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CUMBERLAND COUNTY COUNCIL

(Education Committee)

ANNUAL REPORT

on the

SCHOOL HEALTH SERVICE

FOR THE YEAR 1960

PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN LEIPER, M.B.E., T.D., M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H.

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PREFACE

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the School Health Service for the year 1960.

The great majority of school children in the county in addition to being both robust and healthy, are taller and heavier than their predecessors. It is pleasing to see that nowadays there seems to be less difference, than was the case some years ago, in the physique of those from congested urban areas and those from more rural areas. Under-nutrition in children has for all practical purposes, ceased to be a problem: in fact obesity amongst school children is now causing more comment than the thin, under-nourished child of the past.

The total number of school children who contracted a notifiable disease during the year under review was about one out of thirty. I am glad to be able to say that there was no poliomyelitis amongst school children — nor has there been a case for two years — but nevertheless vaccination against this disease continued to be undertaken with great vigour, and the assistant county medical officers and general practitioners are to be congratulated on their efforts.

There was no diphtheria in the schools here, but I am afraid that other areas of the country have not been so fortunate. Although most parents cannot remember the terror of heart presented by a child sickening with diphtheria, there must be no slackening of the immunisation of infants and toddlers, or the subsequent reinforcing protection for older school children.

Seventy seven school children were notified as having scarlet fever during the year.

I think it must be remembered that in the main it is not notifiable disease that causes most of the absences from school — the cause is usually a disease not notifiable, such as an infection of the upper respiratory tract or a digestive disorder.

By the end of the year arrangements had been made to introduce vaccination against tetanus, either in combination or as a single antigen, and the most advantageous spacing of the individual doses for the primary immunisation of the school entrant was being ascertained.

I am glad to report that the number of new cases of tuberculosis amongst school children has continued to decline and there were only eight in 1960, compared to twenty two in 1956. Preventive measures such as the Mantoux testing of 13 year old children to find those who have no resistance to the disease, and their subsequent inoculation with B.C.G. vaccine, together with a highly developed system of contact tracing and mass miniature radiography, have all contributed to this happy state of affairs. All this is confirmed by the decreasing number of 13 year olds with a positive Mantoux test, and is a very good indicator of the decline in the tuberculous infection in the population of the county in general.

Further efforts have continued to be made systematically during the year to enable the handicapped child to benefit from education to the best of his ability and to expand and enrich his potential. It has again been possible for the medical and nursing staff to attend courses and conferences which have been of the greatest value in ensuring that all medical men and women dealing with these unfortunate children should be fully aware of new methods and new knowledge. Audiometry has continued as before, and again the report includes notes on the work of the peripatetic teacher of the deaf. However, the main single problem which produces more difficulty than any other continues to be the educationally subnormal child and it seems to be difficult to provide adequate special educational facilities for these children in progress

classes when the overall supply of teaching staff is so difficult. A further feature of the School Health Service has been the increased attention given to children with emotional or gross behaviour problems.

In 1960, out of every hundred children who were medically examined in Cumberland for the first time after starting school, between eight and nine were found with defects which required treatment. Often the parent did not know of the defect or did not appreciate its significance. However, it is encouraging to know that few parents today need to be pressed in any way to obtain treatment for their children. The actual treatment is given by the family doctor or through hospital specialists' clinics.

During the year I am glad to report that a Consultant Paediatrician was appointed and already by the end of the year fresh links had been made with his department and a most happy state of co-operation existed with the consultant concerned, Dr. J. W. Platt. In addition, even better co-operation with general practitioners was obtained — in one instance by the secondment of the school nurse/health visitor to a group of three practitioners. I feel that the value of this secondment may, in the long run, prove even more advantageous in the school health part of the health visitor's combined work, than in her work with maternity and child welfare or the elderly.

It is a pleasure for me to record that in this county there is one dental officer for every 3,400 school children, which is sufficient to ensure that dental treatment is available for all those school children needing it, and whose parents wish the treatment to be given through the school dental service. Not only is the county fortunate in having a dental service which is numerically up to full establishment, but the average age of those in post is considerably lower than in other parts of the country.

It will be seen from the report that this authority has not been backward in considering some modification of the system

of periodic medical inspection, and already a pilot scheme is in operation in the Millom district under the control of the school medical officer there, Dr. T. F. M. Jackson.

The school health service continues to take up the challenge of children from problem families and those who have been before the courts. These boys and girls form a very small proportion of the school population but they present a difficult problem out of all proportion to their numbers. No one service holds the key to this problem but we must contrive to find some solution. The medical, educational and social services must pull together. Various committees have been held during the year on the care of the child neglected or ill-treated in his own home and a great deal of good and preventive work has been done through them.

Though much has been done, much remains to be done. Gone are the days when the school child was ill-clad, undernourished and without proper boots or shoes. Now we have a well-fed child who is in need of every help that we can give him in order that education for healthy living can take place and thrive in this beautiful county in a society of men and women who are good neighbours and parents.

I am sure the Committee would wish to record their high appreciation of the services of Dr. I. S. Jones, School Medical Officer and Medical Officer of Health in the Wigton R.D. and Penrith U.D., and Dr. E. A. Perrott, School Medical Officer and Medical Officer of Health in the Millom R.D., who carried out their duties with great efficiency and success during their years of service in the county. Dr. Jones has been a school medical officer in Cumberland for 30 years, and Dr. Perrott for 10 years.

A special word of thanks is due here to Mr. A. C. S. Martin who provides the dental section of this report and retires this year after 41 years in the school dental service, 24 of them as Principal School Dental Officer in Cumberland. His final report after this period is especially significant and his

departure gives to all concerned with the service a sense of loss. He goes in the knowledge that he leaves behind him a fine service of which he can be very proud.

Finally I think a special word of appreciation is due to Mr. Lamond, who carried out with such enthusiasm and efficiency his duties as School Dental Officer in the Penrith area for 26 years. He retired during the year under review.

I would like to express my thanks to Dr. J. D. Terrell, my deputy, for the part he has played in editing this report and to the clerical staff of the School Health Section for the excellent and efficient way in which they have kept the records and prepared the statistical tables.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN LEIPER,

Principal School Medical Officer.

County Health Department,
11 Portland Square,
Carlisle.

July, 1961.

SCHOOL HEALTH SERVICE

STAFF AS AT 31.12.60.

SCHOOL MEDICAL AND DENTAL STAFF

Principal School Medical Officer:—

*John Leiper, M.B.E., T.D., M.B., Ch.B., M.R.C.S. L.R.C.P, D.P.H. Commenced 4.7.60.
*W. H. P. Minto, M.D., D.P.H. Resigned 30.4.60.

Deputy Principal School Medical Officer:—

*J. D. Terrell, M.B., Ch.B., D.P.H., D.C.H.

School Medical Officers:— ...

*John Neil Dobson, M.B., Ch.B., D.P.H.
John R. Hassan, M.B., Ch.B., D.R.C.O.G.
(Part-time General Practitioner).
*James L. Hunter, M.B., Ch.B., D.P.H.
*Thomas F. M. Jackson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Commenced 1.7.60.
*Isaac S. Jones, M.R.C.S., L.R.C.P., D.P.H.
*John Patterson, M.B., B Ch., B.A.O., D.P.H.
*Ethel A. Perrott, M.D., B.S., D.P.H. Resigned 30.6.60.
*Kenmure J. Thomson, M.B., Ch.B., D.P.H.

The above are also District Medical Officers of Health and Assistant County Medical Officers.

*A. M. Anderson, M.B., Ch.B., D.P.H. Resigned 25.8.60.
*G. G. W. Bennet, M.B., Ch.B., D.P.H.
*Enid M. O. Campbell, M.B., Ch.B., D.P.H.
*Catherine Helen Mair, L.R.C.P., L.R.C.S.(Ed.), D.P.H.

The above are also Assistant County Medical Officers.

*Approved for the ascertainment of educationally sub-normal pupils.

Principal School Dental Officer:—

A. C. S. Martin, L.D.S.

School Dental Officers:—

I. R. C. Crabb, L.D.S.
D. H. Hayes, L.D.S.
Mrs. M. Hayes, B.D.S.
F. H. Jacobs, L.D.S.
D. C. Lamond, L.D.S. Resigned 20.4.60.
A. MacDonald, L.D.S. Commenced 1.5.60.
R. B. Neal, M.B.E., L.D.S.
A. R. Peck, L.D.S.
J. G. Potter, L.D.S.
A. M. Scott, L.D.S.
J. Watson, B.D.S., L.D.S.

MEDICAL AUXILIARY STAFF

Orthoptists:—

Miss H. Melville, D.B.O. Resigned 31.8.60.
Miss A. Murray, D.B.O. Resigned 9.3.60.

Orthopdaedic Physiotherapists:—

Miss J. A. Fraser, M.C.S.P., O.N.C.
Miss J. M. Morris, M.C.S.P., M.E.

Speech Therapists:—

Mrs. S. E. Latimer, L.C.S.T. (Part-time from 29.9.60).
Miss E. B. Moon, L.C.S.T.
Miss M. E. Rawle, L.C.S.T. (Commenced 12.9.60.)
Mrs. E. O. S. Todd, L.C.S.T. (Resigned 12.3.60).
Mrs. A. Taylor, L.C.S.T. (Part-time from 14.9.60).

NURSING STAFF

Superintendent Nursing Officer:

Miss I. Mansbridge, S.R.N., S.C.M., Q.N., H.V.Cert.

Deputy Superintendent Nursing Officers:—

Miss M. Blockey, S.R.N., S.C.M., Q.N., H.V. Cert. (Commenced 1.9.60).
Miss I. John, S.R.N., S.C.M., Q.N., H.V. Cert. (Resigned 10.7.60.)

Assistant Superintendent Nursing Officers:—

Miss G. L. Benfield, S.R.N., S.C.M., H.V.Cert. P.H.Admin. (Commenced 1.12.59.)
Miss P. G. O'Sullivan, S.R.N., S.C.M., Q.N., H.V.Cert.*
Mrs. A. Steele, S.R.N., S.C.M., Q.N., H.V.Cert.
*Admitted to Public Health Administration course and Miss D. D. James S.R.N., S.C.M., Q.N., H.V.Cert. was seconded to duties as Assistant Superintendent Nursing Officer from September, 1960.

Four Full-time School Nurses.

61 nurses and health visitors doing part-time school nursing, of whom 29 hold the Health Visitor's Certificate.

Eleven full-time Dental Attendants.

GENERAL STATISTICS

The area covered by the Local Education Authority comprises 967,054 acres and the estimated population of the Administrative County in June, 1960 was 219,160.

The number of pupils on the school registers in January, 1961 was 37,595 compared with 37,410 in the previous year, an increase of 185.

In January, 1961 there were in the county:—

		No. of Pupils
Nursery school	1	40
Primary schools	248	23,430
Non-selective secondary schools	22	8,836
Grammar schools	9	4,895
Secondary technical school	1	300
Residential special schools	2	
(One for educationally subnormal boys, age range 9-16 years)		56
(One for educationally subnormal girls, age range 9-16 years)		38

MEDICAL INSPECTION

Only one departure has occurred in 1960 from the established pattern of the three routine medical examinations of children at school entry and in the tenth and fourteenth years. In the latter part of the year a variation in the method of medical inspection was introduced in the Millom area, and Dr. Jackson writes of this:—

" In 1953 the Minister of Education approved alternative arrangements for the periodic medical inspection. In the Millom area of Cumberland, as an experiment, a comprehensive school medical examination has been introduced. This includes the routine testing of the urine and blood pressure in both sexes and the testing of colour vision in boys. If necessary, each child is given a booster injection against diphtheria and the parent supplied with an immunisation record card bearing data (as far as ascertainable) of all previous prophylactic procedures, together with entries of anti-tetanic serum received, or sequelae resulting from its administration. The examination concludes with a film-strip show on Health Education.

" It is difficult to forecast the ultimate fate of the ordinary periodic medical inspection, but as long as it is statutorily required, every endeavour should be directed at improving and modernising it, so that it may continue to be of value in an era of a healthier school population and a National Health Service. The Millom experiment is one such attempt . . . ."

I hope, in due course, to compare the type and number of defects found at this form of examination with the result of the regular medical inspections in other schools.

Findings at Periodic Medical Inspection

The following table sets out the numbers and proportions of children in each year group found to have some defect requiring treatment and those found " unsatisfactory " in overall physical condition.

Year	Total Periodic Examinations	Total Pupils found to have Defects	%		Total found with unsatisfactory physical condition	%	
1960	9,633	915	9.5		50	0.51	
1959	9,985	1,072	10.7	(15.76)	71	0.71	(1.14)
1958	10,887	1,286	11.8		97	0.89	
1957	10,864	1,302	11.9	(14.98)	132	1.22	(1.72)
1956	9,783	1,352	13.8		247	2.52	

Comparative figures are given for the last five years and the figures shown in brackets for 1959 and 1957 are the available comparative figures for England and Wales.

The necessary treatment for the defects found is ensured in many cases by direct contact between the school medical officer or school nurse and the family doctor. I am convinced that frequent personal contact is essential between the doctors and nurses working in the school health service and general practitioners to discuss the children in whose health they have a common interest and responsibility. Each must understand as completely as possible just what is the aim and purpose of the other's activities, and only through such a firm understanding, maintained by friendly personal contacts, can the full benefits of the school health service be realised and integrated with the work of the general practitioners. Where a specialist consultation is needed, this is arranged directly after enusring that the family doctor is in agreement.

Special re-examinations of the child at school or clinic are arranged as required and a considerable amount of home visiting is still undertaken by the school nurse in the follow-up of children found to have some defect.

