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Isle of Man Board of Education

ANNUAL REPORT

of the

**Principal
School Medical Officer**

for the year ended

31st December, 1969

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



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SS Section Series No 50
(Part II)

DEPARTMENT OF EDUCATION AND SCIENCE

Principal School Medical Officer's Report for 19.69

LEA *Isle of Man*.....

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NOTE: Any comments on this report should be forwarded to Miss Brace, Medical Services Branch.

Isle of Man Board of Education

ANNUAL REPORT

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Principal School Medical Officer

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SCHOOL HEALTH REPORT

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit to you my report on the work of the school health service during the year ended 31st December, 1969.

There were some staff changes during the year. Mr. S. E. White, consultant ophthalmic surgeon, died under tragic circumstances and was succeeded by Dr. J. W. R. Sarkies. The vacancy on the nursing side was filled in January by Miss K. E. Pugh. Mrs. C. V. M. Kenyon, speech therapist, resigned in July on leaving the Island and at the end of the year her successor had not commenced duty. Mrs. P. V. Harrison of the clerical staff transferred to the secretarial staff of the Girls High School and was succeeded by Miss L. Clague in July.

My thanks are due to Mr. F. Bickerstaff, the Director of Education, and his staff and to the teaching staffs of the schools for their continued co-operation and assistance. Members of the medical profession and staffs of the hospital departments have once again been most co-operative and helpful.

The staff of the school health service have continued to keep up the high standard of conscientious and loyal service for which I am most grateful. In particular I should like to thank Dr. K. M. Vernon for her unfailing support.

In conclusion, I am most grateful to the Board of Education and the Special Services Committee for their interest and encouragement.

I am Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,
Principal School Medical Officer.

Isle of Man Board of Education

SCHOOL HEALTH SERVICE

Report for the Year 1969

STAFF

FULL TIME.

Principal School Medical Officer :	S. V. Cullen, M.B., Ch.B., D.C.H.
School Nurses :	Mrs. H. Parry, S.R.N. Mrs. H. Regan, S.R.N., R.F.N., S.C.M., H.V. Mrs. C. M. Palmer, S.R.N. Miss K. E. Pugh, S.R.N. (From 1/1/69).
Principal School Dental Officer :	Kathleen E. Smith, B.D.S.Hons., L.D.S.
School Dental Officers :	H. D. Jones, L.D.S. T. R. Hoggins, R.D., L.D.S., R.C.S. F. W. Cannell, B.Sc., B.D.S.
Dental Surgery Assistants :	Miss H. M. Costain, R.D.S.A. Mrs. Q. King, R.D.S.A. Mrs. P. M. Quirk Mrs. M. Hardy.
Clerks to the Medical Department :	Miss V. Devereau. Mrs. P. V. Harrison (Transferred 16/7/69) Miss C. S. Duggan Miss L. Clague (From 14/7/69)

PART TIME.

School Medical Officer :	Kathleen M. Vernon, B.Sc., M.B., Ch.B.
Speech Therapist :	Mrs. C. V. M. Kenyon, L.C.S.T. (Resigned 31/7/69)
Clerk to the Medical Department :	Mrs. L. M. Bridson (From 20/10/69—temporary)

CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
Ophthalmic Surgeon :	S. E. White, M.R.C.S., L.R.C.P., D.O.M.S. (Deceased 31/3/69). J. W. R. Sarkies, M.R.C.S., L.R.C.P., D.O.M.S. (From 1/8/69)
Orthopaedic 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 :	J. I. Mellor, M.C.S.P., S.R.P.

PRELIMINARY

There has been general agreement in all the official reports issued during the past few years in England that whatever changes may take place in the future in the health services, it is essential that the school health service should continue. Although it is likely to be integrated within the unified National Health Service it will remain linked with the educational system as a comprehensive child health service. The Chief Medical Officer of the Department of Education and Science in his most recent report says: "It (the school health service) is approaching a period of greatly enhanced opportunity closely united with the health provision for children as a whole". A study of this report discloses how the paediatricians, hospital staffs, general practitioners and school medical officers are all working together to maintain a comprehensive child health service in the Isle of Man.

