

**[Report 1953] / School Medical Officer of Health, Isle of Man.**

**Contributors**

Isle of Man. Council.

**Publication/Creation**

1953

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Isle of Man Education Authority

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# ANNUAL REPORT

of the

## Principal

## School Medical Officer

# 1953

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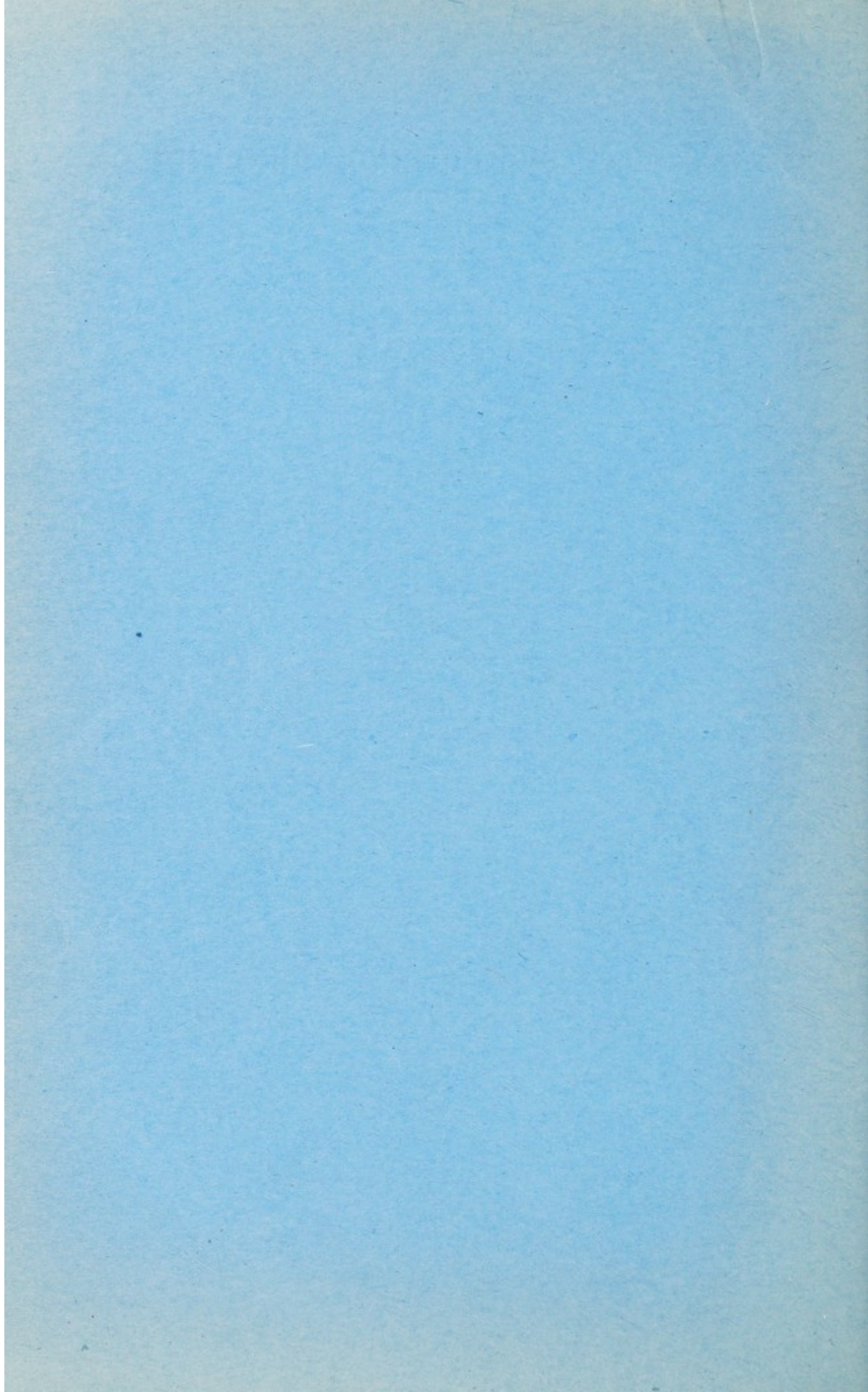
S. V. CULLEN, M.B., Ch.B., D.C.H.

Principal School Medical Officer

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Printed by Victoria Press Limited,  
Martins Bank Chambers,  
45 Victoria Street, Douglas, I.O.M.





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# SCHOOL HEALTH REPORT.

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

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report on the work of the School Health Service during the year ending 31st December, 1953.

There were some changes in the Staff of the Dental Department during the year. In June Mrs. D. C. H. McQuarrie left to join her husband in the United States and Mr. E. G. MacSweeny resigned in July to take up an appointment in Ireland. Mr. C. J. Geraghty and Mr. J. I. Stevenson were appointed to succeed them and commenced duty in August. Because of family duties Mrs. M. Cannell relinquished her position as School Dental Attendant at the end of December. She had been on the Staff since 1937 and gave loyal and devoted service.

To Dr. K. M. Vernon and the Dental, Nursing and Clerical Staff I should like to express my sincere appreciation of the loyalty and efficiency which they have always shown.

Thanks are also due to the Medical Practitioners for their co-operation and to the Director of Education, Mr. H. L. Fletcher, and his Staff for their invaluable assistance.

Finally, Mr. Chairman, Ladies and Gentlemen, it is my pleasure to thank you for your encouragement and consideration and, in particular, to express my gratitude to the members of the Medical Committee for their continued help and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,

Principal School Medical Officer.

