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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

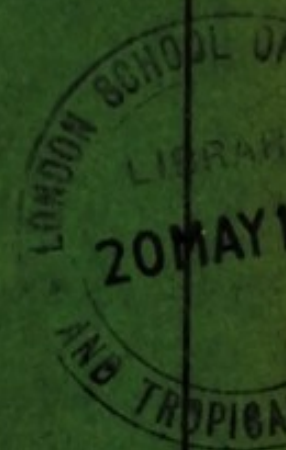
MEDICAL INSPECTION OF SCHOOL CHILDREN

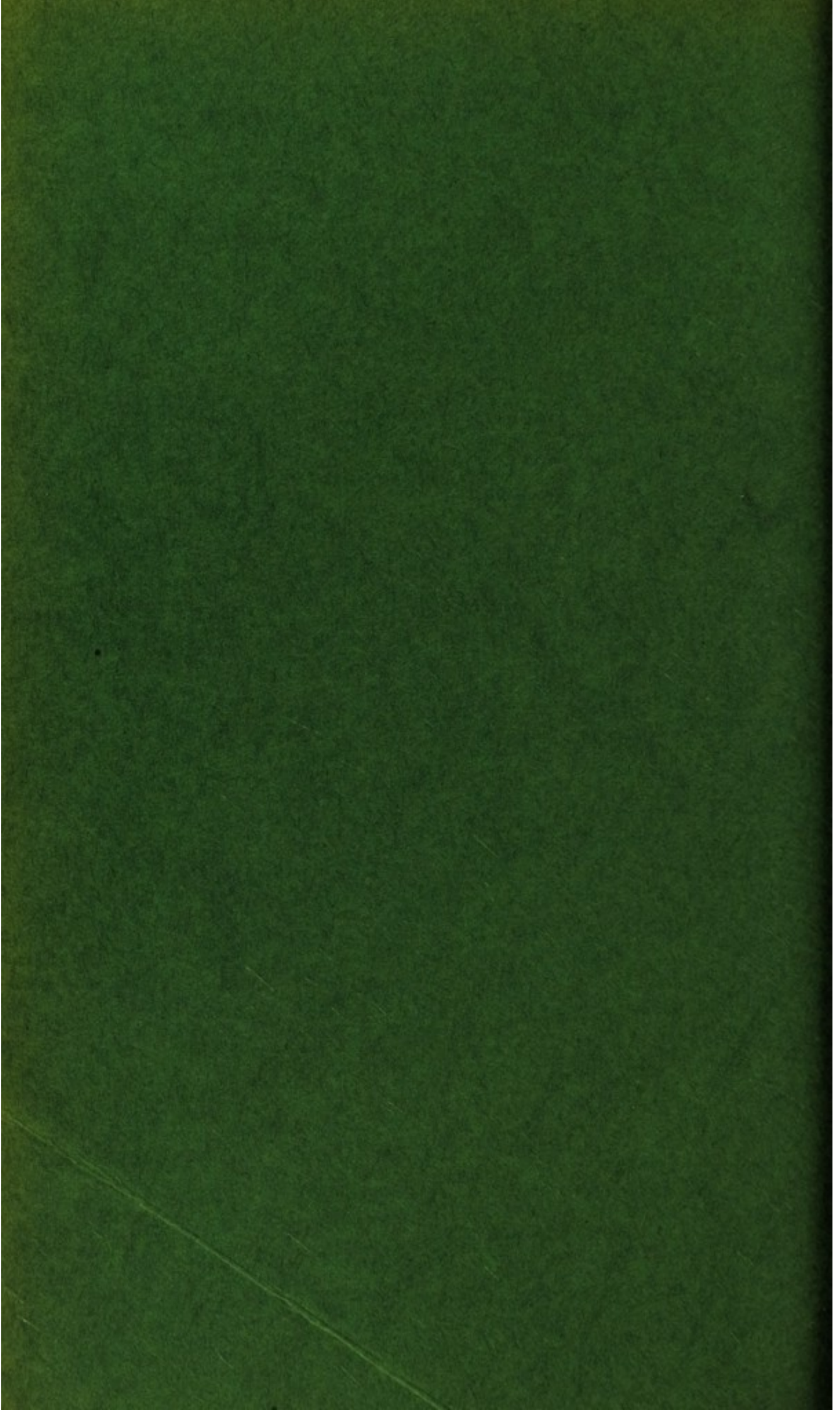
FOR THE YEAR ENDED

DECEMBER 31st, 1952

Carlisle:

Steel Bros. (Carlisle), Ltd., 60 English Street.





CUMBERLAND COUNTY COUNCIL

County Health Department,
11, Portland Square,
Carlisle.
March, 1953.

*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, 1952.

This is as usual a short report but provides, I think, the necessary information. The school health service has now been established on well understood and well organised lines for so long that any detailed reference to the main structure would be of no great value. The school health service has, I think, by general consent over the years proved its value, and I doubt if any other single item in the whole ambit of public health has done more to contribute to the improvement in the national health. We have now reached the stage when the operation of a smoothly working machine may be taken for granted, and may interest ourselves chiefly in the ancillary services as these develop and expand.

STATISTICS

The statistical returns relative to various sections of the work are given later in this report. These call for no special comment. The volume of the work undertaken is, as will be seen, very considerable, but no new statistical trend has developed in any direction.

