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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

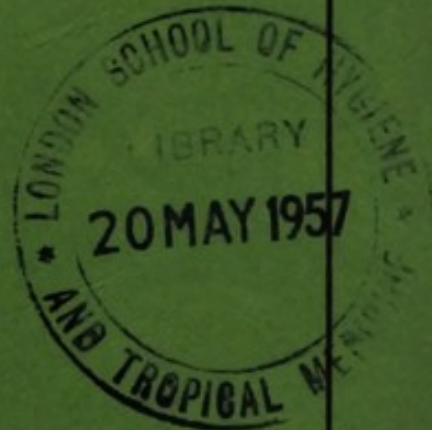
MEDICAL INSPECTION OF  
SCHOOL CHILDREN

FOR THE YEAR ENDED

DECEMBER 31st, 1949

CARLISLE:

STEEL BROS. (CARLISLE), LTD., 60 ENGLISH STREET.







## CUMBERLAND COUNTY COUNCIL

County Health Department,  
11, Portland Square,  
Carlisle.

April, 1950.

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

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present the Annual Report on the Medical Inspection and Treatment of School Children for the year ended 31st December, 1949.

### STATISTICS

The statistical returns of the work undertaken are set out in the appropriate parts of this report. Little comment is necessary, except perhaps to draw attention to the new form of Table A. In previous years the heading was:

#### Table A.

#### Summary of Defects found, and of Treatment Undertaken.

Condition.	Referred for treatment.	Treated.
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This table is set out in a new form to synchronise with the new tables issued by the Ministry of Education which are at the end of this report. The column previously completed each year in respect of numbers treated has been omitted for the simple reason that no accurate figures can be given. An attempt is made in Table III at the end of the report to give the amount of treatment under certain headings, but, although we know, for example, the number of skin conditions, minor injuries, etc., treated at our school clinics, we have no knowledge of treatment undertaken by practitioners, and only partial knowledge of treatment undertaken at hospitals, whether as in-patients or out-patients. Take, for example, the cases referred for refraction for defective vision; these were 1,355, but we have not the slightest idea how many have actually obtained glasses. I cannot see how any other authority can be in any different position. Perhaps in urban areas intensive enquiries by school nurses at school or at home may have produced something approaching accuracy, but in a rural county that, as I see it, is



frankly impossible. We are completely, or very largely, at sea, and it may be because this position is national that the Ministry of Health in 1950 have issued a letter of instruction to regional hospital boards and hospital management committees. The heading of the circular is "The Transmission of Information from Hospitals to Medical Officers of Health," and in respect of children the appropriate extract is as follows:—

**" Children.**

The joint responsibility of the family doctor and the Medical Officer of Health or School Medical Officer is recognised, and it is suggested that the same information should be sent to the family doctor and, for a school child, to the School Medical Officer, or for a child under school age, to the Medical Officer of Health of the county or county borough in which the child lives. The arrangement may most conveniently apply to all children of school age or below, and should include information on the discharge of babies born in hospital, especially premature births, necessary details of feeding in such cases, and deaths of children in hospital. If it is possible information about premature babies should be sent before their discharge. The form signed by the parent on the child's admission to hospital should include a note intimating that, in the absence of a request to the contrary, information sent to the doctor will also be sent to the School Medical Officer or Medical Officer of Health of the local health authority, unless the parents object.

In addition to applying to all children discharged from hospital following in-patient treatment, the arrangements for the supply of information should be extended to cover children who have attended as out-patients in those cases where the information would be of value."

**STAFFING DIFFICULTIES**

This matter has already come up for consideration at various committees, and will naturally have to be dealt with more fully in the report on the Health Services in general when that is prepared. At the moment,



therefore, I only want to draw attention in passing to the position as it affects the School Health Service. We have lately tested the market by advertisement and by direct contacts with the training bodies, and in other ways, in connection with a number of appointments to key positions in the School Health Service. The result of all these advertisements and other approaches up to the moment has been exactly nothing. How the School Health Service is going to carry on in the years ahead at all is beyond my comprehension.

There is one vacancy at the moment which must cause us particular anxiety. To our great regret Miss Nelson, who has looked after our cripples for many years, retires in May. At a guess I should say that during her time with us nearly 8,000 cripples of one kind or another have passed through her hands. She has dealt with plaster work, the ordering and fitting of appliances, and has kept the work going in many other ways. I did not expect to get another Miss Nelson, but I did expect, or at least hope, that we might be able to find a successor. The result of all the contacts I have made, and of our advertisements, has been exactly nil. Miss Nelson has been good enough to agree to carry on a certain amount of her work on a part-time basis, but this county is too large geographically for any one person really to be able to handle the work with comfort, and unless we do get a suitable applicant from somewhere the work among our cripples must necessarily be curtailed after May, and in the event of Miss Nelson at any time deciding not to carry on, would stop altogether. This is a calamitous situation after thirty years of our cripple scheme which has handled not very far short of 10,000 cases, of which we have been justly proud because we were the first county in England, apart from Shropshire, to start a cripple scheme.

