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Isle of Man Education Authority

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# ANNUAL REPORT

of the

Principal

School Medical Officer

1955

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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.

Madam Chairman, Ladies and Gentlemen,

I beg to submit my report on the work of the School Health Service during the year ending 31st December, 1955.

There were again some changes in the Staff of both the Medical and Dental Departments during the year. Mr. J. A. S. Clucas, Principal School Dental Officer resigned his appointment in September to take up a position in private practice on the Mainland. Mr. Clucas first joined the Staff of the Authority in 1939 and, apart from a period of duty with the Armed Forces during the war, had given continuous and scrupulous service to the Authority. He was particularly responsible for the reorganization of the School Dental Service after the passing of the National Health Service Act. The good wishes of the Staff and patients go with him to his new sphere of activity. Mr. D. A. E. Chambers was appointed during the year and took up his appointment as School Dental Officer on the 1st December, 1955. The Dental Department was also fortunate in securing the services of Mr. H. Fox as part-time Dental Officer at the Dental Clinic in the South of the Island. Mr. Fox commenced duty in February.

There were several changes of Staff amongst the Dental Attendants during the year. Miss E. Williams was appointed on the 4th January but had to resign on the 1st February on health grounds. Miss E. Jenkins, who was appointed on the 24th May, left on the 3rd August to get married. Mrs. J. Mylchreest was appointed on February 22nd and Miss R. M. Cleator on December 13th.

There was one change in the Nursing Staff. Miss E. E. Watterson, School Health Visitor for the Northern Area from 1951, resigned in August to take up a similar appointment on the Mainland. She was succeeded by Miss M. Patrick who commenced duty on September 1st.

I should like to say again how much I appreciate the conscientiousness and loyalty of the Dental, Nursing and Clerical Staff and in particular how much I value the help of my colleague, Dr. K. M. Vernon.

The active interest of the Director of Education, Mr. H. L. Fletcher, and the willing assistance of his Staff, have been of great support during the year and thanks must also go to the Medical Practitioners for their co-operation.

Finally, Madam Chairman, Ladies and Gentlemen, I take pleasure in thanking you for the guidance you have given the Service and, in particular, I should like to thank the Medical Committee for its direction and help.

I am, Madam 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 1955

#### 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. (Resigned 31/8/55). Miss M. Patrick, S.R.N., S.C.M., H.V., Q.N. (From 1/9/55).
Principal School Dental Officer :	J. A. S. Clucas, L.D.S., R.C.S. (Resigned 5/9/55).
School Dental Officers :	Kathleen E. Smith, B.D.S. Hons., L.D.S. J. I. Stevenson, L.D.S. D. A. E. Chambers, L.D.S. (From 1/12/55).
Dental Attendants :	Miss D. M. Crellin. Mrs. E. C. Callow. (Temporary.) Miss E. Williams, S.R.N., B.T.A. (From 4/1/55 to 1/2/55). Mrs. J. Mylchreest, S.R.C.N. (From 22/2/55). Miss E. Jenkins. (From 24/5/55 to 3/8/55). Miss R. M. Cleator. (From 13/12/55).
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 Officers :	Margaret B. Symes, L.D.S. H. Fox. (From 7/2/55).

##### CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
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 Medical Department of the Education Authority was known, until a few years ago, as the School Medical Service. It is now justly named the School Health Service and its designation was changed because it was appreciated that the Service was more concerned with the preservation of good health rather than the treatment of ill-health.

To maintain good health it is necessary that defects of health be discovered and treatment given as early as possible. This is achieved by the regular school medical inspections which take place at frequent intervals and simple defects, once they are discovered, can often be remedied by the parents. Others, of a more serious kind, need to be brought to the attention of the family doctor and in a few cases it may be necessary to refer the child to a Specialist. Ever since the start of the School Health Service the Education Authority has had a most satisfactory arrangement with the Visiting Specialists. When the National Health Service was introduced it was felt that in the interests of the children it was essential to maintain this arrangement. In this way children were ensured priority and the link between the educational and medical services was maintained. The value of the specialist services is shown by the reports of the various Consultants who visit the Island.

All children under the care of the Consultant Ophthalmic Surgeon are supervised regularly in school and the family doctors receive a copy of the report. Dr. de Courcy has stressed the importance of early recognition and treatment of eye conditions and he has emphasized how essential it is to have the co-operation of parents. He has again drawn attention to the lack of an Orthoptic Department for the treatment of squints and other eye defects. Unfortunately it has not been possible to fill the vacancy for a part-time Orthoptist.

Dr. de Courcy is due to retire from his position as Consultant Ophthalmic Surgeon to the Education Authority. He has been most interested in the Eye Services in the Isle of Man and has been of inestimable help to the School Health Service.

