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CUMBERLAND COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

KENNETH FRASER

M.D., F.R.S.E., D.P.H., D.T.M.,

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

FOR THE YEAR ENDED

DECEMBER 31st, 1946

CARLISLE:

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—
1947



County Health Department,
11 Portland Square,
Carlisle.

February, 1947.

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

Mr. Chairman, Ladies and Gentlemen,

I beg to present the Annual Report on the Medical
Inspection of School Children for the year ended 31st
December, 1946.

STATISTICS.

The statistical returns showing the scope and
results of the year's work are, as has been the case
throughout the war years, presented in as condensed a
form as possible, but containing all relevant informa-
tion. The figures for 1946 call for little comment, but
one or two points may be mentioned. Under the routine
inspections by age groups the total figure inspected is
7,807 children—a few hundreds lower than for the pre-
vious year. Under special inspections the figure is
18,836, which is over 3,000 more than for the previous
year. These altered groupings arise out of the new age
groups for routine medical examinations fixed by the
Ministry of Education. Prior to the issue of these new
instructions we used to examine children in Primary
Schools at the ages of 5, 8, and 12, and in the Secondary
Schools on admission and at the age of 15. The instruc-
tions now are that children are to be examined on
admission to the Primary School, at the age of 10 —
being the last year in the Primary School category —
and in the last year of school life which may be any-
thing from 14 to 17 or thereabouts.

The net result of these changes is a reduction in
the number of routine medical inspection groups, and,
assuming that a child enters a Primary School and
goes right through to a Grammar School, the approxi-
mate ages at which the child would be examined are
at 5 years, at 10 years, and at anything from 16 to 18
years. Personally, I think these gaps are too wide, and
I have always felt that examination on entry to a

Grammar School was of the highest importance for the purpose of drawing the attention of the Headmaster or Headmistress to the circumstances of each child's condition at the start of what is normally a strenuous period of life—both from the point of view of development and education. I have therefore arranged that we shall continue to have two inspections in the Grammar Schools—one at the age of 13 and the other in the leaving year. As the testing of children's eyes cannot wait until the 10 year inspection, these tests will be carried out on all children at the age of 8 or thereabouts.

It has been these regroupings which have altered the figures for routine and special inspections, and this explains why the routine figures have fallen and the "specials" have gone up. The sum total of inspections, whether routine or special, at 26,643, is higher by some thousands than for 1945.

THE CURTIS REPORT.

DOES IT GET TO THE ROOT OF THE PROBLEM ?

This disappointing report, which has been described in the Press as "scandalous," "horrifying," "a shocking phenomenon," and many other things, has made a deep impression on the population as a whole. This impression has been somewhat lacking in perspective. The reactions of the public and of the Press — especially the latter—have tended to be emotional, and comment to be somewhat extravagant. This is without doubt due to the profound interest taken by the community as a whole in the welfare of the nation's children, and to the passionate desire that the interests of the children shall be adequately protected against any suggestion of cruelty or neglect, or even lack of intelligent interest.

The report has been criticised in that section of the Press which deals with public health because of the proposal to transfer the care of children deprived of a normal home life to a new department of local government to be created under a new official who is to be called a Children's Officer. No doubt other departments of local government which are at present

concerned with the care of such children will also regret, and indeed resent, the suggestion that this trust should be transferred to other hands.

It is argued from the public health point of view that the medical and nursing staffs of local authorities are in close touch with child life from birth, and are better placed than any newly appointed officer could be to deal adequately with the problems of children deprived of a normal home life, provided, which is not at present the case, that they were possessed of adequate legal powers. It is also argued that the creation of new departments in local government under new officers, even if these were available in adequate numbers, which is at least doubtful, must entail a delay of many months and possibly even years before these new departments can get into their stride, whereas existing departments — whichever of these might ultimately be entrusted with this new duty—are ready to act now, and, again given adequate legal powers, are capable of handling the job.

There is, however, a completely different and vastly more important angle from which the report is open to serious criticism. The terms of reference of the Committee were, in brief, to enquire into the existing circumstances of children *deprived of a normal home life*, and to make recommendations for meeting these circumstances if found to be unsatisfactory.

The Curtis Committee, in their report, have confined their attention to matters which they consider unsatisfactory in the care of homeless children maintained in institutions, voluntary homes, or in foster homes. They have ignored, or at least evaded, in the report, the greater and more important question of children *deprived of a normal home life in their own homes*. The report produces evidence of drabness in the lives of children maintained in institutions, voluntary or otherwise, and in foster homes, of children overburdened with domestic chores, of children dressed in depressing uniforms, and of children deprived of intelligent supervision in their present circumstances and of guidance in their future careers. These are, of course, serious defects which the nation will insist shall be put right.

The report, of course, also gives instances where children live in happy and cheerful surroundings not open to criticism. The total number of children involved is some 125,000. No attempt is made, and perhaps this would have been difficult, to divide the 125,000 children into those whose circumstances are satisfactory and those whose circumstances are not. It is well-known that there are many institutions, voluntary and otherwise, and many foster homes, in which the children are looked after with intelligence, care and affection, *and there are many children for whom their admission to such institutions has brought the first ray of decency into their lives.* There have been several recent cases in which the removal of a child from an institution back to the care of parents or relatives has been to his, or her, grave disadvantage.