We could, of course, I suppose, approach the Regional Hospital Board to see if they could find a person or persons to do this domiciliary work on our behalf, for which we would, of course, have to repay the Board. I would hesitate very much about this solution to the problem because one by one the things of which we as a local health authority have direct



control, are slipping away from us, but this may prove to be the only solution.

I have mentioned the question of orthopædics in some detail because it is the most urgent, but the situation in other key positions is very nearly as difficult.

#### THE FUTURE OUTLOOK

I understand that a resolution will be moved at the forthcoming meeting of the Association of Education Authorities with a view to obtaining a 100 per cent. grant from the Treasury in respect of the School Health Service. This resolution is apparently based on the premise that the Government, having established a comprehensive health service, should not leave local authorities to shoulder any part of the burden out of the rates. It is difficult to follow this line of thought for various reasons. The first is that none of the Part III services which devolve on local health authorities under the National Health Service Act, carry a 100 per cent. grant. Such services as the Home Help Service, the Ambulance and Sitting-Case Car Service, the Care of Mothers and Young Children, Domiciliary Nursing, etc., only carry a 50 per cent. grant, and are therefore partly rate borne. The School Health Service carries a 60 per cent. grant.

It would obviously be illogical to take out one item from local government in the shape of the School Health Service, and seek a 100 per cent. grant in respect thereof without making the same approach to the Ministry of Health in respect of the services above mentioned. One thing is quite certain, if the resolution asking for a 100 per cent. grant in respect of the School Health Service were to be adopted, and accepted by the Treasury, that would be the end of the School Health Service so far as local education authorities are concerned. The well known saying "He who pays the piper calls the tune" would clearly apply, and this would mean one further nail—and a substantial one—in the coffin of local government so far as health services are concerned. It is, I think, true to say that, arising out of the National Health Service Act and other things, the local government health services are already, if not moribund, at least in a parlous condition.



### CHILD GUIDANCE

One important development of the School Health Service during the year was the opening of child guidance clinics. Actually the Workington clinic had been opened for a short time before the close of 1948, but both this clinic and that in Carlisle really came into full operation during 1949. The appropriate information regarding these clinics is given later in the report, but I must take the opportunity here of saying that this too long delayed development is already proving its value, and this value will extend and develop as time goes on. The numbers involved are not large, and in my view never should be large because if they become large the personal touch, which is the whole secret of success, is apt to be lost. Nevertheless, although the numbers are relatively small, each case, let us not forget, represents a problem of first class importance to some household, and even if we succeed through these clinics in solving the problems of only a proportion of the cases, something very well worth while will have been accomplished.

### SCHOOL MEALS

There was a further steady expansion in the provision of school meals throughout the year. On a check day in October, 1948, 57.62 per cent. of the children in attendance at school were served with a mid-day meal. By October, 1949, with an increase of 1,400 dinners a day, the percentage had advanced to 61.15 per cent. The total number of dinners served to children on this day was 18,048.

Progress on the work of erection of the 23 standard all-electric kitchens, which began last year, was disappointing, and although building work on the majority of the kitchens was completed by the end of the year, many of them could not be brought into use because of delay in the supply of electricity. Electricity was, however, available at a limited number of these kitchens, and it was possible to open those at Great Corby and Renwick (thereby superseding the temporary dining arrangements which had been in operation at these two schools), and at Great Orton, Dalston Royal and Bothel Schools. The Ministry of Education approved the temporary use of calor gas or oil cooking



in completed kitchens pending the supply of electricity. In this way kitchens were opened at Skirwith, Culgaith, Gamblesby, and Melmerby Schools.

As a result of other new building or adaptations to existing premises, kitchens or kitchen dining rooms opened at Lorton, Millom, Haverigg, Westnewton, Croglin, Grasslot, and Eaglesfield Schools. New canteens were also opened at Distington, Harrington Church Road Infants, and Cleator Moor R.C. Secondary Modern Schools in replacement of existing temporary dining facilities. The service of meals was also extended to Bromfield, Aldoth, Abbeytown, Ousby and Stoneraise Schools through the provision of meals from adjoining canteens.