A gradual improvement of the percentages found to have defects or to be unsatisfactory is apparent over the past five years, and this is associated mainly with a steady

decrease over these years of the numbers of school children found to require treatment for conditions of the ear, nose and throat. Possibly linked to this is a reduction in the numbers found to require treatment for lung conditions, though most of the latter are non-tuberculous infective conditions, such as bronchitis. In this connection I think the clinical view expressed by Mr. Venters on page 19 is significant with regard to the reduction in the incidence over the last few years of chronic middle ear disease and sinus infection associated with a high rate in Cumberland of removal of infected tonsils and adenoids.

The number of children found requiring treatment of orthopaedic and postural defects has also decreased considerably over this period. Unfortunately, the reduction in the numbers of children with defects of the feet has not been so marked. One cannot disassociate this from the fact that much of the footwear, particularly that of older girls, is far from ideal in design.

Cleanliness

The authorised school nurses visit each school every term. In 1960, 72,226 examinations for this purpose were made in the year and 1,531 children were found to be harbouring either live parasites or nits in the hair. This compares with a figure of 998 children found in 1959 to be infested, out of 86,790 examined.

It will be seen that there has been quite an increase in 1960 in the number of children found with infestation of the head. I think that this is connected to the fact that the staffing situation, in the areas which have always been most troublesome in this respect, was very unsettled through the year 1960. Some of the health visiting staff who were covering double areas for periods could not give as concentrated attention to the problem as they normally would have, and they had subsequently to introduce to this difficult work new staff, previously not experienced in this particular aspect of school health work. The staffing situation in these areas

is now more stable, and I am glad to say that the indications, at the time of writing this report, are that the figures for 1961 already give promise of an improvement on those for 1960.

The real problem in connection with infestation of lice or nits is a family one and centres on a small number of unsatisfactory homes. Procedure under Section 54 of the Education Act for pressing any of these careless and unhygienic parents to the point of prosecution is rather cumbersome, and even the cleansing of a child by compulsion, if necessary, would leave the domestic reservoir of the parasites untouched in the worst cases. The personality and patience of the school nurses are certainly at a premium here, but some have felt the need of having their hand strengthened by the use of formal notices to parents requiring cleansing in direct accordance with Section 54 of the Act. These would only be issued where the usual informal approach had completely failed, and I am giving some thought, at present, to the infestation rates in various parts of the county before deciding whether to advise the use of formal Section 54 notices.

Employment of Children Bye-Laws

The revised bye-laws which came into force in October, 1959, provide that the school children over 13 years of age wishing to work for the permitted hours should be medically examined within 14 days of commencing their job, and six monthly thereafter. This latter undertaking is proving rather demanding on medical officers' time and some have expressed doubts about its value. When a few more six monthly examinations have been made I think it will be necessary to look carefully at the return for all this labour.

In 1960, 444 children were examined for employment under the bye-laws of whom three were considered unfit. The routine of six monthly re-examinations is not yet fully into its stride, and of the 48 children re-examined in the year all were found to be fit.

ASCERTAINMENT AND TREATMENT OF DEFECTS

School Clinics

The school clinics available are set out in Appendix "C" to the report. A total of 2,553 individual children attended the school clinics during the year, attendances at individual clinics and the types of case are set out below.

Clinic	New Cases	Total Attend-ances
Alston	—	see notes
Aspatria	221	441
Brampton	124	283
Carlisle	8	14
Cleator Moor	36	88
Cockermouth	180	369
Egremont	79	160
Frizington	58	226
Keswick	18	31
Maryport	106	371
Millom	167	904
Penrith	32	78
Whitehaven (Mirehouse)	33	92
Whitehaven (Flatt Walks)	194	872
Whitehaven (Woodhouse)	300	780
Wigton	335	568
Workington	304	1,408
Parton	7	43
	2,202	6,728

SCHOOL CLINICS

Defect Code No.	Conditions for which child attended	New Cases					Total Attendances				
		1960	1959	1958	1957	1956	1960	1959	1958	1957	1956
1	Cleanliness	5	1	5	2	7	16	6	11	4	35
2	Infestation	51	38	73	32	48	126	146	219	116	147
4.	Skin diseases	827	628	508	933	1188	2906	2448	2092	3386	4839
5.	Eye diseases	270	353	380	511	506	855	1109	1237	1716	1720
6.	Ear conditions	72	99	105	92	111	247	356	316	379	377
7.	Nose and throat conditions	55	78	124	99	152	128	143	205	205	281
8.	Speech defects	25	20	31	26	43	34	25	44	27	51
9.	Lymphatic glands	3	6	3	11	17	5	10	18	31	44
10.	Heart	5	4	1	9	6	17	10	3	22	37
11.	Lungs	21	44	53	59	69	97	232	216	248	310
12.	Developmental	1	3	—	8	6	9	7	1	19	19
13.	Orthopaedic	84	110	101	67	85	132	196	194	120	148
14.	Nervous system	19	24	10	34	60	256	156	62	89	128
15.	Psychological	15	16	27	21	17	34	35	51	38	36
16.	Abdomen	17	6	23	19	30	40	16	44	36	56
17.	Other conditions	732	735	909	1093	982	1826	1828	2867	3022	2762
		2202	2165	2353	3016	3327	6728	6723	7580	9458	10990

A much needed improvement in clinic provision during the year was the opening of Flatt Walks Clinic in Whitehaven in May. This new and well-appointed building replaced the provisions of the old Sandhills Lane Clinic and the two old premises in Scotch Street used for the area offices and the Child Guidance Clinic respectively.

The school clinic cases at Alston are absorbed into the normal surgeries of the only general practitioner in this area, who is also the school medical officer and medical officer of health.

Diseases of Ear, Nose and Throat

The statistical information relating to diseases of the ear, nose and throat, is set out in Table " A " and Table " B," Pt. II of Appendix A.

Tonsillectomy.

The table following showing the numbers of school children at different stages who have undergone tonsillectomy, gives a slight increase in the total figure from last year.

I am grateful to Mr. R. S. Venters, Consultant Ear, Nose and Throat Surgeon, for the following comments on this subject:—

" The remarkable betterment in the health of the school child during the past twenty years is reflected both in the attendance at clinics for diseases of the ear, nose and throat and in the incidence of serious disease affecting these areas. It is nevertheless perhaps disturbing at first thought that local health authority returns as published in the report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959, show that the incidence of tonsillectomy in school children in the county of Cumberland is much higher than the average for the country and also much higher than comparable areas.

We have a large rural community and a few densely populated urban areas and, on this account, it would only be

natural to expect that the incidence of infection referable to the upper respiratory tract would be low. This, however, is not entirely the case for the healthy country child has not the advantages of progressive immunisation by frequent contact with his fellows that the urban child experiences and it is the severity of infection rather than the frequency that produces the changes in the nose and throat that necessitates surgical interference.

Fortunately, medicine in some measure remains an art and it would not be possible to define in narrow limits the indications for operation and, though the surgeon has the last word, he must be guided in no small way by the medical practitioner and not least, the mother.

The standard of medical practice in Cumberland is high and the parents have been accustomed over the years not only to a good but personal hospital service. They are well informed and more than anxious to do their very best on behalf of their children. It is rare, indeed, for parents to refuse considered and positive medical advice.

The school ear, nose and throat service, with its consultative and follow-up clinics, have been in being for many years and the Regional Hospital Board, in its wisdom, created an ear, nose and throat self-contained department at the City General Hospital; a department that as yet, cannot be equalled in the North of England and it is common experience in medicine that if the facilities are made available, the demands for such facilities are there.

It is worthy of comment also, that over the last few years the incidence of chronic middle ear disease and sinus infection in children has dropped remarkably and in the school clinic, no child is attending for treatment of a discharging ear. It is possible that this most satisfactory state is, in fact, the result of a fairly high incidence of removal of infected tonsils and adenoids and before they have had the opportunity of producing irreversible changes that are detrimental to the future well-being of the child."

CHILDREN WHO HAVE HAD TONSILLECTOMY

Age Groups	Total Examined	1960 Boys	1960 Girls	1960 Total	1960 %	1959 Total	1959 %	1958 Total	1958 %	1957 Total	1957 %	1956 Total	1956 %
Entrants	2839	68	69	137	4.8	181	6.0	237	6.6	251	7	360	9.5
Intermediate ...	3208	352	301	653	20.4	680	20.4	931	26.3	1,025	27	897	27.3
Leavers	2685	405	386	791	29.5	554	22.5	818	29.2	934	31	811	30
Additional Periodic	901	73	74	147	16.3	227	19.4	217	22.4	132	21	100	25.1
	9,633	898	830	1,728	17.9	1,642	16.4	2,203	20.2	2,342	21.6	2,168	21.3

Provision of Hearing Aids.

The total number of pupils in the schools who are known to have been provided with hearing aids is 72, of whom 6 have been equipped during this year.

Ascertainment and Treatment of Defective Hearing.

The procedure for the ascertainment of defective hearing continues in West Cumberland as adopted in 1958, i.e. the simple tests of hearing of the Ewing School applied by health visitors in the home, and routine audiometry of school entrants. Audiometric tests are also applied in children with other handicapping conditions such as speech defects, educational subnormality, and cerebral palsy; and a number of children are referred because of deafness suspected by head teachers and others.

Defective hearing is presumed to be present at a minimal loss of 20 decibels in two frequencies in one or both ears. From this basic standard is calculated the three categories of deafness used in the tables for purposes of classification into severe, moderate and mild degrees of bilateral and unilateral deafness. Thus a " mild " case ranges from a few losses at about 20 decibels to a similar loss throughout the range of frequencies; a " moderate " case contains losses beyond the 40-50 decibel-loss mark; and a " severe " case has signficant deafness beyond a 50 decibel loss throughout the full range of frequencies.

Subsequent History of Cases Ascertained in 1959.

Total number of children requiring investigation ...	323
Number found to have moderate bilateral deafness ...	21
Referred to Otologist:—	
on account of moderate bilateral deafness ...	16
on account of mild bilateral deafness	17
Total ...	33

Findings on cases of moderate deafness:—

Normal on retesting	7
Requiring observation for nerve deafness of high frequency	2
Middle ear deafness	4
(one required hearing aid, and one a special place in class)	
Improved after operative sinus treatment	2
Dull child with improving hearing	1
Tubal catarrh with intermittent hearing loss ...	4
Refused treatment	1
Total ...	21

Only one mild case of bilateral deafness now requires observation as a possible nerve loss.

Ascertainment in 1960.

Testing of pre-school children by health visitors resulted in 2 cases being brought to light. One case is under observation and the other under home guidance by the peripatetic teacher of the deaf. This latter is one of a family in which the other two children suffer from other handicapping conditions.

A total of 2,995 children born in the years 1954 and 1955 were tested in school. No case of severe deafness was discovered. The following tables give details of the findings of those children found to have some hearing loss.

Total number of children with some hearing loss ...		166
Number found to have moderate bilateral deafness	4	
Number found to have mild bilateral deafness	13	
		17
Number found to have moderate unilateral deafness	6	
Number found to have mild unilateral deafness	56	
		62
Number reverting to normal hearing on retest by audiometricians		87
		166
Total number of bilateral and unilateral cases of deafness		79
Subsequent findings on cases of bilateral deafness:—		
Found to have a minimal loss and being kept under observation	7	
Found to have a history of ear discharge or catarrh	3	
Referred to otologist but did not keep appointment	2	
Found to have loss of hearing due to wax	1	
Found to require further ~~elveidation~~ elucidation ...	4	
		17

Subsequent findings on cases of unilateral deafness:—

Found to have a minimal loss and being kept under observation	33	
Found to have a history of ear discharge or catarrh	14	
Found to have a history of meningitis ...	1	
Admitted to hospital for observation for brain tumour	1	
Absent for retesting or clinical examination	10	
Left the area	3	
		62

Children specially examined:—

Total number of children specially examined because of suspected deafness or because of a handicap not associated with hearing ...		69
Children found to have normal hearing ...	46	
Children found to have mild or moderate loss of hearing	23	
		69

Findings on 23 cases of mild or moderate deafness:—

Found to have mild or minimal loss and being kept under observation	9	
Found to have evidence of old otitis media or history of catarrh	10	
Condition improved after removal of wax	2	
Children awaiting further examination ...	2	
		23

Mr. Abbott, who has succeeded Mr. Rawden as peripatetic teacher of the deaf, writes as follows on his work since taking up his post on 1st July, 1960:—

"*Pre-school children.*

Despite a change in personnel during the year no great time was lost in continuing pre-school training and parent guidance. Sessions have been held at Aspatria, Egremont, Whitehaven, Wigton and Workington clinics. Parents are made to understand the nature and extent of the deafness and are given a knowledge of its implications for the future. Training and guidance on the auditory aspects of parent-child relationship are also given, and parents are assisted in training the child to watch for speech and in encouraging the use of the voice.

Five of these children have been issued with transistor type hearing aids and help has been given in encouraging the children to accept and wear these aids and on how they can be used systematically as part of the home training. Home visits have been made on many occasions to supplement guidance given at the clinics as well as to ensure that both parents understand fully the implications of their child's handicap, and that as far as is possible there is an environment in the home conducive to speech being the normal method of communication.

With pre-school children it is worth while reiterating that early diagnosis and assessment is of paramount importance if the child is to gain maximum benefit from the facilities provided. Also, of course, a child of four to five years has often found, or been given, a way of life where speech and lip reading has no part.

At the end of 1960, of a total of 8 children suffering from deafness, 4 were profoundly deaf, 3 partially deaf, and one was under observation for suspected deafness.

Pupils in Special Schools.

Thirteen children in the West Cumberland area are in residential schools for the deaf and partially deaf, outside the

county. Every child has been visited by the peripatetic teacher this year during the holidays, and parents have been advised and guided in maintaining the atmosphere of the school, where every encouragement is given to the full use of whatever hearing the child has. Two of these 13 children have been admitted to residential schools for the deaf in the past year.

Pupils in Normal Schools.

