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CITY OF CARLISLE



# EDUCATION COMMITTEE

# ANNUAL REPORT

UPON THE

# School Health Service

FOR THE YEAR 1954

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 1954.

This year saw the inauguration of B.C.G. vaccination of school children. While the scheme is at present confined to those aged 13-14 years, other age groups will no doubt be included in due course. In an attempt to detect infected children and trace the source of their infection, tuberculin (Mantoux) tests were offered to children in their second year at the infant school and it is hoped to maintain this service each year if the results justify such a course.

A peripheral Minor Ailments Clinic was opened at Inglewood Infants' School in November. This clinic serves the three schools in the Harraby area. In the same month arrangements were completed for City children requiring orthoptic treatment to attend the County Clinic on one morning session each week.

Early in the year a survey of spastic children was undertaken and I am very indebted to Dr. E. Ellis, Medical Director of the Percy Hedley School for Spastic Children, for his invaluable help in this connection. Full details of the survey are given in the body of the report.

One new school, Inglewood Junior, was opened in April, and one old school, Christ Church, was closed in July.

During this year the City Health Department took over full responsibility for the School Health Service at the Grammar School; in the past the department had dealt only with City children, the County Medical Officer having been responsible for the County children.

Few staff changes took place. The Dental Officer, Mr. Soni, left on the 28th September and his successor, Miss Barrett, took up her duties on the 1st October. This is the first occasion for a long time where we have been able to get an immediate replacement of a Dental Officer. It is with regret that I have to record that Mrs. Phillips, the Peripatetic Teacher, left the service at the end of the year. Her work among the handicapped children who were in hospital or requiring home teaching was much appreciated by everyone and her reports on children were of material help to this department in our work of making assessments.

Throughout the year the hospital consultants have continued to hold special sessions at the school clinics in connection with ear, nose and throat; eye conditions; orthopaedics; and child guidance. As in previous years, all children have been admitted to these clinics irrespective of age or school attended. I should like to record my indebtedness to Mr. R. S. Venters, Dr. A. Ross Wear, Mr. W. McKechnie, Miss F. E. Soutter and Dr. J. Braithwaite for their work at these clinics and for their contribution to the helpful co-operation which exists between the hospital and local authority staffs.

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, Head Teachers, and their staffs for their valued contrition 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 ... ... ... ... ... | 10299 |
| No. of " Routine " Inspections ... ... ... | 4394 |
| No. of Children (" Routine " Inspections) referred for Treatment excluding Dental Diseases ... ... ... ... ... ... | 594 |
| No. of Children (" Routine " Inspections) referred for observation ... ... ... ... | 1033 |
| No. of " Special " Inspections ... ... ... | 3069 |
| No. of Re-inspections ... ... ... ... ... | 5275 |
| Total No. of Inspections ... ... ... ... | 12738 |
| No. of Parents interviewed at " Routine " Medical Inspections (78.9%) ... ... ... | 3470 |
| No. of Visits to Schools by Assistant School Medical Officers ... ... ... ... ... | 227 |
| No. of Visits to Schools by Health Visitors ... | 659 |
| No. of Visits to Homes by Health Visitors ... | 1337 |
| No. of Cases treated at the Clinic ... ... ... | 1283 |
| No. of Attendances at Clinic for Treatment ... | 8173 |
| No. of Children examined by School Dentists ... | 4877 |
| No. of Children treated by School Dentists ... | 2916 |

## MEDICAL INSPECTION

The practice of examining school children routinely 4 times during their school life was continued as in previous years. Parents were encouraged to be present at such examinations and their attendance afforded a good opportunity for health education and the answering of their personal questions.

4,394 children were examined of whom 78.9 per cent. were accompanied by their parents. 2,767 of these children were found to be free of obvious defect, but in the remaining 1,627 children 2,049 defects were noted.

Table 1 gives the defects noted at the periodic inspection of the 4,394 children and those found in 3,069 children referred for special examination by teachers, school nurses, etc.

During the year 984 children in the 7 year old age group were examined at school for visual defects. As a result 26 were referred for treatment and 157 were 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 .... .... .... | 67 | 35 | 238 | 3 |
| Eye .... .... .... .... | 156 | 528 | 250 | 168 |
| Ear .... .... .... .... | 52 | 24 | 78 | 17 |
| Nose and Throat .... .... | 116 | 237 | 154 | 34 |
| Cervical Glands .... .... | 1 | 86 | 5 | 40 |
| Speech .... .... .... | 16 | 21 | 21 | — |
| Heart and Circulation .... .... | 1 | 35 | 3 | 1 |
| Lungs .... .... .... | 39 | 68 | 10 | 1 |
| Nervous System .... ... | 7 | 4 | 5 | — |
| Orthopaedic Defects .... .... | 152 | 121 | 172 | 10 |
| Other Defects and Diseases (excluding Dental Diseases, and Uncleanliness) .... .... | 61 | 222 | 961 | 1 |
| Total .... .... | 668 | 1381 | 1897 | 275 |

## COMMUNICABLE DISEASES

The infectious diseases will be fully dealt with in the Annual Report of the Medical Officer of Health.

For the fifth year in succession there was a complete absence of diphtheria from the City. Chickenpox, measles and mumps were the most prevalent infectious diseases affecting the school population. Towards the end of the year, however, large numbers of children were off school with influenza; this was doubtless the end of the epidemic of Virus B influenza which had been prevalent in the North-East of England. The disease not being notifiable, it is not possible to give exact figures, as all children off school and presumed to have the condition did not necessarily suffer from influenza, and the numbers are, therefore, not included in Table 2, which sets out the number of school children who suffered from the various infectious diseases.

