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CUMBERLAND COUNTY COUNCIL

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EDUCATION COMMITTEE

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# REPORT

OF THE

PRINCIPAL

SCHOOL MEDICAL OFFICER

KENNETH FRASER

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

ON THE

# SCHOOL HEALTH SERVICE

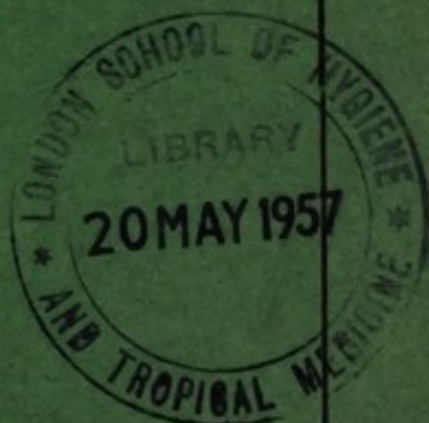
FOR THE YEAR ENDED

DECEMBER 31st, 1954

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Workington:

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## CUMBERLAND COUNTY COUNCIL

County Health Department,  
11, Portland Square,  
Carlisle,

March, 1955.

*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, 1954.

The statistics are set out in the usual form and it will be seen that the volume of work undertaken has been considerable.

Although this report is, as usual, quite brief, I hope no one will get the impression on that account that the school health service is not important. The fact is, of course, that the service is now so firmly established on clearly defined lines that there is little change to record from year to year, but as to its value there is no doubt whatsoever. After a long experience in the public health service, which I suppose gives one some right to assess relative values, I have no hesitation in saying that in the whole local government public health service no single branch is of greater importance to, and has played a greater part in, the building up of the health of the children and young people of this country than the school health service in its many branches.

The statistics themselves as such call for little comment because they change little from year to year.

### SCHOOL CLINICS

We have been gradually, over the years, replacing our original not too satisfactory clinic premises, which were mostly in converted private houses, and we now have, mainly in newly constructed premises, very satisfactory clinic buildings in Carlisle, Aspatria, Workington, Millom and Egremont, while new premises are almost complete at Penrith and are under consideration at Wigton and Whitehaven. The most important of these changes will be at Whitehaven, when this materialises, for at Whitehaven we have been for far too long



carrying out our school clinic and other treatment centre work in most unsatisfactory premises.

In the matter of dental staff we are more fortunate than many authorities, and our dental clinics are very well equipped.

In the matter of ancillary services such as child guidance, speech therapy and orthoptics, we are able fairly well to keep up with the steadily increasing demand.

#### **MANTOUX TESTING AND B.C.G. VACCINATION**

We have not yet started the Mantoux testing and B.C.G. vaccination of the 13 year old group of school children. By the time this report is in your hands these will be well under way as they are due to start in March, 1955. As a preliminary to dealing with the 13 year old group, we made, during the autumn of 1954, an extensive investigation by Mantoux testing, into the situation as affecting children in the 5 and 6 year old groups in most of the urban districts of the county. This investigation, with much more complete notes on the findings as affecting the 13 year old group, will be discussed in greater detail in the annual report on the health services, under which it more properly falls, being in effect preventive medicine and falling under Section 28 of the National Health Service Act, 1946.

A tuberculin test was offered in respect of every child in the 5 and 6 year old groups in the areas selected, and appropriate letters were sent to the parents of 4,279 children. The response to this offer was good, the acceptance rate being 82%. Tests were actually completed on 3,003, which represents 70% of the school child population in respect of whom the offer to test was made. Of these, 294, representing 9.8%, gave a "positive" reaction, showing that they had at some time been exposed to tuberculous infection. The names of these "positive" children were notified to the general practitioners concerned, and with their approval were referred to the consultant chest physicians whose investigation of the individual cases and whose search for the sources of infection will continue for some time.

The following table sets out the position clearly and shows, as one would have expected from our long experience of the past, that the Frizington, Cleator Moor, Egremont, area showed much the highest incidence of positive cases.



| Selected Area                       | Test No.<br>Completed | No.<br>Positive | % Positive |
|-------------------------------------|-----------------------|-----------------|------------|
| Workington .....                    | 686                   | 42              | 6.1        |
| Maryport .....                      | 400                   | 43              | 10.8       |
| Whitehaven .....                    | 665                   | 77              | 11.6       |
| Frizington/Cleator Moor/Egremont    | 450                   | 75              | 16.7       |
| <b>Total, West Cumberland</b> ..... | 2,201                 | 237             | 10.8       |
| Silloth .....                       | 87                    | 3               | 3.5        |
| Aspatria .....                      | 86                    | 4               | 4.6        |
| Wigton .....                        | 117                   | 6               | 5.1        |
| Longtown .....                      | 83                    | 5               | 6.0        |
| Penrith .....                       | 274                   | 21              | 7.7        |
| Brampton .....                      | 57                    | 6               | 10.5       |
| Keswick .....                       | 98                    | 12              | 12.2       |
| <b>Total, East Cumberland</b> ..... | 802                   | 57              | 7.1        |
| <b>Grand Total</b> .....            | 3,003                 | 294             | 9.8        |

As I have said, the Mantoux testing and B.C.G. vaccination in negative cases of the 13 year old group of school children will be well advanced, so far as this year is concerned, by the time this report is in your hands. Here again the family doctors and the consultant chest physicians will be informed of the results.

We have however in addition arranged that, so far as possible, all the children in this group will be offered, and urged to take advantage of, X-ray examination by mass miniature radiography. In this connection the offer is made by conspicuous overprinting in red at the top of form 5 M.I., which is the form sent to parents of children due for routine medical inspection, in the following words:—

“From January, 1955, onwards, including subsequent years, all children so far as is practicable, at some time after reaching their 13th birthdays, will be offered the benefit of examination by mass miniature radiography as a routine part of school medical inspection unless the parents of the children withhold their consent in writing.”

These arrangements for the Mantoux testing of the 5 and 6 year old groups and for the Mantoux testing, B.C.G. vaccination and mass miniature radiography of the 13 year old group of children have been complicated because of the large numbers and widely scattered location of the schools involved. My deputy, Dr. Minto, has undertaken the whole of the complicated organisation and will, as indicated above, be discussing the findings in much greater detail in the annual report on the health services, to be issued later in the year.



### TUBERCULOSIS AND MASS MINIATURE RADIOGRAPHY

The figures of children examined by mass miniature radiography, the unit for which operates over the whole county, are, in respect of 1954, as follows:—

|  |        |       |
|--|--------|-------|
| Children examined by miniature film                    | ...    | 2,728 |
| Children recalled for examination by large film        | ... .. | 67    |
| Children found to have active pulmonary tuberculosis   | ... .. | 6*    |
| Children found to have inactive pulmonary tuberculosis | ... .. | 23    |
| Children found to have bronchiectasis                  | ...    | 2     |
| Children found to have abnormal cardiac conditions     | ... .. | 4     |
| Not yet diagnosed                                      | ... .. | 5     |

\* All in West Cumberland.

In addition to the active cases discovered by mass miniature radiography, one or two other cases of active tuberculosis were discovered among school children in two of our grammar schools. It is disturbing that in the case of both schools, this is the second occasion within two years or thereabouts on which cases of active tuberculosis among the children have been discovered. The closest investigation and follow-up in both schools has of course been undertaken.

### SPASTICS

Public interest in the problem of the spastic continues to expand. Propaganda to arouse interest has been intensified, and a periodical dealing with the problems of the spastic is now issued at regular intervals. Branches of parents of spastics and others interested are being formed up and down the country, several of these in Cumberland. As one who has for years pleaded the cause of the spastic child, and who remains intensely interested in their problems, I may perhaps be forgiven for saying that I think the propaganda has tended to get the real position somewhat out of perspective. It is I think true to say that nationally until quite recently we did not give to the spastic problem the attention it merits, but I think it is equally true to say that now the pendulum has swung too far in the other direction.



Let us get the facts quite clear. Spastics essentially fall into three main groups:—

1. The severely handicapped, by which I mean, in the main, quadriplegias, that is to say spastics whose limbs are affected on both sides of the body, and in most cases all four limbs are affected. Such cases are usually severe and are usually accompanied by gross speech defects.

2. Mild cases, broadly grouped as hemiplegias, which means children in whom one side of the body is normal, but one arm or one leg or both on the other side may be affected. Such cases are usually comparatively mild and the affection may only concern say one foot, or one hand.

3. Cases, usually in the severe group, who are mentally affected and are ineducable.

The total number of children in all three of these groups is relatively small, indeed very small. In Cumberland our figures, including all three groups so far as school children are concerned, amount to 31.

The number of children in group 1, that is to say the severe cases which are uncomplicated by mental backwardness, is of course, very small indeed. In Cumberland this group does not reach double figures out of a total school population of 34,665. Nevertheless the spastic child enters school, and later on, if he survives, adult life, under a handicap, and in the case of the severe spastic, under a gross and most disabling handicap, and therefore there is a clear moral obligation on public authorities to see that everything which can be done to overcome these handicaps is done at whatever cost.

Severe spastics can only be dealt with adequately by admission to special residential schools devoted to the treatment of spastic children. Milder cases can almost invariably take their part in ordinary school life, and will enter adult life with a handicap not seriously disabling and which may be minimal.

With regard to the severe spastic group, we had the advantage of two visits during the summer of 1954 of Dr. Ellis, Medical Director of the Percy Hedley School for Spastics, Newcastle. He saw eight of our cases and among the interesting facts which emerged, was the fact that, of these, three had been Rhesus babies, that is to say babies in whose case



the blood of the male and female parents was incompatible. With the attention now being paid to the compatibility of blood, spastic cases originating from this cause should in future be extremely few, and should ultimately cease.

As a result of the visit by Dr. Ellis, three severe cases have been earmarked for admission to the Percy Hedley School when accommodation, arising out of building expansion, is available. Admission in this connection means a stay of possibly several years. Three other cases have been earmarked for short stay admission of a few weeks in order that their suitability or otherwise for prolonged treatment may be assessed.

I hope that Dr. Ellis will be able to pay us a further visit or visits during the present year to investigate some 5 or 6 cases which have since come to our notice.

I want to make it quite clear that in the case of the severe spastic very little can be done from the domiciliary angle, either by physiotherapy, speech therapy, or home tuition.

With regard to the mild group of spastics, which, as will be seen from the table, make up the greater part of our list, all I need say is that these are kept under regular supervision. The parents are shown appropriate exercises, which exercises have to be carried out daily to be really worth while. When indicated, appropriate splinting is provided under the direction of the orthopaedic surgeons, and a number of cases have been dealt with in hospital by tendon elongation or otherwise, as may be appropriate.

Summing it all up it may therefore I think fairly be said that once we can get accommodation for our severe cases in a residential spastic school, the problem of the spastic school child in Cumberland is under control.

The following table sets out the position as at 31st December, but this table is constantly changing and the situation is therefore necessarily fluid.