The Education (Miscellaneous Provisions) Bill which transfers responsibility for the education of the severely mentally subnormal child from local health and hospital authorities to local education authorities is expected to become law in England during 1970 and it is expected that a similar Bill will be introduced in the Isle of Man in the coming year. The effect of this Bill will be to enlarge the group now classified as educationally subnormal to include severely subnormal children. Under the provisions of the Education Act children in the latter groups were previously classed as ineducable and responsibility for their training was passed to the Health Services Board. Under the terms of the Bill, the Board of Education would become responsible for the education and training of all children (including those attending the junior training centre and the special care unit). When this responsibility is assumed a review of the arrangements at present in existence for educationally subnormal pupils will be necessary and further consideration will need to be given to providing a special school for these children, distinct from the junior training centre and particularly for children of primary school level. The appointment of an educational psychologist with duties throughout the whole educational system and responsibilities for the correct placement of educationally subnormal and severely subnormal children would facilitate the eventual integration of all children in one system.

The unexpected rise in the school population, due in the main to the influx of families with young children, led to a demand for more school places and the need for more accommodation in the present schools or the building of new schools has become more urgent. More children in the schools means more work for the school health staff and it is essential for them to have adequate accommodation in which to carry out their duties and the need for such accommodation should be taken into account when planning new school buildings. Some, but not all, of the present schools have medical rooms used by doctors, dentists, nurses or medical auxiliaries who may require the use of a room where they are able to carry out their work in privacy and without disturbance. The Department of Education and Science in a circular issued some years ago emphasized then the necessity for the provision of a separate medical room for the exclusive use of the medical and dental staff so that they might function efficiently. It is hoped that full consideration will be given to the recommendations of the circular when new schools are planned or extra accommodation built.

Early in 1969 the Department of Education and Science published a paper on the protection of school children against tuberculosis. It recommended that all teachers entering the profession for the first time should undergo an X-ray examination of the chest as part of the required medical examination. Similar recommendations were made respecting entrants to teachers training colleges and for candidates for any employment involving contact with school children. A further requirement was that teachers and other adults whose work brought them into regular contact with school children should have an X-ray examination of the chest at three year intervals, or more frequently if this was considered advisable. Part-time as well as full-time employees were included in the regulations. Some of these recommendations were already being carried out but there is no provision for periodic (three year) X-ray examinations of school staff. Since the question of X-ray examinations is a matter for the Health Services Board, copies of the circular were sent to them for their consideration but by the end of the year no decision had been made.

During the year a child guidance clinic under the control of the consultant psychiatrist at Ballamona Hospital started at the Murray's Road clinic. It operates once weekly at present and accommodates the psychiatrist and psychiatric social worker. So far the clinic appears to be working well as the parents and children may now be interviewed in surroundings away from a hospital atmosphere and more familiar to them than the busy out-patients department of a general hospital. School medical records are also conveniently available. In the few months that the clinic has been in operation 26 children have attended. It is of some interest to note that slightly more than half of this number were children of primary school age.

The Principal School Dental Officer in her report refers once again to the value of the fluoridation of water supplies in the prevention of dental decay in children. This subject was referred to in the annual report for 1955 and attention has been drawn to it in several of the reports since then. The Chief Medical Officer of the Department of Education and Science says in his report, "The Health of the School Child 1966 - 68": "There is a substantial reduction in the amount of decay in temporary teeth and fluoridation has a similar benefit on permanent teeth. The complete safety of fluoridation has been confirmed and its adoption by local authorities is strongly to be encouraged." Whilst the school health service is not concerned with the measures taken to fluoridate water supplies the effect of fluoridation would be much to the advantage of the school dental service.

Preventive medicine and health education are aspects of medicine which rarely ignite professional or public imagination in the way that other more dramatic branches sometimes do states a recent leader in the British Medical Journal and goes on to say that preventive medicine is none the less essential for all that and that a public health doctor is somewhat akin to a lighthouse keeper—while he is there, little is heard of him; if he is not, some spectacular wrecks could occur.

SCHOOL ACCOMMODATION AND HYGIENE

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

"During the year the following schools were painted externally:

Rushen Primary, Ballasalla, Arbory, Onchan, Dhoon, Andreas, Ballaugh, Ballakermeen and Ramsey Grammar School (Senior Department).

The following schools were wholly or partially decorated internally : Rushen Primary, Tynwald Street, Onchan, Michael, Girls High School (Park Road), Ballakermeen, and Ramsey Grammar School (Senior and Junior Departments); also the Rural Library and the Youth Employment Bureau. The kitchen at the Boys High School (St. Ninian's Section) was partly modernised and tiled.

