

[Report 1960] / School Medical Officer of Health, Isle of Man.

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Isle of Man. Council.

Publication/Creation

1960

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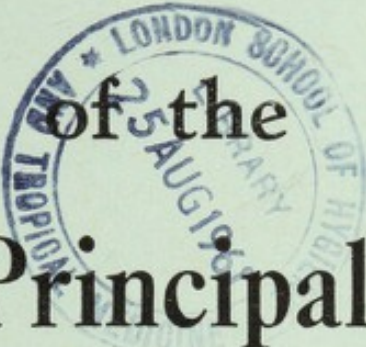


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Isle of Man Education Authority

ANNUAL REPORT

of the
Principal




School Medical Officer

1960

S. V. CULLEN, M.B., Ch.B., D.C.H.
Principal School Medical Officer

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



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SCHOOL HEALTH REPORT

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the work of the School Health Service for the year 1960.

There were some staff changes on both the Medical and Dental sides during the year. Miss M. Patrick who had been School Nurse for the north of the Island since 1955 resigned in June on the occasion of her marriage and was succeeded by Mrs. H. Regan. Miss A. Caine, physio-therapist, resigned her appointment to go to Canada and was succeeded by Mrs. D. C. Knox in July.

In September the School Health Service suffered the loss after a long illness of Miss D. C. Qualtrough who had been a valued member of the Nursing Staff since 1945. She first served as School Nurse in the north of the Island and transferred to the south in 1951 where she endeared herself to the children. She will be remembered for her conscientious devotion to the welfare of the children of the Island and for her loyalty to her colleagues in the School Health Service.

The Dental Department was fortunate during May in securing the services of Mr. H. D. Jones as full-time Dental Officer. In July Mrs. Fairbairn resigned as Dental Attendant in Castletown and was succeeded by Mrs. Quirk.

My thanks are again due to all members of the staff for their loyal service throughout the year and particularly to Dr. K. M. Vernon for her valuable assistance.

I should also like to thank the Director of Education, Mr. H. C. Wilkinson, and his staff for their advice and assistance ; the Head Teachers and their staffs for their kindness and co-operation, and the Medical Practitioners and Hospital Staffs for most willing help and collaboration.

Finally, Mr. Chairman, Ladies and Gentlemen, I would express my appreciation of your consideration and support and of the interest and encouragement of the Chairman and Members of the Medical Committee.

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 1960

STAFF

FULL TIME.

Principal School Medical Officer :	S. V. Cullen, M.B., Ch.B., D.C.H.
School Nurses :	Miss E. H. Quirk, S.R.N., S.C.M., R.M.P.A., H.V. Miss D. C. Qualtrough, S.R.N., S.C.M. (Deceased 26/9/60). Miss M. Patrick, S.R.N., S.C.M., H.V., Q.N. (Resigned 3/6/60). Mrs. H. Parry, S.R.N. Mrs. H. Regan, S.R.N., R.F.N., S.C.M., H.V. (From 28/5/60).
Principal School Dental Officer :	Kathleen E. Smith, B.D.S. Hons., L.D.S.
School Dental Officer :	H. D. Jones, L.D.S. (From 4/4/60).
Dental Attendants :	Miss D. M. Crellin. Miss I. E. Smith. Miss D. A. Killey.
Clerks to the Medical Department :	Miss V. Devereau. Miss L. Stuart. Mrs. E. A. Mather.

PART TIME.

School Medical Officer :	Kathleen M. Vernon, B.Sc., M.B., Ch.B.
School Dental Officers :	J. C. Curphey, L.D.S., R.C.S. (Eng). C. D. Roe, L.D.S., R.C.S. (Irel.). J. H. Cain, L.D.S., R.C.S. (Irel.). H. C. Magee, L.D.S. D. A. E. Chambers, L.D.S. R. D. Tinker, L.D.S.
Dental Attendants :	Mrs. B. Fairbairn. (Resigned 31/7/60). Mrs. P. M. Quirk. (From 29/7/60).
Speech Therapist :	Mrs. O. A. S. Tolfree, F.L.C.M. (Speech). (From 2/5/60).

CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
Ophthalmic Surgeon :	Dorothy Barton, M.B., Ch.B., D.O.M.S.
Orthopædic Surgeon :	H. G. Almond, M.Ch. (Orth.), F.R.C.S.
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. (Resigned 4/60).
Mrs. D. C. Knox, M.C.S.P. (From 18/7/60).

PRELIMINARY.