It will be noted that there was one case of food poisoning and 11 of dysentery. These were fully investigated by the officers of the Health Department in collaboration with the bacteriologist, and it was shown that none had contracted the infection through the school canteens.

### TABLE 2

| | |
|---|---|
| Scarlet Fever ... ... ... ... ... | 20 |
| Measles ... ... ... ... ... | 333 |
| Whooping Cough ... ... ... ... | 59 |
| Pulmonary Tuberculosis ... ... ... | 5 |
| Food Poisoning ... ... ... ... | 1 |
| Dysentery ... ... ... ... ... | 11 |
| Meningococcal Infection ... ... ... | 1 |
| Mumps ... ... ... ... ... | 254 |
| Chickenpox ... ... ... ... ... | 512 |

Ten children were found in school suffering from contagious diseases as shown in Table 3, and were excluded by the School Medical Officers. In addition, your Medical Officers excluded from school 4 children who, though not suffering from communicable diseases, were considered medically unfit to attend school.

TABLE 3

| | |
|---|---|
| Scabies ... ... ... ... ... ... | 2 |
| Ringworm of the Scalp and Body ... ... | 3 |
| Impetigo ... ... ... ... ... | 5 |

Verminous children, generally from the hard core of unclean families, continue to cause annoyance. In spite of an increased number of examinations, however, the numbers found to be unclean have slightly diminished—1.9 per cent. of children examined in 1954, compared with 2.3 per cent. of children examined in 1953. Though there is much room for improvement, the trend is in the right direction. Table 4 shows the incidence of uncleanliness throughout the year.

TABLE 4

| | | |
|---|---|---|
| Total number of examinations ... ... | | 25017 |
| Number of children found verminous ... ... ... | 211 | |
| Number of children found with Nits ... ... ... ... | 250 | |
| Number of children found with other conditions ... ... | 16 | |
| | —— | 477 |
| Number of these allowed to continue at school under supervision ... ... | | 384 |
| Number excluded from school ... ... | | 77 |
| Number of parents requested to clean dirty or fleabitten body and/or clothing of children ... ... ... ... | | 16 |
| Number of children excluded on— | | |
| One occasion ... ... ... ... | | 59 |
| Two occasions ... ... ... ... | | 11 |
| Three or more occasions ... ... | | 7 |

## SPECIAL PREVENTIVE MEASURES

### Diphtheria Immunisation

The immunisation of all possible school children has been continued and it is known that at least 9,190 children of school age, that is well over 90 per cent. of children in the 5 - 15 age group, had received one complete course of prophylactic treatment by the end of the year.

### Prevention of Tuberculosis

In order to determine what proportion of children in Infants' Schools had been infected with tuberculosis, and as a further method of determining sources of infection of this disease, it was decided to introduce a scheme for tuberculin testing of children attending Infant Schools. After due consideration it was decided that, in spite of the disadvantages of having to inject the test material, the Mantoux Intradermal Test was a more satisfactory procedure than the use of patch tests. The injections, however, are more upsetting, and in view of this it was decided that as a matter of policy children would be offered this test in their second year at the Infant School. This would allow of their having had their routine medical inspection, possibly a boosting dose of diphtheria prophylactic, and having settled down to school routine before being offered this test.

The response to our offer has been very satisfactory and 263 children were examined, of whom 13 were found to show a positive reaction and were referred to the Chest Clinic for further investigation and for contact tracing.

Circular 22/53 of the Ministry of Health allowed Local Health Authorities to undertake the B.C.G. Vaccination of the 13 - 14 year age group of school children. The Council, having had its proposals under the National Health Service Act, 1946, amended accordingly, offered this prophylactic treatment to all appropriate children from October onwards. The response once again has been very satisfactory, 80 per cent. of parents accepting

the treatment for their children. Table 5 shows the results of the testing and vaccination to the end of the year.

TABLE 5

B.C.G. Vaccination of 13 - 14 Age Group

| | | |
|---|---|---|
| (i) | No. whose parents wished B.C.G. vaccination | 159 |
| (ii) | No. of above who gave positive reaction to Mantoux Test (1/1,000 OT) ... ... ... | 26 |
| (iii) | No. who gave positive reaction to second Mantoux Test (1/100 OT) ... ... ... | 28 |
| (iv) | No. not requiring B.C.G., i.e., (ii) + (iii) ... | 54 |
| (v) | No. who received B.C.G. ... ... ... ... | 96 |
| (vi) | No. who had not completed treatment at end of year ... ... ... ... ... ... | 9 |

As in previous years, all teachers, and pupils about to leave school, were offered examination by the Mass Miniature Radiography Unit during the summer term. Table 6 sets out the numbers who availed themselves of this opportunity in 1953 and 1954.

TABLE 6

| | 1953 | 1954 |
|---|---|---|
| No. of pupils examined ... | 1310 ... | 1369 |
| No. of teachers examined ... | 179 ... | 243 |

There is a gratifying increase in the number of teachers being examined.

In two schools where a potentially infective case of tuberculosis had occurred among the pupils Mass Miniature Radiographs were offered to all pupils, and Mantoux tests to all class mates.

## 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 Clinic.
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.

With the expansion of the Harraby estate an increasing number of parents were finding hardship in bringing their children to the School Clinic at George Street, and it was dangerous to allow them to travel to the Clinic unescorted. It was, therefore, decided that as there was a suitable medical inspection room in Inglewood Infants' School a small peripheral clinic should be established there, and it was opened in November. This clinic, which is run by the district Health Visitors of the area, is visited by a School Medical Officer for a short time once a week. It only deals with minor ailments and those requiring specialist clinics have, of course, to attend the central establishments. In view of the short time the clinic has been in operation separate figures are not given for it.

