

[Report 1950] / School Medical Officer of Health, Isle of Man.

Contributors

Isle of Man. Council.

Publication/Creation

1950

Persistent URL

<https://wellcomecollection.org/works/e8ew3zf2>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

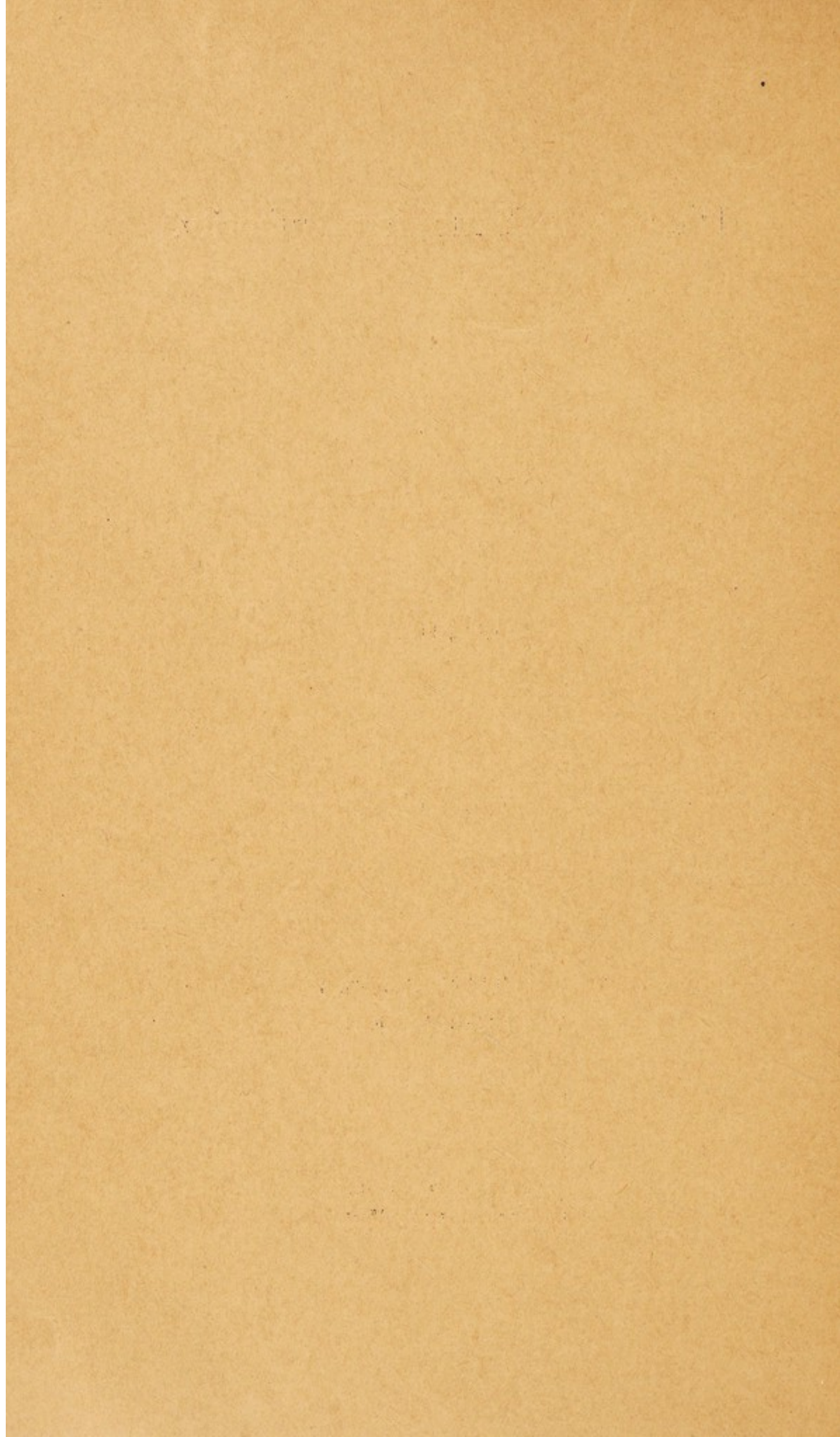
AC 4481
DUPLICATE
ARMY MEDICAL LIBRARY

Isle of Man Education Authority.

ANNUAL REPORT
OF THE
School Medical Officer
1950.

S. V. CULLEN, M.B., Ch.B.
School Medical Officer.

VICTORIA PRESS, LTD.,
DOUGLAS: ISLE OF MAN.



TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN
EDUCATION AUTHORITY.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1950.

There were several changes of staff during the year. Dr. A. K. Soutar retired in July and Nurse M. E. Byrne in December. Both had been in the service of the Education Authority for the past twenty-seven years and were the pioneers of the School Health Service on the Island. Dr. Soutar was the first Medical Officer to be appointed to the School Health Service and was responsible for its building-up and development. The fact that the Service is such an excellent one today is a tribute to his knowledge and experience and to his powers of organisation. He takes with him in his retirement the good wishes of the parents and children of the Island and of the Members and Staff of the Education Authority. Nurse Byrne was one of the first two nurses to be appointed in 1923 and from that time took an active part in the development of the Service. She was exceptionally gifted in the art of handling children and her patience and good temper contributed largely to the success of clinic treatment. We wish her a long and happy retirement.

Mr. J. W. Fraser, the Physiotherapist, resigned in September. While he was with the Authority he did some very good work, but unfortunately, owing to difficulties of accommodation, he felt it necessary to return to the Mainland. The Authority was again without a Physiotherapist for a matter of six weeks when Miss J. Winning was appointed.