Number of spastic children of school age in Cumberland, divided into the following groups—31.

|  |     |     |     |    |
|--|-----|-----|-----|----|
| (a) Attending ordinary schools                                       | ... | ... | ... | 14 |
| (One girl attends half-time)   |     |     |     |    |
| (b) At special residential schools                                   | ... | ... | ... | 2  |
| (One other boy was removed during the year and now falls under (f) ) |     |     |     |    |



|  |       |
|--|-------|
| (c) Attending residential schools for educationally sub-normal children ... ..   | 2     |
| (One boy at Ingwell, one girl at Birmingham)   |       |
| (d) Awaiting admission to residential schools ...  | 7     |
| (Three are awaiting short term admission for investigation. Of the above seven, two are receiving home tuition, four are neither attending school nor having home tuition) |       |
| (e) Classified as ineducable ... ..  | 3     |
| (One is attending an occupation centre)  |       |
| (f) Having home tuition ... ..   | 2     |
| (g) Not attending school or having home tuition ...  | 1     |
|  | <hr/> |
|  | 31    |
|  | <hr/> |

### SPECIAL SCHOOLS

The number of Cumberland children in special residential schools in different parts of the country is shown in a table later in this report. The number of children in residential special schools has risen during the year from 35 to 41, and a number of other cases are under consideration. It will be seen from the list how widely scattered are these special schools with which we are concerned, and I would like to say here that the Director of Education has given us the greatest assistance in securing admission for the various types of handicapped children whom we have brought to his notice.

We have now of course in Cumberland for the first time, our own county special school for backward boys at Ingwell. We are closely concerned from the school health service point of view with this school because we ascertain and report on potential candidates for admission; we arrange for an annual medical and dental inspection, and one of our speech therapists attends the school for one half day each week for the treatment of boys having special speech defects.

There is no doubt that this school is doing admirable work, and many of you have seen the excellent report by the headmaster on the first year's working. The number of boys in residence at the end of 1954 was 45 between the ages of 10 and 15 years, and with 4 exceptions, were county children. It is, I understand, expected that the accommodation will rise to 55 places by the autumn of this year.



Ingwell is, of course, a school for boys only. The acquisition of Higham will, I hope, solve the problem of educationally sub-normal girls who for one reason or another require residential special school accommodation, and will also, we hope, provide accommodation for a number of younger boys.

There is, however, in respect of educationally sub-normal boys another problem. It is very largely a question of simple arithmetic. The number of boys ascertained as educationally sub-normal who have been recommended for admission to special schools averaged about 45 a year during 1953 and 1954, and I do not think that list was complete. The future ascertainment figure is anybody's guess, but on past experience the above figure is likely to be more or less maintained. Once the accommodation at Ingwell is fully taken up in the autumn of this year, vacancies for the next two years or thereabouts will be few, if any, and thereafter will not, I suppose, likely exceed more than eight or ten a year. Even if all these vacancies were available for Cumberland county boys it is clear that between this figure and the estimated annual ascertainment figure of say 40 to 45 a year there will remain a margin which may well be fairly wide. Undoubtedly the establishment of a second residential school for educationally sub-normal children to include a proportion of the younger boys will materially help, and it may well be that the rest of the answer may be found in the expansion of the "progress" class system at present operating in ten or so schools in the county. There might, of course, be another line of approach to this problem.

#### LONG STAY CASES IN HOSPITAL

During the early part of the year I was approached by the West Cumberland group of hospitals regarding the possibility of having arrangements made for some educational provision for children who were likely to be in hospital for long periods of say four months or over. At that time I was given a list of some 16 cases of children who had been in hospital during the preceding year for long periods, the longest I think being nearly seven months. It is difficult to form a clear opinion, but my impression is that the number of children staying in our Cumberland hospitals for long periods is on the increase. I do not think the above list of 16 cases was necessarily complete because it did not, for example, include children with orthopaedic conditions admitted to the Keswick Cottage Hospital.



The problem of providing some degree of educational continuity for these children is obviously not an easy one, and the Director of Education with whom I have been in close touch, has the matter under consideration. One difficulty obviously is that the list is constantly changing. I have arranged with the secretary of the West Cumberland Hospital Management Committee that I will receive at the beginning of each month a list of children of school age in hospital who are likely to be long stay cases, together with, if possible, some forecast of the probable length of stay.

This problem must obviously arise all over the country, and I do not know how it is being solved in other areas, if indeed it is being solved at all.

#### **SPEECH THERAPY AND ORTHOPTICS— CO-OPERATION WITH THE HOSPITALS**

At the request of the Newcastle Regional Hospital Board a conference was called in Carlisle a few months ago, at which representatives of the hospitals, the local health authorities, and other bodies were present. The outcome of the conference was that it was agreed that in regard to speech therapy the speech therapists employed by the three health authorities, Cumberland County, Westmorland County and Carlisle City, would attend at investigation clinics to be held at the Cumberland Infirmary and discuss with the consultants concerned with plastic surgery, for example in cases of cleft palate, what could be done post-operatively by way of speech therapy. It was also agreed, though this is hardly relevant to this report, that so far as may prove practicable the local health authorities were willing that their speech therapists should give speech therapy treatment to adults in need thereof, who would either attend as out-patients at the appropriate speech therapy clinic, or would be treated in hospital, if that should prove possible. It was considered that no additional speech therapy staff would be required to implement these arrangements.

With regard to orthoptics, which perhaps I may remind you is the service dealing with the treatment of certain eye conditions, principally squints, by exercises, it was agreed that it was desirable that such services should be provided within the hospitals, for example for children who have been operated on for the treatment of squint, so that the exercises



could begin at the earliest possible moment thereafter, and it was agreed that in addition to the two sets of rather costly equipment which we have provided at Carlisle and Workington, additional sets of such equipment would be provided by Carlisle Corporation, and at the Cumberland Infirmary, and at Whitehaven Hospital. The latter hospital was selected largely to enable cases from the extreme south west of Cumberland to be dealt with; that of course would include school children from Millom R.D.

In the case of orthoptics it was decided that, to implement these arrangements, it would be necessary to endeavour to obtain an additional orthoptist to cover the work, and I have been authorised, when the various parent bodies have indicated their acceptance of the proposals, to advertise the vacancy.

#### POSTURAL DEFECTS

I made some reference last year to the school posture classes, which, following upon a large conference held in Whitehaven some months before, had been started in some of the larger schools in West Cumberland. These school posture classes have gradually been extended and what in effect they mean is that by co-operation between the orthopaedic physiotherapists on our departmental staff on the one hand, and the organisers of physical training and selected teachers on the other, children with minor postural defects such as flat feet, knock-knees, and defective spinal posture, receive training in appropriate exercises at the schools. This arrangement economises additional time for the children, in that journeys, sometimes quite long, to clinics are unnecessary, and it also has the welcome effect of relieving our overburdened intermediate orthopaedic clinics all over the county.

#### PLANTAR WARTS

We have had trouble lately in several schools with annoying, though not very large, epidemics of plantar warts. This condition is infectious, is transmitted from one child to another at swimming baths and otherwise, and these warts can be very painful and disabling. It is therefore very important to stamp out these epidemics at the outset. This we have been able to do by calling in the services of trained chiropodists.



## IMMUNISATION AGAINST DIPHTHERIA

The number of school children immunised during the year was 531. In addition 3,707 were given reinforcing or "booster" injections. Arising out of new opinions as to the probable duration of immunity against diphtheria provided by these injections it is probable that the number of booster doses may increase fairly sharply, as it is now considered necessary not only to give a booster dose when the child is admitted to school, to extend the immunity conferred by the primary immunisation in infancy, but to give a second booster dose at the age of about 10 or 11 years.

These immunisations in a scattered rural county involve a great deal of work, but that the trouble is more than justified is clearly shown by recent figures issued by the Ministry of Health which show that the notifications of diphtheria in 1954 in the whole country amounted to only 182 compared with 18,596 ten years ago, and that the deaths for 1954 were only 9 compared with 722 deaths in 1945.

### SUMMARY

In conclusion it may be worth while summarising the essential points on which the administration of the school health service is based so far as this county is concerned:—

(a) After consultation with the Cumberland Local Medical Committee, which represents the general practitioners of the county, it has been decided that we will handle minor conditions affecting school children direct. With regard to major defects, and particularly if reference to a consultant is indicated, the practitioner is informed, and his approval to the reference obtained, and after the case has been seen by the consultant and at all later stages the practitioner is kept fully informed of the findings and treatment.

(b) Since the passing of the National Health Service Act, 1946, our co-operation with the hospitals and with the general practitioners in respect of school children is much less close than it was before that date. We could undoubtedly do much more than we are at present able to do if co-operation were closer and if the transmission of information between the hospitals and ourselves, and the practitioners and ourselves, was better. So far as the hospitals are concerned, while in certain directions co-operation is non-existent, in others it is quite good, and we are specially grateful for the close



co-operation given us by one of the consultants who keeps us regularly posted with information about children in respect of whom we can do something to help, and this co-operation unquestionably results in much benefit all round. In this connection may I quote one sentence from the report of Sir John Charles, Chief Medical Officer of the Ministry of Education, recently issued: "Since school doctors rightly expect to be told what advice or treatment school children receive in hospital, they in turn should give a child's family doctor any information in their possession which might be useful to him."

(c) We do our utmost to maintain an up-to-date list of handicapped children. This includes children who are blind or partially blind, deaf or partially deaf, deaf and dumb, children with severe heart disease, with epilepsy, asthma, bronchiectasis, and a large number of other conditions, all of which bring the children concerned properly into the group of handicapped persons. This register helps us to keep the Director of Education informed as to the need of special school education or other special educational supervision or care, for example in the matter of transport to school, and will also undoubtedly help in the compilation of the register of handicapped persons, which it becomes the duty of the County Council to keep under the model scheme for the handicapped which was adopted by the Council during 1954.

#### STAFF CHANGES

Dr. W. H. P. Minto was appointed Deputy Principal School Medical Officer, following the resignation of Dr. J. L. Gilloran.

Dr. F. V. Jacques died during the early part of the year. Dr. G. J. G. Lowe resigned her temporary appointment in April, and Dr. C. A. Mason, after long and faithful service, retired in July. Dr. A. T. Harbison and Dr. J. Patterson were appointed as school medical officers in November and December respectively.

With regard to dental staff, Mr. F. H. Jacobs was appointed assistant dental officer in June. This appointment leaves one vacancy on the establishment yet unfilled, and you have authorised the appointment of an additional dental officer during the current year.



Miss Maughan, orthoptist, resigned her appointment during the year and Miss M. Brown was appointed and took up her duties in September.

#### SCHOOL CLINIC SESSIONS

A list of school clinic sessions is again included in this report at the request of the Ministry of Education.

I am,

Your obedient servant,

KENNETH FRASER,

Principal School Medical Officer.



## General Statistics.

|   |         |
|---|---------|
| Estimated population of Administrative County ... | 216,100 |
| Number of pupils on school registers ... ..       | 34,665  |

The number of schools in the County in January, 1954, was as follows:—

|  |     |
|--|-----|
| Primary (including Departments) ... .. | 255 |
| Secondary Modern ... ..                | 14  |
| Secondary Grammar and High ... ..      | 9   |
| Secondary Technical ... ..             | 1   |
| Nursery ... ..                         | 1   |
| Special School (Ingwell) ... ..        | 1   |

## Medical Inspection.

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

Routine inspections by age groups:—

|  |        |
|--|--------|
| Entrants ... ..                            | 4,115  |
| Intermediate ... ..                        | 3,320  |
| Third Age Group ... ..                     | 2,485  |
|  | <hr/>  |
|  | 9,920  |
| Additional periodic inspections ... ..     | 45     |
|  | <hr/>  |
|  | 9,965  |
| Special inspections and re-inspections ... | 16,489 |
|  | <hr/>  |
|  | 26,454 |
|  | <hr/>  |

As previously, children were examined at approximately 8 years of age for sight-testing.