### Minor Ailments

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

The number of cases treated (excluding scabies) at the School Clinics during the year was 1,267* and 8,173 attendances were made. The results of treatment obtained are shown in Table 7.

TABLE 7

| | |
|---|---|
| Cured ... ... ... ... ... ... | 1161 |
| Ceased attending or failed to complete their course of treatment ... ... | 63 |
| Referred to Hospital ... ... ... ... | 11 |
| Still attending for treatment on 31st December, 1954 ... ... ... ... | 32 |

In addition, 16 cases of scabies attended for advice and treatment; practically all were treated 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 35 - 37.

## DENTAL INSPECTION AND TREATMENT

By T. W. GREGORY, L.R.C.P.S., L.D.S.
*Principal School Dental Officer*

After reviewing, for twenty years, the work done by the dental service with the knowledge of what it has not been possible to do, others like myself may be forgiven if periodically they feel a common bond with King Canute in their endeavours to stem the tide of dental disease. One welcomes, therefore, the publication of the British Dental Association's Memorandum on the Dental Health of Children, containing recommendations which at least deserve careful study and consideration.

Steady, if unspectacular, work has been maintained during the year. We were sorry to lose to the Hospital Board the services of Mr. Soni at the end of September, but were fortunate to obtain as his successor Miss Barrett, who recently qualified and whose home is in the area.

The figures relating to dental defects can be found on page 37. Looked at as a whole, the " output " shows some decrease on the preceding year, but having taken due note of that fact one is not unduly concerned. In dentistry, quality is often in inverse proportion to quantity !

The total number of pupils inspected was 4,877. The number found to require treatment was 3,645, and the number actually treated 2,916. 3,676 fillings were inserted and 3,510 teeth extracted. 650 other operations were performed.

Attendance for treatment is, generally speaking, good, but it would be helpful if, when possible, parents gave sufficient notice should their child be unable to keep an appointment, thereby enabling us to make arrangements to treat someone else in their place.

Other work is done by your dental staff, details of which are not required in the Ministry returns. The equivalent of 33 sessions was devoted to work coming under the Ministry of Health. 96 half-days were also devoted to Orthodontic or Prosthetic Work. We consider Orthodontic Treatment an important and much appreciated service, but a sense of proportion is necessary as to the amount of time which should be devoted to this branch of dentistry. Quite a few children have to be provided with dentures. These are, I think, without exception partial dentures, generally bearing one to four teeth.

Facilities for X-ray examination are provided by the Hospital Board, and 73 pupils were referred for this purpose during the year.

The staff consists of two dental officers, two dental attendants, one technician under contract, and as Anaesthetists, one Specialist and your Medical Officers.

## EAR, NOSE AND THROAT DEFECTS

The Specialist Clinic for ear, nose and throat defects was, as in previous years, conducted by Mr. R. S.Venters. F.R.C.S., at the George Street premises, on 23 occasions. This clinic has continued to deal with children of all ages, irrespective of the schools attended. A total of 594 (508 school and 86 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 357 (306 school and 51 pre-school) children received such treatment. 11 school children were admitted to hospital for non-operative treatment.

It will be observed that there is a very large increase in the number of operations performed at the City General Hospital (there were only 93 in 1953). The great difference was due to the fact that in 1953 Carlisle experienced a very high incidence of poliomyelitis, and, as members will recollect, I advised the suspension of ear, nose and throat operations of election. In 1954, therefore, the Ear, Nose and Throat Surgeons had to deal not only with the usual number of such cases but also with a very long waiting list of cases left over from 1953.

During the year 6 children were referred for X-ray examination and 7 for pure tone audiometer tests. 4 children were recommended for hearing aids and 3 were fitted; in one case the parent refused this treatment.

Professor and Mrs. Ewing and their staff at Manchester University have, as in previous years, been available to examine and advise on the education of deaf and partially deaf children referred by the Council's medical staff. One such child was referred and she was recommended for admission to a special school for the deaf. Another child, aged 5, who had previously been seen by Professor and Mrs. Ewing, was admitted to a residential school for the deaf after a fairly long waiting period.

## DEFECTS OF THE EYES

Dr. Ross Wear continued to act as Consultant Ophthalmologist at the School Clinic. He held sessions on 43 occasions. In all 481 (435 school and 46 pre-school) children were examined at the clinic. Of the school children 147 were being examined for the first time and 288 were being re-examined, generally with a view to ascertaining whether they required a change of spectacles. In 58 of the latter cases the existing spectacles were found to be satisfactory, but among the others spectacles were prescribed in 319 cases.

Of the school children examined above, 84 suffered from squint in greater or lesser degree.

There has not previously been an Orthoptic Service in this area. By arrangement with the Cumberland County Medical Officer, however, we were from the 3rd November able to refer suitable cases for examination and treatment by the County Orthoptist one morning per week. This is a great help and is much appreciated, but, of course, it would require about 4 sessions per week to cover the needs of the City, and I am pleased to be able to report that arrangements have been made for a joint Orthoptic Service to be operated between the County Authorities, the Hospital Board and ourselves. Subject to our being able to recruit an additional orthoptist, a reasonably adequate service should be able to be provided within the foreseeable future.

16 school children were found to have lesions other than visual defects and the conditions encountered are shown in Table 8.

TABLE 8

| | |
|---|---|
| Blepharitis ... ... ... ... ... | 13 |
| Conjunctivitis ... ... ... ... | 2 |
| Injury to Eye ... ... ... ... ... | 1 |

During the year one partially-sighted school child was admitted to a residential school for the partially sighted.