STAFFING

The personnel of the staff has changed somewhat during the year. Dr. Gavin resigned his appointment as assistant county medical officer in September after holding this appointment in the Penrith rural and urban districts for a considerable number of years. In the dental

section the staff was strengthened by the appointment of three new assistant dental officers with a fourth to follow in April, 1953. During the year we lost the services of Mr. G. B. Hopkin, an expert in orthodontics, and therefore for the present this most important work, at least at the higher level, has come to a stop. When it is remembered that Mr. Hopkin during 1951 dealt with 300 cases the loss to the service is apparent. We were extremely glad to welcome very early in 1953 Miss J. Maughan, as orthoptist, to deal with such proportion of the large number of children of school age, and under, with squinting eyes as may prove practicable, and as the consultant eye specialists may direct. Miss McAlister, one of our two speech therapists, left the service about midsummer, and therefore we are left with one speech therapist attempting the impossible task of covering the whole county. Closely associated with our work is educational psychology, and we were very glad to share in welcoming to West Cumberland Mr. Blair Hood appointed as the second educational psychologist, towards the end of the year. His work is closely associated with the child guidance centres in the west.

CHILD GUIDANCE

I would like to say a word about the child guidance service which is referred to later in this report. The total number of children seen during the year at the four centres, Carlisle, Maryport, Whitehaven and Millom, was 145, a small increase on the figure for the previous year. Of these, 92 were referred as new cases during the year from one source or another. I do not think that in these days when so many children exhibit problems, usually problems of behaviour, including a certain proportion of possible delinquents in later life, and problems of other kinds, the value of the work of this child guidance service can be over emphasised.

SPECIAL SCHOOLS

(a) **Ingwell School.** The news that Ingwell special school will open later in this year is very welcome. There are necessarily in any educational area always a certain number of children who for one reason or another find

it difficult to keep pace with the educational progress of their companions. The result is a strain on the teaching staff of the schools concerned, and a sense of frustration in the child. Recent cases in the courts can have left no doubt in the minds of those who have studied the reports that, in a proportion of the cases, delinquency, sometimes leading to major crimes, has had its foundation in the formative years of childhood because of the inability of the child to keep pace educationally with his companions and the development of a sense of frustration and resentment on that account. Ingwell school is intended to cater for just this type of child, and fills a gap of long standing. The only regret is that while this school will cater for boys no provision has yet been possible for girls similarly placed. I venture to hope that even in this time of financial stringency before too long this gap will have been filled.

(b) **Spastics.** I note that a school for spastic children has been opened on Tyneside. The school is small and I understand provides for 12 resident children and 20 day pupils. I have always hoped with the gradual awakening community conscience to our moral duty for doing something really adequate for spastic children and adolescents that a residential school on a much larger basis might have been established in the North of England in which Cumberland education authority might have been partners. We have at present some 12 spastic children all home bound and receiving no education. These children are severely physically handicapped, and while it is possible that one or two of these might not make the grade for admission to such a school on educational grounds, nevertheless I am firmly convinced that the severe spastic is far too often, and far too readily labelled as mentally sub-normal without justification. I do wish that something could be done about this group of children whose moral claim on our sympathy and help in their distressing affliction should have a very high priority.

CHILDREN'S SUNSHINE HOME, ALLONBY

This home continues to give us very useful help in respect of children requiring short periods of convalescence. During the year 159 children had periods of convalescence at this home from the administrative county. These children are selected on medical grounds.

DIPHTHERIA IMMUNISATION

The number of children of school age immunised during the year was 1,141. In addition 6,065 children were given reinforcing injections. These figures show a very considerable increase from the previous year, being in fact almost exactly double.

I am,

Your obedient Servant,

KENNETH FRASER,

School Medical Officer.

General Statistics.

Estimated population of Administrative County	... ..	214,700
Number of pupils on school registers	...	32,756

The number of schools in the County in January, 1952, was as follows:—

Primary (including Departments)	... ..	259
Secondary Modern	... ..	13
Secondary Grammar and High	... ..	12
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	... ..	3,929
Second Age Group	... ..	2,989
Third Age Group	... ..	2,841
		<hr/>
		9,759
		<hr/>

Special inspections and re-inspec- tions	... ..	14,786
		<hr/>
		24,545
		<hr/>

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	...	...	...	...	2,250
4.	Skin Diseases	...	...	...	...	1,253
5.	Eyes—					
	(a) Vision	...	...	...	...	1,303
	(b) Squint	...	...	...	...	229
	(c) Other	...	...	...	...	397
6.	Ears—					
	(a) Hearing	...	...	...	...	102
	(b) Otitis Media	...	...	...	...	157
	(c) Other	...	...	...	...	156
7.	Nose and Throat	...	...	...	...	983
8.	Speech	...	...	...	...	116
9.	Cervical Glands	...	...	...	...	43
10.	Heart and Circulation	...	...	...	...	84
11.	Lungs	...	...	...	...	271
12.	Developmental—					
	(a) Hernia	...	...	...	...	9
	(b) Other	...	...	...	...	18
13.	Orthopaedic—					
	(a) Posture	...	...	...	...	39
	(b) Flat Foot	...	...	...	...	189
	(c) Other	...	...	...	...	217
14.	Nervous System—					
	(a) Epilepsy	...	...	...	...	8
	(b) Other	...	...	...	...	37
15.	Psychological—					
	(a) Development	...	...	...	...	56
	(b) Stability	...	...	...	...	55
16.	Other	...	...	...	...	1,535

TABLE B

SHOWING THE ATTENDANCES AT INDIVIDUAL SCHOOL CLINICS

Clinic.	New Cases.	Attendances all Cases.
Alston	35	91
Aspatria	172	509
Brampton	222	670
Carlisle	56	105
Cleator Moor	222	776
Cockermouth	438	1,175
Egremont	167	629
Frizington	350	1,213
Maryport	259	671
Millom	359	1,262
Penrith	338	1,402
Whitehaven (Sandhills Lane) ...	470	1,895
Whitehaven (Woodhouse) ...	289	1,285
Wigton	202	571
Workington	798	4,183
	4,377	16,437