A large and varied amount of repairs and improvements were carried out at various schools throughout the Island, including the following : maple floors at Santon School, extensive wall and floor tiling at Onchan School (old section), improvements to light and power installation at the High School for Girls (Park Road), Ramsey Grammar School and Peel ; extensive alterations to the metalwork room and new shower facilities at Ramsey Grammar School.

The extensive and complicated extension to Braddan School was completed and progress was maintained on the new extension to Ballakermeen which will open in September 1970. The extension to Castle Rushen High School was commenced and will be completed also in September, 1970.

Again this year a large and varied amount of furniture, apparatus and equipment was purchased, delivered and installed in the various schools."

MEDICAL INSPECTION

When the school health service was first inaugurated instructions were issued to education authorities giving general guidance on the aims and functions of the service. The purpose of school medical examination was at that time defined as the examination and supervision of all children in the schools with a view to adapting and modifying the system of education to the needs and capacities of the child and of securing the early detection of unsuspected defects. The main function of the school health service has continued to be the recognition, assessment and continuing supervision of all handicapped pupils and so that this objective may be reached, it is essential that all children should have a medical examination soon after first starting school. An invitation to the parent to the examination incorporates a questionnaire on the child's past medical history which is of material significance to the examination. For many children (particularly severely handicapped children often already known of before they reach school age) reports are also available from paediatricians, family and hospital doctors and child welfare clinics. The value of the school medical examination lies in the opportunities it gives for consultation between doctor, parent, and teacher and for discussion of the intellectual and emotional development of the child. This is sound policy, especially for children with physical or mental handicaps.

The total number of individual children examined in the routine age groups was 2,623 and the number of special inspections and re-inspections totalled 5,232. 1,634 parents (62.29%) were present at the medical exam-

ination and in the younger age groups practically all the parents attended. The number of children found to require treatment was 444 (16.93%). Defects of vision (10.45%) once again produced the highest percentage of the various defects requiring treatment. Details of specific defects found at medical examinations are given in the statistical tables at the end of the report. The re-examination i.e. re-inspection of those children found at routine medical inspection to have a defect requiring treatment or continued observation take place on average every other term with some children being seen once a term and some oftener than this. The parent is sometimes asked to be present at the re-inspection also so that the medical officer may discuss some particular aspect of a child's problem.

The increases in the number of inspections and re-inspections is a reflection of the increase in the school population in the past year.

PHYSICAL CONDITION

Once again no child was considered to be of unsatisfactory physical condition among the children examined in the periodic age groups and the average heights and weights of children examined in these groups show no significant change from those of the previous year.

Whilst most school children are well nourished and give no cause for concern, a small number require constant supervision because of their failure to thrive and put on weight and these are often children who for one reason or another are not receiving school meals. If the reason for such a child not taking school dinners is solely that the parents cannot afford to pay, arrangements can be made for them to be provided with free school dinners and the expansion of the school meals service has made it possible for many more of these children to be sure of obtaining a correctly balanced meal at mid day during school term. However there are also other delicate or frail children who would benefit from school dinners, some of them from poor but not impoverished homes: these are the children one would like to see in the school dining rooms and often does not. In contrast, there are still children whose main problem is one of overweight.

MINOR AILMENTS AND CONSULTATION CLINICS

3,914 children made 6,789 visits to the school nurses for the treatment of minor ailments. The length of some clinics was reduced to match the reduction in the number of children attending and this gave the nurses more time for their work in the schools. Most ailments treated were of minor eye or skin conditions and there was an increase in the number of cases of scabies and impetigo which, unless they are promptly treated, will quickly spread through a class or school. School nurses are and must be ever on the alert and the increased prevalence of these two diseases emphasizes the need for constant vigilance. Away from the bustle of school medical inspections, the clinics are also used by the medical officers for examinations of pre-school children and special examinations of school children.

UNCLEANLINESS

The nurses made 41,263 examinations of 7,824 children and 118 visits to homes. 114 individual children (1.4%) were found to have some degree of infestation and although this figure is not high compared with twenty years ago, it is disappointing to find that still some children are verminous. In the persistent struggle to keep the schools 'clean' the nurses visit homes and advise mothers and head lotion and special shampoo is freely given to any parent who requires it.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

Mr. S. E. White who was appointed as consultant ophthalmologist in February 1968 died tragically in a car accident in March this year. He was responsible for the launching of a comprehensive eye service at Noble's Hospital and following his appointment most children who needed eye operations were able to have them done at Noble's Hospital instead of having to travel to Liverpool to St. Paul's Eye Hospital.