The introduction of the Health Act Amendment in October which made the School Dental Service responsible for all children on the Island, including pre-school children, necessitated the appointment of a fourth full-time Dental Officer. Mrs. D. C. H. McQuarrie was accordingly appointed, in a temporary capacity, for six months and is responsible for treatment of children in the Southern Area. Mrs. E. C. Callow was appointed at the beginning of November to assist Mrs. McQuarrie as a Dental Attendant.

Between the retirement of Dr. Soutar in July and my appointment as School Medical Officer in September, there was an interim period when the Authority was without a School Medical Officer. During that time Dr. K. M. Vernon gave invaluable help and the department was able to continue without any disorganisation. I should like to express my sincere thanks to her for her help during that time and the remainder of the year.

I should like to express my appreciation to the Staff—Dental, Nursing and Clerical—who have done so much to maintain the high standard of efficiency throughout the Service.

The Director of Education, Mr. H. L. Fletcher, and his Staff have provided information for inclusion in this report and I should like to thank him and his Staff—Professional and Administrative—for their ready co-operation and assistance.

Special thanks should be given to the Teaching Staffs of the schools for the help and encouragement which they have given to the Staff of the School Health Service throughout the year.

In conclusion, I should like to thank you, Mr. Chairman, Ladies and Gentlemen, for your continued support and the consideration which has been shown to the members of the School Health Service during the year.

Your obedient servant,

S. V. CULLEN,

School Medical Officer.

Isle of Man Education Authority

SCHOOL HEALTH SERVICE

Report for Year 1950

STAFF.

FULL TIME.

School Medical Officer :	A. K. Soutar, B.A., M.R.C.S., L.R.C.P., D.P.H. (Retired 5. 7. 50.) S. V. Cullen, M.B., Ch.B. (From 18. 9. 50.)
School Nurses :	Miss M. E. Bryne, S.R.N., S.C.M. (Retired 31. 12. 50) Miss F. Caine, S.R.N., S.C.M. Miss E. H. Quirk, S.R.N., S.C.M., H.V. Miss D. C. Qualtrough, S.R.N., S.C.M.
School Dental Officers :	Mr. J. A. S. Clucas, L.D.S., R.C.S. Mr. F. C. Shenton, L.D.S., V.U.Manc. Mrs. F. E. Mitchell, B.D.S., L.D.S. Mrs. D. C. H. McQuarrie, L.D.S. (From 30. 10. 50.—temporary.)
Dental Attendants :	Miss M. Kissack. Miss F. M. Johnson. Miss D. M. Crellin. Mrs. E. C. Callow. (From 8. 11. 50.—temporary.)
Clerks to the Medical Department :	Miss D. Belfield. Miss V. Devereau.

PART-TIME AND SPECIALISTS.

Assistant School Medical Officer :	Dr. K. M. Vernon, B.Sc., M.B., Ch.B.
Local Orthopædic Surgeon :	Dr. D. Pantin, M.B., B.S., M.R.C.S. L.R.C.P.
Radiologist :	Dr. I. M. Cubbon, M.B., B.Ch., M.R.C.S., L.R.C.P., D.M.R.E.

VISITING CONSULTANTS.

Aurist :	Mr. H. V. Forster, M.C., M.B., Ch.B., M.Sc., F.R.C.S.
----------	--

Orthopaedic Surgeons :	Mr. B. L. McFarland, M.D., M.Ch., Orth. F.R.C.S. Mr. H. G. Almond, M.Ch., Orth., F.R.C.S.
Tuberculosis :	Dr. J. L. Armour, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Resigned 14. 2. 50.) Dr. D. Osborne Hughes, M.D., D.P.H. (From 14. 2. 50.)
Local Ophthalmic Surgeon :	Dr. T. L. de Courcy, M.A., M.D., B.Ch., B.A.O., D.P.H.
PHYSIOTHERAPIST.	Mr. J. W. Fraser, M.C.S.P. (Resigned 23. 9. 50.) Miss J. Winning, M.C.S.P. (From 13. 11. 50.)

PRELIMINARY.

A perusal of the Report will indicate the scope and extent of the work which is undertaken on behalf of the children of the Island. Amongst the main objects of the Service, the improvement of the health and physique of the children is one of the most important, and it is pleasing to report that the nutritional state of school children continues to remain satisfactory.

The improvement in the number of children with verminous heads has again been maintained. The present percentage of head infestation—6.27%—is the lowest ever recorded on the Island.

The ascertainment and placement of handicapped children continues to occupy a considerable proportion of the time of both medical and clerical staff. In accordance with Section 63 of the Education Act, 1949, it is necessary to examine for purposes of ascertainment of disabilities of mind and body children of the age of two years and upwards. In the case of physically handicapped children—blind, partially-sighted, epileptic, deaf and partially-deaf, vacancies are found where necessary at schools on the Mainland, and, at present their disposal presents no great difficulty. Certain handicapped children, not included in these categories, who are unfit to attend school because of their physical disabilities, are receiving some home teaching. Although the problem is not a major one, at present, it is the duty of the Education Authority to provide for the education of such children and an extension of the home teaching service may have to be considered at a later date.

With regard to mentally handicapped children, however, as has been indicated in previous reports, there is a definite problem to be faced. A number of these children are ineducable and unfit to attend ordinary schools, but in the right type of special school they would benefit by the training they would receive. Due to the increasing ascertainment of handicapped children, this problem presents the greatest difficulty in solving. The final objective must be the careful division of all cases into narrow categories of deficiency, so enabling the higher grade defectives to

receive education according to their limited ability and the lower grades such training as they are capable of absorbing. The special schools on the Mainland are, without exception, full and in many cases have long waiting lists, so that serious consideration will have to be given in the very near future to the question of providing accommodation on the Island for these handicapped children.