In addition to the remainder of the 23 kitchens which await completion, work is still in progress on the canteens at Wetheral, Garrigill, Frizington St. Paul's, Threlkeld and Aspatria Schools, and at Cumberland Technical College. It is hoped to take possession of these buildings early in the New Year. During the year under review work was begun on adaptations or on new building to provide canteens at Silloth, Kingstown, Workington Victoria Senior Girls, Torpenhow, Westnewton, Waverton, Irthington, Castle Carrock, Allonby, Hethersgill, Rockcliffe, Ireby, Parton Williamson, and Whitehaven County Grammar Schools.

The announcement by the Government in October that all new major canteen building at existing schools would have to be suspended in order that resources might be concentrated on more vital work, came as a severe blow, and caused the abandonment by the Ministry of Works of proposals for the erection of new central kitchens at both Stainburn and Whitehaven, projects sorely needed for the replacement of the existing delapidated structures, originally erected as war-time kitchens. Not only were these larger projects guillotined, but 13 smaller canteens which were included in the year's programme, and for which tenders had already been received had to be abandoned.

Although the ban on new building will, unfortunately, retard the expansion of the school meals service during the forthcoming year, it will not halt it entirely, since every effort will be made to extend the



service of meals to rural schools by the installation of cooking equipment in rented premises, and by the greater use of meals conveyed from neighbouring schools.

### SCHOOL MILK

From a check taken during October, 1949, the number of children present in all schools and departments was 29,513, of whom 24,233 were taking milk. These figures imply that the percentage of our children drinking milk remains the same as in 1948, i.e., 82 per cent.

The following table shows the percentage of different grades of milk being supplied to schools at the end of 1949, the corresponding figures for 1948 being shown in brackets:—

Type.	Percentage.
Pasteurised ... ..	41 (39)
Tuberculin Tested ... ..	39 (36)
Accredited ... ..	4 (6)
Ungraded ... ..	11 (19)
Attested ... ..	5 Not known

At the end of the year only 13 small schools as against 23 in 1948 were without a regular milk supply. Efforts are being made to find suppliers willing to undertake delivery to these schools.

### DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year was 1,612. In addition, 5,604 children were given reinforcing injections.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer.

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*General Statistics.*

Estimated population of Administrative County	...	...	...	...	...	210,020
Number of pupils on school registers	...	...	...	...	...	31,428

The number of schools in the County are as follows:—

Primary	...	...	...	232)	
Secondary Modern	...	...	...	11)	287
Secondary Grammar and High	...	...	...	12)	Departments
Secondary Technical	...	...	...	1)	
Nursery	...	...	...	1)	

*Medical Inspection.*

Children attending maintained Primary, Secondary and Grammar Schools were examined as under:—

Routine inspections by age groups:

Entrants	...	...	...	3314
Second Age Group	...	...	...	2720
Third Age Group	...	...	...	2518
				—
				8552

Special inspections and re-inspec- tions	...	...	...	...	19300
					—

Total examinations	...	...	...	...	27852
					—

As previously, children were examined at approximately 8 years of age for sight-testing, and an additional examination of children at 13 years of age attending Grammar Schools was also carried out.

TABLE A

SUMMARY OF DEFECTS FOUND AND REFERRED FOR  
TREATMENT

1 & 2.	Uncleanliness	...	...	...	...	2170
4.	Skin Diseases	...	...	...	...	1352
5.	Eyes—					
	(a) Vision	...	...	...	...	1277
	(b) Squint	...	...	...	...	255
	(c) Other	...	...	...	...	408
6.	Ears—					
	(a) Hearing	...	...	...	...	58
	(b) Otitis Media	...	...	...	...	180
	(c) Other	...	...	...	...	116
7.	Nose and Throat	...	...	...	...	1127
8.	Speech	...	...	...	...	10
9.	Cervical Glands	...	...	...	...	49
10.	Heart and Circulation	...	...	...	...	146
11.	Lungs	...	...	...	...	392
12.	Developmental—					
	(a) Hernia	...	...	...	...	11
	(b) Other	...	...	...	...	7
13.	Orthopædic—					
	(a) Posture	...	...	...	...	19
	(b) Flat Foot	...	...	...	...	87
	(c) Other	...	...	...	...	172
14.	Nervous System—					
	(a) Epilepsy	...	...	...	...	8
	(b) Other	...	...	...	...	37
15.	Psychological—					
	(a) Development	...	...	...	...	92
	(b) Stability	...	...	...	...	60
16.	Other	...	...	...	...	1586



