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CITY OF  CARLISLE

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

School Health Service

FOR THE YEAR 1956

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 1956.

It was possible during the year to provide further extensions to the services offered to the public. In particular we were able to engage a part-time teacher of the deaf who carried out special tests of hearing on children in attendance at infants' schools ; full details of this are given in the body of the report. A room in George Street Clinic was specially equipped for audiometric tests while one of your Medical Officers and two Health Visitors attended special courses at Manchester for training in the ascertainment of deaf children. It is hoped that with these advances, and others which are planned, a comprehensive service for the deaf child will shortly be established in the City.

In the early summer it was possible to offer poliomyelitis vaccination to a restricted number of children in accordance with the scheme laid down by the Ministry of Health. Head Teachers played a very great part in distributing leaflets and obtaining consents from school children whose parents wished them to be vaccinated and their help in this matter was very much appreciated. It is regretted that the amount of vaccine available was such that only very few of the school children were able to have this treatment before the poliomyelitis season came upon us.

Once again I have to report a number of changes in the staff. The Dental Officer, Miss Rothwell, left the service in April and her place was not filled by the end of the year although an appointment had been made. There was also a change in the Orthopaedic Department but we were fortunate in obtaining the services of a local Physiotherapist.

The specialist clinics were conducted as in previous years and I should like to thank Mr. R. S. Venters, Dr. A. T. G. Evans, Mr. W. McKechnie, Dr. M. G. Jones and Dr. J. Braithwaite for their valuable help in this connection.

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 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

As in previous years a statistical summary of the situation and work undertaken during the year is given below. This has been enlarged to include the work undertaken by the Educational Psychologist, Speech Therapist, Physiotherapist, and Orthoptist. The specialist clinics conducted by Regional Hospital Board Consultants are not included.

Average No. on Rolls	10509
No. of Routine Medical Inspections	4197
No. of above children referred for treatment ...	703
No. of above children referred for observation ...	1070
No. of Special Inspections	3060
No. of Re-inspections	5648
Total No. of Inspections	12905
No. of parents present at Routine Medical Inspections	3126
No. of visits to Schools by School Medical Officers ...	217
No. of visits to Schools by Health Visitors ...	621
No. of home visits by Health Visitors	683
No. of cases treated at the Minor Ailment Clinics	1439
No. of attendances at Minor Ailment Clinics ...	7462
No. of school visits paid by Dental Officers ...	11
No. of children examined by Dental Officers ...	2929
No. of children found to require dental treatment	2408
No. of children treated by Dental Officers ...	2024
No. of visits to schools paid by Educational Psychologist	286
No. of children examined by Educational Psychologist in School, at Clinic, or in own homes ...	276
No. of children who received Speech Therapy at Clinic	111
No. of visits to H. K. Campbell Special School paid by Physiotherapist from September to December	22
No. of children treated by Physiotherapist in Special School for Physically Handicapped Children and at Orthopaedic Clinic	142
No. of sessions held by Orthoptist	94
No. of new cases examined	85
No. of children treated	50

MEDICAL INSPECTION

Routine Medical Inspection in Schools is not now employed to find gross manifestations of disease but is of value for the opportunity afforded to parents to discuss with the School Medical Officer and teacher any medical problems which may have a bearing on the child's school life and educational attainment. It is therefore important for parents to attend such inspections whenever possible, and the drop in attendance of parents by 5 per cent. from 1955 is regrettable.

During the year 4197 children were presented for periodic examination, 74 per cent. of them being accompanied by their parents. No defect was observed in 2424 of these children but in the remaining 1773 scholars 2471 abnormalities were noted. In addition 3060 children were submitted to special examinations at the request of teachers, school nurses, etc. The defects found in these periodic and special examinations are set forth in Table 1.

It has for many years been customary to examine the 7 year old children for visual defects and 923 scholars were so tested. As a result 27 were referred for treatment and 152 were noted for observation at subsequent visits.

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	47	42	217	1
Eye	138	590	212	169
Ear	342	101	186	41
Nose and Throat	65	266	144	23
Lymphatic Glands	4	128	—	15
Speech	22	27	20	3
Heart and Circulation	3	35	1	2
Lungs	50	50	8	1
Nervous System	7	4	6	1
Orthopaedic Defects	159	174	143	13
Other Defects and Diseases (excluding Dental Diseases, and Uncleanliness)	57	160	1066	—
Total	894	1577	2003	269

COMMUNICABLE DISEASE

The incidence of infectious disease as it affects the total population will be dealt with in the Annual Report of the Medical Officer of Health and its occurrence among school children only will be briefly considered here. It is with pleasure I can report that for the seventh year in succession there was complete absence of diphtheria from the City. As can be seen from Table 2 with the exception of chicken pox there was a comparatively low incidence of infectious disease.