A new consultant ophthalmologist, Dr. J. W. R. Sarkies, was appointed and commenced duty on August 1st. In the interim period the eye service was maintained by flying visits from eye specialists from St. Paul's Eye Hospital but inevitably difficulties were experienced and the waiting list lengthened. By temporarily increasing the number of weekly eye clinics after Dr. Sarkies arrived, the waiting list was in process of being rapidly reduced by the end of the year. The facilities which now exist in the Island for operative treatment of eye conditions are particularly welcomed by the parents and certainly make the administration of the children's eye service much less complicated. Parents must be very thankful that their children are so much nearer home when they are operated upon.

30 children including ten pre-school children had operations at Noble's Hospital. 15 school children and 11 pre-school children were put on the waiting list for operation. Three children were admitted to St. Paul's Eye Hospital, two for squint operations and one for examination under general anaesthesia. All operations since the appointment of Dr. Sarkies have been performed at Noble's Hospital.

100 consultation sessions were held for children at Noble's Hospital and 604 children of whom 98 were under school age were examined. The number of examinations made was 1,092. In addition 12 school and two-pre-school children were examined at adult clinics. The eye specialist ordered 180 pairs of spectacles for school children and 25 for pre-school children.

The Principal School Medical Officer continued the refraction clinics for school children and refracted 258 children, 92 being ordered spectacles. Routine colour vision testing continued in the secondary schools and the school nurses treated 265 eye conditions of a minor character at the minor ailment clinics.

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

"Since taking over the ophthalmic department in August, I have

been holding regular weekly clinics for school children as well as children of pre-school age. This resumption of a regular service has made it possible to work off the backlog of cases which had necessarily accumulated during the preceding months. Thanks to the help of visiting ophthalmologists from St. Paul's Eye Hospital, the more urgent cases had been dealt with.

I have been impressed by the way in which cases of squint are almost invariably referred early in the course of the condition. It cannot be too strongly emphasized that early treatment of these children is of the utmost importance and it is gratifyingly evident that parents, as well as doctors, are becoming aware of this. Apart from the maintenance of good vision, there is an important psychological factor which can be eliminated if children can be treated before going to school. During the latter part of the year 20 cases were admitted to Noble's Hospital for squint operations or treatment of minor surgical conditions.

The 'firework season' passed with only one case sufficiently serious to require admission to hospital. Fortunately early treatment was possible and there was no permanent loss of sight.

I greatly appreciate the assistance of the school nurses at the clinics in hospital. Their personal knowledge of the children is valuable and they are able to visit homes when necessary. This liaison is most helpful.

On the whole, attendance is excellent. There are fortunately only a few parents who miss appointments without prior notice to the Principal School Medical Officer's Office, a practice which deprives other children of early appointments."

EAR, NOSE AND THROAT CONDITIONS

Mr. W. Mervyn Owen, consultant ear, nose and throat surgeon, made twelve visits during the year. 140 school children and 23 pre-school children referred to him by general practitioners and school medical officers were examined, the total number of examinations made being 241. In addition 59 children were seen at Noble's Hospital following operation.

13 operation sessions were held at Noble's Hospital and 57 school children and five pre-school children operated upon by Mr. Owen, most of the operations being for the removal of tonsils and/or adenoids. One boy was admitted to hospital in the Liverpool area under the care of Mr. Owen for intensive treatment of an ear condition and two children had minor operations at the school clinic.

36 children (two under school age) had special audiometric examinations at Noble's Hospital and one child was provided with a hearing aid.

68 children, seven of whom were pre-school age, were referred for operation by Mr. Owen and 152 children with ear, nose, or throat conditions of a minor nature were treated by the school nurses at the minor ailment clinics.

Attention was drawn in last year's report to the shortage of children's beds at Noble's Hospital for tonsil cases. This unsatisfactory situation still persists and as pointed out in previous reports it is inevitable that the operation waiting list will continue to lengthen unless more beds are made available for these short stay cases.