**TABLE B**

SHOWING THE ATTENDANCES AT INDIVIDUAL SCHOOL  
CLINICS

Clinic.	New Cases.	All Cases. Attendances.
Alston ... ..	106	544
Aspatria ... ..	153	529
Brampton ... ..	205	913
Carlisle ... ..	141	279
Cleator Moor ... ..	303	1353
Cockermouth ... ..	429	1339
Egremont ... ..	260	728
Frizington ... ..	272	1249
Maryport ... ..	273	1266
Millom ... ..	426	1740
Penrith ... ..	284	1253
Whitehaven (Sandhills Lane)	376	1761
Whitehaven (Woodhouse) ...	408	1652
Wigton ... ..	301	928
Workington ... ..	613	2740
Totals ... ..	4550	18274

**TABLE C**

SUMMARY OF WORK UNDERTAKEN AT THE SCHOOL  
CLINICS DURING THE YEAR

Condition for which child attended.	New Cases.	Attendances.
General Condition ... ..	164	1517
Eye Diseases ... ..	597	1876
Skin Diseases ... ..	1257	4640
Nose and Throat Conditions ..	356	884
Ear Conditions ... ..	231	1827
Enlarged Cervical Glands ...	18	90
Heart and Circulation ... ..	77	336
Lungs (Non-tubercular) ... ..	155	698
Lungs (Tubercular or suspected) ... ..	98	751
Tuberculosis (non-pulmonary)	14	132
Nervous System ... ..	22	120
Uncleanliness ... ..	89	1423
Other Defects and Diseases ...	1300	3546
Deformities ... ..	122	240
Developmental ... ..	50	194
Totals ... ..	4550	18274

Total individual children attended, 4,545.

**TABLE D**

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

Condition.	No. of cases.	No. of visits paid.
Eye Conditions ... ..	18	28
Skin Diseases ... ..	19	38
Nose and Throat Conditions ...	379	744
Ear Conditions ... ..	6	8
Heart and Circulation ... ..	23	41
Lungs (non-tubercular) ... ..	12	15
Glands ... ..	3	5
General Cases ... ..	113	191
	573	1070

**Uncleanliness**

The school nurses made 98,251 examinations of children for verminous conditions and uncleanliness, and of this total 2,170 children were adversely reported on. In this connection, and in connection with cases of uncleanliness discovered at the routine inspections, the school nurses paid 1,630 visits to the homes of the children, in addition, of course, to a very large amount of treatment undertaken at the school clinics.

**TABLE E**

SHOWING THE ORTHOPÆDIC TREATMENT UNDER-  
TAKEN DURING THE YEAR

Number on Aftercare Register at 1/1/49 ...	510
New Cases during 1949 ... ..	310
Cases re-notified after discharge previously ...	27
Number removed from Register ... ..	285
Number on Register at 31/12/49 ... ..	562
Attendances at Aftercare Clinics ... ..	760
Attendances at Intermediate Clinics held by Aftercare Sister ... ..	730
Home Visits by Aftercare Sister ... ..	155
Plasters applied at Intermediate Clinics by Aftercare Sister ... ..	63
Plasters applied at home by Aftercare Sister ...	20
Surgical Boots and Appliances supplied and renewed ... ..	119



*Cases receiving Hospital Treatment during 1949	44
Awaiting Admission to Hospital, 31/12/49	... 43
X-Ray Examinations during 1949	... 77
Awaiting X-Ray	... 18

\*Cumberland Infirmary, Carlisle, and Ethel Hedley Hospital, Windermere.

### TABLE F

#### SHOWING THE VARIETIES OF ORTHOPÆDIC CONDITIONS DEALT WITH

Flat Foot	260
T.B. Joints	31
Congenital Defects	27
Injuries (including fractures)	32
Poliomyelitis	40
Scoliosis, Kyphosis and Lordosis	12
Knock Knees and Bow Legs	101
Club Foot	18
Osteomyelitis	10
Hemiplegia	32
Congenital Dislocation of the Hip	19
Torticollis	13
Pseudo Coxalgia	16
Poor Posture	42
Hallux Valgus and Deformed Toes	40
Paralysis and Birth Injuries	5
Exostosis	6
Pes Cavus and Talipes	42
Synovitis	4
Other Conditions	92
	<hr/> 842 <hr/>

The above tables give a fairly good picture of the orthopædic set-up so far as school children are concerned. I must, however, repeat what I said twelve

months ago, that we have, to some extent, at least as an education authority, lost our grip on this service, and unfortunately our out-patient orthopædic clinics, which used to be really valuable clearing houses through which practically every cripple child passed, have now become clearing houses in the main for relatively very minor conditions such as flat feet and bow legs, discovered at the school medical inspections. The general practitioners as a whole now by-pass these clinics, and as I said twelve months ago this by-passing adds to the congestion of the over-crowded clinics at the Cumberland Infirmary, I think to no very useful purpose. Our knowledge as to what is happening to our school children in this respect is misty to put it mildly, and our orthopædic arrangements are by no means as tidy, nor I think as useful, as they used to be. After having provided for thirty years a highly efficient service which has coped with nearly 10,000 cripples, this is much to be regretted, but as I have pointed out before, this situation applies equally to other aspects of the School Health Service, though fortunately not to all of them.

