not sound impressive, but coupled with the fact that the boy had realised that reading was by no means beyond his ability and had begun to work steadily and cheerfully, it is not unsatisfactory. The other two boys were handicapped, one by lack of robust health and the other by the chronic invalidism of his mother, who was never well and at one time dangerously ill, and their progress was much less marked. It was felt that if such children could be given, not a period of tuition twice a week, but a period of extra help daily, they need never have fallen behind the general level of their age-group so disastrously.

Another example of a similar kind was furnished by a boy in a secondary school with an I.Q. of 90 who, at the age of $14\frac{1}{2}$, scored a reading age of 6 years, 1 month (Burt). His attendance at school had been very irregular. He came to the Centre for one term only, his last at school, and worked very well, but although his reading improved greatly, it was not sufficiently over-learned to remain with him when he was no longer guided. It is almost certain that he will lapse into illiteracy or semi-literacy in a very short time. He was referred to the Centre in a list of backward children, some of whom proved to be Educationally Sub-normal and many permanently dull. If some method could be

devised by which backward readers of average or near-average intelligence could be referred at an earlier stage, something might be done to prevent their leaving school unable to read.

Five group tests of intelligence were carried out at the request of Head Teachers, three in junior schools and two in an infant school. In the junior classes the Schonell Essential Intelligence Test was used and in the infant classes the Moray House Picture Test. The teachers of the infant classes were asked to place their pupils in rank order and their estimates were then compared with the test results. The correlation between the two was in one class .69 and in the other .66, which is not satisfactory. As a check, the 12 children in each class whose position in the test and in the teacher's list showed the greatest discrepancy were then tested individually on the Terman-Merrill Scale (shortened form). A normal distribution in each class being assumed, the teacher's rank order lists were then translated into 10-point I.Q. groups, in order to make possible a rough comparison with the Terman results. It was found that on the whole the teachers' estimates agreed more closely with the results of the Terman test than with the results of the group test. This suggests that the group testing of children under the age of about nine is not particularly useful.

In 8 cases, strong physical factors, and in 9 cases, strong home factors, were in whole or in part responsible for the child's emotional difficulties. Strong physical factors include defects or deformities and illness of a serious or prolonged nature, such as asthma or epilepsy, and only these when they affected the child's emotional development. Strong home factors include the illness or invalidism of a parent, loss of a parent by death, divorce, or separation, parental quarrels and, where it could be shown to affect the child adversely, overcrowding or a home shared with another family.

There was lack of co-operation in 4 cases which ceased attending before treatment could be satisfactorily completed, and in two cases the difficulties were largely due to faulty training in the home.

On alternate Friday afternoons the Psychiatrist attended for the purposes of consultation and treatment. The services of the Psychiatric Social Worker from Garlands Hospital were also available. Table 17 shows the number of children referred to his clinic during 1953 and the number of attendances they made.

TABLE 17

	No. of children			No. of attendances
Boys	...	...	12	24
Girls	...	...	17	30
Total ...			29	51

Table 18 refers to those children who were seen by the Child Guidance Team and shows the various forms of maladjustment from which they suffered. Some of these children were originally referred to the team in 1952.

TABLE 18

	General Instability	Anxiety Obsessional States	Enuresis and Soiling	Emotional Re-tardation and Regression	Unmanageable Behaviour	Aggression Temper Tantrums	Pre-psychotic	Truancy and Wandering	Pilfering	Untruthfulness	Malicious Mischief
Boys	—	2	6	1	3	—	1	1	8	7	1
Girls	2	5	2	—	4	1	—	—	—	—	—
	2	7	8	1	7	1	1	1	8	7	1

The follow-up of discharged cases started two years ago has been continued by the Mental Health Worker, who has been the means of re-referring several children. After being discharged, children are visited three times—at the end of 6 months, a year, and two years—and if satisfactory reports are received on each visit, and if these reports are confirmed by school reports, it is assumed that treatment has been successful. Table 19 gives a summary of the results of this work.