## ORTHOPAEDIC SERVICE

Mr. W. McKechnie, F.R.C.S. (Ed.) and Miss F. E. Soutter, F.R.C.S. (Ed.) conducted 43 Clinic sessions, at which 1,288 (776 school and 512 pre-school) children were examined.

It was with regret that we learned of Miss Soutter's leaving this area in December, 1954, as her work had been very much appreciated. At the time of writing no successor has been appointed in her place, and the amount of work at the hospital which devolves on Mr. McKechnie precludes his giving the attendance at our clinics which both he and we should like.

The Remedial Gymnast held Clinics for exercises at which 272 school children made 2,932 attendances. In addition 255 attendances were made by pre-school children.

Table 9 indicates the type of case treated by her.

TABLE 9

| | No. of Attendances |
|---|---|
| Postural ... ... ... ... | 471 |
| Flat Foot and Knock Knee . ... | 2064 |
| Individual ... ... ... ... | 397 |

During the year the Remedial Gymnast visited the homes of school children on 236 occasions and 97 home visits were made to pre-school children.

Plaster shells were provided in 119 (23 school and 96 pre-school) instances.

## SCHOOL MENTAL HEALTH SERVICE

Report by Educational Psychologist,
Miss MARY Y. CAMERON, M.A., Ed.B.

During the year 263 children were dealt with at the Centre. Of these 177 were referred during 1954; 70 who were in attendance in 1953 continued to receive treatment; and 16 who had ceased attending were sent for further treatment or investigation.

In 136 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. 18 of them were notified to the Principal School Medical Officer as being unlikely to benefit from education in an ordinary school.

The parents of 49 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. 53 children attended the Centre once a week or oftener.

In 10 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 serious defects and deformities and prolonged illness, such as asthma or epilepsy, and only these when they affect 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 house shared with another family.

There was lack of co-operation in 6 cases, the children ceasing to attend before treatment could be satisfactorily completed or their parents failing to act on the advice given at the Centre.

The number of parents who were offered advice but whose children were not asked to attend the Centre regularly is more than double what it was last year. This is

not due to a deliberate change in policy but to the fact that frequently the difficulty of which parents complained was related to the environment rather than to the personality of the child. In 18 cases parents failed to avail themselves of the treatment offered. At 31st December there were 5 children on the waiting list.

Table 10 shows by whom the children were referred.

TABLE 10

| Referred by | No. of Children |
|---|---|
| Head Teachers ... ... ... ... ... | 168 |
| School Medical Officers ... ... ... | 32 |
| Children's Officer ... ... ... ... | 8 |
| General Medical Practitioners ... ... | 15 |
| Psychiatric Social Worker ... ... ... | 3 |
| Mental Health Worker ... ... ... | 8 |
| Parents . ... ... ... ... ... | 4 |
| Speech Therapist ... ... ... ... | 10 |
| Probation Officers ... ... ... ... | 2 |
| Director of Education . ... ... ... | — |
| Psychiatrist ... ... ... ... ... | 1 |
| School Nurse or Health Visitor ... ... | 6 |
| Consultant Physician . ... ... ... | 2 |
| School Welfare Officer ... ... ... | 2 |
| Psychologist ... ... ... ... ... | 1 |
| Child Guidance Clinic in another area ... | 1 |
| Total ... ... | 263 |

Tables 11 and 12 show respectively the distribution of age and intelligence. Sixteen children were not tested because they were too young or in too disturbed a state to respond adequately.

TABLE 11

| Age in years | 3+ | 4+ | 5+ | 6+ | 7+ | 8+ | 9+ | 10+ | 11+ | 12+ | 13+ | 14+ | 15+ | 16+ | 17+ | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Boys | — | 3 | 4 | 13 | 34 | 34 | 27 | 11 | 15 | 3 | 6 | 4 | — | 2 | — | 1 | 157 |
| Girls | 2 | 3 | 3 | 7 | 23 | 13 | 13 | 19 | 8 | 1 | 7 | 5 | 2 | — | — | — | 106 |
| Total | 2 | 6 | 7 | 20 | 57 | 47 | 40 | 30 | 23 | 4 | 13 | 9 | 2 | 2 | — | 1 | 263 |

Average Age — 8.7 years



TABLE 12

| 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 | — | 5 | 6 | 16 | 39 | 41 | 27 | 12 | 3 | 2 | 3 | 154 |
| Girls | 2 | 4 | 7 | 24 | 22 | 22 | 4 | 4 | 4 | — | — | 93 |
| Total | 2 | 9 | 13 | 40 | 61 | 63 | 31 | 16 | 7 | 2 | 3 | 247 |

Average I.Q. — 89

Ten children suffered from speech defects and attended the speech therapist's sessions concurrently. Three were on probation.

As explained in the last Annual Report, backwardness in reading may be a cause of backwardness in other subjects and correction of the reading defect may result in all-round improvement.

Table 13 shows the incidence of backwardness in children referred to the Centre.

TABLE 13

Backwardness

| | a | b | c |
|---|---|---|---|
| | General | Arithmetic | Reading |
| Boys ... ... | 9 | 2 | 20 |
| Girls ... ... | 1 | 2 | 6 |
| Total ... | 10 | 4 | 26 |

During the summer term 44 children in a junior school were tested individually in order to ascertain whether or not they were likely to benefit from being placed in a progress class which was then being formed. This testing was valuable as not only did it ensure that the children were properly selected but it supplied a useful guide to the teacher.

