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Isle of Man Education Authority

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ANNUAL REPORT  
of the  
Principal  
School Medical Officer  
1954

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

Principal School Medical Officer

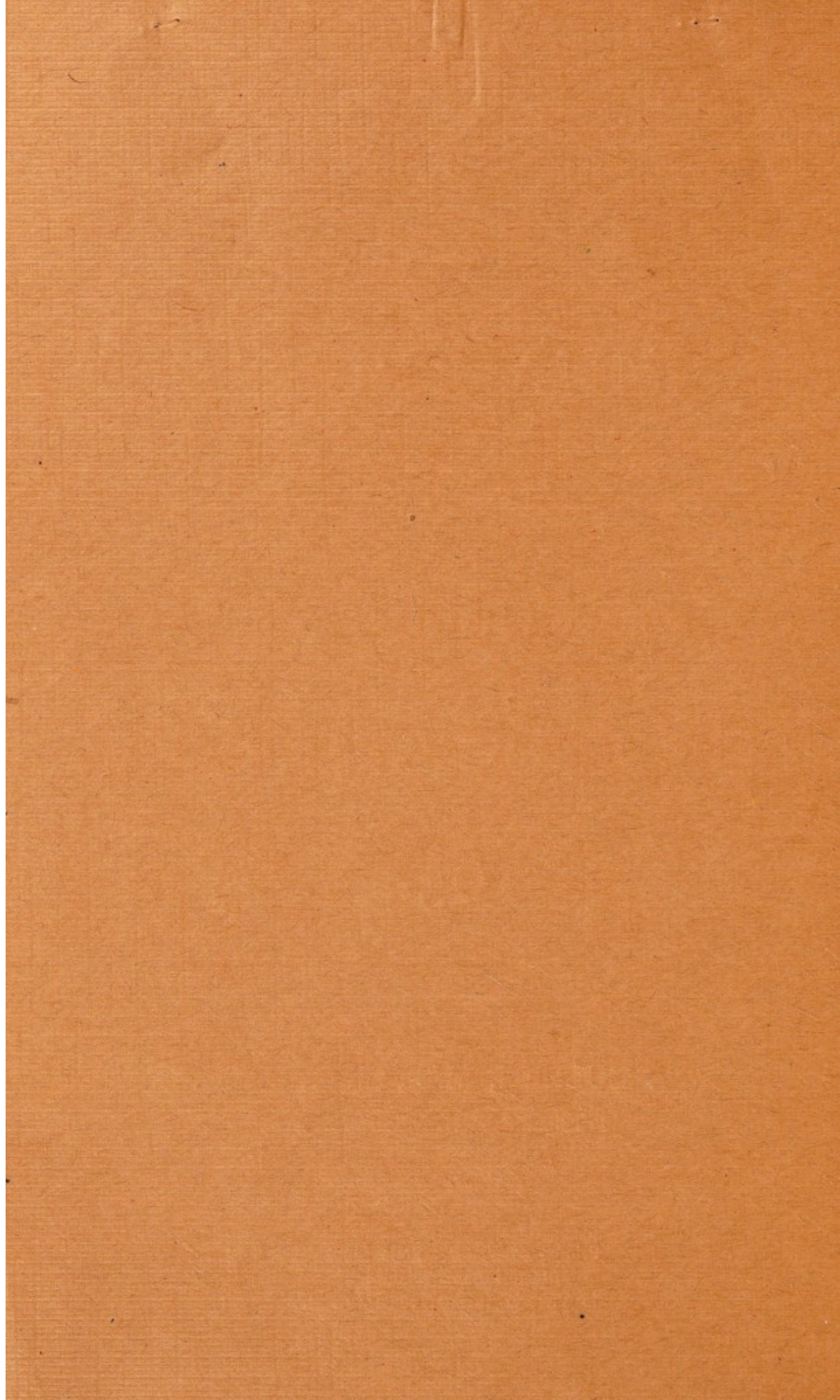
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# SCHOOL HEALTH REPORT

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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, 1954.

There were some changes in the Staff of the Dental Department during the year. Mr. Geraghty left in January to take up an appointment in Ireland. Mr. Tunstall was appointed to succeed him as School Dental Officer and commenced duty in February. Because of ill health, he was forced to give up his duties in July and it has been found impossible to replace him with a full-time Dental Officer. We were, however, fortunate to secure the services of Mrs. M. Symes who agreed to work four sessions a week in a part-time capacity. Miss Johnson, one of the Dental Attendants resigned in July on the occasion of her marriage and Mrs. Cubbon resigned at the end of the year for domestic reasons.

Mr. H. V. Forster who was Consultant Ear, Nose and Throat Surgeon to the Authority reached retiring age during 1954 and was succeeded by Mr. W. Mervyn Owen. Mr. Forster was first appointed in 1924 and made regular visits to the Island for 30 years. He takes with him in his retirement the good wishes and thanks of the parents and children of the Island and of the Members and Staff of the Education Authority.

To Dr. K. M. Vernon and the Dental, Nursing and Clerical Staff I should like to express again 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 with pleasure that I thank you for your encouragement and consideration and, in particular, 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 1954.