As an integral part of the educational system, the School Health Service is responsible for the supervision of the physical and mental health of all school children. The fact that only two—less than .1%—of all the children examined at routine inspection were considered to be unsatisfactory physically coupled with the fact that children to-day are taller and heavier than those of twenty or thirty years ago is ample evidence that children these days are fitter than ever before. Physical maturity is also earlier but mental and emotional development has not kept in step and this has led, in some cases, to maladjustment and behaviour problems. Such children, unable to adjust themselves to their environment and in revolt against authority often become the concern of a child guidance clinic and the question of whether a clinic of this kind should be established in the Island has already been raised. A child guidance unit normally consists of a psychiatrist, an educational psychologist, and a psychiatric social worker and to be effective should be closely allied with the School Health Service and should concern itself not only with the treatment of maladjusted children but also with the prevention of maladjustment. Also associated with the unit are the Consultant Paediatrician and the Speech Therapist—the latter because it is often difficult to decide whether some speech defects cause maladjustment or are the result of it.

The position in the Isle of Man at present is that children who are brought to the notice of the School Medical Officers as being maladjusted are referred to the Consultant Psychiatrist for investigation and diagnosis. This may be a long and complicated procedure involving many interviews both of the child and one or both parents by the psychiatrist. School reports and reports on the home must also be considered before any final decision is made or treatment recommended. In some cases all that is necessary is reassurance and advice to the parents on how to deal with the child's trouble. Other cases require more prolonged treatment and following up and whilst the small school population and relatively small number of children registered as maladjusted would not, perhaps, justify the provision of a complete child guidance clinic in the Island at present, facilities for the treatment of the more severe cases would be improved by the employment of ancillary staff such as a psychiatric social worker who could assist the psychiatrist in the follow-up and treatment of the more difficult cases.

Attention has been drawn in previous annual reports to the incidence of verrucae or plantar warts amongst the older children. These warts are similar to warts occurring in other parts of the body but as they occur on the soles of the feet and they may become markedly tender they may interfere with the child's normal gait. They are contagious and the problem of their prevention is a national as well as a local one. All affected children are forbidden swimming, all barefoot activity and showers until the condition is treated and cured and the floors of changing rooms and shower baths and the school swimming bath are treated with disinfectant as a precautionary measure. Such measures should limit the number of cases and the spread of infection. Unfortunately, little else can be done and nothing has yet been found that will eliminate the condition entirely other than the preventive steps already being taken

and the Chief Medical Officer of the Ministry of Education in his most recent report states : "In British studies it has not been possible to establish any clear-cut connection between the incidence of plantar warts and the taking of showers at school."

The appointment during the year of another full-time Dental Officer and the employment of private practitioners on a part-time sessional basis enabled children at all schools to be fully inspected and the Principal School Dental Officer in her report has shown the amount of treatment which has been carried out. Compared with areas on the Mainland, the Island has been fortunate in that the School Dental Service has been able to continue to offer full and prompt dental treatment to school children.

The early prevention of dental disease is one of the problems facing the dental profession and although every opportunity is taken by the Dental Officers at dental inspections in school and at surgery visits to educate both patients and parents in the proper care of the teeth, it is unfortunately true that many children of pre-school age attend the dentist for the first time and start school with dental decay already well-established. Although more inspections and treatment are undertaken and dental officers are co-operating in providing dental health instruction for a greater number of children, much still remains to be done if dental decay is to be prevented or even controlled. Fluoridation of drinking water, advocated in past reports, still remains the greatest hope for a satisfactory solution of the problem. The stimulation of interest in dental health and oral hygiene among parents, the regular instruction of children in schools, and the reduction or elimination in the diet of foods or drinks which contain readily fermentable carbohydrates would do much to diminish the amount of dental treatment needed and would go a long way to ensure that future generations would have healthy teeth and healthy mouths.

The earlier referral of children for the treatment of squint is mentioned in the body of the report. Failure to treat a squint or delayed treatment of it may often result in defective vision or partial blindness in one eye which later treatment is often unable to cure. The vision of all children is tested as soon as possible after their admission to school and any child who appears to have a visual defect is referred for refraction. All cases of squint or suspected squint are referred immediately to the Consultant Ophthalmologist. There are still, however, a number of children who are examined as entrants who are suffering from squints for which they have received no previous treatment and in whom treatment when commenced at this late stage is often unsatisfactory. It is most important that every child suspected of having a squint should be examined without delay and it is very satisfactory to note that the number of pre-school children referred for early treatment of this condition is increasing. The earlier the defect is treated the better are the chances of a successful result.

Finally, it is a pleasure to record that the high standard of service set up by the Visiting Consultants has been maintained and the decision of the Education Authority to retain consultation sessions for children has been more than justified by the results achieved.

SCHOOL ACCOMMODATION AND HYGIENE.

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

“During 1960, the following schools and buildings were painted externally: Ballaugh School and Schoolhouse, Patrick School and Schoolhouse, Santon School and Schoolhouse, Foxdale and Sulby Schoolhouses, Noble's Hall, Ramsey Grammar School—Senior and Junior Departments, and Andreas, Ballakermeen, Demesne Road and Hanover Street Schools.