TABLE 2.

Scarlet Fever	7
Measles	12
Whooping Cough	6
Pulmonary Tuberculosis	2
Food Poisoning	3
Dysentery	10
Meningococcal Infection	1
Mumps	58
Chickenpox	472

One child suffering from Impetigo, a contagious skin condition, was found in school and excluded while 5 children not suffering from communicable conditions but considered medically unfit to attend school were excluded on the advice of your school Medical Officers.

From a scientific point of view verminous conditions are much easier to control than infectious fevers. The ordinary decent measures of cleanliness should be sufficient, yet year after year have I to report to you that there still exists the hard core of families who never appear to get cleaned up or who if cleaned soon become reinfested.

Your staff during the year made 26594 examinations of children for the purpose of detecting possible infestations. This is the highest number of examinations ever made in a single year and the results are given in Table 3.

TABLE 3.

Total number of examinations		26594
Number of children found verminous	143	
Number of children found with Nits	146	
Number of children found with other conditions	4	
	——	293
Number of these allowed to continue at school under supervision		224

Number of children excluded from school ...	65
Number of parents requested to clean dirty or fleabitten body and/or clothing of children	4
Number of children excluded on—	
One occasion	47
Two occasions	10
Three or more occasions	8

SPECIAL PREVENTIVE MEASURES

Diphtheria Immunisation

The immunisation of all possible school children has been continued and it is known that at least 9,456 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 at some time.

It is our practice to offer reinforcing doses of prophylactic at school entry and before leaving the primary school.

Prevention of Tuberculosis

Testing children in the 6 year old group to ascertain whether they had had a primary tuberculous infection (Mantoux Test) was continued.

641 children were, with their parents' consent, so tested. Of these 25 gave a positive reaction and were referred to the Chest Physician for a full investigation.

B.C.G. Vaccination of the 13-14 year age group was continued. The number accepting in 1956 was not materially different from that in 1955. The number who were tested etc. is given in Table 4.

TABLE 4.

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

(i) No. whose parents wished B.C.G. vaccination	642
(ii) No. of above who gave positive reaction to Mantoux Test (1/1,000 OT)	100
(iii) No. who gave positive reaction to second Mantoux Test (1/100)	116
(iv) No. not requiring B.C.G., i.e., (ii) plus (iii) ...	216
(v) No. who received B.C.G.	396
(vi) No. who had not completed treatment at end of year	30

All teachers, and pupils about to leave school were again offered examination by the Mass Miniature Radiography Unit. There was as shown in Table 5 a slight increase in the number of pupils accepting this investigation but unfortunately a fall in the number of teachers who attended for examination at the special sessions.

TABLE 5.

	1955	1956
No. of pupils examined ...	1968 ...	2205
No. of teachers examined ...	267 ...	246

MEDICAL TREATMENT.

Medical treatment is normally the responsibility of the child's general practitioner but certain treatments, particularly those of a preventive nature, and special consultants' sessions are held in the Council's Clinics. The main School Clinic is at No. 2 George Street, and provides for :

1. Special inspections and examinations by School Medical Officers.
2. Minor Ailment Clinic.
3. A Scabies, etc., Cleansing Station.
4. Immunisation and Vaccination Clinics (Diphtheria, Smallpox, Poliomyelitis, B.C.G.)
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.
4. Immunisation and Vaccination Clinics (Diphtheria, Poliomyelitis, B.C.G.)

The Clinic at Inglewood Infants' School is an established feature of the service and is now used for immunisation and vaccination sessions as well as for minor ailments.

MINOR AILMENTS.

The School Nurses conducted daily Minor Ailment Clinics and at these (excluding Scabies) 1435* cases were treated. The number of attendances at these clinics was 7462 and the results are given in Table 6.

TABLE 6.

