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C4452 Public Health  
CUMBERLAND COUNTY COUNCIL

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EDUCATION COMMITTEE

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# REPORT

OF THE

**PRINCIPAL  
SCHOOL MEDICAL OFFICER  
KENNETH FRASER**

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

ON THE

# SCHOOL HEALTH SERVICE

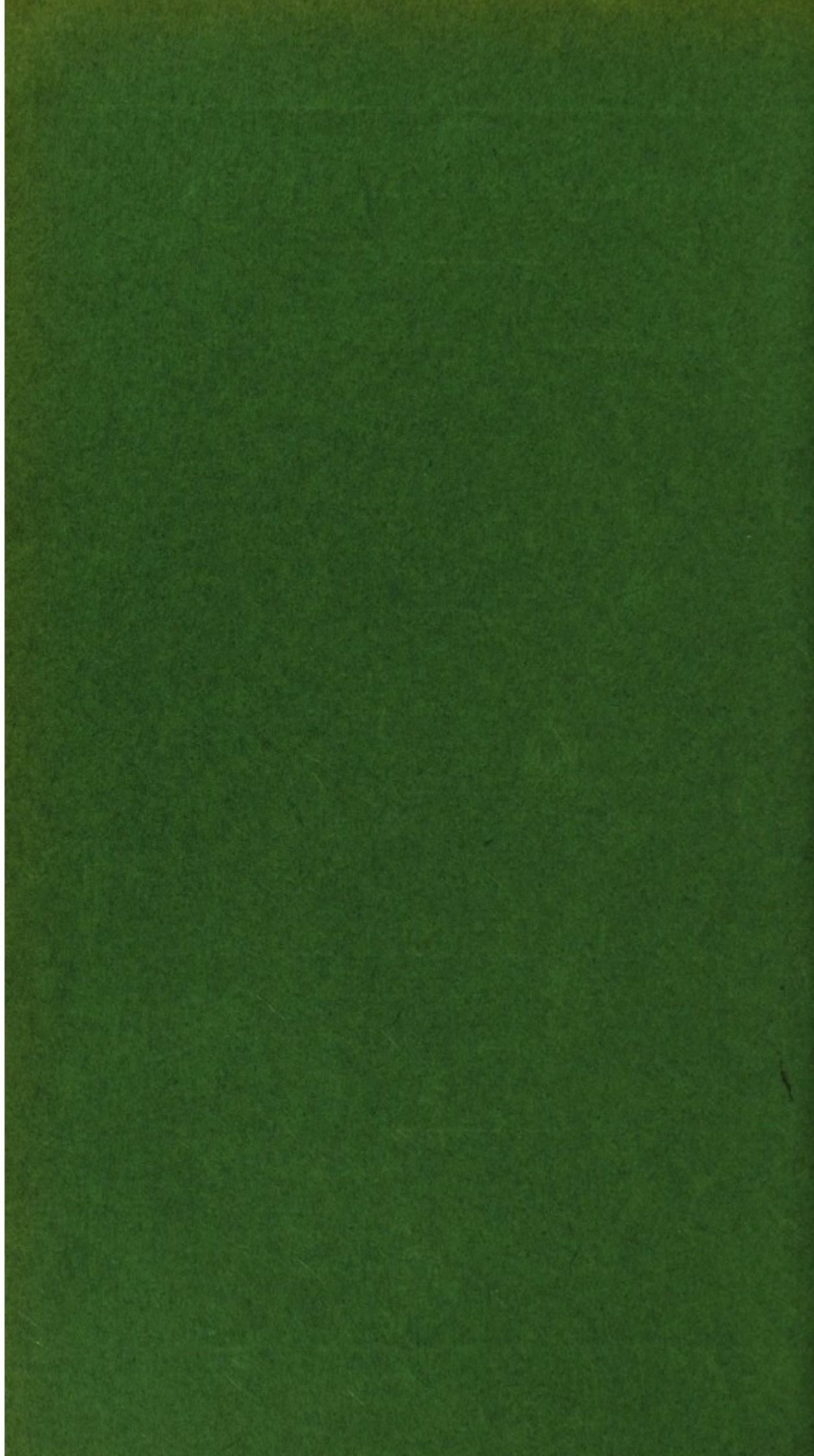
FOR THE YEAR ENDED

DECEMBER 31st, 1955

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## CUMBERLAND COUNTY COUNCIL

County Health Department,  
11, Portland Square,  
Carlisle,  
March, 1956.

*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, 1955.

The statistics are set out in the usual form and it will be seen that the volume of work undertaken has been considerable. The statistics themselves as such call for little comment because they change little from year to year.

The report on the school health service is usually quite short and each year I have ventured to make some remark to the effect that I hope the brevity of the report will not convey the impression on that account that the school health service is not important. As to the value of the school health service there can be no doubt whatever. My own personal view for what it is worth is that no branch of public health has played a more effective part in the improvement of the public health than our work in the schools.

The school health service was initiated in 1908 under the provisions of the Education (Administrative Provisions) Act, 1907, which placed upon local authorities the duty of arranging for the medical inspection of school children. This Act was passed because of the national concern at the assessment of the national physique of young men arising out of the medical examinations carried out in respect of persons volunteering for military service during the South African war.

I came into the service at an early date, actually in 1912, and I can well recollect the primitive state of the service at that time. Local authorities had no responsibility for the provision of treatment, and for a number of years the work was confined to the ascertainment of defects, supplemented by advice as to the treatment of minor defects and as to obtaining the advice of the family doctor in the case of major defects. Our transport was largely by bicycle, and we carried on our bicycles all necessary equipment which was heavy,



including weighing machines, and while the times were un-hurried transport on that account was somewhat laborious. We did occasionally have the use of a primitive taxi or motor car. We mostly stayed away at centres in various parts of the county, and as a result it was usual for our subsistence expenses to amount to more than our salaries which I recollect were at the rate of £225 a year with two increments of £12-10-0 to a maximum of £250.

The institution of this new service in the schools was not without its repercussions on the child population. Instances were known where the older boys climbed convenient trees and sat up in these all day until the medical inspections had been concluded.

I have looked through the reports of my predecessor, Dr. Morison, and these confirm my own recollections that two outstanding conditions which focused attention in these early days were—

- (a) The prevalance of verminous conditions, and
- (b) The prevalance of pulmonary tuberculosis among school children.

Dr. Morison in his earlier reports emphasises these points again and again, and I can well recollect the very high incidence of verminous conditions in many schools. We had to exclude from school, on account of these verminous conditions, large numbers of children and in one school the number of children found verminous was as high as 50%. By "verminous" at that time we meant the presence of live vermin which were commonly found in large numbers on the heads of girls and on the underclothing of boys. Fortunately this state of affairs has long disappeared. The exclusion of children from school for verminous conditions, which were at that time by not a few people regarded as evidence of the health and virility of the child, was not looked upon with favour by the mothers, and at one school the mothers during the dinner hour assembled in force behind a convenient wall, armed with stones and bricks with which to bombard the medical officers when they turned up for the afternoon session. Fortunately for our well-being, because no-one is partial to what Lord Hugh Cecil once described as "personal lapidation", in this particular instance we had concluded the medical inspection by mid-day, so that the mothers waited in vain,



With regard to tuberculosis, in Dr. Morison's early reports the figure of children suffering from pulmonary tuberculosis found *in the schools* in the years 1909 and 1910 amounted to 421 out of some 14,000 children examined.