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

“Impaired hearing is probably commoner in children of school age than may be realised. Of the total number with defective hearing some 80% have defective sound conduction. This type of hearing loss can show a 90% cure rate. The importance of detecting the condition is obvious. The cause is accumulation of secretory fluid in the middle ear cavity and it has been estimated that at the time of school entry 20% of children in an urban environment have fluid present in the middle ear cavity, giving rise to intermittent mild earache and deafness. Although usually slight it may nevertheless be sufficient to slow their progress in school. For this reason alone most otologists feel that the condition should be treated. It is detected mainly by audiometry, and we are grateful to Mr. Gale, the audiometrician at Noble's Hospital, for his co-operation from this aspect.

To obtain reliable audiograms there are certain essential pre-requisites. An important one is a minimum of background noise during tests. Ideally they should be conducted in a sound proof room or booth. At present they are done in a room situated in a remote part of the hospital. Mr. Gale informs me that even before the commencement of building operations for the extension of the hospital, there had been a steady increase in the level of noise penetrating into the room. It appears that the room is no longer as remote as it was originally and in future is likely to become even less so. It is becoming more and more essential that a sound proof booth should be acquired for accurate and dependable audiometry. It is understood that this is in fact under consideration. I consider that it would most certainly be a valuable and lasting acquisition.”

TUBERCULOSIS AND CHEST CONDITIONS

855 children received B.C.G. vaccination against tuberculosis following negative reactions to previous skin tests. No notification of respiratory tuberculosis was received in respect of any school child.

Although the incidence of pulmonary tuberculosis has declined dramatically since the early days of the school health service the necessity to protect children against the disease goes on. Attention to the recommendations of a circular referring to this, issued during the year by the Department of Education and Science, has been mentioned earlier.

Reports on 13 school children and one pre-school child examined at the chest clinic were received and this co-operation is much appreciated. Included in these reports were two children under observation for heart conditions.

48 candidates for admission to teachers training colleges had X-rays of the chest at Noble's Hospital. All were found to be free from lung disease.

SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports on the work of the school dental service as follows:

"7,259 pupils were dentally inspected at their schools by the Board's four full-time dental officers and 975 of these were re-inspected as specials. 453 of these specials attended as emergencies due to toothache or accident necessitating immediate treatment, the remainder were children whose teeth require constant supervision.

4,409 were found to require treatment and 2,812 accepted school treatment. 10,184 attendances for fillings and extractions were made by 2,605 children, an average of four visits per patient during the year. A further 1,084 attendances for orthodontic treatment, that is for correction of irregularities of their teeth, were made by 126 patients, an average of nine visits per year each.

1,667 half day sessions were devoted to dental treatment and a further 62 half days to visiting the schools for dental inspection; a total of 1,729 sessions. This figure is higher than that of 1968—and is in fact the highest for several years, because during 1969 there were four full-time dental officers in the Board's employ for the entire year. More sessions available resulted in an increase in the amount of treatment possible. The number of fillings in both permanent and temporary teeth rose to give a total of 7,579 teeth filled—6,805 of these were in permanent teeth. Once more the number of extractions showed a favourable decrease compared with the previous year. The total fell to 3,671, 2,793 of these were temporary teeth and a large number of the 878 permanent teeth were extracted to relieve overcrowded mouths. Many of these extractions were carried out with a local anaesthetic, the remainder necessitated the administration of 829 general anaesthetics.

17 pupils were fitted with dentures—these are usually to replace one or two front teeth so grossly damaged by accident or avoidance of conservative treatment that they are unsalvageable. 15 front teeth were crowned—this is possible when the damage to the teeth is not so great and thus the appearance can be restored without loss of the teeth. Of the 126 orthodontic patients, 46 continued their treatment from 1968 and 80 were new cases commenced during 1969. Treatment was completed and a satisfactory result was achieved for 63 patients and six discontinued treatment due to non-co-operation. In some cases more than one appliance is necessary and so there were 119 appliances fitted for 88 patients.

In 1969 a report on fluoridation studies in certain areas of the United Kingdom and results achieved after 11 years was published. It shows that the addition of fluoride in minute quantities to water supplies deficient in fluoride content, such as those in the Isle of Man, has substantially reduced dental decay among children and will give lasting benefit to their permanent teeth. It confirms yet again that fluoridation is completely safe. A formidable body of specialists studied the results of special dental examinations of children living in the fluoridated areas and compared them with those of children living in similar but unfluoridated control areas. Their conclusions were unanimous. They summed them up in the words,

'Fluoridation is highly effective and completely safe'. No other preventive health measure has ever been the subject of so much intensive research as fluoridation. Independent studies in the United Kingdom and U.S.A. and Canada have all confirmed its safety. Over 30 countries throughout the world have already introduced fluoridation.