The Consultant Ear, Nose and Throat Surgeon in his report has pointed out that the main problem in children remains the same; whether or not to remove tonsils and adenoids. There is still a waiting list for operation but the increased number of operation sessions is gradually reducing the interval between the consultation and the operation. All urgent cases receive priority.

The Consultant Orthopædic Surgeon continues to see a large number of children. He has stated on more than one occasion how impressed he is with the co-operation of the parents and how essential this is for the success of an Orthopædic Scheme.

One of the outstanding problems is that of children who are too mentally retarded to attend an ordinary school. These children sometimes benefit from training and provision for them should be made at an Occupation Centre.



It will be seen from the report of the Organiser for School Meals that nearly one third of the school children on the Island have School Dinners and more than half of them are served at the Secondary Schools. In view, therefore, of the high proportion of children who are receiving a good balanced mid-day meal in the Secondary Schools, it is debatable whether there is much to be gained by also providing milk in these schools.

The Dental Department continued to remain below establishment there being only two full-time Dental Officers for part of the year. Valuable assistance was given, however, by part-time Dental Officers both in the North and the South of the Island. In spite of Staff shortages the over-all figures for the year's work show an increase on 1954.

The Principal School Dental Officer in her report has drawn attention to the work which has been carried out both in the United Kingdom and other countries on the fluoridation of water supplies which are known to be deficient in natural fluoride. The results of ten years of fluoridation in America are available in this country and tests are continuing in selected areas in the United Kingdom.

There would appear to be no doubt that fluoridation helps to preserve the teeth of children against dental decay and that it reduces it by about 50-60%. There is strong evidence that the benefit persists well into middle age and there is no evidence to show that fluoride in the amounts suggested has any deleterious effect on the health of adults or children.

A Ministry of Health publication states: "The suffering which decayed and septic teeth cause is only too well known. What is perhaps not so fully appreciated is that the poisoning of the body caused by dental disease can have far-reaching effects on general health and is a contributory factor in other more serious diseases. It is most important, therefore, that dental caries should be reduced, and the most effective means of achieving this which has so far been discovered is the fluoridation of water supplies in those areas where the fluoride content is low."

For some years the School Dental Service has had difficulties to overcome and in some measure these difficulties have been aggravated by the numbers of young children who have required treatment. If fluoride was added to the water supplies in the Isle of Man the most immediate effect in what is a long-term scheme would be on the youngest children—those who have had fluoride from birth. The adoption of fluoridation would, therefore, in five years or so, begin to relieve the pressure on the School Dental Service.

It has been necessary in previous years to refer to the condition of the Tynwald Street Clinic. Negotiations are now taking place on this subject and it is to be hoped that previous remarks will very soon bear fruit.

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

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

"During 1955 the following buildings were painted externally:—Ballakermeen, Pulrose School, Ramsey Grammar School (both sections), Dhoon (Maughold) School, Albert Road School, Ramsey, Ballaugh School, Rushen Primary School, Arbory School, Marown School, St. John's School,



Foxdale School, Rushen Old Girls School, the College of Domestic Science, Ramsey Youth Centre, and Sulby, Patrick and Peel School Houses.

Ramsey Grammar School, Castle Rushen High School, Pulrose School, Demesne Road School, St. John's School, the College of Domestic Science and the School of Technology, Art and Crafts were either partly or wholly decorated.

Water borne sanitation was installed at Bride School.

At Ramsey Grammar School, Junior Department the installation of oil burners was carried out.

The whole of the playground at Tynwald Street School, Douglas was macadamized and resurfaced.

Improvements to the cloakroom facilities at Santon School were also carried out.

In various schools a certain amount of renewal and modernization of furniture was carried out."

#### **MEDICAL INSPECTION.**

The total number of periodic examinations carried out was 2,666 an increase of 40 compared with the previous year. The number of children examined when they entered school at the age of five years increased by 14 and, with the exception of the eight-year-old group which showed an increase of 119, all other age groups showed a decrease compared with 1954. The twelve-year-old group decreased by 61 and the fifteen-year-old group by 20. Of the 59 children examined outside the statutory age groups (as compared with 71 in 1954) 8.47% were found to require some form of treatment. 5.17% of the five-year-olds, 8.61% of the eight-year-olds, 9.77% of the twelve-year-olds and 4.54% 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 192 or 7.2%—slightly less than last year when the percentage was 7.84.

The number of re-inspections carried out was less than last year—4,658 as against 5,078 in 1954—a decrease of 420. Special inspections also diminished by 180 from 1,287 in 1954 to 1,107 in 1955.

1,779 parents were present at the routine inspections—a percentage of 66.73—a highly satisfactory percentage.

#### **GENERAL CONDITION.**

Compared with 1954, there was very little variation in the general condition of the children who were medically inspected. 26.75% were found to have good (above average) general condition, 72.99% were average and only a very small percentage were below normal. The percentage of 0.26 which shows those whose general condition was subnormal is the smallest ever recorded and is indicative of the healthy state of the children on the Island.