Quite an appreciable number of mentally deficient children were discovered actually in school—in one year 63 such cases were discovered. It must, however, be admitted that in these days the diagnosis of mental deficiency was not the exact science it is to-day. It was, I am afraid, more or less a hit and miss business. On one occasion I classified a boy as mentally defective—unhappily he turned out to be the son of the head teacher who wrote a vigorous letter of protest to my chief saying “the visiting doctor spoke in a strong Scottish-Irish or at least a foreign accent which my child could not understand”.

The sanitary condition of many of the schools, perhaps chiefly, but by no means entirely, in the smaller rural schools was grossly unsatisfactory. This was perhaps particularly true of the sanitary annexes, and here I quote from Dr. Morison's report for 1908 “In most schools midden privies are in use”.

Lighting and heating were both bad, and on dark afternoons the defective lighting was undoubtedly often a severe handicap to education, and undoubtedly resulted in eye strain among many of the children. It is therefore not surprising that the incidence of defective vision was extremely high.

Another comment from one of these early reports is with regard to cloakrooms, and is as follows:—

“As it is, the cloakrooms are little better than cells or enlarged sentry boxes”.

At the outset, the drawing of the attention of parents to defects in their children was not always favourably received, and in not a few cases caused resentment. Many parents took the line that there was nothing wrong with their children, or at least nothing wrong that mattered. I remember the case of one woman, whose child had a very high degree of defective vision, writing in to say: “My daughter no more needs glasses than a duck needs an umbrella”. Fortunately this negative attitude on the part of the parents is now almost unknown.

The next progressive step was the institution of the provision of treatment for defects found, and this became a duty of education authorities. A few years later, the institution of the medical inspection and treatment in secondary schools also became a duty.



School clinics came into operation fairly early, the first being opened in Penrith in 1913, and gradually these spread among the urban areas of the county.

In these early days and for many years thereafter, we received numerous requests from family doctors for help in obtaining treatment for their child patients. We fairly quickly established contacts with hospitals all over the country, and were before long in a position to facilitate investigation and treatment at appropriate hospitals for almost any condition—from major problems, such as brain tumors, downwards—affecting the health and well-being of the children. For many years we had specially close contact with the Royal Hospital for Sick Children in Edinburgh.

One of the outstanding items in the development of the school health service was the institution of a scheme for the treatment of cripples which we started well over 30 years ago, being I believe the second county in England to institute such a scheme. The first county to do this was Shropshire, largely through the initiative of the late Dame Agnes Hunt who founded and developed what is now the Shropshire Orthopaedic Hospital at Oswestry. In the earlier years we had the benefit of the advice and guidance of such well-known figures in the orthopaedic world as the late Sir Robert Jones, Sir Harry Platt, Mr. Brentnall and Mr. Noble. This orthopaedic scheme since its inception has handled well over 15,000 children (and not a few adults) suffering from crippling defects, which in no small proportion of cases have been of the utmost severity involving up to three years in hospital.

As the years have progressed, the school health service has run on more or less well established and routine lines, but of recent years ancillary services have been developed such as speech therapy, orthoptics, chiropody, etc. As indicated elsewhere, the investigation of the partially deaf is about to be intensified.

Other major developments have been the initiation and extension of the school dental service, which in this county has reached a very high level, and which for many years included, owing to our good fortune in having in this county an expert on our dental staff, the practice of orthodontics. Although in the past year or two this has partially lapsed, owing to the resignation of the officer referred to, one is happy to note, as is mentioned elsewhere in this report, that there is a good prospect that this highly specialised service



may shortly be resumed in the county at the same level as before.

Nor must we forget the development of the mental health service and of child guidance and the intensification of the ascertainment of educationally subnormal children, all of which represents a major progressive step.

I have said earlier that for many years the practitioners in the county sought our help in the obtaining of treatment for their child patients. Since the passing of the National Health Service Act, 1946, which came into operation in 1948, this position has now been reversed. Now every child in the country is, or can be, on the panel of a general practitioner, and we recognise that the first person to whom the parent should turn for advice is the family doctor. When, therefore, we come across cases of major defects calling for investigation and/or treatment which have not hitherto been dealt with for one reason or another, usually because the parent has been unaware of the defect and has not sought the advice of the family doctor, we make it a routine practice to inform the family doctor of what has been discovered and ask his approval, which is practically never withheld, to referring the case for appropriate specialist investigation and treatment. There are of course a number of lines of treatment which the family doctor is not in a position to provide, or have provided, such as speech therapy, orthoptics, audiometry, postural exercises and investigation of certain mental abnormalities.

All this now works very smoothly and with goodwill all round, and so we may now look upon the school health service as an important factor in public health, operating to the benefit of the children with the approval of the family doctors, the teachers, and the parents of the children concerned.

The provision of school meals is not now a part of the school health service, but in fact we did for many years, especially during the period of the depression in the late 20's and in the early 30's, do quite a lot in this connection. We issued very large quantities of dried milk, cod liver oil emulsion, and other things, and we provided in a considerable number of cases a mid-day meal on the lines of the "Oslo" meal, which provided a scientifically balanced meal of vitamins, minerals, and other essential elements of a balanced diet. We did also for many years issue wet milk in considerable quantities to malnourished children. That was long ago, but there is no



doubt at all that the steps in this direction which were taken during the decade 1925-1935, must have resulted in the saving of large numbers of growing children and young adolescents from physical deterioration.

### **SCHOOL CLINICS**

During the year, the new clinic at Penrith was in building and was opened in January, 1956. Later in this year the new branch clinic in the Valley, Whitehaven, will be opened.

At the planning stage are the new clinic and office buildings at Flatts Walk, Whitehaven, and the new clinic and occupation centre at Wigton. Both of these will be major improvements. What prospect there is of obtaining authority for these projects to proceed is at the moment uncertain.

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

With the approval of the Ministry of Health, in 1955 Mantoux Testing, Mass Radiography and B.C.G. vaccination, where necessary, were offered to all school children in their fourteenth year in the county. When it is realised that there were some 2,800 children in this age group scattered over the county on the rolls of 107 schools it will be appreciated that this task involving as it did a minimum of five attendances, was no easy one.

The procedure, briefly, was as follows:—

A list of all children born in 1941 having been obtained from each school, an explanatory letter incorporating a form of consent was distributed through the head teacher to the parents of all children in the age group. When the completed consent forms were returned a B.C.G. record card (B.C.G. 4) was prepared for all acceptances and all subsequent information, tests and so on, were recorded on this card.

The Mass Radiography Unit visited 18 centres in the county and through the co-operation of the Director of the Unit it was possible to note the result of the X-ray examination on the B.C.G. card before Mantoux testing was undertaken. It is of interest that 2,228 children in this group (80%) were presented for examination by Mass X-ray.

Most of the Mantoux testing and B.C.G. vaccination was carried out in the schools but wherever possible the children



were brought from the outlying schools to a central school or clinic, transport being arranged by the Director of Education. All testing and vaccination was carried out by the School Medical staff and the chest physicians gave assistance in cases of doubt or difficulty.

The result of the initial intracutaneous 1/1000 Mantoux test (positive or negative) was 'read' after three days and those children found to be 'negative' were given B.C.G. Some eight weeks after vaccination a post-B.C.G. Mantoux test, again 10 I.U. was carried out and 'read' three days later. It was found that at least 98% of the children showed tuberculin conversion and it should soon be possible, without risk, to discontinue this test and to postpone the post vaccination test until the following year when it can be carried out at the same time as the pre-vaccination test for the next year age group.