The High School for Girls—Park Road Section, High School for Boys—St. Ninian's Section, Demesne Road School, St. Mary's R.C. School, Noble's Hall (Free Dinner Section), Braddan School, School of Art, Ramsey Grammar School, Albert Road School, and Tynwald Street School were partially or wholly decorated internally.

Cupboards of varying design, for example, built-in or independent, were supplied to the following schools: Ramsey Grammar School—Junior Department, Arbory School, Kewagie School.

The programme of removing galleries from schools was continued in the following schools: Tynwald Street, Demesne Road, Albert Road.

A new modern kitchen was built adjoining Albert Road School for the extension of the School Meals Service in the north of the Island and various work to enable this service to function was carried out, for example—sinks, hot water supply, provision of tables, etc., to the following schools: Kirk Michael, Ballaugh, Sulby, St. Jude's, Bride, Andreas, Dhoor. Extensive alterations and improvements to the kitchen at the High School for Boys—St. Ninian's Section were also carried out during the summer vacation.

The programme of the modernisation and improvement of the laboratories at the High School for Boys—St. Ninian's Section was completed.

A certain amount of renewal or modernisation of furniture and equipment was carried out at Albert Road, Arbory, Demesne Road, Laxey, Murray's Road, and Onchan Schools.”

MEDICAL INSPECTION.

During 1960, periodic examinations were carried out as in previous years and children were examined at the ages of five, eight, twelve, and fifteen years. It has been found more satisfactory to continue periodic examination of all children in the intermediate age groups rather than to see only individual children who are brought to the attention of the Medical Officer by parents, teachers, or nurses as special cases. Such cases are seen either at school or at the consultation clinic which is held at Murray's Road.

The total number of examinations made was 2,252 a figure which is slightly lower than that of the previous year. 62 children, of whom 12.77%

required some form of treatment were examined outside the normal age groups.

5.33% of the five-year-olds, 10.12% of the eight-year-olds, 10.42% of the twelve-year-olds, and 9.79% of the fifteen-year-olds required treatment. The total number of children in all age groups requiring treatment was 202 or 8.97%

The number of re-inspections, i.e. follow-up examinations of children who at previous periodic or special examinations had some defect requiring treatment or observation was 4,228. Special inspections totalled 566.

Parents once again co-operated well and 1,425 or 63.28% were present at periodic medical inspections.

PHYSICAL CONDITION.

Two children out of the 2,252 examined in the periodic age groups were considered to have unsatisfactory physical condition.

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

	Number examined	Height in inches	Weight in pounds
Five-year-old boys	295	43.054	45.1
Five-year-old girls	249	42.526	42.572
Eight-year-old boys	324	50.230	59.691
Eight-year-old girls	269	49.807	58.719
Twelve-year-old boys	319	57.478	86.238
Twelve-year-old girls	295	58.178	89.988
Fifteen-year-old boys	237	65.510	121.732
Fifteen-year-old girls	202	63.074	116.782

There was very little variation in the average heights and weights compared with those of the previous year. The following comparison of the eight-year-old and twelve-year-old average heights and weights in 1925 (the first year they were taken in the Isle of Man) with those of 1960 shows that Manx children have made average increases in height and weight similar to those of their counterparts in the U.K.

	Height in inches		Weight in pounds	
	1925	1960	1925	1960
Eight-year-old boys	47.328	50.230	51.248	59.691
Eight-year-old girls	47.158	49.807	50.271	58.719
Twelve-year-old boys	54.39	57.478	69.489	86.238
Twelve-year-old girls	54.482	58.178	70.814	89.988

MINOR AILMENTS.

The number of individual cases treated at Minor Ailments Clinics was 5,156 and the total number of attendances 7,910. Owing to the illness of one of the members of the Nursing Staff, it was impossible to

continue some of the Minor Ailments Clinics and others were also affected by re-arrangement of the nursing duties. As a result, the number of children treated is less than that of the previous year. These clinics are for the treatment of lesser childish conditions which do not normally call for medical aid and those that do are referred by the School Nurses to the School Medical Officers, who then, if necessary, advise consultation with the family doctor.

The new clinic at Murray's Road continues in daily use — each morning for a Minor Ailments Clinic and for other types of clinic on most afternoons in the week. It has also been found to be more convenient to use this clinic for routine examinations of children attending certain nearby schools where the existing facilities are inadequate. Apart from the clinic at Murray's Road, all other clinics are held on school premises.

UNCLEANLINESS.

During 1960 the School Nurses carried out 23,575 examinations of children for cleanliness. 6,994 children were examined and of these 108 or 1.54% had some degree of infestation. Owing to reasons already stated, children in some parts of the Island were not inspected as frequently as has been possible in other years but despite the fact that the Nursing Staff was working under difficulties, the percentage infected again decreased.