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



	Number examined	Height in inches	Weight in pounds
Eight-year-old boys .....	450	50.01	58.19
Eight-year-old girls .....	398	49.47	57.37
Twelve-year-old boys .....	276	57.08	82.39
Twelve-year-old girls .....	287	57.81	85.96
Fifteen-year-old boys .....	209	64.83	116.81
Fifteen-year-old girls .....	232	62.77	115.79.

There was very little change compared with 1954. With the exception of the twelve-year-old boys who showed a negligible average decrease, all other groups showed slight increases in height and weight.

#### UNCLEANLINESS.

During 1955 the School Nurses carried out 28,725 examinations of children for cleanliness. 7,269 individual children were examined and of these, 226 or 3.11% had some degree of infestation.

The percentage of children with infected heads continues to decline and this decrease is evidence of the way in which the intensive work of the School Nurses is taking effect. There is still, however, a small minority which is constantly re-infected and it is felt that some of these children pick up the infestation from older members of the family who have left school and with whom it is, therefore, impossible to deal.

#### MINOR AILMENTS.

The total number of Minor Ailments treated at the School Clinics in the year under review showed an increase on 1954. 8,468 cases were treated and 16,167 attendances were made i.e. approximately two attendances per case. 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. Impetigo increased during the year but with modern treatment it rapidly clears up and does not now present a serious problem.

All schools are equipped with First Aid boxes and conditions which do not respond to simple First Aid treatment may be referred to the Minor Ailments Clinics for attention. Cases which need daily treatment 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 dealt with by the School Nurses and Table IV of the Statistical Tables gives some idea of their work. Serious or refractory conditions are referred to the School Medical Officer by the School Nurses.

#### VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

134 school children and 40 pre-school children were examined by Dr. de Courcy and, of these, 18 (including seven children of pre-school age) were referred for operative treatment. During the year 17 children, two of whom were pre-school children, were admitted to St. Paul's Eye Hospital, Liverpool for operations. 15 underwent operations for correction of



squint, one for a perforating injury of the eye and one pre-school child had operative treatment for a malignant condition of both eyes. One child was admitted to the Manchester Eye Hospital for correction of squint. In all, Dr. de Courcy devoted 14 sessions to the examination of children and carried out 184 examinations.

338 eye examinations were made by the Principal School Medical Officer. 331 of these were refracted and seven children previously tested by retinoscopy were re-tested by the subjective method. 627 eye ailments of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

The total number of glasses ordered during 1955 was 160. Once again opticians have been most helpful and co-operative.

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

“In making my last report on the children’s Eye Service I would like to thank the School Medical Officer and his Staff for their courtesy and help. They have provided me with concise case histories of the children sent for examination, and during the last few months have given me accommodation for the examinations.

In the large majority of cases a parent or responsible relative accompanies the child. The importance of this cannot be too strongly emphasized as the way in which the parents carry out instructions in acute eye cases and in squinting children may mean success or failure. If it were possible to appoint a visiting nurse to “follow up” such cases at their own homes, possibly in conjunction with the Health Service cases, it would prove very beneficial.

It is essential that cases of partial blindness and squints in children of pre-school age should be recognised by the parents, and the family doctor informed so that treatment might be started forthwith. This treatment should be commenced during the first year or two of the child’s life to obtain the best results.

Congenital eye disease does not appear to be more common here than on the Mainland in spite of the relatively higher rate of inter-marriage. The disease which probably causes most blindness among children of pre-school age—retrolental fibroplasia, a disease confined to certain prematurely born infants—has not so far as I know, yet occurred on the Island. This may be due to the majority of premature living births being segregated here in one Nursing Home, and more care being taken in the use of oxygen tents for these infants—excessive oxygen administration being a very probable cause of the disease.

It is disappointing to me that an Orthoptic Department has not been established before my retirement, and that for this reason the children of the Island should be at such a decided disadvantage compared with those on the Mainland.”

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

Mr. W. M. Owen, who was appointed to succeed Mr. Forster in 1954, continued to visit the Island during 1955. In all he made 15 visits, eight of which were devoted to consultation sessions and seven to operation



sessions. 141 children were examined and the number of examinations made was 173. 42 children were operated upon at Noble's Hospital by Mr. Owen. The following operations were performed:—

13—Removal of tonsils and adenoids

21—Removal of adenoids

8—Other operations on the ear, nose or throat.

Seven other cases were referred by the School Medical Officers direct to local hospitals for operative treatment and the School Health Department was notified of 16 other children who had been referred direct to hospital by General Practitioners for the removal of tonsils and adenoids.

In addition, two children were referred to Professor Ewing at Manchester University for special examinations because of deafness and two other children were referred to hospitals on the Mainland for special treatment.

The School Nurses treated 331 aural and 387 nasal complaints which were referred by the Ear, Nose and Throat Specialist, the General Practitioners and the School Medical Officers. The majority of these complaints were of a minor character.