Twelve spastic children were interviewed and, where possible, tested and a report sent to the Principal School Medical Officer in connection with the Cerebral Palsy Survey (see page 25). Those who were attending school were tested in school, two were brought to the Centre, and the others were seen in their own homes. As these handicapped children need special consideration, a session was usually devoted to each child.

Two group tests of intelligence were carried out in a primary school at the request of the head teacher by means of the Schonell Essential Intelligence Test.

Dr. Braithwaite, Consultant Psychiatrist, attended the Clinic on alternate Friday afternoons, and on these days a full child guidance service operated. It was the usual practice for all children to be examined by the Educational Psychologist and as much information as possible obtained beforehand so that the maximum benefit might be obtained from the child guidance sessions. Table 14 shows the number of children referred to his clinic during 1954 and the number of attendances they made.

TABLE 14

| | No. of children. | No. of attendances |
|---|---|---|
| Boys ... ... ... | 20 | 55 |
| Girls ... ... ... | 12 | 17 |
| Total ... | 32 | 72 |

Table 15 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 in 1953 or even earlier.

TABLE 15

| | 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 | — | 4 | 7 | 2 | 4 | 1 | 1 | 1 | 5 | 4 | — |
| Girls | — | 2 | 4 | 1 | 6 | 1 | — | — | 1 | 1 | — |
| Total | — | 6 | 11 | 3 | 10 | 2 | 1 | 1 | 6 | 5 | — |

The follow-up of discharged cases has been continued by the Mental Health Worker. After being discharged children are visited three times—at the end of six 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 16 gives a summary of the results of this work.

TABLE 16

| | a Satisfactory. | b Re-referred. | c Not at Home. | d Left City. | e Approved School. |
|---|---|---|---|---|---|
| After 3rd visit | 36 | — | — | — | — |
| After 2nd visit | 23 | — | 3 | — | — |
| After 1st visit | 13 | 2 | 4 | 1 | 1 |
| Total ... | 72 | 2 | 7 | 1 | 1 |

Those listed in column "c" could not be found at home even after repeated visits, including some made during the evening. One boy who was discharged on leaving school in March has since been committed to an Approved School.

Two girls and two boys attended for play therapy during the first three months of the year, but by Easter they had outgrown the need for this form of treatment, and it was not found necessary to form another play group. Although individual play therapy was used from time to time, it was not separately recorded.

Table 17 shows the type of work done at the Centre and the extent of each.

TABLE 17

| | | |
|---|---|---|
| No. of psychological investigations: | | |
| By individual tests ... ... | 176 | |
| By parents interview ... ... | 47 | |
| | | 223 |
| No. of visits of children to the Centre for educational and other therapy . ... | | 677 |
| No. of visits of children to the Centre for Play Therapy ... ... ... ... | | 30 |
| No. of visits of parents ... ... ... | | 108 |
| No. of home visits ... ... ... ... | | 28 |
| No. of school visits ... ... ... ... | | 274 |

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, the School Nurses and Health Visitors. The Mental Health Worker has also given invaluable assistance, not only in reporting on the progress of children who had been discharged but in acting as a liaison between the parents of such children and the Centre. To all of these thanks are due, for without their support this service could not have been adequately conducted.

## SPEECH THERAPY

I am indebted to Miss P. R. Dawson, L.C.S.T., for the following report.

Throughout the year 1954 speech therapy was again offered to all children resident within the city, or attending city schools, who were found to be suffering from a speech defect. A total of 115 children was seen during the course of the year. With only a few exceptions the children attended regularly, and, generally speaking, home co-operation has been most encouraging. Weekly treatment was usually arranged, but in a few cases it was thought advisable to give bi-weekly or fortnightly treatment.

In 8 instances parents were interviewed, advice was given and the children were kept under observation.

Table 18 sets forth work done, while Table 19 indicates the conditions for which treatment was given.

TABLE 18

| | Boys. | Girls. | Total. |
|---|---|---|---|
| No. of cases on Roll, 1st Jan., 1954 | 56 | 24 | 80 |
| No. of cases remedied | 15 | 9 | 24 |
| No. of cases left district or left school | 4 | 2 | 6 |
| No. of cases ceased attending | 1 | 2 | 3 |
| No. of cases temporarly discharged (retained under observation) | 4 | 1 | 5 |
| No. of cases re-admitted | 3 | — | 3 |
| No. of new cases admitted | 29 | 6 | 35 |
| No. of cases on Roll, 31st Dec., 1954 | 64 | 16 | 80 |

TABLE 19

| | Boys. | Girls. | Total. |
|---|---|---|---|
| No. of Stammerers | 39 | 6 | 45 |
| No. of Dyslalics | 39 | 21 | 60 |
| No. of Cleft Palate | 5 | — | 5 |
| No. of Partially Deaf | 2 | — | 2 |
| No. of Spastic Dysarthria | 3 | — | 3 |

## HANDICAPPED CHILDREN

There is only one school for delicate and physically handicapped children in the City, namely, the H. K. Campbell School, and children with specialised defects have to go to residential schools if vacancies can be found. Table 20 indicates the provision which was made for various classes of handicapped children.

TABLE 20

| | |
|---|---|
| In Certified Schools for Blind ... ... | 2 |
| In Certified Schools for Partially Sighted | 1 |
| In Certified Schools for Deaf and Dumb ... | 10 |
| In Certified Schools for Partially Deaf ... | 1 |
| In Residential School for Spastics . ... | 1 |
| In Orthopaedic Hospital School ... ... | 1 |
| In Residential Special Schools for Educationally Sub-Normal Children . ... | 2 |
| In H. K. Campbell School on 31-12-54— Physically Handicapped . ... ... | 65 |
| In Class for Educationally Sub-Normal Children ... ... ... ... ... | 12 |

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

| | |
|---|---|
| In City General Hospital ... ... ... | 15 |
| In their Own Homes ... ... ... ... | 8 |
| Receiving Education at end of year ... | 7 |

28 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. 10 of these children are in institutions and the remainder are under the supervision of the Local Health Authority.