It is very satisfactory to be able to report that the Dental Department is up to full establishment—there being four full-time Dental Officers—one of these having been appointed in a temporary capacity for six months. The need for a fourth full-time permanent Dental Officer will be considered during 1951 when it has been possible to ascertain the effect the National Health Act Amendment, with its special provisions for children, will have on the Service. When one considers the complete breakdown of the School Dental Service on the Mainland, the Authority is to be congratulated on having been able to maintain such an efficient service at full strength.

All the specialist services have continued to function satisfactorily. The bulk of the refractions has, in the past been undertaken by the School Medical Officer as part of his normal duties. Similarly, the Orthopædic Scheme and the arrangements existing for the specialist treatment of Ear, Nose and Throat conditions, have continued to work satisfactorily. As the Authority is committed under the Education Act, 1949, to make arrangements for securing provision of free medical treatment for children from the age of two years, it is to be hoped that the system existing at present will continue. Under this scheme appointments are made and sessions arranged for the school children direct with the specialists and the School Medical Officer is always present. These examinations are solely for children and there is virtually no waiting list. They are thus assured of a priority service which might be problematical if other arrangements were made. The family doctors in these cases are notified of the opinion of the consultant and the system has always worked very well in the past.

The fact that the School Clinics continue to fulfil a useful purpose is shown by the fact that during 1950, the number of children attending for treatment has increased by a third on 1949.

SCHOOL ACCOMMODATION AND HYGIENE.

During the year a number of schools were re-decorated, either internally or externally, and electrical installations were made at Marown and Dhoor Schools. In addition, the work of renewing the lavatories at Albert Road School, which had been commenced in the summer of 1949, was completed, and water borne sanitation facilities were installed at the Dhoor School. New boilers were installed at the Victoria Road School, Castletown, and at the Ramsey Grammar School, and the usual periodical inspection of all heating apparatus was continued.

A survey of fire fighting facilities in schools was completed during the year, and the additional apparatus required was installed.

In view of the improvement in the hardwood situation, the opportunity was taken to have the permanent hardwood floors laid at Ballakermeen School and, in conjunction with the Managers, to provide additional classroom accommodation at St. Thomas' C.E. School, Douglas.

Approval was received to the plans of the proposed new Primary School in Peel and work on the school is expected to commence at an early date.

In connection with the instruction of Building Trades Apprentices, Hanover Street School has been adapted and provided with up-to-date workshops and equipment.

A School Meals Centre was established at Albert Road School in the premises formerly used as a woodwork centre.

MEDICAL INSPECTION.

The total number of routine examinations was 2,517, an increase of 60 compared with the previous year.

The number of children, excluding dental caries, found to require treatment was 382 or 15.2%. Entrants: 13.03%, Eight year old group: 19%, Twelve year old group: 13.4%, and Fifteen year old group: 15.5%.

The majority of defects found were those of vision 4.1%, of the nose and throat 3.1% and orthopaedic defects 4.8%.

Re-inspections were slightly more than last year being 3,819 as against 3,734 in 1949, an increase of 85. and special inspections also showed an increase of 44.

GENERAL CONDITION.

The general condition of the children examined in the routine age groups was similar to that found in 1949. Good general condition was found in 40.64%, fair in 56.10% and poor in 3.26%. As these figures would appear to vary from the figures in the previous year, it is pointed out in the Ministry of Health Classification which was introduced in 1947 that:

- (1) the new A (good) = the former A (excellent)
- (2) the new B (fair) = the former B (normal)
- (3) the new C (poor) = the former C+D (slightly subnormal and bad).

In the report for 1949 a survey of the heights and weights of the eight year old and twelve year old children between 1925 and 1949 was given. The following table shows the comparison between the heights and weights in 1949 and 1950.

Eight year old boys		Height in inches	Weight in pounds
1949		49.96	58.06
1950		49.95	58.27
Loss =		.01	Gain = .21

Eight year old girls		Height in inches	Weight in pounds
1949		49.31	57.08
1950		49.46	56.89
		Gain = <u>.15</u>	Loss = <u>.19</u>
Twelve year old boys			
1949		56.48	80.31
1950		57.303	83.86
		Gain = <u>.82</u>	Gain = <u>3.55</u>
Twelve year old girls			
1949		57.11	83.99
1950		57.59	84.52
		Gain = <u>.48</u>	Gain = <u>.53</u>
Fifteen year old boys			
1949		63.62	110.73
1950		64.36	117.38
		Gain = <u>.74</u>	Gain = <u>6.65</u>
Fifteen year old girls			
1949		62.11	113.74
1950		62.68	115.76
		Gain = <u>.57</u>	Gain = <u>2.02</u>

It will be noted that all groups show gains with the exception of the eight year old boys where there was an average decrease in the height of .01" and eight year old girls where there was an average loss in weight of .19 lb.

UNCLEANLINESS.

During 1950 the School Nurses carried out 25,770 examinations for cleanliness. The number of individual children examined totalled 7,279. Of these 7,279 children examined, 457 were infested, a percentage of 6.2783.

It is very pleasing to report that these figures represent the smallest percentage of children infested with vermin since the School Health Service was introduced on the Island.

This low figure could not have been achieved without perseverance and persistence on the part of the School Nurses and the co-operation of the Head Teachers.

MINOR AILMENTS.

The total number of minor ailments treated at the School Clinics showed an increase on 1949. Altogether 4,984 were treated. 15,683 attendances were made giving an average of just over 3 attendances per case.

It is interesting to note that after the introduction of the National Health Service in July, 1948, there was a slight drop in the attendances at the Clinics during 1949 (the first full year after the introduction of the National Health Service) the number then being 3,720; but that during 1950 the number showed an increase of 1,264.