TABLE A

SUMMARY OF DEFECTS FOUND AND REFERRED  
FOR TREATMENT

|        |                       |     |     |     |     |       |
|--------|-----------------------|-----|-----|-----|-----|-------|
| 1 & 2. | Uncleanliness         | ... | ... | ... | ... | 1,420 |
| 4.     | Skin Diseases         | ... | ... | ... | ... | 1,378 |
| 5.     | Eyes—                 |     |     |     |     |       |
|        | (a) Vision            | ... | ... | ... | ... | 1,095 |
|        | (b) Squint            | ... | ... | ... | ... | 169   |
|        | (c) Other             | ... | ... | ... | ... | 384   |
| 6.     | Ears—                 |     |     |     |     |       |
|        | (a) Hearing           | ... | ... | ... | ... | 77    |
|        | (b) Otitis Media      | ... | ... | ... | ... | 83    |
|        | (c) Other             | ... | ... | ... | ... | 95    |
| 7.     | Nose and Throat       | ... | ... | ... | ... | 669   |
| 8.     | Speech                | ... | ... | ... | ... | 107   |
| 9.     | Cervical Glands       | ... | ... | ... | ... | 38    |
| 10.    | Heart and Circulation | ... | ... | ... | ... | 66    |
| 11.    | Lungs                 | ... | ... | ... | ... | 240   |
| 12.    | Developmental—        |     |     |     |     |       |
|        | (a) Hernia            | ... | ... | ... | ... | 7     |
|        | (b) Other             | ... | ... | ... | ... | 23    |
| 13.    | Orthopaedic—          |     |     |     |     |       |
|        | (a) Posture           | ... | ... | ... | ... | 42    |
|        | (b) Flat Foot         | ... | ... | ... | ... | 257   |
|        | (c) Other             | ... | ... | ... | ... | 242   |
| 14.    | Nervous System—       |     |     |     |     |       |
|        | (a) Epilepsy          | ... | ... | ... | ... | 8     |
|        | (b) Other             | ... | ... | ... | ... | 36    |
| 15.    | Psychological—        |     |     |     |     |       |
|        | (a) Development       | ... | ... | ... | ... | 102   |
|        | (b) Stability         | ... | ... | ... | ... | 38    |
| 16.    | Other                 | ... | ... | ... | ... | 1,607 |



TABLE B

SHOWING THE ATTENDANCES AT INDIVIDUAL  
SCHOOL CLINICS

| Clinic.                     |     |     | New Cases. |     |     | Attendances<br>All Cases. |
|-----------------------------|-----|-----|------------|-----|-----|---------------------------|
| Alston                      | ... | ... | 43         | ... | ... | 109                       |
| Aspatria                    | ... | ... | 107        | ... | ... | 270                       |
| Brampton                    | ... | ... | 243        | ... | ... | 639                       |
| Carlisle                    | ... | ... | 72         | ... | ... | 86                        |
| Cleator Moor                | ... | ... | 150        | ... | ... | 657                       |
| Cockermouth                 | ... | ... | 634        | ... | ... | 1,108                     |
| Egremont                    | ... | ... | 116        | ... | ... | 231                       |
| Frizington                  | ... | ... | 271        | ... | ... | 979                       |
| Maryport                    | ... | ... | 294        | ... | ... | 952                       |
| Millom                      | ... | ... | 454        | ... | ... | 1,579                     |
| Penrith                     | ... | ... | 162        | ... | ... | 443                       |
| Whitehaven (Sandhills Lane) | ... | ... | 341        | ... | ... | 1,113                     |
| Whitehaven (Woodhouse)      | ... | ... | 220        | ... | ... | 1,274                     |
| Wigton                      | ... | ... | 201        | ... | ... | 476                       |
| Workington                  | ... | ... | 666        | ... | ... | 2,682                     |
|                             |     |     | 3,974      |     |     | 12,598                    |

TABLE C

SUMMARY OF CASES SEEN AT THE SCHOOL  
CLINICS DURING THE YEAR

| Condition for which child attended. |     |     | New Cases. |     |     | Attendances<br>All Cases. |
|-------------------------------------|-----|-----|------------|-----|-----|---------------------------|
| General Condition                   | ... | ... | 318        | ... | ... | 1,811                     |
| Eye Diseases                        | ... | ... | 592        | ... | ... | 2,162                     |
| Skin Diseases                       | ... | ... | 1,274      | ... | ... | 4,266                     |
| Nose and Throat Conditions          | ... | ... | 179        | ... | ... | 392                       |
| Ear Conditions                      | ... | ... | 112        | ... | ... | 578                       |
| Enlarged Cervical Glands            | ... | ... | 17         | ... | ... | 39                        |
| Heart and Circulation               | ... | ... | 31         | ... | ... | 105                       |
| Lungs (Non-Tubercular)              | ... | ... | 81         | ... | ... | 313                       |
| Lungs (Tubercular or suspected)     | ... | ... | 20         | ... | ... | 99                        |
| Tuberculosis (Non-Pulmonary)        | ... | ... | 1          | ... | ... | 2                         |
| Nervous System                      | ... | ... | 43         | ... | ... | 110                       |
| Uncleanliness                       | ... | ... | 56         | ... | ... | 256                       |
| Other Defects and Diseases          | ... | ... | 1,161      | ... | ... | 2,297                     |
| Deformities                         | ... | ... | 78         | ... | ... | 141                       |
| Developmental                       | ... | ... | 11         | ... | ... | 27                        |
|                                     |     |     | 3,974      |     |     | 12,598                    |

Total individual children attended, 4,093,



TABLE D

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

| Condition.                        | No. of<br>Cases. | No. of<br>visits paid. |
|-----------------------------------|------------------|------------------------|
| Eye Conditions ... ..             | 9                | 19                     |
| Skin Diseases ... ..              | 10               | 14                     |
| Nose and Throat Conditions ... .. | 10               | 25                     |
| Ear Conditions ... ..             | 16               | 17                     |
| Heart and Circulation ... ..      | —                | —                      |
| General Cases ... ..              | 52               | 77                     |
|                                   | 97               | 152                    |

#### Uncleanliness.

The school nurses made 104,704 examinations of children for verminous conditions and uncleanliness, and of this total 1,420 children were found to be verminous. In this connection, and in connection with cases of uncleanliness discovered at the routine inspection, the school nurses paid 826 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 1-1-54 ... ..                                    | 649   |
| New cases during 1954 ... ..   | 122   |
| Cases referred for Orthopaedic Physiotherapists only ... ..                      | 193   |
| Cases renotified after previous discharge ... ..                                 | 16    |
| Number removed from Register ... ..  | 249   |
| Number on Register at 31-12-54 ... ..  | 731   |
| Attendances at surgeons' clinics ... ..  | 709   |
| Attendances at intermediate clinics ... ..                                       | 2,840 |
| Homes visited by Orthopaedic Physiotherapists ... ..                             | 219   |
| Plasters applied ... ..  | 25    |
| Surgical boots and appliances supplied and renewed<br>(including insoles) ... .. | 418   |
| Cases receiving hospital treatment during 1954 ... ..                            | 37    |
| Cases awaiting admission to hospital 31-12-54 ... ..                             | 33    |
| X-ray examinations during 1954 ... ..  | 75    |
| Awaiting X-ray ... ..  | 34    |



TABLE F

|  |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|
| Flat foot  | ... | ... | ... | ... | ... | 275 |
| T.B. joints  | ... | ... | ... | ... | ... | 31  |
| Injuries (including fractures)                       | ... | ... | ... | ... | ... | 28  |
| Poliomyelitis  | ... | ... | ... | ... | ... | 55  |
| Knock-knees and bow legs                             | ... | ... | ... | ... | ... | 210 |
| Osteomyelitis  | ... | ... | ... | ... | ... | 1   |
| Cerebral palsy                                       | ... | ... | ... | ... | ... | 35  |
| Other birth injuries                                 | ... | ... | ... | ... | ... | 9   |
| Torticollis  | ... | ... | ... | ... | ... | 8   |
| Spina bifida   | ... | ... | ... | ... | ... | 3   |
| Pseudocoxalgia                                       | ... | ... | ... | ... | ... | 3   |
| Perthes disease                                      | ... | ... | ... | ... | ... | 9   |
| Coxa vara.   | ... | ... | ... | ... | ... | 1   |
| Congenital dislocation of the hip                    | ... | ... | ... | ... | ... | 22  |
| Congenital defects (including talipes and pes cavus) | ... | ... | ... | ... | ... | 74  |
| Hallux valgus and deformed toes                      | ... | ... | ... | ... | ... | 13  |
| Other postual defects of feet                        | ... | ... | ... | ... | ... | 78  |
| Postural defects otherwise                           | ... | ... | ... | ... | ... | 38  |
| Scoliosis, lordosis and kyphosis                     | ... | ... | ... | ... | ... | 34  |
| Achondroplasia                                       | ... | ... | ... | ... | ... | 2   |
| Muscular dystrophy                                   | ... | ... | ... | ... | ... | 6   |
| *Schlatter's disease                                 | ... | ... | ... | ... | ... | 5   |
| Other conditions                                     | ... | ... | ... | ... | ... | 40  |
|  |     |     |     |     |     | 980 |

Work in the aftercare scheme has gone on very much as in the previous year and the comments I made in the 1953 report still apply.

Intermediate clinics have been very busy and there has been an increase in attendance at these clinics—mostly postural defects referred from school medical inspections.

The number of cases referred direct from general practitioners is still small—although a number of cases of this type are passed to us by the local hospitals.

School posture classes are being held regularly in many schools in West Cumberland and the number of children attending these classes has increased considerably. A review of children in these classes takes place approximately every six months, by the physical training organiser and the orthopaedic physiotherapists. This is a great help in maintaining general co-operation in the scheme.



### DENTAL SERVICE

The Principal School Dental Officer (Mr. A. C. S. Martin) makes the following comments on the dental service for 1954:—

“The staffing position did not improve any further during the year, Mrs. Ferguson leaving at the end of March while her successor, Mr. F. H. Jacobs, did not take up duty until the 15th June. Fortunately, this officer's interests lie within the County and, as pointed out last year, this is the best answer to the difficulties in Cumberland. One of the serious drawbacks of Whitleyism is that no provision is made for the less attractive areas to offer financial inducements which would lessen their handicap in the competition for staff. In Cumberland this handicap is increased by the continued high cost of houses in the district. There are now two vacancies on the staff—one to replace Mr. Askew and the other to fill the additional post which has now been added to the establishment. It is difficult to see where additional staff is to come from, with the increasing demands for assistants in private practice and for local government posts throughout the country, coupled with a considerable reduction in the number of students qualifying. Much has been made in the press recently of the shortage of dentists and the increasing difficulties that lie ahead, and there is no doubt it is time that something was done to stimulate recruitment to the profession.