# Isle of Man Education Authority

## SCHOOL HEALTH SERVICE

### Report for Year 1953.

#### STAFF

##### FULL TIME.

- Principal School Medical Officer : S. V. Cullen, M.B., Ch.B., D.C.H.
- School Nurses : 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.  
Miss E. E. Watterson, S.R.N., S.C.M., H.V.
- Principal School Dental Officer : J. A. S. Clucas, L.D.S., R.C.S.
- School Dental Officers : Kathleen E. Smith, B.D.S., L.D.S.  
Dorothy C. H. McQuarrie, L.D.S. (Hons.)  
(Resigned 30/6/53.)  
E. G. MacSweeney, B.D.S.  
(Resigned 24/7/53.)  
C. J. Geraghty, B.D.S.  
(From 4/8/53.)  
J. I. Stevenson, L.D.S.  
(From 10/8/53.)
- Dental Attendants : Mrs. M. Cannell.  
(Resigned 31/12/53.)  
Miss F. M. Johnson.  
Miss D. M. Crellin.  
Mrs. D. J. Cubbon.  
Mrs. E. C. Callow.  
(From 5/10/53—temporary.)
- Clerks to the Medical Department : Mrs. D. Christian.  
Miss V. Devereau.
- ##### PART TIME.
- School Medical Officer : Kathleen M. Vernon, B.Sc., M.B., Ch.B.
- ##### CONSULTANTS.
- Aural Surgeon : H. V. Forster, M.C., M.B., Ch.B., M.Sc.,  
F.R.C.S.
- Orthopædic Surgeon : H. G. Almond, M.Ch.(Orth.), F.R.C.S.
- Ophthalmic Surgeon : T. L. de Courey, M.A., M.D., B.Ch.,  
B.A.O., D.P.H.
- Radiologist : B. B. Harrison, M.B., Ch.B., M.Rad.,  
D.M.R.D.
- PHYSIOTHERAPIST : Miss A. J. Caine, M.C.S.P., H.T.



## PRELIMINARY.

In accordance with Circular 269 of the Ministry of Education dated 25th August, 1953, and to conform with other Local Authorities the designation of the Medical Officer in charge of the School Health Service has been changed to Principal School Medical Officer and the Assistant School Medical Officer is now designated School Medical Officer. A change has also been made in the title of the Dental Officer responsible to the Principal School Medical Officer for the conduct of the Authority's Dental Service. This officer is now titled Principal School Dental Officer instead of Chief School Dental Officer as previously.

The general condition or nutritional state of school children shows little change from last year and only 1.03% are below normal. In spite of this, it is not unusual to see school children with pale faces and heavy eyes. How much of this is due to sitting up at nights watching television is difficult to say but there is no doubt that in some cases too much television is the cause of loss of sleep and subsequent deterioration of health. It is an interesting thought that some parents who would be horrified at the thought of sending their children to the cinema every evening think nothing of allowing them to watch television every night—often until a late hour. It is essential that parents should be firm with their children and they should organise a scheme of disciplined and selective viewing so that the children get ample time in the fresh air which is so necessary for their health.

Out-of-school activities and out-door exercise is particularly important when children are approaching adolescence. At this age they are preparing for examinations and are going through a period of rapid growth. A liberal and enlightened education should not be entirely bookish or narrowly academic and should include a healthy enjoyment of out-of-school activities. Homework is doubtless essential but good health should not be sacrificed on the altar of scholastic achievement.

During their school life all children are supervised by the School Health Service—whether they are normal or handicapped—and inspections take place at frequent and regular intervals. When a child leaves school, this automatically ceases, and, as most children leave school at the age of 15, this means that for the important adolescent years they are without supervision. A healthy child from a good home may need no further guidance but a child who is handicapped mentally or physically or a "deprived" child may miss the advice which was received at school. An extension of the welfare services to cover these important years for the handicapped child would seem to be indicated. This is particularly important in the case of the mentally handicapped who are so often left to their own resources without any direction whatsoever.

During the year under review, the Children's Villa at Ballamona was opened. Here the children who have been certified as mentally defective are accommodated away from the adult patients. Arrangements have been made for some of the children who are considered educable to have tuition. Later it is hoped that an Occupational Therapist will be appointed who will be able to give some training to the children who are not educable. It is not yet possible to report any progress in the training of the defective children who are living at home and unable to attend school. A conference is to take place between the Education Authority and the Mental Hospitals Committee to discuss the problem and it is hoped that the question of the provision of a Day Occupation Centre will be particularly considered.

The Dental Department was again handicapped by changes in Staff but at the close of the year it was up to full establishment. The Principal School Dental Officer has drawn attention in his report to the disorganisation which may arise due to temporary depletion of Staff and has made suggestions on how this may be remedied.

It has been found possible to arrange for some of the children suffering from speech defects to have remedial treatment. Each case is considered on its merits and all aspects of the problem are investigated before a child is selected for treatment. Many of the five-year-olds have minor defects of speech



when they are admitted to school but by association with other children most of them improve without treatment.

With regard to the orthoptic treatment of squint, it is not possible to report any success. The Education Authority has accepted responsibility for this form of treatment and has approved the appointment of a part-time Orthoptist. However, it has been impossible to fill the new vacancy which has been created. It would appear that on the mainland there are more vacancies than Orthoptists and that all are employed in a full time capacity.

The condition of the School Clinic in Tynwald Street has been mentioned in previous reports and is in danger of becoming a "hardy annual". The Medical Officer of Health in his report for 1950 referred to it as "a gloomy disgrace" and the consensus of medical opinion has condemned the building as both inadequate and unsuitable—public opinion has yet to be heard. Its defects and limitations cannot be fully appreciated at a single visit. Only by frequent visits, particularly when a Specialist's session is in progress, can it be realised how unsatisfactory the building is. This clinic is the headquarters of the School Health Service and houses the principal consultation and treatment clinics as well as the entire medical records. Here the Clerical Staff must work side by side with the Medical and Nursing Staff. An examination of previous annual reports will show how the scope of the School Health Service has widened over the years and how the volume of work has increased. A building which may have been adequate in 1923 when the service was first introduced on the Island is certainly not so in 1953.

Re-decoration improves the external appearance for a short time but before long the building resumes its gloomy aspect. The principal defects lie in the plan of the building itself and these could only be overcome by extensive and costly structural alterations. Before any attempt is made to effect improvement in the accommodation, it is suggested that expert medical and architectural opinions should be sought. Her Majesty's Inspectors visit the schools twice a year and perhaps the unbiased opinion of the Special Services Branch of the Ministry of Education would ensure that any decision to spend money on alterations to this clinic would be an economic and sound proposition.