During the year 12 children attended the class for educationally sub-normal children in Denton Holme Junior School.

## CEREBRAL PALSY

In recent years an increasing amount of attention has been focussed on the cerebral palsied or spastic child. These children present a wide variety of educational as well as medical problems and a few special schools have been established where those spastic children who are of average intelligence can have the very specialised educa-

tional treatment they would appear to require. Such establishments are very expensive, but apart from this not all spastic children are equally capable of profiting by such special educational treatment. It is, of course, the duty of a Local Education Authority to provide suitable education for children in its area, having regard to their abilities and aptitudes. It was, therefore, decided at the end of 1953 that in the year 1954 I should carry out a special survey of children who might be classed as spastics with a view to providing the necessary facts and figures to enable the Education Committee to determine the type and extent of the provision which would have to be made for such children. As a preliminary I sent the subjoined letter to all local medical practitioners, but this brought to light no case about whom we had not already had information.

*Public Health Department,*
*22 Fisher Street,*
*Carlisle.*
*19th November, 1953.*

*Dear Doctor,*

*SPASTIC CHILDREN*

*The Local Authority is concerned regarding the number of spastic children for whom it is expected to provide special educational treatment. In order to know the extent of the necessary provision it is essential that I have an up-to-date picture of the number of spastics, known or suspected, in the area.*

*It is probable that I shall be arranging for a special assessment panel, who would be responsible for examining any such children and advising as to their suitability for admission to a special school for spastics or other special educational treatment. Would you, therefore, be good enough to let me know the name, address and age of any child between the ages of two and fifteen years whom you consider to be a spastic? If for any reason you feel that we should not visit or communicate with the parents of any child would you please state so and your wish will be respected.*

*Yours truly,*

*JAMES L. RENNIE,*

*Medical Officer of Health.*

When the assessment panel was set up we were fortunate in being able to obtain the services of Dr. E. Ellis, Medical Director of the Percy Hedley School for Spastic Children, Newcastle-upon-Tyne, who acted as consultant. The other members of the panel consisted of the two School Medical Officers, the Educational Psychologist, and myself. At each case conference interested parties, including the General Medical Practitioner, the School Teacher, the Speech Therapist, Mental Health Worker and the Supervisor of the Occupation Centre were invited, if appropriate. Before an appointment was made for the patient to be examined a questionnaire was sent to the general practitioner and a letter to any local consultant concerned in the case; they were asked to give their observations, together with a loan of any specialists' reports which might be available, and they were also informed of the date and time the patient would be examined by Dr. Ellis and invited to attend the case conference which followed if they were free. I have to record with thanks the excellent co-operation I received from all general practitioners and consultants in connection with this survey.

In addition, most patients were examined individually by the Educational Psychologist and, where necessary, by the School Medical Officers, prior to the appointment with Dr. Ellis. In order that the consultations might be carried out thoroughly and that there would be ample time to discuss in detail each individual child, only three were dealt with at any one afternoon session.

Not only were children who were known to suffer from cerebral palsy dealt with by the assessment panel, but any child whose parents put forward the claim that he was a spastic child was similarly assessed. In only one case did the parents fail to avail themselves of the invitation to have the child examined and assessed by the panel. One girl who was known to suffer from cerebral palsy, and of normal intelligence, and who was already in attendance at the Percy Hedley School, was not brought before the panel.

In assessing children the panel determined in broad terms the physical handicap, any mental handicap, and, if possible, made recommendations as to the type of school and future action. It is pleasing to record that all the recommendations made were unanimous. Full details of the findings among the 16 children born from 1939 to 1949 inclusive (the 5 - 15 year old age group in 1954) are given in Table 21.

TABLE 21

Table showing the children aged 5 - 15 years (born 1939-1949 inclusive) who were reviewed by the Cerebral Palsy Panel in 1954 :—

| | Male | Female | Total |
|---|---|---|---|
| 1. No. of children reviewed ... | 9 | 7 | 16 |
| 2. No. considered fit to continue at ordinary school . ... | 1 | 1 | 2 |
| 3. No. of pupils at present attending Open Air School considered fit to return to ordinary school . ... | 1 | — | 1 |
| 4. No. of children at present attending Open Air School who were considered fit to continue thereat . ... | *1 | 2 | 3 |
| 5. No. of children suitable for special class for spastic children at H. K. Campbell School ... ... ... | 3 | 1 | 4 |
| 6. No. where child to be placed under Statutory Supervision on leaving school ... | — | 1 | 1 |
| 7. No. where although child suffered from spastic condition there was associated mental deficiency of such a degree as to require action under the Mental Deficiency Acts (Ineducable) . ... ... ... | 2 | 1 | 3 |

| | | | |
|---|---|---|---|
| 8. No. of children who suffered from mental deficiency and did not suffer from any spastic condition ... | 1 | 1 | 2 |

**This child also partially sighted and to be reviewed later*

As in other surveys of cerebral palsied children, it was found, after making all allowances for their difficulties, that many more of them fell within the educationally sub-normal class than one would expect in a normal sample of children. As a result of the survey carried out it was possible to recommend that a special day class for cerebral palsied children, who were not suitable for admission to the Percy Hedley School at Newcastle, be established at the H. K. Campbell School in Carlisle, and by the end of the year Ministerial approval to this course of action had been received.

