[Report 1959] / School Medical Officer of Health, Carlisle City.

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CITY OF CARLISLE

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

School Health Service

FOR THE YEAR 1959

BY

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

PRINCIPAL SCHOOL MEDICAL OFFICER

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School Dental Officer	M. L. Patterson, L.D.S.(Glasg.)
Anaesthetist (Part-time)	R. L. McMillan, M.B., Ch.B., D.A.
Consultant Paediatrician (Cerebral Palsy) Part-time	E. Ellis, M.A., M.B., B.Chir., D.C.H., etc.

Consultants :
(By arrangement with Newcastle Regional Hospital Board)

Ear, Nose and Throat Surgeon (Part-time)
R. S. Venters, M.B., Ch.B., F.R.C.S.

Ophthalmologist (Part-time)
A. T. G. Evans, M.R.C.S., D.O.M.S.

Orthopaedic Surgeon (Part-time)
W. McKechnie, M.B., Ch.B., F.R.C.S.

Psychiatrist (Part-time)
J. Braithwaite, M.B., Ch.B., D.P.M.

Educational Psychologist
Miss M. Y. Cameron, M.A., Ed.B.

Teacher of Deaf
Miss L. Parr

§Mental Health Worker
Miss E. Barnett, M.A., Dip. Soc. Sc.

Speech Therapist
Miss M. V. Biggam, L.C.S.T.

Physiotherapist
J. M. Smith, M.C.S.P.

*Orthoptist (Part-time)
Miss A. Murray, D.B.O.

†Superintendent Health Visitor
Miss M. S. Moore, S.R.N., R.S.C.N., H.V. Cert.

Health Visitors

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†Miss W. G. Porthouse, S.R.N., S.C.M., H.V. Cert.

School Nurse and Tuberculosis Visitor
Miss E. R. Ferguson, S.R.N., S.R.F.N., T.A. Cert.

Temporary School Nurse and Tuberculosis Visitor
Miss M. Yarker, S.R.N., S.C.M.

Temporary School Nurse Miss M. B. Halbert, S.E.A.N.

Dental Attendants
Mrs. J. Thomlinson.
Miss M. Stobbs.

Chief Clerk, Health and Welfare Department — Mr. L. Oates.

Senior Clerk — Miss M. H. Bowman.

Clerks — Miss M. M. Shovlin. Miss J. Moon.
Mrs. J. H. Simpson. Miss A. Nutsford.

† Combined duties as Health Visitor and School Nurse.

§ Primarily a Health Officer but undertakes follow-up social work for Child Guidance Clinic.

* Engaged by Cumberland County Council and in the combined orthoptic scheme of Cumberland County Council, Carlisle County Borough and East and West Cumberland Hospital Management Committees.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting herewith my thirteenth Annual Report on the School Health Service of the City.

If not a spectacular year, 1959 may at least be said to have been one of steady progress. Routine inspections were carried out as in previous years, though, as reported later, the need for these is diminishing and in future the number of such inspections will be decreased thus enabling staff to be deployed on more fruitful enterprises. The Dental Service though by no means as extensive as desirable has at least not lost ground. It was possible to expand the Orthoptic Clinic to the projected target of four sessions per week and this enabled much valuable help to be given to our young patients. The Speech Therapy Clinic worked at full pressure throughout the year.

Hearing assessment in school and pre-school children is now an established feature of the service and the Hearing Guidance Clinic can offer great help both educationally and socially to the few who need it. The prerequisite for success however is early ascertainment and treatment. By early I mean diagnosis of the condition when the baby is nine to twelve months old.

In the Mental Health field, 1959 was the first complete year in which the great majority of educationally subnormal children were satisfactorily placed as a result of the opening of the York School. The popularity of this school has far exceeded our expectations and this happy state is in no small measure due to the excellent approach made by the Head Master to parents of children recommended for admission to the school.

It is gratifying to note the improved facilities for physical education and the progress which is being maintained in this field.

In conclusion I should like to thank you for your support throughout the year; the Director of Education and his staff and all other officers of the Corporation for their co-operation; and lastly but by no means least, the staff of the Health and Welfare Department on whose loyalty and industry the success of the Service depends.

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 undertaken by the School Health Service of the City of Carlisle during the year. It does not include that undertaken by the Regional Hospital Board Consultants who held clinics at Local Authority centres.

Average No. on Rolls	11,325
No. of Routine Medical Inspections	4,399
No. of above children referred for treatment	692
No. of above children referred for observation	1,111
No. of Special Inspections	2,228
No. of re-inspections	3,001
Total No. of Inspections	9,628
No. of parents present at routine Medical Inspections	3,279
No. of visits to Schools by School Medical Officers ...	214
No. of visits to Schools by Health Visitors	591
No. of home visits by Health Visitors	341
No. of cases treated at the Minor Ailment Clinics ...	890
No. of attendances at Minor Ailment Clinics	4,201
No. of School visits paid by Dental Officers	40
No. of children examined by Dental Officers	6,956
No. of children found to require dental treatment ...	5,197
No. of children treated by Dental Officers	2,165
No. of visits to Schools paid by Educational Psychologist	188
No. of children examined by Educational Psychologist in School, at Clinic, or in their own homes	238
No. of visits to Schools paid by Speech Therapist ...	17
No. of children who received Speech Therapy at Clinic	112
No. of visits to H. K. Campbell Special School paid by Physiotherapist	77
No. of children treated by Physiotherapist in Special School for Physically Handicapped Children and at Orthopaedic Clinic	84
No. of Sessions held by Orthoptist	63
No. of new cases examined	69
No. of children treated	103

MEDICAL INSPECTIONS

It has been customary in Carlisle for the past few years to conduct four routine inspections in addition to special examinations during a child's school life. Experience has shown that the number of routine intermediate inspections could be reduced with benefit to the children and in future years such a policy will be pursued. This procedure will enable medical and nursing staff to devote more time to prophylaxis and the ascertainment of children requiring special educational treatment.