#### 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. C. J. Geraghty, B.D.S. (Resigned 15/1/54) J. I. Stevenson, L.D.S. G. Tunstall, L.D.S. (From 1/2/54 Resigned 31/7/54.)
Dental Attendants :	Miss F. M. Johnson. (Resigned 31/7/54.) Miss D. M. Crellin. Mrs. D. J. Cubbon. (Resigned 31/11/54.) Mrs. E. C. Callow. (Temporary.) Mrs. I. Costain. (From 27/1/54 to 28/4/54—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.
School Dental Officer :	Margaret B. Symes, L.D.S. (From 20/10/54.)

##### CONSULTANTS.

Aural Surgeon :	H. V. Forster, M.C., M.B., Ch.B., M.Sc., F.R.C.S. (Resigned 11/54). W. M. Owen, F.R.C.S., D.L.O. (From 20/11/54.)
Orthopædic Surgeon:	H. G. Almond, M.Ch. (Orth.), F.R.C.S.
Ophthalmic Surgeon:	T. L. de Courcy, 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.

The Education Authority through the School Health Service is required by the Education Act to supervise the health of all school children in its care. To maintain this supervision, each child is examined at the age of five years when he is admitted to school for the first time, at the age of eight years, at twelve years and, finally, in the term before his fifteenth birthday when most children leave school. When, on examination, a child is discovered to have a defect, fuller supervision is enforced by more regular and frequent inspections and, if necessary, treatment is recommended. It follows, therefore, that the examination on initial entry into school is the most important as it is possible at an early age to commence treatment and advise on any defects then discovered. At this inspection practically 100% of the parents are present and all are willing to co-operate when treatment is recommended.

Whilst stressing the importance of the first examination, it is not intended to minimise the value of the subsequent ones. Children who are approaching adolescence are going through a stage of rapid growth and some defects discovered are particular to the growing period. For example, during 1954 there were sporadic outbreaks of verrucae or warts on the soles of the feet. These warts are said to be contracted in swimming baths and to be infective in origin. It was found that most of the children affected were girls and that the majority of these were over the age of twelve i.e. just entering the period of rapid growth. The condition occurred in girls who were not using the swimming baths but was not common in boys. Whilst the condition is not serious and there are no complications, it is, however, unpleasant and frequently painful. Foot inspections are carried out and when a child is found to be affected, treatment is recommended. Precautions are also taken to exclude the child from physical training and swimming lessons until the condition has resolved. The cause of the verruca is no doubt a virus but it may be that there is a definite relationship between the onset of adolescence and the incidence of the condition.

At the inspection of the older children, it is sometimes found that the vision has deteriorated, and that a special eye examination is necessary to decide whether glasses are needed to assist them with their school work. At this special examination it is often found that myopia or short sight has developed. Whilst there may be a hereditary tendency to this defect, its development frequently coincides with the approach of adolescence.

Most children grow up normally and without any complications but there are some who become temporarily maladjusted and who develop behaviour problems when they reach puberty. Most of them return to normal after advice and treatment but patience and understanding are required by both parents and teachers before treatment can be said to be successful. Unless all are prepared to co-operate, advice is often useless.

Handicapped children are a special responsibility of the School Health Service. Some are in need of special school education which is not available on the Island. There are no special schools here because in such a small population the number of handicapped children does not justify their provision. For this reason it is necessary to send some children to Mainland schools where they can receive special education. This is naturally expensive but it is a very small proportion of the cost of build-



ing and maintaining special schools on the Island. All the Visiting Specialists have emphasized the necessity and the value of special education in certain handicapped cases.

Provision has already been made in certain of the Island schools for the special education of some educationally sub-normal children. The institution of special classes has helped considerably in these cases. It is not possible, however, to report any progress in the arrangements for the training of those children who are considered ineducable or unlikely to benefit from education in an ordinary school. Negotiations between the Education Authority and the Mental Hospital Board to discuss the problem have not yet materialised but it is hoped that the provision of a Day Occupation Centre will not be long delayed.

The Consultant Ophthalmic Surgeon has again drawn attention to the necessity for orthoptic training for certain cases of squint in children. Advertisements for the appointment of a part-time Orthoptist have failed to produce any results and, as there is such a shortage of Orthoptists, it is doubtful if the vacancy could be filled even if it were a full-time appointment.

The establishment by the Education Authority of a Children's Committee at the end of 1953 is a great advance in child welfare in the Island. Before this committee was formed it was perhaps not fully realised how many deprived children there were on the Island nor was it appreciated that the problems would be many and varied. In the past, various organisations were concerned with the welfare of deprived children but following the passing of the Children's Act, 1953 and the subsequent formation of the Children's Committee, the Education Authority accepted full responsibility.

The Dental Department was again handicapped by changes in Staff and was below strength at the end of the year. The Principal School Dental Officer has shown in his report how the remaining Staff were able to cope, and to cope extremely well, with the difficulties which arose through Staff shortages. Unnecessary and often unjustified criticism of the Service did not help to make their task any easier.

It would be impossible to write an Annual Report on the School Health Service without again drawing attention to the unsatisfactory state of the Tynwald Street School Clinic premises. When one sees and hears of the improvements and re-building going on in other departments concerned with health it remains a mystery why a department which is concerned solely with the health and welfare of children should have become the "poor relation."