The nurses also made 203 visits to the homes of children who were under observation in order to give advice to parents and continued close co-operation between parents and nurses is essential if the percentage is to be reduced further. Head shampoo remains available free of charge and the School Nurses are always prepared to advise parents in the more obstinate cases.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

339 school children and 55 pre-school children were examined by the Visiting Consultant Ophthalmologist, Mrs. D. Barton, the total number of examinations made being 581. Of this number 14 school children and seven pre-school children were recommended for operation and most of the recommended operations were for the correction of squint. During the year 41 children, seven of whom were below school age, were admitted to St. Paul's Eye Hospital, Liverpool, for operative treatment. In addition, three operations of a minor nature were performed at Noble's Hospital.

Mrs. Barton devoted 55 consultation sessions at Noble's Hospital to the examination of children and 189 children were prescribed glasses.

212 eye examinations were made by the Principal School Medical Officer and all but six of these were refractions. 84 children were supplied with glasses.

Eye conditions of a minor nature treated by the School Nurses at the Minor Ailments Clinics during the year amounted to 478.

It was found possible, with the continued co-operation of St. Paul's Eye Hospital, to admit many more children for operative treatment and, as a result, the waiting time for admission was considerably reduced.

I am grateful to Mrs. Dorothy Barton for the following report:—

“The rate of attendance and co-operation at the Eye Clinic has again been extremely good this year. A total of 581 examinations were made of 394 children, and a very encouraging feature is the increasing number of pre-school children who are being referred early for treatment of squint.

The total number of absentees was only 39, and nearly all of these were absent for a good reason.

Pre- and post-operative orthoptic treatment of squints with the stereoscopes continues to give encouraging results, and most of the children seem to enjoy the treatment and co-operate well.”

EAR, NOSE AND THROAT DEFECTS.

The Consultant Ear, Nose and Throat Surgeon, Mr. W. Mervyn Owen, held 12 consultation sessions at the School Clinic and nine operation sessions at Noble's Hospital. 125 school children and 12 pre-school children were examined and the total number of examinations made was 251.

The Consultant Ear, Nose and Throat Surgeon, Mr. W. Mervyn was on a child of pre-school age:—

46 Removal of tonsils and/or adenoids

14 Other operations on the ear, nose, or throat.

14 children were referred by the School Medical Officers to Noble's Hospital for operative treatment and the School Health Service was informed of 18 other children who had been referred direct to the hospital by General Practitioners.

One child was admitted to Clatterbridge Hospital for operation by Mr. Owen.

In 1960, 47 children who were examined at the Consultation Clinics were referred for operation, mostly for the removal of tonsils and adenoids.

The School Nurses treated 424 aural and nasal conditions of a minor character at the School Clinics.

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

“The number of children seen at the Clinics was well up to the average for previous years. The position with regard to the waiting list for both consultation and operation continues satisfactory.

A minor impairment of hearing in children is probably more frequent

than is realised. It may not be obvious and when suspected is often difficult to assess. It may well be the cause for lack of progress.

Many local authorities carry out routine hearing tests on school children by means of the Audiometer which measures accurately any degree of hearing loss. At present any child whom it is considered should be so tested has to travel to Liverpool and it has been recommended to the Health Services Board that an Audiometer should be purchased in order that facilities for hearing tests should be available on the Island. It should then be possible to have many more children tested, with the inconvenience and cost of a journey to the mainland eliminated."

TUBERCULOSIS AND CHEST CONDITIONS.

During the year, reports on 88 school children and 15 pre-school children were received from the Consultants at the Chest Clinic and the co-operation of the Tuberculosis Officers and the staff of the Chest Clinic in continuing to send reports on children examined is very much appreciated.

Certain of the cases seen at frequent intervals by the Consultant Chest Surgeon are children with defective hearts more often than not of a congenital nature. If these children are fit enough to attend school, their condition is reviewed regularly by the School Medical Officers so that Head Teachers may be advised, if necessary, to restrict activity particularly during the Physical Education and Games periods.

17 candidates for admission to Teachers Training Colleges were X-rayed at Noble's Hospital and found to be free from disease of the lungs.

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:—

"Throughout the year the work of three-and-a-half Dental Officers has been maintained by the employment of two full-time officers and several private practitioners working on a sessional basis.

There were two changes of staff. On the 4th April Mr. Jones was appointed as full-time Dental Officer and at the end of July Mrs. Fairbairn resigned from her post as Dental Attendant at Castletown and was replaced by Mrs. Quirk.

Construction began on the new Castle Rushen High School and as the Castletown Dental Clinic was on the building line, it was necessary to transfer it to temporary quarters in Victoria Road School during the year.

At the periodic school inspections 7,516 inspections were recorded. This total includes all the Authority's schools (some of which were inspected twice) and King William's College and the Buchan School for

Girls. Of this total, 6,264 were found to require treatment and 4,813 of these accepted school treatment.