During 1959, 4,399 children were presented for periodic examination, 74.5 per cent. of them being accompanied by their parents. No defect was observed in 2,596 of these children, but in the remaining 1,803 scholars 2,522 abnormalities were noted. In addition 2,228 children were submitted for special examinations at the request of school teachers, school nurses, etc. The defects found at these periodic and special examinations are set forth in Table 1.

Eye tests were carried out on 864 pupils aged 7 years and as a result of these examinations 18 were referred to the eye specialist for treatment and 117 were noted for observation at subsequent visits.

The routine inspection of the leaver group of pupils included an examination for colour blindness.

TABLE 1.

FINDINGS OF MEDICAL INSPECTION

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
Skin	72	48	233	1
Eye	142	622	138	126
Ear	180	86	128	43
Nose and Throat	115	271	88	36
Lymphatic Glands	12	105	—	19
Speech	29	28	31	3
Heart and Circulation ...	2	32	—	—
Lungs	48	76	2	2
Nervous System	13	10	2	4
Orthopaedic Defects ...	153	224	97	10
Other Defects and Diseases (excluding Dental Diseases and Uncleanliness) ...	53	201	449	6
Total	819	1703	1168	250

COMMUNICABLE DISEASE

INFECTIOUS DISEASES

As in previous years a full report on infectious diseases will appear in the report of the Medical Officer of Health.

Early in February 1959 an epidemic of influenza due to Virus B. broke out among the school population. Its incidence varied from school to school, some having as many as 50 per cent. of children absent.

On 3rd February I issued advice to all Head Teachers on the control of this disease and in view of the number of children absent it was arranged with the Director of Education that the allocation examination should be postponed. By the 25th of that month on which date the examination was held the school attendance was back to normal.

On 27th to 28th April there was a short sharp but mild outbreak of food poisoning due to infection with Cl. welchii. This affected children and staff having their meals from a particular school kitchen. None of the cases were the subject of notification by Medical Practitioners, all were brought to notice by Head Teachers.

I am pleased to be able to report that for ten successive years there has been no diphtheria in the City. Recent experience in other parts of the country however shows that diphtheria is still with us and any relaxation in the scheme of immunisation could result in an outbreak in the City. Parents are therefore encouraged to have their children immunised against diphtheria and to have reinforcing doses when these become due.

Table 2 shows the incidence of infectious disease encountered in school children throughout the year.

TABLE 2

Scarlet Fever	33
Measles	587
Whooping Cough	9
Pulmonary Tuberculosis	2
Food Poisoning (notified)	4
Dysentery	74
Pneumonia	4
Meningococcal Infection	1
Mumps	132
Chickenpox	145

CLEANLINESS

The state of cleanliness in school children in Carlisle is reasonably satisfactory, but as pointed out in previous reports there is generally a hard core of persistent offenders who account for much of the infestation in the City.

Table 3 sets forth the number of children examined and the conditions found during Cleanliness Inspections.

TABLE 3

Total number of examinations	26,119
Number of children found verminous ...	113
Number of children found with nits	229
Number of children found with other conditions	17
Number of these allowed to continue at school under supervision	281
Number of children excluded from school ...	61
Number of parents requested to clean dirty or flea-bitten body and/or clothing of children	17
Number of children excluded on—	
One occasion	45
Two occasions	10
Three or more occasions	6

SPECIAL PROPHYLACTIC MEASURES

DIPHTHERIA IMMUNISATION

The practice of offering this form of prophylaxis to school children not already protected and reinforcing doses to those who already have been immunised was continued throughout the year. It is known that at least 9,691 children of school age, that is approximately 93% of all children in the age group 5-15 years have received one complete course of prophylactic treatment at some time during their lives.

POLIOMYELITIS VACCINATION

The programme for poliomyelitis vaccination has been continued and as is well known has been extended to older age groups.

At the end of the year the number of children up to the age of 16 years who had been vaccinated was 15,054, that is approximately 87.7% of children in this age group.

PREVENTION OF TUBERCULOSIS

All children of 6 years of age are offered Mantoux Tests to ascertain whether they have been infected with tubercle bacillus. During the year 609 children were with their parents' consent so tested, and of these 15 gave a positive reaction and were referred to the Chest Physician for full investigation.

The programme of B.C.G. Vaccination of children before leaving school was continued and Table 4 sets forth the numbers tested and the number who required and received treatment.

TABLE 4.

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

No. of children skin tested	757
No. of above who gave positive reaction to Mantoux Test	75
No. who received B.C.G.	671

The Mass Radiography Unit is also available for the older pupils, and all school teachers are encouraged to visit the Unit once a year for a chest X-ray. The practice of X-raying every pupil however is being discontinued in favour of concentrating on those who give a positive reaction to the Mantoux Test. Table 5 shows the number of pupils and teachers examined in 1957, 1958 and 1959.

TABLE 5.

	1957	1958	1959
No. of pupils examined	2160	1168	1294
No. of teachers examined	239	77	181

MEDICAL TREATMENT

The amount and scope of medical treatment offered through the School Health Service is naturally limited, but the School Clinics play a considerable and important part in the treatment of minor ailments among children, in specialised investigations and in treatment of such diseases as scabies, ringworm and plantar warts, etc.