Children who have only a moderate degree of deafness are being educated successfully in normal schools. Many of these children have hearing aids and a favourable position in the classroom, and all the aids in use, with one exception, are of the latest transistor type. The exception is in the case of an eight-year-old girl with a bone conduction valve aid, which, regrettably, is very bulky and awkward, no Medresco transistor hearing aid being yet available for bone conduction. These children in normal schools are under the supervision of the teacher of the deaf and are visited at intervals at school. Guidance and advice is given on the child's disability, and how to obtain maximum benefit from use of the hearing aid, lip reading, etc.

Some of these children in normal schools, particularly those with a more severe loss, are seen weekly or twice weekly at county clinics or their own school where auditory training, lip reading and speech correction is given. In some cases straightforward remedial teaching, notably reading instruction, is also found necessary.

Number of Children of School Age.

Degree of deafness		Action taken
Slight	16	Favourable classroom position
Slight to moderate ...	16	Supervision and follow up at school
Slight/moderate to severe	8	Supervision and extra tuition
	40	

A certain amount of hearing assessment, mainly with pre-school children, has been carried out in various parts of the county at the request of school medical officers and ear, nose and throat specialists."

Visual Defects and Diseases of the Eye

Routine eye tests continue to be carried out for each child who has a periodic medical examination, and the additional test which each child receives at the age of eight years showed, in 1960, 131 children referred at that age for treatment out of a total of 2,743 examined. A further 318 were recommended for observation and follow-up.

Of a similar number (2,839) of school entrants examined in 1960, 76 were referred for treatment and 277 for observation.

Dr. Campbell makes the following interesting comment on the attitude of school children to visual defects:—

"The number of school children with visual defects in the higher age groups who, while they have attended eye clinics fairly regularly, will not wear the glasses prescribed for them, is a matter of great concern. The defect in some of these children is fairly high.

The parents in these cases show great apathy although they are specially sought out and the matter is discussed with them. Their reply is invariably, 'He says he can see better without them,' or 'He won't wear them.' Talking to the children themselves has up to recently been of little avail even though they have been told they will have very poor sight when they reach adult life, or that their defective sight may prevent their obtaining the job they desire after leaving school.

There is one approach, however, which has had some success lately, especially amongst the older boys. This is the discussion of the possibility that a visual acuity test under medical control may one day be required before the issue of a driving licence. The boys seem more ready to pay some

attention to a possible practical disadvantage arising from neglect of their eyesight."

Ascertainment and Treatment of Squint.

Miss Melville resigned her post as orthoptist in August, 1960, and unfortunately, it was not found possible to make another appointment before the end of the year. At the time of writing this report Miss Modlin has been appointed to a full-time post as from 3rd January, 1961.

This has meant a lapse in orthoptic treatment for quite a number of patients. Attendances for the first part of 1960 were, however, good, and there were few patients who had to be discharged as " failed to attend."

Details of cases treated at the various clinics from January to July, 1960, are shown as follows:—

	Carlisle	Penrith	Workington	Whitehaven	Total
No. of new cases seen ...	25	27	25	41	118
No. of new cases taken on ...	22	24	20	32	98
No. of cases under treatment at 31st December, 1960 ...	84	48	49	79	260
Treatment during year of new cases					
Tonic convergent squint ...	1	2	I	2	6
Tonic convergent squint with Amblyopia	3	—	—	2	5
Partial accommodative squint	3	6	8	10	27
Partial accommodative squint with Amblyopia	3	—	1	2	6
Full accommodative	3	3	4	8	18
Convergence excess	7	4	3	6	20
Amblyopia	2	2	—	—	4
Esophoria	—	—	—	1	1
Vertical muscle palsy ...	—	1	—	1	2
Duane Retraction Syndrome	—	—	1	—	1
Divergent Squint mixed type	—	—	2	—	2
Divergence excess	—	2	—	—	2
Convergence weakness ...	—	1	—	—	1
Consecutive Divergence ...	—	1	—	—	1
Convergence Deficiency ...	—	2	—	—	2
	22	24	20	32	98
Discharges during year					
Cured	6	7	4	3	20
Improved	1	1	1	1	4
Cosmetic	3	1	3	4	11
Transferred	1	—	—	—	1
Not responding	1	—	1	1	3
Failed to attend	—	1	1	2	4
	12	10	10	11	43

Orthopaedic and Postural Defects

Orthopaedic treatment undertaken during the year:—

Number on aftercare register at 1/1/60 ...	1,163
New cases during 1960	91
Cases referred for orthopaedic physiotherapist only	70
Cases renotified after previous discharges ...	10
Cases attaining school age after having been referred originally from child welfare clinic	47
Number removed from register	314
Number on register at 31/12/60	1,067
Attendances at surgeons' clinics	702
Attendances at intermediate clinics ...	2,460
Homes visited by orthopaedic physiotherapists	515
Plaster applied	48
Surgical boots and appliances supplied and renewed (including insoles)	471
Cases receiving hospital treatment during 1960	49
Cases awaiting admission to hospital, 31/12/60	20
X-ray examinations during 1960	75

NUMBER ON AFTERCARE REGISTER AT 31/12/60

Flat foot	321
T.B. joints	8
Injuries (including fractures)	7
Poliomyelitis	55
Knock knees and bow legs	246
Cerebral palsy	70
Other birth injuries	9
Torticollis	7
Spina bifida	6
Paraplegia	2
Perthes disease and coxa vara	15

Congenital dislocation of the hip	30
Congenital defects (including talipes and pes cavus)	93
Hallux valgus and deformed toes	47
Postural defects	74
Scoliosis, lordosis and kyphosis	13
Achondroplasia	—
Muscular dystrophy	2
Schlatter's disease	2
Arthritis, synovitis, rheumatism	4
Slipped epiphysis	1
Other conditions	55
	1,067

Speech Therapy

In the latter part of 1959 there was for the first time a full establishment of three speech therapists working in the county. At the end of that year, however, Miss Dyson resigned, and so the year 1960 commenced with only two therapists. In March, 1960, Mrs. Todd resigned, reducing the staff again to one. Miss Moon, the sole remaining therapist, continued to hold clinics in Workington, Cockermouth, Keswick and Penrith. The other clinics had to be closed until September, when another full-time person, Miss Rawle, was appointed, and clinics were then re-opened at Carlisle, Wigton, Aspatria and Maryport. In the absence of a full-time therapist in the south-west area of the county, Miss Rawle commenced weekly clinics in Whitehaven. In September, 1960, Mrs. Taylor and Mrs. Latimer were appointed on a part-time basis, covering two sessions per week in Carlisle and one per week at Egremont.

It was unfortunate that the endeavour which was commenced at the end of 1959 to provide speech therapy for all children in the county requiring it could not be continued, owing to these staffing difficulties. The service in the south-western part of the county, where there is a long waiting

list, is still not comprehensive, and I hope that it will soon be possible to have three full-time workers in the field. There is no doubt that three full-time speech therapists are required for the work which has to be done.

	On Register 1.1.60	Admitted	Discharged	On Register 31.12.60	Waiting List included in previous column
West Cumberland ...	143	21	11	153	57
S.E. Cumberland ...	81	61	28	114	10
East Cumberland ...	171	37	34	174	44
	395	119	73	441	111

Particulars of Cases Discharged:—

	West Cumberland	East Cumberland	S.E. Cumberland
Normal	6	16	16
Improved, unlikely to benefit further	3	8	4
Lack of co-operation	—	4	3
Transferred	—	—	—
Left school and/or district	—	4	5
Refused treatment	2	2	—
	11	34	28

Cases Treated:—

	West Cumberland	East Cumberland	S.E. Cumberland
Dyslalia	34	41	27
Stammer	28	35	37
Stammer and dyslalia	8	—	2
Sigmatism	8	7	11
Cleft palate	3	10	3
Hard of hearing	1	1	1
Dysarthria	3	3	1
Dysphonia	—	—	1
Dysphasia	—	—	6
Retarded speech development ...	6	19	14
Hyper-rhinolalia	—	1	2
Retarded speech development and stammer	—	5	—
Stammer and dysphonia	—	1	—
Dyslalia and dysphonia	—	2	—
Stammer and hard of hearing ...	—	2	—
Stammer and Casteral sigmatism ...	1	1	—
	92	128	105

Attendances:—

	Attendances	Waiting List
Cleator Moor	—	1
Egremont	98	—
Ingwell	37	15
Millom area	—	6
Seascale	—	5
Whitehaven	205	30
Cockermouth	203	2
Keswick	154	—
Penrith	513	4
Workington	528	4
Aspatria	81	1
Carlisle	440	15
Maryport	205	21
Wigton	184	7
	2,648	111

Child Guidance

Child guidance clinics continue to be held in four places, three in West Cumberland and one in Carlisle. The following table shows the statistics for 1960.

In April, Dr. Stuart found it possible to hold a clinic at 13, Portland Square, Carlisle, three times per month instead of twice as previously and since this arrangement commenced it has greatly facilitated the work in the east of the county.

A most important step forward in 1960 was the appointment to the County Council service of a full-time psychiatric social worker for West Cumberland. Part of his duties in the mental health field naturally fall in child guidance and his appointment was a very welcome strengthening of the team.

Furthermore, a suitable candidate presented himself for the County Council scholarship to train as a psychiatric social worker and we were most fortunate in that he secured one of the highly selective places on the training course at Manchester University. In the normal course of events he will qualify in the summer of 1961 and I look forward to then being in the happy position of having two full-time psychiatric social workers in mental health work. Only a proportion of the time of these officers will be devoted to child guidance work, but this will be of great importance in this service.

Certain changes in the administration of child guidance work have also taken place. In recognition of the fact that child guidance is an integral part of the school health service, and that ever-increasing administrative work will devolve upon the mental health section of the health department consequent on the new legislation in mental health, it was decided that the office routine of the child guidance work would be best assumed by the school health section.

I am grateful to Dr. Stuart for the following notes relating to the child guidance clinic which he conducts in East Cumberland:—

"The statistical table relating to the Carlisle clinic indicates that the number of new cases referred during the year under review has remained much the same as in the previous four years.

During the early months of the year, however, it was decided to undertake more frequent therapeutic sessions with certain children and their parents. Accordingly, from April onwards the clinic was held on three sessions per month instead of two. This is reflected in the marked increase in the number of interviews undertaken with parents and children.

Of the 27 new referrals the presenting problem was: enuresis and encopresis—7 cases; delinquent acts—6; psychosomatic symptoms and phobias—6; backwardness—2; epilepsy—2; speech defects—1; others—3.

Since 1956 we have employed an electric alarm apparatus in the treatment of selected cases of nocturnal enuresis. The results to date show an improvement on all the previous methods of approach to this difficult therapeutic problem. The selection of cases for this form of treatment is important. As with any other presenting symptom in psychiatric practice, diagnosis precedes treatment and exclusion of certain organic diseases is first undertaken. It has been our experience during the past four years that children with a clear incentive to be free from bed wetting respond more favourably than those without such a spur.

We have been fortunate in being able to retain the same staff personnel for the past five years. A visit to the child's home by the psychiatric social worker before his attendance at the clinic, and the invaluable information obtained by the educational psychologists from the child's school and from intelligence testing, provide the basis for a subsequent case conference with the psychiatrist. Well integrated team work is still considered the most satisfactory method in child guidance work".

STAFF:	Carlisle	Maryport	Whitehaven	Millom	
Psychiatrist	Dr. Stuart	Dr. Ferguson	Dr. Ferguson	Dr. Ferguson	
Educational Psychologist	Dr. H. Blair Hood	Dr. H. Blair Hood	Miss Grey	Miss Grey	
Psychiatric Social Worker	Miss M. Lamb	Mr. R. Milne	Mr. R. Milne	Mr. R. Milne	Total
Cases remaining on register at January 1st, 1960	39	16	180	13	248
New cases referred during year by:—					
Consultants or General Practitioners ...	11	6	18	—	35
School Medical Officers	7	—	6	2	15
Children's Officer	4	—	—	—	4
Parents	—	2	4	1	7
Schools	4	—	3	1	8
Probation Officers or Courts	1	—	3	—	4
Others	—	—	2	—	2
Cases re-opened during the year	3	—	2	—	5
Total cases on registers during year ...	69	24	218	17	328
Cases dealt with and closed	22	16	91	9	138
Cases remaining under treatment at 31.12.60	44	8	126	7	185
Cases awaiting treatment at 31.12.60. ...	3	—	1	1	5
	69	24	218	17	328
Interviews by Psychiatrists:					
With child and/or parent	219	86	323	20	648
Interviews by Social Workers:					
At home and clinic	42	—	228	17	287
Interviews by Educational Psychologist:					
(a) Tests, play therapy, remedial teaching etc., with child	59	84	101	9	253
(b) School visits	67	14	194	12	287

Handicapped Pupils

The annual statistics of the school health service have for several years now been providing regular evidence of a steadily decreasing number of defects found at routine medical inspections. It would be unwise to assume from this that little further was to be gained from the regular examination of all school children. Yet it is also true that the school medical officer finds himself increasingly devoted to a role which has no prospect of losing its great importance, that of the specialist in determining and advising comprehensively on the most suitable educational and social environment for each handicapped child. No one can really take the place of the school medical officer in this respect. His task is a far from simple one in many cases, becoming very complex in some. He must discuss the case with the family doctor and specialists concerned, and study their reports in the three dimensions of medical, home and school circumstances. Complex parental attitudes and perhaps involved parent-teacher relationships are some of the factors which have sometimes to be given close consideration. Once again, in 1960, these responsibilities of the school medical officers have been lightened by a now familiar degree of helpfulness on the part of both teachers and other medical colleagues.

One event in the year marks, in my view, a distinct milestone in the care of handicapped pupils and indeed in the development of the school health service generally. This is the appointment by the Regional Hospital Board of the first children's specialist in Cumberland. Already Dr. Platt has proved a splendid colleague, and I look forward to increasing and regular contact between him and the medical and other officers in the school health service. The true answer to the medical and educational needs of school children with a physical handicap or defect will be more readily found in such a partnership.