Cured	1318
Improved	16
Ceased attending or failed to complete their course of treatment	56
Referred to Hospital	9
Attending Medical Practitioners	27
Still attending for treatment on 31st December, 1956	9

In addition 4 cases of scabies attended for advice and treatment ; 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 and 36.**

DENTAL INSPECTION AND TREATMENT

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

We were unfortunate to lose the services of one dental officer, who moved south for domestic reasons at the end of April, and for the rest of the year were single-handed. The problem of recruitment is difficult in this area, and, in spite of advertising, we were unable to fill the vacancy before the end of the year.

The Committee are no doubt aware that this problem will become increasingly difficult throughout the country in the next few years, and will therefore appreciate the need for the recommendations contained in the McNair and other similar reports to be put into force without delay.

The figures for the year show a general decrease, compared with the previous year, as one would expect in the circumstances. The number of pupils inspected at school, viz. 1409, seems small but with one dental officer having to deal with 'left overs' as well as his own patients, less frequent visits to schools are inevitable, and if immediate treatment cannot be offered, pointless. One must, moreover, take into account the increasing number of special requests for treatment of recent years.

Although public interest in dental health leaves much to be desired, it is gratifying and significant to record that in this Borough, and I suspect elsewhere, there are a growing number of parents who appear to appreciate a full course of treatment being carried out for their child, and who express a desire for regular supervision. Inevitably many children can only be offered emergency treatment, although one is thankful to the general practitioner for the help given in dealing with the needs of an appreciable number. The number of pupils actually treated by the Authority's dental officers was 2024, and the attendances made for treatment were 4548.

For the first time returns of the Orthodontic and Prosthetic work done, are asked for by the Ministry, and these

and other particulars will be found tabulated on page 38. It will be seen that 74 pupils were treated with appliances, 48 cases being completed during the year. Artificial dentures were supplied to 24 pupils, generally partial dentures bearing one to four teeth, replacing those lost by advanced disease of teeth or gums, or not infrequently lost through injury. 32 children were referred for X-ray examination.

In conclusion it should be noted that the equivalent of at least 32 sessions was devoted to work for the Health Committee.

EAR, NOSE AND THROAT DEFECTS.

Mr. R. S. Venters, F.R.C.S., Senior Consultant Otolaryngologist for the Special Area, continued to be responsible for the specialist clinics held at George Street School Clinic. Children who attend maintained and non-maintained schools as well as pre-school children can be seen at this clinic and any necessary operative treatment can be carried out in Mr. Venters' wards at the City General Hospital. It should be noted that children are always referred to this clinic for a Consultant's opinion and no children are referred directly by the School Medical Officers to the hospital for such operations as tonsillectomy. Mr. Venters held 23 sessions during 1956 and a total of 551 (474 school and 77 pre-school) children were examined. During the year 221 (179 school and 42 pre-school) children were admitted to the City General Hospital for surgical treatment, while 13 children were admitted to hospital for non-operative treatment.

Six school children were referred for X-ray examination and 7 (5 school and 2 pre-school) children for pure tone audiometry tests. Two (one school and one pre-school) children were recommended for hearing aids and were supplied with them.

One child was referred to Professor and Mrs. Ewing at Manchester University and it was recommended that he attend there for guidance and eventually be admitted to a special school for the deaf.

In April we were fortunate in recruiting Mrs. Parkinson, a trained teacher of the deaf, who was able to devote several sessions a week to the ascertainment of deaf children in schools by means of pure tone sweep test. During the summer term she carried out tests in two infant schools and the results of her examinations are given in Table 7.

TABLE 7.

No. of sessions	17
No. of children screened	479
No. where full Audiograms were required ...	33
No. referred to E.N.T. Specialist	33

Although none of the 33 children referred for consultation suffered from gross defects, the Ear, Nose and Throat Consultant agreed that they were all proper cases for specialist consultation. Nine were recommended for the removal of tonsils and adenoids, one for removal of recurrence of adenoids and 5 had wax removed from their ears. It would appear that if sweep tests are to be the order of the day then it will be necessary for School Medical Officers to screen the cases before they are referred to a Consultant to prevent the Ear, Nose & Throat Clinic being overloaded with simple conditions such as wax in ears where a Consultant's opinion is not necessary.

It was regrettable that Mrs. Parkinson had to cease work with the department in September for domestic reasons and for the remainder of the year sweep testing was in abeyance.

DEFECTS OF THE EYES.