#### SCHOOL ACCOMMODATION AND HYGIENE.

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

"During 1954 the following schools were painted externally:— Michael, Castle Rushen High School, Onchan School (Old Section). The following schools received partial interior decoration:— Castle Rushen High School, St. Thomas' C.E. School, The School of Art, Ramsey Grammar School (Junior Department), and Murray's Road School, while the School Meals Centres at Rushen Primary School, Victoria Road School, Castletown and Ballakermeen School were also internally decorated.



Electrical installation was carried out at St. Jude's and Bride Schools and at Kewaigue School House.

At the Park Road Section of the Douglas High School for Girls, structural alterations were carried out which doubled the accommodation available for Domestic Science. At this school also, the whole of the water supply to the School Meals Centre, the showers and the Domestic Science Centre was completely modernised to meet increased requirements. Improvements to the ventilation of this school were also carried out.

The filtration plant at Ballakermeen Swimming Bath was overhauled.

At the Laxey Dental Clinic, improvements were made to the hot water and heating facilities."

#### MEDICAL INSPECTION.

The total number of periodic examinations carried out was 2,626 a decrease of 184 compared with the previous year. The number of children examined when they entered school at the age of five years diminished by 121 and, with the exception of the eight-year-old group, all other age groups also showed a decrease compared with 1953. The twelve-year-old group decreased by 36 and the fifteen-year-old group by 26. The eight-year-old group showed an increase of nine. Of 71 children examined outside the statutory age groups (as compared with 77 in 1953) 8.45% were found to require some form of treatment. 6.48% of the five-year-olds, 9.602% of the eight-year-olds, 8.33% of the twelve-year-olds, and 6.51% of the fifteen-year-olds required treatment. The total number of children in all age groups who were found to be in need of treatment was 206 or 7.84%—slightly more than last year when the percentage was 7.01.

The number of re-inspections carried out was slightly more than in 1953 being 5,078 as against 5,067—an increase of 11. Special inspections increased from 1,078 in 1953 to 1,287 in 1954.

1,647 parents were present at the routine inspections—a percentage of 62.72. This is a very satisfactory percentage and is indicative of the interest of the parents in the welfare of their children, particularly the younger children where the percentage of attendance is much nearer 100.

#### GENERAL CONDITION.

Compared with 1953, there was very little variation in the general condition of the children who were medically inspected. 22.89% were found to have good (above average) general condition, 76.31% were average and only a very small percentage (0.80) 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 .....	394	49.78	57.48
Eight-year-old girls .....	335	49.25	56.24
Twelve-year-old boys .....	305	57.40	83.33
Twelve-year-old girls .....	319	57.36	85.43
Fifteen-year-old boys .....	240	64.49	115.99
Fifteen-year-old girls .....	221	62.38	115.85

These show very little change compared with 1953.

#### UNCLEANLINESS.

During 1954, the School Nurses carried out 28,672 examinations of children for cleanliness. 7,611 individual children were examined and of these, 266 or 3.49% had some degree of infection.

That the work of the School Nurses is producing very satisfactory results is evident when it is considered that as recently as 1948 the percentage of children infected was 11.17.

#### MINOR AILMENTS.

The total number of Minor Ailments treated at the School Clinics in the year under review showed a small increase on 1953. 7,806 cases were treated and 15,555 attendances were made—an average of approximately two 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.

160 school children and 36 pre-school children were examined by Dr. de Courcy and, of these, 27 (including five children of pre-school age) were referred for operative treatment. During the year 27 children, four of whom were pre-school children, were admitted to St. Paul's Eye Hospital, Liverpool, for operations. 25 underwent operations for correction of squint, one an operation for cataract and one had operative treatment to the lachrymal sac. In all, Dr. de Courcy devoted 16 sessions to the examination of children and carried out 205 examinations.



375 eye examinations were made by the Principal School Medical Officer. 320 of these were refracted and 55 children previously tested by retinoscopy were re-tested by the subjective method. 525 eye ailments of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

The total number of glasses ordered during 1954 was 173. As in previous years, opticians have been most helpful and co-operative.

I am indebted to Dr. de Courcy for the following report:—

“As in previous years the School Medical Officer has done the major part of the examination of children's eyes during the past year with thoroughness and skill. Of the cases referred to me the greater number were squinting children, many of whom have shown marked improvement over a period of years. Operation is required in certain cases which do not respond to the usual treatment of wearing glasses combined with occlusion of the non-squinting eye.

When an Orthoptic Department can be established, it will greatly help the treatment of selected cases. This form of treatment is also often necessary after operation and it is very unfortunate that a part-time Orthoptist cannot so far be obtained.

The proportion of children suffering from the more common forms of external eye disease appears to me to be much less than in England, probably due to better hygiene and living conditions.

The problem of the partially sighted child is always a difficult one, and is particularly so here where the children are scattered all over the Island, and not easy to segregate as in a city. It is unfortunate that partial blindness is in many cases associated with retarded mental development as for these help is particularly difficult. Normal partially sighted and even blind adolescents can in most cases be trained to be useful citizens and taught many trades and professions. Some matriculate and even take University degrees leading to professional posts. Others become fully qualified in such occupations as shorthand-typing, massage and physiotherapy, besides many forms of handicraft. The old idea of basket making being the sole aim of the blind adolescent is quite obsolete. Possibly some link up with British schools and institutions where such training takes place might be made available more fully than is done at present.”