However, let us assume that 50% of the 125,000 children are satisfactorily looked after and that 50% are not. This would mean that there are some 60,000 children in the country living in institutions or homes which are drab, uninteresting, and not conducted on intelligent and sympathetic lines. Nevertheless, all these things can be put right comparatively easily and in a comparatively short space of time. Even if every institution or home were to be transformed by a fairy's wand into a little heaven on earth to-morrow, the real problem would still remain untouched. In other words the report of the Curtis Committee has dealt only with a *symptom* and not with the disease. It is merely what is known in medical circles as a palliative, a palliative being something which is employed to relieve the symptoms when the original disease is beyond cure.

What is the original disease? It is the neglect of and cruelty to children in their *own homes*. There is one organisation — and so far as I know only one — which has attempted to grapple with this matter on a *national* scale. That is the National Society for the Prevention of Cruelty to Children, and the annual reports of that Society are illuminating, and at least as worthy of national attention as the Curtis Report. Unfortunately they do not get the same attention.

What are the facts? The annual reports of the N.S.P.C.C. show that over a period of years over

100,000 cases of neglect of or cruelty to children have had to be investigated *every year*. The figures admittedly include a proportion of cases in which the Society has been approached for advice, but this proportion is relatively small, and in the main the 100,000 cases are concerned with neglect, ill-treatment, abandonment, corruption of morals, and other matters of this kind.

So far as I have observed, the Curtis Report does not mention any instance of cruelty to children maintained in institutions or voluntary or foster homes. That such cruelty *may* sometimes exist is shown by the case of Dennis O'Neil. That such cruelty *does* frequently exist in private houses is proved conclusively by the reports of the National Society. The recommendations of the Curtis Report, if fully implemented, would prevent a recurrence of the O'Neill affair, but they would leave Jean Tichner and hundreds, possibly thousands, of children like her unprotected and undealt with.

The Curtis Committee must have been aware of this greater problem with which they have not attempted to deal. From this area alone a list of cases which had come to knowledge within a period of a few months, affecting some seventy children, of cruelty, neglect, or moral corruption or danger, where the children were living in conditions little better than bestial was sent to the Chairman. The numbers were, of course, small, but they indicated the problem.

What is it that requires to be done in the interests of the children? The main problem is not to rectify the drabness of the lives of children in institutions where this exists. That of course must be done. The real problem is to facilitate the discovery of children neglected or ill-treated in their own homes, and to impose adequate punishment on parents who so treat their children.

Discovery of neglect or ill-treatment should be made easier. Health Visitors and other local government officials frequently, in the normal course of their duties, bring cases to light, but this may often depend on an anonymous letter from a neighbour who has

screwed up her courage to act. Unfortunately many people who should give information simply have not the courage to do so. Inspectors of the National Society cannot enter premises where cruelty or neglect is suspected, if entry is refused, without a Magistrate's order, and to obtain this order the Inspector has to prove to the Magistrate's satisfaction that reasonable suspicion of neglect or cruelty exists. Even when an order is forthcoming the Inspector cannot enter the house unless accompanied by a Police Officer to execute a warrant. Investigating officers of local authorities, such as for example Health Visitors, are in much the same position. The whole procedure is too cumbersome.

The penalties are totally inadequate. They are, under a Court of Summary Jurisdiction, no more than six months or a fine of £25. If referred to a higher court, which rarely happens, the maximum penalty is two years or a fine of £100. Some years ago a brute of a man, in a fit of rage, not 100 miles from where I am writing, cut off both hands of a little girl of three years of age—either his daughter or his step-daughter. Are any of these penalties indicated above adequate punishment for wrecking a human life? To that I suppose there is only one answer, and the plain fact is that we as a nation, instead of folding our hands complacently once the recommendations of the Curtis Report have been implemented, should see to it that really adequate steps are taken for the protection of the thousands of neglected and ill-treated children who have not come within the purview of the Curtis Report at all, because officially they have not been deprived of a so-called "normal home life."

EDUCATIONALLY SUB-NORMAL CHILDREN.

I think it may be worth while saying a word on this matter. As you know, proposals, more or less preliminary, have been laid before you for the appointment of a staff of experts on this matter, and for the establishment of two residential special schools and of special classes in the primary schools. I do not know how far these proposals are likely to be deferred as a result of the financial blizzard which seems to be impending. The duty to provide these things is, of course,

statutory, but it is foolish to overlook the fact that even statutory obligations sometimes have to wait on financial considerations. It may be that progress in these matters may therefore be liable to be deferred.