The Eye Clinic which is held at George Street School Clinic was conducted by Dr. A. T. G. Evans, Consultant Ophthalmologist, on 46 occasions. In all 495 (453 school and 42 pre-school) children were examined at the clinic. The majority of these children come from maintained schools but as the clinic is conducted by a Hospital Board Consultant, other children from private schools are admitted if the parents so wish. Of the school children 142 were being examined for the first time and 311 were being re-examined, generally with a view to ascertaining whether they required a change of spectacles. In 38 of the latter cases the existing spectacles were found to be satisfactory but among all others new spectacles were required in 363 cases. 98 of the school children above examined were suffering from some degree of squint.

Eight school children were found to have conditions other than visual defects and these are noted in Table 8.

TABLE 8.

Blepharitis	3
Conjunctivitis	3
Corneal Ulcer	1
Cyst on eyelid	1

ORTHOPTIC TREATMENT.

It has been possible to arrange for the County Orthoptist to attend at George Street Clinic on two days per week to give treatment to Carlisle children and for this purpose apparatus was acquired just before the end of the school year. The new arrangement will come into force in 1957. I am indebted to Miss Hodson, the County Orthoptist for the following report on orthoptic treatment to Carlisle chidren during the year.

I am pleased to be able to report that as a result of increasing the number of sessions per week from one to two sessions in 1955, the long waiting list has now been overcome and children referred to the orthoptic clinic may now be seen straight away and there is no delay in starting regular treatment.

During 1956 the number of children seen each month was as follows :—

January	41
February	71
March	56
April	52
May	61
June	46
July	28
August	44
September	48
October	52
November	28
December	35

The number of new cases seen was 85 and the number of new cases taken on for treatment was 42.

These consisted of :—

Constant convergent squints	16
Convergence Weakness	8
Intermittent convergent squints	4
Fully accommodative	8
Intermittent divergent squints	4
Exophoria	1
Amblyopia	1

The number of patients discharged during the year was :—

Cured	22
Cosmetically satisfactory	8
Improved	12
Not responding to treatment	4
Failed to attend	5
Left district	1

The number of patients attending on 31st December, 1956, was 26.

ORTHOPAEDIC SERVICE.

Mr. William McKechnie, F.R.C.S. (Edin.), Consultant Orthopaedic Surgeon to the Special Area, continued to be responsible for the orthopaedic clinic conducted at Eildon Lodge for school and pre-school children. Like the other Consultants' clinics children were admitted whether they attended private schools or maintained schools. During the year there were many changes in staff. Miss Soutter, F.R.C.S., left in February and a replacement for her was not obtained until Dr. Jones commenced as the Orthopaedic Registrar in July. Miss Greenlees, the Remedial Gymnast, left at the end of February and Mr. J. Maitland Smith, M.C.S.P., commenced as Physiotherapist on the 23rd April. Twenty-eight clinic sessions were held at which 925 (655 school and 270 pre-school) children were examined.

The Physiotherapist held clinics for exercises at which 136 school children made 931 attendances; in addition 114 attendances were made by pre-school children.

Table 9. sets forth the work carried out by the Physiotherapist in this connection. In addition he has been attending regularly at the H. K. Campbell School to deal with children in the spastic class there, but this will be referred to under Cerebral Palsy on page 28.

TABLE 9.

	No. of Attendances
Postural	208
Flat Foot and Knock Knee	520
Individual	203

At the After-Care Clinics 704 attendances were made, 529 by school children and 175 by pre-school children.

SCHOOL MENTAL HEALTH SERVICE

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

During the year I dealt with 276 children at George Street Clinic. 93 of these children had been referred to me for investigation and treatment during 1955 and previous years and continued attending during the year under review. 16 were children who had ceased attending but who had been sent for further treatment or investigation, while 167 represented children actually referred to me during 1956.

In 131 cases, reports were sent to Head Teachers and where appropriate to the Children's Officer or Probation Officer, but the children were not referred or brought back to the Clinic for any special treatment. 26 other children were of intelligence so low as to be unlikely to benefit from education in an ordinary school, and they were referred to the School Medical Officer for ascertainment.

In a few cases home visits and visits to the schools were made in connection with children referred to the Clinic but no special treatment or investigations were carried out in the homes. The parents of 38 children were called to the Clinic on one or more occasions for advice. 55 children attended the Clinic once a week or oftener. There was lack of co-operation in 6 cases the children ceasing to attend before treatment could be completed, or their parents failing to act on the advice tendered. In another 6 cases parents failed to avail themselves of help offered to the children. On the 31st December, 3 children were on the waiting list to be called to the Clinic.