### **SCHOOL ACCOMMODATION AND HYGIENE.**

I am grateful to the Works Inspector for the following report:—

"During 1953 the following schools were painted externally:— Douglas High School for Girls (Park Road Section), Braddan School and House, Kewagigue School and House, Peel Youth Centre, Andreas Old Parochial School and House, St. Judes School and Bride School. The following were painted internally, wholly or in part, during the Christmas Vacation:—Ramsey Grammar School (Junior Department), Andreas School, Castle Rushen High School, Murray's Road School.

Water borne sanitation (septic tank system) was installed at Sulby School, and a complete modernisation of the sanitary conveniences at Rushen Primary School was completed.

Re-levelling and re-surfacing of the infants' playground at Albert Road School and of the playground at Andreas School was completed, along with maintenance (e.g. spraying) of the playgrounds at Ballakermeen.

All heating apparatus was maintained in satisfactory condition, and by an alteration in the circuits the heating at Murray's Road School was considerably improved. A new boiler was installed at Foxdale School.

Extensive repairs were carried out at St. John's School House."

### **MEDICAL INSPECTION.**

The total number of periodic examinations carried out was 2,810 an increase of 222 compared with the previous year. The number of children examined when they entered school at the age of five years diminished by 45 but all other age groups showed an increase over 1952. The eight-year-old



group increased by 95, the twelve-year-old group by 124 and fifteen-year-old group by 60. Of 77 children examined outside the statutory age groups (as compared with 89 in 1952) 5.19% were found to require some form of treatment. 5.104% of the five-year-olds, 10.22% of the eight-year-olds, 8.48% of the twelve-year-olds and 3.901% of the fifteen-year-olds required treatment. The total number of children in all the age groups who were found to be in need of treatment was 197 or 7.01%—slightly less than last year when the percentage was 8.85.

The majority of defects found were those of vision, 2.99%; of the nose and throat; 0.71% and orthopædic defects, 1.85%.

The number of re-inspections carried out was more than last year being 5,067 as against 4,644—an increase of 423. Special inspections, however, decreased by 123.

1,726 parents were present at the routine inspections—a percentage of 61.4. This very satisfactory percentage shows the interest which parents are taking in the welfare of their children.

### GENERAL CONDITION.

Compared with 1952, there was very little variation in the general condition of the children who were medically inspected. 27.62% of the children examined were found to have good (above average) general condition, 71.35% were average and only a very small percentage (1.03) were below normal.

The average heights and weights of the statutory age groups examined were as follows:—

	Number examined	Height in inches	Weight in pounds
Eight-year-old boys .....	381	49.73	58.29
Eight-year old girls .....	343	49.47	56.69
Twelve-year old boys .....	329	57.21	82.103
Twelve-year-old girls .....	331	59.86	85.73
Fifteen-year-old boys .....	219	65.02	117.69
Fifteen-year-old girls .....	268	62.52	114.92

From the time that heights and weights were first recorded—some thirty years ago—there has been a marked increase both in the height and in the weight of children in the eight and twelve-year-old groups. However, during the last few years, the rate of increase seems to have slowed down and it is possible that heights and weights will remain more constant in future and at least it seems likely that any increase will occur over longer periods of time.

### UNCLEANLINESS.

During 1953, the School Nurses carried out 31,247 examinations of children for cleanliness. 7,556 individual children were examined and of these, 321 or 4.25% had some degree of infestation. Although more examinations were made in 1953, fewer children were found to have infected heads and 4.25 is the lowest percentage of infestation ever recorded in the Isle of Man.

Cheap and efficacious hair lotion—which is available at all the School Clinics—is a valuable weapon in the fight against uncleanness and the School Nurses must be congratulated on the way in which, with its help, they have reduced the incidence of head infestation to the present very satisfactory low level.

### MINOR AILMENTS.

Compared with 1952, the total number of Minor Ailments treated at the School Clinic, in the year under review showed a decrease. 7,740 cases were dealt with and 16,010 attendances were made—an average of 2.07 attendances per case. During the year, clinics were held three times a week at Ballakermeen School and Albert Road School; twice a week at Victoria Road, Rushen, Castle



Rushen, Peel, Ramsey Grammar and Laxey Schools, once a week at Andreas School and daily at the Tynwald Street Clinic. Table IV of the Statistical Tables gives some idea of the work undertaken by the School Nurses at the Minor Ailments Clinics.

All schools are equipped with First Aid boxes and conditions which do not respond to simple First Aid treatment at home or at school may be referred by the Class Teachers or the School Nurses to the Minor Ailments Clinics for more expert attention. Cases which need daily dressings are also referred by the Visiting Specialists and General Practitioners and a number of children, including those of pre-school age, are brought to the Clinics by their parents. All cases are treated by the School Nurses and the more serious or refractory conditions are referred by them to the School Medical Officer.

#### VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

170 school children and 40 pre-school children were examined by Dr. de Courcy and, of these, 24 (including three children of pre-school age) were referred for operative treatment. At the beginning of the year, five children were awaiting admission to hospital and during the year eight children underwent squint operations at St. Paul's Eye Hospital, Liverpool. At the end of the year the number of children awaiting operation for squint was 21.

379 eye examinations were carried out by the School Medical Officer. Of these, 338 were refracted and 41 children previously tested by retinoscopy were re-tested by the subjective method. 526 eye ailments of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

The total number of glasses ordered during 1953 was 176.

As in previous years, opticians have been most helpful and co-operative.