Up to recently the care of children's teeth was a matter of restoration or the repair of damage by decay, now there is a means of prevention of that damage and of protecting the teeth by making good the deficiency of fluorine in drinking water, and this at a very small cost per child per year. Until the fluoride content of our drinking water is adjusted to the level most beneficial to dental health a substitute has been made available during 1969 to some of our patients; the six-monthly application of fluoride varnish by the dental surgeon. This however is only an imperfect substitute as it is time consuming and therefore available to relatively few patients and also it is not as effective as water fluoridation in caries prevention."

ORTHOPÆDIC DEFECTS

Mr. H. G. Almond, consultant orthopaedic surgeon, made 11 visits to the school clinics and examined 311 children (81 of whom were under school age), the total number of examinations made being 565.

13 children, including one pre-school child, had operations by Mr. Almond at Noble's Hospital for leg or foot conditions. Two children had operations by Mr. Almond at Broadgreen Hospital, Liverpool. Two schoolboys with spinal conditions continued under the supervision of Professor Roaf in Liverpool, one being admitted to the Royal Liverpool Children's Hospital for further surgery.

195 individual children were treated by the physiotherapist, Mr. J. I. Mellor, and 1,515 treatments were given at the after-care clinics held at various schools throughout the Island. Children in Noble's Hospital, babies in the Jane Crookall Maternity Home and a small number of children in their own homes were also treated.

Mr. Almond has reported as follows on the work of the orthopaedic clinics:

"The clinics have been held as usual at Castletown, Ramsey and Douglas: I think the parents find these peripheral clinics particularly a considerable help. The administrative and clerical side of the clinics is run perfectly and there is never any hitch in the follow-up of cases and the very high percentage attendances, which are much better than on the mainland, reflect the service which is offered."

MILK AND SCHOOL MEALS

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

"The school meals service continued to expand being affected by the increased numbers in attendance principally in the primary schools. It was

necessary to increase the allowance available for food and overhead costs in the light of rising prices in order to maintain the quality and quantity of food.

During the year the kitchens at Braddan and Onchan Primary Schools came in to operation and the container service which these schools had had was terminated, this is in line with modern practice in the school meals service, and where possible new schools being built are provided with new kitchens.

No price change took place during the year."

Number of Children Staying for School Meals

St. Mary's, Willaston	285
Albert Road, Andreas, Ballaugh, Michael, St. Jude's, Bride, Sulby, St. Maughold's	400
St. Ninian's, Kewaigne, Noble's Hall	280
Park Road, Murray's Road	225
Ballakermeen	320
Laxey, Dhoon	165
Ramsey Grammar School, Junior	170
Ramsey Grammar School, Senior	190
Peel, Marown, Foxdale, St. John's, Patrick	286
Victoria Road, Ballasalla, Santon	260
Castle Rushen High School	368
Rushen, Arbory	312
Onchan	95
Braddan	100
	3,456

Milk

Approximately 2,200 third of a pint bottles of pasteurized milk were delivered daily to schools in all parts of the Island. About 350 of these were supplied to children free of charge. Drinking straws are provided.

On two separate occasions in 1969 a cockroach was found in a bottle of school milk. Successful prosecutions were brought by the local authorities concerned (Douglas and Ramsey) and convictions were recorded. The small size of the penalty imposed (a token fine of £5 in each case) bears no relation to the possible health hazard to children, although the adverse publicity resulting from the two cases may ensure more effective public health measures by the supplier concerned in future.

INFECTIOUS DISEASES

The following infectious diseases were notified by the schools :

Measles	46
Whooping Cough	Nil
Chickenpox	220
Mumps	29
German Measles	205
Scarlet Fever	11

Fewer children suffered from measles in 1969 but there was a considerable increase in the cases of German measles notified. There was also a marked increase in chickenpox notifications.

Measles vaccine is already available to children under the National Health Service and it is expected that vaccine will also soon become available for Rubella (German measles) immunisation.

Notifications from other sources included some cases of bowel infection and one case of infective jaundice.