TABLE 19

	a	b	c	d
	Satis- factory.	Re- referred.	Not at Home.	Left City.
Visits completed, 1952 .	5	—	—	—
Visits completed, 1953 .	10	2	2	7
Visits not yet com- pleted 	37	6	4	1
	—	—	—	—
	52	8	6	8
	—	—	—	—

Those listed in column c. could not be found at home even after repeated visits, including some made during the evening.

Two little girls attended for play therapy from January till March, but the need for group play therapy did not arise again until October, when a group consisting of two boys and two girls was formed. This will continue next term.

Table 20 shows the types of work done at the Centre and the extent of each. The number of home visits is again low although the results of such visits fully justified the time spent on them, but this valuable part of the work could only be extended at the cost of some other part of the service. The Mental Health Worker paid some additional home visits where these could be fitted in with her other duties, and this help was most welcome.

TABLE 20

No. of psychological investigations :				
By individual tests	...	...	161	
By parent interview	...	...	56	
			—	217
No. of visits of children to the Centre for educational and other therapy				
	...			822
No. of visits of children to the Centre for play therapy				
	...	...	...	38
No. of visits of parents to the Centre				
	...			135
No. of home visits				
	...	...	...	29
No. of school visits				
	...	...	...	230

As in former years, the work of the Centre has been immensely strengthened by the ready co-operation of Head Teachers, the Children's Officer, the School Welfare Officers and the Probation Officers, and valuable assistance has from time to time been given by the School Nurses and the Health Visitors. To all of these thanks are due, for without their support this service could not have been adequately conducted.

PROVISION OF MILK AND MEALS IN SCHOOLS

Milk

The average number of children on one day availing themselves of the scheme has been 7,584, as compared with 6,940 last year. Table 21 given below shows the numbers taking milk on an average day in the following periods.

TABLE 21

May to August	...	...	...	...	7320
September to December	...	...	...	...	7849

The percentage of children having milk on one set day during the year was 79.65.

Meals

Table 22 shows the number of children taking meals (free and paid) on any one day during the following periods.

TABLE 22

	Free.	Paid.
May to August	608	2361
September to December	640	2674

The percentage of children having meals on one set day during the year was 33.

CO-OPERATION OF VOLUNTARY BODIES NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Close co-operation is maintained between the officer of this Association and the staff of the School Health Department, and any information available is freely exchanged. I had, however, no occasion to make an official representation to this Society during the year.

CHILDREN'S SUNSHINE HOME, ALLONBY

This Home, which was open eight months in the year, provided 43 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

66 boys and 1 girl were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

EXAMINATION OF TEACHERS

51 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

During the year the staff of this Department examined and reported on 29 entrants to teachers' training colleges.

HOME VISITING

1,089 home visits were made by the Health Visitors in their capacity as School Nurses.

DEATHS OCCURRING IN SCHOOL CHILDREN

6 school children died during the year from the undermentioned causes :—

Accidents	...	...	...	...	...	4
Renal Tuberculosis	...	...	...	...	...	1
Cerebellar Tumour	...	...	...	...	...	1

MINISTRY OF EDUCATION MEDICAL INSPECTION RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	1199
Second Age Group	...	...	...	...	...	891
Third Age Group	...	...	...	...	...	805
						Total ... 2895

Number of other Periodic Inspections 1047

Grand Total 3942

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	3160
Number of Re-inspections	...	...	...	5375
				Total ... 8535

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 condit'ns recorded in Table IIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	4	284	230
Second Age Group	39	106	124
Third Age Group	22	78	90
Total (prescribed groups)	65	468	444
Other Periodic Inspections	30	176	174
Grand Total	95	644	618