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) Scabies, etc. Cleansing Station.
(4) Immunisation and Vaccination Clinics.
(5) Ophthalmic Clinic.
(6) Orthoptic Clinic.
(7) Ear, Nose and Throat Clinic.
(8) Audiometric Clinic.
(9) Speech Therapy Clinic.
(10) Accommodation for Educational Psychologist.
(11) 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 Officer's Special Examination Clinic.
(4) Immunisation and Vaccination Clinics.

The Clinic at Inglewood Infants' School which started in 1954 is now an established feature of the service and is used for immunisation and vaccination sessions as well as for minor ailment clinics.

Owing to the difficulty of providing space for the accommodation of the Teacher of the Deaf and her equipment, she has been given the use of a room beside the Food Distribution Centre at 28 Victoria Place, and children requiring hearing guidance attend there for treatment.

MINOR AILMENTS

The treatment of minor ailments has been a duty of the School Nurses since the opening of the Clinic. Sessions are conducted daily and at these, during the year under review, 882* cases were treated. The number of attendances at these clinics was 4201 and the results are given in Table 6.

TABLE 6.

Cured	776
Improved	8
Ceased attending or failed to complete their course of treatment	26
Referred to Hospital	12
Attending Medical Practitioners	32
Still attending for treatment on 31st December, 1959	28

In addition, 8 cases of scabies attended for advice and treatment; all were treated at the Cleansing Centre.

*This figure includes children shown in Part III., Groups A. B. D and G. 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

Just as it is necessary for a dentist to stand back occasionally from a defective tooth and view the mouth as a whole, so it may be helpful, before concentrating on the facts relating to an individual year, to consider the picture of the dental condition of the children—for whom this Committee is responsible—in a wider setting and over a longer period of time.

Oft-repeated in such reports throughout the country are the lamentations as to the high incidence of dental caries, comments regarding faulty diet, lack of oral hygiene and dental education, and insufficient dental staff. All of which indicates the general problem and applies here as well.

I would, however, like to look back twenty-five years and consider conditions then as compared to the present day in this area. One cannot quote figures to compare the caries incidence accurately—some would say it is increasing—but I can boldly affirm that never has the condition of a considerable number of children's teeth shown such evidence of beneficial dental treatment as today. This is no

cause for complacency. There is, and will be, still much to be done, but it does underline the value particularly of conservative measures, and acts as a much-needed fillip to those engaged in this field.

Various factors have undoubtedly contributed to this improvement, but one certainly is the changing parental attitude to regular and adequate conservative treatment. Twenty-five years ago, only a small proportion of parents would have appreciated the regular course of treatment which seems to be accepted now as routine by a large number.

The staff remains as last year — two dental officers, two dental attendants, a technician under contract, while we get the invaluable weekly services of a consultant anaesthetist and on other occasions of your medical officers. In addition, by arrangement with the Regional Hospital Board, we have access, locally, to the services of Consultants in Oral Surgery, Orthodontics and Radiology.

The figures for the year which will be found in tabular form on page 37 indicate some increase in the number of children inspected, making a total of 6,956. Of these, 5,197 were found to require treatment. Only 2,165 pupils were actually treated, although the number of attendances amounted to 6,525.

The amount of conservative work shows an increase, while extractions are less. This is, of course, as it should be. The vast majority of extractions in this Authority are carried out under a general anaesthetic, but local or regional anaesthesia is used where deemed advisable.

Your Dental Officers commenced treatment of 57 Orthodontic cases during the year in addition to the 42 pupils already under treatment, and 34 cases were completed. A few of the cases uncompleted were taken over by the Consultant, who continued treatment for them although they come under the heading of cases discontinued by us.

In all, 42 cases were referred to the Orthodontist, 22 of which he took over either for treatment or observation. The results of treatment already seen in some of these cases is very gratifying.

The prosthetic work undertaken was that associated with supplying 64 pupils with artificial teeth.

37 pupils were referred for radiological examination and approximately 38 sessions were devoted to work for the Health Committee.

SPECIALIST SERVICES

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 of all ages were able to be referred to Mr. Venters by their family doctor or by the School Medical Staff, and facilities were provided by the Hospital

Board at the City General Hospital for the treatment where necessary of such children. All children were referred for a specialist's opinion and not for specific treatment. A number of the children referred for examination were those who had been found to have some degree of deafness on routine testing.

In 1959 Mr. Venters held 15 sessions and a total of 391 (331 school and 60 pre-school) children were examined. During the year 116 (103 school and 13 pre-school) children were admitted to the City General Hospital for surgical treatment, while 2 school children were admitted to hospital for non-operative treatment.

One pre-school child was recommended for Hearing Aid and was supplied with the new transistor type.

HEARING TESTS

Pure Tone Sweep Testing of school children on entry into the Infant Schools was continued; this work was carried out by Miss Yarker, who is specially trained for the purpose and the Teacher of the Deaf, Miss Parr, when she was not otherwise engaged. This testing is also available to children in the upper schools if it is thought at all necessary. Table 7 sets forth the work which was carried out under this scheme. All children who fail in the Sweep Test are invited to the School Clinic for an audiometric test in the room specially provided for this purpose. If they fail this test they are then seen by the School Medical Officer to ascertain whether it is some minor condition which is causing the defective hearing, and if so, this is remedied. If he finds that it is something more serious the patient is then referred to Mr. Venters for a full audiological examination. It is only after a complete investigation in this manner that a child is regarded as deaf, and arrangements made for hearing guidance and special educational treatment.