## H. K. CAMPBELL SCHOOL

This school was originally opened in 1930 as an open air school for delicate children. Its purpose was to cater for the special educational treatment and nourishment of those boys and girls who might be suffering from malnutrition, with a view to their return to an ordinary school after a relatively short stay in the special school. As time passed and facilities for school meals and milk became available in all Council schools, the character of the H.K. Campbell School has gradually changed, and from being a school for delicate children now caters equally, if not more, for the child with a definite physical handicap, as will be seen from the figures given below. The classification of the school has accordingly been altered from an open air school to a day school for delicate and physically handicapped children.

At the beginning of the year 70 children were in attendance and 17 were admitted during the year, giving a total of 87 children dealt with. 22 children were discharged, leaving 65 still in attendance at the close of the year. The average length of stay of the pupils was 2 years 8 months. Table 22 gives an indication of the defects from which the children suffered.

TABLE 22

| | |
|---|---|
| Tubercular— | |
| Pulmonary (non-infectious) ... ... | 4 |
| Non-Pulmonary . ... ... ... | 3 |
| Pretubercular . ... ... ... ... | 1 |
| Bronchitis and Asthma ... ... ... | 24 |
| Debility . ... ... ... ... ... | 23 |
| Malnutrition ... ... ... ... ... | 4 |
| Anaemia . ... ... ... ... ... | 3 |
| Heart Disease ... ... ... ... ... | 8 |
| Orthopaedic Defects including Spastics ... | 10 |
| Myopia and Partial Blindness ... ... | 1 |
| Naevus—Left Leg ... ... ... ... | 1 |
| Nephritis ... ... ... ... ... | 1 |
| Muscular Dystrophy ... ... ... ... | 1 |
| Chorea ... ... ... ... ... ... | 1 |
| Haemophilia ... ... ... ... ... | 1 |
| Partially Deaf ... ... ... ... ... | 1 |

## PROVISION OF MILK AND MEALS IN SCHOOLS

### Milk

The average number of children on one day availing themselves of the scheme has been 8,107, as compared with 7,584 last year. Table 23 given below shows the numbers taking milk on an average day in the following periods.

TABLE 23

| | |
|---|---|
| May to August ... ... ... ... ... | 7721 |
| September to December ... ... ... | 8251 |

The percentage of children having milk on one set day during the year was 80.3.

### Meals

Table 24 shows the number of children taking meals (free and paid) on any one day during the following periods.

TABLE 24

| | Free. | Paid. |
|---|---|---|
| May to August ... ... ... | 700 | 2377 |
| September to December . ... | 750 | 2777 |

The percentage of children having meals on one set day during the year was 34.3.

## 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, although the City Council prosecuted one parent and obtained a conviction where there had been neglect in calling medical aid.

### CHILDREN'S SUNSHINE HOME, ALLONBY

This Home, which was open eight months in the year, provided 42 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

122 boys and 3 girls 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

Thirty 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 40 entrants to teachers' training colleges.

## HOME VISITING

1337 home visits were made by the Health Visitors in their capacity as School Nurses.

## DEATHS OCCURRING IN SCHOOL CHILDREN

One school child died during the year as a result of an accident in school.

## MINISTRY OF EDUCATION
## MEDICAL INSPECTION RETURNS

### TABLE I.

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

### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Children examined in each:—

| | |
|---|---|
| Entrants ... ... ... ... ... ... | 1266 |
| Second Age Group ... ... ... ... ... | 936 |
| Third Age Group ... ... ... ... ... | 858 |
| Total ... | 3060 |
| Additional Periodic Inspections ... ... ... | 1334 |
| Grand Total ... | 4394 |

### B.—OTHER INSPECTIONS

| | |
|---|---|
| Number of Special Inspections ... ... ... | 3069 |
| Number of Re-inspections ... ... ... ... | 5275 |
| Total ... | 8344 |

### 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).

| Age groups inspected | For defective vision (excluding squint) | For any of the other conditions recorded in Table II A | Total individual pupils |
|---|---|---|---|
| (1) | (2) | (3) | (4) |
| Entrants ... ... ... | 3 | 248 | 222 |
| Second Age Group ... ... | 41 | 84 | 112 |
| Third Age Group ... ... | 32 | 59 | 84 |
| Total ... ... ... ... | 76 | 391 | 418 |
| Additional Periodic Insp'ns. | 28 | 173 | 176 |
| Grand Total ... ... ... | 104 | 564 | 594 |

## TABLE II.

—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1954.

| Defect Code No. | Defect or Disease | PERIODIC INSPECTIONS — No. of Defects | | SPECIAL INSPECTIONS — 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 .... .... | 67 | 35 | 238 | 3 |
| 5 | Eyes—*a.* Vision .... | 104 | 510 | 126 | 168 |
| | *b* Squint .... | 26 | 11 | 10 | — |
| | *c.* Other .... | 26 | 7 | 114 | — |
| 6 | Ears—*a.* Hearing | 3 | 10 | 12 | 5 |
| | *b.* Otitis Media | 14 | 2 | 32 | — |
| | *c.* Other .... | 35 | 12 | 34 | 12 |
| 7 | Nose or Throat .... | 116 | 237 | 154 | 34 |
| 8 | Speech .... .... | 16 | 21 | 21 | — |
| 9 | Cervical Glands .... | 1 | 86 | 5 | 40 |
| 10 | Heart & Circulation | 1 | 35 | 3 | 1 |
| 11 | Lungs .... .... | 39 | 68 | 10 | 1 |
| 12 | Developmental— | | | | |
| | *a.* Hernia .... | — | 3 | — | — |
| | *b.* Other .... | 7 | 8 | — | — |
| 13 | Orthopædic— | | | | |
| | *a* Posture .... | 4 | 10 | 6 | — |
| | *b.* Flat Foot .... | 17 | 17 | 44 | — |
| | *c.* Other .... | 131 | 94 | 122 | 10 |
| 14 | Nervous System— | | | | |
| | *a.* Epilepsy .... | 2 | — | 1 | — |
| | *b.* Other .... | 5 | 4 | 4 | — |
| 15 | Psychological— | | | | |
| | *a.* Development | 2 | 29 | 31 | — |
| | *b.* Stability .... | 1 | 9 | 3 | — |
| 16 | Other .... .... | 51 | 173 | 927 | 1 |