TABLE C

SUMMARY OF CASES SEEN AT THE SCHOOL CLINICS DURING THE YEAR

Condition for which child attended.	New Cases.	Attendances all Cases.
General Condition	306	2,578
Eye Diseases	656	2,466
Skin Diseases	1,148	3,986
Nose and Throat Conditions ...	291	631
Ear Conditions	180	1,063
Enlarged Cervical Glands ...	17	62
Heart and Circulation	43	241
Lungs (Non Tubercular)	104	493
Lungs (Tubercular or Suspected)	22	122
Tuberculosis (Non-Pulmonary) .	10	91
Nervous System	50	83
Uncleanliness	107	1,275
Other Defects and Diseases ...	1,334	3,120
Deformities	96	190
Developmental	13	36
	4,377	16,437

Total individual children attended, 4,759.

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	4	12
Skin Diseases	9	26
Nose and Throat Conditions ...	178	679
Ear Conditions	8	17
Heart and Circulation	1	2
General Cases	25	80
	<hr/> 225	<hr/> 816

Uncleanliness

The school nurses made 103,760 examinations of children for verminous conditions and uncleanliness, and of this total 2,250 children were adversely reported on. In this connection, and in connection with cases of uncleanliness discovered at the routine inspection, the school nurses paid 984 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 ORTHOPAEDIC TREATMENT UNDERTAKEN
DURING THE YEAR

Number on Aftercare Register at 1/1/52	...	733
New cases during 1952	...	301
Cases renotified after previous discharge	...	23
Number removed from Register	...	291
Number on Register at 31/12/52	...	766
Attendances at surgeon's clinics	...	850
Attendances at intermediate clinics	...	2,111
Home visits by Orthopaedic Physiotherapists	...	241
Plasters applied	...	28
Surgical boots & appliances supplied and renewed	...	172
Cases receiving hospital treatment during 1952	...	44
Cases awaiting admission to hospital, 31/12/52	...	15
X-ray examinations during 1952	...	68
Awaiting X-ray	...	41

TABLE F

SHOWING VARIETIES OF ORTHOPAEDIC CONDITIONS DEALT WITH

Flat foot	...	...	...	...	...	359
T.B. Joints	...	...	...	...	...	34
Injuries (including fractures)	...	...	...	...	...	23
Poliomyelitis	...	...	...	...	...	46
Knock knees and bow legs	...	...	...	...	...	203
Osteomyelitis	...	...	...	...	...	5
Cerebral palsy	...	...	...	...	...	33
Other birth injuries	...	...	...	...	...	9
Torticollis	...	...	...	...	...	9
Spina bifida	...	...	...	...	...	6
Pseudocoxalgia	...	...	...	...	...	8
Perthes disease	...	...	...	...	...	9
Slipped epiphysis	...	...	...	...	...	1
Congenital dislocation of the hip	...	...	...	...	...	21
Congenital defects of feet (including talipes and pes cavus)	...	...	...	...	...	67
Congenital defects otherwise	...	...	...	...	...	18
Hallux valgus and deformed toes	...	...	...	...	...	61
Other postural defects feet	...	...	...	...	...	65
Scoliosis, lordosis and kyphosis	...	...	...	...	...	29
Postural defects otherwise	...	...	...	...	...	59
Achondroplasia	...	...	...	...	...	2
Muscular dystrophy	...	...	...	...	...	6
Rheumatism	...	...	...	...	...	3
Synovitis	...	...	...	...	...	3
Arthritis	...	...	...	...	...	5
Other conditions	...	...	...	...	...	55
						1,139

The above tables refer only to children of school age. The statistics for children under school age, and persons over school age are dealt with in the general report on the health services.

The figures vary considerably from the previous year. The number on the aftercare register has increased

considerably. Attendances at intermediate clinics have almost doubled and most of the statistics show an increased turnover as compared with 1951. Much of the increase is due to the gradual switching over of the work from major orthopaedics, such as congenital dislocations of the hip, tuberculosis of the joints, the sequelae of infantile paralysis, certain major deformities of the feet, to the treatment in large numbers of postural defects of one kind and another. These defects, broadly speaking, fall into three groups—spinal curvatures, flat feet, knock knees, bow legs. Very much of the time of the orthopaedic physiotherapists is now taken up with these groups dealt with either in classes, or individually, as may be appropriate. I have been in consultation with the Director of Education as to the possibility of some part of this work of remedial postural therapy being undertaken in classes in the schools. I think that everything points to the probability of very useful co-operation between the two departments being established in this direction. The target is to relieve our aftercare clinics of the undue congestion which now prevails in dealing with these groups of cases which rather tend to distract attention from rather more important cases, and the target also is to eliminate the loss of educational time of children travelling from their schools to our aftercare clinics, which loss of time is necessarily important and undesirable if it can be avoided.

I am not really in a position to know whether the incidence of major orthopaedic conditions in our children is markedly less than it used to be. The evidence seems to point that way, but so many cases are now referred direct by the family practitioners to the hospitals that we just have not got an adequate picture of the general position. It may well be that the work of more than a quarter of a century which has been carried out in this county in the care of orthopaedic defects among our children, and in educating the community to the need for early attention to these defects, and also the happy concurrent fall in the number of cases of surgical tuberculosis of the bones and joints to which reference will be made in the report on the health services, have all contributed to the present position.