“Much has been said regarding the effect of sweets on the teeth and of the deterioration in dental condition since de-rationing, but little reference has been made to what is possibly the most important question in this matter. The quantity consumed is not by itself the main factor, but rather when that quantity is consumed. During the rationing period most children obtained their week's supply of sweets and promptly ate the lot, going without any more until the next supply. From the aspect of dental caries this did but little harm, as the teeth were soon clean again. Now, however, the average child can obtain sweets at any time without difficulty, with the result that odd sweets are being eaten at various intervals every day. While it may be that the total quantity consumed is no more, the damage caused is infinitely greater, in that the teeth are hardly ever free from sugary substances adhering to the various surfaces.

“It will practically always be found in those cases of generalised decay typical of the confirmed sweet eater that



this is a true picture and it has proved to be of value in such cases to prohibit sweets except on one day of the week. This may seem a difficult proposition, but with the intelligent co-operation of the parents it is surprising how the normal child reacts to it and comes to look forward to the routine, especially to "guzzle day" when all restrictions are removed.

"Of course, this principle does not apply only to sweets, but to all food of a starchy or sugary character, and the increasing habit so noticeable in schools of children having biscuits or cakes to eat in the middle of the morning and the middle of the afternoon must also be considered a contributing factor. If parents could be made to realise the value of fruit for this purpose there is no question that the child's general health would benefit as well as the teeth. This is an aspect of the matter in which suitable propaganda might be of assistance, but the question must be asked—how many parents are really prepared to take the necessary trouble to control a child's diet sufficiently to make any real difference in the picture?

"One thing is certain, no conservative work, however perfect, will stand in the mouth of a persistent sweet eater. Cases have been known in mental hospital practice of an excellent set of teeth being reduced to complete wreckage in 2-3 years with constant sweet eating, no treatment making any real difference. The only answer in such cases is the provision of artificial dentures, which fortunately are not affected by any kind of diet.

"One ray of hope may shine out from the proposals for fluoridation of water supplies. It seems that this has now passed the national experimental stage and, while it will never eliminate dental decay, there is little doubt that it will assist in meeting the problem as it becomes accepted by the responsible authorities.

"There is nothing to comment about in the return of work on Table V, but in the statistics given below, which are additional, one figure justifies elaboration—X-ray examinations. There is a drop in these, but it does not mean that fewer examinations are being carried out. Owing to the excellent co-operation with the hospitals in West Cumberland cases are radiographed at both Whitehaven Hospital and Workington Infirmary by the hospital radiographer, which is much simpler than waiting until the portable unit is in the area. There is no doubt that this is in some measure at least due to



the fact that Mr. R. B. Neal, one of the County dental officers, is responsible for the oral surgery work at both hospitals and it is only right to put on record the great value of this appointment in dealing with difficult cases in the County, as all children in a wide area who require surgical treatment are referred to him and treatment is carried out without any further difficulty. This is much preferable to trying to carry out minor oral surgery in ordinary clinic premises."

#### *Additional Statistics*

|                        |     |     |     |     |
|------------------------|-----|-----|-----|-----|
| Orthodontic appliances | ... | ... | ... | 203 |
| Metal inlays           | ... | ... | ... | 13  |
| Crowns                 | ... | ... | ... | 5   |
| Dentures               | ... | ... | ... | 205 |
| Denture repairs        | ... | ... | ... | 30  |
| X-ray examinations     | ... | ... | ... | 64  |



## TABLE G

## CHILDREN IN SPECIAL SCHOOLS \*

| Name of School.  | Girls. | Boys. |
|--|--------|-------|
| Yorkshire School for the Blind, Doncaster ...  | 1      | —     |
| Royal Normal College for the Blind, Rowton<br>Castle, near Shrewsbury ... ..                                 | —      | 2     |
| Northern Counties' School for the Deaf and<br>Dumb, Newcastle ... ..   | 1      | 2     |
| Royal Cross School for the Deaf, Preston ...   | —      | 3     |
| Boston Spa Institution for the Deaf ... ..   | 2      | 1     |
| Colthurst House for Epileptics, Warford ...  | —      | 1     |
| Hurst Lea School for Crippled Boys, Broadstairs,<br>Kent ... ..  | —      | 1     |
| Saint Francis School for Boys, Hooke ... ..  | —      | 1     |
| Hesley Hall School for Physically Handicapped,<br>Tickhill, near Doncaster ... ..                            | —      | 1     |
| Derwent Cripples' Training College ... ..  | —      | 1     |
| Preston School for Partially Sighted ... ..  | —      | 2     |
| Salmon Cross School, Lonesome Lane, Reigate,<br>Surrey ... ..  | 1      | —     |
| Mary Hare Grammar School for the Deaf ...  | —      | 1     |
| Chaigeley School for Maladjusted Boys ...  | —      | 1     |
| Lingfield Epileptic Colony ... ..  | 1      | —     |
| St. Joseph's R.C. Special School, Cranleigh ...  | —      | 1     |
| Fir Bank Hostel for Diabetics, Frodsham,<br>Cheshire ... ..  | —      | 1     |
| Royal Residential School for the Deaf, Man-<br>chester ... ..  | 2      | —     |
| Hinwick Hall School for Crippled Children,<br>Wellingborough (including Hattondale<br>Junior Section) ... .. | —      | 2     |
| Heritage Craft School for Physically Handi-<br>capped, Chailey, Sussex ... ..                                | 1      | —     |
| Allerton Priory R.C. Special School, Liverpool   | 1      | —     |
| St. Francis Residential School, King's Heath,<br>Birmingham ... ..   | 5      | —     |
| Sheffield School for the Blind ... ..  | —      | 1     |
| Sunshine House, Southerndown ... ..  | 1      | —     |
| Oakbank Open Air School, Sevenoaks ... ..  | 1      | —     |
| Children's Convalescent Home, West Kirby ...   | —      | 1     |
| Henry Worrall Training School for Girls, Man-<br>chester ... ..  | 1      | —     |
|  | —      | —     |
|  | 18     | 23    |
|  | —      | —     |

\* Exclusive of children in Ingwell Special School for E.S.N. children.



### CHILD GUIDANCE

The number and location of the Child Guidance Centres remained unaltered during 1954, and centres have been in operation at Carlisle for one session per fortnight, at Whitehaven for two sessions (one full day) per week, at Maryport for three sessions per month and at Millom for two sessions (one full day) per month.

The statistical statement which follows gives an analysis of the work carried out at the various centres. On comparing these figures with earlier reports, the only significant facts which emerge are that the total case load has remained fairly constant during recent years (178 in 1954, 176 in 1953, 165 in 1952 and 153 in 1951), but that during 1954 there was a fall in the number of new cases referred for investigation and treatment (72 in 1954, 94 in 1953, 86 in 1952, 96 in 1951). Once more the largest number of cases referred from any particular source came to the centres through the general practitioners, which to me is an indication that the service is appreciated.

The year under review was the second year in which the child guidance team of psychiatrist, psychologist and psychiatric social worker was complete throughout the year at all four centres. This state of affairs I regret to say came to an end in January, 1955, when the full-time psychiatric social worker for West Cumberland (Miss Simpson) left to take up a more senior post in Liverpool. We were particularly fortunate, however, in partially filling the vacancy, at least for a temporary period, by appointing Mrs. Campbell on a part-time basis of four days a week. Mrs. Campbell is a psychiatric social worker of wide and varied experience, but she is unable to accept a permanent or full-time post for domestic reasons. In the fairly near future, therefore, we shall be attempting once more to secure the whole-time services of a psychiatric social worker for West Cumberland, but I am not very hopeful of success because the demand for this specialised type of officer greatly exceeds the numbers in training.

The position as regards premises used for child guidance purposes has improved to some extent, but still leaves much to be desired. The Carlisle Clinic is reasonably satisfactory, and the new clinic at Millom is a great improvement. At Maryport, as I pointed out last year, the premises are pleasant, but short of the necessary individual rooms. The Whitehaven Clinic facilities are improved only in that they are no longer



used as an occupation centre for mentally defective children, and though numerically there are enough rooms for child guidance purposes, the whole structure is generally unsuitable being a dilapidated three storeyed house, which also provides office accommodation for the probation service. It is hoped, however, that the proposal to build a new unit in Whitehaven to accommodate the present area health office and the Sandhills Lane clinic will also solve this problem by including modern and adequate facilities for child guidance purposes.



| STAFF:   |    | CARLISLE     | MARYPORT     | WHITEHAVEN     | MILLOM         | TOTAL |
|--|----|--------------|--------------|----------------|----------------|-------|
| Psychiatrist   | .. | Dr. Stuart   | Dr. Ferguson | Dr. Ferguson   | Dr. Ferguson   |       |
| Educational Psychologist                                     | .. | Mrs. Ismay   | Mrs. Ismay   | Mr. Blair Hood | Mr. Blair Hood |       |
| Psychiatric Social Worker                                    | .. | Miss M. Lamb | Miss Simpson | Miss Simpson   | Miss Simpson   |       |
| Cases remaining on Register at Jan. 1st, 1954                | .. | 25           | 20           | 48             | 7              | 100   |
| New Cases referred to during year by:—                       |    |              |              |                |                |       |
| General Practitioners  | .. | 5            | 8            | 8              | 1              | 22    |
| School Medical Officers                                      | .. | 7            | 2            | 6              | —              | 15    |
| Children's Officer   | .. | 1            | —            | 2              | 1              | 4     |
| Parents  | .. | —            | 1            | 1              | —              | 2     |
| Schools  | .. | 6            | 3            | 5              | 4              | 18    |
| Probation Officers or Courts                                 | .. | 1            | —            | 3              | —              | 4     |
| Others   | .. | 2            | 2            | 5              | —              | 7     |
| Cases re-opened during year                                  | .. | —            | —            | 3              | 1              | 6     |
| Total cases on Registers during year                         | .. | 47           | 36           | 81             | 14             | 178   |
| Cases dealt with and closed                                  | .. | 28           | 17           | 49             | 8              | 102   |
| Cases remaining under treatment at 31-12-54                  | .. | 18           | 19           | 30             | 6              | 73    |
| Cases awaiting treatment at 31-12-54                         | .. | 1            | —            | 2              | —              | 3     |
| Interviews by Psychiatrists:—                                |    |              |              |                |                |       |
| (a) With child   | .. | 55           | 50           | 122            | 16             | 243   |
| (b) With Parent  | .. | 53           | 49           | 100            | 17             | 219   |
| Interviews by Psychiatric Social Workers:—                   |    |              |              |                |                |       |
| (a) At homes   | .. | 52           | 54           | 99             | 32             | 237   |
| (b) At clinics   | .. | 18           | 32           | 59             | 15             | 124   |
| (c) Others   | .. | 2            | 3            | 19             | 5              | 29    |
| Interviews by Educational Psychologist:—                     |    |              |              |                |                |       |
| (a) Tests  | .. | 17           | 8            | 26             | 7              | 58    |
| (b) Play therapy, remedial teaching or interviews with child | .. | —            | 54           | 37             | 2              | 93    |
| (c) School visits  | .. | 37           | 17           | 26             | 13             | 93    |
| (d) With parent at home or clinic                            | .. | 4            | —            | 11             | 1              | 16    |



## SPEECH THERAPY

Miss Chapman and Miss Rawle submit the following report:—

"This year clinics have been held as usual in Carlisle, Penrith, Wigton, Aspatria, Workington, Whitehaven, Keswick, Egremont and Millom. It was decided to discontinue the periodic clinics at Alston and to treat any severe cases at Carlisle. By the end of July the waiting list at Whitehaven had been greatly reduced, but at Workington many patients were awaiting treatment so it was decided to hold an extra clinic at Workington making five sessions a week. Consequently, by the end of the year, the situation had been greatly eased as regards patients awaiting treatment, and the length of time before such treatment could be commenced.