TABLE II.
A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	53	49	173	—
5	Eyes— <i>a.</i> Vision	95	457	172	141
	<i>b.</i> Squint	28	29	11	—
	<i>c.</i> Other	33	11	104	1
6	Ears— <i>a.</i> Hearing	—	6	4	1
	<i>b.</i> Otitis Media	19	7	57	—
	<i>c.</i> Other	119	16	78	16
7	Nose or Throat	104	248	236	30
8	Speech	5	28	28	4
9	Cervical Glands	10	105	2	43
10	Heart & Circulation	3	31	—	1
11	Lungs	40	78	18	—
12	Developmental—				
	<i>a.</i> Hernia	6	4	—	—
	<i>b.</i> Other	9	3	—	—
13	Orthopædic—				
	<i>a.</i> Posture	6	7	8	1
	<i>b.</i> Flat Foot	43	15	53	3
	<i>c.</i> Other	112	94	115	9
14	Nervous System—				
	<i>a.</i> Epilepsy	2	3	—	2
	<i>b.</i> Other	2	2	2	—
15	Psychological—				
	<i>a.</i> Development	—	22	43	—
	<i>b.</i> Stability	2	5	2	—
16	Other	48	160	1043	2

B.—CLASSIFICATION OF THE GENERAL CONDI-
TION 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	1199	211	17.6	958	79.9	30	2.5
Second Age Group	891	260	29.2	603	67.7	28	3.1
Third Age Group	805	197	24.5	586	72.8	22	2.7
Other Periodic Inspections	1047	229	21.9	785	75.0	33	3.1
Total	3942	897	22.7	2932	74.4	113	2.9

TABLE III.

INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools
by the school nurses or other authorized
persons 24404
- (ii) Total number of *individual* pupils found to be
infested 571
- (iii) Number of individual pupils in respect of
whom cleansing notices were issued (Sec-
tion 54 (2), Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of
whom cleansing orders were issued (Sec-
tion 54 (3), Education Act, 1944) Nil

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAIN-
TAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)
GROUP 1.—DISEASES OF THE SKIN (excluding
uncleanliness, for which see Table III.).

				Number of cases treated or under treatment dur- ing the year.	
				By the Authority.	Otherwise.
Ringworm—(i) Scalp	...	...	...	5	—
(ii) Body	...	...	...	17	3
Scabies	...	...	...	30	—
Impetigo	...	...	...	56	—
Other skin diseases	...	...	...	64	58
Total				172	61

GROUP 2.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.

				No. of cases dealt with	
				By the Authority.	Otherwise.
External & other, excluding errors of refraction and squint	...	...	...	129	38
Errors of refraction (including squint)	...	...	...	426	—
Total				555	38

(Regional Hospital Board Specialist is Consultant)
Number of pupils for whom
spectacles were

(a) Prescribed	...	...	312	154
(b) Obtained	...	...	303†	154

†47 pupils obtained spectacles which were prescribed in 1952

GROUP 3.—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 ...	—	4
(b) for adenoids and chronic tonsillitis	—	55
(c) for other nose and throat conditions	—	15
Received other forms of treatment	191	48
Total ...	191	122*

*82 of these cases were referred from the Authority's Ear, Nose and Throat Clinic and treated by the Regional Hospital Board Surgeon who attends as Consultant at these Clinics.

GROUP 4.—ORTHOPAEDIC & POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals		28
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out- patient departments ...	506	—

(Regional Hospital Board Specialist is Consultant)

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Author- ity's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	86	—

GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	95	—

GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments .	908	50
(b) Other than (a) above specify		
1. Surgical	—	Not known
2. Chest conditions	—	5
Total ...	908	55

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Author- ity's Dental Officers	
(a) Periodic	4184
(b) Specials	1544
Total (1)	5728
(2) Number found to require treatment	4213
(3) Number referred for treatment	3790
(4) Number actually treated	3071
(5) Attendances made by pupils for treatment	6928

(6) Half-days devoted to : Inspection	...	...	30
Treatment	...	...	894
		Total (6)	924
(7) Fillings : Permanent Teeth	...	...	3646
Temporary Teeth	...	...	355
		Total (7)	4001
(8) Number of teeth filled : Permanent Teeth	...	2960	
Temporary Teeth	...	318	
		Total (8)	3278
(9) Extractions : Permanent Teeth	...	1001	
Temporary Teeth	...	2458	
		Total (9)	3459
(10) Administration of general anaesthetics for extraction	...	...	1877
(11) Other operations : Permanent Teeth	...	559	
Temporary Teeth	...	63	
		Total (11)	622