#### **EAR, NOSE AND THROAT DEFECTS.**

At the beginning of the year Mr. H. V. Forster reached retiring age and gave up his hospital appointments under the Liverpool Regional Hospital Board. He very kindly agreed to see patients in the Isle of Man until such time as his successor was appointed. Mr. W. M. Owen was eventually appointed to succeed him and commenced to see patients in November, 1954.

The Ear, Nose and Throat Specialists made 11 visits to the Island during the year. Eight sessions were devoted to consultations and three to operations. 115 children, 12 of whom were pre-school children, were examined and the number of examinations made was 139. In addition to the consultation sessions, the following operations were performed at Noble's Hospital:—



- 8—Removal of adenoids.
- 3—Removal of tonsils and adenoids.
- 8—Other operations on the ear, nose or throat.

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

- 38—Removal of tonsils and adenoids.
- 6—Removal of tonsils.
- 7—Removal of adenoids.

125 other tonsil and adenoid operations were performed on school children and pre-school children sent direct to hospitals by General Practitioners.

The School Nurses treated 417 aural and 591 nasal complaints which were referred by the Ear, Nose and Throat Specialists, the General Practitioners and the School Medical Officers. The majority of these cases were of a minor character.

I am very grateful to Mr. Owen for the following report on the work of the Ear, Nose and Throat Clinics:—

“The chief reason for which Consultant opinion was sought was the age-old and recurring problem, in children of school age and indeed in many of pre-school age, of whether the tonsils and adenoids, or both, should be removed.

The tonsils and adenoids are closely related and many laymen, and indeed many doctors also consider the removal of one automatically and invariably means removal of the other. When there are indications for removing the tonsils I consider it is quite correct invariably to remove any adenoid tissue at the same time. However, if the indications point to the need for removal of adenoids, then there is no necessity to sacrifice the tonsils as well.

Tonsils have in the past been removed merely because they were considered to be enlarged. Most specialists nowadays, both Pædiatricians and Laryngologists, take the view that this is quite wrong.

Many children suffer from nasal “catarrh,” periods of catarrhal deafness and attacks of earache. These are symptoms which indicate the need for removal of the adenoids and such treatment is associated with good results, as shown by relief of symptoms.

Another problem which was common in school children, that of the chronic discharging ear, is still with us, but not to such an extent as it once was, and is I believe becoming less and less of a problem. This can be attributed to the introduction of the antibiotics such as penicillin, streptomycin, chloramphenicol and others.

The introduction of the antibiotics has resulted in adequate treatment and complete resolution of the acute ear infections, thus preventing many cases from becoming chronic. Chronic discharging ears have also been dried up, in some cases, after discharging continuously for as long as 20 years. Relapses occur but further treatment produces a remission, and there are of course still the failures. For these the operation of Radical Mastoidectomy must be considered, but the numbers for which the



operation is indicated are small, as can be seen from the fact that so far the need to advise such an operation has not occurred.

Acute mastoiditis is another complication of the acute ear infection which was common in pre-antibiotic days but which has now become a rarity. I have had to operate for this condition on only one child since I started my duties in the Isle of Man.

My predecessor referred in his report last year to deafness in infancy. The child born deaf, i.e. congenital deafness, though fortunately not common is a very real problem. The tragedy of such an event can be very much lessened nowadays by the special schooling which is available for these children and the results obtained by the teachers are astounding. The earlier the child starts at the school the better, thus the problem is one of early diagnosis, if possible before the child reaches the age of 12 months. I consider this one of the most difficult problems in the diagnosis and treatment of the deaf today. One such case in a child aged 18 months was seen during the past year.

Finally I would like to say how much I agree with the opinion of my predecessor on the system of specialist co-operation in the Island School Health Service, and to stress the advantage that such close liaison gives to the patients, the Family Doctor, the School Medical Officer and the Consultant."

#### TUBERCULOSIS.

During the year copies of the reports on 57 school children and six pre-school children were received by the School Medical Officer. They had been referred by their family doctors to the Chest Clinic for examination. Reports on 16 other children, two of whom were under school age were also received.

No child is referred direct to the Chest Clinic by the School Health Service. If further information on the chest condition is required, it is customary to refer the child through the General Practitioner to the Chest Clinic. In the majority of cases, copies of the reports on children examined by the Tuberculosis Officers are sent to the School Clinic so that any children in need of supervision can be seen at regular intervals in school and, if necessary, restrictions can be placed on their work or play.

One pre-school child was admitted to the Orthopædic Ward at Noble's Hospital with tuberculosis of the elbow during 1954. She was discharged later in the year and is under the supervision of the Orthopædic Specialist.

One school child was notified as a case of pulmonary tuberculosis and another, suffering from tuberculous meningitis and miliary tuberculosis, was admitted to Noble's Hospital during the year and was still in hospital at the end of 1954. One school child was admitted to hospital for removal of a tuberculous gland and remains under observation by the Tuberculosis Officer.

One child of school age suffering from a non-tubercular chest condition was transferred to Broadgreen Hospital, Liverpool, for operative treatment.