My predecessor commented last year on the importance of the early pre-school ascertainment, and definition as far as possible, of disabilities in children. I am discussing at

present with my colleagues in obstetrics and paediatrics, the best method of following up from birth those children whose birth, or indeed ante-natal history, gives any suggestion of a possible future disability, physical or mental. Some of these children "at risk" from birth will have future educational needs which must be anticipated at the earliest moment. Some, too, will require regular care and help from various sources in their earliest years if they are to reap the maximum benefit from school at the appropriate time. In a sense, then, the care of the handicapped school child starts at his birth—or sooner in some cases where maternal illness has a bearing on a possible future defect in a child. Recognising these well established facts, every effort is being made administratively in the department to ensure complete liaison between the school health section and the nursing section on all potentially handicapped children.

Files are opened in the school health section for all children who show evidence in pre-school years of a possible handicap in school life. In cases where it later becomes clear that no significant handicap is going to persist, the child's name will be removed from the handicapped children's register and the medical history transferred to the normal school health record. A further step in the care of handicapped children which I regard as of great importance for the future is a closer liaison with the Youth Employment Officer on their employment problems on leaving school.

Blind and Partially Sighted Pupils.

Complete or severe loss of vision is, by any standards, a heavy enough handicap to carry by itself, yet of 21 children so classified, five have double handicaps, and this makes satisfactory educational placement no easier. One child who has just reached school age is almost completely blind, can only walk with support, and is generally very frail after much hospital treatment, including operations. She appears to be quite intelligent, yet although only a residential school for blind children can offer her real education, it is only too easy to understand her parents' reluctance to allow

her away from home at this stage. Frequent review of the whole situation is necessary in such difficult cases.

There are 7 blind Cumberland children and 6 partially sighted accommodated in residential schools in various parts of the country.

Deaf and Partially Deaf Pupils.

The details of the findings on audiometric testing of selected groups in West Cumberland have once again been provided by Dr. Hunter and are found on page 22. His report is again supplemented by that of the peripatetic teacher of the deaf, whose work becomes of increasing importance as more pre-school children with defective hearing are discovered. Much can be done by the peripatetic teacher to prepare these children for their school years.

I am hoping to arrange in the coming year for all the nursing staff with health visiting responsibility to be trained in the methods employed by Sir Alexander Ewing for the ascertainment of deafness in the very young child.

There are at present 20 school children known to be handicapped by deafness or partial deafness. This does not take account of the others enumerated in the table on page 24 who has less severe degrees of deafness and for whom only minor educational adjustments are necessary to enable them to derive normal benefit from ordinary school.

Educationally Subnormal Pupils.

The two residential special schools for educationally subnormal pupils in Cumberland continue to be used to the full. There are places for 57 boys at Ingwell and 36 girls at Higham, with 6 places being allocated to Westmorland for boys and 3 for girls.

As will be seen from the table following the numbers of educationally subnormal children ascertained continue to exceed to a disturbing extent the number of places available, and the extent of the waiting lists for the two special

schools is shown. A proportion of these are in progress classes in ordinary school and for many educationally subnormal children this is an excellent provision. Unfortunately, the extension of these classes to all parts of the county has again, in 1960, been very slight. There are 4 Cumberland children in special residential schools for the educationally subnormal outside the county. I find it a matter of real concern that so many educationally subnormal children should be unprovided for in terms of special educational treatment.

The following account of the work of Ingwell School has been kindly provided by Mr. Nelson, the headmaster:—

" Ingwell, established in 1953 as a residential school for educationally subnormal boys, has now entered its eighth year and results to date are encouraging. The school has accommodation for 57 pupils and 58 boys have so far passed through the school, the majority of these having been placed in suitable employment.

The objective at Ingwell, as at other schools, is to prepare these boys for adult life, to help them to become self-supporting and to develop into good members of the community. The provision of a curriculum which enables each boy to complete the learning process to the fulness of his abilities and aptitudes is of first importance. He must be encouraged to develop such basic skills as speech, reading, writing and number, to enable him to take his place in the community as a useful citizen.

The formation of good habits of personal hygiene are an integral part of the school routine. Each boy is regularly expected to carry out such personl tasks as washing, bathing, showering, teeth cleaning, etc., and attention is paid to meal time etiquette.

Ingwell aims at the development of confidence in the boys' own ability, self respect and a feeling of security. The need for security, for giving and receiving attention, for acceptance by other children, for recognition and self esteem,

for independence and responsibility, are all extremely important in the development of an educationally subnormal child. One of our main tasks is to develop an awareness and understanding of the world around him. It is clear that whatever we can do to increase the subnormal child's awareness of his human and natural environment will make an essential contribution to his enjoyment of life. He must be encouraged to foster interests that will help him to occupy his leisure hours profitably and at Ingwell we try to develop a lasting interesting in craft work, a love of the open air, scouting and outdoor activities such as athletics, soccer and cricket, and emphasise the value of being a member of a club or youth group.

On leaving school, a job is the first step, and although no specific vocational training is given at Ingwell every endeavour is made to ensure that these boys are aware of the importance of keeping that job. Frequent discussions are held and topics include: the ability to get on with other workers, getting there on time, keenness, responsibility, personal appearance, etc. Some who hope to enter farming do get practical experience on neighbouring farms, and all boys work in the school gardens. Much time is devoted towards determining that as far as possible each boy is guided into the most suitable type of occupation for him to follow."

The award during the year by the University of Edinburgh of a Doctorate in Philosophy to Mr. Blair Hood, Educational Psychologist, is very pleasing to note and he is to be congratulated on this distinction.

2 H.P. EXAMINATIONS COMPLETED IN 1960

Under Section 34

Recommended Special School—E.S.N. ...	70
Recommended Special School—Maladjusted...	—
Recommended Special Class—E.S.N. ...	18
No special educational treatment required ...	6
Decision deferred	8
TOTAL ...	102

Under Section 57

Reported as ineducable or unsuitable for education at school	16
Reported as requiring supervision on leaving school (2.H.P. exam. not necessary after 1/11/60)	13
Decision as to educability deferred	1
Not requiring supervision on leaving school ...	—
TOTAL ...	30
Number of Boys on Waiting List for Ingwell School	84
Number of Girls on Waiting List for Higham School	49
TOTAL ...	133

NEW CASES REFERRED IN 1960

Referred by	Referred for investigation of intellectual capacity
School Medical Officers	50
Psychologists and Teachers ...	71
Consultants and Hospitals	10
Family Doctors	—
Children's Officers	1
Probation Officer	1
Parents	—
Others	8
	141

An important advance in the legislation affecting educationally subnormal children was reached with the coming into operation on 1st November of the Mental Health Act. The Second Schedule (Section 11) of this Act

made certain amendments to Section 57 of the Education Act, 1944, which itself dealt with the examination and reporting to the local health authority of children thought to be "incapable of receiving education at school." The changes brought about illustrate the general direction of the Mental Health Act in reducing statutory measures to an absolute minimum. These will rather be overshadowed by carefully worded informal letters to parents combined, wherever possible, with personal contacts between parents and the officers of the education and health departments who are best placed to explain the real purpose and aim of the action proposed.

It remains the responsibility of the local education authority to ascertain what children in their area are suffering from "a disability of mind of such a nature or to such an extent as to make them unsuitable for education at school." Parents must submit to examination by a medical officer of the authority any child who has reached the age of 2 years and about whom a notice has been served in the prescribed fashion. It is still necessary that a short formal notice should go to parents, but this will now be taken personally in most cases by the health visitor or school nurse who knows the family, along with an informal explanatory letter. The letters to be used at the different stages of the amended procedure are based on those suggested by the Ministry of Education and they, together with all the steps leading to a decision on the child's educational future, have been agreed upon by the Director of Education and myself.

A few other important points should be high-lighted in connection with this revised approach to children who appear likely to prove unsuitable for education at school. Apart from those children who are very clearly severely mentally subnormal, all come within the scope of the Education Act until the local education authority records a decision that the child is unsuitable for education at school. When a child has been examined under the amended Section 57

DELICATE

Name of School	Boys	Girls
Children's Convalescent Home, West Kirby ...	—	1
St. George's Diabetic Hostel, Kersal, Manchester	1	—
Total ...	1	1

HOSPITAL SPECIAL SCHOOLS

Stannington Children's Hospital School, Nr. Morpeth	3	—
W. J. Sanderson Hospital School, Gosforth ...	1	—
Total ...	4	—

Dental Service

Mr. Martin, the Principal School Dental Officer, makes the following comments on the dental service:—

"It is approximately 40 years since the school dental service started in Cumberland and it is most enlightening to trace the progressive policy that has been pursued by the authority over the years and to take stock as to what has been achieved and what still remains to be done. As Oliver Wendell Homes said, 'The great thing in this world is not so much where we stand as in what direction we are moving.'

From a small beginning of two dentists appointed in 1920 to deal with approximately 28,000 children, there is now a staff of one principal and ten dental officers available for approximately 37,500. There has been no sudden increase, but a steady expansion over the years resulting in the present ratio of one dentist to 3,400 children, which comes very near to the Ministry's recommended figure of one to 3,000, though it must be borne in mind that the staff is also responsible for an increasing number of maternity and child welfare cases. In the School Medical Officer's Report for 1934 this policy of expansion is envisaged up to a possible

six dentists and when it is realised that Workington and Whitehaven schools have since been included, in addition to the raising of the school leaving age, it is evident that the figure was realistic. What of the future? The same progressive outlook of the authority is apparent in the recent increase of establishment by another four officers, so that more appointments can be made as necessary. When the time for this will be it is not easy to say, but the situation in West Cumberland as regards the National Health Service is becoming increasingly serious as private practices close down due to retiral or removal. These dentists are not being replaced, which means that many children, who for various reasons have had treatment outside the school service, will have to be provided for or be completely neglected.

In the early days the clinic facilities were very restricted and here again the policy adopted has proved very sound. Over the years clinics have been established at strategic points throughout the county so that apart from a few exceptions no school is more than five or six miles from a clinic where treatment is available weekly. In fact, wherever a school population of 500 is centred a clinic is established. At first it was necessary, on financial grounds, to utilise what premises could be obtained, mainly houses of various types, but the start was made. In 1939 the first 'standard' clinic was built at Aspatria and has resulted in clinics being provided throughout the county, of which any authority might be proud. There are some premises which still require replacing but progress is being made and it is possible to anticipate the day when the last of the conversions will return to its original use and all treatment will be carried out in premises designed for the purpose. At the same time there has been a similar outlook with regard to equipment. The standard of this has been steadily raised and while there is still room for further improvement, all staff have available what will allow a high standard of work to be maintained, including in most cases the latest development for conservative work—the high speed turbine drill. In addition, X-ray examinations can be carried out in any

Table Showing Handicapped Children in Special Schools

BLIND

Name of School	Boys	Girls
Royal Normal College for the Blind, Shrewsbury	2	—
Royal Victoria School for the Blind, Newcastle	3	2
Total ...	5	2

PARTIALLY SIGHTED

School for the Partially Sighted, Preston ...	3	—
Barclay School for Partially Sighted Girls, Berkshire	—	1
Royal Normal College for the Blind, Shrewsbury	1	—
Exhall Grange School, Exhall, Warwickshire ...	1	—
Total ...	5	1

DEAF

Royal Cross School for the Deaf, Preston ...	1	—
Boston Spa Institute for the Deaf	1	2
Royal Residential School for the Deaf, Manchester	—	2
Burwood Park School, Walton-on-Thames ...	1	—
Thomasson Memorial School, Bolton	—	1
Total ...	3	5

PARTIALLY DEAF

Northern Counties School for the Deaf and Dumb, Newcastle	1	1
Liverpool School for the Partially Deaf, Southport	2	3
Boston Spa Institute for the Deaf	—	1
Total ...	3	5

EDUCATIONALLY SUBNORMAL

Name of School	Boys	Girls
Allerton Priory R.C. Special School	—	1
Ingwell Residential School, Moor Row ...	49	—
Higham Residential School, Cockermouth ...	—	33
York Day Special School, Carlisle	2	1
Total ...	51	35

EPILEPTIC

Sedgewick House School, Kendal	2	—
Colthurst House School, Warford, Cheshire ...	1	—
Total ...	3	—

MALADJUSTED

St. Vincent's Home, Newcastle upon Tyne ...	1	—
Naemoor School, Rumbling Bridge, Kinross ...	1	—
Total ...	2	—

PHYSICALLY HANDICAPPED

Hesley Hall School for Physically Handicapped, Doncaster	1	—
Percy Hedley School for Spastic Children, Newcastle	6	4
W. J. Sanderson Hospital, Gosforth	1	—
Irton Hall School, Holmrook	2	—
Bleasdale House, Silondale	1	—
Lord Mayor Treloar School, Froyle, Alton, Hants.	1	—
Total ...	12	4

Physically Handicapped Pupils.

The largest single group of children classified as physically handicapped pupils are those suffering from cerebral palsy. Details of these spastic children are given in the table which follows, and the periodic advice of Dr. E. Ellis, Medical Director of the Percy Hedley School for Spastic Children, Newcastle-on-Tyne, together now with the helpful part played by Dr. Platt, continues to be as valuable as ever.

The main other physical handicaps relate to chronic respiratory infection, diabetes and heart conditions. The majority of the latter are nowadays congenital heart defects, since rheumatic fever is so much less prevalent than at one time.

Children Suffering from Cerebral Palsy.

The numbers in this category at 31st December, 1960, are as follows:—

Number of spastic children of school age—

West Cumberland	50
East Cumberland	18
Total in Cumberland ...	68

These may be divided into those:—

(a) Attending ordinary school	34
(b) At Percy Hedley School for Spastics (Newcastle)	9
(c) At residential schools for the physically handicapped	2
(d) At residential schools the educationally subnormal	1
(e) Attending Training Centre	2
(f) At Dovenby Hospital	5
(g) Having home tuition	4

(h) Not attending school, not having home tuition 11

In addition:—

Number of children under school age but within the scope of the Education Act, 1944 (i.e. 2-5 years of age) who are known spastics—

West Cumberland	9
East Cumberland	9
Total in Cumberland ...	18

Pupils with Speech Defects.