One acute problem, though not fortunately an urgent one in Cumberland, is provision for the treatment, education and training in occupational therapy, of children, and indeed adults, suffering from spastic conditions. It is good to know that nationally the machinery for the provision of such units is beginning to revolve.



**TABLE G.**

SHOWING THE POSITION OF DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by Authority's Dental Officers—			
(a) Periodic Age Groups ... ..		18164	
(b) Specials ... ..		251	
(c) TOTAL (Periodic and Specials) ... ..		<u>18415</u>	
(2) Number found to require treatment ... ..		11051	
(3) Number actually treated ... ..		10819	
(4) Attendances made by pupils for treatment ... ..		17442	
(5) Half-days devoted to—			(8) Anæsthetics—
(a) Inspection ...	159	Local ... ..	9583
(b) Treatment ...	1791	General ... ..	1333
Total (a) and (b) ... ..	<u>1950</u>	Total ... ..	<u>10916</u>
(6) Fillings—			(9) Other Operations—
Permanent Teeth ... ..	6821	Permanent Teeth	3957
Temporary Teeth ... ..	557	Temporary Teeth	265
Total ... ..	<u>7378</u>	Total ... ..	<u>4222</u>
(7) Extractions—			(10) Orthodontic Appliances ...
Permanent Teeth ... ..	2088	(11) Dentures ... ..	104
Temporary Teeth ... ..	11952	(12) Inlays ... ..	47
Total ... ..	<u>14040</u>	(13) Dowel Crowns ...	9
		(14) Jacket Crowns ...	9
		(15) Splints (cast) ...	1
		(16) X-Ray Examinations ...	289
		(17) Splints (Acrylic) ...	2
		(18) Obturators ...	2

The Senior Dental Officer (Mr. A. C. S. Martin) makes the following comments on the School Dental Service:—

“It is unfortunate that the year 1949 has not shown any outward improvement in the position of the School



Dental Service nationally, though there is at least some satisfaction in the fact that the various bodies concerned appear to have agreed to discuss the problem. Whether a real solution will be found is doubtful, in view of the present high incomes possible under the National Health Service, but the attempt is being made, and that is something.

Actually the position in Cumberland is remarkably good when compared with other authorities, and there is no doubt that the action of the County Council in raising salaries is in the main responsible for this, though the loyalty of the officers to the service should not be overlooked. At the same time it must be realised that the staff is two officers short, as so far it has not been possible to secure replacements. This fact is reflected in the annual figures submitted herewith, which for the second time show a drop. Though unavoidable, this is to be regretted, as it means that inspection is not being carried out in all schools each year, in fact at present some schools are only having inspections once in 18 months, with the inevitable result that the dental condition of the children deteriorates and more work becomes necessary, and a vicious circle commences. It is unfortunate that when the dental position in the county schools was thoroughly satisfactory everything should have been upset by conditions entirely outside the Authority's control.

The improvement of clinics continues steadily, and while, during the year actually under review, no new premises were ready, at the time of writing the new clinic at Egremont and the adapted house at Selby Terrace, Maryport, are both in operation, while the new accommodation at Frizington is also ready. This is most encouraging, especially so far as Egremont is concerned. At the same time the standard of equipment generally is being steadily raised as approved by the Authority eleven years ago.

The only change in the staff during the year was the resignation of Mr. J. V. Inglis, who succumbed to the attractions of private practice. The County have lost an excellent officer and the dental staff a very pleasant colleague. This, of course, necessitated an expansion of areas for the other officers, which it is hoped will not be for too long."



TABLE H.

## CHILDREN IN SPECIAL SCHOOLS

Name of School.	Girls.	Boys.
Royal Victoria School for the Blind, Newcastle ... ..	—	2
Yorkshire School for the Blind, Doncaster	—	1
Condover Hall School for the Blind, Shrewsbury ... ..	—	1
Chorleywood College for the Blind ...	2	—
Northern Counties' Institution for the Deaf and Dumb, Newcastle ... ..	4	5
Royal Cross School for the Deaf, Preston	—	5
Boston Spa Institution for the Deaf ...	2	1
Yorkshire School for the Deaf, York ...	—	1
Colthurst House for Epileptics, Warford, Cheshire ... ..	—	2
Maghull Home for Epileptics, Liverpool	2	1
Besford Court, Worcester ... ..	—	1
Hardman St. School for the Blind, Liver- pool ... ..	1	—
Saint Francis School for Boys, Hooke, Dorset ... ..	—	1
Leasowe Children's Hospital School, Moreton, Cheshire ... ..	—	1
	—	—
Totals ... ..	11	22
	—	—

**CHILD GUIDANCE.**

Two child guidance clinics were in operation during the year, and a third child guidance clinic opened in January, 1950. The clinics in operation during 1949 were held in Carlisle and at Workington. The position with regard to these two clinics is set out below:—

Carlisle Clinic.    Workington Clinic.