TABLE 7.

No. of School sessions	35
No. of Clinic sessions	60
No. of school children screened	1483
No. of pre-school children screened	15
No. of above children who were found to require full Audiograms	178
Total No. of Audiograms carried out on these and other children, including repeats ...	234
No. of children referred to E.N.T. Specialist ...	42

HEARING GUIDANCE

I am indebted to Miss L. Parr, Teacher of the Deaf for the following report.

It will be noted from the statistical tables that, in general, the work has increased during the year.

As already reported Miss Yarker, and where possible, the teacher of the deaf, paid visits each term to the City Infants Schools to carry cut pure-tone sweep testing of the newly entered children. Thanks

are due for the interest shown and the co-operation given by the Head Teachers and their staffs many of whom referred older children for testing.

Practically all the pre-school children included in this report were screened by Health Visitors prior to referral to the teacher of of the deaf for confirmatory diagnostic tests.

This was a year with thoughts of school uppermost. Three extra-district children were admitted to residential schools in September and another is awaiting a vacancy. Two Carlisle children were preparing to enter residential school after the Christmas break and a third, a partially deaf child with another defect, at present attending a local special school, is awaiting admission to an appropriate residential school.

The Carlisle children newly admitted to residential school will be seen by the teacher of the deaf during their school holidays in the same way as those older children who already attend such schools. It would be advantageous to extra-district children who formerly attended this guidance clinic and their parents if comparable arrangements could be made for their being seen during holidays.

All the children admitted to or pending admission to school, have become accustomed to wearing their hearing-aids for a greater part of the day and have accepted listening with the speech training unit. Their progress in lip-reading and the ability to understand or to use known vocabulary has varied with each individual child. It has been found that a good habit of watching for speech may become established more quickly in a deaf child where the parents attend, with the child, for guidance within the first two years of his life. There is a very strong case for early ascertainment of deafness followed by competent and regular guidance for the parents.

Parent guidance is not limited to encouraging the pattern for language and speech. Guidance is given regarding the laying of the foundation of a good social and moral sense, on how to cope with problems of behaviour and on how to help the child develop good habits and skills which will be found so useful for his well-being and happiness in entering nursery school. Suggestions are made as to how to prepare the child with a view to preventing emotional problems arising on the transition from home to residential school.

Termly visits were paid to local schools attended by hard-of-hearing children and liaison was established with both the Head-teacher and class teacher. Advice was given regarding seating in class and the function of the hearing aid. The co-operation of the schools was valuable in helping the teacher of the deaf to plan work to be done during sessions in the clinic which would most usefully dovetail with the child's work in class.

The difficulty of too short a lead for the transistor hearing aid, when in use during periods of home training by the parent, was overcome finally during September when the hearing aid technician

supplied long leads on request to those pre-school age children for whom they were necessary.

In November a tape recorder was supplied with a sufficient number of tapes to keep a record of each child's progress toward intelligible speech. Though the first vocalisation in some cases and the initially poor articulation in other cases have hitherto gone unrecorded, each child has now a magnetic tape recording of his speech as at the end of 1959 from which future progress may be judged.

Table 8 shows the work carried out by the Teacher of the Deaf at the Hearing Guidance Clinic.

TABLE 8.

No. of City cases	23
No. of attendances	385
No. of extra-district cases	8
No. of attendances	133

OPHTHALMIC CLINIC

Dr. A. T. G. Evans, Consultant Ophthalmologist, held a clinic at George Street on 47 occasions. He examined 622 (567 school and 55 pre-school) children, the majority of whom were in attendance at maintained schools. Of the school children 130 were being examined for the first time, and 437 were being re-examined, generally to ascertain whether they required a change of spectacles. In 99 of the latter cases the existing spectacles were found satisfactory but among all others new spectacles were required in 399 cases. Of the school children examined 55 were found to be suffering from some degree of squint.

ORTHOPTIC TREATMENT

I am indebted to Miss Murray, Orthoptist, for the following report on the Orthoptic treatment of Carlisle children during the year.

Mrs. Scott resigned as Orthoptist in December 1958, after having held the City Orthoptic Clinics since September 1955.

In the early months of 1959 the number of clinics held had to be reduced, but by September, three sessions per week were held. One of these clinics coincided with the Ophthalmic clinic, so that patients could be seen by the Orthoptist if a report was necessary. In the last two months of the year four sessions a week were held. This enabled the post-operative patients to be seen more often.

The attendances during the year have been good. Although children are being brought to the clinics earlier for treatment, there are still a number who attend with moderate amblyopia. Parents, in cases where there is only a small angle of squint, believe that this will clear itself but do not realise that the vision may be deteriorating. School staff have been very co-operative, especially with those children wearing occlusion.

The number of new cases seen was 69 and the number of these taken on treatment was 57. Table 9 sets forth the conditions which necessitated treatment.

TABLE 9.

Convergent Strabismus :	
Tonic convergent strabismus ... ... (Including 3 with amblyopia)	6
Partially accommodative strabismus ... (Including 10 with amblyopia)	21
Convergence excess strabismus	4
Fully accommodative strabismus	8
Divergent Strabismus :	
Constant divergent strabismus	1
Intermittent strabismus of divergence excess	5
Convergence weakness	1
Exophoria	3
Convergence deficiency	5
Amblyopia	2
Vertical Deviations :	
Right hypertropia ... ... (with amblyopia)	1

The number of patients discharged during this year was 33 as shown in Table 10.

TABLE 10.

Cured	8
Improved	1
Cosmetically satisfactory	12
Not responding to treatment	4
Failed to attend	5
Left district	3

Number of patients attending on December 31st, 1959, was 66.