TABLE G

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(a) Periodic Age Groups	...	...	14,512
(b) Specials	...	...	3,327
Total (1)			17,839
<hr/>			
(2) Number found to require treatment	...	...	11,616
(3) Number referred for treatment	...	...	11,128
(4) Number actually treated	...	...	10,816
(5) Attendances made by pupils for treatment	...	...	19,395
(6) Half-days devoted to : Inspection	...	...	543
Treatment	...	...	1,951
Total (6)			2,494
<hr/>			
(7) Fillings : Permanent Teeth	...	...	5,049
Temporary Teeth	...	...	733
Total (7)			5,782
<hr/>			
(8) Number of teeth filled : Permanent Teeth	...	...	4,861
Temporary Teeth	...	...	638
Total (8)			5,499
<hr/>			
(9) Extractions : Permanent Teeth	...	...	2,673
Temporary Teeth	...	...	12,712
Total (9)			15,385
<hr/>			
(10) Administration of general anaesthetics for extractions	...	...	3,113
(11) Other operations : Permanent Teeth	...	...	4,146
Temporary Teeth	...	...	212
Total (11)			4,358
<hr/>			
Orthodontic Appliances	...	...	230
Metal Inlays	...	...	23
Crowns (Jacket)	...	...	3
„ (Post)	...	...	2
Dentures for School Children	...	...	103
X-Ray Examinations	...	...	116

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

“ Before reviewing the dental service for the past year, it is gratifying to be able to state that the prospects for 1953 are infinitely better than they have been since 1948. It is expected that by the 1st April, 1953, dental staff will be practically back to the number in the service before 1948, i.e., one senior and eight assistants. Actually one part time appointment is being continued for the present, but it is expected that before long the appropriate full time post will be filled. There is, of course, no doubt that the change in private practice due to modifications in the Health Service is largely responsible for making staff available. It must, however, be pointed out that in this establishment no provision is made for the increase in school population occasioned by the raising of the school leaving age and by the inclusion of all grammar school pupils within the scheme. It will be realised that this means an addition of at least 7,000 pupils, which would normally require two further officers. It is to be hoped that this addition will be approved for the financial year 1954-1955.

“ During the year the dental service had a serious loss in the resignation of Mr. G. B. Hopkin, L.D.S., H.D.D., D.D.O., who was appointed Senior Lecturer in Orthodontics at Edinburgh University, a post for which Mr. Hopkin was pre-eminently suited, and there is no question that every member of the staff was very glad to see him secure such an appointment. At the same time it means that the specialist orthodontic service which was available in the county has now ceased, and while orthodontic treatment is being continued it must be realised that both diagnosis and treatment must fall far short of the previous standard.

“ On the other hand, the staff was strengthened by the appointment of Mr. A. R. Peck, L.D.S., who took up duty on 1st May, 1952, and later Mrs. Margaret Hayes, B.D.S., who commenced on the 1st September, 1952. Another appointment was made later, Mrs. A. M. E. Ferguson, L.D.S., commencing duty on the 20th October. This third appointment made it possible

at the end of October to terminate the part time service of Mrs. A. J. Jones, L.D.S., whose assistance in this capacity had been of great value in the Wigton area. This meant that at the end of the year the staff position was one senior, seven full time assistants and two part time. A further appointment was made at the end of the year, but for financial reasons it was decided that it should not become effective until the 1st April.

“To sum up, this means that all the dental clinics will be staffed and at long last regular treatment will be available in the southern area of the county. How long will be required to overtake the results of the past few years is a matter for conjecture, but it is very questionable if the dental condition will be up to the 1947 standard for several years, especially if no additional staff is made available, but the possibility that conditions may be restored is wonderful to contemplate compared with the bleakness of the outlook twelve months ago.”

TABLE H
CHILDREN IN SPECIAL SCHOOLS

Name of School.	Girls.	Boys.
Royal Victoria School for the Blind, Newcastle	—	1
Yorkshire School for the Blind, Doncaster	1	1
Royal Normal College for the Blind, Rowton Castle, near Shrewsbury ...	—	1
Chorleywood College for the Blind ...	2	—
Northern Counties' School for the Deaf and Dumb, Newcastle	3	2
Royal Cross School for the Deaf, Preston	—	3
Boston Spa Institution for the Deaf ...	1	1
Colthurst House for Epileptics, Warford, Cheshire	—	1
Maghull Home for Epileptics, Liverpool ...	1	—
Saint Francis School for Boys, Hooke, Dorset	—	1
Hesley Hall School for Physically Handi- capped, Tickhill, near Doncaster ...	—	1
Derwent Cripples' Training College, Oswestry	—	1
Ian Tetley Memorial Home, Killinghall, Yorkshire	—	1
Preston School for Partially Sighted ...	—	2
Salmon Cross School, Lonesome Lane, Reigate, Surrey	1	1
Mary Hare Grammar School for the Deaf, Newbury	—	1
Rayner's Residential School for the Deaf, Penn, High Wycombe	—	1
Longfield Epileptic Colony	2	—
St. Joseph's R.C. Special School, Cran- leigh	—	1
Diabetic School, Frodsham, Cheshire ...	—	1
Royal Residential School for Deaf, Man- chester	1	—
School for Seriously Crippled Children, Wellingborough	—	2
Gosden House School, Bramley, Surrey ...	1	—
Allerton Priory R.C. Special School, Liverpool	1	—
	—	—
	14	23
	—	—

CHILD GUIDANCE

An additional child guidance centre was opened in Millom in February, 1952, to obviate the necessity of children and their parents travelling from Millom to Whitehaven to the child guidance centre there. The position at the end of the year therefore was that four centres were in operation—at Carlisle for one session a week, at Whitehaven for two sessions (one full day) per week, at Maryport for three sessions a month, and at Millom for two sessions (one full day) a month.