In accordance with a Ministry of Education regulation, 32 candidates for Teachers Training Colleges were X-rayed at Noble's Hospital and were found to be free from disease of the lungs.



## 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 1954:—

“The Children's School Dental Service has been confronted with many problems during the current year, all arising from depletion of Staff due to resignations and the inevitable delay or failure in filling the vacancies thus caused.

In July, 1954, the School Dental Officer in the south of the Island was, after a period in office of only six months, compelled to tender his resignation on health grounds. For some weeks previous to his resignation he was off duty, on medical recommendation. Castletown was thus left without a Dental Officer and it became the responsibility of the Douglas Dental Centre to supply coverage for the Castletown area. This meant sending one Dental Officer to work in Castletown for two or more sessions every week and a consequent reduction in the working time at the Douglas Dental Clinic. However, it must be appreciated that this was the only method that could be adopted under the circumstances.

Adding still further to the difficulties, one of the Dental Attendants at Douglas left in August and a replacement could not be obtained for quite some time. Later in the year, the Dental Attendant at Castletown resigned, leaving us finally one Dental Officer and two Dental Attendants below normal establishment.

The effects of these changes might have been readily reflected in the overall picture of the work done throughout the year, as they must inevitably have had an influence on the normal working routine of the remaining Dental Officers. However, an analysis of the yearly statistics gives a more encouraging picture than one might have thought possible under the prevailing circumstances. Indeed, in one or two instances the work shows a decided improvement on the previous year's figures. This can only be attributed to the manner in which the Dental Staff generally attacked the problem during the difficult period.

Dental Education is a subject which I have previously brought up in reports, but which I believe to be of such importance as to merit repetition. Although individual Dental Officers do all they can to instruct both children and parents on the importance of better oral hygiene and the control of the more readily fermentable carbohydrate foods, it is too slow and laborious to be of any real worth.

It has been discovered that since the removal of restrictions on the purchase of sweets, children generally are more susceptible to rapid caries. It is not uncommon to find patients with completely carious or decayed permanent teeth only six or eight months after their eruption. Indeed experience has proved that many children nowadays arrive at the Dental Clinic already eating sweets, or call at a confectionery shop immediately after their departure as a reward for good behaviour.

At the school inspections, 7,510 were examined and of these, 5,643 children were found to require treatment. Compared with the previous year, this shows an increase in the number inspected and an improved ratio between this and the number found to require treatment.



The number of fillings of permanent teeth was 3,251. This is an increase on the previous year. 570, the number of temporary fillings is slightly below last year's figure.

920, the number of extractions of permanent teeth shows a decided drop compared with 1953, whereas temporary extractions remain about the same.

The number of general anæsthetics for extractions shows a marked increase at 978. There is now a definite demand for general anæsthetics—particularly by the parents of the younger children. This is one branch of dentistry that takes up a considerable amount of time, as during a general anæsthetic period, the services of two Dental Officers are used.

With regard to orthodontia; this class of treatment has to be restricted to within workable limits, but the number of appliances inserted during the year (119) shows an increase on last year's figure.

The total of other operations performed includes the following:—

- 1,017 temporary teeth conserved with silver nitrate.
- 353 permanent teeth conserved with silver nitrate.
- 80 artificial dentures and crowns fitted.
- 340 scalings and gum treatments.
- 4,167 dressings inserted prior to fillings.
- 294 radiographs taken.
- 24 root fillings.
- 772 attendances for orthodontic treatment.
- 55 fixed orthodontic appliances constructed.
- 64 removable orthodontic appliances constructed.
- 84 temporary teeth extracted for orthodontic reasons.
- 401 permanent teeth extracted for orthodontic reasons.
- 1,093 miscellaneous operations."

#### ORTHOPÆDICS.

Mr. Almond, the Orthopædic Specialist, visited the Island about once every six weeks during 1954 and at the nine sessions arranged for him at the Castle Rushen, Albert Road and Tynwald Street Clinics he examined 588 cases. He also paid four domiciliary visits to a patient who was unable to attend the clinics. For various reasons 13% of the children failed to attend when first summoned and these children were given another opportunity to see Mr. Almond at a subsequent session. The percentage of non-attenders is smaller than last year and most of the absentees kept later appointments.

After-Care treatment was given by Miss Caine, the physiotherapist, at the After-Care clinics at Victoria Road, Castle Rushen, Ramsey Grammar, Albert Road, Ballakermeen and Peel Schools and at the Tynwald Street clinic. 267 patients were treated at these clinics and the total number of treatments given was 4,503—an average of 16.86 attendances per case. In addition 26 children were treated and 296 attendances were made at Noble's Hospital. After-Care work, i.e. massage, exercises, electrical treatment, etc., is of prime importance to the orthopædic scheme. Without it, it would be impossible for the service to function satisfactorily and thanks are due to Miss Caine for her fine work in this branch.



Five children were admitted to hospitals on the Mainland for operative treatment or investigation and Mr. Almond performed 13 operations for the correction of deformities of feet or toes and nine operations for other defects at Noble's Hospital.

Three children were in-patients in hospitals on the Mainland at the beginning of 1954. One had a tuberculous left knee, one a tuberculous spine and one a tuberculous left hip. One of these children was discharged home during the year and the other two transferred to Education Authorities on the Mainland.