There are no pupils with speech defects severe enough to require attendance at a special school.

Delicate and Diabetic Pupils.

A welcome holiday for delicate children continues to be provided where necessary by the Sunshine Home at Allonby and all but one of the diabetic children in the county attends ordinary school.

and found rather to be educationally subnormal, the parents will be advised, as at present, of the educational treatment which can be offered to the child based on the approved medical officer's recommendations. It should be remembered that most of the children who are thought to be educationally subnormal but not likely to be unsuitable for education at school, are examined under Section 34 of the Education Act. The new legislation introduces a welcome element of flexibility in that a child whose examination was undertaken under Section 34 may be regarded as having been examined under Section 57 if it turns out that this is the section of the Act which it is necessary to apply in his case. The same applies also in reverse where a child was examined under Section 57, the examination itself being the same in both cases.

Where, however, the conclusion of the medical officer is that the child is unsuitable for education at school, the local education authority, normally working through an appropriate committee, must inform the parents that it intends to record this decision, having considered the findings of the medical officer's examination and all other relevant reports on the ability and aptitude of the child. The Minister of Education has said that he expects, however, that an increasing proportion of children who are examined under Section 57 will first have received special educational treatment. Parents then have 21 days in which to appeal to the Minister of Education against the decision and the local education authority will not, in fact, record the decision until 28 days have elapsed. There always has been a right of appeal by parents to the Minister in such cases, but the period in which this can be submitted is now extended from 14 to 21 days. Futhermore, parents of children deemed by the local education authority unsuitable for education at school now, for the first time, have an annual right of appeal to the local education authority for a review of the decision on their child's case, and this right will, of course, be pointed out to them. This latter provision, if used by many parents,

may well make very extensive demands on the time of approved medical officers and educational psychologists.

When the decision is recorded by the local education authority that the child is unsuitable for education at school the case will, as hitherto, be reported by the local education authority to the local health authority and this transfer of responsibility will be done, as far as the parents are concerned, by a personal visit from an officer of the authority who is in a position to explain fully to them the future care and training of the child. These are the children previously referred to as mentally defective, which term has now been replaced by the more acceptable terms "subnormal" or "severely subnormal."

Children suffering from Epilepsy.

There are 21 school children ascertained as suffering from epilepsy, of whom 3 are at special residential schools. The remainder are controlled by anticonvulsant drugs and are able to continue their education in ordinary school. Any increase in the number of fits a child may take in school calls for discussion between the school medical officer and the family doctor on the possible need for a re-adjustment of treatment. Since emotional factors play a part in epilepsy there is an interesting field of observation for school medical officers as these children pass from one stage and from one teacher to another.

Maladjusted Pupils.

There are 2 Cumberland pupils in residential schools for maladjusted children. This usually comes about because the home circumstances are playing an adverse role in the child's condition. It is still true, however, that the psychological problems of children, in common with all mental health conditions, are much better dealt with as far as possible in the normal home and school background. The work of the Child Guidance Service is described on page 35.

answer, especially in a service that is mainly preventive in character.

In April, Mr. Lamond retired after 26 years of outstanding service to the county. His going is a matter of regret but mixed with the desire of all the staff that he will have a long and happy retirement. Miss Brownrigg, dental attendant for the same area, also resigned in August on the occasion of her marriage. To fill the vacancy caused by Mr. Lamond's retiral, Mr. A. Macdonald was appointed and commenced duty on the 1st May, 1960. Miss A. Blamire joined the staff as dental attendant on the 5th September, 1960.

In concluding this survey, which will be my last Annual Report as Principal School Dental Officer, I wish to place on record how much I have valued the unfailing helpfulness of the committees concerned with dental matters, which, allied to their progressive outlook, has made my period of service in Cumberland what must ever be a very pleasant memory."

PREVENTION OF ILLNESS AND PROMOTION OF HEALTH

Protection of School Children against Tuberculosis

The two main approaches to the protection of school children against tuberculosis continue to be skin testing, and where advisable, B.C.G. vaccination for 13-year-olds and the offer of mass miniature X-ray to pupils who have reached 15.

The parents of 3,423 (2,974) pupils were offered the benefit of Mantoux skin testing as an estimate of the child's susceptibility to tuberculosis, with B.C.G. vaccination to follow for the appropriate children. Of these, 75% (77%) accepted. In the final count 2,406 (2,215) children were tested, this being 70% (74%) of those who received the offer. There were 17.4% (22.1%) who gave a positive reaction, and all but 10 of the 1935 (1,709) who were negative received the B.C.G. vaccination which was advised. (**Note.**—The figures in parenthesis refer to the year 1959.) To the positive reactors the further check of a chest X-ray is offered since, although most of these children have been exposed to tuberculosis infection at some time and have developed a healthy resistance, it is always possible that one is a positive reactor because of a very recent infection and may even be a frank case. This was illustrated during 1960 in the case of a 14-year-old girl whose X-ray, following a strongly positive skin test, showed quite severe and active tuberculosis in her lungs. Not only was intensive treatment in hospital commenced, but all her contacts could be followed up and checked and she was no longer a source of infection to others. This girl's treatment has been very effective and she is already out of hospital and her education is being continued at home until she is able to return to school.

In a letter in the early part of the year the Ministry of Health commented that the Medical Research Council's Tuberculosis Vaccines trial had demonstrated quite clearly

the services which he saw to be desirable. The county owes much to him as well as to the members of the hospital staffs, whose attitude has always been one of unfailing helpfulness.

At the time of writing it is just 25 years since the prosthetic department was started with one technician. Though originally this had in view mainly public assistance cases, it has become a great asset in the development of the service in its various aspects, as it forms the background of much of the clinical work. Dental technicians do not appear much in public but they are a very important part of the dental service, in fact they are the 'back room boys' of dentistry, while in Cumberland their usefulness extends to the maintenance and repair of much of the clinic equipment—a very necessary matter where the nearest suitable service is a hundred miles away.

This survey would not be complete if reference were not made to the important matter of teacher-clinic relationship. It is most encouraging to see how this matter has changed from an attitude of reserve towards 'those people who make a nuisance of themselves upsetting school routine' to a whole-hearted co-operation between teachers, especially head teachers, and the dental staff. This is an asset which cannot be too highly valued, as on it the smooth functioning and efficiency of the service depends. If this is lacking due to any cause whatsoever the whole scheme is doomed to failure, but it is not lacking in Cumberland and it is hoped that it will not only be maintained but strengthened. This raises the question of health education and this is one side which has not been developed sufficiently in the county. With a very full school curriculum there is not much time available for other matters, but would it not be possible for dental talks to be given to classes during periods for such subjects as biology, hygenie, etc.? This would supplement the teaching and at the same time relieve the teacher for a period occasionally, which would surely be welcome. This,

of course, refers to the older children who are the most important. Results with the younger ones are doubftul.

From the above it will be seen that the isolated position of Cumberland has led to the development by the Regional Hospital Board and the local education authority together of a comprehensive and self-contained service and while there is certainly no room for complacency, a foundation has been laid which will allow further progress in pursuit of the ideal, namely, the complete control of dental caries in school children. As long as such things as ' lollies,' as well as other carbohydrate delicacies, are freely supplied to children, even in school tuck shops, so the problem of dental decay will continue, but it should be possible to prevent its ravages in some degree and it is hoped that in Cumberland this degree will steadily increase. At the moment the county is in a most favourable position as regards staff, especially compared with other authorities, and as Principal School Dental Officer I am glad to be able to add that in addition to the numerical aspect I doubt if a better staff can be found anywhere in the country and this refers to the whole personnel as well as dental officers. Not only is the standard of work high, but an excellent team spirit is always in evidence, which greatly helps in maintaining a service which has the wellbeing of individuals in view.

To revert to the actual year under review, two points call for mention. The figures show a rather large carry over of untreated cases—2,772—which is higher than usual. This is partly due to nearly 200 sessions lost through illness, considerably more than usual, but in the main is the result of an effort on the part of the staff to complete all schools in the year, an effort which did not succeed. At the same time had all appointments been kept this would have been less. The actual total of broken appointments was 6,823, but most of the offenders were treated on other occasions. While allowance is always made for non-attenders in planning a clinic session, this still remains one of the major problems of the service and it is most difficult to find a satisfactory

ruined this, of course, but the position has been recovered and now, as indicated above, the emphasis is on preventive measures. There is no doubt that yearly inspection is essential. In many cases more frequent check-ups are desirable and as progress is continued it may be possible to reduce the routine period to six months. This would not affect the incidence of caries, but would certainly reduce its ravages in that it could be dealt with in the early stage and thus save loss of tooth structure.

There remains one further matter for consideration—how has treatment progressed? Here again we have travelled a long way from the days when amalgam, commonly copper, fillings were standard and extractions were performed under doubtful local or single-handed general anaesthesia. Now all types of filling materials are employed, each chosen for the particular purpose for which it is needed, in certain cases gold being the one of choice, while when teeth are unavoidablly lost by accident or otherwise, immediate dentures are inserted at the time of extraction. This in itself is an important matter as it not only saves 'face' in more ways than one, but prevents teeth drifting out of position as nature tries to fill the gap. The single-handed 'gas' for extractions, with its uncertainty and possible dangers, is now a thing of the past. Far too long dentists, as well as the public, have viewed general anaesthesia as a trivial matter, but the profession at least is realising the inherent dangers that are present in every case and it is important that the public too should recognise that each time a general anaesthetic is administered there is a measure of risk, in the same way as there is a risk every time anyone travels in a motor car. For this reason, everyone would desire to sit behind a competent and experienced driver, so it is infinitely more important in anaethetics that the most skilled service is available, from the point of view of comfort as well as safety. This is precisely the aim in the arrangements made in the county. Only those members of the staff who have special training do this work, while their services are being gradually supplemented by the

employment on a part-time basis of anaesthetists of consultant status, one of whom is already doing regular sessions. On account of the fact that most consultants are under full-time contract to the Regional Hospital Board, there are difficulties to be met in developing this feature, but it is hoped that in time ways and means will be devised to overcome these.

While speaking of consultant services it is well to refer to the orthodontic treatment which has now been established in the area. For many years this work was carried out by the dental officers with a pretty fair measure of success and at one point a member of the staff who was specially qualified was available for advice and for the treatment of complicated cases. Naturally, he finally left on taking up a teaching post, but the work continued and many cases were dealt with. There was, however, a definite feeling that the services of a consultant orthodontist were desirable, but the distance from the nearest teaching hospital made this a difficulty. The close link between the hospital service and the county health service provided the answer and the Regional Hospital Board appointed a consultant to whom all cases are now referred. Most of these are dealt with by him, but a few are handed back and treated by the county dental officers. The results of this arrangement have been excellent and the benefit to the children is enormous, while the cost to the county is negligible. Reference is made above to the close link between the county health department and the Regional Hospital Board in the area. This is a very fortunate matter and reflects on another aspect of dental treatment—oral surgery. Here again, cases beyond the scope of dental clinics are referred to the oral surgery staff of the hospitals with the knowledge that every one will be dealt with in the best possible way. Formerly, such cases had to be sent to Newcastle, if not further afield, and for many this meant that nothing was done. In both these aspects tribute must be paid to Professor R. Bradlaw, Dean of Newcastle Dental School, who realised the problems of the Special Area and went to endless trouble to provide

part of the county, however remote, provided mains electricity is available, a portable unit being obtained in 1938 for this purpose. This is certainly limited in its use, as it is not always where it is needed, but now a start has been made in equipping the larger clinics, an X-ray unit and dark room having been installed at Park Lane Clinic, Workington.

So much for clinics, but what about the more remote areas where public transport is difficult or non-existent? At first a dental van was used which did its turn, but had many disadvantages. This was followed by the use of portable equipment, which was preferable but which still was not wholly satisfactory, especially for the Dental Officer who had to work under considerable difficulties. Now, however, with the increasing availability of transport in rural areas, children are brought into central clinics as required, so that in principle even the most remote school has full clinic facilities 'at the door.' This has solved one problem but the development of education is causing another in relation to secondary schools. Most of these are situated some distance from the nearest clinic and the pupils are at an age where a fair amount of conservative work is required often necessitating a number of visits and entailing a serious loss of school time. Treatment centres have been established in some of these schools and are proving of enormous value not only in relation to pupils' time, but also the dentists', as patients are available on the spot and not lost somewhere on the way, as happens only too often. In one case an experiment is being made with mobile equipment which can be put away after use so as not to render a room unsuitable for other purposes. This appears to be good, but is not the complete answer. Is it too much to hope that within the next year or two adequate provision will be made in all grammar and secondary schools? This may present difficulties, but when so much progress is being made in clinic facilities it is surely worth while to pursue the unattainable ideal, for it is only thus that real progress is made.

What about the children's dental condition—does it show the same progress? It has been said that statistics can be made to prove anything, but the following facts are of interest. In 1928, 3 out of 4 children required treatment and 19 extractions were done to 1 filling. In 1934, 5 out of 6 required treatment and there were 5 extractions to 1 filling. In 1938, 10 out of 11 required treatment and there were 2 extractions to every filling. In 1960, 23 out of 35 required treatment and fillings and extractions were practically equal —18,700 fillings and 19,170 extractions. The most important indication is the steadily rising ratio of fillings to extractions, which shows that preservation is steadily overtaking destruction, and this is surely the aim of all medical science.

In this connection it is well to refer to the A.B.C. grouping scheme which was introduced in 1938 with a view to establishing continuity of treatment throughout school life, while at the same time bringing all schools gradually under full treatment. Under the A.B.C. scheme referred to, all children are grouped according to the parents wishes in one of three groups:—

A. Regular dental treatment to be carried out by the county dental staff.

B. Regular dental treatment not desired.

C. All treatment refused.

This grouping normally remains through school life, though administratively provision is always made for change of mind on the part of the parents. This not only assures a greater continuity of treatment for the 'A' group, but also greatly reduces the clerical work involved in yearly consents.