#### EAR, NOSE AND THROAT DEFECTS.

127 school children and 13 pre-school children were seen by Mr. H. V. Forster, the Ear, Nose and Throat Specialist during 1953. Several patients were examined more than once and altogether the total number of examinations made was 172. Mr. Forster was able to visit the Island more frequently in 1953 and in addition to the ten consultation sessions which were arranged, he performed the following operations at Noble's Hospital:—

- 1—Proof puncture of antrum
- 1—Cautery of inferior turbinates
- 1—Removal of adenoids and cautery to inferior turbinates
- 5—Removal of tonsils and adenoids
- 1—Laryngoscopy for removal of growth on vocal chord
- 4—Removal of adenoids.

The following cases were referred by the School Health Service for operative treatment at local hospitals:—

- 2—Removal of tonsils
- 4—Removal of adenoids
- 26—Removal of tonsils and adenoids.

90 other tonsil and adenoid operations were performed on school children sent direct to the hospitals by General Practitioners.

The School Nurses treated 424 aural and 647 nasal complaints which were referred by Mr. Forster, the General Practitioners or the School Medical Officers. The majority of these cases were of a minor character.

I am very grateful to Mr. Forster for the following comments on the operation of the Ear, Nose and Throat Clinics:—

“During the last year the examinations carried out at the special sessions of the School Clinic have continued to reveal the same wide variety of ear,



nose and throat disorders. It has been possible to deal leniently with cases found to have adenoid tissue enlargement without obvious symptoms. Other cases of this kind, however, have arrived with marked signs of obstruction, troublesome at mealtimes and disturbing restful sleep. Others have suffered from superadded attacks of inflammation and then there was the other group free from obstruction but unable to escape from repeated inflammatory attacks as often as every few weeks.

It is difficult to help some whose only complaint is a liability to the common cold, but at least it is possible to separate from these those whose repeated attacks of nose trouble are allergic in origin and often complicated by asthma and bronchitis sometimes associated with a sensitive nervous system. There are also other cases of persistent suppurative and well-established purulent sinusitis.

In the ear department, there is still found a marked hereditary tendency to acute and chronic inflammation of the middle ear. The chronic cases are often strangely chronic from the beginning. In many of these cases, simple routine treatment is successful but a few are left which need a modified mastoid operation. There are also those children who suffer from a disturbance of the skin lining of the external ear, including stubborn examples of keratosis which need occasional clearance under a general anaesthetic.

Recent articles in the medical press concerning deafness have reminded us that we cannot begin too early, even in infancy, to take advantage of passing information to the brain when a certain degree of residual hearing may even be usefully employed by attaching a small "Monopack" hearing aid to the child's clothing.

In the matter of less severe degrees of deafness, recent advice stresses the importance of retaining other children in the normal schools, and now that we have on the Island a first class hearing aid service it should be easier to lessen the need for segregation. I believe many of the partly deaf children recover in time whether rationally treated or not, though if there has not been recovery by the age of 12 years the outlook is then more serious.

I think the most important observation which I could make would be to repeat my recent one, namely, to praise the system of Specialist co-operation as used in the Island by the School Health Service. This is the ideal situation especially if, as with the I.O.M. Education Authority, the School Medical Officer keeps in touch with the family doctor."

### TUBERCULOSIS.

During the year family doctors referred ten pre-school and 50 school children to the Chest Clinic and copies of their reports were forwarded to the School Health Service. Reports on 11 other children were also received. These reports are sent as a routine measure and are of considerable value. Nowadays if further information on a child's chest condition is considered necessary, it is customary to refer him through the family doctor to the Tuberculosis Officer. Happily, the close liaison which exists between the Chest Clinic and the School Clinic enables these children to be kept under supervision at school and, if necessary, to be restricted in their work and play.

One pre-school child developed tuberculosis of the knee and was admitted to the Orthopaedic Ward at Noble's Hospital during 1953. She was subsequently transferred to a hospital on the Mainland.

In accordance with a Ministry of Education regulation, 40 candidates for Teachers Training Colleges were X-rayed at Noble's Hospital and were found to be free from disease of the lungs.

1953 saw the start of the scheme to test school children for their susceptibility to tuberculosis and a small number of children in the five-year-old group were tested. Because of Staff difficulties at the Chest Clinic it was impossible to attempt more than a cross-section of this group and children from three Douglas schools only were jelly-tested. 53 tests were carried out and 38 children had positive re-actions. Some of the children had a further examination at the Chest Clinic but no cases of active tuberculosis were discovered.



## THE SCHOOL DENTAL SERVICE.

I am obliged to Mr. J. A. S. Clucas, Principal School Dental Officer, for the following report on the work of the School Dental Department during 1953 :—

“ What are the aims and objectives of the Dental Staff of a comprehensive Dental Service for children? Broadly speaking, they are :—

- (1) to maintain a reasonably high state of oral hygiene, and
- (2) Dental Education.

To maintain a high level of oral hygiene, it is necessary to provide dental treatment, including orthodontic treatment, for the greatest possible number of children. To achieve this each child must be seen at a very early age and must have regular routine follow-up examinations.

To claim complete success in this direction would be a travesty of the truth. Dental caries is now generally accepted as one of the most rampant diseases known to civilised communities. A recent investigating authority claims that in the United Kingdom more than 98% suffer from the disease and the children of the Island are not less immune to its ravages.

Children are often not seen soon enough, particularly is this so with those of pre-school age. Some parents only bring pre-school age children for treatment when multiple extractions are necessary for the immediate removal of gross sepsis. Others are reluctant to allow their children, for whom preventive measures could be undertaken, to attend the clinic, thinking they are too young for treatment.

It has been reported in the past that casual or emergency cases take up a considerable portion of workable time. This year again is no exception as approximately 2,000 such cases have been treated and it is believed that it is because of the preceding examples that the real difficulties in this direction exist. They can only be reduced by dental education and propaganda which will clearly point out to parents the disastrous effects of neglect on the developing dentition of children.

Dental education is a very important branch of preventive dentistry which has not received the consideration it merits. On it depends the creation of better understanding between dentist and patient and between dentist and parents. To attempt to restore the teeth of children to normal without due consideration being given to their individual temperaments would be most unwise. Soon their visits to the Dental Clinics would become infrequent or cease and the Dental Staff would have failed in their objective. The inherent fear of dentists is still very much alive and it must be part of the work of the Dental Staff to allay such fears and slowly to win back the confidence of the child. This can be done and is being done every day.