SPECIAL MEDICAL EXAMINATIONS

Board of Education bye-laws permit the employment of school children between the ages of 13 and 15 provided that the medical officer is satisfied that the nature of the work is such that it will not harm the child's health, that it is limited to certain hours of the day, and that some kinds of employment and certain places of work are prohibited. For instance, children may not work in public lavatories, betting shops, fair-grounds, slaughter-houses, or kitchens (except their parents' kitchen): they may not, amongst other things, sort rags or refuse, or clean theatres, or sell programmes or refreshments in a cinema, theatre, or other place of public entertainment (except for charity). The purpose of the bye-laws is solely to protect our children and it was because cheap child labour was being exploited (to the detriment of child health) that they were originally introduced. There is not the least harm in the kind of part-time employment of adolescents which provides healthy, gainful occupation within the limits imposed by the bye-laws, but it should be the duty of all public-spirited members of the community to ensure that children are not permitted to spend their summer holidays working overlong hours at unsuitable jobs, possibly injuring their health, and certainly giving them a poor beginning to a new school year and a bad start to the winter months. Tired children are in no fit state to gain the maximum benefit from their education or to combat the infections and rigours of the autumn term. Probably many more than the 166 children issued with employment certificates started working part-time during 1969.

55 candidates examined for admission to teachers training colleges were found to be physically fit. 122 examinations of 44 children boarded out by the Board were made, and 16 special examinations and 11 special re-inspections of pre-school children with various complaints were carried out.

Other examinations included examinations for admission to special schools and for fitness for dental treatment under general anaesthesia.

23 children born early in March 1958 had a comprehensive medical examination in connexion with the National Child Development Study which is following the progress of this group of children through all stages of their development and growth and in all parts of the U.K.

HANDICAPPED PUPILS

Blind Children

One boy, previously in attendance at a residential school for the blind in Liverpool, was admitted in the autumn term to the Queen Alexandra College in Birmingham for assessment of his suitability for training in their engineering department. Another boy at a residential school in Manchester continued to make satisfactory progress.

Partially Sighted Children

Two out of the eleven partially sighted children attending ordinary schools left school during the year on reaching school leaving age. Three mentally handicapped children (who are also partially sighted) were unfit for ordinary school and attended the special care unit. Three pre-school children were classed as partially sighted.

Supervision continued of six school children with severe degrees of myopia. One left school during the year.

Deaf Children

At the end of the summer term one boy left the Royal Residential School for the Deaf in Manchester for congenial employment as a painter and decorator. Three severely deaf children attended a private school in Douglas—all have speech therapy at the Murray's Road clinic and all have been fitted with hearing aids. One deaf boy receives speech therapy at a hospital in Scotland where he is an in-patient. His parents reside on the Island and the hospital authorities hope to train him for some suitable occupation when he leaves school.

One pre-school child whose parents have guidance from the Department of Audiology and Education of the Deaf at Manchester University has been recommended for admission to a residential school for the deaf when she reaches the age of three. She has already been provided with a hearing aid and attends for speech therapy.

Partially Hearing Children

21 children were classified as partially hearing. The only child on the list under school age was taken off the register during the year. Another child left the Island, one left school, and one was supplied with a hearing aid. All but eight of these children now have hearing aids.

Epileptic Children

37 children at ordinary schools were known to suffer from epilepsy. Of these, two reached school leaving age during the year and two were removed from the epileptic register. One girl who was at a residential hospital school returned home following disturbed behaviour and was under the care of the consultant psychiatrist at the end of the year.

Four pre-school children were reported to be sufferers from epilepsy.

Mentally Handicapped Children

32 children (including seven pre-school children) who had been classified as severely mentally subnormal and unfitted for education in ordinary or special schools were in attendance at the junior training centre or special care unit. Of these, one left the Island, one reached school leaving age, and one child died.

Eight pupils (one of whom left school in 1969) at ordinary schools were kept under observation with regard to their possible admission to a training centre.

Three children suitable for the training centre remained at home with their parents.

One boy, physically as well as mentally handicapped, continued attending a residential special school and another physically and mentally handicapped boy was recommended for home teaching.

116 children classed as educationally subnormal were pupils in schools in different parts of the Island. During the year, eight of these children left school.

12 pre-school children were noted as being likely to be educationally subnormal.

Maladjusted Children

34 children appeared to be maladjusted. One left school, three were taken off the list and two left the Island during the year.

Five children under the care of the consultant psychiatrist did not attend school—two of these reached school leaving age in 1969.

Two maladjusted boys remained in attendance at residential schools in England.

Physically Handicapped

44 children listed as physically handicapped attended ordinary schools—two of these improved and were removed from the register and six left school.