Staff:—

Psychiatrist	... ..	Dr. Braithwaite.	Dr. Ferguson.
Psychologist	... ..	Miss Burrows.	Miss Burrows.
Psychiatric Social Worker		Miss M. Lamb.	Mrs. Campbell.
Cases dealt with	... ..	28	46
Attendances	... ..	48	124
Cases referred by:—			
General Practitioners	... ..	9	19
School Medical Officers	... ..	1	8
Children's Officer	... ..	8	6
Psychiatric Social Workers	... ..	7	—
Probation Officer	... ..	—	7
Others	... ..	3	5
Psychiatric Interviews	... ..	48	118
Psychiatric Social Workers—			
(a) Home Visits	... ..	24	42
(b) Interviews at Clinics	... ..	48	47
Psychological Interviews—			
Tests and Play Therapy	... ..	48	73

**PHYSICAL TRAINING**

I am indebted to the Chief Organisers of Physical Education—Miss Kathleen Sutton and Mr. Lionel Heyworth—for the following report on physical activities during the year:—

“ In the realm of Physical Education the year 1949 has been marked by the continued flow of apparatus into all the county schools and the gradual acquisition of indoor accommodation, thus making it possible and practical to hold courses for Teachers in modern methods at Carlisle, Penrith, Keswick, Workington, Whitehaven and Millom.

These modern methods aim at a Physical Education which sends the whole body into action in company with the mind, the intelligence and the imagination—the co-education of body, mind and spirit.

The approach to the teaching provides for good movement and poise, and the ability to control one's



own instrument voluntarily and harmoniously. Opportunity is given for the young child to master various skills through a wide variety of activities so that he is stimulated to vigorous and purposeful play in his own free time.

Basic remedial activities are included at the infant stage, emphasis being laid particularly on foot and spinal work. Movement through dance develops rhythmic sense, sensitivity and individual expression.

In applying these modern methods the individual child's rate of development mentally, physically and emotionally must be considered; rhythms, interests, ideas and desires vary and there must be a happy balance between directed activity and opportunity for the fostering of the child's spontaneous creative power. The success of the methods depends upon how far the child is trained to think and feel, and upon the realisation by the teacher that physical education is a part of general education.

#### **DANCING**

The first part of the dance training scheme for teachers has been carried out. With the object of meeting the needs of all teachers, centres in various parts of the county were selected and One-Day Training Schools were arranged on the English Traditional Dance. The success of these training days was shewn in the large representative gathering of boys and girls who took part in the Children's Festival at Keswick where they had the joyous experience of dancing in a community to live music, and of watching the Royal Earsdon Sword Dancers.

#### **GAMES AND ATHLETICS**

Enthusiasm combined with the right spirit has been the main contributing factor in keeping alive the activities in this difficult scattered county.

#### **NETBALL**

With the development of the district netball association the Cumberland Schools' Netball Association was formed having the County Netball Association as its parent body. A County School Championship Tournament was held at Keswick. In order to stimulate interest and to show a good standard of play the adult County Netball teams gave demonstrations to school children in Carlisle and West Cumberland. Inter-county matches and area tournaments for young



people have been played throughout the season and Cumberland was represented at the inter-county tournament held at Brighton. Four members of the senior county team were chosen, to take part in the territorial trials and one member was selected to play for the North-West in the territorial tournament held at Nottingham.

Training days were held at Millom, Whitehaven and Workington and the Cumberland Netball Association gave opportunity for coaches and umpires to attend a training course arranged by the All-England Netball Association and held in London.

#### ASSOCIATION FOOTBALL

The expansion of the activities of the Cumberland Schools' Football Association in rural areas, together with the enthusiastic response of teachers, has led to an increased participation by remote country schools in friendly games and leagues, county trials and the County Shield Competition. County matches have been held against Northumberland, North Lancashire, Kent and Derbyshire, when improvement in play and increased confidence of the Cumberland boys has given creditable victories against Kent and North Lancashire.

The Cumberland Football Association has been generous in its help to schoolboy football through grants and equipment, professional coaches have visited schools and their assistance has been much appreciated by Cumberland teachers. There is still room for development in the coaching field and much may be done by augmenting the coaching staff with fully-qualified coaches.