A better understanding of dental health matters by the parents can only be achieved through dental propaganda. Possibly more could be done at the various maternity and child welfare clinics with regard to the dental education of expectant and nursing mothers. The importance of dental health could be impressed on them and advice given on how this may be maintained.

Parents often neglect to bring children to the dental clinic at the first sign of dental decay when the tooth could be saved. They tend to leave it until the child is in pain and then only extraction is possible. It is their responsibility to see that their children clean their teeth regularly and to discourage such bad habits as eating sweets at bedtime. Teachers also are able to help by limiting the eating of easily fermentable starchy foods between meals and by checking such bad habits as sucking fingers, thumbs, lips etc.

It will readily be appreciated from the foregoing that the co-operation and active participation of parents, teachers and all connected with child welfare is essential.



### Inspections.

At the annual school inspections 5,216 children were examined and of these, 4,110 were found to require treatment. Many children who for various reasons received check inspections have not been recorded.

### Acceptance.

This figure has now been dispensed with because the acceptance rate is so high and because those few who sign initially under Category C usually wish to change later either to A or B. These constant alterations make an accurate figure impossible.

### Treatment.

The number of fillings of permanent teeth was 3,115. This is slightly less than the previous year. 656, the number of deciduous teeth filled is much below that of 1952. This is attributable to the periods during the year when the Dental Staff was depleted. The number of extractions, particularly with regard to deciduous dentition, shows a slight increase. This is due to the increase in the number of casual patients treated. Less general anæsthetics were given than in the previous year. Of the 869 administered, 170 were given at the out-of-town clinics, the remainder being given at the Douglas clinic.

The total of other operations performed includes the following:—

- 1,592 temporary teeth conserved with silver nitrate
- 456 permanent teeth conserved with silver nitrate.
- 88 artificial dentures and crowns fitted.
- 436 scalings and gum treatments.
- 4,125 dressings inserted prior to fillings.
- 375 radiographs taken for 219 patients.

### Orthodontia.

The demand for this type of dental treatment is as great as ever. Cases are constantly being referred from outside sources and the number treated has to be restricted to the amount of time available so that routine dental treatment is not interfered with unduly. To attempt all the cases would provide full-time work for one Dental Officer.

Number of cases undertaken and treated .....	125
Number of appliances fitted for these cases:—	
(a) Fixed appliances .....	31
(b) Removable appliances .....	71
	<hr/>
Total ...	102
	<hr/>

### Clinics and Equipment.

#### Douglas Clinic.

The large double surgery was divided into two separate surgeries. This was a much appreciated improvement to the general working conditions of this clinic, the new surgeries being quite adequate in size and much easier to work.

#### Castletown Clinic.

The dental chair at this clinic became unserviceable during the year. It had been repaired previously but on this occasion it was declared beyond repair and was replaced.

### Conclusion.

During the past year there have been several changes of Staff. In some instances it was not possible immediately to fill the vacancies created, and there were staff shortages. During this time the normal working arrangements of the other Dental Officers were interfered with appreciably, causing an inevitable reduction in routine treatment.



Should this occur in the future, it is suggested that, as an interim measure, the School Dental Service should be supplemented by part-time officers working in the school clinics on a sessional basis."

### ORTHOPÆDICS.

Mr. Almond, the Orthopædic Specialist, visited the Island about once every six weeks during 1953 and at the ten sessions arranged for him at the Castle Rushen, Albert Road and Tynwald Street Clinics he examined 589 cases. He also paid six domiciliary visits to a patient who was unable to attend the clinics. The percentage of non-attenders has risen compared with last year but the increase from 15% to over 17% is more apparent than real. At the January session, due to bad weather conditions, Mr. Almond was delayed in Liverpool and the clinics at Ramsey and Castletown had to be cancelled and the number of cases examined at the Douglas clinic was only half of the number summoned. All the children who were not seen at the January visit were sent for again in February.

Miss Caine, the physiotherapist, continued to give treatment throughout the year at the After-Care clinics which were held at Victoria Road, Castle Rushen, Ramsey Grammar, Albert Road, Ballakermeen and Peel Schools and at the Tynwald Street Clinic. 298 patients were treated, the total number of treatments given was 5,296 and the average number of attendances 17.8. It is not always appreciated how important After-Care work is in the treatment of orthopædic disorders and thanks are due to Miss Caine for her work in this branch of the service.

Five children were admitted to hospitals on the mainland for operative treatment or investigation and the following operations were performed by Mr. Almond at Noble's Hospital during the year:—

- 26—Operations for correction of deformities of feet or toes.
  - 1—Peg graft between 1st and 2nd metacarpals—right.
  - 2—Removal of exostosis right femur.
  - 1—Freeing of adherent tendons right index and middle fingers.
  - 1—Manipulation of left ankle for chronic sprain.

Mr. Almond also saw a pre-school child, who was resident on the Island, at Ramsey Clinic and recommended her for admission to a Liverpool hospital for treatment for congenital dislocation of the hips. Whilst she was awaiting admission, the family removed to Liverpool, and automatically became the care of the Liverpool Education Committee.

At the beginning of the year, three girls were in hospitals on the mainland. One child had a tuberculous hip, another a tuberculous spine and the third child who was under treatment for a slipped epiphysis, returned home during the year. In addition to the five children already mentioned, two girls were admitted as in-patients to mainland hospitals in 1953. One of these had a tuberculous left knee and the other, who had a tuberculous bone in the foot, was discharged before the end of the year.

There were four children in the Orthopædic Ward at Noble's Hospital at the beginning of the year. Of these, one was suffering from an abscess of the right thigh, one from a tuberculous foot, one was a case of tuberculous spine and the last was a case of suspected tuberculous hip. Two pre-school children were admitted to the Ward during the year. One of them had a tuberculous left knee and the other, who suffered with mild spastic paralysis, was admitted with a greenstick fracture of the left leg. Three children were discharged during the year, two were transferred to hospitals on the mainland and one boy with a tuberculous spine was still in the Ward at the year end.