At the beginning of the year, one child who was suffering from a tuberculous spine was a patient in the Orthopædic Ward at Noble's Hospital. He was discharged during the year. Two pre-school children suffering from suspected tuberculosis of the elbow were admitted during the year. One of these was later confirmed as tuberculosis and the unconfirmed case was still in the Ward when the year ended. One school child, who was admitted to Noble's Hospital with tuberculous meningitis, was also seen by Mr. Almond because of spasticity following the meningitis.

As in the past, urgent cases are referred to the Consultant Surgeons at Noble's Hospital and After-Care treatment both for these cases and Mr. Almond's operation cases is carried out by Miss Caine.

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 1954:—

Measles .....	2
Whooping Cough .....	129
Chickenpox .....	131
Mumps .....	7
German Measles .....	1
Scarlet Fever .....	13
Diphtheria .....	Nil

As will be seen from the above figures, there was no major epidemic during the year although there was an increase in the number of whooping cough cases. On the whole, apart from mild outbreaks of chickenpox and whooping cough, there was very little infectious disease amongst the Island's school children in 1954.

It is again possible to report that no child contracted diphtheria during the year. It is now nearly ten years since a case of diphtheria occurred on the Island. This is without doubt mainly due to the Immunisation Campaign which was commenced in 1941 and has continued since that date. Unfortunately, during the past few years, the percentage of children immunised has tended to fall and should it continue to fall, it is always possible that the disease may reappear. For this reason, it is most important that parents should arrange to have their children immunised at the proper times.



35 immunisation sessions were arranged by the Medical Officer of Health and were held in schools and school clinics in all parts of the Island. Altogether 586 children were immunised. In addition, some children were immunised by their own Family Doctors.

No child of school age contracted infantile paralysis. There was, however, a small localised outbreak of paratyphoid—occurring principally amongst pre-school children. A number of contacts of school age were inoculated against the disease.

#### PHYSICAL EDUCATION.

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

“Good work continues to be done in the Infant and Primary Schools. Physical Education, Games and Folk Dancing each have their place on the time table and the regular lesson quickly proves its value in the gradual physical development of the child. The publication by H.M. Stationery Office of the book “Planning the Programme” has given incentive to go forward with the modern methods:—

- (1) leaving the teachers to draw up their own scheme; and
- (2) showing the great importance of knowing as much as possible each child's progress in movement.

The increasing use of portable apparatus, provided in many of the larger infant and primary schools has put greater responsibility for the safety of the children on the teacher, and this work has been well handled by the teachers so developing enjoyment, strength, skill and initiative in the children. Small apparatus, balls, ropes, hoops, etc. also have their place in the general scheme of work. The importance of all children wearing suitable shoes and clothes for Physical Education cannot be stressed too strongly. Many schools have tackled this problem with success, but there is still opportunity for greater progress.

Secondary Schools have their fully equipped gymnasias and specialist teachers. They are adequately provided with games equipment, this being supplied on a twice yearly basis. Summer games equipment is dealt with in the Spring and winter equipment in early Autumn.

Playing Fields in both Secondary and Primary Schools are well looked after by the Authority's groundsmen, giving many of our Primary School children greater opportunity for playing games, and training for Sports Days etc. Our thanks and appreciation for the work done by the groundsmen cannot be over emphasized.

Sports days and Inter School Sports have been held in all Secondary Schools, many past records having been broken.

The Primary Schools have run Sports successfully in the Northern, Western and Eastern Districts, and some schools have run their own Sports Days.

An All-Island Festival and a Northern District Festival of Folk Dancing were held; and many schools have been able to make use of the Dances learned in local Displays.



Thanks are due to the Head and Assistant Teachers for their invaluable co-operation in furthering the cause of Physical Education."

### MILK AND SCHOOL MEALS.

#### School Meals.

"This year facilities for serving a hot mid-day meal have been extended to Braddan School and an average of 35 pupils take the meal each day.

The object of the school meal is to ensure that the child has a daily ration of first class protein in the form of meat, fish, cheese and milk.

Some children when they first come to school refuse the meat and fish. Servers are instructed to put a small portion on the child's plate and it is surprising how quickly the child learns to eat the meat. Fried fish and chips are very popular. The frying is done in fresh beef dripping and thus the child gets a supply of fat in a palatable form.

In spite of the rising costs a good varied meal is provided each day. The food is well cooked and nicely served and is greatly appreciated by the children.

The following is a list of the School Meals Centres and shows the number of meals served on 15th October, 1954:—

Centre	No. of Meals.
Douglas High School for Boys:	
St. Ninian's Section (serving Onchan and Braddan)	222
Douglas High School for Girls:	
Park Road Section .....	160
Douglas High Schools:	
Ballakermeen Section .....	340
Ramsey Grammar School:	
Senior Section .....	136
Junior Section (including 90 meals to Albert Road School) .....	251
Victoria Road School, Castletown: (serving Ballasalla and Santon Schools) .....	143
Peel School:	
(serving St. John's, Patrick, Foxdale and Marown Schools) .....	200
Rushen Primary School (serving Arbory School) .....	174
Laxey School (serving Dhooon School) .....	166
Castle Rushen High School .....	299
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	2,091 "
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I am indebted to the Organiser of the School Meals for the foregoing report.