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

“The main Ear, Nose and Throat problem in the school child remains, as always, that of the tonsils and adenoids.

Most children were referred for an opinion as to whether or not the tonsils and adenoids should be removed. Many were also referred because of persistent nasal catarrh. This condition is known to be affected by climatic conditions, but the exact relationship is ill-understood. This affliction appears to be something that many with a sensitive nose and throat have to endure in our rapidly changeable and unpredictable climatic conditions.

During the past year there was no case of any outstanding or unusual characteristic.

Steady progress has been made with the list of those awaiting operation, although the time between advising operation and its performance is still rather longer than desirable. Certain unforeseen circumstances, such as the placing of the Ward in quarantine because of the occurrence of an infectious disease, help to interfere with plans to reduce the waiting time.

I would like to express my appreciation of the help and co-operation afforded me by all concerned in the Island School Health Service.”

#### **TUBERCULOSIS.**

The School Health Service has continued to receive reports on children examined by the Tuberculosis Officers and the co-operation of the Chest Clinic in this matter is much appreciated. The reports are most helpful and enable the School Medical Officers to maintain regular supervision of the work and play of the children concerned. During the year copies of reports on 47 children of school age and three pre-school children



were received by the School Medical Officer. The majority of these children had been referred by the family doctor but two children were referred direct by the School Health Service to the Chest Clinic because they had been under observation at a Chest Clinic on the Mainland.

One child of school age was admitted to the Children's Hospital at Leasowe with a primary lung lesion, was discharged later in the year and remains under observation by the Chest Clinic. No notifications of tuberculosis of the bones or glands were received by the School Clinic during the year.

In accordance with a Ministry of Education regulation, 36 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 Mrs. K. E. Smith, Principal School Dental Officer, for the following report on the work of the School Dental Service during 1955:—

“There have been further Staff changes this year in the Children's School Dental Service. Mr. J. A. S. Clucas resigned early in September, 1955 and Mr. D. A. E. Chambers was appointed as School Dental Officer to the Douglas Dental Centre in December, 1955. One of the Douglas Dental Attendants resigned in August to be replaced in December by Miss Cleator and Mrs. Mylchreest commenced duty at the Castletown Dental Clinic in February. Throughout the year Mrs. Symes has been working in Laxey and Mr. Fox in Castletown on a sessional basis, in order to replace, in some measure, the fourth Dental Officer which we have as yet been unable to appoint.

7,028 children were inspected at the school inspections and of these, 5,059 were found to require treatment—roughly the same ratio as last year.

3,991 fillings in permanent teeth, 1,100 fillings in temporary teeth and 1,730 extractions of permanent teeth were made during the year. All these figures show an increase over last year's figures. The extractions of temporary teeth were slightly less this year. 800 general anaesthetics were administered and 81 orthodontic appliances were inserted during the year. The number of casual patients was 2,143, which does not show any appreciable decrease on the figure of 1954. 541 pre-school children attended the clinics in 1955.

Under the heading of 7,814 other operations are such items as:—

1,844 temporary teeth conserved with silver nitrate.

813 permanent teeth conserved with silver nitrate.

14 artificial crowns inserted.

280 scalings and gum treatments.

4,545 dressings inserted prior to fillings.

280 X-rays taken.

38 root fillings completed.

It is now an accepted fact that when fluoride is found naturally in drinking water, the inhabitants of that district have less dental decay than those living in areas where fluoride is absent from the water supply.



Widespread tests which have been carried out in the United States and Canada for ten years have shown that when fluoride in the proportion of one part per million is added to the drinking water supply of a district which has previously been found to have no or only a trace amount of fluoride, dental decay is reduced in the children's teeth by 50%. There is probably no other preventive project involving a major disease which has been subjected to such intensive and widespread investigation and research, and in America and Canada every medical and dental body of repute has endorsed the findings of the numerous clinical investigations made. To carry out this research, two comparable areas were chosen in every case, similar in size and both of which had water supplies which were practically or entirely fluoride free. Fluorides were added to the water of one of the two areas to a concentration of 1.0 to 1.2 p.p.m., while the water in the other area which served as a control, remained untreated. It was established too, before fluoridation commenced, that caries incidence was comparable in each pair of areas. Dental examinations were carried out each year on groups of children between five and sixteen years and a comparison made of the state of teeth in the fluoridation and control areas.

It was found that among six to nine-year-old children who had had fluoridated water for the whole of their lives the caries incidence was 57 to 58% less than in the control area. Even in the sixteen-year-old children whose teeth were completely calcified when the fluoridation began in 1945 caries incidence was 41% less than in the control area, which suggests that fluoride is effective not only during calcification but also in the post-calcification and pre-eruptive periods.