#### RUGBY LEAGUE FOOTBALL

The small nucleus of schools in West Cumberland following the Rugby League code has brought considerable credit to the county, as indicated by the achievements of the Cumberland Schools' Rugby League team against representative teams drawn from other larger county areas. The standard of play in these schools is high, a fact largely the result of the voluntary effort of young enthusiastic teachers, and contributed to by the help given by the Rugby Football League, through the medium of professional coaching visits to schools, a Teachers' Course held at Workington during the autumn break and the Rugby League Summer Training Camp for boys held at Otley



in August. The financial and practical help afforded by the Rugby League and its supporters has been appreciated by teachers and boys alike and has made possible the successful completion of an ambitious programme of activities.

#### RUGBY UNION FOOTBALL

The year has been marked by a concentrated effort on the part of Rugby Union masters in Secondary Schools towards an all-round improvement in play among boys and a widening of the field of activity of the Cumberland Schools' Rugby Union. Cumberland continues to maintain its place as a leading Schools' Rugby Union county; creditable victories have been gained against Northumberland and Durham in both the "Under 15's" and the "All Ages" teams, while W. N. Cockburn (Workington Grammar School) and J. F. Hyncica (Workington Technical School) won international honours. The Rugby Union code is played in a number of smaller semi-urban schools. It is here, as well as in the larger Secondary Schools, where the practical help of the senior Rugby Union clubs has been appreciated in coaching and offering facilities for organised games.

It is pleasing to note the help and encouragement which is given to schoolboy football by the senior associations and clubs. Their interest is welcomed by all concerned in the welfare of schoolboys. However, football forms part of a boy's physical education and while a particular code may be popular, through tradition or circumstance, in a school it should be the aim, where facilities and numbers permit, to give every boy the opportunity of learning both national games. In this way, when the boy leaves school, he is equipped to make a free choice of the code for which he is best suited and which he prefers to play.

#### CRICKET

Considerable progress has been made during the year in the provision of cricket equipment. The advent of cricket gear has spurred the interest in schools and there is every indication that, when facilities are improved, cricket will rank equal with other boys' games in Cumberland. With the inception of the Whitehaven and District Schools' Cricket Association a knock-out competition for that area was arranged, inter-school matches and leagues have been organised



throughout the county and private clubs have been generous in their offers of grounds and coaching.

#### ATHLETICS

Athletic meetings were held over a wide area, culminating in the County Athletic Meeting at Workington, where girls and boys were selected to take part in the Inter-County Athletic Championships held at Carshalton.

The Inter-Grammar Schools Athletic Sports for boys was held at Penrith.

#### SWIMMING

Two thousand nine hundred and nine girls and boys have received regular swimming instruction at the Whitehaven, Workington and Wigton baths. An outstanding feature of the 1949 season was the instruction given in the lakes, rivers and pools. The high number of children taught to swim under difficult outdoor conditions reflects credit on the teachers concerned.

Life-saving classes for 14-15 age groups were held after school hours at the River Eamont and at the Whitehaven baths. A number of children gained the Bronze Medallion of the Royal Life Saving Society, the standard of performance being very satisfactory.

#### FURTHER EDUCATION

There has been a marked increase in the number of Further Education classes in Physical Education. Training days and residential week-end schools have been held in Traditional and Modern Ballroom Dancing for Youth Leaders and Further Education Teachers.

#### RECREATIONAL FACILITIES

Attendant upon the revival of the Cumberland and Westmorland Playing Fields Association and upon the encouragement and advice which the Education Authority has given to parish councils and public trusts, there has been a definite step forward in many parts of the county to provide facilities for adult recreation. There is a severe shortage of playing fields throughout the county and it is hoped that responsible bodies will take full advantage of the provisions made under the Physical Training and Recreation Act, 1937, whereby financial aid may be obtained towards the capital cost of constructing playing fields for adults."



## MEDICAL INSPECTION RETURNS

### TABLE I.

#### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS

##### A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants	... ..	3314
Second Age Group	... ..	2720
Third Age Group	... ..	2518
Total	... ..	8552

Number of other Periodic Inspections

Grand Total

Nil

8552

##### B—OTHER INSPECTIONS

Number of Special Inspections	... ..	13726
Number of Re-Inspections	... ..	5574
Total	... ..	19300

##### C—PUPILS FOUND TO REQUIRE TREATMENT

#### NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT

(EXCLUDING DENTAL DISEASES AND INFESTATION  
WITH VERMIN)

	For defective vision (exclud'g Squint)	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	56	661	711
Second Age Group	191	287	456
Third Age Group	159	193	341
Total (prescribed groups)	406	1141	1508
Other periodic inspections	Nil	Nil	Nil
Grand Totals	406	1141	1508

TABLE II.