Deferment may be short or long. The establishment of open-air schools in this county has now been deferred for over 25 years. It would, I think, be most unfortunate if the proposals to establish an adequate mental service within the ambit of the School Health Service were to be deferred for any length of time. We have for many years spent large sums of money on looking after children in the lower grades of educational subnormality, that is those falling within the imbecile and idiot groups, but we have not been able for one reason or another to make any comparable provision for high grade sub-normal children. In this I do not think we are alone, because I think it is generally recognised that there is a very great scarcity of accommodation, especially residential accommodation, for educationally sub-normal children all over the country.

The difference between the high grade and the low grade sub-normal child is simple. The high grade—that is a child with an intelligence quotient of roughly 50 to 75—is generally capable of being trained to earn his or her own living, or at least to make a fair approach to that end. The low grade child—that is the imbecile or idiot—is incapable under any circumstances of earning a living or contributing thereto. We provide at present more or less adequately for the low grade child, but do little for the high grade. That does not make logic. Money spent on the high grade will return a dividend, money spent on the low grade will not, except that segregation precludes reproduction of the species.

It has been suggested when the matter has come up for discussion that parents of high grade sub-normal children would be unwilling to allow their children to go into Special Schools for training. My experience is exactly the reverse. I have found parents in general most anxious to have their backward children sent away for training, but very hesitant indeed—and understandably so—about allowing their children to enter institutions also accommodating low grade cases. In

any event the parent has a right of appeal so there is no interference with the liberty of the subject.

It has also been stated that teachers in the Primary Schools are perfectly willing to continue to devote what time they can to the training of the educationally sub-normal child. That again is not my experience. My impression is that teachers feel time devoted to educationally sub-normal children in a Primary School to be something of a burden and not very fair to the normal children, and not productive of results.

I think it should be pointed out that, whichever may be the attitude of the teachers, the educationally sub-normal child cannot be adequately trained in a Primary School. The reason is simple. Educationally sub-normal boys or girls will never earn their living by the application of the "three R's." They just have not the capacity therefor. Their economic life must be manual and therefore their training must necessarily be largely on manual lines. Herein lies the need for special schools and special classes. Manual training of the educationally sub-normal is beyond question productive of results.

SCHOOL MILK

The position in this matter has changed materially during the year, and clearly for the better. As from 1st August, 1946, all milk issued to school children in school became free by order of the Ministry, and the system of payment hitherto in vogue ceased. Up to 1st August, the total number of children receiving milk during 1946 was 17,169, of which a total of 3,351 received free milk on medical grounds.

Since milk became a free issue to all schools, the figures have taken a marked upward leap, and during October, 1946, the total number of children receiving milk in school was nearly 24,000. This includes, of course, not only all primary schools, but all schools providing higher education of any kind.

These are very satisfactory figures, and we are now rescued from the position of twelve months ago, when we were almost at the bottom of the list of English counties in the matter of milk consumption in schools.

Where actually we stand to-day, I do not know, but obviously we cannot be very far down the list.

On a check day in October, the number of children present in school, including all types of schools, was 27,508. The number taking milk that day was 23,820. This shows that 86 per cent. of the children present were receiving milk. This is a very satisfactory position, having regard to the known value of milk in the diet of a growing child.

There is, too, another satisfactory aspect of our school milk affair. There has been a definite switch-over in milk supplies from ungraded to tuberculin tested or pasteurised milk. The following table shows the percentages of the different grades of milk supplied to 267 schools :—

Type of Milk	Percentage
Pasteurised	31%
Tuberculin Tested	38%
Accredited	20%
Ungraded	11%

There are to-day 29 schools, nearly all small, representing 945 children, without any regular provision of school milk. I do not doubt that this small number will further diminish.

SCHOOL MEALS

There has been a further steady advance in the provision of school meals during the year now under review. No central kitchen became available during the year, and the advance has been by way of an expanded provision of small self-contained units, of which Cumberland, for geographical reasons, needs many. Attention has concurrently been given to the improvement of facilities in many schools in which war-time conditions of crowding and inconvenience have persisted. Towards the close of the year the County Architect produced standard plans for small kitchens and dining-rooms which were warmly approved by the Ministry. Final details are now being determined for the erection of these standard kitchens in a number of schools, but the benefit of this policy will not be available during the present year.

The upward trend in the provision of school meals is closely watched, and the figures for the last quarterly return showed that some 13,000 meals were being provided daily in 164 schools or departments. The percentage of children receiving school meals works out at 47.2, which is quite an appreciable advance beyond the figures for the previous year, and compares favourably with the average throughout the country. Last year, at the time of writing this report, the total number of meals served on any given day was 10,483, and the percentage of children receiving meals was 40. The comparison therefore shows that some 2,500 more meals are now being served daily than was the case twelve months ago.

Self-contained canteens have been opened during the year at Bewcastle Park, Bigrigg, Casson Road, Crosby-on-Eden, Kirkbampton, Warwicksland, and Monkway. Monkway is the first project in the County to be completed and handed over by the Ministry of Works. Among other projects resting with the Ministry of Works are those at Dearham, Grasslot, Dalston, Keswick, while building is actually under way at Millom.

The year 1946 has also seen the opening of several dining centres served from the existing kitchens. Such expansion is naturally limited, for the cluster associated with the new kitchen at Wigton just comes into the next period. We look forward at the same time to the opening of the Egremont Canteen.