"In January, weekly treatment of twelve of the pupils at Ingwell School for educationally sub-normal children was started for a trial period of six months. At the end of that period it was decided to continue the treatment as a majority of patients were benefiting even after so short a time.

"Attendances have been good at Wigton, Workington and Whitehaven. In the last four years, generally speaking, the clinics have been progressively better attended. When first establishing this service there was a great deal of apprehension on the part of patients and parents; even now this attitude remains in remote districts, but on the whole parents and teachers are becoming more aware of the need for speech therapy and are more willing to co-operate. The distance to the clinic does not deter the determined mother. Early referral is advisable in all cases for the establishment of a really comprehensive service."

*Cases Treated in East Cumberland*

| On Register<br>1st Jan., 1954. | New Cases<br>during year. | Cases Discharged<br>during year. | On Register<br>31st Dec., 1954. |
|--------------------------------|---------------------------|----------------------------------|---------------------------------|
| 64                             | 57                        | 52                               | 69                              |

*Cases Treated in West Cumberland*

| On Register<br>1st Jan., 1954. | New Cases seen<br>during year. | Discharged. | On Register<br>31st Dec., 1954. |
|--------------------------------|--------------------------------|-------------|---------------------------------|
| 69                             | 73                             | 60          | 82                              |



*Particulars of Cases Discharged (East Cumberland)*

| Normal | Substan-<br>tially<br>Improved. | Unlikely to<br>benefit by |                                       | Lack of<br>co-opera-<br>tion. | Left<br>district or<br>travelling<br>difficulties. | Total. |
|--------|---------------------------------|---------------------------|---------------------------------------|-------------------------------|--|--------|
|        |                                 | Slightly<br>Improved.     | further treatment.<br>Unim-<br>proved |                               |  |        |
| 23     | 6                               | 10                        | 3                                     | 7                             | 3  | 52     |

*Particulars of Cases Discharged (West Cumberland)*

| Normal. | Greatly<br>Improved | Improved | Transfer<br>No Im- to |                     | Non-<br>co-op-<br>eration. | atten-<br>dance. | Transfer<br>to Declined |                 | Total. |
|---------|---------------------|----------|-----------------------|---------------------|----------------------------|------------------|-------------------------|-----------------|--------|
|         |                     |          | prove-<br>ment.       | special<br>schools. |                            |                  | another<br>clinic.      | treat-<br>ment. |        |
| 16      | 16                  | 13       | 2                     | 2                   | 2                          | 7                | 1                       | 1               | 60     |

*The following tables give the type of defect treated:—*

*East Cumberland*

|                   |     |     |     |    |
|-------------------|-----|-----|-----|----|
| Stammer           | ... | ... | ... | 40 |
| Simple Dyslalia   | ... | ... | ... | 38 |
| Multiple Dyslalia | ... | ... | ... | 17 |
| Cleft Palate      | ... | ... | ... | 5  |
| Retarded Speech   | ... | ... | ... | 7  |
| Idioglossia       | ... | ... | ... | 2  |
| Indistinct Speech | ... | ... | ... | 1  |
| Hard of Hearing   | ... | ... | ... | 2  |
| Voice Disorder    | ... | ... | ... | 2  |
| Spastic           | ... | ... | ... | 2  |
| Hyper-rhinophonia | ... | ... | ... | 1  |
| Cluttering        | ... | ... | ... | 1  |
| Sigmatism         | ... | ... | ... | 3  |

*West Cumberland*

|                        |     |     |     |    |
|------------------------|-----|-----|-----|----|
| Stammer                | ... | ... | ... | 54 |
| Stammer and Dyslalia   | ... | ... | ... | 15 |
| Idioglossia            | ... | ... | ... | 5  |
| Dyslalia               | ... | ... | ... | 41 |
| Sigmatism              | ... | ... | ... | 7  |
| Partially Deaf         | ... | ... | ... | 5  |
| Cleft Palate           | ... | ... | ... | 7  |
| Spastic                | ... | ... | ... | 3  |
| Dysarthria             | ... | ... | ... | 1  |
| Aphasia                | ... | ... | ... | 1  |
| Dysarthria and Stammer | ... | ... | ... | 1  |
| Dysphonia and Stammer  | ... | ... | ... | 1  |
| Hyper-nasality         | ... | ... | ... | 1  |



*Number of Attendances*

|            |     |     |     |     |       |
|------------|-----|-----|-----|-----|-------|
| Carlisle   | ... | ... | ... | ... | 467   |
| Penrith    | ... | ... | ... | ... | 105   |
| Keswick    | ... | ... | ... | ... | 162   |
| Wigton     | ... | ... | ... | ... | 369   |
| Aspatria   | ... | ... | ... | ... | 120   |
| Maryport   | ... | ... | ... | ... | 266   |
| Workington | ... | ... | ... | ... | 756   |
| Whitehaven | ... | ... | ... | ... | 743   |
| Millom     | ... | ... | ... | ... | 313   |
| Egremont   | ... | ... | ... | ... | 183   |
| Total      |     |     |     |     | 3,484 |

**ORTHOPTICS**

Miss Brown submits the following report:—

“ ‘Orthoptics’ has been defined by Mr. Keith Lyle as being ‘the practice of methods (usually exercises), other than optical or surgical, for treating anomalies of binocular vision, and for overcoming deviation of the visual axes, whether such deviations be manifest or latent.’ ”

“Orthoptic clinics were first set up in East and West Cumberland in 1953, and since then a total number of 185 patients, have been registered in East Cumberland, and 154 in West Cumberland. Owing to Miss Maughan’s resignation in June of this year the clinics were closed from the 2nd June until the 1st September when I reopened them. On the whole, most of the patients stood the lapse in their treatment quite well, but others suffering from amblyopia ex anopsia (a condition in which the visual acuity of the squinting eye deteriorates through lack of use) had deteriorated, and much valuable work was lost; it was possible, however, to repair the damage in most cases.

*East Cumberland*

The number of patients on the register on 1st January was 123. New patients taken on for attention numbered 25 bringing the total number of patients attending the clinic up to 31st December to 148. The results of treatment are as follows:—



|   |     |     |     |   |
|---|-----|-----|-----|---|
| Discharged cured  | ... | ... | ... | 4 |
| Discharged improved   | ... | ... | ... | 7 |
| Discharged no improvement or unsuitable for orthoptic treatment |     |     |     | 1 |
| Refused occlusion   | ... | ... | ... | 1 |
| Failed to attend  | ... | ... | ... | 9 |
| Left the district (improved)                                    | ... | ... | ... | 1 |

Number of patients remaining under treatment—125  
divided into:—

|  |     |     |     |     |    |
|--|-----|-----|-----|-----|----|
| Occlusions                                     | ... | ... | ... | ... | 32 |
| Treatments                                     | ... | ... | ... | ... | 34 |
| Observations<br>(i.e. pre. and post treatment) |     |     |     | ... | 59 |

Number of patients under observation approximately  
monthly and waiting for weekly treatment—37.

Total number of attendances for 1954—875.

### *West Cumberland*

Patients on the register on 1st January numbered 103.  
Twenty-three new patients were taken on during the year  
bringing the total number of patients attending up to 31st  
December to 126.

Results of treatment:—

|   |     |     |     |    |
|---|-----|-----|-----|----|
| Discharged cured  | ... | ... | ... | 2  |
| Discharged improved   | ... | ... | ... | 10 |
| Discharged no improvement or unsuitable for orthoptic treatment |     |     |     | 1  |
| Refused occlusion   | ... | ... | ... | 1  |
| Failed to attend  | ... | ... | ... | 8  |

Number of patients remaining under treatment—106  
divided into:—

|  |     |     |     |    |
|--|-----|-----|-----|----|
| Occlusions                                     | ... | ... | ... | 21 |
| Treatments                                     | ... | ... | ... | 25 |
| Observations<br>(i.e. pre. and post treatment) |     |     | ... | 60 |



Thirty-five children now attending for observations (monthly, etc.) are on the waiting list for weekly treatment.

Total number of attendances for 1954—619.

"In November of this year it was found possible by agreement to take on the treatment of children residing in the city of Carlisle for one session per week, 19 city children having been registered up to December 31st. The total number of attendances—58.

"On examining some of these cases I found that intractable amblyopia was a prominent feature, due to the fact that the children had been squinting either from birth or early infancy, and had passed the stage when occlusion (the covering with a patch, of the fixing eye) could be beneficial, surgical treatment being, in these cases, the only alternative, and this being for cosmetic purposes only as cures of function were impossible.

"The attendances on the whole have been quite good. Some parents have chosen to ignore letters sent to them, either for first interviews or treatment. Happily these have been in the minority. Distance has again been an obstacle to the regular attendances of many conscientious parents and their children.

"The time which orthoptics takes to make any visible improvement is also a drawback to the regular attendance of some cases. Parents seem to expect spectacular results, which are, of course, rare. Time is taken to explain in detail to each parent the scope and procedure of the treatment, with good results in many cases. Once the parents really understand what is taking place they are usually ready and eager to co-operate.

"The general procedure with cases requiring orthoptic treatment is as follows:—

(1) Refraction—this necessitates full dilatation of the pupils brought about by a mydriatic drug, and complete paralysis of the ciliary muscle by a cycloplegic. Atropine serves both purposes.

(2) Occlusion, either partial or total of the fixing or 'good' eye until the visual acuity is equal in both eyes.

(3) A course of treatment is then arranged in the clinics accompanied by home exercises, if the patient is old enough



to co-operate, otherwise the treatment has to be carried out objectively in the clinic only. This course of treatment is usually pre-operative (if surgical treatment is necessary).

(4) If an operation is required, in most cases it consists of shortening operations to strengthen weak or underacting muscles and lengthening operations to weaken too strong or overacting muscles.

(5) Operative treatment is followed by post-operative orthoptic treatment. Clinics situated in hospitals have the advantage of seeing and treating the patient while his extra-ocular muscles are in a state of pliancy following his operation. In these cases treatment commences as soon as the pads are removed. In our clinics such patients attend as soon as they are discharged from hospital. At this stage any residual angle of squint can still be reduced by prompt action.

(6) Patients attend the clinic for observation until it is considered safe to discharge them.

"The development of binocular vision, i.e., the co-ordinated use of the two separate eyes in order to produce single mental impression, depends upon certain physiological processes known as the 'binocular reflexes'. Some of these are inborn in the child and others are acquired as the result of appropriate stimulation, i.e., the usage of the eyes. This development commences at the age of six months. Those reflexes which depend on the passage of time are called 'unconditioned', and those which depend upon usage for their development are called 'conditioned' reflexes.