The appointment of Miss Simpson as psychiatric social worker for the West Cumberland centres in October has completed the West Cumberland team. Child guidance work, perhaps to a greater degree than any other school health function, depends for its results on good team work and at each of the existing centres the team of psychiatrist, educational psychologist, and psychiatric social worker is now complete.

The accommodation in which the child guidance centre at Whitehaven at present operates is unsatisfactory in the extreme. The position will become easier later in the year, but will never be anything like satisfactory until and unless new premises can be provided.

As should probably be the case the bulk of the new cases were referred by the school medical officers, but we are glad to note that there is a gradually increasing use of the service by general practitioners and consultants. Because of inadequate staffing there has, in the earlier years of this comparatively new service, been some delay in West Cumberland in seeing other than the most urgent cases, but it is hoped that with staffs at full complement, it will shortly be possible to abolish the waiting list of cases referred for treatment.

The following statistical statement gives information regarding the work carried out at the four centres during 1952:—

STAFF:	Carlisle (Dr. Braithwaite ..(Dr. Stuart ..Miss Burrows ..Miss M. Lamb	Maryport Dr. Ferguson Miss Burrows Miss Simpson from 6.10.52	Whitehaven Dr. Ferguson Miss Burrows Miss Simpson from 6.10.52	Millom Dr. Ferguson Miss Burrows Miss Simpson from 6.10.52	Total
Psychiatrist	21	11	35	6	73
Educational Psychologist	2	8	32	—	42
Psychiatric Social Worker	7	4	10	1	22
Cases remaining on Register at Jan. 1st, 1952	2	3	1	3	9
New cases referred during year by—	—	1	—	1	2
School Medical Officers	—	—	2	—	2
General Practitioners	4	—	1	—	5
Schools	—	—	3	—	3
Probation Officers or Courts	—	—	2	—	2
Parents	—	—	1	—	1
Children's Officer	—	—	3	—	3
Others	3	1	2	—	6
Cases re-opened during year	—	—	—	—	—
Total Cases on Registers during year	39	28	86	12	165
Cases dealt with and closed	22	15	44	6	87
Cases remaining under treatment at 31.12.52	16	10	30	6	62
Cases awaiting treatment at 31.12.52	1	3	12	—	16
Interviews by Psychiatrists:	39	28	86	12	165
(a) With child	64	36	49	18	167
(b) With parent	64	53	147	33	297
Interviews by Psychiatric Social Workers:	36	8	—	2	44
(a) At homes	33	10	13	2	58
(b) At clinics	11	—	—	—	11
(c) Others	13	10	30	9	62
Interviews by Education Psychologist:	—	—	—	—	—
(a) Tests	—	—	—	—	—
(b) Play therapy, remedial teaching or interviews with child	10	72	108	4	184
(c) School visits	—	10	36	5	61
(d) With parent at home or clinic	—	19	28	3	50

SPEECH THERAPY

Miss Chapman submits the following report on the speech therapy position:—

“During the first half of 1952 with two speech therapists on the staff the development of this service in the county began to take a more definite and more satisfactory shape in comparison with the previous year when I was working single-handed. Regular clinics were held in both East and West Cumberland by Miss McAlister and myself; more time was given to school and home visiting, and two new clinics were set up in East Cumberland, one in Keswick and the other in Alston, both of these centres having been unavoidably neglected during 1951.

“This very welcome improvement in the conditions of our work, however, unfortunately did not last for long. In July Miss McAlister resigned and left the county, and consequently there arose the need for a new policy to meet the impossible position that one speech therapist cannot adequately cover the whole county. Common sense requires that it is better to handle one area more or less adequately, and to deal with urgent cases in the rest of the area rather than to attempt a partial and unsatisfactory service for the whole area. With this in view most of the time has been devoted to the East Cumberland clinics — Carlisle, Penrith, Wigton, Aspatria, Keswick and Alston. It has also been possible to hold a regular clinic at Maryport. Further west, however, it has only been possible to hold a weekly clinic at Whitehaven for the more severe cases in the west, and as these cases cannot be taken in groups but require individual attention, only seven cases are now receiving speech therapy at the Whitehaven clinic. So far as West Cumberland is concerned I am afraid this arrangement is a mere ‘drop in the ocean.’ The former clinics in Workington, Egremont and Millom are most unfortunately closed for the time being, and until a successor to Miss McAlister can be found.

“Speech clinics were continued in the following centres up to July, 1952:

EAST CUMBERLAND

Monday
Penrith
Carlisle
Alston
once every
3 weeks

Tuesday
Wigton
Wigton

Wednesday
Aspatria
Maryport

Thursday
Keswick
Penrith

Friday
Carlisle
Carlisle

Morning
Afternoon

WEST CUMBERLAND

Whitehaven
Whitehaven

Workington
Workington

Egremont
—

Millom
Millom

Whitehaven
Whitehaven

Morning
Afternoon

Speech clinics were continued in the following centres from September to December.