There were 1,129 casual visits made by children attending with toothache for emergency treatment. Of this total, 177 were pre-school children. Both these figures are greater than the previous year.

The number of fillings in permanent teeth, 5,791, shows a marked increase over last year. The figure for fillings in deciduous teeth has changed little. There was a decrease in the number of permanent teeth extracted — 1,541. However, the number of temporary teeth extracted seems to be an ever-growing figure. It is, unfortunately, not an uncommon occurrence for very young pre-school children to require multiple extractions at their first visit.

The number of orthodontic cases tackled was once more greater than the previous year. 130 cases were commenced, along with 49 cases carried forward from 1959. Of these 82 were completed. 19 cases had to be discontinued — this is most often due to the non-co-operation of the patient. 98 dentures were fitted, a slight increase on 1959.

Under the head of "Other Operations" carried out on permanent and temporary teeth is included a host of items such as dressings inserted prior to filling, scaling and polishing of teeth, X-rays taken, root treatments, artificial crowns and inlays fitted, local anæsthetics administered, and teeth treated with silver nitrate.

The figures of treatment carried out in the Children's Dental Service represent the beneficial effect of being able partially to replace the missing full-time dental officers by sessional work.

At school inspections and surgery visits the importance of oral hygiene is instilled into the patients and their parents. Unfortunately, the constant eating of sweets and biscuits between meals and particularly after the teeth have been cleaned is all too persistent.

In July one of the surgeries at the Ballakermeen Clinic was fitted with the new high-speed drill. This the patients have appreciated very much as it shortens the period of cavity preparation and eliminates all vibration and sometimes even the necessity of a local anaesthetic. It is hoped that in time all patients may be offered this advantage."

ORTHOPÆDICS.

Mr. H. G. Almond, the Consultant Orthopædic Surgeon, made 10 visits to the Island's School Clinics. 304 individual children, 83 of whom were of pre-school age were examined and the total number of examinations made was 559. Five domiciliary visits were made to a physically-handicapped child.

19 operations were performed by Mr. Almond at Noble's Hospital, 11 of these for correction of deformities of the feet or toes and the other

eight for various other conditions. Four of the operation cases were pre-school children.

In addition to the operation cases, four school children and one pre-school child were admitted to hospital with orthopædic conditions during the year. One child already in hospital at the beginning of the year was discharged home.

184 individual children were treated by the physiotherapist at the After-Care Clinics at Castletown, Peel, Ramsey, and Douglas, and 2,310 treatments were given. In addition, 233 treatments were given to children at Noble's Hospital. There was, unfortunately, a gap in after-care treatment between the resignation of Miss Caine in April and the appointment of Mrs. Knox in July. Miss Caine had been in charge of the After-Care Clinics since 1951 and resigned to take up a post in Canada. Her work for the School Health Service and particularly the more severely handicapped children was conscientious and untiring and parents were most appreciative of her efforts.

I am grateful to Mr. Almond for the following report:—

“The Orthopædic Clinics on the Island have, as usual, been remarkably well attended by children and their parents, and they certainly seem to appreciate the clinic system rather than having to go to hospital out-patients.

Because of the change in the physiotherapy staff due to Miss Caine's resignation and the interval which elapsed before the appointment of Mrs. Knox, after-care work has not been quite so satisfactory. However, it is hoped that during the coming year the follow-up and treatment particularly of the important deformities, such as club foot, will, once again, become routine.”

INFECTIOUS DISEASES.

The following infectious diseases were notified by the Schools:—

Measles	3
Whooping Cough	79
Chickenpox	449
Mumps	258
German Measles	12
Scarlet Fever	35.

There was again a marked increase in the number of cases of chicken-pox, a marked increase in mumps and a slight increase in the number of scarlet fever notifications. Once again, no cases of diphtheria occurred amongst school children.

The fact that there have been no cases of diphtheria or poliomyelitis in the Isle of Man for several years is no cause for complacency. Cases of both these diseases are still occurring in England and in the unprotected may not only be crippling but may also be killing. Whilst parents appear more willing to accept vaccination against poliomyelitis for their children

there is a tendency on the part of some to neglect immunisation against diphtheria. The Chief Medical Officer of the Ministry of Education in his latest report states:—

“Some deadly diseases, for example diphtheria, are kept at bay only by constant vigilance and preventive action. Diphtheria can still break out among those who have not been, or are incompletely, immunised against it; and it can still kill. In 1958, there were 11 cases in Barking, mostly in a class in an infant school, one of whom, a boy of 7 years who had not been immunised, died. In 1959 there were school outbreaks in Islington and Camberwell.”

It is most important for parents to ensure that the immunisation state of their children is kept up-to-date. The fact that the Island is a holiday resort and has half a million visitors each year from the Mainland increases the risk, particularly during the summer months when exposure to infection from outside sources is greater.

PHYSICAL EDUCATION.