As in the past, urgent cases are referred direct to the surgeons at Noble's Hospital, and any After-Care treatment which is required in these cases and Mr. Almond's operation cases is carried out by the physiotherapist.



Thanks are due to the Staff at Noble's Hospital for their valuable help and to the X-ray Department for their ready co-operation.

### INFECTIOUS DISEASES.

The following infectious diseases were notified by the schools during 1953 :—

Measles .....	191
Whooping Cough .....	54
Chickenpox .....	396
Mumps .....	2
German Measles .....	73
Scarlet Fever .....	33
Diphtheria .....	Nil

As will be seen from the above figures, there was no major epidemic during the past year although there was an increase in the number of chickenpox cases. It is satisfactory that there were again no cases of diphtheria reported amongst school children. A retrospective survey shows that no cases of diphtheria have been notified since 1946 when there was one case of suspected diphtheria which was, however, not confirmed. It would appear that this disease has been virtually stamped out and there is no doubt that this is mainly due to the diphtheria immunisation campaign which has been in force for some years. If, however, there should be a decrease in the percentage of children immunised, it is more than likely that the disease would re-appear. For this reason it is most important that parents should not develop feelings of false security and that they should arrange to have their children immunised at the proper times.

Immunisation sessions were arranged by the Medical Officer of Health and were held in schools and school clinics in all parts of the Island during the year. Altogether 1,229 children were immunised.

Two children of school age contracted infantile paralysis. Fortunately, they were not severely affected and made a good recovery under treatment. Both children were seen by Mr. Almond and one has since been discharged with no permanent disability.

### PHYSICAL EDUCATION.

I am indebted to the Organiser of Physical Education for the following report on the work during the past year :—

“Physical Education is a recognised part of the school curriculum from the Infants' School to the Secondary School, and has an important part to play in the life of the child. We try to help the child to develop and mature mentally and physically.

Its fundamental aims are to encourage alertness, obedience, independence, happiness of spirit, to aid healthy growth, and to encourage good hygienic habits—changing into plimsolls, removing superfluous clothing for exercises, use of shower baths, etc.

The teaching in the Infant and Primary Schools is generally carried out by the regular class teacher, while in the Secondary Schools it is done by a specialist teacher. Regular visits are made to all schools by the Organiser to see the teachers at work, to encourage and advise, to take demonstration lessons and to discuss any problems with regard to methods, training, provision and care of equipment.

Two interesting books have been published by Her Majesty's Stationery Office—“Moving and Growing” and “Planning the Programme”. These are well planned and beautifully illustrated and should be of value to class teachers.



**Facilities.** The Secondary Schools are well equipped with gymnasia and sports equipment.

The Primary Schools have a supply of small apparatus—balls, ropes, hoops etc., but there is still need for a greater supply of small apparatus as well as larger fixed apparatus in order to carry out modern methods which encourage the children to exercise themselves in a natural manner through climbing, jumping and hanging movements.

**Improvements.** Murray's Road School hall has been strengthened, enabling regular indoor lessons to be taken by all classes.

Country schools make every effort to clear adequate space for indoor lessons during the winter months.

**Playgrounds** are in fairly good condition—improvements have been made. A careful watch is kept on playground surfaces.

**Playing Fields** of both Primary and Secondary Schools are kept in good condition by the Authority's Ground Staff. Both at Laxey and Rushen a large area of grass has been made available.

The work done by the groundsmen in providing better playing areas, laying out sports tracks, improving pitches, etc. is much appreciated.

**Sports Days** were held in several Primary Schools, also in the Northern and Western Districts. Secondary Schools ran successful Sports Days and Inter-School Athletics Meetings.

**Dancing.** All Primary Schools take Folk Dancing as a regular weekly lesson.

**Games** play an important part in the programme. Schools visit one another from time to time for friendly matches.

**Displays.** A Coronation Display was given in the Villa Marina Gardens. The Primary Schools led the procession from the Car Park with the Manx Processional Dance (1951). The Douglas High School for Boys gave a P.T. display and songs, the Douglas High School for Girls a play, and the Primary Schools displays, in costume, of Manx, English, Scottish, Irish and Welsh dances."

## MILK AND SCHOOL MEALS.

### School Meals.

I am grateful to the Organiser of School Meals for the following report:—

"The school meal continues to play its part in the health and well being of those children who cannot get home at mid-day. The numbers taking the meal have fallen slightly, mainly due to the very careful investigation of all applications and strict adherence to the rules laid down by the Authority.

At Easter a conference was held of all School Meals personnel. Mr. Loe, the Local Government Board Inspector gave a very interesting and instructive talk on food contamination. The importance of personal hygiene was again stressed and very interesting slides showing the rapid growth of bacteria were displayed. Samples of washing up water, and cloths used in the kitchens, had been analysed. The washing up water was remarkably free from contamination due to the use of detergents and germicides. Many useful hints were given to ensure the high standard of cleanliness in preparation and service is maintained.



The following is a list of the School Meals Centres and shows the number of meals served on 16th October, 1953 :—

Centre	No. of Meals.
Douglas High School for Boys : St. Ninian's Section (serving Onchan) .....	161
Douglas High School for Girls : Park Road Section .....	188
Douglas High Schools : Ballakermeen Section .....	325
Ramsey Grammar School : Senior Section .....	152
Junior Section (including 100 meals to Albert Road School) .....	228
Castle Rushen High School .....	310
Victoria Road School, Castletown : (serving Ballasalla, Santon and St. Mark's Schools) .....	141
Peel School : (serving St. John's, Patrick, Foxdale and Marown Schools) .....	224
Rushen Primary School (serving Arbory School) .....	175
Laxey School (serving Dhoon School) .....	146
	2,050 "

#### Milk.

About 2,192 third-of-a-pint bottles of T.T. milk were delivered daily to schools in all parts of the Island and approximately 1,027 of these were supplied to children free of charge.