It is of interest to know the source from which children are referred for examination. Table 10 sets this out clearly. It will be noted that General Practitioners are now sending a fair number of problem cases to the Clinic for examination; the majority of these being sent via the Principal School Medical Officer with a request that they be examined at the centre. This co-operation with General Practitioners is very satisfactory as one learns to know of the child both from the General Practitioner's standpoint as well as from that of the school teacher.

TABLE 10.

	Boys	Girls	Total
Head Teachers	110 ...	77 ...	187
School Medical Officers ...	18 ...	7 ...	25
Children's Officer ...	2 ...	2 ...	4
General Medical Practitioners	13 ...	13 ...	26
Psychiatric Social Worker	1 ...	1 ...	2
Mental Health Worker	6 ...	2 ...	8
Parents	3 ...	5 ...	8
Speech Therapist ...	3 ...	— ...	3
Probation Officers ...	1 ...	— ...	1
Director of Education ...	1 ...	— ...	1
Psychiatrist	2 ...	1 ...	3
School Nurse or Health Visitor	1 ...	2 ...	3
School Welfare Officer ...	2 ...	1 ...	3
Psychologist	2 ...	— ...	2
	165	111	276

The age distribution of children referred to me is of special interest and Table 11 sets out by age and sex the children dealt with throughout the year. It will be noted that the 7-9 year old age groups are those predominantly referred; it is because at this age backwardness in school subjects becomes more apparent and the Head Teachers naturally wish the cause of this backwardness investigated at an age when remedial measures can be most fruitful.

The degree of intelligence of children referred to me is also of great interest and in Table 12 is set out the children referred in accordance with their sex and intelligence level as estimated by the Terman Merrill tests.

Here there is a definite grouping of the numbers around the intelligence range 70-100. This is the range in which difficulty with educational subjects is experienced. Of those in the lower groups some were educationally sub-normal while others merely required extra help in special subjects and their teachers were advised accordingly.

TABLE 11.

Age in Years	Boys	Girls	Total
2+	2	3	5
3+	3	1	4
4+	1	1	2
5+	9	8	17
6+	19	3	22
7+	30	13	43
8+	25	9	34
9+	17	16	33
10+	13	9	22
11+	14	12	26
12+	11	12	23
13+	9	11	20
14+	2	12	14
15+	4	2	6
16+	1	1	2
17+	2	1	3
Totals	162	114	276

TABLE 12.

I.Q.	Boys	Girls	Total
Under 20	—	1	1
20+	—	—	—
30+	2	—	2
40+	2	1	3
50+	3	2	5
60+	10	11	21
70+	20	24	44
80+	33	22	55
90+	42	19	61
100+	10	12	22
110+	17	6	23
120+	8	6	14
130+	8	—	8
140+	3	—	3
150+	—	1	1
160+	1	—	1
Totals	159	105	264

Two children suffered from speech defects and attended the Speech Therapist's Clinic concurrently. One child who was in attendance at my clinic was on probation.

51 children who had average or above average intelligence were found with general or specific backwardness in school work. These children attended the centre regularly for remedial teaching and general treatment. One girl received help first with reading and then with arithmetic; one boy with spelling and English. Table 13 sets out the type of backwardness predominating in the 51 children under consideration.

TABLE 13.

	Boys	Girls	Total
General Backwardness ...	7	4	11
Backwardness in Arithmetic	2	3	5
„ „ Reading	27	6	33
„ „ Spelling	1	—	1
„ „ English	2	1	3
	39	14	53

During the Summer term at the request of the Head Teacher, 24 children in an infants' 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. As a result of this test it was found that 13 children were suitable for admission to such a class.

CHILD GUIDANCE.

Dr. Joseph Braithwaite, Consultant Psychiatrist attends the Clinic every second Friday afternoon in connection with the Child Guidance work of the centre. 41 children were referred for Child Guidance and were seen by him at the Clinic. More children would have benefited by his advice and treatment than it was possible for him to see in the limited time at his disposal.

In Table 14 is given the number of children by sex who attended his Clinic, and the number of attendances made by them. It should be appreciated that psychiatric examination of children is a long process and only very few children can be seen at any one session.

TABLE 14.