The Ministry of Food kitchen at Hensingham came under the complete control of the Authority during the year, and much thought has been given to the improvement of facilities and equipment at this kitchen which was originally intended for emergency feeding in the event of serious bombing. Its standards of equipment fall far below what is now considered necessary, and the work there has been carried out under conditions of acute difficulty. Some "shedding of the load" has been found possible, and the Ministry is approving plans for drastic reconstruction.

A number of canteen schemes are linked up with major plans for the reconstruction or provision of new

school accommodation, and among these those for Bassenthwaite and Distington take a prominent place. There is reason to believe that these plans will mature during the present year. The position is therefore fluid and always expanding, and indeed, at the actual time of writing this report, the percentage of children receiving meals in the county during the current year, as opposed to the year under review, has advanced well beyond 50 per cent. The extra provision now being created at Egremont, Brampton, Wigton, and Millom will register a further big step forward. It must be remembered, however, that it is the policy of the Ministry to provide free meals at an early date, and we are therefore committed to a probable minimum provision of 75 to 80 per cent. with the least possible delay. The results herewith recorded will therefore be a spur to continued effort.

BRONCHIECTASIS

We have recently taken steps to fill one of the gaps in our School Health Service and that is the investigation and treatment of the above condition. Bronchiectasis is a condition affecting the lungs which is rather rare and which can be very disabling and may lead to fatal results, and in a considerable proportion of cases calls for treatment by surgical measures of some severity in the shape of the removal of the affected part of the lung. Diagnosis of this condition and determination of treatment indicated in each individual case are highly technical matters, and I have been fortunate in enlisting the interest of Mr. George Mason—the thoracic surgeon in Newcastle—in the treatment of cases of this condition from this area. The arrangement is that the children will be investigated and classified by a team of experts at the Cumberland Infirmary and, on the result of this investigation, cases will be selected for further treatment at Shotley Bridge Hospital. This, as I say, closes one of the gaps—there are not, I think, many—in our School Health Service.

DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year amounted to 645. The percentage of immunised children in the county schools was

estimated in the returns of the District Medical Officers of Health as 87 per cent. In addition 3,651 children were given reinforcing injections.

RECORDS

New Record Cards, to be uniform over the whole country, have been issued by the Ministry for introduction at an early date for the purpose of recording the findings of School Medical Inspection and the results of treatment.

The value of national cards of this kind, with uniformity in the manner of recording information, is obvious because these cards will be interchangeable from one area to another, and, what is equally important, will be understandable when so interchanged. To that extent these new cards, which affect the dental side also, will, I imagine, be generally welcomed. There is, however, no doubt that these new, and more elaborate cards will require a considerably longer time to complete, and the necessary investigations leading up to the completion of these cards, will occupy much more of the time both of the medical and nursing staff. This is particularly true in respect of a rural county like Cumberland.

The satisfactory completion of these new cards in a scattered rural county like ours will be far from easy (a) because of the travelling involved in investigating home conditions, and (b) because in a rural county one just cannot expect the same attendance of mothers at the School Medical Inspections as one would expect in an urban area.

This is only one direction in which record keeping is becoming more elaborate. I understand that similar cards are likely to be introduced for use in the case of children under five years of age, and various Government departments have, comparatively recently, issued other new forms which call for a very considerable expenditure of time in their completion.

All this leads up to two points. The first is that I think it will obviously be necessary at an early date to increase the staff of Assistant School Medical Officers, Health Visitors and School Nurses. The second is that

the amount of clerical work falling on Assistant Medical Officers has increased to a stage when it is not reasonable to expect them to do it all themselves, and I think it will be necessary for the Joint Health and Education Committee, at an early date, to consider the question of clerical assistance for the Assistant Medical Officers.

The Committee will have an opportunity of seeing some of the new forms and cards so that they will be able to judge the position for themselves.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer.

Children attending maintained primary and secondary schools were examined as under:—

Routine inspections by age groups:—

Entrants	...	...	...	2870
Second Age Group	...	...	...	2907
Third Age Group	...	...	...	2030
				<hr/>
				7807
Special inspections and re-inspec-	...	...	...	...
tions	...	...	...	18836
				<hr/>
Total of examinations	...	...	...	26643
				<hr/>

TABLE A.

SUMMARY OF DEFECTS FOUND, AND OF TREATMENT UNDERTAKEN UNDER THE SCHEMES OF THE EDUCATION AUTHORITY.

Condition.	Referred for Treatment.		Treated.
Defects of Nutrition	...	57	57
External Eye Diseases	...	391	351
Skin Diseases	...	2047	1964
Defective Vision and Squint	...	1158	1338*
Nose and Throat Conditions	...	1046	853
Ear Conditions	...	398	319
Enlarged Cervical Glands	...	50	36
Heart Disease and Circulation	...	153	118
Bronchitis and Other Chest Conditions	...	221	139
T.B. Pulmonary (Definite)	...	17	17
T.B. (Suspected)	...	47	47
T.B. (Non-pulmonary)	...	27	27
Nervous Diseases	...	27	20
Uncleanliness	...	1427	1427
Other Defects and Diseases	...	2015	1807
		<hr/>	<hr/>
		9081	8520
		<hr/>	<hr/>

* Includes defects referred from previous year.
Orthopædic and Dental Defects are not included in the above figures.