Each child's family doctor was informed of the result of the Mantoux test and notified of B.C.G. vaccination where this was carried out.

Explanatory letters were sent to the parents of 2,802 children and the acceptance rate was 80% which, bearing in mind that some of the non-acceptors would have had B.C.G. under the contact scheme, may be considered quite a satisfactory response.

Tests were actually completed on 2,190 children which represents 78.5% of the school child population in respect of whom the offer was made. Of these 667 (30%) gave a 'positive' reaction showing that they had at some time been exposed to tuberculous infection. 1,523 (60%) were 'negative' and 1,510 of these were given B.C.G. vaccination.

The undoubted success of this scheme offers a good example of co-operation between the school health service, the teaching profession, parents, general medical practitioners, the chest physicians—truly a 'combined operation'—and augurs well for the future.

The following table sets out the position as regards exposure to tuberculous infection in 13-year-old children, as indicated by positive tuberculin tests, in different parts of Cumberland and allows comparison with the situation affecting the school entrant (5/6 year old) group of whom 3,003 were given the same test in certain selected areas of the county in the autumn of 1954.



Area.	13-year-old children (born 1941)—Tested 1955.			Entrants (5/6-year-old) (Tested Autumn, 1954)		
	No. Tested.	No. Posi- tive.	% Posi- tive.	No. Tested.	No. Positive.	% Positive.
Alston .....	26	3	11.5			
Border .....	222	40	18	140	11	7.8
Wigton .....	224	62	27.7	290	13	4.5
Keswick .....	101	10	9.9	98	12	12.2
Penrith U.D. ...	133	30	22.6	274	21	7.7
Penrith R.D. ...	60	9	15			
<hr/>						
TOTAL—EAST CUMBERLAND ...	766	154	20.1	802	57	7.1
<hr/>						
Maryport .....	119	42	35.2	400	43	10.8
Workington ...	414	141	34.1	686	42	6.1
Whitehaven ....	414	145	35	665	77	11.6
Ennerdale R.D.	209	81	38.8	450	75	16.7
Cockermouth .	136	48	35.3			
Millom .....	132	56	42.4			
<hr/>						
TOTAL—WEST CUMBERLAND .	1424	513	36	2201	237	10.8
<hr/>						
GRAND TOTAL .	2190	667	30.4	3003	294	9.8

### MASS MINIATURE RADIOGRAPHY

I am indebted to Dr. Morton, Medical Director of the mass miniature radiography service in the Special Area, for the following figures relative to children examined by this service during 1955.

Children X-rayed on miniature films ...	7,070
Children recalled for large film examination	167
Children recalled for clinical examination ...	38
Children found with active tuberculosis ...	2
Children found with inactive tuberculosis ...	22
Children found with bronchiectasis ...	5
Children found with abnormal cardiac conditions ...	7
Children not yet diagnosed ...	1

As in 1954, one or two cases of active tuberculosis were discovered among children in our schools apart from the mass miniature radiography service. This is of course a matter of anxiety and I need not add that the closest investigation and follow-up in the schools concerned has been undertaken.



### SPASTICS

The spastic problem as affecting children was reviewed at length in last year's annual report and there is no value in repetition. The following table sets out the position as at 31st December, but is liable to alteration as new cases come to light, and the situation is therefore necessarily fluid.

Number of spastic children of school age in Cumberland, divided into the following groups—33.

(a) Attending ordinary schools ... ..	16
(b) At the Percy Hedley School, Newcastle	2
(c) At other residential schools ... ..	2
(Two others, both boys, were in residential schools for part of the year, but were removed during the year. One is now included in (a) and the other in (f).)	
(d) Attending residential schools for educationally sub-normal children ... ..	2
(One boy at Ingwell, one girl at Birmingham).	
(e) Classified as ineducable ... ..	5
(One is attending an occupation centre).	
(f) Having home tuition ... ..	2
(g) Not attending school or having home tuition ... ..	4

As noted elsewhere in the report, one of two spastics were admitted to the Percy Hedley School for short periods for observation and assessment.

### SPECIAL SCHOOLS

The number of Cumberland children in residential special schools in different parts of the country is shown in a table later in this report. The number of such children has risen during the year from 41 to 46, and as always there are a number of other cases under consideration.

The lists shows that the residential special schools with which we are concerned are widely scattered over the country, and once more I should like to acknowledge the help which the Director of Education has given us in securing admission to these residential schools for the various types of children suffering from one handicap or another which we have brought to his notice,



Our own county special school for backward boys at Ingwell is a great benefit and continues to arouse much interest and appreciation. The opening of the corresponding school for backward girls at Higham later in 1956 will also prove of great value. The accommodation here at the outset will be for 38 senior girls, later to be increased to a maximum of 60 by the inclusion of younger girls and boys.

### DEFECTIVE HEARING

Increasing attention is being paid to this matter in the country generally, and so far as Cumberland is concerned, we had a preliminary conference at officer level with Mr. Venters who is in administrative charge of the ear, nose and throat service in the county. It is now being appreciated that more children than has been realised have suffered educationally through unsuspected defective hearing. To assess this problem and to deal with it effectively involves co-operation between the local authority and the hospital service.

In due course arrangements will be made for sweep testing in schools of children by classes or otherwise as may be arranged. By these means, children whose hearing is subnormal will be ascertained and such cases will be further investigated by the ear, nose and throat specialists and steps will be taken to deal with the defect by the provision of hearing aids or otherwise as may be appropriate. The institution of this audiometry service will involve the appointment of teachers of the deaf who will be peripatetic, and of technicians to deal with the hearing aid side of the matter.

It is realised that the earlier defective hearing is diagnosed in a child, the more successful are the results likely to be. The service should therefore eventually extend to children under school age, but here of course we would have to depend on the observations of parents in the first instance, supplemented by such assistance as the family doctor, health visitor, or district nurse, can give. Obviously of course the first suspicion that a child under school age has subnormal hearing must come from the parent.

At the moment there are 60 or thereabouts children of school age in the county provided with hearing aids. Unfortunately a proportion of these children who have been provided with hearing aids are unwilling to wear them,



### **VACCINATION AGAINST POLIOMYELITIS (INFANTILE PARALYSIS)**

Although not strictly relevant to 1955, it is probably worth while here to make some reference to this matter. Following upon directions from the Ministry of Health we have laid our plans to vaccinate children in the appropriate age groups to the extent to which the vaccine will be available and to the extent to which applications for this vaccination are received in writing from the parents.

The scheme was widely advertised in the local press and many thousands of forms of consent were printed together with explanatory letters to parents and were distributed to the area office in Whitehaven, to all our County Council clinics and to all our health visitors and district nurses. Some, perhaps most authorities seem to have arranged the distribution in whole or in part through the schools. We felt, however, that as in the age groups involved, that is children born in the years 1947 to 1954 inclusive, there was included a substantial proportion of children under school age, the distribution could be better effected through the nursing services and clinics.

At the time of writing it is too soon to estimate the response. There are in Cumberland somewhere between 25,000 and 30,000 children who might be involved.