In the fluoridated area 26.2% of the children had entirely caries free deciduous teeth compared with 4.7% in the control area. First permanent molars are the teeth most liable to decay. In the fluoridated area in six to nine-year-old children 74.9% were entirely caries free compared to 46.7% in the control area.

Medical, laboratory and X-ray examinations were carried out on all the children concerned and the results showed no difference of medical significance between the children receiving fluoridated water and those in the control area. The findings of the dental and medical studies show that fluoride added to the water to a concentration of 1.0 to 1.2 p.p.m. has proved entirely beneficial to the teeth and to the same extent as fluoride which occurs naturally. At that level the ingestion of this water has not in any way proved detrimental to health.

Enquiries from the Engineers of the Douglas Corporation and the I.O.M. Water Board reveal that there is no known fluoride content in the Manx Water Supplies."

#### ORTHOPÆDICS.

Mr. Almond, the Orthopædic Specialist, made nine visits to the Island's School Clinics during 1955. 299 individual children were examined and the total number of examinations made by him was 541. Mr. Almond also paid five domiciliary visits to a severely disabled child who was unable to attend his clinics. 646 cases were summoned and approximately 16% failed to attend although the absentees usually attended for a later appointment. The highest percentage of non-attenders occurred



during July and September presumably because of the effect of the holiday season.

Miss Caine, the physiotherapist, treated 198 children at the After-Care clinics at Castletown, Peel, Ramsey and Douglas. 3,508 attendances were made at these clinics, an average of 17.72 for each child. In addition Miss Caine treated 23 children who made 201 attendances at Noble's Hospital. Thanks are due to Miss Caine for her loyal and conscientious work—particularly for the work she has undertaken under the difficult conditions existing at the main clinic at Tynwald Street. The orthopædic room at this clinic is unsuitable for the treatment of severe disabilities because of its approach by stairs.

Mr. Almond performed 15 operations for the correction of deformities of feet or toes and five other operations on children admitted to Noble's Hospital during the year. Two other children, one with scurvy rickets and the other with a slipped epiphysis were admitted to the Orthopædic Ward during the year. The child with rickets was later discharged and another child who was already in hospital at the beginning of 1955 was also discharged during the year.

On the recommendation of Mr. Almond, four children were admitted to hospitals on the Mainland for treatment or investigation. Three of these children were still in hospital at the end of the year—one who had athetosis, one with spastic paralysis and one who was suffering from a bone cyst of the right leg. The fourth child, who was a case of peroneal muscular atrophy and another child who had been admitted at the end of 1954 for the fitting of special appliances were discharged home during the year.

The Consultants, Radiologist and Staff of Noble's Hospital have, as always, been of the utmost help to the orthopædic side of the School Health Service.

### INFECTIOUS DISEASES.

The following infectious diseases were notified by the schools during 1955:—

Measles .....	489
Whooping Cough .....	7
Chickenpox .....	112
Mumps .....	29
German Measles .....	4
Scarlet Fever .....	8
Diphtheria .....	Nil.

As will be seen from the above figures, there was a large increase in the number of cases of measles and a slight increase in the number of cases of mumps. Apart from the outbreak of measles, there was very little infectious disease amongst the Island's school children in 1955.

Once again there were no cases of diphtheria amongst school children during the year but unless a higher percentage of children is immunised there is always the possibility that this disease may reappear. It is, therefore, important that all parents should arrange to have their children immun-



ised at the proper times. As in previous years, diphtheria immunisation sessions were arranged by the Medical Officer of Health and were held in schools and school clinics in all parts of the Island.

No child of school age contracted infantile paralysis. There were two cases of typhoid occurring amongst school children and both of these children were treated at the Isolation Hospital. There was also a small localised epidemic of infective jaundice during the year but no cases developed complications.

### PHYSICAL EDUCATION.

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

“Physical Education plays an important part in the life of the child from the Infants stage onwards. It comprises:

1. Physical Training
2. Games and Athletics
3. Folk Dancing
4. Swimming.

1. **PHYSICAL TRAINING.** The Physical Training lesson in the Primary School prepares the children for the more advanced training which awaits them under the specialist teachers in the Secondary Schools with fully equipped gymnasias.

2. **GAMES AND ATHLETICS.** Games introduce the children to co-operative action and give them:—

(a) the pride and comradeship of team work rather than individual effort;

(b) practice in adjustment of their own abilities to the physical capabilities of each of the team;

(c) preparatory training for playing on full-sized pitches and using and caring for the equipment which may in some cases be expensive, and which is required for Games and Athletics.

3. **FOLK DANCING.** Folk Dancing is taken by both boys and girls in all Primary Schools, and the children are taught the basic national steps in Manx, English, Scottish etc. dancing. They are introduced to the pleasure of controlled rhythmic movement to music. It gives them confidence and a standard of behaviour amongst themselves.