TABLE B.

SHOWING THE WORK CARRIED OUT BY THE NURSING
STAFF IN FOLLOWING UP DEFECTS.

Condition.	No. of Cases.	No. of Visits Paid.
Defects of Nutrition	12	22
Eye Conditions	12	47
Skin Diseases	10	25
Nose and Throat Conditions	592	1236
Ear Conditions	10	20
Heart & Circulation	46	108
Lungs (Non-tubercular)	6	9
Uncleanliness	118	146
Deformities	1	3
Glands	3	10
General Cases	59	197
	<hr/> 869	<hr/> 1823

TABLE C.

SHOWING THE ATTENDANCES AT INDIVIDUAL SCHOOL CLINICS.

Clinic.	New Cases.	All Cases. Attendances.
Alston	71	135
Aspatria	86	141
Brampton	211	928
Carlisle	181	423
Cleator Moor	535	2035
Cockermouth	497	2045
Egremont	274	876
Frizington	324	1523
Maryport	397	1686
Millom	447	2163
Penrith	452	1692
Wigton	496	1367
Whitehaven (Sandhills Lane)	606	2193
Whitehaven (Woodhouse)	434	1981
Workington	728	3104
	<hr/> 5739	<hr/> 22292

5,016 individual children attended the Clinics during the year.

TABLE D.

SUMMARY OF WORK UNDERTAKEN AT THE SCHOOL CLINICS
DURING THE YEAR.

Condition for which child attended.	New Cases.	No. of Attendances	
		All Cases.	
Defects of Nutrition	12	...	70
Eye Diseases	616	...	2378
Skin Diseases	1816	...	7320
Nose and Throat Conditions ...	387	...	836
Ear Conditions	261	...	1996
Enlarged Cervical Glands ...	35	...	109
Heart and Circulation	107	...	521
Lungs (Non-tubercular)	154	...	535
Lungs (Tubercular or Suspected)	61	...	357
Tuberculosis (Non-pulmonary) ...	20	...	136
Nervous System	27	...	100
Uncleanliness	171	...	1237
Other Defects and Diseases ...	1976	...	6469
Deformities	67	...	162
Goitre	4	...	14
Defective Speech	11	...	22
Dental	14	...	30
	<hr/> 5739		<hr/> 22292

TABLE E.

SHOWING THE ORTHOPAEDIC TREATMENT UNDERTAKEN
DURING THE YEAR.

Number on Aftercare Register at 1/1/46	467
New Cases during 1946	210
Cases renotified after discharge previously ...	14
Number removed from Register	208
Number on Register at 31/12/46	483
Attendances at Aftercare Clinics	560
Seen by Consulting Surgeon (not included in above)	11
Attendances at Intermediate Clinics	776
Home visits	216
Plasters applied at Intermediate Clinics by Aftercare Sister	118
Plasters applied at home by Aftercare Sister ...	52

Appliances supplied and renewed	48
Surgical Clogs and Boots	14
Cases in Ethel Hedley Hospital, Windermere, 1/1/46 and admissions during 1946	61
Discharges from Ethel Hedley Hospital, Windermere	40
Awaiting admission to Hospital, 31/12/46 ...	16
X-ray examinations during 1946	53
Awaiting X-ray	5

TABLE F.

SHOWING THE VARIETIES OF ORTHOPAEDIC CONDITIONS
DEALT WITH.

Flat Foot	174
T.B. Joints	43
Congenital Defects	43
Injuries (including fractures)	40
Poliomyelitis	34
Scoliosis, Kyphosis and Lordosis	26
Rickets	48
Club Foot	19
Osteomyelitis	17
Hemiplegia	31
Congenital Dislocation of Hip	18
Torticollis	11
Pseudo Coxalgia	16
Poor Posture	27
Hallux Valgus and Deformed Toes	33
Paralysis, Birth Injuries, etc.	4
Hydrocephalus	2
Exostosis	6
Amputation	3
Arthritis	3
Progressive Muscular Dystrophy	2
Achondroplasia	3
Pathological Dislocation of Hip	1
Schlatter's Disease	3
Pes Cavus	8
Other Conditions	74

689

TABLE G.

SHOWING THE POSITION OF DENTAL INSPECTION AND
TREATMENT.