	No. of children.	No. of attendances.
Boys	26	41
Girls	15	23
Total	41	64

In Table 15 is set forth the various forms of maladjustment from which these children suffered.

TABLE 15.

	Boys	Girls	Total
General Instability	1	—	1
Anxiety Obsessional States	3	4	7
Night Terrors Nightmares Sleep Walking	4	—	4
Enuresis and Soiling	13	8	21
Emotional Retardation and Regression	3	—	3
Unmanageable Behaviour	8	6	14
Aggression Temper Tantrums	4	—	4
Truancy and Wandering	2	2	4
Pilfering	5	2	7
Untruthfulness	5	1	6
Malicious Mischief	1	—	1
Sexual Offences	—	2	2

The follow-up of discharged cases has been continued by the Mental Health Worker. After being discharged the children are visited three times at the end of six months, at the end of a year and at the end of two years and if satisfactory reports are received on each visit, and if these reports are confirmed by the school reports, the child is removed from the Clinic lists and his treatment is regarded as successful.

Table 16 gives a summary of this work and the results thereof.

TABLE 16.

	Satisfactory	Re-referred	Not at Home	Left City
After 3rd Visit ...	9	1	—	—
After 2nd Visit ...	20	1	—	1
After 1st Visit ...	17	—	—	—

5 boys and one girl attended for Group Play Therapy during the Summer term, but it was found unnecessary to continue this group treatment in the September as by that time these children were ready for discharge and no other children who required this form of treatment had been referred to the Clinic.

SPEECH THERAPY

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

Speech therapy was again offered to all school children with speech defects, residing in the city, or attending city schools. Although fewer children were interviewed than in 1955, this is certainly no indication that work in the department is flagging. The numbers having now assumed more workable proportions, it has been found that more time could be devoted to individual patients, and in several instances it has been possible to offer therapy twice weekly.

Throughout the year cases have been referred by the School Medical Officers, Head Teachers, the Educational Psychologist, and, in increasing numbers, by the Medical practitioners of the city. All cases are, however, seen by the Clinic Medical Officer before the commencement of treatment.

One encouraging aspect of the work has been the number of children who, on leaving school, have expressed their desire to continue with their therapy. They have been offered appointments after working hours.

It has been found that if a child with a slight speech defect is seen at 4 or 5 years, it is often possible, by giving advice and simple instruction to the mother, to avoid the necessity of giving speech therapy later on in the child's school career.

It is anticipated that the tape recording machine, at present on order, will be of great benefit to the work of the department, both in recording the progress made by the individual child, and also in helping him to appreciate, by auditory stimulation, the true nature of his speech defect.

Table 17 indicates the work done, whilst Table 18 details the particular defects treated.

TABLE 17.

	Boys	Girls	Total
On register 1st January, 1956	65	22	87
Discharged—remedied	18	14	32
Discharged—left district or school	9	1	10
Discharged—ceased attending	4	1	5
Admitted (new cases)	18	6	24
On register 31st December, 1956	52	12	64

TABLE 18.

	Boys	Girls	Total
Stammerers	40	12	52
Dyslalics	35	15	50
Cleft Palate	6	—	6
Partially Deaf	2	—	2
Vocal Disfunction	—	1	1

HANDICAPPED CHILDREN

The H. K. Campbell School which was formerly a school for delicate children now functions as a school for the physically handicapped and has a special class for children suffering from Cerebral Palsy. Two Peripatetic Teachers are attached to the staff of this school and in addition to dealing

with the class for the cerebral palsied are responsible for giving teaching to long stay cases in hospital, and visiting children, in their own homes, who are medically unfit to attend school.

Children with specialised defects such as blind children and deaf children have to go to residential special schools outwith the City. In Table 19 is set forth the various types of schools in which provision is made for City children.

TABLE 19.

In certified schools for the Blind	1
In certified schools for the Partially Sighted ...	1
In certified schools for the Deaf and Dumb ...	10
In certified schools for the Partially Deaf ...	2
In residential special sohools for Educationally Sub-Normal Children	8
In residential special schools for Maladjusted Children (Private)	1
In H. K. Campbell School on 31st December, 1956—	
Physically Handicapped	47
In class for Spastic Children	2
In special class at St. Stephen's School for Educationally Sub-Normal Children ...	9
No. of children who received education from Peripatetic Teachers throughout the year—	
In City Generlal Hospital	24
In their own homes	13
No. receiving treatment at the end of the year	8

26 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any educational establishment under the Education Authority. 10 of these children were in institutions and the remainder were under the supervision of the Local Health Authority. During the year 9 children attended the class for educationally sub-normal children which was formerly held in Denton Holme School but owing to the pressure of accommodation there it was transferred to St. Stephen's School in September.