"The orientation and vergence reflexes are present in a rudimentary form at birth and depend upon usage for their development. Obstacles, e.g., a squint occurring during the period of development cause abnormal reflexes to appear. It may be said that unless the normal binocular reflexes are formed and fixed unconditionally before the age of five years, while the system is still in a state of flux, they are unlikely to develop and similarly, if abnormal reflexes appear during this period they will become fixed if left alone.

"Squints occurring at birth or dating from infancy cause little inconvenience to the child as mental inhibition of the diplopia (double vision) or confusion (superimposition of dissimilar objects) is easy and may result in an abnormal compensatory sensory mechanism or abnormal head posture.



"In most cases the prognosis is poor in children starting to squint under three years of age as the reflexes are only 'grounded' at this stage. Children starting to squint at three to six years are more fortunate as the reflexes at this stage have commenced to become unconditionally fixed. After the age of eight years the reflexes can only be disarranged by the workings of some major force. Therefore, it may be said generally that the older the child at the onset of squint and the shorter the period of squinting before treatment, either orthoptic or operative, is given, the better the prognosis.

"It is also obvious that the treatment of all cases of strabismus must take place at the earliest possible moment, irrespective of the child's age. Squints treated from their onset or as soon as they are discovered may be cured, but cures cannot be guaranteed in those cases which have suffered long lapses of time from the onset to the commencement of treatment."

#### SCHOOL MEALS

The year 1954 was a milestone in the history of the school meals service in Cumberland for, with the opening of a dining centre in Cumwhinton school on 28th April, every child of school age attending each of the 282 nursery, primary and secondary schools maintained by the authority was able, if he or she so desired, to take a midday dinner. In fact, children at all these schools, with the exception of Beckermeth C.E. school, where there was no demand for dinners, took advantage of this provision.

On a check day in October, 1954, 20,519 children, representing 62.08% of the number in attendance, took a school dinner. This showed a slight increase over the figures for October, 1953, when 19,663 dinners were served to 60.77% of the children in attendance at school.

As a result of the continued ban on new major canteen building at existing schools no new major projects were undertaken during the year. Two small jobs were however completed. These were a new 100 meals kitchen and dining room to serve Keswick St. John's Girls' and Infants' Schools, which replaced a former dining centre in rented premises, and which was taken into use on 30th August, and a new 375 meals kitchen and extension of the dining room at Queen Elizabeth Grammar School, Penrith.



In addition, a 250 meals kitchen attached to the new Workington Westfield Infants' School to serve the infants and the adjoining new junior school and a 600 meals kitchen in the new Workington Grammar School were taken into use when these schools opened at the beginning of the autumn term.

### MILK IN SCHOOLS

The year under review saw an important change in the administration of the milk in schools scheme. On 1st October the Ministry of Food ceased to take any part in the operation of the scheme and the Ministry of Education, through local education authorities, assumed full responsibility for its administration.

A check taken in October, 1954, showed that of the 32,946 children present in day schools and departments, 25,120 were taking milk. These figures indicate that 76.2% of the Cumberland children are drinking milk in school as against last year's figure of 75.4%.

The following table shows the percentage of different types of milk being supplied to schools at the end of 1954, the corresponding figures for 1953 being shown in brackets:—

| Type.                    | Percentage. |
|--------------------------|-------------|
| Pasteurised ... ..       | 51 (50)     |
| Tuberculin Tested ... .. | 37 (38)     |
| Attested ... ..          | 5 (6)       |
| Ungraded ... ..          | 7 (6)       |

At the end of the year 6 rural schools, as against 8 in 1953, were without a supply. Efforts to find suppliers willing to undertake deliveries to these schools were unsuccessful.

### PHYSICAL EDUCATION

I am indebted to the chief organisers of physical education—Miss Kathleen Sutton and Mr. Lionel Heyworth for the following report of physical activities during the year:—

“Physical education continues to play an important part in the work of the school. There are, however, schools whose efforts to implement modern methods are handicapped by the lack of suitable clothing and footwear, changing accommodation, suitable floors, and space for unrestricted activity and full range of movement. In primary school work



it is hoped to develop the provision of climbing apparatus in the junior schools. In order to meet the need of freer and more strengthening activity the design and equipping of the secondary school gymnasium has been modified. The first example of these modifications, at Netherhall School, has involved the restriction of natural lighting to clerestory type windows, the elimination of pipes and radiators—heating being by air boost, the exposure of steel joists for easy fixing of equipment, the replanning of storage space and the introduction of rope equipment designed specifically for strengthening movement, as well as other major apparatus for inventive work.

“Three one day courses in national dancing, arranged by the Authority and the Central Council for Physical Recreation were held at Lairthwaite School. These were well supported by teachers from secondary grammar, secondary modern and primary schools with senior children. The aim of the courses was to give opportunity for free movement and individual interpretation based upon a knowledge of the basic national dance steps of Austria, Switzerland, Finland, Czechoslovakia and Portugal; the members of the course were also introduced to traditional dances in order to give them an insight into one aspect of the culture of these nations. Twenty-six schools were represented at three lecture demonstrations given at the Valley Junior School, Whitehaven, by the women organisers of physical education. The purpose of these meetings was to consider the application of basic movement principles to the physical training lesson based on the Ministry of Education’s syllabus, “Physical Education in the Primary School.” At a preliminary course teachers took an active part and had the opportunity to experience quality and effort in movement while at the demonstration with children they saw that through this particular approach, movement can be so enriched as to become an experience.

“The treatment of minor postural defects is being undertaken by teachers in seventy-five schools. Four hundred and forty-five children with mild degrees of flat feet and poor posture are being given particular attention in the normal physical education periods, and individually or in small groups where the need arises. The co-operation of teachers and parents has been good and at the first review of these cases the physiotherapist has expressed satisfaction on the progress made. The increasing amount of bare foot work during movement lessons should make a definite contribution to preventive and remedial work,



"Thirty per cent. of our primary and secondary schools receive swimming instruction. In a rural county where indoor swimming facilities are greatly restricted, it is disappointing to report that the cold wet weather of the summer months curtailed considerably swimming in lakes and rivers by many county children. The Penrith schools obtained creditable results at the annual swimming tests in spite of continual erratic weather, with the River Eamont often fast flowing and cold and many a sunless day. The conditions at Derwent-water were generally poor and although schools had some practice in the earlier part of the season, the tests had to be taken indoors. In the indoor pools a good standard has been maintained, in accordance with county policy, particular emphasis being placed upon teaching the beginner. The results of the season's swimming reflects creditably on the interest and perseverance of the teachers responsible for instruction.

"Cumberland teachers have directed, with great credit, the application of physical education to recreation and outdoor pursuits. The Cumberland Schools' Athletic Association catering for athletics for boys and girls throughout the County held its annual championship meeting at Penrith in June. From these sports and the boys' Inter-Grammar School Sports held at Whitehaven 39 children represented Cumberland at Ashington in the Inter-County Sports. In spite of a severe financial handicap and limited support the determination of teachers associated with the Cumberland Schools' Cricket Association has made possible the organisation of a County Competition—won by Millom Association—and two county games against Lancashire and Yorkshire, counties which proved rather too heavy for a sparsely populated county. Two young cricketers attended the M.C.C. Coaching Course. In association football the year has been one of expansion and considerable encouragement to the teachers responsible for the organisation of the Cumberland Schools' Football Association; 32 schools took part in the County Shield Competitions; the Inter-District Competition has proved very popular for the six district associations and has contributed much to the selection of the county teams for the matches against Northumberland, Durham and North Lancashire. The standard of play has again shown improvement, and the Association is to be congratulated upon its first handbook which has been welcomed by teachers and pupils throughout the county. The Cumberland Schools' Rugby



League embarked upon an ambitious programme and the boys, drawn from the eleven affiliated schools, have brought considerable credit to the county in a more open game than has been practised in recent years. In addition to providing worthy opponents to Lancashire and Yorkshire, games have been played against Oldham, Leigh and Barrow. The results indicate that the strength of schoolboy rugby league in Cumberland is nearer major county standard than that of the large boroughs. In Rugby union, played mainly by the Grammar Schools, Cumberland boys have also continued to maintain a high standard of play.

"The Cumberland Netball Association held in May their third annual netball tournament in the pleasant surroundings of Eden School. There was a record entry of sixteen teams and the standard of play showed a marked improvement upon previous tournaments. All games were keenly contested and in the final game Cockermouth Grammar School beat Eden School.

"The seventh county netball rally, organised for the under fifteens and open to all types of schools, was held on ten pitches in May at Lairthwaite School, Keswick. Forty schools from all parts of Cumberland competed, Cockermouth Grammar School and Great Broughton School meeting in the final. Cockermouth displayed their usual very good style but accuracy and determination on the part of Great Broughton gave them a well deserved victory.

"The eight district netball leagues were active throughout the season, the winners of each area meeting at Kells Secondary School, Whitehaven, for the sixth Annual County Championship. There was a very close final in which Eden School beat Great Broughton School 5—4.

"Following county netball trials at Workington and Carlisle, the members of the senior county team gave a good account of themselves at the Newcastle Tournament and at the All England Rally held at St. Annes. The junior county team lost to both Northumberland and Durham but has worked extremely well and is developing a fine style.

"In the early months of the year the hockey season was a lively one, but, abnormally bad weather in the autumn seriously curtailed activities. The tenth county rally for grammar schools, held on the playing fields at Wigton Grammar and Wigton Secondary Schools was played in four



divisions. There were sixteen entries, Whitehaven beating Cockermouth in the final game. The efforts of the secondary modern schools in some parts of the county to establish hockey as part of their physical education programme deserve praise. In spite of bad weather conditions inter-school matches have been played and three cornered contests arranged. The two hockey rallies including all the secondary modern schools had to be cancelled repeatedly owing to the state of the pitches. The county rallies and district tournaments for netball and hockey are now well established in the county and are making a real contribution to the social training of the school child, while fostering an awareness of good personal standards. The wide county representation at these rallies has been made possible by the hospitality given to school teams from outlying districts by the parents of the local children. The success of these one-day events has depended in no small measure upon the co-operation of the county meals service and the playing fields' maintenance team who have met our many demands throughout the year.

"In the activities of the voluntary association great importance is attached to social training and Cumberland has always considered hospitality and good manners as an integral part of the training.

"Apart from national games an increasing interest has been shown in secondary schools in cross-country running, fell walking, rock climbing, cycling and camping club activities which take full advantage of the Cumberland countryside and form a popular and healthy part of the education of the older child. It is pleasing to note that either through national service or through the present-day programme of the Physical Education College, where camping now forms part of the training, there is a competent, and we hope growing, band of teachers in secondary schools able to deal with this branch of training.

"It is interesting to record that a member of the county teaching staff joined the staff of the Outward Bound Mountain School at Eskdale for the national course which was run during May for the training of girls aged 16—19 years, drawn mainly from factories, shops and offices in the larger cities.