(1) Number of children inspected by the Dentist:			
(a) Routine Age Groups	...	...	22740
(b) Specials	...	...	306
(c) Total (Routine and Specials)	...	...	23046
(2) Number found to require treatment	...	...	10391
(3) Number actually treated	...	...	10128
(4) Attendances made by children for treatment	...	...	18846
(5) Half-days devoted to:—			
(a) Inspection	...	250	
(b) Treatment	...	1866	
Total	...	2116	
(8) Administration of anaesthetics for extractions:—			
(a) Local	...	...	7042
(b) General	...	...	2208
Total	...	...	9250
(6) Fillings:—			
(a) Permanent Teeth	...	8209	
(b) Temporary Teeth	...	139	
Total	...	8348	
(9) Other Operations:—			
(a) Permanent Teeth	...	...	2698
(b) Temporary Teeth	...	...	536
Total	...	...	3234
(7) Extractions:—			
(a) Permanent Teeth	...	2224	
(b) Temporary Teeth	...	12536	
Total	...	14760	
(10) Orthodontic appliances			
(11) Dentures	...	...	162
(12) X-ray Examinations	...	...	62
			124

The Senior Dental Officer makes the following comments on the School Dental Service :—

“ As regards the statistical tables, in accordance with the instructions of the Minister of Education no distinction is made between Primary and Grammar Schools, while for the same reason the routine inspection age groups are omitted. It is not easy to make any comparison with previous years as far as figures are concerned as so many changes occurred. For the first time the Boroughs of Whitehaven and Workington are included for the full period. On the other side the various changes consequent upon staffing difficulties can only affect adversely the work done.

“ Attention may be drawn to the increase in the number of orthodontic appliances made in the dental

workshop. The importance of this aspect of school work to the child's health both physically and psychologically cannot be over-emphasised. Decayed teeth can be replaced artificially, but facial deformities due to dental irregularities if left untreated have a permanent effect on the individual.

"It would seem that for the present at least the staffing difficulties referred to above are over. The return of Dr. L. Rae from the Services and the appointment of Mr. J. V. Inglis brought the staff up to full strength, and thus at long last allowed the areas to be rearranged on a permanent basis. As dental conditions are at present it is felt that this staff should be able to treat the whole school population allowing for the reduction in the incidence of dental caries during the past few years. Whether this improvement will continue cannot be foreseen. In addition the raising of the school leaving age will without question mean additional dental treatment, but whether this will require the services of another officer is a question which will have to be decided on facts.

The provision of a dental clinic at Longtown has met a need which has been only too evident, and it is also expected that before long premises will be available at Stoneleigh, Workington, so that treatment of the Grammar and Technical Schools there can be properly undertaken. At the same time the equipment of the clinics generally is receiving attention, the chief item during the year being the provision of seven electric engines. The policy of bringing equipment up to a really high standard is being continued.

"This report would not be complete if mention were not made of the manner in which the whole dental staff have co-operated in meeting the difficulties that have arisen during the last few years. Areas have had to be adjusted on several occasions with much consequent disturbance of routine, but everyone concerned has willingly co-operated, so as to carry on the service as fully and efficiently as possible. The staff are to be congratulated on the results."

PHYSICAL TRAINING

I am indebted to the Chief Organisers of Physical Education—Miss Margaret Fraser and Mr. Lionel Hayworth—for the following report on physical education activities during the year.

We should like to place on record our appreciation of the willing co-operation that we have received from the County Teachers, and also from the Teachers in Whitehaven and Workington Schools who have now joined the Cumberland family.

Mr. L. Heyworth, who began his duties on 1st October, 1946, welcomes this opportunity of expressing his appreciation of the friendly welcome he has received in the Schools, and of the valuable help so kindly given by his colleagues.

In spite of many difficulties the standard of Physical Training in the Schools generally has been maintained. Experiments are now being tried out in Physical Education as in academic subjects particularly with regard to the presentation of work for Infant and Junior classes. Foundations are being laid for establishing the link between Physical Training and the wider aspects of Physical Education—Games, Athletics, Swimming, Dancing, Camping, etc.

TEACHERS' CLASSES—SWIMMING COURSES

In February and March, two courses in swimming were arranged at Workington Baths for Teachers from Whitehaven, Workington and districts.

Women Teachers' Class.

Six weeks' course, instructed by Miss K. Sutton and attended by 58 Teachers.

Men Teachers' Class.

Special short course, instructed by Mr. Black, and attended by 20 Teachers.

LECTURE DEMONSTRATION ON ATHLETICS

On Saturday, 29th June, Mr. Peter McIntosh, Lecturer in Athletics at Birmingham University, gave a lecture demonstration at the Carlisle and County High

School for Girls, with a group of boys from the Grammar School. Seventy Teachers attended, but unfortunately the inclement weather curtailed the programme and necessitated the practical work being conducted in the Gymnasium instead of on the playing field as arranged. Mr. McIntosh stressed the importance of early training and careful preparation for all events.

SWIMMING INSTRUCTION

In 1946, 935 Boys and Girls in the Primary and Secondary Schools other than the Grammar Schools in Whitehaven and Workington Boroughs were included in the County swimming scheme for the first time, bringing the total number of children for whom organised swimming was arranged to 2,387, as the following table shows.