#### Milk.

About 2,000 third-of-a-pint bottles of T.T. milk were delivered daily to schools in all parts of the Island and approximately 900 of these were supplied to children free of charge during the Spring and Summer Terms



of 1954. Following a Ministry of Education Memorandum, it was decided to supply some of the schools with Pasteurized milk during the Autumn Term. Ideally, school milk should be both T.T. and Pasteurized.

Samples of the school milk supply were submitted at regular intervals during the year to the Public Analyst for routine investigation.

#### **CO-OPERATION.**

Approximately 63% of the parents attended routine medical inspections during the year and when treatment was recommended they co-operated well.

The utility of the School Health Service owes much to the collaboration of the Teaching Staffs, School Attendance Officers and Youth Welfare Officers and grateful acknowledgement is also made to the Cripples' Guild and other voluntary bodies, to the Medical Officer of Health for his support and to the members of the medical profession whose generous co-operation is essential for the well-being of the Service.

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.

#### **SPECIAL MEDICAL EXAMINATIONS.**

108 examinations were made in connection with the issue of Employment Certificates. Eight children were refused Certificates—seven because they were below the prescribed age. Of 21 children who applied for Entertainments Certificates, 20 were found to be fit and one was under age. 173 children were examined prior to dental treatment under a general anæsthetic.

41 candidates for Teachers Training Colleges were medically inspected during the year and in addition, two adults were examined with reference to their suitability for admission to contributory service under the Superannuation Acts. 16 Army Cadets were medically inspected before their departure for the Annual Camp.

No specific complaint could be found in 74 patients who were seen as special cases.

#### **HANDICAPPED PUPILS.**

##### **Blind Children.**

One girl, aged 16 years, who had attended Henshaw's Institute for the Blind, Manchester, for four years, left school at the end of July. Following a recommendation from the Principal of Henshaw's Institute, negotiations were entered into to arrange for further training for her at the Schools for the Blind, Liverpool.

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

A fifteen-year-old boy is resident at the Lawns House School for Partially Sighted Children in Leeds. A boy of 12 years and a girl of six years should also attend a similar type of school.



There are three other children whose handicap is such that they may have to be considered for admission to special schools sometime 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.**

Nine children are known to be under treatment for epilepsy and all are fit to attend ordinary schools at present. Three other children with some other effect in addition to epilepsy are unfit to attend school. One pre-school child suffering from epilepsy will probably be fit for a trial at an ordinary school eventually.

#### **Deaf Children.**

A girl aged 15 and a boy of 13 years are pupils at the Royal Residential Schools for the Deaf in Manchester. One pre-school child has been recommended for admission to a special school for deaf children and is at present under observation by the Department of the Deaf at Manchester University.

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

One girl is resident at the Liverpool School for the Partially Deaf at Birkdale. The family of another girl who is resident there removed to the Mainland and she was transferred to the care of Wallasey Education Authority. One pre-school child suffering from congenital abnormalities of one of his ears, transferred to the Mainland and the aegis of another Authority during the year.

Six children attending ordinary schools are classed as partially deaf. Two of these children have been supplied with hearing aids.

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

13 children, including two who transferred to the Mainland during 1954, were classified as ineducable. They have marked mental defects and would benefit by training at an Occupation Centre. There are six pre-school children in the same category.

35 pupils at ordinary schools or special classes have varying degrees of mental defects. 17 of these children have been recommended for admission to an Occupation Centre.

One boy is resident at a Special school on the Mainland.

The two special classes were continued as in previous years. Boys should be admitted to the Demesne Road special class as soon as possible after they reach their eighth birthday so that they may have a full three years of special tuition before transferring to Ballakermeen School. The special class at Albert Road School, Ramsey would be of greater value if it were a full-time class. At present it is held on two half-days a week only.

During the year 15 children were noted as being maladjusted.

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

Nine physically handicapped children are unfit to attend ordinary schools. Two have spastic paralysis; one, paralysis following poliomyel-



itis; two, congenital spinal conditions; two, rheumatic heart disease; one, pulmonary tuberculosis; and one has congenital heart disease.

Four children, two of whom were eventually transferred to Mainland Authorities, were in hospitals on the Mainland undergoing treatment for orthopaedic defects. The progress of these children is helped by the tuition they receive in hospital special schools.

Two children were in-patients in the Orthopaedic Ward at Noble's Hospital for the greater part of the year.

20 children, some of whom would be suitable for admission to special schools for physically handicapped children, are attending ordinary schools.

Four pre-school children were noted as being physically handicapped.

Of the children with multiple defects, five are attending ordinary schools or special classes, two are resident in special schools on the Mainland and five are unfit for school.

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

Some of the children who are unable to attend ordinary schools because of their physical condition, have lessons at home under the supervision of a qualified teacher.

#### **Speech Defects.**

During 1953, it was possible to treat a number of children suffering from the more severe types of defective speech. This was continued during 1954 when some 40 children were given treatment. 25 of these were discharged during the year as improved or cured and 15 were still under treatment at the year's end.



# Isle of Man Education Authority

## MEDICAL INSPECTION RETURNS

### STATISTICAL TABLES

Year ended 31st December, 1954.