Up till 1938 only three-fifths of the elementary schoo children and no secondary school children were routinely inspected. The wisdom of this step has been shown by the fact that in spite of war-time complications, all schools were under full treatment in 1944. The post-1948 debacle

that B.C.G. vaccination conferred protection against tuberculosis for a period of at least 6½ years. Only further time will show conclusively exactly how long the protection lasts, but there can be no doubt that B.C.G. vaccination is a most important weapon against tuberculosis in the older school child.

The following table gives the results of the Mantoux testing of 13-year-old school children since the scheme started in 1955. It will be seen that in only four districts is the percentage of positive reactors over 20, compared with eight districts in this position last year. The overall percentage of positive reactors in East and West Cumberland continues to fall steadily each year.

DISTRICT	Children born 1941 Tested in 1955			Children born 1942 Tested in 1956			Children born 1943 Tested in 1957			Children born 1944 Tested in 1958			Children born 1945 Tested in 1959			Children born 1946 Tested in 1960		
	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.	No. Tested	No. Pos.	% Pos.
Alston	26	3	11.5	31	11	35.5	32	19	59.4	39	6	15.4	27	10	37.0	36	5	14.0
Border	222	40	18.0	236	68	28.8	230	49	21.8	267	38	12.8	237	31	13.1	265	35	13.2
Keswick	101	10	9.9	78	30	38.5	99	28	28.3	92	19	20.7	78	17	21.8	83	19	22.9
Penrith R.D.	60	9	15.0	58	13	22.4	62	10	16.1	66	16	24.2	69	8	11.6	43	7	16.3
Penrith U.D.	133	30	22.6	137	45	32.8	134	30	22.4	135	20	14.8	143	23	16.1	176	25	14.2
Wigton	224	62	27.7	231	55	23.8	283	69	25.3	288	52	18.1	278	39	14.0	231	20	8.7
Total East Cumb.	**766**	**154**	**20.1**	**771**	**222**	**29.0**	**840**	**205**	**24.4**	**887**	**151**	**17.0**	**832**	**128**	**15.4**	**834**	**111**	**13.3**
Cockermouth R.D.	45	14	31.1	75	28	37.3	60	18	30.0	14	3	21.4	25	7	28.0	25	1	4.0
Cockermouth U.D.	91	34	37.4	101	23	22.7	104	30	28.8	157	34	21.7	140	33	23.6	188	46	24.5
Ennerdale	209	81	38.8	242	101	41.7	311	114	36.7	286	101	35.3	234	80	34.2	251	66	26.3
Maryport	119	42	35.3	108	37	34.3	108	41	38.0	160	50	31.3	137	29	21.2	126	23	18.3
Millom	132	56	42.4	146	65	44.5	170	60	35.3	184	64	34.8	176	56	31.8	170	28	16.5
Whitehaven	414	145	35.0	315	149	37.3	325	111	34.1	384	129	33.3	297	88	29.6	428	91	21.3
Workington	414	141	34.1	384	130	33.9	358	118	30.2	400	82	20.5	374	69	18.4	384	53	13.8
Total West Cumb.	**1424**	**513**	**36.0**	**1371**	**533**	**39.0**	**1436**	**492**	**34.3**	**1585**	**463**	**29.2**	**1383**	**362**	**26.2**	**1572**	**308**	**19.6**
GRAND TOTAL	**2190**	**667**	**30.4**	**2142**	**755**	**35.3**	**2276**	**697**	**30.6**	**2472**	**614**	**24.8**	**2215**	**490**	**22.1**	**2406**	**419**	**17.4**

Mass Miniature Radiography.

The following table shows the findings at mass radiography of all school children, including those attending private schools, over the age of 15 years:—

Children X-rayed on miniature films	1,607
Children recalled for large film examination ...	26
Children recalled for clinical examination ...	2
Children found with active tuberculosis	—
Children found with inactive tuberculosis ...	—
Children found with bronchiectasis	—
Children found with abnormal cardiac conditions	—

Medical Examination of Teachers

	Total	Category A1	A2	B1	B2	C
Entrants to Training Colleges Form 4 R.T.C.	125	102	23	—	—	—
Entrants to employment as teachers by Cumberland Education Committee (Form 28 R.Q.)	88	60	28	—	—	—
There were examined in addition:—						
Teachers from other authorities entering employment in Cumberland	75	74	1	—	—	—
	288	236	52	—	—	—

A1.—Those who are in good health and free from any physical defect.

A2.—Those who are in good health but possess defects which are not likely to interfere with efficiency in teaching.

B1.—Those who are in good health but suffer from physical defects (including disfigurement or deformity) which are likely to interfere, to some extent, with efficiency

in teaching though they are not serious enough to make the candidate unfit for the teaching profession.

B2.—Those who are temporarily in subnormal health, but may, under treatment, make a good recovery.

C.—Those whose condition is such as to make them unfit for the teaching profession.

Prevention of Diphtheria

The offer of immunisation against diphtheria was continued in 1960 to all children entering school. For many already protected before school entry this only involves a reinforcement injection to be followed by another at age 9/10 years; for others a complete " primary " course of two injections. There were 4,382 who received reinforcement injections in 1960 and 845 accepted primary courses. This compares with 2,180 reinforcement injections in 1959 and 229 primary courses. For 12 successive years no case of diphtheria has been notified in Cumberland. The year 1960 saw, however, several small sharp outbreaks of the disease in the country, one in our not far distant neighbouring county of Lancashire. More than one of these outbreaks produced fatalities in unprotected children and the only immunity which Cumberland will know to diphtheria is the sum of the immunity of each individual child who has been protected in the prescribed way. Plans were maturing at the end of the year for the introduction of vaccination against tetanus. This has been obtainable for some time from general practitioners, mainly in the form of " Triple Antigen " given in the first year and giving simultaneous protection against diphtheria, whooping cough and tetanus. This will in future be available in County council clinics, and when children already protected against diphtheria and tetanus reach school age they will be offered reinforcement of both immunities. In addition, every effort will be made to encourage the parents of previously unprotected, or partially protected, school entrants to accept the injections required to produce full cover against both these dangerous infections.

Poliomyelitis Vaccination

The majority of children entering school now have already completed a course of three injections against poliomyelities and those that have not are included in the earliest poliomyelitis vaccination clinic. There is no waiting list of school children and the proportion who have received two or three injections is now 87.8%.

Poliomyelitis Vaccination

	Year Born											
	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total
Received three injections ...	2	—	255	241	244	242	210	214	204	332	179	2,133
Received two injections ...	2,297	2,774	3,298	3,021	2,905	2,875	2,815	2,743	2,499	2,254	2,499	29,980
Total at 31.12.58.	2,299	2,774	3,553	3,262	3,149	3,117	3,025	2,957	2,703	2,586	2,678	32,103
Received three injections ...	1,966	2,389	3,009	2,826	2,695	2,600	2,494	2,463	2,174	2,113	2,315	27,044
Received two injections ...	445	567	691	547	461	602	636	623	744	782	626	6,724
Total at 31.12.59.	2,411	2,956	3,700	3,373	3,156	3,202	3,130	3,086	2,918	2,895	2,941	33,768
Received three injections ...	2,226	2,744	3,424	3,216	3,074	2,997	2,898	2,872	2.598	2.464	2,613	31,126
Received two injections ...	216	222	279	184	184	244	255	220	348	494	410	3,056
Total at 31.12.60.	2,442	2,966	3,703	3,400	3,258	3,241	3,153	3,092	2,946	2,958	3,023	34,182

Prevention of Infection in Schools

There were no outbreaks of infectious disease in schools in 1960 which gave rise to real concern. Sporadic cases or small groups of cases of jaundice occurred on both sides of the county. In more than one instance attempts were made to trace a path of infection but no significant results emerged. The incubation period of infective jaundice is often as long as a month or more, and in addition it is known that some cases clinically presenting as infective jaundice are caused by the transmission of a virus in the course of giving an injection, where the possibility of the virus transmission from one child to another has not been completely excluded. It is always very difficult to prove this as a cause of jaundice, but in order to preclude it completely assistant medical officers have been instructed to use a sterile needle and syringe for each child receiving an injection. Though a fresh sterile needle has always been used the insistence on a fresh syringe is in line with modern thought on the subject.

Cases of Infectious Disease in Children of School Age

	Scarlet Fever	Whooping Cough	Ac. Polio Paralytic	Ac. Polio Non-Paralytic	Measles (Excluding Rubella)	Diphtheria	Dysentery	Meningococcal Infection	Ac. Pneumonia	Smallpox	Ac. Encephalitis Infective	Ac. Encephalitis Post-Infectious	Enteric or Typhoid Fever	Paratyphoid Fevers	Erisipelas	Food Poisoning	T.B. Respiratory	T.B. Meninges & C.N.S.	T.B. Other	TOTAL
Urban																				
Cockermouth	2	9	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	14
Keswick	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Maryport	5	16	—	—	5	—	—	—	1	—	—	—	—	—	—	—	—	—	—	27
Penrith	3	7	—	—	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42
Whitehaven	4	10	—	—	270	—	—	—	—	—	—	1	—	—	—	—	1	—	—	286
Workington	3	20	—	—	3	—	1	—	1	—	—	—	—	—	—	—	—	—	—	28
Rural																				
Alston	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Border	7	34	—	—	23	—	—	—	1	—	—	—	—	—	—	—	—	—	—	65
Cockermouth	7	9	—	—	18	—	15	—	—	—	—	—	—	—	—	—	—	—	—	49
Ennerdale	8	12	—	—	437	—	—	—	—	—	—	—	—	—	—	—	4	—	—	461
Millom	28	47	—	—	6	—	—	—	1	—	—	—	—	—	—	1	1	—	—	84
Penrith	4	2	—	—	29	—	—	—	1	—	—	—	—	—	—	—	—	—	—	36
Wigton	5	18	—	—	79	—	—	—	—	—	—	—	—	—	—	—	—	—	1	103
TOTAL	77	184	—	—	907	—	16	—	6	—	—	1	—	—	—	1	7	—	1	1200

Tuberculosis.

There were 8 school children notified as suffering from tuberculosis. Details are given in the table below.

Age period	5-10 years		11-15 years		15 years & over		Total	
Sex	M	F	M	F	M	F	M	F
Pulmonary	—	3	1	2	—	1	1	6
Non-pulmonary	—	1	—	—	—	—	—	1
TOTAL	—	4	1	2	—	1	1	7

It will be seen that in the age range 11 to 15 years two girls and one boy were notified as cases of pulmonary tuberculosis. At the time of writing this report the Ministry of Health has authorised local authorities to offer B.C.G. vaccination to school children at the age of 10 years rather than at 13 years if they feel this is advisable. I am at present going into this question with my colleagues and with the chest physcians with a view to deciding whether the situation in Cumberland warrants any change in the present arrangements.

School Premises

The following developments in connection with school premises have taken place during 1960:—

Overend School at Hensingham, Whitehaven, and new premises at Brampton for the junior school, at Skelton for the primary school and at Whitehaven for the R.C. Infants' School, have been opened during 1960. In addition, extensions at Cockermouth Grammar, Houghton C. of E., Penrith St. Catherine's R.C., The White House, Thornhill and Stoneraise Schools, have been taken into use. Nearly 70 acres of newly developed playing fields have been taken into use at Cleator Moor and for Caldew, Derwent, Millom and The White House Schools; other new fields are almost ready for use by the school at Thursby and, by schools and the community, at Alston and Penrith.

About £900 has been spent on minor improvements to the heating installations in five schools and about £3,800 has been spent on improving the lavatory and sanitary accommodation in seven schools. Some headway has therefore been made in carrying out some of the very urgent improvements in toilet facilities in the older schools, but some still fall short of the generally accepted standards.

School Meals

Mr. Gordon S. Bessey, the Director of Education has supplied the following report on the school meals service along with the note on milk in schools which follows:—

"During the year 1960 a hot midday meal was again available to all children of school age in attendance at the 283 nursery, primary and secondary schools maintained by the authority, who wished to take advantage of this provision. Indeed, children took dinners at all these schools with the exception of Beckermet C. of E. where again, as for the past few years, there was no demand for this service.

Following two price increases which became effective on 1st September, 1956 and 1st April, 1957 a fall took place in the percentage of children taking school dinners. I am pleased to report that this year not only was the overall percentage restored to its previous level, but it attained its highest figure ever, namely 68.4%. The figures for a day in September, 1960, as compared with those for a day in September, 1959, are set out below:

Year	Primary and Nursery Schools			Secondary Schools			All schools combined		
	Number of children present	Number taking meals	Percentage taking meals	Number of children present	Number taking meals	Percentage taking meals	Number of children present	Number taking meals	Percentage taking meals
1959	21.972	13.031	59.3	13.004	9.613	73.9	34.976	22.644	64.7
1960	21,455	13,583	63.3	13,762	10.496	76.3	35,217	24,079	68.4

During the year under review a new secondary school at Hensingham, a new junior school at Brampton and a new

R.C. Infants' School at Whitehaven, each with appropriate school meals facilities, were completed and taken into use.

A 300 meals kitchen is included in Overend School, Hensingham, and this began to produce dinners when the school opened on 5th September, 1960.

The 250 meals kitchen, which forms part of the new Brampton Junior School opened on 13th June, 1960. It supplies dinners to children attending Brampton Infants' School as well as meeting the need for meals for children attending the junior school. The kitchen in the Methodist Hall which formerly supplied dinners to the two schools, closed on 3rd June, 1960, but these rented premises were retained in use as temporary dining and scullery accommodation for children in attendance at the infants' school.