Baths	Number	Contributing School
Workington	515 Boys & Girls	Workington Borough
Workington	440 Boys & Girls	Maryport and District
Whitehaven	440 Boys & Girls	Whitehaven Borough
Whitehaven	580 Boys & Girls	Cleator Moor, Cleator, Frizington, Egremont, Moresby, Distington, Parton, Lowca
Wigton	182 Boys & Girls	Wigton and Thursby
Eamont Pool, Penrith	140 Boys & Girls	Penrith
Derwentwater Lake	90 Boys & Girls	Keswick
Total	<u>2,387</u>	

In order to give as many children as possible the opportunity of learning to swim, an effort was made to include mainly non-swimmers in the classes. This elicited the interesting fact that whereas most boys can swim at least a little, the girls are unable to swim at all, perhaps because with domestic duties at home they have less free time than boys.

SWIMMING CERTIFICATES GAINED DURING 1946

To encourage all these novices it was decided to award certificates for beginners in two stages, in addition to the County First and Second Class Certificates.

852 Certificates were gained during the season.

			Boys		Girls
First Class	...	...	109	...	43
Second Class	...	...	163	...	103
Elementary	...	...	98	...	119
Beginners	...	...	103	...	114
Total	...	...	852		

OPEN AIR SWIMMING AT EAMONT POOL AND DERWENTWATER LAKE

Our open-air swimmers had a most disappointing season on account of the frequent floods, and the usual examinations could not be held.

ARRANGEMENTS FOR WINTER SWIMMING AT WHITEHAVEN AND WORKINGTON BATHS

1. *Provision of Hot Drinks.*

With the object of encouraging a good attendance at the swimming classes throughout the winter, the provision was authorised of hot cocoa for the children after the swimming lessons. This is being supplied from the local Canteens, and is both popular and beneficial.

2. *Provision of Bath Towels.*

The limited supply of bath towels purchased by the Committee for loan to needy children during the swimming classes is most valuable and much appreciated.

ORGANISED GAMES

Netball.

Many friendly matches were played during the summer and there was also keen competition in the leagues.

NETBALL LEAGUE RESULTS

District.	Number of Teams taking Part.	Winners.	Runners-up.
Carlisle.	18	Kingstown.	Scotby
Whitehaven	10	Irish Street.	St. Begh's.
Keswick	5	Crothwaite Snr.	St. John's C.E. Girls.
Cockermouth	5	Gt. Broughton.	All Saints Cockermouth.

In Carlisle district, Kingstown retained the Hugh Jackson Cup for the fourth successive year, in Cocker-mouth District, Great Broughton School won the honours for the second successive year, and in Whitehaven two Whitehaven Schools met in the final for the first time.

Hockey.

As the school development plan proceeds there will be opportunities for many more girls to play hockey. It is hoped that next year a County Hockey Association will be established, so that Senior and Junior teams from Cumberland can match their skill against neighbouring counties.

Hockey Tournament in North Cumberland.

On February 9th, Old Girls from Brampton, Alston, Penrith Grammar Schools and Carlisle and County High School competed with the High School first eleven and two teams from Carlisle Ladies' Club, in an American Hockey Tournament on the High School grounds. After well contested games the School first eleven were just defeated in the final by Carlisle Ladies' first team.

This Tournament showed that there is both skill and enthusiasm for hockey, but that many good players are unable to continue to play after leaving school on account of the lack of accommodation for Clubs in almost all districts.

Association Football.

The return of young, enthusiastic Teachers from the Forces has given fresh zest to Football in the County, and leagues are operating with keen competition. Inter-Area Trials have been organised and arrangements are now being made to hold three Schoolboy County matches against Durham, Northumberland and Westmorland. Cumberland Schools' Football Association responsible for the organisation of Association Football outside school hours, has been obliged to function on a reduced scale, as travel restrictions have led to the main activities being centred in the more populated parts of West Cumberland. The County Shield Competition was again won by Workington Central School, and the Moss Shield by Whitehaven Grammar School.

Rugby Football.

The Secondary and Grammar Schools have continued to take an active interest in Rugby Union football, and inter-school fixtures have been played. The enthusiasm for Rugby League Football in West Cumberland has led to a meeting being called early in the New Year to consider the revival of the Schools' Rugby League.

ATHLETICS

Renewed interest was shown in Athletics during the Summer, and District Schools' Sports were organised in twelve centres. In addition, many schools arranged their own Sports Days.

Cumberland Schools' Athletic Association was revived after the war years, and held the County Sports at Carlisle in June, when competitors selected from the affiliated Districts' Sports competed for the honour of representing Cumberland at the first post-war Inter-County meeting of the English Schools' Athletic Association at Eton in July.

FURTHER EDUCATION

Forty-nine classes for Women and Girls, Men and Youths have been arranged in Physical Training, Boxing, Wrestling, Keep Fit, Scottish and Country Dancing and Ballroom Dancing.

YOUTH SERVICE

SWIMMING CLASSES FOR NORTH CUMBERLAND YOUTH CLUBS

Swimming classes were again organised at Carlisle Baths from May to September on Thursday and Friday nights, under the County Scheme, and were attended by girls and boys from Broadwath, Great Corby, Crosby-on-Eden, Rockcliffe, Dalston Happy-Go-Lucky, Crofton and Wetheral Mixed Clubs; also girls from Rosley Girls' Club.