I am obliged to the Organiser of Physical Education for the following report:—

“Physical Education in all schools, both Secondary and Primary, is well catered for, covering not only Gymnastics, but also Modern Dance, English, Scottish and Manx Folk Dancing, Athletics, Swimming and Games.

Schools have a sufficient supply of portable apparatus and equipment, and playing fields, etc., are kept in good order.

Inter-School Sports, friendly matches in all Games and in the Primary Schools, Folk Dance Festivals have been held.

Thanks are due to the Head Teachers and their staffs, the School Meals Department, the Works Department, Groundsmen, Caretakers and Office Staff who play their part in helping whenever possible and in improving the services provided.”

MILK AND SCHOOL MEALS.

I am indebted to the Organiser of Domestic Subjects and School Meals for the following report:—

“The School Meals Service continues to play its part in the well-being of the Island's children, and in September a further expansion of the Service included all Primary Schools in the north of the Island. On Thursday, 1st September, 1960, the new kitchen at Albert Road School, Ramsey, was in working order and prepared 300 meals. Bride, Andreas, Dhoor, St. Jude's, Sulby, Ballaugh and Kirk Michael Schools are supplied from this kitchen and meals are packed in insulated containers and sent out in two vans, one van leaving at 11-10 a.m. on the Kirk Michael route

and the other at 11-15 a.m. on the Bride route. The meal arrives in excellent condition and is greatly appreciated by the children.

Each school outside Ramsey has had provision made for a supply of hot water for washing up and hot cupboards have been installed for heating the plates. Albert Road children and St. Maughold's children are served directly from the kitchen and the whole scheme is working very satisfactorily.

Also during the summer holidays extensive alterations were carried out at St. Ninian's kitchen to cope with the additional work involved in supplying 340-350 meals a day.

The annual conference of the School Meals Service was held in the Easter holidays. Excellent films, supplied by the Ministry of Health, dealing with the preparation of food, food poisoning and personal hygiene were shown. After the film show tea was served and the staff were given an opportunity of discussing their work in an informal way. These conferences have been held each year and have done a great deal to build up the service to its present standard. The staff employed numbers 75 and an annual meeting emphasises to each individual in the School Meals Service the importance of the work involved.

The following is a list of the School Meals Centres and shows the numbers of meals served on the 6th October, 1960:—

High School for Boys, St. Ninian's Section	336
serving Braddan, Onchan, and Kewaigue.	
High School for Girls, Park Road Section	189
Ballakermeen Section	270
Castle Rushen High School	345
Ramsey Grammar School, Senior Department ...	168
Ramsey Grammar School, Junior Department ...	148
Albert Road School	295
serving Albert Road, St. Maughold's, Bride, Andreas, Dhoor, St. Jude's, Sulby, Ballaugh, and Kirk Michael.	
Laxey School	114
serving Dhoon.	
Peel Clothworkers' School	217
serving Patrick, Foxdale, Marown and St. John's.	
Victoria Road School	116
serving Ballasalla and Santon	
Rushen Primary School	168
serving Arbory.	
	<hr/>
	2,366 "
	<hr/>

Milk.

Approximately 2,248 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 1,000 of these were supplied to children free of charge.

SPECIAL MEDICAL EXAMINATIONS.

76 children who were examined in connection with the issue of Employment Certificates and one child examined for fitness to take part in an entertainment were all found to be fit. 14 children, five of whom were of pre-school age, were examined prior to dental treatment under a general anæsthetic. 47 candidates for admission to Teachers Training Colleges were examined and found to be fit.

No specific complaint was found in 72 school children who were examined as special cases.

122 examinations of 48 children boarded out by the Education Authority were made.

Among other special examinations, one teacher was examined for suitability for admission to a superannuation scheme and one girl for admission to a Nurses Training Centre.

HANDICAPPED PUPILS.

Blind Children.

One boy at a school for the blind in Liverpool continued in attendance there. School reports indicate very satisfactory physical and educational progress.

Partially Sighted Children.

Nine children attending ordinary schools were registered as partially sighted and are, at present, able to benefit from education by conventional methods but the possibility of their transfer to a special school at some future date has to be kept in mind. The future employment of one of these pupils who will soon be due to leave school may present a problem. The parents of this child declined the offer of special education when it would have been of value.

Two children of pre-school age were classed as partially sighted.

Four children with advanced myopia attended ordinary schools and were kept under observation in case they required special education.

Deaf Children.

Two children attended the Royal Residential Schools for the Deaf in Manchester. During the year, the parents of the younger child removed to Manchester and the child became the responsibility of the Manchester Education Committee.

Partially Deaf Children.

One child who is also educationally sub-normal remained in attendance at a special school for backward deaf children. He is visited at his home during the holidays and is making good progress.

Two children attending the Authority's schools were classed as partially deaf. During the course of the year, a transistor hearing aid was supplied to one of these children.