### **IMMUNISATION AGAINST DIPHTHERIA**

The number of school children immunised during the year was 920, which is a very substantial increase over the figures for 1954. In addition 6,345 children were given reinforcing or "booster" injections. This figure also shows a sharp rise over 1954. The number of children who may be regarded as "protected" under the Ministry's new definition has therefore greatly increased, which is a matter of satisfaction.

These mass immunisations in a scattered rural county like Cumberland involve a great deal of work and organisation, and of course this comment applies not merely to immunisation against diphtheria, but to Mantoux testing and B.C.G. vaccination and now also vaccination against poliomyelitis. No-one doubts the value of these precautionary measures and they do in fact represent precisely the purpose for which a health department exists, namely the *prevention* of disease rather than its cure.



### STAFF CHANGES

Dr. E. M. O. Campbell was appointed school medical officer in place of Dr. J. Gallagher resigned, and took up her duties in September.

Miss M. Brown, orthoptist, resigned her appointment and Miss J. Hodson was appointed and took up her duties in September.

In the orthopaedic section, Miss Summerson, orthopaedic physiotherapist, resigned early in the year. Miss Tudor was appointed to fill the vacancy but resigned later in the summer. This placed an unreasonable burden on Miss Morris, our senior orthopaedic physiotherapist, and I am glad to be able to say that at the time of writing after much advertising of the vacancy there is a prospect of an appointment of a second orthopaedic physiotherapist during the summer of 1956.

### 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 ...	216,600
Number of pupils on school registers ... ..	35,220

The number of schools in the County in January, 1955, was as follows:—

Primary (including Departments) ... ..	257
Non-selective Secondary ... ..	14
Secondary Grammar and High ... ..	9
Secondary Technical ... ..	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 ... ..	3,335
Intermediate ... ..	2,800
Third Age Group ... ..	2,556
	<hr/>
	8,691
Additional periodic inspections ... ..	343
	<hr/>
	9,034
Special inspections and re-inspections ...	16,059
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	25,093
	<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	...	...	...	...	1,085
4.	Skin Diseases	...	...	...	...	1,116
5.	Eyes—					
	(a) Vision	...	...	...	...	1,256
	(b) Squint	...	...	...	...	211
	(c) Other	...	...	...	...	283
6.	Ears—					
	(a) Hearing	...	...	...	...	97
	(b) Otitis Media	...	...	...	...	72
	(c) Other	...	...	...	...	129
7.	Nose and Throat	...	...	...	...	527
8.	Speech	...	...	...	...	133
9.	Cervical Glands	...	...	...	...	31
10.	Heart and Circulation	...	...	...	...	48
11.	Lungs	...	...	...	...	300
12.	Developmental—					
	(a) Hernia	...	...	...	...	11
	(b) Other	...	...	...	...	22
13.	Orthopaedic—					
	(a) Posture	...	...	...	...	67
	(b) Flat Foot	...	...	...	...	476
	(c) Other	...	...	...	...	292
14.	Nervous System—					
	(a) Epilepsy	...	...	...	...	4
	(b) Other	...	...	...	...	33
15.	Psychological—					
	(a) Development	...	...	...	...	85
	(b) Stability	...	...	...	...	25
16.	Other	...	...	...	...	1,255



TABLE B

SHOWING THE ATTENDANCES AT INDIVIDUAL  
SCHOOL CLINICS

Clinic.				New Cases.	Attendances All Cases.	
Alston	...	...	...	56	...	188
Aspatia	...	...	...	91	...	215
Brampton	...	...	...	205	...	491
Carlisle	...	...	...	64	...	121
Cleator Moor	...	...	...	113	...	546
Cockermouth	...	...	...	354	...	708
Egremont	...	...	...	99	...	285
Frizington	...	...	...	206	...	713
Maryport	...	...	...	182	...	610
Millom	...	...	...	370	...	1,216
Penrith	...	...	...	133	...	366
Whitehaven (Sandhills Lane)	...	...	...	285	...	1,128
Whitehaven (Woodhouse)	...	...	...	243	...	1,106
Wigton	...	...	...	146	...	289
Workington	...	...	...	417	...	1,962
				2,964		9,944

TABLE C

SUMMARY OF CASES SEEN AT THE SCHOOL  
CLINICS DURING THE YEAR

Conditions for which child attended.				New Cases.	Attendances All Cases.	
Uncleanliness	...	...	...	51	...	221
General Condition	...	...	...	236	...	1,836
Skin Diseases	...	...	...	1,027	...	3,492
Eye Diseases	...	...	...	434	...	1,492
Ear Conditions	...	...	...	136	...	403
Nose and Throat Conditions	...	...	...	127	...	205
Cervical Glands	...	...	...	12	...	16
Heart and Circulation	...	...	...	23	...	104
Lungs (Non-Tubercular)	...	...	...	81	...	383
Lungs (Tubercular or suspected)	...	...	...	14	...	62
Tuberculosis (Non-Pulmonary)	...	...	...	—	...	24
Developmental	...	...	...	7	...	8
Orthopaedic	...	...	...	73	...	154
Nervous System	...	...	...	36	...	108
Other Defects and Diseases	...	...	...	707	...	1,436
				2,964	...	9,944

Total individual children attended, 3,211.



TABLE D

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

Condition.	No. of Cases.	No. of visits paid.
Eye Conditions ... ..	18	31
Skin Diseases ... ..	7	14
Nose and Throat Conditions ...	8	13
Ear Conditions ... ..	23	39
Heart and Circulation ... ..	1	2
General Cases ... ..	44	86
	<hr/> 101	<hr/> 185

*Uncleanliness.*

The school nurses made 108,491 examinations of children for verminous conditions and uncleanliness, and of this total 1,085 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 807 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 1-1-55 ... ..	980
New cases during 1955 ... ..	176
Cases referred for Orthopaedic Physiotherapists only	177
Cases renotified after previous discharge ... ..	11
Number removed from Register ... ..	195
Number on Register at 31-12-55 ... ..	1,149
Attendances at surgeons' clinics ... ..	750
Attendances at intermediate clinics ... ..	3,169
Homes visited by Orthopaedic Physiotherapists ...	141
Plasters applied ... ..	27
Surgical boots and appliances supplied and renewed (including insoles) ... ..	369
Cases receiving hospital treatment during 1955 ...	53
Cases awaiting admission to hospital 31-12-55 ...	26
X-ray examinations during 1955 ... ..	78
Awaiting X-ray ... ..	40



TABLE F

Flat foot	...	...	...	...	...	...	394
T.B. Joints	...	...	...	...	...	...	26
Injuries (including fractures)	...	...	...	...	...	...	13
Poliomyelitis	...	...	...	...	...	...	47
Knock-knees and bow legs	...	...	...	...	...	...	250
Cerebral palsy	...	...	...	...	...	...	33
Other birth injuries	...	...	...	...	...	...	11
Torticollis	...	...	...	...	...	...	3
Spina bifida	...	...	...	...	...	...	5
Pseudocoxalgia	...	...	...	...	...	...	2
Perthes disease and coxa vara	...	...	...	...	...	...	14
Congenital dislocation of the hip	...	...	...	...	...	...	24
Congenital defects (including talipes and pes cavus)	...	...	...	...	...	...	109
Hallux valgus and deformed toes	...	...	...	...	...	...	48
Other postural defects of feet	...	...	...	...	...	...	63
Postural defects otherwise	...	...	...	...	...	...	37
Scoliosis, lordosis and kyphosis	...	...	...	...	...	...	20
Achondroplasia	...	...	...	...	...	...	2
Muscular dystrophy	...	...	...	...	...	...	4
Schlatter's disease	...	...	...	...	...	...	3
Other conditions	...	...	...	...	...	...	41
							1,149

As the preceding figures show, there has been no appreciable difference in the work of the orthopaedic clinics during the year. On the whole, the attendance has been reasonably good, and the co-operation of parents and the interest shown by them in treatment and advice has improved.