The Clinics continued as in the previous year, but it is hoped during 1951 that the Minor Ailment Clinic at Laxey will be carried out by one of the School Nurses, instead of—as in the past—by the District Nurse.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

It is regretted that Mr. Brodrick was unable to visit the Island during 1950, and arrangements were made by Dr. Soutar for Dr. de Courcy, who is now living on the Island and was formerly on the Honorary Staff of St. Paul's Eye Hospital, Liverpool, to see special cases.

50 cases were submitted to Dr. de Courcy for eye examination during the course of the year. Of these 3 were for congenital cataract, 26 for squint—10 of these being pre-school children, 11 were for defective vision, 8 of which were school and 3 pre-school children, and 10 other cases.

Operation cases, as in the past, were seen at St. Paul's Eye Hospital, Liverpool, and during the year Mr. Brodrick performed six operations—five for squint and one for congenital cataract.

The number of refractive errors dealt with by the School Medical Officer totalled 237. Of these 122 were tested by retinoscopy and 115 previously tested by retinoscopy, were re-tested by the subjective method. There was unfortunately, a gap of almost three months between the retirement of Dr. Soutar and the appointment of a new School Medical Officer, during which time urgent cases were referred to Dr. de Courcy.

It will be noted that 231 pairs of glasses were ordered during the year and that 357 pairs of glasses were received—a large number of these having been ordered during 1949. Only about 40 children were awaiting receipt of their glasses at the end of the year. A perusal of the report for 1949 shows that the average time elapsing between the ordering of glasses and their receipt was approximately $6\frac{1}{2}$ months. The waiting time during 1950 has decreased considerably, and although there was some delay with the supply of the more complicated lenses, there are very few children for whom glasses have been ordered who have not received them. In the early part of the year the delay was about 5 months, but by the end of the year the average delay was less than 6 weeks.

As in previous years, opticians have been most helpful and co-operative and very appreciative of the fact that children with eye defects are worthy of some priority when glasses are ordered.

EAR, NOSE AND THROAT DEFECTS.

Owing to the outbreak of Infantile Paralysis in 1949, only 27 Ear, Nose and Throat operations were done in that year. Consequently there were a number of cases which were recommended for operation during 1949 which were not done during that year and which were carried forward to 1950. Fortunately there was no outbreak of Infantile Paralysis during 1950 and it was possible for all the arrears of operations to be

dealt with, although the modern tendency now is to reduce the number of Ear, Nose and Throat operations during the summer months. The number of operations performed during 1950 was 122 as compared with 27 in 1949. In addition the School Health Service was notified of 150 other Ear, Nose and Throat operations on school children sent direct to the hospital by the General Practitioners. At the end of the year there were only 10 children awaiting operation for Ear, Nose and Throat defects, most of whom had been referred during the last two months of the year. In comparison with most Education Authorities on the Mainland, this is a very satisfactory state of affairs.

Mr. Forster paid 11 visits to the Island during 1950 and examined 135 children, 12 of whom were pre-school children, and performed 17 operations which were as follows:—

- 1—Removal of nasal polypi.
- 2—Submucous rectification of nasal septum.
- 6—Cautery to inferior turbinates.
- 1—Cautery to inferior turbinates and removal of adenoids.
- 1—Removal of adenoids.
- 1—Removal of tonsils and adenoids.
- 1—Modified radical mastoid.
- 1—Removal of scales from drumheads.
- 1—Proof puncture of antra.
- 2—Proof puncture of antra and intra-nasal antrostomy.

As in previous years the School Medical Officer attended Mr. Forster's sessions and arranged for the treatment advised to be carried out, either by the General Practitioner with whom the child was registered or, where necessary, at the School Clinics or Hospital. Mr. Forster comments very favourably on the close relationship in consultation between the School Medical Officer and himself in the Isle of Man. He feels that the presence of the School Medical Officer at the consultation session might with advantage be taken as an example in other parts of the country. This system has worked for many years in the Island and the liason between the Laryngologist, the School Medical Officer and the General Practitioner has for a long time been well established.

Once again Mr. Forster's advice and treatment have been very valuable and it is to be hoped that these consultation sessions will be continued as in the past so that children on the Island may derive the greatest benefit from his advice and treatment.

At the Minor Ailments Clinics 199 cases of ear defects were dealt with, the majority of them being of minor character. In addition 279 cases of nasal defects were dealt with being mostly chronic catarrh. In 36 cases intra-nasal massage with the diastello was undertaken with considerable improvement in most cases.

TUBERCULOSIS.

During the year 14 children were referred to the Chest Clinic for examination. In addition, 25 contacts of a notified pulmonary case were seen by the Consultant Tuberculosis Officer. These cases were also under continuous supervision by the School Health Service and regular examinations were made to check their weights and progress.

1 case of pulmonary tuberculosis—referred to above—was notified and 2 cases of glandular tuberculosis were also notified.

At the beginning of the year, there were in the Orthopædic Ward 2 cases of tuberculous spine and during the year 1 pre-school child with tuberculous spine and 1 child of pre-school age with tuberculous hip were admitted to the Orthopædic Ward. 1 school child with suspected tuberculous peritonitis and one with tuberculous glands were also admitted to Hospital.

The reports from the Consultant Tuberculosis Officer have been of great value in the follow-up of cases in school.

DENTAL DEFECTS.

The past year has seen many developments in the dental service, the major changes being the decision of the Health Services Board to transfer the free dental service for children to the School Dental Service and the introduction of new equipment which enables complete treatment of all types of case to be undertaken at the Clinics.

Many new problems have arisen as a result of these further developments and it will be some months before the final adjustments are made and the service is running in the desired manner. However, real progress is being made and it is hoped that by the time of the next Annual Report, the Service will be well established and completely efficient in its new task.

The wider field of treatment now being undertaken, has rendered the present system of statistical recording inaccurate and sometimes misleading. During the year this system was changed, so that the 1951 report will give a much more clearly defined and accurate picture. The figures quoted in this report do, however, give a general impression of the work done during the year, and certain sections are commented on below.