4. **SWIMMING.** Unfortunately swimming has to be deferred until the children reach Secondary School age and can use the excellent baths provided at Ballakermeen. All children have the opportunity of learning to swim. Swimming tests are taken and certificates awarded internally. In addition the Royal Life Saving Society's tests are taken for the award of the Bronze Medallion and Instructor's Certificate.

The training given in all these branches of Physical Education aims at good posture, discipline, correct performance and enjoyment.



The allocation of sufficient time for Physical Education is naturally the responsibility of the Head Teacher, and generally speaking the amount of time given is satisfactory. The proper use of the daily lesson is the duty of the Class Teacher, and there is no doubt that when these activities are taken regularly the children benefit both mentally and physically.

The question of wearing suitable clothing and the provision of gym shoes remains a major problem. However, more children are now stripping and greater efforts are being made to ensure that gym shoes are worn for all physical activities, but there is still more to be done in this direction. The most suitable clothing for boys is shorts and for girls knickers/shorts and vest/blouse.

The Secondary Schools are adequately supplied with equipment which is renewed and added to regularly.

The Primary Schools are gradually being equipped with further portable apparatus. Small apparatus (balls, hoops, ropes etc.) is renewed as required and schools are encouraged to take due care of equipment and make the best possible use of it. Some schools have exercised ingenuity and their own initiative to extend the use of the limited equipment they possess.

The successful carrying out of the programme is dependant on the support and interest of many departments of the Education Authority. The Works Department is mainly responsible for improving the facilities available, such as adapting classrooms, providing storage accommodation for equipment, improving playground surfaces and maintaining playing fields.

Progress has been made in this direction, but there are further improvements necessary. Some playground surfaces require attention, and the adaptation of classrooms in small schools such as Andreas, Dhoon and Dhoor has still to be tackled.

The playing fields for the Secondary Schools and the larger Primary Schools, and the small playing areas in the country schools, are undoubtedly improving year by year. This is mainly due to the keen interest and initiative of our groundsmen, who have been greatly helped during the past year by the provision of a park and road tractor/lorry with gang mowers. This equipment has made it possible for the groundsmen to do their work more efficiently, particularly in the smaller schools hitherto insufficiently catered for, thereby making it possible to give more training in games and sports activities.

During the year Sports Days, Athletics Meetings, Swimming Galas, Folk Dance Festivals and Friendly matches have been held successfully.

Thanks are due to the Head Teachers and Assistant Teachers, to the Works Department, Groundsmen, Caretakers, School Meals Department and Office Staff for their unfailing interest and co-operation."

#### **MILK AND SCHOOL MEALS.**

"The School Meal continues to play its part in the health and well-being of those children who travel a distance to school. It is very difficult in view of rising costs to give an adequate supply of protein in the form



of meat. Excellent supplies of mutton have been available during the winter, and as mutton is cheaper than beef a larger portion per head can be served. A slice of lean roast mutton accompanied by roast and boiled potatoes, peas, mint sauce and gravy, followed by a suitable pudding is a meal greatly enjoyed by all.

Hot-pots, Irish stew and haricot mutton appear frequently on the menu. The fat from the mutton is absorbed by the potato and is therefore acceptable to the children. The prime favourite is still "something" served with chips. These are cooked in beef dripping and by this means the children get a supply of fat in the diet in a palatable form.

The dangers of food poisoning are great when large numbers of people feed together, so it is important that those engaged in preparing and serving food are alive to the dangers which result from carelessness. A number of the School Meals Service Staff attended a public lecture on Food Hygiene arranged by the Local Government Board and given by Mr. Morley Parry, Food Hygiene Officer to the Ministry of Health.

A meeting was arranged for the School Meals Staff in connection with Food Hygiene and Dr. D. M. Martyn Jones, the Medical Officer of Health for the Isle of Man gave an interesting and informative address. Two excellent films were shown dealing with food handling. There was a good discussion when Dr. Martyn Jones and the Organiser of School Meals answered questions. Invitations to this meeting were sent to the catering staffs of Noble's Hospital, Ballamona Hospital and the Jane Crookall Maternity Home and representatives from all the institutes attended as well as the trainee cooks who were taking advantage of the Government Scheme. It was a most profitable afternoon and was greatly appreciated by all who attended.

The following is a list of the School Meals Centres and shows the number of meals served on 17th October, 1955:—

Centre	No. of Meals.
Douglas High School for Boys:	
St. Ninian's Section (serving Onchan and Braddan)	214
Douglas High School for Girls:	
Park Road Section .....	177
Douglas High Schools:	
Ballakermeen Section .....	320
Ramsey Grammar School:	
Senior Section .....	144
Junior Section (including 91 meals to Albert Road School) .....	235
Castle Rushen High School .....	295
Victoria Road School, Castletown:	
(serving Ballasalla and Santon) .....	135
Peel School:	
(serving St. John's, Patrick, Foxdale and Marown Schools) .....	210
Rushen Primary School (serving Arbory School) .....	190
Laxey School (serving Dhoon School) .....	144
	<hr/>
	2,064 "
	<hr/>



## **Milk.**

Approximately 2,474 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 1,065 of these were supplied to children free of charge.