The mild cases of flat feet and poor posture in West Cumberland are seen once at the clinic, and are then referred to the physical training organiser for inclusion in school posture classes. This certainly eases congestion in the larger clinics, and enables more time to be spent both on the more acute orthopaedic cases and on the prevention of deformity in babies and under fives by treatment and advice to parents over early bow legs, knock knees, and congenital flat foot.

Dr. Ellis, Medical Director of the Percy Hedley School for Spastics, Newcastle, was again kind enough to visit this county specially to review our most recently discovered spastics. In the autumn of 1955, two severely handicapped spastic children were admitted to the school, and one further



case has been admitted early in 1956. Four other spastics were admitted for short term observation and for advice regarding home treatment. I understand that the proposal is that such cases will normally be re-admitted for short term observation at intervals.

With regard to the children who have been admitted as long stay cases, arrangements are being made for the parents to visit the school at intervals, staying there perhaps two nights to be instructed in the progress made by the children under treatment and as to the treatment which should be undertaken while they are at home on vacation.

Continuation of treatment in the case of spastics is of course important, and if we are fortunate enough to obtain the services of a second orthopaedic physiotherapist, it is intended that visits from time to time should be paid to the Percy Hedley School by the senior orthopaedic physiotherapist, and that more regular and frequent visits should be paid to the spastic children in the county to supervise their exercises and to form a close link with the Percy Hedley School over the progress at home of each child under care.

#### **DENTAL SERVICE**

The Principal School Dental Officer (Mr. A. C. S. Martin) makes the following comments on the dental service for 1955:—

“There are two points in Table V which require explanation. The first is with regard to items (3) and (4) where the number shown as treated is greater than the number offered treatment. The reason for this is that it has not been possible to overtake the inspections carried out in the previous year, with the result that a certain number were carried over into 1955. The other point is with regard to item (6) half-days devoted to treatment. It will be understood that in a rural area there are no sessions devoted solely to maternity and child welfare cases, these being dealt with during the course of school sessions and until now no account has been taken of these. This year an allowance has been made proportionally to the work carried out so that a clearer picture of the school service is given.

“The other figures do not call for any comment, but as usual certain items not included in the Ministry return are noted as additional statistics at the end of these comments.



"The staffing position is not re-assuring. No applications were received for the posts frequently advertised during the year, and as this seems to be the position with most authorities it would appear that there are not sufficient applicants to meet the need. Our problem is further complicated by the fact that one dental officer is over retiring age, but meantime has consented to stay on to help the position. So much has been said in the press regarding the likelihood of serious shortage of manpower in the dental profession that there is no need for this to be enlarged on here. The provisions of the proposed dental bill will, no doubt, help in the large urban areas by the employment of ancillary workers, but this is only of value where the school population is of sufficient size to warrant two or three persons working in one centre, as the ancillary worker must work under the direction of a fully qualified dental officer. It will be realised, therefore, that in a county like Cumberland where the maximum school population centred on any one clinic is approximately 4,000 and this in only two areas, Workington and Whitehaven, the addition of one or more ancillary workers would be of very questionable value. In the meantime every effort is being made to obtain staff so that full treatment can be carried out, as under present conditions real preventive dentistry cannot be carried out.

"The forthcoming appointment of a part-time orthodontist of consultant status to the area by the Newcastle Regional Hospital Board will help to solve one of the problems of the district, as, while a fair amount of orthodontic work is carried out with satisfaction to all concerned, there are always those cases which present such difficulties that specialist advice and treatment is really necessary to obtain satisfactory results. It will be remembered that a few years ago Mr. G. B. Hopkin, H.D.D., D.D.O., was a member of the county staff and the orthodontic service was in his hands and available to all the county. Since his resignation, however, the nearest place where specialist advice can be obtained is Newcastle and there are not many parents who are willing to spend the time and money involved in going anything up to 100 miles each way for what is not an immediate necessity. It is probable that the offer by the county council of their clinic and workshop facilities may have played an important part in the Hospital Board's decision to make this appointment, and while the services of the specialist appointed will not directly help the staffing problem in the county they will undoubtedly



help in the solution of many problems connected with mal-occlusion and will be of untold value in the area."

Orthodontic appliances	...	214
Metal inlays	... ..	29
Crowns	... ..	5
Dentures	... ..	221
Denture repairs	... ..	36
X-ray examinations	... ..	83



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 Castle, near Shrewsbury ... ..	—	2
Northern Counties' School for the Deaf and Dumb, Newcastle ... ..	1	2
Royal Cross School for the Deaf, Preston ...	—	2
Boston Spa Institution for the Deaf ... ..	2	1
Colthurst House for Epileptics, Warford ...	—	1
Hurst Lea School for Crippled Boys, Broadstairs	—	1
Hesley Hall School for Physically Handicapped, Tickhill, near Doncaster ... ..	—	1
Derwent Cripples' Training College ... ..	—	1
Preston School for Partially Sighted ... ..	—	5
Salmon Cross School, Reigate ... ..	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 ...	—	1
Royal Residential School for the Deaf, Man- chester ... ..	3	—
Heritage Craft School for Physically Handi- capped, Chailey ... ..	1	—
Allerton Priory R.C. Special School, Liverpool	1	—
St. Francis Residential School, King's Heath, Birmingham ... ..	4	1
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- chester ... ..	1	—
Liverpool School for the Partially Deaf, Southport ... ..	—	1
Burwood Park School, Walton-on-Thames ...	—	1
Sedgewick House School, Kendal ... ..	—	1
Percy Hedley School for Spastic Children, Newcastle ... ..	1	1
Welburn Hall School, Kirby Moorside ... ..	—	1
	19	27

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



## CHILD GUIDANCE

There has been little change in this service during the year. The sessions have been held at the appropriate centres—in Carlisle fortnightly, at Whitehaven two weekly (one full day per week), at Maryport three sessions per month, and at Millom two sessions (one full day) per month.

The case load has remained fairly static during the past five years as is shown by the table which follows. The majority of the cases have been referred to the centres by general practitioners and consultants.

1951 .....	153
1952 .....	165
1953 .....	176
1954 .....	178
1955 .....	163

The numbers of new cases referred during the past five years are shown in the following table which again shows that the figures for 1955 are just about average.

1951 .....	96
1952 .....	86
1953 .....	94
1954 .....	72
1955 .....	85

During practically the whole year we have been without a whole-time psychiatric social worker in West Cumberland, but we have been most fortunate in having had throughout the year the part-time services for four days per week of Mrs. Campbell whose wide experience and high qualifications have been of the utmost value. Mrs. Campbell has had for private reasons to resign the appointment. She will be greatly missed. The vacant post has of course been advertised, but no applications have been received. What this means may be made clear by saying that in her part-time appointment of four days per week, Mrs. Campbell completed 566 interviews and visits in West Cumberland.