The general state of the children's mouths is good. Few children are now seen with neglected teeth, and these can be attributed to causes outside our control. The introduction of the Health Act Amendment in October was responsible for the attendance of a number of children with bad mouths who had previously refused treatment. This necessitated the expenditure of a disproportionately large amount of time to put their teeth in a sound condition.

Another School Dental Officer was appointed in October for six months in a temporary capacity; this has not yet materially affected the situation, since the number of children who had formerly refused treatment plus extra "casuals" has more than counter-balanced the extra staffing. This has meant that most clinics were slightly in arrears with their school inspections at the end of 1950 as compared with 1949. The increased amount of specialised work, such as orthodontic treatment, reduces the amount of routine work which can be undertaken by each dental officer, and this, together with the increased number of patients now to be treated, means that there can be no doubt that it will be necessary to employ more than three full-time dental officers if the present high standard of service is to be maintained in all areas of the Island.

Inspections.

The inspection figures in the statistical table show a reduction compared with last year. This is due to the much larger number of children who were absent on the day of the routine inspection, but it should be noted that later "follow-up" inspections of absentees are not included in the final figure.

Acceptance.

A true assessment of acceptance during the year was not possible due to factors which were mentioned in last year's report, namely that children made fit by the School Service do not require treatment at the first subsequent inspection, whereas the persistent refuser crops up again and again at every inspection still in need of treatment and still refusing. From a crude acceptance rate, taken from the difference between the number found to require treatment at school inspections and the number actually treated, it would appear that there is an over-all increase in acceptance of about 12%. This is partly borne out by the increase in attendances which, disregarding the numbers seen by the extra temporary dental officer, is about 10% higher.

The publicity given to the improvements in the Service, and the transfer, since the 1st October, of a number of former private patients, is no doubt responsible for this increase.

Treatment.

The number of fillings in permanent teeth shows a steady rise, whilst the number of fillings in temporary teeth has fallen, due to the increased use of silver nitrate in conserving the temporary dentition.

The number of extractions of both permanent and temporary teeth has also increased but this is largely due to the large numbers of extractions required by the influx of the previous non-acceptors and similarly the number of general anaesthetics has also risen.

The total of other operations performed included 2,251 temporary teeth conserved with silver nitrate. Also included under this section are 182 orthodontic appliances, 101 of which were fixed appliances constructed with the aid of the newly acquired spot welders.

24 artificial dentures and 41 crowns were also constructed and fitted to children who had broken their front teeth in accidents.

Many radiographs were taken during the year, the total being 297 for 167 cases. Some urgent cases had to be sent to outside sources for radiography but the provision of the second X-Ray Unit at Ballakermeen will greatly facilitate this branch of work in the near future.

Conclusion.

This report must necessarily be brief, as it covers an interim and rapidly changing phase in the development of the Dental Services, but it is confidently anticipated that the next annual report will present a complete and accurate picture of the work being done, and will indicate very real progress towards the ideal service for all the children of the Island.

The provision of new equipment and the wider scope of the service are becoming increasingly appreciated by parents and children alike, and whilst some minor difficulties have arisen during the year, these are now being overcome and their importance should not be exaggerated.

Finally the Dental Staff wishes to record its appreciation and sincere thanks to the teaching staffs for their whole-hearted assistance and co-operation in helping to make the scheme work so smoothly.

ORTHOPÆDICS.

During 1950 Mr. McFarland paid two visits to the Island, one in May and one in December. Mr. Almond paid seven visits to the Island so that in all a total of nine visits was made during the course of the year, as a result of which it was possible to keep the Orthopædic cases under constant review, the average time between the visits being six to eight weeks. The total number of cases examined was 428 which is a big increase over 1949. As in the previous year arrangements were made for examinations to be carried out at the Clinics at Castletown, Peel and Ramsey as well as the Douglas Clinic. This is a more satisfactory procedure and is much appreciated by the parents, although over the course of the year, the percentage who failed to attend was more than last year, but 50% of these non-attenders came in when sent for again.

The Authority was fortunate in having the services of Mr. Fraser, Physiotherapist, from the beginning of the year until September so that routine After-Care Treatment could be carried out. Unfortunately, Mr. Fraser resigned his appointment and left the Island in September, and it was impossible to obtain a replacement before the middle of November, when Miss J. Winning was appointed. Mr. McFarland has pointed out the value of After-Care Treatment, and it is to be hoped that Miss Winning will be able to continue in this very important branch of the Orthopædic Scheme.

After-Care Clinics were held during the course of the year at Douglas, Castle Rushen School, Victoria Road School, Peel and Ramsey, and a total of 1,092 individual patients was treated, the number of treatments given being 2,383. This is a very satisfactory state of affairs and it is to be hoped that it will continue during 1951.

The number of operations performed on the Island during the year by Mr. Almond was 20. In addition 2 cases went to hospitals on the Mainland for operation and one for special treatment. The details of the operations performed at Noble's Hospital were as follows:—

Corrections of deformities of feet or toes.

- 1—Mould and plaster bilateral pes planus.
- 1—Mould and plaster flat feet.
- 1—Mould and plaster calcaneal cavus.
- 4—Mould and plaster equino-varus.
- 2—Filleting 3rd and 4th toes.
- 1—Tenotomy plantar fascia.
- 1—Removal congenital rudimentary nail.
- 1—Transplantation of tendon to head of 1st metatarsal.

Treatment of torticollis by operation.

- 2 cases.

Osteotomy, arthrodesis or tarsectomy.

- 1—Double wedge tarsectomy.
- 1—Wedge tarsectomy.

Other operations.

- 1—Chronic sclerosing myelitis leg.
- 1—Lengthening tendo-Achilles.
- 1—Open division gluteus medius.
- 1—Division pronator radii teres.