CEREBRAL PALSY.

Dr. Ellis the Medical Director of the Percy Hedley School for Spastics has continued to act as Consultant to the Local Authority in respect of spastic children, and he visited the town on two occasions and saw 6 children.

The spastics class at the H. K. Campbell School has diminished in size because some of the children after a certain amount of training have been found fit to be incorporated in the ordinary stream of children at the school.

Now that the services of a fully qualified Physiotherapist have been obtained he attends the school on two afternoons each week to provide physiotherapy for the spastic children in attendance whether in the special class or in the ordinary school stream.

The following is a list of the visits he made to the school and the number of treatments given.

TABLE 20.

No. of half-day sessions—September-December	22
No. of cases treated (this includes one extra district child) ...	7

Three school children were admitted with their mothers to the Percy Hedley School for Spastics for one week in order that an accurate ascertainment of their handicap and abilities could be made. We are indebted to Dr. Ellis and the staff of the school for providing this much valued service.

H. K. CAMPBELL SPECIAL DAY SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

At the beginning of the year 49 children were in attendance and 16 were admitted during the year, giving a total of 65 children dealt with. 18 children were discharged, leaving 47 still in attendance at the close of the year. The average length of stay of the pupils was 3 years. Table 21 gives an indication of the defects from which the children suffered.

TABLE 21.

Tubercular—	
Pulmonary (non-infectious)	5
Non-Pulmonary	3
Bronchiectasis	4
Bronchitis and Asthma	13
Debility	13
Malnutrition	3
Heart Disease	8
Orthopaedic defects including Spastics	11
Myopia and Partial Blindness	1
Muscular Dystrophy	1
Haemophilia	1
Partially Deaf	1
Ataxia	1

PROVISION OF MILK AND MEALS IN SCHOOLS

Milk.

The average number of children on one day in September, 1956, availing themselves of the scheme has been 8831 as compared with 8242 last year.

The percentage of children having milk on this set day during the year was 78.9% as against 82.4% in the previous year.

Meals.

The following table shows the number of children taking meals (free and paid) on a set day in September, 1956. Comparative figures for 1955 are also shown.

	Free Meals	Paid Meals	Total	Percentage taking Dinner
1955 ...	769 ...	2792 ...	3561 ...	35.6
1956 ...	808 ...	2874 ...	3682 ...	35.5

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.

CHILDREN'S SUNSHINE HOME, ALLONBY

This Home, which was open eight months in the year, provided 44 children with a fortnight's holiday, and acknowledgements 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

97 boys and 14 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

37 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 31 entrants to teachers' training colleges.

HOME VISITING

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

DEATHS OCCURRING IN SCHOOL CHILDREN

Three school children died during the year. One was the result of accidental drowning in the River Eden. The others were from natural causes.

MINISTY OF EDUCATION
MEDICAL INSPECTION RETURNS

TABLE 1.

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

A.—PERIODIC MEDICAL INSPECTIONS

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

Entrants	1118
Second Age Group	899
Third Age Group	865
Total ...	2882
Additional Periodic Inspections	1315
Grand Total ...	4197

B.—OTHER INSPECTIONS

Number of Special Inspections	3060
Number of Re-inspections	5648
Total ...	8708

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 III	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	4	265	208
Second Age Group	23	153	144
Third Age Group	27	115	117
Total ...	54	533	469
Additional Periodic Inspections	31	276	234
Grand Total	85	809	703

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE 1.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1118	1110	99.3	8	.7
Second Age Group	899	888	98.8	11	1.2
Third Age Group	865	842	97.3	23	2.7
Additional Periodic Inspections	1315	1288	97.9	27	2.1
Total	4197	4128	98.3	69	1.7

TABLE II.

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 26594

(ii) Total number of *individual* pupils found to be infested 293

(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 III.