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

I am indebted to Miss D. V. Stubbs for the above report on the School Meals Service.

## **CO-OPERATION.**

66.73% of the parents attended routine medical inspections and, on the whole, when treatment was recommended they co-operated well.

The School Health Service owes much to the collaboration of both official bodies and voluntary organizations and grateful acknowledgement is also made to Noble's Hospital and Ramsey and District Cottage Hospital; to the Health Services Board and to the members of the medical profession. Their co-operation is essential for the efficiency of the Service.

## **SPECIAL MEDICAL EXAMINATIONS.**

218 children were examined in connection with the issue of Employment Certificates. Medical fitness certificates were granted to all these children. 12 children who applied for Entertainments Certificates were also found to be fit. 92 children were examined prior to dental treatment under a general anæsthetic.

45 candidates for Teachers Training Colleges were medically inspected during the year and in addition, one adult was examined for suitability for admission to contributory service under the Superannuation Acts. 12 Army Cadets were medically inspected before their departure for the Annual Camp.

No specific complaint could be found in 40 children who were seen as special cases.

## **HANDICAPPED PUPILS.**

### **Blind Children.**

One girl aged 17 years, who was admitted to a training school for the blind in Liverpool early in 1955, was withdrawn later the same year as she was unsuitable for further training.

One pre-school child was found to have a malignant condition of the eyes and had to have them enucleated at St. Paul's Eye Hospital. This child will need special education at a future date.

### **Partially Sighted Children.**

One boy who attended at a school for the partially sighted on the Mainland left school during 1955 when he reached the age of 16. A boy of 13 and a girl of seven years should attend a similar type of school but the parents are unwilling for special education.

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 five children with advanced myopia to special classes.

Three pre-school children are classed as partially sighted.

#### **Epileptics.**

Seven children are known to be under treatment for epilepsy and all are fit to attend ordinary schools at present. One child aged five is not yet fit to attend school.

#### **Deaf Children.**

A girl aged 16 and a boy of 14 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.

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

One girl is resident at the Liverpool School for the Partially Deaf at Birkdale.

Seven children attending ordinary schools are classed as partially deaf. Two of these children have hearing aids.

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

14 children are classified as ineducable. They have marked mental defects, are unfit to attend ordinary schools and would benefit from training at an Occupation Centre. There are five pre-school children in the same category.

32 pupils at ordinary schools or special classes have varying degrees of mental defects. 16 of these children are more suited to an Occupation Centre. Two boys are resident at Special Schools.

Two special classes continued to function as in previous years. The special class at Albert Road School would be of more value if it were held every day instead of two half-days a week. Pupils for the Demesne Road special class should be admitted as soon as they are eight in order to obtain the full benefit from the special tuition.

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

11 physically handicapped children were unfit to attend school in 1955. Two had spastic paralysis, two, congenital spinal conditions; one, paralysis following poliomyelitis one, pulmonary tuberculosis; one, T.B. meningitis; one, chorea and two children were in-patients in the Orthopaedic Ward at Noble's Hospital. Three of these children were able to re-attend school commencing with half-days only in the later part of the year. One child who was suffering from congenital heart disease died during the year.

Five children were in-patients in hospitals on the Mainland for the greater part of the year. Two were receiving treatment for orthopaedic defects, two for chest conditions and one for heart disease.

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

One girl aged 17 was admitted to a special school for adolescent spastics during the year.

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

Of the children with multiple defects, six are attending ordinary schools or special classes, and six including one child who was withdrawn from a Mainland special school at the end of 1954, were unfit to attend school. One child attended a special school until the end of the Summer Term, 1955 and was then withdrawn as unsuitable.

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

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

#### **Maladjusted Children.**

14 children were noted as being maladjusted.

#### **Speech Defects.**

In the early part of 1955, it was possible to treat a number of children suffering from the more severe types of defective speech. However the classes had to be discontinued when the therapist left the Island.



# Isle of Man Education Authority

## MEDICAL INSPECTION RETURNS

### STATISTICAL TABLES

Year ended 31st December, 1955.

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 .....	755
Eight year old Group .....	848
Twelve year old Group .....	563
Fifteen year old Group .....	441

Total ... 2,607

Number of other Periodic Inspections ..... 59

Grand Total ... 2,666

#### B. OTHER INSPECTIONS.

Number of Special Inspections ..... 1,107

Number of Re-Inspections ..... 4,658

Total ... 5,765

#### 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	37	39
Eight year old Group .....	38	38	73
Twelve year old Group .....	36	19	55
Fifteen year old Group .....	15	6	20
Total (prescribed Groups) .....	91	100	187
Other Periodic Inspections .....	5	—	5
Grand Total .....	96	100	192

TABLE II.