Penrith
Carlisle
Alston
once every
3 weeks

Whitehaven
Whitehaven

Aspatria
Maryport

Carlisle
Penrith

Wigton
Carlisle

Morning
Afternoon

“Cases treated in East Cumberland up to July, and in combined areas of East and West Cumberland from July to December :

On Register 1st January	New Cases during year.	Cases Discharged during year.	On Register 31st December.
35	82	34	83

Particulars of Cases Discharged

Normal	Substantially improved.	Unlikely to benefit by further treatment. Slightly improved.	Unimproved.	Discharged on account of West Cumberland commitments.	Total
10	8	7	4	5	34

“The following table gives particulars of the conditions on account of which it was found necessary for these 117 children to attend for speech therapy :

Stammer	...	...	...	...	46
Simple Dyslalia	...	...	...	...	49
Multiple Dyslalia	...	...	...	...	10
Cleft palate	...	...	...	...	6
Idioglossia	...	...	...	...	1
Educational Subnormality	...	...	...	...	1
Aphasia	...	...	...	...	1
Dyslalia and Stammer	...	...	...	...	3

“Cases treated in West Cumberland up to July, 1952 :

On Register 1st January	New Cases during year	Discharged cases	On Register 31st July
74	—	14	60

“The following table gives particulars of the conditions on account of which it was found necessary for these 74 children to attend for speech therapy :

Stammer	...	...	...	...	28
Dyslalia	...	...	...	...	27
Idioglossia	...	...	...	...	7
Alalia	...	...	...	...	4
Cleft palate	...	...	...	...	2
Spastic	...	...	...	...	1
Dyslalia and Stammer	...	...	...	...	5

“I was very fortunate in having the opportunity to attend several hare-lip operations at the Cumberland

Infirmary performed by Mr. Braithwaite from Newcastle. These are not only extremely interesting but they also give the therapist a closer insight into the history of the patient before he is passed on for speech therapy.

“In April I was granted permission to attend one of the most successful speech therapy conferences that has ever been organised. It was a residential course held in Oxford, and gave a therapist, like myself, who is comparatively isolated from fellow therapists, invaluable opportunities for learning new methods, establishing new contacts, and discussing cases with regard to different therapeutic and psychological treatments.

“I hope by next year I will be able to write of the appointment of a second therapist, and that once again Cumberland will be divided into two areas with a satisfactory service in each.”

SCHOOL MEALS

There was a further slight expansion in the service of meals during 1952, particularly to the rural schools and, by the end of the year, children in attendance at 276 schools and departments out of a total of 283 were enjoying the benefit of a hot dinner. On a check day in October, 1951, 62.79% of the children in attendance at school were served with a midday meal. By October, 1952, with an increase of 1,400 dinners a day, the percentage had advanced to 64.91%. The total number of dinners served to children on this day was 20,403.

For the first time, the full impact of the Government's decision taken in October, 1949, to suspend all new major canteen building at existing schools began to be felt. In each of the three previous years the Committee had taken into use a number of kitchens and kitchen dining rooms, work on which had begun prior to the introduction of restrictions, but during the year under review only two self-contained canteens were opened: at Laversdale and Whitehaven Valley Junior and Infants' Schools respectively.

However, during the year the Committee continued its policy of extending the service without recourse to

new building, by supplying meals from central kitchens or self-contained canteens not working to the limit of their capacity to neighbouring schools which were still without dinners, and serving them either in the schools or in rented premises. Kirkbride, Blennerhasset, Gilsland, Nether Denton and Greysouthen Schools were provided with dinners in this way.

Work continued on the erection of a new central kitchen at Whitehaven, to replace the dilapidated and sub-standard former Ministry of Food Cooking Depot at Hensingham, and it is expected that the new kitchen will be ready for occupation by the beginning of the Autumn Term, 1953.

MILK IN SCHOOLS

A check taken in October, 1952, shows that, of the 33,426 children present in all schools and departments, 23,784 were taking milk. These figures show that only 71.2% of our children are drinking milk in school as against last year's figure of 77.7% and 79.5% in 1950.

The following table shows the percentage of different grades of milk being supplied to schools at the end of 1952, the corresponding figures for 1951 being shown in brackets :—

Grade.	Percentage.
Pasteurised	49 (46)
Tuberculin Tested	38 (38)
Attested	7 (5)
Accredited	1 (4)
Ungraded	5 (7)

At the end of the year, 10 rural schools, as against 12 in 1951, were without a regular supply. Efforts to find suppliers willing to undertake deliveries to these schools have so far been unsuccessful. In addition, suppliers to five more rural schools wish to cease deliveries as soon as alternative suppliers can be found.

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 :—

“ To keep pace with modern trends the year has been marked by a series of training courses for teachers in the various fields of physical education. Courses in the Art of Movement were held at Carlisle, Workington, Maryport, Whitehaven and Penrith, approximately 80 teachers attending at each centre. The courses, conducted by the women organisers of physical education, were concerned with movement, not as a means of performing a skill, but as a means of reflecting the expressive quality of movement. The teachers studied a basic technique which encourages the child to give rein to his imagination, to express his ideas and emotions freely, sincerely and purposefully. It was demonstrated how a free dance form gives opportunity for creative ability, and for the unfolding and development of personality.

“ Two week-end courses in the coaching of athletic events were arranged for women teachers of senior girls. The first course took place in April at Lairthwaite School and on the Keswick School playing field. The second course was held at Kells Secondary School and on the Whitehaven County Sports Field in October. Both courses were conducted by senior coaches of the Women's Amateur Athletic Association and excellent demonstrations were given by javelin and discus Olympians. Thirty-eight specialist teachers took an active part in track and field events.

“ A course in dancing was arranged to meet the needs of further education teachers, youth leaders and teachers of senior girls and boys. Fifty-eight teachers took part, of whom 19 were teachers of further education classes. The course was conducted by an experienced member of the Incorporated Society of Teachers of Dancing and was designed to show class methods of teaching from the beginners' stage and to demonstrate the presentation of work to classes of mixed ability.

“ In physical education the Cumberland teachers have seen the need for bridging the gap between the fluid methods of the primary school and those of the secondary stage leading to a richness of activity in preparation for a healthy and joyous life in post school years. There still remains a wide opportunity for the exploration of natural, local facilities for the encouragement of outdoor pursuits suited to the miner, the farmer, the clerk in his leisure hours.