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

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	17	15	13	10	47	42
5	Eyes—*a.* Vision	4	27	27	169	85	531
	b. Squint	21	33	—	1	26	53
	c. Other	5	—	5	—	27	6
6	Ears—*a.* Hearing	2	11	3	7	8	28
	b. Otitis Media	8	20	—	3	16	28
	c. Other	82	16	39	8	318	45
7	Nose and Throat	37	146	5	15	65	266
8	Speech	9	13	6	7	22	27
9	Lymphatic Glands	2	65	1	10	4	128
10	Heart	—	8	—	6	3	35
11	Lungs	12	15	3	10	50	50
12	Developmental—						
	a. Hernia	2	2	—	—	2	3
	b. Other	2	—	—	—	7	11
13	Orthopaedic—						
	a. Posture	—	—	—	2	4	11
	b. Feet ...	9	6	2	8	29	28
	c. Other ...	49	48	19	27	126	135
14	Nervous System—						
	a. Epilepsy	—	—	1	—	1	—
	b. Other	2	1	2	1	6	4
15	Psychological—						
	a. Development	—	2	—	21	—	34
	b. Stability	—	4	2	—	2	13
16	Abdomen	—	—	—	—	—	—
17	Other	6	13	14	37	46	99

B.—SPECIAL INSPECTIONS

Defect Code No	Defect or disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	217	1
5	Eyes—(*a*) Vision	98	167
	(*b*) Squint	9	1
	(*c*) Other	105	1
6	Ears—(*a*) Hearing ...	2	16
	(*b*) Otitis Media	60	9
	(*c*) Other	124	16
7	Nose and Throat	144	23
8	Speech	20	3
9	Lymphatic Glands	—	15
10	Heart	1	2
11	Lungs	8	1
12	Developmental—		
	(*a*) Hernia	—	—
	(*b*) Other	2	—
13	Orthopaedic—		
	(*a*) Posture	5	—
	(*b*) Feet	36	1
	(*c*) Other	102	12
14	Nervous System—		
	(*a*) Epilepsy	1	1
	(*b*) Other	5	—
15	Psychological—		
	(*a*) Development	53	—
	(*b*) Stability	4	—
16	Abdomen	—	—
17	Other	1007	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group 1.—EYE DISEASES, DEFECTIVE VISION & SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External & other, excluding errors of refraction and squint ...	123	24
Errors of refraction (including squint)	453	—
Total ...	576	24
Number of pupils for whom spectacles were prescribed	363	204

Group 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear ...	—	1
(b) for adenoids & chronic tonsilitis	—	159
(c) for other nose and throat conditions	—	19
Received other forms of treatment	261	220
Total	261	399
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1956	—	1
(b) in previous years ...	—	4

Group 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments	611	—

Group 4.—DISEASES OF THE SKIN (excluding uncleanliness for which see Table 11)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—*(i)* Scalp	7
(ii) Body	8
Scabies	4
Impetigo	41
Other skin diseases	62
Total ...	122

Group 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at child Guidance Clinics under arrangements made by the Authority	41

Group 6.—SPEECH THERAPY.

Number of Pupils treated by Speech Therapists under arrangements made by the Authority ...	111

Group 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	933
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	396
(d) Other than *(a)*, *(b)* and *(c)* above	—
Total ...	1329

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	1409
	(b) As Specials	1520
	Total (1)	2929
(2)	Number found to require treatment ...	2408
(3)	Number offered treatment	2281
(4)	Number actually treated	2024
(5)	Number of attendances made by pupils for treatment, *including* those recorded at heading 11(h) overleaf	4548
(6)	Half days devoted to : Periodic (School) Inspection	11
	Treatment	596
	Total (6)	607
(7)	Fillings : Permanent Teeth	2091
	Temporary Teeth	113
	Total (7)	2204
(8)	Number of teeth filled : Permanent Teeth ...	1587
	Temporary Teeth ...	97
	Total (8)	1684
(9)	Extractions : Permanent Teeth	844
	Temporary Teeth	1918
	Total (9)	2762
(10)	Administration of general anaesthetics for extraction	1430

(11)	Orthodontics :	
	(a) Cases commenced during the year ...	54
	(b) Cases carried forward from previous year	25
	(c) Cases completed during the year ...	48
	(d) Cases discontinued during the year ...	4
	(e) Pupils treated with appliances	74
	(f) Removable appliances fitted	74
	(g) Fixed appliances fitted	—
	(h) Total attendances	644
(12)	Number of pupils supplied with artificial dentures	24
(13)	Other operations :	
	Permanent Teeth	224
	Temporary teeth	44
	Total (13)	268