Mr. McFarland has reported as follows on the Authority's Orthopædic Scheme :

"The Orthopædic service for physically defective children in the Isle of Man has been improved by the arrangements for Mr. Almond to visit the Island to carry out inspection and treatment of children at two monthly intervals.

I am now able to contrast the present position with that which existed fifteen to twenty years ago. The most noticeable features are the early recognition and treatment of crippling conditions. In consequence a much higher degree of cure is effected. There is also satisfactory co-operation by the parents, and I think this must at least partly be responsible in the apparent diminution in the degree of crippling arising from tuberculous disease. In common also with the mainland, Rickets and its crippling defects are disappearing.

The importance of the After-care or Orthopædic Sister must not be forgotten and every effort should be made to render her work comprehensive and attractive. In this connection Mr. Almond points out that "with a good After-care Sister the attendance of parents with their children is good and regular" and this depends on continuity of personnel."

Dr. Dorothy Pantin also holds an Orthopædic session at Noble's Hospital on Saturday mornings when some of the more urgent cases are seen and treatment carried out. These cases are where necessary referred for After-Care treatment to the Physiotherapist.

The number of cases in the Orthopædic Ward at the beginning of the year was 9. Of these, 7 were cases of poliomyelitis which were still under treatment following the 1949 epidemic. The number of cases admitted during the year was 34, 20 of whom were for operation under the Authority's scheme.

INFECTIOUS DISEASES.

Fortunately during the past year there was no epidemic of Infantile Paralysis as occurred in 1949. One case was notified amongst children attending school. The following infectious diseases were notified by the schools during 1950 :

Measles	83
Whooping Cough	21
Chickenpox	278
Mumps	3
German Measles	2
Scarlet Fever	17
Diphtheria	Nil

Measles and Whooping Cough showed a marked decrease compared to 1949. The only disease which showed any increase being Chickenpox, when there were 102 more cases than in the previous year.

It is again satisfactory to report that there were no cases of diphtheria occurring amongst school children. Arrangements are now being made for all children not protected, or only partially protected against diphtheria to be immunised during the early part of 1951. These arrangements are being made by the Medical Officer of Health with the co-operation of the School Health Service and an effort will be made to bring the immunisation state of the children up to 100%. Immunisation sessions are to be arranged both in the Clinics and in the Schools and in the majority of cases the inoculations will be given by a general medical practitioner.

PHYSICAL EDUCATION.

Among the many objects of physical training the formation and maintenance of good habits of posture must always be considered one of the most important. Good posture, or good carriage as it is more commonly known, depends upon factors other than exercises. Environment, nutrition and sleep all play an important part, so that the carriage of children, whether good or bad, must not be regarded as an approval or condemnation of the physical training.

Physical training can and does contribute much to the movement of the child. Lightness of movement is taught through the many and varied jumps; country dancing teaches lightness of step, balance and grace of movement, while the co-ordination of eye and limb is being continuously trained by practice with small balls and by team games. Agility exercises maintain a supple body, thereby producing a good "muscle tone," so necessary for good carriage.

In the Infants and Junior Schools the children are encouraged to work as individuals, moving freely about the hall or playground, thus becoming aware of their own capabilities and limitations. They enjoy a period of physical experimenting and this is encouraged to the full. Eight of the larger Infants and Junior Schools have Agility or Climbing Apparatus installed so that the natural desire of the young child for climbing, swinging and hanging may be met, and most schools have large fibre mats suitable for tumbling and rolling.

The fully equipped gymnasias of the Secondary Schools allow for more formal work to be undertaken—the girls being more concerned with poise and balance in movement and the boys with strength and endurance.

Suitable clothing and footwear for physical training are highly desirable. Apart from hygienic considerations and the danger element when wearing ordinary clothes, suitable clothing allows freedom of movement, and physical deformity, even though slight, is more easily discerned. It would be well, therefore, to consider that physical training for infants and juniors be performed in shorts or knickers only. A great improvement has been made during the last few years in the footwear for physical training. Rubber gym. shoes are in use in practically all schools and it is hoped that this will continue to be the case.

A variety of sport is encouraged, both in Primary and Secondary Schools, and good use is made of the playing fields belonging to the Authority or rented from other sources.

MILK AND SCHOOL MEALS.

A school meal for country children has been provided in the secondary schools for some years, but it is only recently that the service has been extended to primary schools. This has given great satisfaction to parents and children and there is no doubt that the serving of a hot meal to these young children has been a great benefit to their health, which is reflected in their more regular attendance at school. Nowadays it is a great boon to parents to be able to take advantage of the extra rations supplied by the School Meals Service. In the past, it was a difficult problem for parents to provide palatable sandwiches day after day, and as a result a great deal of food was wasted.

It is well worth noting that the younger children eat up their dinner and leave practically no waste. It is hoped that the training they receive in primary schools, where they are taught to eat the variety of food provided, will in time show some results and eliminate the fads and fancies which appear to develop later.

The following is the list of School Meals Centres now in operation and shows the number of meals served on November 20th, 1950;

Centre	No. of Meals.
Douglas High School for Boys, St. Ninian's Section	196
Douglas High School for Girls, Park Road Section	152
Douglas High Schools, Ballakermeen Section	305
Ramsey Grammar School, (including 70 meals sent to Albert Road School)	398
Castle Rushen Secondary School	287
Rushen Primary School (serving Arbory School)	186
Victoria Road School, Castletown (serving Ballasalla, Santon and St. Mark's Schools	160
St. John's School (serving Peel, Patrick, Foxdale and Marown Schools) ...	230
Laxey School (serving Dhoon School)	119
Total ...	2033

The milk scheme has continued as in former years and a large number of children now receive milk in schools. Approximately 2,400 third-of-a-pint bottles of T.T. milk were delivered each day to the schools in the Island and of this number, approximately 1,000 bottles of milk were supplied free of charge to the children.