ORTHOPAEDIC CLINIC

As in previous years this Clinic has been under the charge of Mr. William McKechnie, F.R.C.S., Edin., Consultant Orthopaedic Surgeon to the Special Area. The majority of sessions were, however, carried out by Mr. Foster the Assistant Orthopaedic Surgeon. 21 clinical sessions were held at which 802 (528 school and 274 pre-school) children were examined.

PHYSIOTHERAPY

I am indebted to Mr. J. M. Smith the Physiotherapist for the following report :—

During the year 85 school children and 10 pre-school children attended Eildon Lodge for treatment, and Table 11 sets forth the work undertaken.

TABLE 11.

	SCHOOL		PRE-SCHOOL	
	No. of Children Treated	No. of Treatments Given	No. of Children Treated	No. of Treatments Given
Flat Foot ...	53	321	5	19
Postural ...	14	258	—	—
Spastics ...	7	384	—	—
Specials ...	10	68	4	91
U.V.R. ...	1	3	1	12
	85	1034	10	122

At the after-care clinic 120 attendances were made, 97 by school children and 23 by pre-school children.

During the school terms two afternoon visits were made each week to the H. K. Campbell School for the treatment of children suffering from Cerebral Palsy.

In addition to physiotherapy treatment at the clinic, appliances worn by children are checked and forms of application for orthopaedic footwear and insoles are issued.

SCHOOL MENTAL HEALTH SERVICE

I am indebted to Miss Mary Y. Cameron, M.A., Ed.B., Educational Psychologist to this Authority, for the following report.

During the year, 238 children were investigated and/or treated in this section of the department. Of these, 95 had been in attendance in 1958 or earlier and 16 who had previously been discharged were again referred. Two of the sixteen were referred only for the purpose of having reports sent to the Probation Officer and three were examined at the urgent request of Head Teachers and were referred to the School Medical Officer with a recommendation that they be transferred to York School. 127 were referred to the Centre for the first time in 1959.

In 43 cases, the children were tested and reports were sent to the Head Teacher and, where appropriate, to the Children's Officer and the Probation Officer, but treatment was not offered. The parents of fourteen children were called to the centre, their difficulties discussed and advice given, but the children were not directly treated. 42 children attended once a week or oftener and 12 at less frequent intervals. Contact was maintained with 3 children by means of school visits, where visits to the Centre were considered inadvisable.

Table 12 shows by whom the children were referred.

TABLE 12.

	Boys	Girls	Total
Head Teachers	92	31	123
School Medical Officers ...	20	9	29
Children's Officer	2	2	4
General Medical Practitioners	23	9	32
Psychiatric Social Worker ...	1	2	3
Mental Health Worker ...	5	5	10
Parents	4	4	8
Speech Therapist	6	—	6
Probation Officer	4	1	5
Psychiatrist	1	2	3
School Nurse or Health Visitor	6	3	9
School Welfare Officer ...	1	1	2
Medical Consultant	2	1	3
Teacher of the Deaf	1	—	1
	168	70	238

It will be noted that Head Teachers have referred nearly half the total number. This is because most of those children were referred on account of backwardness which is most readily noticed in school. The number of children referred by General Medical Practitioners has increased steadily over the years and is now greater than the number referred by any agency other than Head Teachers.

Tables 13 and 14 show respectively the distribution of age and intelligence.

TABLE 13.

Age in years	Boys	Girls	Total
Under 2	1	—	1
3+	4	3	7
4+	2	3	5
5+	8	1	9
6+	16	4	20
7+	24	4	28
8+	25	11	36
9+	28	8	36
10+	18	7	25
11+	10	7	17
12+	11	6	17
13+	4	6	10
14+	11	4	15
15+	3	5	8
16+	3	1	4
	168	70	238

Average Age — 9.1 years.

TABLE 14.

I.Q.	Boys	Girls	Total
30 +	1	—	1
40 +	4	3	7
50 +	3	2	5
60 +	6	3	9
70 +	22	10	32
80 +	40	14	54
90 +	37	12	49
100 +	21	3	24
110 +	10	7	17
120 +	11	5	16
130 +	1	1	2
140 +	1	—	1
150 +	—	—	—
160 +	1	—	1
	158	60	218

Average I.Q. — 86.

Most children were referred between the ages of eight and eleven. This is due on the one hand to the practice established this year of referring dull children in the top class of the infant school or the bottom class of the junior school for ascertainment as to educational subnormality and on the other hand to referring children in the upper classes of the junior school who were either failing to make satisfactory progress or were showing symptoms of anxiety. In other words, most children are referred before the age of transfer to a selective school at either end of the intellectual scale.

The average I.Q. (86) is slightly lower than it has been in past years, as the opening of York School entailed the testing of a good many dull children.

Treatment was not as a rule offered to children of less than average intelligence as there were always more children in need of treatment than could be dealt with and those most likely to respond were chosen. In cases of great need, exceptions were made to this rule.

In 18 cases (9 boys, 9 girls) strong physical factors, and in 15 cases (11 boys, 4 girls) 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 where these affect the child's emotional development. Strong home factors include the illness or invalidism of a parent ; the death of a parent ; parental separation ; parental quarrels. In the case of one boy and two girls there was friction between the home and the school. The parents of one boy failed to co-operate and the parents of 10 boys and 4 girls refused treatment when it was offered.

Table 15 shows the incidence of backwardness in children treated at the Centre, and Table 16 shows the forms of emotional disturbance which they displayed.

TABLE 15.