The centre premises in Carlisle, Maryport, Whitehaven and Millom have remained unchanged. The Whitehaven centre in Scotch Street is most unsuitable for its purpose, and we look forward eagerly to the day when appropriate quarters in the new clinic premises to be built at Flatt Walks can be allotted to child guidance.



## CHILD GUIDANCE CENTRES—STATISTICAL RETURN FOR THE YEAR ENDED 31-12-55

## STAFF:

	CARLISLE	MARYPORT	WHITEHAVEN	MILLOM	
Psychiatrist	Dr. Stuart	Dr. Ferguson	Dr. Ferguson	Dr. Ferguson	
Educational Psychologist	Mrs. Ismay (To Jan. 1955) Mr. Blair Hood (From Feb. 1955)	Mrs. Ismay (To Jan. 1955) Mr. Blair Hood (From Feb. 1955)	Mr. Blair Hood (To June, 1955) Miss Howie (From July, 1955)	Mr. Blair Hood (To June, 1955) Miss Howie (From July, 1955)	
Psychiatric Social Worker	Miss M. Lamb	Mrs. Campbell	Mrs. Campbell	Mrs. Campbell	TOTAL
Cases remaining on Register at Jan. 1st, 1955	19	19	32	6	76
New Cases referred during year by:—					
Consultants or General Practitioners	4	11	14	—	29
School Medical Officers	2	6	7	—	15
Children's Officer	1	—	3	—	4
Parents	—	—	2	—	2
Schools	—	2	15	1	18
Probation Officers or Courts	1	—	5	—	6
Others	4	—	7	—	11
Cases re-opened during year	1	—	1	—	2
Total cases on Registers during year	32	38	86	7	163
Cases dealt with and closed	—	—	—	—	—
Cases remaining under treatment at 31-12-55	21	3	18	1	43
Cases awaiting treatment at 31-12-55	11	33	65	6	115
	—	2	3	—	5
	32	38	86	7	163
Interviews by Psychiatrists:—					
(a) With child and/or parent	42	96	182	22	342
Interviews by Psychiatric Social Workers:—					
(a) At homes	36	115	197	13	361
(b) At clinics	16	45	113	12	186
(c) Others	3	7	9	—	19
Interviews by Educational Psychologist:—					
(a) Tests, play therapy, remedial teaching, etc., with child	17	72	191	16	296
(b) School visits	32	9	31	6	78
(c) With parents at home or clinic	4	—	5	2	11



**SPEECH THERAPY**

Miss Chapman and Miss Rawle submit the following report:—

“This year clinics have been held in the main centres at Carlisle, Penrith, Keswick, Wigton, Aspatria, Maryport, Workington, Whitehaven, Egremont, and Millom. Eleven pupils at Ingwell Residential School have continued to receive weekly treatment, and it was decided to treat nine pupils attending Crosthwaite Memorial School, Whitehaven, at the school. This has proved a very satisfactory arrangement because the size of the group warrants a visit from the therapist, saving loss of time by poor attendance at the clinic. A number of adult patients have been treated in the clinics, and one has been seen at Blencathra Sanatorium.

“Although the waiting list has been reduced in respective numbers in Workington and Whitehaven, there is still a waiting period of three to six months before a vacancy occurs. It is very helpful if the doctor who refers the case states on the defect slip whether the child has a stammer or an articulatory defect; a stammer being recognised as a hesitancy, repetition of sound, or complete block of speech, and articulatory defect as an omission, insertion or substitution of certain consonant sounds.

“In the case of a child stammer, early treatment is advisable. In a recent survey carried out at Newcastle, it is reported that normal or near normal speech was acquired by 80% of those stammerers who were first referred one year or less after the onset of the stammer and by 44% of those who first attended after more than one year had elapsed. In the early stages of stammering it is most important to see the mother to try to prevent the stammer becoming established. However, with young or mentally retarded children who have some articulatory defects, the case is not the same because treatment is rarely effective before they have reached a mental age of 7 years. Until this stage of maturation is reached, the child can best be helped by general stimulation. It is remarkable how few of the children who come to the clinic with delayed speech have been taught to say nursery rhymes, colours, numbers or letters. It is important to give these children plenty of opportunity to hear spoken language.

“At one of the clinics an adult is being treated for a severe functional articulatory defect—general dyslalia, which proves that the children do not necessarily ‘grow out of it’.”



*Cases Treated in East Cumberland*

On Register 1st Jan., 1955	New Cases during year.	Cases Discharged during year.	On Register 31st Dec., 1955.
69	75	70	74

*Cases Treated in West Cumberland*

On Register 1st Jan., 1955.	New Cases during year.	Cases Discharged during year.	On Register 31st Dec., 1955.
82	68	54	96

*Particulars of Cases Discharged (East Cumberland)*

Normal	Substan- tially Improved.	Unlikely to benefit by further treatment.		Lack of co-opera- tion	Left District.	Total.
		Slightly Improved.	Unim- proved.			
19	25	5	3	15	3	70

*Particulars of Cases Discharged (West Cumberland)*

Normal	Greatly Improved.	Improved.	No im- prove- ment.	No co-opera- tion and unsuit- able.		Non- attenders	Refused treat- ment.	Trans- ferred Im- proved.
20	7	6	6	5	4	3	3	3
Total								54

The following tables give the type of defect treated:—

*East Cumberland.*

Stammer	...	...	...	...	53
Stammer and Dyslalia	...	...	...	...	1
Simple Dyslalia	...	...	...	...	42
Multiple Dyslalia	...	...	...	...	12
Cleft Palate	...	...	...	...	7
Retarded Speech	...	...	...	...	12
Idioglossia	...	...	...	...	2
Indistinct Speech	...	...	...	...	1
Hard of Hearing	...	...	...	...	5
Voice Disorder	...	...	...	...	1
Spastic	...	...	...	...	2
Hyper-rhinophonia	...	...	...	...	1
Sigmatism	...	...	...	...	5
Total					144



*West Cumberland.*

Stammer	...	...	...	42
Stammer and Dyslalia	...	...	...	16
Alalia	...	...	...	3
Idioglossia	...	...	...	9
Dyslalia	...	...	...	56
Sigmatism	...	...	...	4
Stammer and Dysarthria	...	...	...	1
Dysarthria	...	...	...	1
Dysphonia	...	...	...	1
Hyper-rhinophonia	...	...	...	1
Aphasia	...	...	...	1
Spastic Dysarthria	...	...	...	2
Clutter	...	...	...	1
Hard of Hearing	...	...	...	5
Cleft Palate	...	...	...	7
Total				150

*Number of Attendances.*

Carlisle	...	...	...	413
Penrith	...	...	...	257
Keswick	...	...	...	153
Wigton	...	...	...	297
Aspatria	...	...	...	216
Maryport	...	...	...	211
Workington	...	...	...	756
Whitehaven	...	...	...	657
Egremont	...	...	...	175
Millom	...	...	...	263
Ingwell School	...	...	...	291
Total				3,689



### ORTHOPTICS

Miss Hodson submits the following report:—

“Owing to the resignation of Miss Brown in June of this year there has again been a period of two months when no orthoptic treatment could be carried out. This of course led to deterioration in the patient's eye condition in some cases but it did not seem to affect the majority of children to any great extent. The most significant feature of the lapse in orthoptic clinics was that a large number of patients did not respond to the notice informing them of the clinics recommencement and failed to re-attend in September.