“ In the daily physical education lesson, embracing physical training, games, dancing and indeed all forms of movement, many schools have been hampered in their work with the problems of clothing and footwear. It is impossible for children to enjoy the benefits of physical education, nor can teachers use the knowledge gained at teachers' courses, unless children are suitably clad. It is hoped that parents will co-operate in this vital part of the child's education by providing suitable clothing and footwear so that he may enjoy the benefits of an enlightened physical education. In schools where parents have faced this responsibility, home help, together with the enthusiasm of teachers and children, has produced a good standard not only of work but of personal cleanliness.

“ The generous supply of small equipment issued to schools is becoming exhausted and the small schools particularly are finding difficulty in maintaining a minimum of apparatus necessary for normal physical education. Experimental climbing and agility equipment has been provided in four urban primary schools. This equipment, designed to provide infant and junior children with strengthening activity and to meet their need for natural climbing and agility movement, has been well received by staffs and pupils alike. In the light of the experience gained by experiment in the selected schools the design of the Cumberland climbing frame has been amended and it is intended to meet gradually a strong demand for this equipment.

“ The vigour, enthusiasm and sacrifice of the teaching staff of Cumberland schools has made possible a year of expansion in the field of voluntary sport and

the benefit of the skills and practices taught in the physical education lessons of the normal school curriculum has been reflected with credit in the voluntary work of the teachers. The activities of the schools in athletics through individual school sports and district sports throughout the County reached their climax in July at the County Sports at Sandair, Cockermouth, arranged on behalf of the Cumberland Schools' Athletic Association by the Cockermouth and District Association; of the ten district associations affiliated nine were represented and upon the results of these Sports and the Inter-Grammar School Sports held at Keswick in May a team of 18 girls and 35 boys represented Cumberland at the Inter-County Championships at Bradford. In cricket, the year has seen the introduction of the Cumberland junior cricket bat, a range of bats designed for use in infant and junior schools, and a most commendable and successful first season of the Cumberland Schools Cricket Association; the Association having arranged inter-district matches and county games for an Under 15 XI. against St. Bees School, Yorkshire and Lancashire. The Football Association has continued to offer the services of its coaching staff under the F.A. Coaching Scheme, although reorganisation has caused a smaller response from schools than in previous years. Teachers from all parts of the County associated with and eager to encourage the small school's contribution to the Cumberland Schools' Football Association have extended its inter-school activity by introducing a second county shield competition for unreorganised schools from which the response has been very encouraging, and the County under 15 XI. has played against Northumberland, Durham and North Lancashire, as well as participating in a most hospitable reciprocal educational visit to Derbyshire during the Easter holidays in connection with the H.M.S. Derby Shield, the guests being entertained in Cumberland at Threlkeld C.E. School. In Rugby League football the high standard of moral and physical courage of the team representing the ten contributing schools has been maintained as indicated by the closely contested county games against Lancashire and Yorkshire, while the senior league has contributed in suitable

measure to the commendable out-of-school coaching undertaken by West Cumberland teachers. The Cumberland and Westmorland Schools' Rugby Union has catered largely for the voluntary winter sport of the grammar school boy; trials and representative games with neighbouring counties have been held; an English trial was arranged at Workington, and international honours have been gained by five Cumberland boys, three in the under 15 group and two in the all-age group.

“The Cumberland Netball Association continues through the untiring, voluntary work of teachers to meet the demands for this game from school to adult stage. District tournaments have been organised over a wide area of the county, the final competition for schools being played under excellent conditions at Kells Secondary School. Through the reorganisation of schools, this year has marked the end of many of the rural tournaments which have been held regularly over a period of 20 years and which have been a lively, social feature of rural school life. The changing scene has seen this activity re-born in the inter-secondary school netball tournament. At County level the Cumberland team has done well and in a programme of various sports staged by the Central Council of Physical Recreation, the team was selected from the northern counties to meet Northumberland in a demonstration game. The West Cumberland Netball Association, catering largely for factory workers but also providing opportunity for young women in varied occupations, has developed its organisation during the past season. This has been made possible by the assistance given to welfare workers through affiliation to the parent body.

“As a result of teachers training courses, the demands for facilities for tennis have been set by the hiring of public and private courts. With the development of modern school grounds boys and girls are being coached in a game which can play a real part in meeting the social needs of the school leaver.

“In all these activities teachers have been restricted in the facilities required for school sports and it is hoped

that all senior clubs will follow the generous lead which has already been given by certain bodies by offering their facilities, grounds and changing accommodation to school teams.

“Economy measures have necessitated the curtailment of swimming instruction during the winter months at baths rented by the Education Authority, an advantage which has been enjoyed hitherto by the schools of Whitehaven and Workington. The quality of instruction as revealed by the county swimming tests conducted at the end of the summer term has maintained its high level and teachers, especially those who do not enjoy reserved use of the baths, are to be congratulated upon the faithful attention paid to the Authority's policy of training the beginner and of encouraging proficiency in life-saving. It is pleasing to record the enthusiasm of children who receive instruction in rivers and lakes at Cockermouth, Braithwaite, Derwentwater, Eskdale, Bewcastle, Ennerdale and on the East Fell Side.

“With the appointment of the construction and maintenance team considerable progress has been made in the provision of playing field facilities at new schools. Comprehensive facilities for games and athletics have been provided at Wigton Secondary School; the Whitehaven County Sports Field, catering for a large portion of the school children and youth of the district, has been brought into use, the constructional work and preliminary cultivation of Workington Grammar School playing fields have been completed; constructional work at Lairthwaite School has been started; minor playing field improvements have been effected throughout the County, and plans for Irthing Valley, Seascale, Whitehaven Valley Primary and Maryport Secondary Schools have been considered by the Playing Fields Sub-Committee. The Authority's Officers have continued to give technical help to local authorities and voluntary bodies throughout Cumberland through the medium of the County Playing Fields Association and children's playgrounds or recreational facilities for adults have been completed at King George's Field, Brampton, Culgaith, Greysouthen, Kirkbride and Longtown.