TABLE I.

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

#### A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Five year old Group .....	741
Eight year old Group .....	729
Twelve year old Group .....	624
Fifteen year old Group .....	461

Total ... 2,555

Number of other Periodic Inspections ..... 71

Grand Total ... 2,626

#### B. OTHER INSPECTIONS.

Number of Special Inspections ..... 1,287

Number of Re-Inspections ..... 5,078

Total ... 6,365

#### 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 .....	2	46	48
Eight year old Group .....	47	23	70
Twelve year old Group .....	30	22	52
Fifteen year old Group .....	17	14	30
Total (prescribed Groups) .....	96	105	200
Other Periodic Inspections .....	5	2	6
Grand Total .....	101	107	206



TABLE II.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1954.

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 .....	2	28	39	6
5	Eyes :—				
	(a) Vision .....	101	247	107	38
	(b) Squint .....	32	56	28	9
	(c) Other .....	3	22	38	16
6	Ears :—				
	(a) Hearing .....	1	25	9	8
	(b) Otitis Media .....	2	8	3	2
	(c) Other .....	9	35	80	17
7	Nose or Throat .....	13	194	71	63
8	Speech .....	3	50	23	25
9	Cervical Glands .....	—	89	2	14
10	Heart and Circulation .....	—	59	1	7
11	Lungs .....	—	105	—	22
12	Developmental :				
	(a) Hernia .....	2	8	—	—
	(b) Other .....	—	13	—	2
13	Orthopædic :—				
	(a) Posture .....	2	43	1	2
	(b) Flat Foot .....	3	38	3	—
	(c) Other .....	35	237	60	30
14	Nervous System :—				
	(a) Epilepsy .....	—	6	—	1
	(b) Other .....	—	10	—	3
15	Psychological :—				
	(a) Development .....	—	61	3	22
	(b) Stability .....	—	44	1	10
16	Other (including teeth and uncleanliness) .....	75	136	119	78

## 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 .....	741	166	22.40	571	77.06	4	0.54
Eight year old Group .....	729	170	23.32	555	76.13	4	0.55
Twelve year old Group .....	624	122	19.55	491	78.69	11	1.76
Fifteen year old Group .....	461	122	26.46	337	73.11	2	0.43
Other Periodic Inspections .....	71	21	29.58	50	70.42	—	—
Total .....	2626	601	22.89	2004	76.31	21	0.80



**TABLE III.**  
**INFESTATION WITH VERMIN.**

(1) Total number of examinations in the schools by the school nurses or other authorised persons .....	28,672
(2) Total number of individual pupils found to be infested .....	266
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 86(2) Education Act, Isle of Man, 1949) .....	1
(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 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 .....	—	
Impetigo .....	38	
Other Skin Diseases .....	548	
Total .....	595	

**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 .....	543	
Errors of refraction (including squint) .....	565	
Total .....	1,108	
Number of pupils for whom spectacles were :—		
(a) Prescribed .....	173	
(b) Obtained .....	173	

**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 .....	62	125
(c) for other nose and throat conditions .....	6	
Received other forms of treatment .....	1,008	
Total .....	1,078	125



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

(a) Number treated as in-patients in hospitals .....	29				
(b) Number treated otherwise, e.g. clinics or out-patients' departments ...	<table> <tr> <th>by the Authority</th><th>otherwise</th></tr> <tr> <td>267</td><td>26</td></tr> </table>	by the Authority	otherwise	267	26
by the Authority	otherwise				
267	26				

**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 for Speech Defects .....	40	

**GROUP VII.—OTHER TREATMENT GIVEN.**

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments .....	5,678	
(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 .....	7,510
(b) Specials .....	2,244
	<hr/>
Total (1)	9,754
(2) Number found to require treatment .....	5,643
(3) Number referred for treatment .....	5,804
(4) Number actually treated .....	5,804
(5) Attendances made by pupils for treatment .....	10,361
(6) Half-days devoted to:—Inspection .....	47
Treatment .....	1,512
	<hr/>
Total (6)	1,559
(7) Fillings:—Permanent Teeth .....	3,251
Temporary Teeth .....	570
	<hr/>
Total (7)	3,821
(8) Number of teeth filled:—	
Permanent Teeth .....	2,903
Temporary Teeth .....	542
	<hr/>
Total (8)	3,445



(9) Administration of general anæsthetics for extractions .....	978
(10) Other operations .....	7,255
(11) Extractions:—	
Permanent Teeth .....	920
Temporary Teeth .....	3,517
	<hr/>
Total (11)	4,437
(12) Teeth conserved with Silver Nitrate:—	
Permanent Teeth .....	353
Temporary Teeth .....	1,017
	<hr/>
Total (12)	1,370
(13) Appliances (Orthodontic) fitted:—	
Fixed .....	55
Removable .....	64
	<hr/>
Total (13)	119

**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%
C. J. Geraghty, B.D.S. (1—15/1/54) ....	100%
J. I. Stevenson, L.D.S. ....	100%
G. Tunstall, L.D.S. (1/2/54—31/7/54) ....	100%
Margaret B. Symes, L.D.S. (20/10/54—31/12/54) ....	20%

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