Samples of the milk supplied were submitted from time to time to the Public Analyst for routine investigation and his reports have, on the whole, been satisfactory. T.T. milk safeguards against infection by bovine tuberculosis but the only way in which it can be made really safe and free from contamination by other bacteria is by efficient pasteurization. Ideally, the milk supplied to school children should be both T.T. and pasteurized.

#### CO-OPERATION.

Approximately 61% of the parents attended routine medical inspections during the year and when treatment was recommended, they co-operated well—especially so when the younger children were concerned.

The value of the School Health Service is no longer a vexed question but much of its success is due to the willing collaboration of the Teaching Staffs, School Attendance Officers and Youth Welfare Officers. They can, and do, bring to the notice of the School Medical Officers cases of parental neglect, maladjustment and absenteeism. Very often the Class Teachers, who see the children every day, are the first to notice the early signs of deterioration and, whatever the cause, whether it is defective vision or hearing, psychological instability or defective speech, the sooner it is treated the better. Neglected, it may become worse and cause serious trouble later on—long-standing cases do not respond to treatment as quickly as those which are treated in the early stages. Appointments for treatment given through the School Health Service are, of course, made so that they interfere as little as possible with a child's education but much of the treatment must, of necessity, take place during school hours and thanks are due to all members of the Teaching Staffs who have assisted in this matter.



Noble's Hospital, the Ramsey and District Cottage Hospital and the Health Services Board have given, as always, very welcome help and their friendly spirit is greatly appreciated.

Grateful acknowledgement is also made to the Medical Officer of Health for his support and to the members of the medical profession whose generous co-operation is so necessary for the well-being of the School Health Service.

### **SPECIAL MEDICAL EXAMINATIONS.**

137 examinations were made in connexion with the issue of "Workers" Certificates and except in two cases, all the applicants were granted Certificates. 19 children who applied for "Entertainments" Certificates were found to be fit and 180 children were examined prior to dental treatment under a general anaesthetic.

No specific complaint could be found in 54 patients who were seen as special cases.

45 candidates for Teachers Training Colleges were medically inspected during the year and two boys were examined—one with regard to his eligibility for the Merchant Navy and the other for his suitability as an Aircraft Apprentice.

### **HANDICAPPED PUPILS.**

#### **Blind Children.**

One girl, aged 15 years, is a pupil at Henshaw's Institute for the Blind, Manchester.

#### **Partially Sighted Children.**

A fourteen-year-old boy is resident at the Lawns House School for Partially Sighted Children in Leeds and a boy of 11 years should attend a similar type of school.

A girl of ten and a boy and girl of five years may have to be considered for admission to special schools some time in the future and it may also be necessary to admit six children with advanced myopia to special classes.

Two pre-school children are classed as partially-sighted.

#### **Epileptics.**

11 children known to be under treatment for epilepsy are all fit to attend ordinary schools at present. Four children with some other defect in addition to epilepsy are unfit for school.

#### **Deaf Children.**

A girl aged 14 and a boy of 12 years are pupils at the Royal Residential School for the Deaf in Manchester and a girl aged 19, who had had three years training at the Dressmaking and Needlework Department of the Henry Worrall Training School for Elder Girls, left school at the end of the spring term.

#### **Partially Deaf Children.**

Two girls are resident at the Liverpool School for the Partially Deaf at Birkdale. In addition seven children attending ordinary schools and one pre-school child are classed as partially deaf. Three of these children have hearing aids.

#### **Educationally Sub-Normal Children.**

15 children with marked mental defects are excluded from school. They are classified as ineducable and would benefit by training at an Occupation Centre. There are five pre-school children in the same category.

30 pupils at ordinary schools or special classes have varying degrees of mental defects. 15 of these children are probably trainable but not educable and they would do better at an Occupation Centre.

One boy is resident at a special school on the mainland.

A special class at Albert Road School, Ramsey, has continued to function as in previous years. It is held on two half-days a week only and would be of greater value if it was a full-time class.

Children are admitted to the special class at Demesne Road School at the age of eight so that they have three years special tuition before they are transferred to Ballakermeen. In order that they may derive the maximum benefit from this tuition, it is important that they should be admitted to the class as soon as possible after they reach the age of eight years.

During the year six children were noted as being maladjusted.

#### **Physically Handicapped Children.**

12 physically handicapped children are unfit to attend school. Three have spastic paraplegia; two, paralysis following poliomyelitis; three, tuberculosis of the spine; one a rheumatic heart, two have congenital spinal conditions and one has suspected abdominal tuberculosis. 12 physically handicapped children are attending ordinary schools. Five are suffering from paralysis following poliomyelitis, one has spastic paraplegia, two have congenital spinal conditions, two, congenital heart disease, one has muscular dystrophy and one, athetosis. All these children would be suitable for admission to special schools. Three pre-school children who are severely physically handicapped have been brought to the notice of the School Health Service.

Of the children with multiple defects, four are unfit for school, two are resident in special schools on the mainland and one attends a special class. One girl with advanced myopia and spastic hemiplegia attends an ordinary school. One pre-school child is known to have multiple defects.

Five children, known to be suffering from diabetes, are fit to attend ordinary schools.

Several of the children who are physically handicapped have lessons at home several times a week under the supervision of a qualified teacher.

#### **Speech Defects.**

A number of children suffering from the more severe types of speech defects were given treatment and in all, 18 children were treated. It is impossible to extend this form of treatment at the moment but it is hoped that facilities will be improved during the coming year.



# Isle of Man Education Authority

## MEDICAL INSPECTION RETURNS

### STATISTICAL TABLES

Year ended 31st December, 1953.