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

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 .....	8	31	33	8
5	Eyes :—				
	(a) Vision .....	96	249	94	34
	(b) Squint .....	27	43	20	3
	(c) Other .....	4	9	48	10
6	Ears :—				
	(a) Hearing .....	5	30	12	11
	(b) Otitis Media .....	—	8	1	1
	(c) Other .....	3	47	67	14
7	Nose or Throat .....	21	221	64	32
8	Speech .....	—	46	—	3
9	Cervical Glands .....	—	69	3	13
10	Heart and Circulation .....	—	37	—	2
11	Lungs .....	—	69	2	6
12	Developmental :—				
	(a) Hernia .....	—	7	1	—
	(b) Other .....	—	13	—	1
13	Orthopaedic :—				
	(a) Posture .....	3	47	4	—
	(b) Flat Foot .....	4	18	—	2
	(c) Other .....	20	254	62	28
14	Nervous System :—				
	(a) Epilepsy .....	—	4	—	4
	(b) Other .....	1	16	—	4
15	Psychological :—				
	(a) Development .....	4	78	4	17
	(b) Stability .....	—	40	1	5
16	Other (including teeth and uncleanliness) .....	56	76	103	67

## 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 .....	755	169	22.38	582	77.09	4	0.53
Eight year old Group .....	848	228	26.89	620	73.11	—	—
Twelve year old Group .....	563	158	28.06	402	71.41	3	0.53
Fifteen year old Group .....	441	129	29.25	312	70.75	—	—
Other Periodic Inspections .....	59	29	49.15	30	50.85	—	—
Total .....	2,666	713	26.75	1,946	72.99	7	0.26



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

(1) Total number of examinations in the schools by the school nurses or other authorised persons .....	28,725
(2) Total number of individual pupils found to be infested .....	226
(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 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 .....	2	
Scabies .....	—	
Impetigo .....	72	
Other Skin Diseases .....	664	
Total .....	738	

**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 .....	645	
Errors of refraction (including squint) .....	512	
Total .....	1,157	
Number of pupils for whom spectacles were :—		
(a) Prescribed .....	160	
(b) Obtained .....	160	

**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 .....	—	1
(b) for adenoids and chronic tonsillitis .....	41	16
(c) for other nose and throat conditions .....	8	—
Received other forms of treatment .....	760	—
Total .....	809	17

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

(a) Number treated as in-patients in hospitals .....			28
(b) Number treated otherwise, e.g. clinics or out-patients' departments ...	by the Authority		otherwise
	198		23

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

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

**GROUP VI.—SPEECH TREATMENT.**

Number of pupils treated for Speech Defects .....	Number of cases treated	
	by the Authority	otherwise
	—	—

**GROUP VII.—OTHER TREATMENT GIVEN.**

(a) Miscellaneous minor ailments .....	Number of cases treated	
	by the Authority	otherwise
	6,343	
(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) At Periodic Inspections .....	7,028
(b) As Specials .....	2,143
Total (1) .....	9,171
(2) Number found to require treatment .....	5,059
(3) Number offered treatment .....	4,958
(4) Number actually treated .....	4,958
(5) Number of attendances made by pupils for treatment <b>including</b> those recorded at heading 11(h) .....	11,688
(6) Half days devoted to :—Periodic (School) Inspection .....	45
Treatment .....	1,582
Total (6) .....	1,627
(7) Fillings :—Permanent Teeth .....	3,991
Temporary Teeth .....	1,100
Total (7) .....	5,091
(8) Number of teeth filled :—Permanent Teeth .....	3,637
(or) Temporary Teeth .....	987
Total (8) .....	4,624



(9) Extractions :—Permanent Teeth .....	1,730
(or) Temporary Teeth .....	3,343
Total (9) .....	5,073
(10) Administration of general anæsthetics for extraction .....	800
(11) Orthodontics :	
(a) Cases commenced during the year .....	74
(b) Cases carried forward from previous year .....	16
(c) Cases completed during the year .....	30
(d) Cases discontinued during the year .....	15
(e) Pupils treated with appliances .....	81
(f) Removable appliances fitted .....	58
(g) Fixed appliances fitted .....	23
(h) Total attendances .....	805
(12) Number of pupils supplied with artificial dentures .....	26
(13) Other operations :—Permanent Teeth .....	5,970
Temporary Teeth .....	1,844
Total (13) .....	7,814

**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.) (1/1/55—5/9/55) ..	100%
S.D.O's.	
Kathleen E. Smith, B.D.S. Hons., L.D.S. ....	100%
J. I. Stevenson, L.D.S. ....	100%
D. A. E. Chambers, L.D.S. (1/12/55—31/12/55) .....	100%
Margaret B. Symes, L.D.S. ....	20%
H. Fox. (7/2/55—31/12/55) .....	40%

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