Epileptics.

One boy was admitted to a hospital school for epileptics in England in the early part of the year and settled down there very quickly.

Twelve other children at ordinary schools were known to suffer from epilepsy. In no case does their handicap interfere with their education. Notification was received of epilepsy in a child of pre-school age.

Mentally Handicapped Children.

20 children classified as ineducable were considered unfitted for education in school. Some of these children are handicapped physically as well as mentally. Nine children attend the daily Occupation Centre at Ballamona Hospital.

Of 12 school children more suitable for training than for education, three reached school leaving age and were notified to the Health Services Board as in need of supervision after leaving school. Two more returned to England and another died following an operation.

Ten children of pre-school age have already been noted as unlikely to benefit from education in ordinary or special schools and likely to be suitable for training in an Occupation Centre.

37 pupils were classified as educationally sub-normal and kept under observation. In addition, two boys continued attendance at residential schools for E.S.N. children controlled by the Liverpool Education Committee.

Maladjusted Children.

15 children were noted as being maladjusted. One of these who had been under treatment at the Alder Hey Hospital School was discharged home during the year and re-admitted to a local school. Another was re-admitted to a hospital school in Cheshire because of his maladjustment and mental retardation and was still under treatment there at the end of the year. Of two boys classified as maladjusted in 1959, one was admitted to a special school in Ormskirk and the other committed to an approved school during 1960. All these children have been examined by the Consultant Psychiatrist.

Physically Handicapped Children.

Two children admitted to residential special schools for physically handicapped children in England during 1959 remained there during 1960 and continued to make satisfactory progress. One girl who was unable to continue attendance at an ordinary school was admitted to a special school in England. Three children so physically handicapped that they were unable to attend ordinary schools were receiving home teaching. It is expected that one of these will be able to attend one of the Authority's schools in the near future.

38 pupils some of whom would be suitable for special schools and eight pre-school children were listed as physically handicapped.

Four diabetic children were considered fit to attend ordinary schools. It was found necessary to re-admit another child to a Special School for Diabetics in the south of England. His parents later removed to the Mainland and he became the responsibility of another Authority.

Speech Defects.

It was found possible during the year to make arrangements for certain of the children with speech difficulties to have remedial treatment at Murray's Road Clinic in Douglas, and attendances have been satisfactory. The following is a report by the Speech Therapist on the work done:—

(1) Number of individual children treated	40
(2) Number of attendances made for treatment ...	492
(3) Number of cases discharged on completion of treatment	13
(4) Cases referred for treatment but not treated (In one case loss of front teeth made it necessary to defer treatment; in two cases difficulties had been overcome.)	3
(5) Number of clinics held (morning sessions) ...	56

Since May, 1960, some forty children with various types of impairment or abnormalities of speech have been attending the clinic for speech re-education.

Ten of these children suffer from stammer; two are post-operative cleft-palate patients; one post-operative tongue-tie; four backward; and the remainder have faulty habit posture of the tongue or distortion and substitution of articulatory contacts.

Each child has been given an individual lesson once a week. Parents have been encouraged to attend with the younger children so that the method and exercises can be continued at home, as obviously at any level a child impaired in speech cannot be considered apart from the family and environment.

Much depends on the perseverance and intelligence, of course, of the child, and the sympathetic co-operation of the parents.

In every case the treatment is based on the endeavour to replace a bad method of speech which has become habitual, by the correct method; it is therefore necessary to continue treatment until the new speech pattern has become established.

Attendance and interest by the children and parents have been well sustained."

Isle of Man Education Authority

MEDICAL INSPECTION RETURNS

STATISTICAL TABLES

Year ended 31st December, 1960.

TABLE I.

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

A. PERIODIC MEDICAL INSPECTIONS.

Age groups inspected and Number of Pupils examined in each

Five year old Group	544
Eight year old Group	593
Twelve year old Group	614
Fifteen year old Group	439

Total ... 2,190

Additional Periodic Inspections 62

Grand Total ... 2,252

B. OTHER INSPECTIONS.

Number of Special Inspections 566

Number of Re-Inspections 4,228

4,794

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).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIIA (3)	Total individual Pupils (4)
Five year old Group	—	29	29
Eight year old Group	28	36	60
Twelve year old Group	34	31	64
Fifteen year old Group	33	15	43
Total	95	111	196
Additional Periodic Inspections	3	3	6
Grand Total	98	114	202

**D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.**

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Five year old Group	544	544	100.00	—	—
Eight year old Group	593	593	100.00	—	—
Twelve year old Group	614	612	99.67	2	.33
Fifteen year old Group	439	439	100.00	—	—
Additional Periodic Inspections	62	62	100.00	—	—
Total	2,252	2,250	99.91	2	.09

TABLE II.

INFESTATION WITH VERMIN.