“Traditional dancing continues to be a popular recreation of the Cumbrian and is rightly confined to the adult community, though the teaching of simple traditional dances for mixed couples is encouraged among senior pupils in schools.

“The year has seen some progress in physical education; an enlightened approach to the subject is helping the child to develop to the limit of his capacity, and every effort is being made to meet the needs of growing children in Cumberland.”

K. SUTTON

L. HEYWORTH

Chief Organiser of Physical Education.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31st DECEMBER, 1952

TABLE I.

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

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants .. .. .	..	..	..	..	3,929
Second Age Group .. .. .	..	..	..	..	2,989
Third Age Group .. .. .	..	..	..	..	2,841
					9,759
Total					9,759

Number of other Periodic Inspections

Grand Total

B—OTHER INSPECTIONS

Number of Special Inspections .. .. .	..	..	..	..	14,786
Number of Re-inspections .. .. .	..	..	..	..	3,659
					18,445
Total					18,445

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)

Group	For defective vision (exclud- ing squint).	For any of the other conditions recorded in Table II.A.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	21	752	762
Second Age Group	163	345	486
Third Age Group	194	247	425
	378	1,344	1,673
Total (prescribed groups)	378	1,344	1,673
Other Periodic Inspections	Nil	Nil	Nil
	378	1,344	1,673
Grand Total	378	1,344	1,673

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.	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.
	(1)	(2)	(3)	(4)	(5)
4.	Skin ..	79	98	1,174	144
5.	Eyes—				
	(a) Vision ..	*378	721	925	1,879
	(b) Squint ..	56	140	173	348
	(c) Other ..	65	44	332	92
6.	Ears—				
	(a) Hearing ..	58	63	44	42
	(b) Otitis Media ..	43	60	114	69
	(c) Other ..	54	49	102	51
7.	Nose or Throat ..	476	655	507	610
8.	Speech ..	39	75	77	112
9.	Cervical Glands ..	22	123	21	89
10.	Heart & Circulation ..	27	110	57	145
11.	Lungs ..	82	411	189	683
12.	Developmental—				
	(a) Hernia ..	5	23	4	25
	(b) Other ..	6	77	12	78
13.	Orthopaedic—				
	(a) Posture ..	30	29	9	26
	(b) Flat foot ..	112	73	77	90
	(c) Other ..	103	152	114	295
14.	Nervous System—				
	(a) Epilepsy ..	1	19	7	26
	(b) Other ..	8	21	29	46
15.	Psychological—				
	(a) Development ..	14	72	42	176
	(b) Stability ..	11	37	41	70
16.	Other ..	204	187	1,331	233

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

Age Group.	Number of Pupils inspected.	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	3,929	1,665	42.4	2,192	55.8	72	1.8
Second Age Group ..	2,989	1,140	38.1	1,811	60.6	38	1.3
Third Age Group ..	2,841	1,378	48.5	1,433	50.4	30	1.1
Other Periodic Insp'ns	—	—	—	—	—	—	—
Total ..	9,759	4,183	42.9	5,436	55.7	140	1.4

TABLE III.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	103,960
(ii) Total number of individual pupils found to be infested	2,470
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

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

GROUP 1—Diseases of the Skin (excluding Uncleanliness, for which see Table III.)

	Number of cases treated or under treatment during the year	
	By the Authority.	Otherwise.
Ringworm—(i) Scalp	9	4
(ii) Body	31	—
Scabies	37	—
Impetigo	233	—
Other Skin Diseases	969	—
Total	1,279	4

GROUP 2—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	60	—
Errors of refraction (incl. squint)	2,152	—
Total	2,212	—
Number of pupils for whom spectacles were—		
(a) Prescribed	1,587	—
(b) Obtained	—	—

GROUP 3—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority.	Otherwise.
Received operative treatment—		
(a) For diseases of the ear ..	14	—
(b) For adenoids and chronic tonsillitis	648	10
(c) For other nose and throat conditions	36	1
Received other forms of treatment	94	6
Total * ..	<u>792</u>	<u>17</u>

GROUP 4—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	44	
	By the Authority.	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patients' departments ..	1,139	297

GROUP 5—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ..	145	—

GROUP 6—Speech Therapy.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	170	—

GROUP 7—Other Treatment Given.

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	1,303	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers—					
(a) Periodic	..	..	..	..	14,512
(b) Specials	..	..	..	..	3,327
				Total (1)	<u>17,839</u>
(2) Number found to require treatment 11,616					
(3) Number referred for treatment 11,128					
(4) Number actually treated 10,816					
(5) Attendances made by pupils for treatment .. 19,395					
(6) Half-days devoted to:					
	Inspection	..	..	..	543
	Treatment	..	..	..	1,951
				Total (6)	<u>2,494</u>
(7) Fillings: Permanent Teeth 5,049					
	Temporary Teeth	..	..	..	733
				Total (7)	<u>5,782</u>
(8) Number of teeth filled: Permanent Teeth 4,861					
	Temporary Teeth	..	..	..	638
				Total (8)	<u>5,499</u>
(9) Extractions: Permanent Teeth 2,673					
	Temporary Teeth	..	..	..	12,712
				Total (9)	<u>15,385</u>
(10) Administration of general anaesthetics for extraction 3,113					
(11) Other operations: Permanent Teeth 4,146					
	Temporary Teeth	..	..	..	212
				Total (11)	<u>4,358</u>