The attendance was well maintained throughout the season, in spite of the weather, and many members often cycled miles in heavy rain rather than miss the opportunity of swimming.

NETBALL FOR THE 14-18 GROUP

In the early Summer, Cumberland Netball Association decided to put into practice the comprehensive scheme for Junior Netball drawn up by their appointed Sub-Committee for the purpose of establishing a County Junior Netball Team. This resulted in a number of Tournaments being held in the following areas:—

Place.	Area covered.	Number of teams taking part.	Winners.
Keswick, Fitz Park.	Keswick, Penrith, Cockermouth	8	Keswick School
Carlisle Margaret Sewell School.	Carlisle and North Cumberland.	3	St. James' Covenanters
Whitehaven Grammar School.	Whitehaven, Cleator, Egremont, Frizington and Arlecdon.	8	Cleator Old Timers

The winners of these Area Tournaments competed in an Inter-Area Tournament at Cockermouth County Grammar School on 19th July, when St. James' Covenanters defeated Cleator Old Timers in the final by 12—10 goals.

COUNTY JUNIOR NETBALL TEAM

The Team finally chosen from these Area Tournaments to represent the County has made a very good start in their matches against other County Junior Teams, as these results show:—

Cumberland Junior Team v. Lancashire Junior Team,
23rd November, away, lost 20—7.

Cumberland Junior Team v. Durham Junior Team,
30th November, away, won 11—4.

Cumberland Junior Team v. Northumberland Junior Team, 7th December, home, won 13—8.

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.
YEAR ENDED 31st DECEMBER, 1946.

(a) Routine Medical Inspections:—							
(1) No. of Inspections:							
Entrants	...	...	...	...	...	...	2870
Second Age Group	...	...	...	...	...	...	2907
Third Age Group	...	...	...	...	...	...	2030
Total							7807
(2) No. of other Routine Inspections							
							Nil
Grand Total							7807
(b) Other Inspections:							
No. of Special Inspections and Re-Inspections							18836

TABLE II.

CLASSIFICATION OF THE NUTRITION OF PUPILS
INSPECTED DURING THE YEAR IN THE ROUTINE
AGE GROUPS.

	A.		B.		C. (Slightly subnormal)		D. (Bad)	
Number of Children Inspected.	(Excellent) No.	Per cent.	(Normal) No.	Per cent.	No.	Per cent.	No.	Per cent.
7807	1756	22.49	5352	68.55	677	8.67	22	0.28

TABLE III.

GROUP I.—TREATMENT OF MINOR AILMENTS
(EXCLUDING UNCLEANLINESS).

Total Number of Defects treated or under treatment
during the year under the Authority's Scheme ... 4526

GROUP II.—TREATMENT OF DEFECTIVE VISION AND
SQUINT.

	Under the Authority's Scheme.
Errors of Refraction (including squint) ...	1239
Other defects or disease of the eyes (excluding those recorded in Group I.) ...	49
Total ...	1288
No. of pupils for whom spectacles were	
(a) Prescribed ...	1042
(b) Obtained ...	839

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Under the Authorities Scheme.
Received Operative Treatment	656
Received Other Forms of Treatment	80
Total Number Treated	<hr/> 736 <hr/>

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children inspected by the Dentist:—						
(a) Routine Age-groups						22740
(b) Specials						306
(c) Total (Routine and Specials)						23046
(2) Number found to require treatment						10391
(3) Number actually treated						10128
(4) Attendances made by pupils for treatment						18846
(5) Half-days devoted to:—						
Inspection						250
Treatment						1866
	Total					<hr/> 2116 <hr/>
(6) Fillings:—						
Permanent Teeth						8209
Temporary Teeth						139
	Total					<hr/> 8348 <hr/>
(7) Extractions:—						
Permanent Teeth						2224
Temporary Teeth						12536
	Total					<hr/> 14760 <hr/>
(8) Administrations of general anaesthetics for extractions						2208
(9) Other operations:—						
Permanent Teeth						2698
Temporary Teeth						536
	Total					<hr/> 3234 <hr/>

TABLE V.

VERMINOUS CONDITIONS.

(1) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons	84,430
(2) Number of individual pupils found unclean	1,174

GROUP III - TREATMENT OF DENTAL OF 1936 AND 1937

1936
1937

Received Complete Treatment
Received Other Forms of Treatment
Total
1936
1937

TABLE IV DENTAL INSPECTION AND TREATMENT

Number of Children Inspected by the Dentist
(a) Routine Examinations
(b) Special
(c) Total (Routine and Special)
Number found to require treatment
Number actually treated
Attendance at the Dental for treatment
Dental fees received for treatment
Total
1936
1937

1936
1937

1936
1937

1936
1937

TABLE V VERMINOUS CONDITIONS

Number of examinations of pupils in the
Schools for head lice and other verminous
conditions
Number of individual pupils found infested
Total
1936
1937

1936
1937