(1) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	23,575
(2) Total number of individual pupils found to be infested	108
(3) Total number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2) Education Act, Isle of Man, 1949)	Nil
(4) Total number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3) Education Act, Isle of Man, 1949)	Nil

TABLE III.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1960.

A. PERIODIC INSPECTIONS.

Defect Code Number	DEFECT OR DISEASE	Periodic Inspections				Total (in- cluding all age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	1	6	4	14	12	34
5	Eyes :—						
	(a) Vision	—	2	33	66	98	166
	(b) Squint	7	22	—	—	18	40
	(c) Other	1	2	1	2	5	12
6	Ears :—						
	(a) Hearing	1	4	1	1	2	17
	(b) Otitis Media	3	4	1	2	6	8
	(c) Other	—	7	2	7	7	44
7	Nose or Throat	5	58	—	17	12	162
8	Speech	6	18	—	4	9	49
9	Lymphatic Glands	—	35	—	8	—	90
10	Heart	—	19	—	8	2	39
11	Lungs	—	14	—	5	3	61
12	Developmental :—						
	(a) Hernia	2	2	—	1	5	7
	(b) Other	—	2	—	—	1	5
13	Orthopaedic :—						
	(a) Posture	—	2	2	4	4	23
	(b) Flat foot	—	1	—	1	2	5
	(c) Other	7	43	6	39	35	213
14	Nervous System :—						
	(a) Epilepsy	—	1	—	—	—	5
	(b) Other	—	4	—	1	—	10
15	Psychological :—						
	(a) Development	—	6	—	13	—	57
	(b) Stability	1	12	—	2	1	35
16	Abdomen	—	4	—	4	—	37
17	Other	8	10	21	17	69	88

B. SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	12	9
5	Eyes :—		
	(a) Vision	28	10
	(b) Squint	4	2
	(c) Other	13	12
6	Ears :—		
	(a) Hearing	5	4
	(b) Otitis Media	2	1
	(c) Other	15	3
7	Nose or Throat	24	6
8	Speech	2	2
9	Lymphatic Glands	—	4
10	Heart	2	1
11	Lungs	1	—
12	Developmental :—		
	(a) Hernia	1	1
	(b) Other	—	1
13	Orthopædic :—		
	(a) Posture	2	—
	(b) Flat foot	—	—
	(c) Other	29	15
14	Nervous System :—		
	(a) Epilepsy	—	1
	(b) Other	—	—
15	Psychological :—		
	(a) Development	5	2
	(b) Stability	—	9
16	Abdomen	2	2
17	Other	100	19

TABLE IV.

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

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

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	537	—
Errors of refraction (including squint) ...	527	3
Total ...	1,064	3
Number of pupils for whom spectacles were prescribed	244	—

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

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment :—		
(a) for diseases of the ear	1	—
(b) for adenoids and chronic tonsillitis	60	16
(c) for other nose and throat conditions	11	—
Received other forms of treatment	427	—
Total	499	16
Total number of Pupils in schools who are known to have been provided with hearing aids :—		
(a) in 1960	1	—
(b) in previous years	—	—

GROUP III. ORTHOPÆDIC AND POSTURAL DEFECTS.

Number of pupils known to have been treated at clinics or out-patient departments	by the Authority	Otherwise
	184	Not known

GROUP IV. DISEASES OF THE SKIN (excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm : (i) Scalp	—
(ii) Body	5
Scabies	—
Impetigo	25
Other skin diseases	378
Total ...	408

GROUP V. CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	—
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GROUP VI. SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	40
--	----

GROUP VII. OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	3,846
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above (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	7,516
(b) As Specials	1,129
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Total (1) ...	8,645
(2) Number found to require treatment	6,264
(3) Number offered treatment	4,813
(4) Number actually treated	3,301
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) below	11,816
(6) Half days devoted to : Periodic (School) Inspection	53
Treatment	1,620
	<hr/>
Total (6) ...	1,673
(7) Fillings : Permanent Teeth	5,791
Temporary Teeth	429
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Total (7) ...	6,220
(8) Number of teeth filled : Permanent Teeth	5,264
Temporary Teeth	371
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Total (8) ...	5,635
(9) Extractions : Permanent Teeth	1,541
Temporary Teeth	4,739
	<hr/>
Total (9) ...	6,280
(10) Administration of general anæsthetics for extraction	930
(11) Orthodontics :	
(a) Cases commenced during the year	130
(b) Cases carried forward from previous year	49
(c) Cases completed during the year	82
(d) Cases discontinued during the year	19
(e) Pupils treated with appliances	142
(f) Removable appliances fitted	127
(g) Fixed appliances fitted	16
(h) Total Attendances	1,876
(12) Number of pupils supplied with artificial dentures	98
(13) Other operations : Permanent Teeth	10,034
Temporary Teeth	1,052
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Total (13) ...	11,086