## 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 .... .... .... | 1266 | 229 | 18.1 | 1010 | 79.8 | 27 | 2.1 |
| Second Age Group .... | 936 | 234 | 25.0 | 676 | 72.2 | 26 | 2 8 |
| Third Age Group .... ... | 853 | 220 | 25.7 | 598 | 69.7 | 40 | 4.6 |
| Additional Periodic Inspections | 1334 | 334 | 25 0 | 966 | 72.4 | 34 | 2.6 |
| Total .... | 4394 | 1017 | 23.1 | 3250 | 74 0 | 127 | 2.9 |

## TABLE III.

### INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons . ... ... ... ... ... 25017

(ii) Total number of *individual* pupils found to be infested ... ... ... ... ... 477

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ... Nil

(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ... Nil

## TABLE IV.

## TREATMENT OF PUPILS ATTENDING MAINTAINED 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 during the year. | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Ringworm—(i) Scalp ... ... | 6 | — |
| (ii) Body ... ... | 7 | 1 |
| Scabies ... ... ... ... | 16 | — |
| Impetigo ... ... ... ... | 123 | 6 |
| Other skin diseases ... ... ... | 72 | 69 |
| Total ... | 224 | 76 |

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

| | No. of cases dealt with | |
|---|---|---|
| | By the Authority. | Otherwise. |
| External and other, excluding errors of refraction and squint ... | 141 | 26 |
| Errors of refraction (including squint) ... ... ... ... | 435 | — |
| Total ... | 576 | 26 |

(Regional Hospital Board Specialist is Consultant)

| | | |
|---|---|---|
| Number of pupils for whom spectacles were | | |
| (a) Prescribed ... ... | 319 | 156 |
| (b) Obtained ... ... ... | 290† | 156 |

†38 pupils obtained spectacles which were prescribed in 1953

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

| | No. of cases treated | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Received operative treatment | | |
| (a) for diseases of the ear ... | — | 2 |
| (b) for adenoids and chronic tonsillitis ... ... ... | — | 302 |
| (c) for other nose and throat conditions ... ... ... | — | 2 |
| Received other forms of treatment . | 94 | 34 |
| Total ... | 94 | 340* |

*317 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 ... ... ... | 14 |

| | By the Authority. | Otherwise. |
|---|---|---|
| (b) Number treated otherwise, e.g., in clinics or out-patient departments . ... ... | 696 | — |

(Regional Hospital Board Specialist is Consultant)

## GROUP 5.—CHILD GUIDANCE TREATMENT

| | No. of cases treated | |
|---|---|---|
| | In the Authority's Child Guidance Clinics. | Elsewhere. |
| Number of pupils treated at Child Guidance Clinics ... ... ... | 32 | — |

## GROUP 6.—SPEECH THERAPY

| | No. of cases treated | |
|---|---|---|
| | By the Authority. | Otherwise. |
| Number of pupils treated by Speech Therapist . ... ... ... | 115 | — |

## GROUP 7.—OTHER TREATMENT GIVEN

| | No. of cases treated | |
|---|---|---|
| | By the Authority. | Otherwise. |
| (a) Miscellaneous minor ailments . | 840 | 69 |
| (b) Other than (a) above specify | | |
| 1. Surgical ... ... ... | — | Not known |
| 2. Chest Conditions ... | — | 7 |
| Total ... | 840 | 76 |

## TABLE V.

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

| | |
|---|---|
| (1) Number of pupils inspected by the Authority's Dental Officers: | |
| (a) At Periodic Inspections ... ... ... | 3339 |
| (b) As Specials . ... ... ... ... | 1538 |
| Total (1) ... | 4877 |
| (2) Number found to require treatment ... ... | 3645 |
| (3) Number offered treatment ... ... ... | 3345 |
| (4) Number actually treated . ... ... ... | 2916 |
| (5) Attendances made by pupils for treatment ... | 6575 |

| | | |
|---|---|---|
| (6) Half days devoted to: | Periodic Inspection ... | 26 |
| | Treatment ... ... | 874 |
| | Total (6) ... | 900 |
| (7) Fillings: | Permanent Teeth ... ... ... | 3397 |
| | Temporary Teeth ... ... ... | 279 |
| | Total (7) ... | 3676 |
| (8) Number of teeth filled: | Permanent Teeth ... | 2637 |
| | Temporary Teeth ... | 211 |
| | Total (8) ... | 2848 |
| (9) Extractions: | Permanent Teeth ... ... ... | 1237 |
| | Temporary Teeth . ... ... | 2273 |
| | Total (9) ... | 3510 |
| (10) Administration of general anaesthetics for extraction . ... ... ... ... ... | | 1994 |
| (11) Other operations: | Permanent Teeth ... ... | 622 |
| | Temporary Teeth ... ... | 28 |
| | Total (11) ... | 650 |