CO-OPERATION.

The attendance of parents at periodic inspections is very satisfactory, particularly in the case of the younger children, and the parents on the whole have been very co-operative.

The Teachers have gone to considerable trouble to ensure that arrangements for medical and dental inspections have worked smoothly. Their interest and assistance are indispensable factors in the success of any School Health Scheme.

The School Health Department has continued to maintain good relationship with the General Practitioners in the Island and their co-operation is very much appreciated.

Working arrangements with Noble's Hospital and the Ramsey Cottage Hospital have continued on the same friendly basis as in former years.

The School Attendance Officers have reported children not in attendance at school and have also supplied useful information on children absent from school for various reasons. The Youth Welfare Officers have also given willing help in cases of parental neglect and their assistance in these cases has been greatly appreciated.

Grateful acknowledgement is also made to the Medical Officer of Health for his help and encouragement and to the Health Services Board for their willing co-operation.

HANDICAPPED PUPILS.

Blind Children.

One blind girl who was formerly in attendance at the Wavertree School for the Blind, reached the age of 12 years during 1950 and has now been transferred to Henshaw's Institute for the Blind, Manchester.

Partially Sighted Children.

During the year two boys who are suffering from congenital cataract, both of whom have had operations on the eyes, have been considered for admission to a School for Partially Sighted Children. It was decided to continue observation on one boy in his present school for another year, and in the other case, efforts have been made to secure his admission to such a school, at present without much success as the waiting lists for such schools are long and accommodation is limited.

In addition there are six cases of myopia occurring in school children which are of such an advanced degree that they may have to be considered for admission to a Partially Sighted Class in the future.

Epileptics.

There are three known cases of epilepsy occurring in school children all of which are, at present, fit to continue at school.

Deaf Children.

Three girls and two boys suffering with deafness are at the Royal Residential School for the Deaf in Manchester. Of these, one boy was admitted to the Nursery Section of the school in September, 1950, and one girl left over age in December, 1950, and is now back home on the Island. One girl is at the Residential School for the Deaf in Leeds.

Partially Deaf Children.

Eight cases of partial deafness are at present attending local schools but may have to be considered for Partially Deaf Schools in the future. Two girls are resident at the Liverpool School for the Partially Deaf at Birkdale.

Educationally Sub-Normal Children.

During the past year 4 girls and 3 boys were seen by Dr. Ballard. Of the 3 boys, 2 were low grade mental defectives and were notified as ineducable. The other boy is a high grade defective and is attending an ordinary school. Of the 4 girls, 2 were low grade mental defectives and were notified as ineducable. Another of the girls was suffering with epilepsy and is now attending an ordinary school. The fourth girl was considered to be maladjusted and is at present attending a school on the Mainland.

Altogether 61 children were noted as being of such a low standard of mental development that they would not benefit from the ordinary school curriculum. Of these 23 boys and 13 girls should be in special classes or schools, and 25 children had such marked degrees of mental defect that they were regarded as ineducable, but probably trainable.

There is a special class at Albert Road School, Ramsey, which is held on two mornings a week for some of the backward children in the Northern area. This was commenced in January of this year and was experimental in the first instance. Although it fulfils its purpose, it has demonstrated the necessity for full-time classes for these handicapped children, and it is hoped that it will be possible in the future to open similar classes in other parts of the Island. There are also two children in the Rudolf Steiner School in Aberdeen.

Two boys and two girls were noted, during 1950, as being maladjusted.

Physically Handicapped.

Amongst the physically handicapped children not attending school, there are three girls suffering with spastic paraplegia, one girl with poliomyelitis and one boy with abdominal tuberculosis. One girl suffering with paralysis is in a special school on the Mainland.

Of the children with multiple defects, 2 are in school and 3 are considered unfit for school. 2 are attending a special class in the north of the Island.

There are 3 children suffering with diabetes who are also attending school.

Speech Defects.

A review of all the children said to have speech defects was carried out during the year. As stated in the report for last year, they varied very much in degree, but it has been possible considerably to reduce the number who would benefit by speech therapy. There is no doubt that the services of a speech therapist would be of great value to some of these children but it is almost impossible to obtain such service as speech therapists are so limited in number.

SPECIAL MEDICAL EXAMINATIONS.

75 children were examined for "Workers" Certificates. Of these 72 were granted and 3 refused. 9 children were examined for "Entertainments" Certificates and found to be fit. 1 teacher was examined for the Board of Education and was found to be suitable for admission to contributory service under the Teachers Superannuation Acts.

Isle of Man Education Authority

MEDICAL INSPECTION RETURNS

STATISTICAL TABLES

Year Ended 31st December, 1950.

TABLE I.

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

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

Five year old Group	760
Eight year old Group	627
Twelve year old Group	590
Fifteen year old Group	470

Total 2,447

Number of other Periodic Inspections 70

Grand Total 2,517

B. OTHER INSPECTIONS.

Number of Special Inspections	988
Number of Re-Inspections.....	3,819

Total 4,807

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total Individual Pupils (4)
Five year old Group ...	3	97	99
Eight year old Group	46	84	119
Twelve year old Group	20	63	79
Fifteen year old Group	30	45	73
Total (prescribed Groups)	99	289	370
Other Periodic Inspections	4	10	12
Grand Total ...	103	299	382