"Activity in the hall and the gymnasium is linked closely with the games and athletic training which take place on the playing fields. Games and athletic skills taught indoors are



applied directly to the major game—the athletic event in the open air. Children are now beginning to enjoy the results of the Committee's policy of playing field provision in the county in those schools where the construction team has been able to construct new or to improve existing school playing fields. The poor weather of the past year has restricted considerably this valuable work and it has not been possible to make any marked progress in direct construction since May. In spite of the heavy handicap, the playing fields at Seascale and Lairthwaite Schools have been completed and the construction team has undertaken preliminary work at Irthing Valley School, Workington Grammar School and Netherhall School. Rehabilitation of playing fields and school sites or the provision of athletic facilities has been completed at Aspatria School, Eden School, Millom School, Westnewton School and St. Cuthbert's R.C. School, Wigton. Tennis is being followed with increasing popularity at those schools which are able to hire public courts or else enjoy their own facilities on school courts provided specifically for this purpose. The experience of the summer has re-affirmed the view that the grass court in Cumberland has very limited use and, aware of these limitations, the Education Committee has provided during the year non-upkeep hard tennis courts at Irthing Valley School, Netherhall School and Workington Grammar School. The regular maintenance of playing fields, following construction or improvement, is progressing steadily: in addition to those schools which have local arrangements for maintenance the Authority's maintenance team attends to the upkeep of eleven playing fields, work which involves regular attention throughout the year to some 86 acres.

"The administration of and technical advice to the County Playing Fields Association continues. The Authority's officers have made 17 visits to local playing committees during the year in connection with 12 new playing fields or children's playground projects sponsored through the County Association. The problems of land acquisition, maintenance and finance are being faced courageously by local committees in both rural and urban areas. Experience over the past twelve months has shown that enthusiasm for playing fields exists where leadership can be obtained, that the countryside abounds with people who are happy to work hard in their free time for the good of the community and that technical help is readily accepted in a county where facilities for public



recreation are still very limited. The Association welcomes the Ministry of Education's Circular 283 and looks forward to renewed local endeavour as the result of the Minister of Education's proposal to revive grant for recreational facilities under the Physical Training and Recreation Act, 1937".

## CLINICS

### ALSTON:

*Dental Clinic*—2nd and 4th Tuesday—all day.  
*School Clinic*—Each Wednesday a.m.

### ASPATRIA:

*Dental Clinic*—1st, 3rd and 5th Mondays—all day.  
*School Clinic*—Each Wednesday a.m.—Medical Officer attending on 2nd and 4th Wednesdays only.  
*Orthopaedic Aftercare Clinic*—4th Friday—all day.

### BRAMPTON:

*Dental Clinic*—Each Wednesday—all day.  
*School Clinic*—Each Friday a.m. with Medical Officer attending 1st and 3rd Fridays only.

### CARLISLE:

*Dental Clinic*—Daily—all day.  
*School Clinic*—2nd and 4th Wednesdays a.m. with Medical Officer in attendance.  
*Eye Specialist Clinic*—Each Monday a.m.  
*Orthoptic Clinic*—Each Monday, Tuesday and Wednesday—all day.  
*E.N.T. Specialist Clinic*—Each Monday p.m.  
*Child Guidance Clinic*—Alternate Thursday p.m.  
*Speech Therapy Clinic*—Each Monday and Friday p.m.  
*Orthopaedic Aftercare Clinic*—Each Tuesday—all day.  
*Orthopaedic Surgeon's Clinic*—1st Monday every odd month—all day, and every 8th Wednesday.

### CLEATOR MOOR:

*Dental Clinic*—Each Wednesday—all day.  
*School Clinic*—Each Monday and Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays only.  
*Orthopaedic Aftercare Clinic*—2nd and 4th Tuesdays a.m. and occasional Wednesdays.

### COCKERMOUTH:

*Dental Clinic*—Each Tuesday, Friday and occasional Thursday—all day.  
*School Clinic*—Each Monday and Thursday a.m. with Medical Officer attending 2nd and 4th Mondays.  
*Eye Specialist Clinic*—Each Tuesday a.m.  
*Orthopaedic Aftercare Clinic*—1st and 3rd Wednesdays—all day.



## EGREMONT:

*Dental Clinic*—Each Monday—all day.

*School Clinic*—Each Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays.

*Speech Therapy Clinic*—Each Wednesday p.m.

*Orthopaedic Aftercare Clinic*—2nd and 4th Tuesday p.m.

## FRIZINGTON:

*Dental Clinic*—Each Tuesday—all day.

*School Clinic*—Each Monday and Wednesday a.m.—Medical Officer attending 2nd and 4th Mondays.

## KESWICK:

*Dental Clinic*—Each Friday—all day.

*Speech Therapy Clinic*—Each Thursday p.m.

*Orthopaedic Aftercare Clinic*—3rd Monday—all day.

## LONGTOWN:

*Dental Clinic*—Each Friday—all day.

## MARYPORT:

*Dental Clinic*—Each Monday, Wednesday and occasional Thursday—all day.

*School Clinic*—Each Tuesday and Friday a.m. with Medical Officer attending on 2nd and 4th Tuesdays.

*Speech Therapy Clinic*—Each Wednesday p.m.

*Orthopaedic Aftercare Clinic*—1st and 3rd Tuesdays—all day.

*Child Guidance Clinic*—2nd 3rd, 4th and 5th Mondays—afternoon.

## MILLOM:

*Dental Clinic*—Each Thursday—all day; each 2nd and 4th Fridays—all day.

*School Clinic*—Each Tuesday and Friday a.m. with Medical Officer attending 1st and 3rd Tuesdays only.

*Speech Therapy Clinic*—Each Thursday—all day.

*Child Guidance Clinic*—1st Monday—all day.

*Orthopaedic Aftercare Clinic*—3rd Monday—all day.

## PENRITH:

*Dental Clinic*: Each Monday, 1st and 3rd Tuesday and occasional Thursday—all day.

*School Clinic*—Each Tuesday a.m. with Medical Officer attending 2nd and 4th Tuesdays only.

*Speech Therapy Clinic*—Each Monday a.m.

*Orthopaedic Aftercare Clinic*—4th Friday—all day.

*Orthopaedic Surgeon's Clinic*—1st Monday every even month—  
a.m.



## WHITEHAVEN (Sandhills Lane):

*Dental Clinic*—Daily—all day, 2nd Clinic Tuesday—all day.

*School Clinic*—Daily a.m. with Medical Officer attending each Wednesday morning.

*E.N.T. Specialist Clinic*—Each Tuesday a.m.

*Eye Specialist Clinic*—Each Thursday and Friday a.m. First Friday p.m. in each month.

*Speech Therapy Clinic*—Each Tuesday and Friday—all day.

*Orthopaedic Aftercare Clinic*—2nd and 4th Wednesdays p.m. and each Thursday—all day.

*Orthopaedic Surgeon's Clinics*—1st Friday every odd month—a.m., 2nd Wednesday every odd month—a.m., every 8th Tuesday.

## WHITEHAVEN (Woodhouse):

*School Clinic*—Each Monday, Wednesday and Friday a.m. with Medical Officer attending each Wednesday.

## WHITEHAVEN (10, Scotch Street):

*Child Guidance Clinic*—Each Wednesday—all day.

## WIGTON:

*Dental Clinic*—Tuesday, Wednesday and Thursday—all day.

*School Clinic*—Each Monday a.m. with Medical Officer attending 1st and 3rd Mondays.

*Speech Therapy Clinic*—Each Friday a.m.

*Orthopaedic Aftercare Clinic*—2nd Friday a.m.

## WORKINGTON (Stoneleigh):

*Dental Clinic*—Monday, Thursday—all day.

## WORKINGTON (Park Lane):

*Dental Clinic*—Tuesday, Wednesday, Friday—all day.

*School Clinic*—Daily a.m. with Medical Officer attending each Tuesday a.m.

*Speech Therapy Clinic*—Each Monday all day and Tuesday a.m.

*Orthoptic Clinic*—Each Thursday and Friday—all day.

*Orthopaedic Aftercare Clinic*—Each Friday—all day.

*Orthopaedic Surgeon's Clinics*—1st Friday every even month a.m., 2nd Thursday every month a.m. Every 8th Tuesday a.m.



MEDICAL INSPECTION RETURNS YEAR ENDED  
31st DECEMBER, 1954

TABLE I

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

*A—Periodic Medical Inspections*

Number of Inspections in the prescribed Groups:—

|                                 |     |     |     |     |       |
|---------------------------------|-----|-----|-----|-----|-------|
| Entrants                        | ... | ... | ... | ... | 4,115 |
| Intermediate                    | ... | ... | ... | ... | 3,320 |
| Third Age Group                 | ... | ... | ... | ... | 2,485 |
| Total                           |     |     |     |     | 9,920 |
| Additional Periodic Inspections |     |     |     |     | 45    |
| Grand Total                     |     |     |     |     | 9,965 |

*B—Other Inspections*

|                               |     |     |        |
|-------------------------------|-----|-----|--------|
| Number of Special Inspections | ... | ... | 14,259 |
| Number of Re-inspections      | ... | ... | 2,230  |
| Total                         |     |     | 16,489 |

*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.<br>(1)                      | For<br>defective<br>vision<br>(excluding<br>squint).<br>(2) | For<br>any of<br>the other<br>conditions<br>recorded in<br>Table II.A.<br>(3) | Total<br>individual<br>pupils.<br>(4) |
|------------------------------------|---|---|---------------------------------------|
| Entrants                           | 21  | 637   | 649                                   |
| Intermediates                      | 139   | 314   | 428                                   |
| Third Age Group                    | 136   | 200   | 317                                   |
| Total                              | 296   | 1,151   | 1,394                                 |
| Additional Periodic<br>Inspections | 6   | 11  | 17                                    |
| Grand Total                        | 302   | 1,162   | 1,411                                 |



TABLE II

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

PERIODIC INSPECT'NS. SPECIAL INSPECT'NS.

| Defects<br>Code<br>No.     | Defect or<br>Disease. | No. of defects.<br>Requiring<br>to be<br>kept under<br>observation<br>but not<br>requiring<br>treatment. |     | No. of defects.<br>Requiring<br>to be<br>kept under<br>observation<br>but not<br>requiring<br>treatment. |       |
|----------------------------|-----------------------|--|-----|--|-------|
|                            |                       | Requiring<br>treatment.  |     | Requiring<br>treatment.  |       |
|                            | (1)                   | (2)  | (3) | (4)  | (5)   |
| 4. Skin .. ..              | ..                    | 54   | 127 | 1,324  | 114   |
| 5. Eyes—                   |                       |  |     |  |       |
| (a) Vision ..              | ..                    | 302  | 816 | 793  | 1,831 |
| (b) Squint ..              | ..                    | 57   | 195 | 112  | 337   |
| (c) Other ..               | ..                    | 44   | 40  | 340  | 79    |
| 6. Ears—                   |                       |  |     |  |       |
| (a) Hearing ..             | ..                    | 37   | 41  | 40   | 58    |
| (b) Otitis Media ..        | ..                    | 18   | 49  | 65   | 67    |
| (c) Other ..               | ..                    | 26   | 28  | 69   | 37    |
| 7. Nose or Throat ..       | ..                    | 290  | 658 | 379  | 639   |
| 8. Speech .. ..            | ..                    | 33   | 67  | 74   | 133   |
| 9. Cervical Glands ..      | ..                    | 16   | 145 | 22   | 111   |
| 10. Heart & Circulation .. | ..                    | 23   | 83  | 43   | 100   |
| 11. Lungs .. ..            | ..                    | 78   | 438 | 162  | 659   |
| 12. Developmental—         |                       |  |     |  |       |
| (a) Hernia ..              | ..                    | 5  | 24  | 2  | 15    |
| (b) Other ..               | ..                    | 8  | 86  | 15   | 97    |
| 13. Orthopaedic—           |                       |  |     |  |       |
| (a) Posture ..             | ..                    | 27   | 26  | 15   | 39    |
| (b) Flat Foot ..           | ..                    | 169  | 84  | 88   | 278   |
| (c) Other ..               | ..                    | 145  | 240 | 97   | 335   |
| 14. Nervous System—        |                       |  |     |  |       |
| (a) Epilepsy ..            | ..                    | —  | 12  | 8  | 25    |
| (b) Other ..               | ..                    | 4  | 32  | 32   | 34    |
| 15. Psychological—         |                       |  |     |  |       |
| (a) Development ..         | ..                    | 34   | 73  | 68   | 189   |
| (b) Stability ..           | ..                    | 17   | 32  | 21   | 74    |
| 16. Other .. ..            | ..                    | 186  | 151 | 1,521  | 210   |