## A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

Defect Code. No.	Defect or Disease.	PERIODIC INSPECT'NS.		SPECIAL INSPECT'NS.	
		No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
4	Skin ... ..	64	55	1288	47
5	Eyes—				
	(a) Vision ...	406	585	871	1322
	(b) Squint ...	83	104	172	230
	(c) Other ...	89	30	319	61
6	Ears—				
	(a) Hearing ...	14	24	44	27
	(b) Otitis				
	Media	42	60	138	60
	(c) Other ...	29	30	87	23
7	Nose & Throat	514	636	613	688
8	Speech ... ..	5	48	5	64
9	Cervical Glands	21	117	28	54
10	Heart & Cir'l'n	41	91	105	100
11	Lungs ... ..	99	392	293	567
12	Developmental—				
	(a) Hernia ...	8	8	3	25
	(b) Other ...	6	36	1	47
13	Orthopædic—				
	(a) Posture ...	11	15	8	19
	(b) Flat Foot .	27	32	60	68
	(c) Other ...	61	114	111	172
14	Nervous System—				
	(a) Epilepsy .	7	3	1	15
	(b) Other ...	8	29	29	31
15	Psychological—				
	(a) Developm't	21	43	71	81
	(b) Stability	25	25	35	25
16	Other ... ..	118	85	1468	172

## B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	No. of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants ...	3314	971	29.3	2241	67.6	102	3.1
2nd Age Group	2720	817	30.03	1815	66.73	88	3.24
3rd Age Group	2518	983	39.04	1451	57.63	84	3.33
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total ...	8552	2771	32.4	5507	64.4	274	3.2



TABLE III.

## Treatment Tables

GROUP I—MINOR AILMENTS (excluding Uncleanliness, for which see Table V.)

	Number of defects treated or under treat- ment during the year.
(a)	
SKIN—	
Ringworm Scalp (i) X-Ray treatment ...	1
(ii) Other treatment ...	4
Ringworm, Body ... ..	47
Scabies ... ..	62
Impetigo ... ..	291
Other Skin Diseases ... ..	876
EYE DISEASE—	
External and other, but excluding errors of refraction, squint, and cases admitted to hospital ... ..	254
EAR DEFECTS—	
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report) ... ..	201
MISCELLANEOUS—	
e.g., minor injuries, bruises, sores, chilblains, etc. ... ..	1393
Total ... ..	<u>3129</u>
(b) Total number of attendances at Authority's minor ailment clinics ... ..	<u>18274</u>

GROUP II—DEFECTIVE VISION AND SQUINT  
(excluding Eye Diseases treated as Minor Ailments—Group I.)

	No. of defects dealt with.
Errors of Refraction (including squint) ...	1560
Other defects or disease of the eyes (excluding those recorded in Group I.) ... ..	52
Total ... ..	<u>1612</u>
No. of Children for whom spectacles were—	
(a) Prescribed ...	1355
(b) Obtained	?

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

Received operative treatment—		Total No. treated.
(a) For adenoids and chronic tonsillitis ...		625
(b) For other nose and throat conditions		13
Received other forms of treatment ...	...	40
Total ...	...	<u>678</u>

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools ...	...	44
(b) No. treated otherwise, e.g., in clinics or out-patient departments ...	...	842

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of Pupils treated—		
(a) Under Child Guidance arrangements ...		74
(b) Under Speech Therapy arrangements ...		—

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups ...	...	18164
(b) Specials ...	...	<u>251</u>
(c) TOTAL (Periodic and Specials) ...		<u>18415</u>
(2) Number found to require treatment ...	...	11051
(3) Number actually treated ...	...	10819
(4) Attendances made by pupils for treatment ...		17442
(5) Half-days devoted to—		
(a) Inspection ...	...	159
(b) Treatment ...	...	<u>1791</u>
TOTAL (a) and (b) ...	...	<u>1950</u>
(6) Filliags—		
Permanent Teeth ...	...	6821
Temporary Teeth ...	...	<u>557</u>
TOTAL ...	...	<u>7378</u>



(7) Extractions—	
Permanent Teeth	2088
Temporary Teeth	11952
TOTAL	<u>14040</u>
(8) Administration of general anæsthetics for extraction	
	1333
(9) Other Operations—	
(a) Permanent Teeth	3957
(b) Temporary Teeth	265
TOTAL (a) and (b)	<u>4222</u>

**TABLE V.**  
**INFESTATION WITH VERMIN**

(i) Total number of examinations in the schools by the school nurses or other authorised persons	98251
(ii) Total number of individual pupils found to be infested	2170
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	Nil