The new S.S. Gregory and Patrick's R.C. Infants' School opened on 14th March, 1960, and a kitchen, to produce 150 meals daily, was taken into use on that date. This provision is a great improvement on the former dining arrangements at the old school. Then, meals were provided from Whitehaven Central Kitchen and served in the Whitehaven Y.W.C.A. premises. Although the use of this dining centre was discontinued after 11th March, 1960, it will be necessary to reopen it again on 5th January, 1961 to serve dinners to some pupils from St. Begh's R.C. Secondary School who, because of lack of accommodation in the school itself, are to be accommodated temporarily in the former S.S. Gregory and Patrick's R.C. Infants' School premises in Quay Street.

Work on the extensions to Tynefield School, Penrith, continued throughout the year. The additions were taken over as they were completed and the kitchen, to provide 400 meals daily, opened on 5th September, 1960. At the same time the new assembly hall was taken into use for dining. The improvement in the provision and service of meals was much appreciated since, hitherto, dinners had been supplied from Penrith Central Kitchen and served in classrooms.

Improvements at Cockermouth Grammar School were completed during the early part of the year and a new 400 meals kitchen opened on 2nd May, 1960.

Adaptations to and rehabilitation of Stoneraise, Skelton, Thornhill, and High Hesket C. of E. Schools were undertaken during the year under review and, in each case, a new servery was provided. The improvements at Thornhill School enabled the use of the former dining centre in the Co-operative Society Hall to be discontinued.

As in former years, improvements were undertaken at a number of sub-standard meals premises so as to bring conditions of hygiene there up to the standard required by the Food Hygiene Regulations. However, a certain amount of work still remains to be done in this connection and further improvements will be carried out during the coming year.

Milk in Schools

The figures given below show the position regarding the consumption of milk by day pupils present at the 283 nursery, primary and secondary schools maintained by the authority, on a day in September, 1960 as compared with a day in the same month in 1959:—

Year	Primary and Nursery Schools			Secondary Schools			All schools combined		
	Number of children present	Number taking milk	Percentage taking milk	Number of children present	Number taking milk	Percentage taking milk	Number of children present	Number taking milk	Percentage taking milk
1959	21,972	19,675	89.6	13,004	7,362	56.6	34,976	27,037	77.3
1960	21,455	19,228	89.6	13,762	7,482	54.4	35,217	26,710	75.8

The following table shows the percentages of different types of milk being supplied to children attending maintained day schools in September, 1960, the corresponding figures for 1959 being shown in brackets:—

Pasteurised	80.5%	(71.4)
Tuberculin tested ...	19.5%	(28.3)
Ordinary	—	(.3)

Physical Education

I am indebted to the Chief Organisers of Physical Education, Miss Kathleen Sutton and Mr. Lionel Heyworth, for the following report:—

"The attitude and pattern of approach of physical educationists over the past fifteen years have deeply influenced the conception of the physical, mental and spiritual needs of the school child, the school leaver and the young adult. Formality and the imposition of ideas have given way to guidance along with the opportunity for experiment and self-expression, and the field of recreational activity has been considerably widened to include pursuits previously enjoyed by the few. This has led to changes in the planning of curricula bringing opportunity for adventure at home and abroad, in the planning of buildings, the acquisition of playing fields and the provision of suitable equipment. A worthy physical education programme not only meets the needs of children during school life but lays the foundation for extension and development in post school years of those activities which will satisfy their inclinations when adults. Such a programme must have breadth so that towards the end of school life a girl's or boy's interest has been captured sufficiently to pursue her or his special activity, be it sailing, canoeing, climbing, dancing, team games or other outdoor and indoor pursuits. The successful carry-over of interest in leisure-time activities among young people must depend upon several factors. These include the provision of skilled youth leaders, adequate and attractive facilities which, though possibly of a different pattern and character, must measure up to standards enjoyed at many of our modern schools; the provision of various types of recreation centres; the opportunity for training and coaching for those who wish to attain a high level of skill, and a "bridging of the gap" between school and post school life through full co-operation between school, voluntary organisations, and senior organisations and clubs responsible for adult recreation in its many forms, so that interest can be sustained over this critical period. In Cumberland the forg-

ing of this link is helped through information issued to school leavers through the authority's Youth Booklet and "Opportunity Ahead", through "end-on" courses where the interest of the maturer child is still captured in all pursuits and often in county junior games activities, through courses for selected school children and youth leaders and through our Further Education Centres where the teacher-tutor method brings school and post-school activity into close contact.

It is pleasing to report the past year has shown the gradual unfolding of this pattern of approach through variety and fundamental skill training in the infant and junior schools, personal fitness training, specialised skill training and a comprehensive coverage of recreational pursuits in the secondary school, with a coupled programme of specialised courses for selected pupils, youth courses and the development of county youth sports organisations.

Cumberland children would not derive maximum benefit from the daily routine teaching in physical education in county schools were it not for the out-of-school activity which follows up the regular training during school hours. In this respect it is gratifying to report the steady yearly progress of the work of voluntary associations concerned with the promotion in schools of athletics, badminton, basketball, cricket, cross country, association football, hockey, netball, rugby union and rubgy league football, tennis swimming.

In outdoor activities the year has seen the introduction of two "Training for Adventure" courses held for selected boys and girls at the County Youth Centre, Keswick, for a fortnight in each case during the second half of the summer term when intensive instruction was given in mountaincraft, canoeing, light-weight camping, first aid and life-saving. In common with the other courses in recreational pursuits arranged voluntarily by teachers for selected pupils, the adventure courses showed that the coaching of the good is reflected in an improved overall standard in skill and responsibility of the average in those schools which contributed pupils. These

courses, therefore, add weight to the view already taken by voluntary associations in recent years, particularly where pupils are in residence, that not only are self-confidence and improvement in skill gained by those attending, but also that there appears an ever-widening uplift and surge of enthusiasm for the particular recreation through example and discussion.

Cumberland children continue to enjoy the natural facilities offered by our rivers, lakes and pools and there is evidence of a desire on behalf of club members to acquire skill in life-saving, diving and instructing during winter months in indoor baths. We look forward to the provision of swimming baths serving rural and urban areas which present a challenge to the older girl and boy, and where skill can be acquired.

While in the adult field physical recreation falls largely within the province of county organisations and local clubs, the year has seen a widening of activity in further education, largely through the development of the further education centres at Cleator Moor, Cockermouth, Millom, Brampton, Penrith and Maryport. Either through classes or affiliated clubs coaching and instruction is given in athletics, badminton, fencing, judo, association and rugby football, keep-fit, physical fitness, basketball, life-saving, gymnastics, weight training and all forms of dance. There is little doubt that as tradition grows with the establishment of more centres and with the implementation of the Albemarle and Wolfenden Reports the exploration of movement experienced in the child will be translated, through direction, guidance and suggestion at junior, secondary and youth levels, to mature, beneficial and satisfying recreation in the adult in the years which lie ahead".

Health Education

Talks on health to school children in Cumberland have been continued throughout the year.

Regular teaching to senior girls in some of the secondary modern schools has taken place at fortnightly intervals. The

course of talks on Mothercraft to these girls in one secondary modern school is now in its third year. Personal hygiene, poise and development, prevention of accidents and nutrition, have all proved popular subjects for discussion among the girls. It would seem important that some similar course should also be commenced for the boys; it would be unfair to them not to provide equal opportunity, for they too must know how to safeguard their health, avoid illness and prevent accidents, as part of their preparation for adult life.

This year health talks to groups of younger school children have been extended to schools in rural areas. The essays written by some of the children are most interesting and show lively enjoyment in the subjects and that they have grasped many of the points the school nurses have made. The children in one class of a rural school have each made a booklet with coloured diagrams on the talks given. Toilet articles used as aids to personal hygiene were drawn and couloured and placed in groups according to degree of usefulness. Two other drawings which were attractive and to the point were on "Coughs and Sneezes Spread Diseases", where the drawing depicted a man sneezing all over the doctor; and on "How we catch cold", when the message was "Don't lick other people's lollipops".

Home Safety as a topic also gave the children opportunity to display artistic skill and imagination, and showed plainly that they were aware of many causes of accidents, and their pictures portrayed not only defects but the measures we should all employ to make our homes safe.

As the demand for more health education for the children grows, more visual aids have been added to the stock of health education material. Flannelgraphs and filmstrips are proving of great value with the younger children, and models of food and teeth, pictures, posters and leaflets help in stimulating the interest of the children and in fixing the lesson in their memories.

From time to time the nurses meet together in local groups to discuss various aspects of health education and help one another with ideas and preparation of health talks. They wish to express their gratitude to all the school teachers for their help and interest in health education of the school children.

Dr. Bennet one of the school medical officers gives his views on health education as follows:—

"Health education for all ages and classes in the community is receiving increasing attention. It is not, however, a new subject as many tend to think, but has in fact been part of man's life since fire was discovered and used.

Now the need is still great, but the time has come for a change in the method of presentation. Knowledge of dangers to health increases daily and as it is acquired so it is used in the attempt to minimuse these dangers. Health education of school children is only part of the story, but is important in that at school there is an available audience.

The conventional methods of health education are well known, and can be used by all concerned with school children. For example personal hygiene is taught by teachers, school nurses, parents of more fortunate children, and other scholars.

Problems of young girls are catered for by school nurses and health visitors giving talks to the age groups affected. Physical education is usually taught by qualified instructors.

The particular problems of the young are more or less adequately dealt with and now the school health service is thinking of preventing ill health in adults by education of the young.

A suitable method of presentation must be found in order that the best results may be obtained. The average child is not unduly impressed by some person telling them that if they smoke cigarettes, they may develop chronic bronchitis or even carcinoma of the lung in 20 years' time. Similarly,

vague hints at methods of self infliction of other causes of ill health or death, as coronary thrombosis, do not impress.

Health education must then gear itself to the outlook of the young. Physical fitness is one means; a child interested in athletics will not smoke if his performance ability is impaired. In addition, if an interest in physical activity can be encouraged so that is continues to adult life, a real step in the direction of reducing the incidence of coronary thrombosis may have been taken. This interest could also reduce stress disorders by teaching people to use leisure time to best advantage, and to ensure adequate rest from work.

A future development might be an alteration in the type of work done by the school medical officer. The important outcome of this reorganisation would be that the school medical officer had more time available in schools other than when carrying out routine inspections, etc. The advantages may be considered as—

1. School Medical Officers availab'e for talks at request of head teacher. It would be desirable that the medical officer giving these talks would be responsible for other health matters in the school.

2. The school medical officer would be able to take a greater interest in school meals, which of course are of real importance in the nutrition of the child. There is possibly a tendency to overweight in many children, and it is not impossible that some are having a high calorie mid-day meal plus a full meal at night when father has his. Perhaps in such cases a simple modification could be made to diet at school.

3. The school medical officer could take a greater interest in physical activity. This could be of immense value, enabling the school medical officer to see the abilities and limitation of children. A poor exercise-tolerance is more likely to be seen on the sports field or in the gymnasium than in the medical inspection room. Through such interest too, the children

would know the school medical officer rather better than now, and this would, of course, help in matters of health education.

4. The school medical officer, with more time available, could have a much greater appreciation of the difficulties of handicapped children, and would be able to give more useful advice to the Youth Employment Officer.

Adjustment of usual routine of school medical officers could include alteration of the conventional type of medical inspection. By this, and spending time in the manner already discussed, much could be learned about the development and problems of the school child.

Finally I feel that health education should be concerned with "positive health", and not as a means of avoiding disease. Perhaps there is too great a tendency to dismiss disease in the conventional methods of health education."

Miss Kendall, a health visitor/school nurse in Maryport, gives this account of activities in her area:—

" A staff meeting of health visitors and school nurses was held early in 1960 at which it was suggested that an effort be made to get into schools to talk to the children about health education and how it concerned them. An approach was made in Maryport which resulted in excellent co-operation from the headmistresses of three schools.

The first series of talks was started in May, 1960, with a group of fifteen-year-old girls in Solway School. The talks went on up to the end of term when summer holidays began. This group of girls left school then so there was no means of assessing the value of the talks.

A more intensive programme was started in September, 1960, taking in the three schools mentioned and lasting until December, 1960, when Christmas holidays started. As a result of this programme a Health Exhibition was put on at Solway School in February, 1961, all the schools producing models, posters, etc. This work was done by the children themselves

with help and encouragement from their teachers — some of whom attended the talks with the children and showed great interest.

The following subjects were discussed at the talks:

1. The care of hair, skin, nails.
2. The care of eyes, ears.
3. The care of nose, throat, teeth.
4. Breathing, posture, exercise.
5. Food, digestion, constipation (Balanced diet and clean food).
6. Feet and footwear.
7. Protective vaccines.
8. Prevention of spread of infection. Horrid habits.
9. Prevention of accidents in home and elsewhere.

It was significant to notice at the Exhibition, that whilst all the other subjects had registered very well in the minds of the children, numbers 7 and 9 had not — there was no mention of them made. This may be a point to stress in future discussions".

From the Brampton area, Miss Hind, health visitor/ school nurse, sends the following notes:—

"In September, 1959, the Irthing Valley Secondary Modern School, Brampton, commenced a course on Home Making for girls in Classes 4A and 4B (aged approximately 15). The course in outline is the one covering the Duke of Edinburgh's Award for Girls, as in the near future this school hopes to enter for the award.

In January, 1961, Miss Benfield and myself were asked to take part in the lectures to be given in that term, to be held fortnightly. Miss Benfield gave the first two talks on careers and two on adolescence, dealing with menstruation. The first two lectures I gave were on Budgeting, illustrating the National Health Service. Although I am known well to every member of these groups they appeared shy in asking

questions, but appeared interested in the subject given. My second set of lectures were on adolescence, the growing up to adult life and frustration met with. For questions I asked them to get in buzz groups and appoint a leader — this, I found, broke down the shyness.

Apparently the girls are enjoying having these classes, and I find have commenced to talk at home, as I have talked with some of their parents who are interested in the instruction given.