“It was found necessary in November of this year to increase the sessions given to the children residing in the City of Carlisle, from a half day to one whole day per week, owing to the very long waiting list of patients requiring orthoptic treatment. During the year 72 cases were examined and 33 of these taken on treatment.

“Arrangements are also being made to open an orthoptic clinic at the Cumberland Infirmary, Carlisle, so that the patients in the hospital for operation may be examined. At the present time it is only possible for the clinic to be open one session per week, but it is hoped that this may be increased in the near future.

#### *East Cumberland.*

“The number of patients on the register on 1st January was 135. New patients taken on for attention numbered 45 bringing the total number of patients attending the clinic up to December 31st to 180.

The results of treatment are as follows:—

Discharged cured	...	...	16
Discharged as cosmetically satisfactory	...	...	30
Not responding to treatment	...		7
Refused treatment	...	...	4
Improved	...	...	16
Failed to attend	...	...	33
Left the district	...	...	2

Number of patients remaining on treatment	...	...	...	72
Divided into:—				
Occlusions	...	...	...	14
Treatments	...	...	...	8
Observations	...	...	...	50
(i.e. pre and post treatments).				

Total number of attendances for 1955 was 975.

*West Cumberland.*

"Patients on the register on 1st January numbered 126. 27 new patients were taken on during the year, bringing the total number of patients attending up to 31st December to 153.

The results of treatment are as follows:—

Discharged cured	...	...	...	18
Discharged as cosmetically satisfactory	...	...	...	24
Not responding to treatment	...	...	...	2
Refused treatment	...	...	...	5
Improved	...	...	...	15
Failed to attend	...	...	...	26
Number of patients remaining on treatment	...	...	...	63
Divided into:—				
Occlusions	...	...	...	16
Treatments	...	...	...	9
Observations	...	...	...	38
(i.e. pre and post treatments).				

Total number of attendances for 1955—702."



### SCHOOL MEALS

The Director of Education (Mr. Gordon S. Bessey) has supplied the following report on the school meals service, and this is followed by some notes on milk in schools.

"I am pleased to be able to report, during 1955, a further slight increase in the percentage of day pupils of school age who took meals, as compared with the previous year's figure. On a check day in October, 1954, 20,519 children, representing 62.08% of the number in attendance, took a school dinner. By September, 1955, the figure had risen to 64.16% and consumption showed an increase of some 1,090 dinners a day. The actual number of dinners served on a day in September, 1955, to day pupils in attendance at the 282 nursery, primary and secondary schools maintained by the Authority was 21,610.

"In consequence of the Government's continued ban on new major canteen building at existing schools, no new major projects were undertaken during the year. However, one small job, namely, the erection of a new dining room and scullery to serve Lowca School was completed and in use at the beginning of the Autumn Term.

"New dining rooms and sculleries, each to serve approximately 300 dinners daily to pupils attending Netherhall Secondary School, Maryport, and Tynefield Secondary School, Penrith, were taken into use when these two schools opened at the beginning of the Spring and Autumn Terms respectively. Following the transfer to Tynefield School of the senior pupils from Penrith National Boys' and Girls' Schools, sufficient spare accommodation was found to be available in each of these two schools to enable the remaining pupils to dine on the school premises instead of in rented premises, as formerly. It was, therefore, found possible to discontinue the use of the hired dining accommodation in St. Andrew's Parish Rooms.

"Dining conditions at Rosley School were improved somewhat from 1st October when the recreation hall was taken into use as dining accommodation. Formerly, meals had been eaten on desks in the school.

"For some time the Authority had been aware that the rented kitchen accommodation at Burgh-by-Sands was unhygienic and far too small to permit the installation of sufficient cooking equipment to deal adequately with the daily demand



for dinners. In consequence, on the resignation of the cook manageress on 30th September, the opportunity was taken to close the kitchen and to allow the canteen to remain in operation as a dining room and scullery only, meals being sent in from Wigton Central Kitchen. The former Workington Westfield Nursery Class Canteen was also closed down as a self-contained unit on the resignation of the cook manageress on 1st April, and retained in use as a dining centre only for children attending Moss Bay School, Workington, until the end of the Summer Term. As from the beginning of the Autumn Term the Moss Bay children began to dine in their own school."

### MILK IN SCHOOLS

"A check taken in September, 1955, shows that of the 33,682 day pupils present at the 282 nursery, primary and secondary schools maintained by the Authority, 25,713 were taking milk. These figures indicate that 76.3% of Cumberland children are drinking milk in school. This means that virtually there has been no change since last year when the figure was 76.2%

"The following table shows the percentage of different types of milk being supplied to schools at the end of 1955, the corresponding figures for 1954 being shown in brackets:—

Pasteurised	...	...	...	53 (51)
Tuberculin Tested	...	...	...	35 (37)
Attested	...	...	...	12 (5)
Ungraded	...	...	...	— (7)

"At the end of the year five rural schools, as against six in 1954, were without supplies of milk. Efforts to find retailers 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:—

"The achievement of the advance in Physical Education has been realised more by what has been done outside the classroom than in it, by the breadth of activity which has been offered to the child, by the increasing challenge which has been put to him during his school life and by a progres-



sive training in the art of living harmoniously with his fellows in a lively community. This change in outlook has involved a readjustment on the part of the teacher in his approach to teaching method as well as to content of the work, more responsibility for creative thought being placed upon the individual child or group of children through a changed basic technique.

"Adequate small equipment, space, clean floors, suitable clothing and washing facilities are essential in the primary school if this work is to be carried on effectively; while in the secondary school spacious gymnasias, suitably equipped and parallel outdoor facilities are equally imperative. The supply of small equipment issued some years ago requires replacement if the promising work in primary schools is to be maintained and if progress in games training is to be made. The gymnasium at Netherhall School designed to provide the essential challenging and strengthening action in boys' physical education, and referred to in last year's report, has contributed much to the improved physique and alertness of senior boys at Maryport during the twelve months in which it has been in use.

"There has been a small increase in the installation of climbing apparatus in the primary schools. The value of this equipment cannot be underestimated as no other type of apparatus can produce the desired physical effect, preventive and remedial, nor can it prepare the primary school child for agility work in the secondary school of to-day.

"The fine summer has made possible a marked advance in the construction of playing fields throughout the County; during the year playing field improvements at eight schools have been completed, four playing fields are under construction and a total area of 119 acres are under maintenance. In addition to this work the construction and maintenance teams have been called upon regularly to undertake marking and heavy manual work in connection with tournaments and other games. This picture of steady progress is most encouraging to teaching staff in a County where games facilities are so limited.

"In the field of adult recreation the Committee has taken advantage of Ministry of Education Circular 283 by negotiating for the purchase of land for recreation for adults and young people at Lowca. The Authority's officers have continued to take responsibility for the administration and



technical advice of the County Playing Fields' Association which has been able to give guidance in connection with 15 new playing field or children's playground schemes in the County.

"The swimming season has been an outstanding one due to the prolonged good weather. There was a marked increase in the number of children who learnt to swim and in those who gained life-saving awards. Full advantage was taken of open-air facilities for swimming, canoeing has also been introduced, and particularly good work in swimming was done in the Rivers Eamont and Cocker, in Derwentwater and in Culgaith open-air bath. School, district and club events were well supported and the opportunity for more regular practice throughout the summer showed an improvement in style and an obvious enjoyment born of greater efficiency in the water.