General Backwardness	20
Specific Backwardness :—	
Arithmetic	1
Reading	37
English	—
Writing	1

TABLE 16.

	Boys	Girls	Total
Anxiety and obsessional states ...	6	9	15
Nightmares, night terrors, and sleepwalking	2	1	3
Enuresis and soiling	20	3	23
Emotional retardation and regression	2	—	2
Psychopathic personality ...	1	—	1
Unmanageable behaviour ...	16	9	25
Aggression and temper tantrums	2	3	5
Sadistic tendencies	—	—	—
General instability	—	1	1
Adolescent instability	—	1	1
Truancy and wandering ...	7	1	8
Irregular attendance	2	3	5
Pilfering	10	2	12
Untruthfulness	9	2	11
Malicious mischief	4	—	4
Sexual offences	—	1	1

These groups are not mutually exclusive. A child might be enuretic and aggressive, backward in school and guilty of pilfering, a truant and untruthful.

Where a child was specifically backward and was given remedial teaching in one or more subjects he is included in the column appropriate to the subject or subjects taught. Those classed as generally backward are mostly children who are failing to fulfil their parents' or teachers' expectations. Some of them are of superior intelligence. Some of them are doing work which is not really bad but is far below the standard of which they are capable.

Like backwardness, "unmanageable behaviour" is a relative term and includes the disobedience of the pre-school child who has got the upper hand of his mother and the defiance of the adolescent who refuses to acknowledge parental authority.

The most difficult and complex cases in all these groups were referred to Dr. Braithwaite, who held a Child Guidance Clinic on alternate Friday afternoons.

Table 17 shows the number of children so referred and the number of attendances they made.

TABLE 17.

	No. of children	*No. of attendances*
Boys	20	46
Girls	14	34
TOTAL	34	80

Six boys were referred either to or by the Speech Therapist and attended her sessions concurrently.

The mental health worker continued to follow up cases after discharge. Children are visited at intervals of six months, one year, and two years after being discharged. If satisfactory reports are received on all three visits, treatment is presumed to have been successful. When an unsatisfactory report is received, the case is investigated and further treatment or advice is offered.

Table 18 shows the result of visits during the year 1959.

TABLE 18.

	Satisfactory	*Re-Referred*	*Total*
1st Visit	4	1	5
2nd Visit	20	—	20
3rd Visit	11	1	12
	35	2	37

Table 19 shows the various types of work done at the Centre and the extent of each.

TABLE 19.

Psychological Investigations		
(a) by tests	132)	
	)	197
(b) by interviews with parents ...	65)	
Visits to centre for educational and other therapy ...		708
Visits to centre for group play therapy		20
Visits of parents to centre		177
Home visits		48
School visits		188

A play group was formed at the beginning of the year and was attended by 3 little girls. It was discontinued at the beginning of September when the eldest of the girls went to school. Another had been successfully placed in a nursery where she was doing well and the third was more in need of group therapy than any individual treatment. The parents of a little boy who was also invited to attend refused treatment.

SPEECH THERAPY CLINIC

I am indebted to Miss Mavis V. Biggam, L.C.S.T., for the following report.

Two factors have emerged during the work of the Speech Clinic this year.

One factor is the increase in the number of children, particularly boys with slight stammers, or tense and disrythmic speech. Many of these are readily amenable to treatment, others require observa-

tion only, but it is felt that the trend should be marked and every opportunity for rhythmic speech work used to its best advantage.

The more disturbing factor is the number of five year olds referred from reception classes throughout the city with very bad speech. In addition to these actually referred for direct Speech Therapy there are many, in some schools most of the class, whose level of speech and language development is far below that of average five year olds.

Two causes of this have been propounded :—

(1) Ignorance on the part of the parents who have not realised the importance of encouraging and stimulating every attempt at conversation from the earliest inception of speech.

(2) The widespread and often indiscriminate viewing of television. Too many children are encouraged to view in silence, affording the parents a good deal of relief but at the same time decreasing the conversation within the family which forms such an essential par of speech stimulation.

In Tables 20 and 21 are set forth the numbers of children in attendance and the forms of speech defect encountered.

TABLE 20.

	Boys	Girls	Total
On Register 1st January, 1959	57	11	68
Admitted 1st Jan.—31st Dec. ...	32	12	44
Discharged—Remedied ...	23	9	32
Discharged—Left School ...	2	—	2
Discharged—Left District ...	1	—	1
Discharged—Treatment suspended	17	1	18
Discharged—Ceased Attending	11	3	14
On Register 31st December, 1959	35	10	45

TABLE 21.

	Boys	Girls	Total
No. of Stammerers	36	3	39
Retarded Speech Development	25	10	35
No. of Dyslalics	21	7	28
Articulatory Dyspraxia ...	2	—	2
*Auditory Malperception ...	—	2	2
Cleft Palate	4	—	4
Hyperhinophonia	1	1	2

* Neurological disorder of language is the only accurate grouping for these two.

HANDICAPPED CHILDREN

The ascertainment of and provision for handicapped children was again a prominent feature of the work throughout the year. The number of children now requiring special provision on account of physical handicap is fortunately falling and is reflected in the relatively small number of children attending the H. K. Campbell School.

Ascertainment of educationally subnormal children continues to occupy much of the time of your staff.

Table 22 sets forth the schools in which City children requiring special educational treatment were educated during the year.

TABLE 22.