The next term theme is mothercraft."

Miss Bowler, district nurse/health visitor/school nurse, gives her impressions on the reception of health talks in a rural area:—

"A series of five weekly talks was given to 8-11 year olds, consisting of a ten minute talk, followed by a demonstration, i.e. flannel-graph posters or fim strip, then a few minutes discussion, the whole taking at least 40 minutes. The talks were on —

1. Personal cleanliness.
2. Dental care.
3. How we spread infection.
4. The foods we eat.
5. Prevention of accidents.

On the whole the talks were well received both by the teacher and the children. They were all very interested and very co-operative. Before starting each talk I usually had a short questionnaire on the previous week's talk, and was pleased to find how much the children had remembered. The day following my talk the children were asked to write a short essay with drawings, which proved very informative."

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

Part 1—Medical Inspection of Pupils attending maintained Primary and Secondary School (Including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col.2 (4)	No. (5)	% of Col.2 (6)
1956 and later	60	60	)	—	)
1955	1,501	1,493	) 99.37	8	) 0.63
1954	1,278	1,268	)	10	)
1953	226	225		1	
1952	68	68		—	
1951	44	43		1	
1950	3,208	3,181	99.16	27	0.84
1949	208	208		—	
1948	86	86		—	
1947	54	54		—	
1946	2,685	2,682	99.89	3	0.11
1945 and earlier	215	215		—	
TOTAL	9,633	9,583	99.49	50	0.51

Table B—Pupils found to require treatment at Periodic Medical Inspections

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1956 and later	1	7	8
1955	47	133	168
1954	28	122	142
1953	7	17	24
1952	4	3	6
1951	3	6	9
1950	145	199	323
1949	6	10	15
1948	9	7	15
1947	3	4	7
1946	111	77	184
1945 and earlier	9	5	14
TOTAL	373	590	915

Table C—Other Inspections.

Number of Special Inspections	5,404
Number of Re-inspections	8,808
Total	14,212

Table D—Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	72,226
(b) Total number of individual pupils found to be infested	1,531
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Part II—Defects founds by Medical Inspection during the year.

Table A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	15	61	25	62	26	82	66	205
5	Eyes—a. Vision ...	76	277	111	498	184	631	373	1406
	b. Squint ...	30	30	6	38	16	83	52	151
	c. Other ...	20	15	2	11	12	19	34	45
6	Ears—a. Hearing ...	18	86	3	20	19	81	40	187
	b. Otitis Media	10	39	—	17	4	31	14	87
	c. Other ...	4	15	6	9	11	36	21	60
7	Nose and Throat ...	57	350	4	35	20	160	81	545
8	Speech	22	34	1	16	7	30	30	80
9	Lymphatic Glands	5	61	1	3	1	31	7	95
10	Heart	2	29	—	22	4	31	6	82
11	Lungs	13	162	5	56	11	141	29	359
12	Developmental—								
	a. Hernia ...	6	17	3	2	8	16	17	35
	b. Other ...	1	32	6	22	7	133	14	187
13	Orthopaedic—								
	a. Posture ...	—	4	2	10	1	21	3	35
	b. Feet	22	56	4	15	21	39	47	110
	c. Other ...	19	97	11	55	22	71	52	223
14	Nervous System—								
	a. Epilepsy ...	1	8	—	7	2	15	3	30
	b. Other ...	3	8	1	6	5	12	9	26
15	Psychological—								
	a. Development	1	21	3	69	18	68	22	158
	b. Stability ...	2	36	1	15	4	38	7	89
16	Abdomen	2	13	—	11	4	29	6	53
17	Other	41	29	6	53	54	87	101	169

Table B—Special Inspections

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	778	39
5	Eyes—a. Vision ...	273	377
	b. Squint ...	21	25
	c. Other ...	123	18
6	Ears—a. Hearing ...	21	41
	b. Otitis Media	17	7
	c. Other ...	29	14
7	Nose and Throat ...	53	60
8	Speech	29	30
9	Lymphatic Glands ...	5	8
10	Heart	3	8
11	Lungs	20	52
12	Developmental—		
	a. Hernia ...	—	2
	b. Other	—	11
13	Orthopaedic—		
	a. Posture ...	1	1
	b. Feet	44	16
	c. Other	32	29
14	Nervous System—		
	a. Epilepsy ...	2	10
	b. Other	17	4
15	Psychological—		
	a. Development ...	16	47
	b. Stability ...	10	22
16	Abdomen	13	19
17	Other	703	61

Part III—Treatment of Pupils attending maintained Primary and Secondary Schools.

(Including Nursery and Special Schools)

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	118
Errors of refraction (including squint)	2,813
Total	2,931
Number of pupils for whom spectacles were prescribed	1,663

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated
Received operative treatment—	
(a) for diseases of the ear ...	2
(b) for adenoids & chron'c tonsillitis	101
(c) for other nose & throat condi tions	32
Received other forms of treatment ...	48
Total	183
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	6
(b) in previous years	72

Table C—Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,067
(b) Pupils treated at school for postural defects	—
Total	1,067

Table D—Diseases of the Skin.

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	10
Scabies	6
Impetigo	82
Other skin diseases	746
Total	844

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	323

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ...	272

Table G—Other Treatment Given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	804
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	126
(c) Pupils who received B.C.G. vaccination	1,953
Total (a)—(c) ...	2,955

Part IV—Dental Inspection and Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:—			
	(a) At Periodic Inspections	35,471		
	(b) As Specials	444		
			Total (1)	35,915
(2)	Number found to require treatment			23,243
(3)	Number offered treatment ...			12,188
(4)	Number actually treated			13,240
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)			29,318
(6)	Half days devoted to:			
	(a) Periodic (School) Inspection	321		
	(b) Treatment	3,490		
			Total (6)	3,811
(7)	Fillings:			
	(a) Permanent Teeth ...	16,493		
	(b) Temporary Teeth ...	2,207		
			Total (7)	18,700

(8)	Number of Teeth filled:			
	(a) Permanent Teeth ...	15,297		
	(b) Temporary Teeth ...	2,122		
			Total (8)	17,419
(9)	Extractions:			
	(a) Permanent Teeth ...	6,899		
	(b) Temporary Teeth ...	12,271		
			Total (9)	19,170
(10)	Administration of general anaesthetics for extraction			3,577
(11)	Orthodontics:			
	(a) Cases commenced during the year			20
	(b) Cases brought forward from previous year			—
	(c) Cases completed during the year			20
	(d) Cases discontinued during the year			—
	(e) Pupils treated by means of appliances			25
	(f) Removable appliances fitted ...			32
	(g) Fixed appliances fitted ...			—
	(h) Total attendances			154
(12)	Number of pupils supplied with artificial teeth			406
(13)	Other operations:			
	(a) Permanent Teeth ...	5,212		
	(b) Temporary Teeth ...	1,065		
			Total (13)	6,277

The apparent anomaly of more cases treated than offered treatment was explained in the report for 1959. The actual details are:— Group B and C unfit 8,283. Cases awaiting treatment 2,772, while 1,052 were brought forward from 1959 and though treated are not included in Number offered treatment.

APPENDIX B

Handicapped Pupils requiring Education at Special Schools approved under Section 9(5) of the Education Act, 1944, or Boarding in Boarding Homes.

During the calendar year ended 31st December, 1960 how many handicapped pupils—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. were newly placed in special schools (other than hospital special schools) or boarding homes? ...	—	1	—	2	—	4	17	1	1	—	26
B were newly assessed as needing special educational treatment at special schools or in boarding homes?	1	1	1	—	—	3	57	—	1	—	64
On or about 20th January, 1961, how many handicapped pupils from the Authority's area.											
C. (i) were on the registers of											
1. maintained special schools.											
(a) as day pupils	—	—	—	—	—	—	3	—	—	—	3
(b) as boarding pupils ...	—	—	1	—	—	—	82	—	2	—	85
2. non-maintained special schools.											
(a) as day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) as boarding pupils ...	7	6	7	8	2	14	1	—	1	—	46
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	2	—	1	—	—	3
(iii) were boarded in homes not already included under (i) or (ii)	—	—	—	—	—	—	—	1	—	—	1
TOTAL C.	7	6	8	8	2	16	86	2	3	—	138

schools											
(i) TOTAL (a) day	—	—	—	—	—	—	—	—	—	—	—
(b) boarding	2	3	1	2	—	10	170	1	3	—	192
Please state how many pupils are *included* in the totals above—											
(ii) who had not reached the age of 5:—											
(a) awaiting day places ...	—	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places ...	—	—	1	—	—	—	—	—	—	—	1
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:—											
(a) awaiting day places ...	—	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places ...	1	2	—	1	—	4	33	—	2	—	43
F. were on the registers of hospital special schools.						14					
G During the calendar year ended 31st December, 1960,											
(i) how many children were reported to the local health authority:											
(a) either under Section 57(3) (prior to 1.11.60) or under Section 57(4) (from 1.11.60)							10				
(b) under Section 57(5) (prior to 1.11.60).							—				
(ii) how many decisions that a child is unsuitable for education at school have been cancelled under Section 57A. (2) of the Education Act, 1944?							15				
							—				

APPENDIX C

SCHOOL HEALTH SERVICE CLINICS AS AT 31.12.60.

ALSTON:

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

ASPATRIA:

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

BRAMPTON:

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

CARLISLE:

Dental—Daily — all day
—At Eden School — as required
School—2nd and 4th Wednesdays a.m. with Medical Officer in attendance.
Eye Specialist—Each Monday and Thursday a.m.
Orthoptic—Each Monday p.m. alternate Monday a.m.
E.N.T. Specialist—Monday p.m. as required.
Child Guidance—Each Thursday p.m.
Speech Therapy—Each Monday p.m. and all day Tuesday
Orthopaedic Aftercare—Each Tuesday — all day
Orthopaedic Surgeon—1st Monday every odd month p.m. and every 12th Wednesday a.m., 1st Monday every even month a.m.

CLEATOR MOOR:

Dental—Each Friday — all day
School—Each Monday and Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays only.
Orthopaedic Aftercare—2nd and 4th Tuesdays p.m
Speech Therapy—Each Friday a.m.

COCKERMOUTH:

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

EGREMONT:

Dental—Each Monday and Friday — all day.
School—Each Thursday a.m. with Medical Officer seeing cases 1st and 3rd Thursday p.m. before child welfare
Speech Therapy—Each Wednesday p.m.
Orthopaedic Aftercare—2nd and 4th Tuesday p.m.

FRIZINGTON:

Dental—Each Tuesday — all day
School—Each Monday and Wednesday a.m. — Medical Officer attending 2nd and 4th Mondays.

KESWICK:

Dental—Each Monday and Thursday — all day.
School—Each Thursday a.m.
Speech Therapy—Each Tuesday p.m.
Orthopaedic Aftercare—4th Monday p.m.
Eye Specialist—Each 4th Tuesday a.m.

LONGTOWN:

Dental—Each Friday — all day.

MARYPORT:

Dental—Each Monday and Wednesday — all day.
School—Each Tuesday and Friday a.m. with Medical Officer attending on 2nd and 4th Tuesdays.
Speech Therapy—Each Wednesday — all day.
Orthopaedic Aftercare—1st and 3rd Tuesdays—all day
Child Guidance—Each Monday p.m.

MILLOM:

Dental—Each Tuesday, Wednesday and Thursday — all day.
School—Each Tuesday a.m. and Friday p.m. with Medical Officer attending 1st and 3rd Tuesdays only.
Speech Therapy—Each Thursday — all day.
Child Guidance—Thursday p.m. as required.
Orthopaedic Aftercare—3rd Monday — all day.
Eye Specialist—each 1st and 3rd Friday a.m.

PENRITH:

Dental—Each Monday, 1st and 3rd Tuesday and Friday—all day and occasional Thursday — all day.
School—Each Tuesday a.m. with Medical Officer attending 2nd and 4th Tuesdays only,
Speech Therapy—Tuesday a.m. Wednesday all day.
Orthopaedic Aftercare—2nd and 4th Wednesday—all day
Orthopaedic Surgeon—1st Monday every even month p.m.
Orthoptic—Each Wednesday p.m. alternate Mondays a.m.

SEASCALE:

Speech Therapy—Each Monday p.m.

SILLOTH:

Dental—Each Thursday — all day.
Orthopaedic Aftercare—3rd Friday p.m.

WHITEHAVEN (Flatt Walks):

Dental—Daily all day. 2nd Clinic Wednesday — all day.
School—Daily a.m. with Medical Officer attending each Wednesday morning.
E.N.T. Specialist—Tuesday a.m. as required.
Eye Specialist—Each Monday, Wednesday and Thursday a.m.
Speech Therapy—Friday all day.
Orthopaedic Aftercare—Each Thursday all day.
Orthopaedic Surgeon—1st Friday every odd month a.m., 2nd Friday every even month a.m. and every 12th Tuesday.
Orthoptic—Each Friday — all day.
Child Guidance—Each Wednesday p.m.

WHITEHAVEN (Woodhouse):

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

WHITEHAVEN (Mirehouse):

Dental—Tuesday and Thursday — all day.
School—Tuesday and Thursday a.m.
Speech Therapy—Friday p.m.

WIGTON:

Dental—Tuesday, Wednesday and Thursday — all day.
School—Each Monday a.m. with Medical Officer attending 1st and 3rd Mondays.
Speech Therapy—Each Thursday a.m.
Orthopaedic Aftercare—3rd Friday a.m.

WORKINGTON (Stoneleigh):

Dental—Daily all day.

WORKINGTON (Park Lane):

Dental—Daily — all day.
School—Daily a.m. with Medcial Officer attending each Tuesday a.m.
Speech Therapy—Each Monday and Friday all day.
Orthoptic—Each Thursday — all day.
Orthopaedic Aftercare—Each Friday all day.
Orthopaedic Surgeon—1st Friday every even month a.m., 2nd Friday odd month a.m. and every 12th Tuesday a.m.