"Progressive games training, the foundations of which are laid in the infant and primary schools, has been applied with considerable credit at secondary level by Cumberland teachers outside school hours, in the evenings, at week-ends and during school holidays. This voluntary work, involving school, district and county games, as well as centralised rallies and tournaments has covered many British national games including Association Football, Rugby League Football, Rugby Union Football, Cricket, Hockey, Netball, Athletics and Tennis. Basket Ball has now been introduced into secondary schools and, with the increased provision of equipment, it is anticipated that Cumberland teachers will draw into the fold of voluntary activity yet another popular British game. The winter season has been marked by the first county hockey tournament for secondary modern schools and the reformation of the County Hockey Association. This is now established on a broad basis, embracing the full range of players from school to adult level.

"Teachers have been greatly encouraged in their work for sports organisations by the Committee's decision to award county badges to pupils representing Cumberland and the children show great pride in these tokens of their achievements.

"In addition to the popular sports, the need of the child not possessing a developed ball-sense has been met in secondary schools through the many and varied "club" activities such as fell-walking, rock-climbing, canoeing, cycling,



camping, wrestling and boxing. In this respect Cumberland offers many and varied opportunities of education and enjoyment (an offer of which increasing advantage is being taken).

"Physical training courses for women teachers were designed to meet the needs of the rural and semi-rural type of school. Demonstrations showed how to apply basic movement principles to the teaching of children working in constricted conditions both in and out of doors. Forty teachers represented the eighteen schools invited from the Penrith and Keswick areas.

"A county athletic course for women teachers was held at Lairthwaite School and Keswick School playing fields. Ninety per cent. of the grammar and secondary schools were represented. The W.A.A.A.'s senior coach conducted sessions on the coaching High Jumping and Western Roll through field work, indoor techniques and films.

"Teachers in the west of the county are continuing to treat minor postural defects through preventive work which is included in the normal physical education lessons, and through remedial movements carried out by children who work in small groups and who need individual attention. We look forward to the time when this work can be fully implemented by the provision of good floor surfaces for bare-foot work, and by the installation of footbaths in the primary school."

## 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, 1955.

TABLE I

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

*A—Periodic Medical Inspections*

Age Groups inspected and Number of Children examined  
in each:—

Entrants (1949-50)	...	...	...	3,335
Intermediate (1945)	...	...	...	2,800
Third Age Group (1941-40 in Grammar Schools)	...	...	...	2,556
Total				8,691
Additional Periodic Inspections				343
Grand Total				9,034

*B—Other Inspections*

Number of Special Inspections	...	...	14,287
Number of re-inspections	...	...	1,772
Total			16,059

*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).

Age Groups Inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants ...	25	674	688
Intermediates ...	116	368	463
Third Age Group ...	149	354	481
Total ...	290	1,396	1,632
Additional Periodic Inspections ...	16	71	81
Grand Total ...	306	1,467	1,713



TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1955

PERIODIC INSPECT'NS. SPECIAL INSPECT'NS.

Defects Code No.	Defect or Disease.	No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4. Skin	.. ..	92	126	1,024	139
5. Eyes—					
(a) Vision	.. ..	306	819	950	1,998
(b) Squint	.. ..	56	145	155	414
(c) Other	.. ..	51	33	232	71
6. Ears—					
(a) Hearing	.. ..	29	54	68	81
(b) Otitis Media	.. ..	11	78	61	82
(c) Other	.. ..	25	32	104	28
7. Nose or Throat	.. ..	265	543	262	603
8. Speech	.. ..	54	69	79	139
9. Cervical Glands	.. ..	14	120	17	132
10. Heart & Circulation	.. ..	18	88	30	133
11. Lungs	.. ..	115	477	185	674
12. Developmental—					
(a) Hernia	.. ..	8	21	3	21
(b) Other	.. ..	8	191	14	106
13. Orthopaedic—					
(a) Posture	.. ..	49	44	18	54
(b) Flat Foot	.. ..	409	132	76	307
(c) Other	.. ..	180	259	112	375
14. Nervous system—					
(a) Epilepsy	.. ..	—	12	4	37
(b) Other	.. ..	3	27	30	37
15. Psychological—					
(a) Development	.. ..	19	88	66	250
(b) Stability	.. ..	5	52	20	73
16. Other	.. ..	235	179	1,020	220

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

Age Groups Inspected.	Number of Pupils inspected.	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3,335	1,575	47.2	1,723	51.7	37	1.1
Intermediate	2,800	1,308	46.7	1,473	52.6	19	0.7
Third Age Group	2,556	1,124	44.0	1,368	53.5	64	2.5
Additional Periodic Inspections	343	159	46.4	176	51.3	8	2.3
Total	9,034	4,166	46.1	4,740	52.5	128	1.4

TABLE III

## INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	108,491
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	1,085
(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	...	...	...	13	—
(ii) Body	...	...	...	16	—
Scabies	...	...	...	7	—
Impetigo	...	...	...	313	—
Other skin diseases	...	...	...	822	—
				—	—
Total				1,171	—
				—	—



## 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	157	61
Errors of refraction (inclu. squint)	333	2,221
	<hr/>	<hr/>
Total ...	490	2,282
	<hr/>	<hr/>

Number of pupils for whom spectacles were

(a) Prescribed ...	—	1,852
(b) Obtained ...	—	—

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

	Number of cases treated	
	By the Authority.	Otherwise.
Received operative treatment—		
(a) For Diseases of the ear...	—	14
(b) For adenoids and chronic tonsillitis ...	—	354
(c) for other nose and throat conditions ...	—	99
Received other forms of treatment	121	184
	<hr/>	<hr/>
Total ...	121	651
	<hr/>	<hr/>

## GROUP 4—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals ...	53	—
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	380 ) 283*)	769

(\* Denotes number of children receiving or who have received remedial exercises in school).

## 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 ... ..	158	—

## GROUP 6—Speech Therapy.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of Pupils treated by Speech Therapists ... ..	294	—

## GROUP 7—Other Treatment Given.

	Number of cases treated	
	By the Authority.	Otherwise.
Miscellaneous minor ailments ...	616	—
Total	616	—

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY  
THE AUTHORITY(1) Number of pupils inspected by the Authority's  
Dental Officers:—

(a) At Periodic Inspections ... ..	19,113
(b) As Specials ... ..	1,297

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Total (1) ... 20,410

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(2) Number found to require treatment ... ..	14,054
(3) Number offered treatment ... ..	11,131
(4) Number actually treated ... ..	11,410
(5) Attendances made by pupils for treatment ...	21,890

## (6) Half-days devoted to:

Periodic Inspection ... ..	204
Treatment ... ..	2,062

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Total (6) ... 2,266

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## (7) Fillings:

Permanent Teeth	...	...	...	7,987
Temporary Teeth	...	...	...	1,547
(Total (7))	...	...	...	9,534

## (8) Number of teeth filled:

Permanent Teeth	...	...	...	7,179
Temporary Teeth	...	...	...	1,521
Total (8)	...	...	...	8,700

## (9) Extractions:

Permanent Teeth	...	...	...	5,410
Temporary Teeth	...	...	...	16,313
Total (9)	...	...	...	21,723

## (10) Administration of general anaesthetics for extraction

...	...	...	...	...	4,119
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## (11) Other operations:

Permanent Teeth	...	...	...	3,444
Temporary Teeth	...	...	...	232
Total (11)	...	...	...	3,676