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

| Age Group.                            | Number<br>of Pupils<br>inspected. | A<br>(Good) |                 | B<br>(Fair) |                 | C<br>(Poor) |                 |
|---------------------------------------|-----------------------------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|
|                                       |                                   | No.         | % of<br>Col. 2. | No.         | % of<br>Col. 2. | No.         | % of<br>Col. 2. |
| (1)                                   | (2)                               | (3)         | (4)             | (5)         | (6)             | (7)         | (8)             |
| Entrants .....                        | 4,115                             | 1,868       | 45.4            | 2,186       | 53.1            | 61          | 1.5             |
| Intermediate ..                       | 3,320                             | 1,453       | 43.8            | 1,817       | 54.7            | 50          | 1.5             |
| Third Age Group                       | 2,485                             | 1,006       | 40.5            | 1,427       | 57.4            | 52          | 2.1             |
| Additional Periodic<br>Inspections .. | 45                                | 15          | 33.3            | 30          | 66.7            | —           | —               |
| Total ..                              | 9,965                             | 4,342       | 43.6            | 5,460       | 54.8            | 163         | 1.6             |



TABLE III

## INFESTATION WITH VERMIN

|  |         |
|--|---------|
| (i) Total number of examinations in the school by the school nurses or other authorised persons ..                             | 104,704 |
| (ii) Total number of individual pupils found to be infested ... ..   | 1,420   |
| (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  | ... | ... | 4   | —          |
| (ii) Body           | ... | ... | 15  | —          |
| Scabies             | ... | ... | 13  | —          |
| Impetigo            | ... | ... | 340   | —          |
| Other Skin Diseases | ... | ... | 957   | —          |
| Total               |     |     | 1,329   | —          |

## 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 | ... | 38    | —                          | —          |
| Errors of refraction (incl. squint)                           | ... | 1,858 | —                          | —          |
| Total   |     |       | 1,896                      | —          |
| Number of pupils for whom spectacles were                     |     |       |                            |            |
| (a) Prescribed  | ... | 1,466 | —                          | —          |
| (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 ...              | 12  |                         |                         |
| (b) For adenoids and chronic tonsilitis ...  | 466 |                         | Figures not obtainable. |
| (c) For other nose and throat conditions ... | 74  |                         |                         |
| Received other form of treatment             | 145 |                         |                         |
| Total ...                                    | 697 |                         |                         |

## GROUP 4—Orthopaedic and Postural Defects.

|   |     |                   |                         |
|---|-----|-------------------|-------------------------|
| (a) Number treated as in-patients in hospitals ...                            | 37  |                   |                         |
|   |     | By the Authority. | Otherwise.              |
| (b) Number treated otherwise, e.g., in clinics or out-patient departments ... | 980 |                   | Figures not obtainable. |

## 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 ... | 175 |  | —          |

## GROUP 6—Speech Therapy.

|   |     | Number of cases treated |            |
|---|-----|-------------------------|------------|
|   |     | By the Authority.       | Otherwise. |
| Number of Pupils treated by Speech Therapists ... | 263 |                         | —          |

## GROUP 7—Other Treatment Given.

|                                       |       | Number of cases treated |            |
|---------------------------------------|-------|-------------------------|------------|
|                                       |       | By the Authority.       | Otherwise. |
| (a) Miscellaneous minor ailments      | 1,074 |                         | —          |
| (b) Other than (a) above (specify)    |       |                         |            |
| (1) Minor eye defects ...             | 285   |                         | —          |
| (2) Minor ear defects ...             | 77    |                         | —          |
| (3) Minor nose and throat defects ... | 59    |                         | —          |
| Total                                 | 1,495 |                         | —          |



TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY  
THE AUTHORITY

|  |     |     |     |        |
|--|-----|-----|-----|--------|
| (1) Number of pupils inspected by the Authority's<br>Dental Officers:— |     |     |     |        |
| (a) At Periodic Inspections  | ... | ... | ... | 20,494 |
| (b) As Specials  | ... | ... | ... | 1,348  |
| Total (1)  |     |     |     | 21,842 |
| (2) Number found to require treatment                                  | ... | ... | ... | 14,412 |
| (3) Number offered treatment   | ... | ... | ... | 12,023 |
| (4) Number actually treated  | ... | ... | ... | 11,014 |
| (5) Attendances made by pupils for treatment                           | ... | ... | ... | 21,273 |
| (6) Half-days devoted to:  |     |     |     |        |
| Periodic Inspection  | ... | ... | ... | 204    |
| Treatment  | ... | ... | ... | 2,136  |
| Total (6)  |     |     |     | 2,340  |
| (7) Fillings:  |     |     |     |        |
| Permanent Teeth  | ... | ... | ... | 6,321  |
| Temporary Teeth  | ... | ... | ... | 1,464  |
| Total (7)  |     |     |     | 7,785  |
| (8) Number of teeth filled:  |     |     |     |        |
| Permanent Teeth  | ... | ... | ... | 5,952  |
| Temporary Teeth  | ... | ... | ... | 1,411  |
| Total (8)  |     |     |     | 7,363  |
| (9) Extractions:   |     |     |     |        |
| Permanent Teeth  | ... | ... | ... | 4,884  |
| Temporary Teeth  | ... | ... | ... | 17,877 |
| Total (9)  |     |     |     | 22,761 |
| (10) Administration of general anaesthetics for<br>extraction          |     |     |     |        |
| ...  | ... | ... | ... | 4,590  |
| (11) Other operations:   |     |     |     |        |
| Permanent Teeth  | ... | ... | ... | 3,473  |
| Temporary Teeth  | ... | ... | ... | 305    |
| Total (11)   |     |     |     | 3,778  |



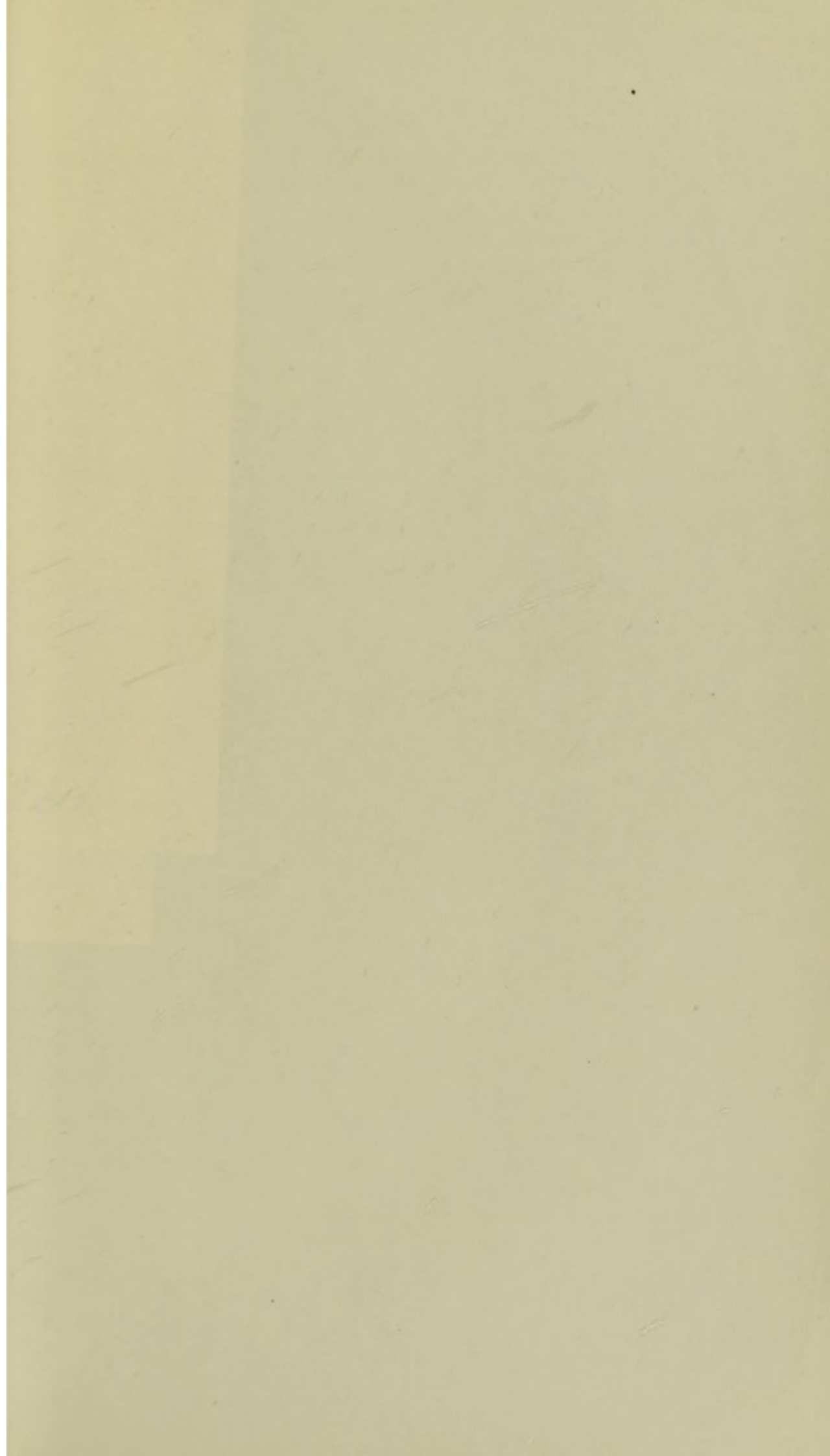




TABLE II

PERCENTAGE OF TOTAL POPULATION IN EACH CATEGORY

1. Male population 100%

2. Female population

3. Total population

4. Male population

100%

5. Male population 100%

6. Female population

7. Total population

8. Male population 100%

9. Female population

10. Total population

11. Male population

100%

12. Male population

13. Female population

14. Total population

100%

15. Male population 100%

16. Female population

17. Total population

100%

18. Male population

19. Female population

20. Total population

100%

21. Male population 100%

22. Female population

23. Total population

24. Male population

25. Female population

100%