**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 .....	862
Eight year old Group .....	724
Twelve year old Group .....	660
Fifteen year old Group .....	487

Total ... 2,733

Number of other Periodic Inspections ... 77

Grand Total ... 2,810

#### B. OTHER INSPECTIONS.

Number of Special Inspections ..... 1,078

Number of Re-Inspections ..... 5,067

Total ... 6,145

#### 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	41	44
Eight year old Group .....	38	39	74
Twelve year old Group .....	27	31	56
Fifteen year old Group .....	13	6	19
Total (prescribed Groups) .....	81	117	193
Other Periodic Inspections .....	3	1	4
Grand Total .....	84	118	197

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1953.

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 .....	5	31	31	5
5	Eyes :—				
	(a) Vision .....	84	251	111	38
	(b) Squint .....	28	51	30	10
	(c) Other .....	3	21	51	16
6	Ears :—				
	(a) Hearing .....	2	26	2	13
	(b) Otitis Media .....	1	19	1	—
	(c) Other .....	10	47	73	6
7	Nose or Throat .....	20	258	84	35
8	Speech .....	1	41	6	5
9	Cervical Glands .....	—	91	3	10
10	Heart and Circulation .....	—	47	—	2
11	Lungs .....	—	83	6	18
12	Developmental :—				
	(a) Hernia .....	—	14	—	3
	(b) Other .....	1	9	—	2
13	Orthopaedic :—				
	(a) Posture .....	4	43	5	6
	(b) Flat Foot .....	8	50	5	4
	(c) Other .....	40	279	37	41
14	Nervous System :—				
	(a) Epilepsy .....	—	6	—	1
	(b) Other .....	—	11	—	5
15	Psychological :—				
	(a) Development .....	2	66	3	10
	(b) Stability .....	—	49	7	3
16	Other (including teeth and uncleanliness) .....	81	140	115	68

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 .....	862	242	28.07	613	71.11	7	0.81
Eight year old Group .....	724	209	28.87	510	70.44	5	0.69
Twelve year old Group .....	660	170	25.76	478	72.42	12	1.82
Fifteen year old Group .....	487	134	27.51	350	71.87	3	0.62
Other Periodic Inspections .....	77	21	27.27	54	70.13	2	2.59
Total .....	2,810	776	27.62	2,005	71.35	29	1.03



**TABLE III.**

**INFESTATION WITH VERMIN.**

(1) Total number of examinations in the schools by the school nurses or other authorised persons .....	31,247
(2) Total number of individual pupils found to be infested .....	321
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 86(2) Education Act, Isle of Man, 1949) .....	2
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 86(3) Education Act, Isle of Man, 1949) .....	Nil

**TABLE IV.**

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

**GROUP I.—DISEASES OF THE SKIN** (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm : (i) Scalp .....	—	
(ii) Body .....	16	
Scabies .....	2	
Impetigo .....	40	
Other Skin Diseases .....	569	
<b>Total</b> .....	<b>627</b>	

**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 .....	549	
Errors of refraction (including squint) ...	571	
<b>Total</b> .....	<b>1,120</b>	
Number of pupils for whom spectacles were :—		
(a) Prescribed .....	176	
(b) Obtained .....	Not known	
<b>Total</b> .....	<b>176</b>	

**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 .....	—	
(b) for adenoids and chronic tonsillitis .....	41	90
(c) for other nose and throat conditions .....	4	
Received other forms of treatment .....	1,071	
<b>Total .....</b>	<b>1,116</b>	<b>90</b>

**GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.**

(a) Number treated as in-patients in hospitals .....		45
(b) Number treated otherwise, e.g. clinics or out-patients' departments ...	by the Authority	otherwise
	298	6

**GROUP V.—CHILD GUIDANCE TREATMENT.**

	Number of cases treated	
	by the Authority	otherwise
Number of pupils at Child Guidance Clinics	—	

**GROUP VI.—SPEECH TREATMENT.**

	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 .....	5,516	
(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 .....	5,216	
(b) Specials .....	1,995	
		Total (1) 7,211
(2) Number found to require treatment .....		6,105
(3) Number referred for treatment .....		4,192
(4) Number actually treated .....		4,192
(5) Attendances made by pupils for treatment .....		9,162
(6) Half-days devoted to :—Inspection .....		35
	Treatment .....	1,890
		Total (6) 1,925
(7) Fillings :— Permanent Teeth .....		3,115
	Temporary Teeth .....	656
		Total (7) 3,771
(8) Number of teeth filled :—		
	Permanent Teeth .....	2,899
	Temporary Teeth .....	730
		Total (8) 3,629
(9) Extractions : Permanent Teeth .....		1,314
	Temporary Teeth .....	3,491
		Total (9) 4,805
(10) Administration of general anæsthetics for extractions .....		869
(11) Other operations :—		
	Permanent Teeth .....	6,598
	Temporary Teeth .....	1,842
		Total (11) 8,440
(12) Teeth conserved with Silver Nitrate :—		
	Permanent Teeth .....	456
	Temporary Teeth .....	1,592
		Total (12) 2,048
(13) Appliances (Orthodontic) fitted :—		
	Fixed .....	31
	Removable .....	71
		Total (13) 102

TABLE VI.

SCHOOL MEDICAL AND DENTAL STAFF.

	Per cent. of whole time devoted to School Health Service.
P.S.M.O. : S. V. Cullen, M.B., Ch.B., D.C.H. ....	100%
S.M.O. : Kathleen M. Vernon, B.Sc., M.B., Ch.B. ....	12%
P.S.D.O. : J. A. S. Clucas, L.D.S., R.C.S.(Ire.) ....	100%
S.D.O's. : Kathleen E. Smith, B.D.S., L.D.S. ....	100%
Dorothy C. H. McQuarrie, L.D.S.(Hons.) (1/1/53—30/6/53) .....	100%
E. G. MacSweeny, B.D.S. (1/1/53—24/7/53) .....	100%
C. J. Geraghty, B.D.S. (4/8/53—31/12/53) .....	100%
J. I. Stevenson. L.D.S. (10/8/53—31/12/53) .....	100%

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NURSES	Number	
School Nurses .....	4	Whole time
District Nurses .....	—	—
Nursing Assistants .....	—	—
Dental Attendants .....	4	Whole time

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