TABLE II.
A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	DEFECT OR DISEASE. (1)	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment (2)	Requiring observation only. (3)	Requiring Treatment. (4)	Requiring observation only. (5)
4.	Skin	18	14	31	3
5.	Eyes—				
	(a) Vision	103	119	91	24
	(b) Squint	24	48	16	7
	(c) Other	16	10	42	10
6.	Ears—				
	(a) Hearing	15	16	14	6
	(b) Otitis Media	4	7	8	1
	(c) Other	29	21	41	4
7.	Nose or Throat	78	221	86	30
8.	Speech	1	25	—	2
9.	Cervical Glands	1	60	1	7
10.	Heart and Circulation	2	51	1	3
11.	Lungs	5	76	7	5
12.	Developmental—				
	(a) Hernia	4	7	—	—
	(b) Other	—	1	1	—
13.	Orthopædic—				
	(a) Posture	10	22	2	—
	(b) Flat Foot	65	42	25	5
	(c) Other	47	96	26	13
14.	Nervous System—				
	(a) Epilepsy	—	—	1	1
	(b) Other	1	25	3	4
15.	Psychological—				
	(a) Development	11	88	3	8
	(b) Stability	1	31	2	2
16.	Other	449	159	150	49

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

Age Group (1)	No. of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Five year old Group ...	760	344	45.26	401	52.77	15	1.97
Eight year old Group	627	272	43.38	330	52.63	25	3.99
Twelve year old Group	590	193	32.71	366	62.04	31	5.25
Fifteen year old Group	470	183	38.94	280	59.57	7	1.49
Other Periodic Inspections	70	31	44.29	35	50.00	4	5.71
Total ...	2517	1023	40.64	1412	56.10	82	3.26

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	25,770
(ii) Total number of individual pupils found to be infested ...	457
(iii) Number of individual pupils in respect of whom cleansing notices were issued	3
(iv) Number of individual pupils in respect of whom cleansing orders were issued	3

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS.)
GROUP I.—DISEASES OF THE SKIN (excluding uncleanness for
which see Table III)**

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	
(ii) Body	9	
Scabies	9	
Impetigo	28	
Other skin diseases	889	
Total ...	935	

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	412	
Errors of Refraction (including squint)	275	
Total ...	687	
Number of pupils for whom spectacles were		
(a) Prescribed	231	
(b) Obtained	357	
Total ...	588	

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of Cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	2	
(b) for adenoids and chronic tonsillitis ...	124	150
(c) for other nose and throat conditions	13	
Received other forms of treatment	514	
Total ...	653	

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	44	
(b) Number treated otherwise, e.g. clinics or out-patients departments	by the Authority	otherwise
	1,092	

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of Cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	

GROUP VI.—SPEECH THERAPY.

	Number of Cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	—	

GROUP VII.—OTHER TREATMENT GIVEN.

	Number of Cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	3,135	
(b) Other (specify)	—	

TABLE V.
DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic age groups	4,675
(b) Specials	713
Total (1)	5,388

(2) Number found to require treatment	3,307
(3) Number referred for treatment	3,307
(4) Number actually treated	2,721
(5) Attendances made by pupils for treatment	7,242

(6) Half-days devoted to : Inspection	38
Treatment	1,209
Total (6)	1,247

(7) Fillings : Permanent Teeth	3,261
Temporary Teeth	435
Total (7)	3,696

(8) Number of teeth filled : Permanent Teeth	2,971
Temporary Teeth	404
Total (8)	3,375

(9) Extractions : Permanent Teeth	470
Temporary Teeth	1,727
Total (9)	2,197
<hr/>	
(10) Administration of general anæsthetics for extractions ...	540
<hr/>	
(11) Other operations : Permanent Teeth	2,804
Temporary Teeth	2,791
Total (11)	5,595
<hr/>	

TABLE VI.
SCHOOL MEDICAL AND DENTAL STAFF.

	% of whole time devoted to School Health Service
S.M.O.	
S. V. Cullen, M.B., Ch.B.	100%
Asst. S.M.O.	
Mrs. K. M. Vernon, B.Sc., M.B., Ch.B.	12%
S.D.O.'s	
J. A. S. Clucas, L.D.S., R.C.S. (Ire.)	100%
F. C. Shenton, L.D.S., V.U. (Manc.)	100%
Mrs. F. E. Mitchell, B.D.S., L.D.S.	100%
Mrs. D. C. H. McQuarrie, L.D.S.	100%

NURSES	Number	
School Nurses	4	Whole time.
District Nurses	1	3 sessions a week.
Nursing Assistants	—	—
Dental Attendants	4	Whole time.

INDEX

	Page		Page
Co-operation	15	TABLE I.	
Defective Hearing	8	A—Periodic Medical Inspections	18
Dental Defects	10	B—Other Inspections	18
Diphtheria Immunisation	13	C—Individual Children requiring	
Ear Diseases	8	treatment	19
Educationally Sub-Normal		TABLE II.	
Children	17	A—Return of Defects	20
Employment of School Children	17	B—Classification of General	
External Eye Disease	8	Condition	21
General Condition	6	TABLE III.	
Handicapped Pupils	16	Infestation with Vermin	21
Hygienic Conditions of Schools	5	TABLE IV.	
Infectious Diseases	13	(i) Diseases of the Skin	21
Maladjusted Children	17	(ii) Eye Diseases, Defective	
Medical Inspection	6	Vision and Squint	22
Mentally Defective Children	17	(iii) Diseases and Defects of Ear,	
Milk in Schools	15	Nose and Throat	22
Minor Ailments and Diseases of		(iv) Orthopædic Defects	22
the Skin	7	(v) Child Guidance Treatment ..	22
Nose and Throat Defects	8	(vi) Speech Therapy	23
Orthopædic Defects	12	(vii) Other Treatment	23
Physical Education	14	TABLE V.	
Preliminary	4	Dental Inspection and Treatment ..	23
Special Medical Examination	17	TABLE VI.	
School Meals	15	School Medical and Dental Staff ..	24
Staff	3		
Tuberculosis	9		
Uncleanliness	7		
Visual Defects	8		

IN 17