In special schools for the Blind	1
In special schools for the Partially Sighted ...	1
In special schools for the Deaf and Dumb ...	6
In special schools for the Partially Deaf	1
In special schools for children suffering from Cerebral Palsy	2
In residential special schools for Educationally Sub-Normal Children	8
In H. K. Campbell School on 31st Dec., 1959—	
Physically Handicapped	43
No. of children who received education from Peripatetic Teachers throughout the year—	
In Cumberland Infirmary	4
In City General Hospital Pavilion	9
In their own homes	8

40 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. 12 of these children were in institutions and the remainder were under the supervision of the Local Health Authority.

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 15 children. Children who require special observation and investigation can be admitted to the Percy Hedley School for a week.

As indicated in the previous section, two of the more severely spastic children attended a special school at Irton Hall, and the remaining children are in the ordinary classes of the H. K. Campbell School. Your physiotherapist makes two afternoon visits to that school per week and provides therapy for the children suffering from Cerebral Palsy. In Table 23 is set forth the visits he paid and the number of cases treated at H. K. Campbell School.

TABLE 23.

No. of visits	77
No. of cases treated	7

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

At the beginning of the year 51 children were in attendance and 9 were admitted during the year, giving a total of 60 children dealt with. 17 children were discharged, leaving 43 still in attendance at the close of the year. The average length of stay of the pupils was 2 years 11 months. Table 24 gives an indication of the defects from which the children suffered.

TABLE 24.

Tuberculosis—	
Pulmonary (non-infectious)	5
Non-pulmonary	1
Bronchiectasis	6
Bronchitis and Asthma	11
Debility	6
Heart Disease	6
Orthopaedic Defects including Spastics	16
Myopia and Partial Blindness	1
Muscular Dystrophy	3
Haemophilia	1
Partially Deaf and Ataxia	1
Enuresis	1
Coeliac Disease	1
Chorea	1

PHYSICAL EDUCATION

I am indebted to Miss B. M. Bromley, Adviser in Physical Education, for the following report.

1959 was a year of steady advancement in spite of the difficulties of accommodation for physical education. St. Patrick's and Lowther Street Schools have been able to use the Technical College gymnasium ; Currock Girls use the Currock Villa (Boys' Club) premises and Ash Lea Girls School use Holy Trinity Hall. It is the policy of the Education Committee to provide gymnasia in all new Secondary Schools and a hall suitable for physical education in all Primary schools. There are in Carlisle schools for Senior pupils in which the authority cannot provide gymnasia because they will all be replaced by new secondary schools. Meanwhile the standard in the schools suffers because we have not the facilities to attract specialist teachers.

SWIMMING

At a recent Health Conference held during the year an eminent doctor stated "it was as important for children to learn to swim as to ride a bicycle." It was gratifying to realise that active steps had been taken in Carlisle to do this. From February to July, 1959, all primary schools visited the pool in groups of not more than 25 non-swimmers for a daily period during three weeks. At the end of each session head teachers and staff were asked to return their opinions and results.

Number of children taught	506
Number of children who could swim half width or more	327
Failures	179
Percentages of swimmers	64.5

This represents an increase of 34 per cent. on previous years swimming in the primary schools.

During the last scholastic year 364 pupils received their 3rd Class Certificate, 236 their 2nd Class Certificate, 194 their 1st Class Certificate. Added to this 54 girls passed Royal Life Saving Society Awards ranging from the Intermediate Award to the Award of Merit. 6 other pupils passed the Amateur Swimming Association's Medallist Award.

In allotting 12½ hours swimming time to primary schools the 15 hours remaining to Secondary Schools in the City, means that only 750 pupils can swim per week from the total of 4,700 children in the Secondary Schools. The position will be improved when the new swimming bath, part of the Harraby School extensions, is built.

PLAYING FACILITIES — GAMES

The Authority's playing fields have improved during the past season beyond all recognition. An extension to the central playing fields has eased the problem for the Creighton School while levelling takes place on their own field.

Harraby School has its own groundsman, Upperby, Morton and York Schools have already grounds suitable for play.

The running track now nearing completion on the Sheepmount is a welcome asset to the facilities in the City. The Education Department would wish to thank the Parks Department for the improved field conditions.

The first Secondary Schools Hockey Tournament was held this season, eight teams from the City competing.

Cricket squares and tennis courts are still in need of improvement.

COURSES

During the past year the following courses for teachers have been held :—Secondary Girls' Gymnastics and Dance Movement in the Primary School, Athletics for teachers and selected pupils, Tennis coaching for selected pupils, Folk Dancing for teachers.

OUTDOOR ACTIVITIES

During the past year 10 boys and 6 girls have attended Outward Bound Schools at Ullswater and Devon with gratifying results. The Junior Girls' Course was the first to be held in Devon and the enthusiasm of the Carlisle contingent on their return was rewarding.

Two other City Schools have participated in Adventure or Youth Hostelling Courses during this season and propose to do so next season.

PROVISION OF MILK AND MEALS IN SCHOOLS

MILK

The average number of children on one day in September, 1959, availing themselves of the scheme was 8,519, as compared with 8,572 last year.

The percentage of children having milk on this set day during the year was 80.1 per cent., as against 80 per cent. in the previous year.

MEALS

The following table shows the number of children taking meals (free and paid) on a set day in September, 1959. Comparative figures for 1958 are also shown.

	Free Meals	Paid Meals	Total	Percentage taking Dinner
1958 ...	702	2847	3549	33.3
1959 ...	651	2891	3542	33.4

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 43 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

127 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

50 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 38 entrants to teachers' training colleges.

HOME VISITING

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

DEATHS OCCURRING IN SCHOOL CHILDREN

I am pleased to be able to report that no school child died during the year.

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary and secondary schools (including nursery and speciai schools) in January, 1960, as in Form 7, 7M. and 11 Schools ... 11,420

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col 2	No.	% of Col 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	30	30	100.0	—	—
1954	873	862	98.7	11	1.3
1953	161	160	99.4	1	0.6
1952	—	—	—	—	—
1951	1020	994	97.5	26	2.5
1950	53	51	96.2	2	3.8
1949	—	—	—	—	—
1948	1079	1050	97.3	29	2.7
1947	47	44	93.6	3	6.4
1946	6	6	100.0	—	—
1945	827	809	97.8	18	2.2
1944 and earlier	303	302	99.7	1	0.3
TOTAL	4399	4308	97.9	91	2.1

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excl. squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	3	3
1954	5	165	166
1953	—	36	36
1952	—	—	—
1951	24	161	179
1950	1	9	10
1949	—	—	—
1948	30	121	150
1947	3	5	8
1946	—	1	1
1945	26	75	99
1944 and earlier	15	26	40
TOTAL	104	602	692

TABLE C.—OTHER INSPECTIONS

Number of Special Inspections	2228
Number of Re-inspections	3001
	5229

TABLE D.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,119
(b) Total number of individual pupils found to be infested	359
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	20	13	14	12	38	23	72	48
5	Eyes—a. Vision ...	5	11	26	132	73	414	104	557
	b. Squint ...	13	18	2	4	7	33	22	55
	c. Other ...	3	3	4	2	9	5	16	10
6	Ears—a. Hearing ...	5	9	5	1	13	8	23	18
	b. Otitis Media ...	3	13	2	1	7	8	12	22
	c. Other ...	47	13	13	7	85	26	145	46
7	Nose and Throat ...	68	162	4	6	43	103	115	271
8	Speech	11	18	2	2	16	8	29	28
9	Lymphatic Glands ...	6	71	—	2	6	32	12	105
10	Heart	—	4	—	9	2	19	2	32
11	Lungs	9	27	5	10	34	39	48	76
12	Developmental—								
	a. Hernia ...	3	3	—	—	—	—	3	3
	b. Other ...	13	6	5	6	11	8	29	20
13	Orthopaedic—								
	a. Posture ...	1	4	4	8	6	8	11	20
	b. Feet	8	17	8	5	18	13	34	35
	c. Other	34	54	13	25	61	90	108	169
14	Nervous System—								
	a. Epilepsy ...	—	—	1	1	—	1	1	2
	b. Other	1	2	2	2	9	4	12	8
15	Psychological—								
	a. Development ...	—	2	—	12	2	40	2	54
	b. Stability ...	—	9	—	2	3	6	3	17
16	Abdomen	—	3	—	1	2	7	2	11
17	Other	2	15	1	19	11	62	14	96

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	233	1
5	Eyes—a. Vision	63	124
	b. Squint	9	1
	c. Other	66	1
6	Ears—a. Hearing ...	32	28
	b. Otitis Media ...	31	12
	c. Other	65	3
7	Nose and Throat ...	88	36
8	Speech	31	3
9	Lymphatic Glands ...	—	19
10	Heart	—	—
11	Lungs	2	2
12	Developmental—		
	a. Hernia	—	—
	b. Other	1	1
13	Orthopaedic—		
	a. Posture ...	2	—
	b. Feet	42	—
	c. Other	53	10
14	Nervous System—		
	a. Epilepsy ...	—	—
	b. Other	2	4
15	Psychological—		
	a. Development ...	43	1
	b. Stability ...	2	—
16	Abdomen	—	—
17	Other	403	4

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	82
Errors of refraction (including squint)	531
Total	613
Number of pupils for whom spectacles were prescribed	399

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsilitis ...	97
(c) for other nose and throat conditions ...	4
Received other forms of treatment	225
	330
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	—
(b) in previous years	13

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	409
(b) Pupils treated at school for postural defects	—
Total	409

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—*(a)* Scalp	—
(b) Body	2
Scabies	8
Impetigo	15
Other skin diseases	287
Total	312

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	34

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	112

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	489
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	671
(d) Other than *(a)*, *(b)* and *(c)* above. Please specify :	—
Total *(a)*—*(d)*	1160

PART IV—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(a) At Periodic Inspections ...	5810		
(b) As Specials	1146		
		Total (1)	6956
(2) Number found to require treatment			5197
(3) Number offered treatment			4026
(4) Number actually treated			2165
(5) Number of attendances made by pupils for treatment, including those recorded at 11 *(h)*			6525
(6) Half days devoted to :			
(a) Periodic (School) Inspection ...	40		
(b) Treatment	883	Total (6)	923
(7) Fillings :			
(a) Permanent Teeth	4038		
(b) Temporary Teeth	54	Total (7)	4092
(8) Number of Teeth filled :			
(a) Permanent Teeth	2875		
(b) Temporary Teeth	44	Total (8)	2919
(9) Extractions :			
(a) Permanent Teeth	1500		
(b) Temporary Teeth	1879	Total (9)	3379
(10) Administration of general anaesthetics for extraction			1518
(11) Orthodontics :			
(a) Cases commenced during the year			57
(b) Cases brought forward from previous year ...			42
(c) Cases completed during the year			34
(d) Cases discontinued during the year			21
(e) Pupils treated with appliances			78
(f) Removeable appliances fitted			83
(g) Fixed appliances fitted			—
(h) Total attendances			668
(12) Number of pupils supplied with artificial teeth ...			64
(13) Other operations :			
(a) Permanent Teeth	463		
(b) Temporary Teeth	27	Total (13)	490