14 pre-school children including two who left the Island were noted as physically handicapped.

Three school age children (one of whom died during the year) were unfit to attend school.

Ten diabetic children (including two who left over age) attended ordinary schools. The Board continued to accept responsibility for a diabetic boy at a residential home in England.

Speech Defects

During the six months that the speech therapy clinic was in operation, 36 children received regular treatment. 16 children were discharged with satisfactory speech and the remainder stayed under observation only pending the appointment of a new speech therapist in January, 1970.

Mrs. C. V. M. Kenyon who was appointed as the Island's speech therapist in 1962 was in control of the speech therapy clinics until the summer of 1969 when she left the Island. She was responsible for the development of the clinic to its present praiseworthy state and her conscientious work with the children was highly appreciated by the parents.

Isle of Man Board of Education

MEDICAL INSPECTION & TREATMENT

Return for Year ended 31st December, 1969

PART I

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

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1965 and later	30	30	100	—	—	—	1	1
1964	677	677	100	—	—	15	68	76
1963	53	53	100	—	—	1	2	3
1962	26	26	100	—	—	2	3	4
1961	634	634	100	—	—	56	52	91
1960	56	56	100	—	—	3	5	8
1959	25	25	100	—	—	5	1	5
1958	19	19	100	—	—	3	1	4
1957	554	554	100	—	—	80	46	111
1956	29	29	100	—	—	4	1	4
1955	10	10	100	—	—	3	—	3
1954	484	484	100	—	—	94	39	126
1953 and earlier	26	26	100	—	—	8	—	8
Total	2,623	2,623	100	—	—	274	219	444

TABLE B — OTHER INSPECTIONS

Number of Special Inspections ...	671
Number of Re-inspections	4,561
Total ...	5,232

TABLE C — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	41,263
(b) Total number of individual pupils found to be infested	114
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2), Education Act, Isle of Man, 1949)	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3), Education Act, Isle of Man, 1949)	Nil

**PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR ENDED 31st DECEMBER, 1969.
TABLE A — PERIODIC INSPECTIONS**

Defect Code Number (1)	Defect or Disease (2)		Entrants	Leavers	Others	Total
4	Skin	T	—	9	11	20
		O	14	14	35	63
5	Eyes— (a) Vision	T	15	94	165	274
		O	14	17	66	97
		T	29	2	13	44
		O	11	—	13	24
		T	3	1	4	8
6	Ears— (a) Hearing	O	3	—	6	9
		T	3	2	6	11
		O	11	—	19	30
		T	1	—	1	2
		O	4	1	9	14
7	Nose and Throat	T	1	1	8	10
		O	14	5	22	41
		T	6	2	16	24
		O	58	15	63	136
		T	4	—	4	8
8	Speech	T	4	—	4	8
		O	13	2	8	23
9	Lymphatic Glands	T	—	—	—	—
		O	25	1	21	47
10	Heart	T	—	1	1	2
		O	55	8	43	106
11	Lungs	T	—	1	5	6
		O	27	14	31	72
12	Developmental— (a) Hernia	T	9	—	1	10
		O	6	—	5	11
		T	—	4	2	6
		O	8	10	35	53
13	Orthopædic— (a) Posture	T	—	3	7	10
		O	4	5	12	21
		T	10	7	26	43
		O	27	14	64	105
		T	9	3	7	19
14	Nervous System— (a) Epilepsy	O	24	7	34	65
		T	—	5	1	6
		O	3	—	6	9
		T	—	1	1	2
		O	3	2	9	14
15	Psychological— (a) Development	T	—	—	1	1
		O	10	13	40	63
		T	1	1	2	4
		O	24	4	27	55
16	Abdomen	T	1	3	4	8
		O	7	7	23	37
17	Other	T	—	—	—	—
		O	1	—	4	5

T — Pupils found to require treatment : O — Pupils found to require observation

TABLE B — SPECIAL INSPECTIONS

Defect Code Number (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	25	13
5	Eyes—		
	(a) Vision	24	7
	(b) Squint	5	3
	(c) Other	8	4
6	Ears—		
	(a) Hearing	2	8
	(b) Otitis Media	1	2
	(c) Other	2	2
7	Nose and Throat	8	17
8	Speech	6	2
9	Lymphatic Glands	—	1
10	Heart	2	5
11	Lungs	1	2
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	3
13	Orthopædic—		
	(a) Posture	—	2
	(b) Feet	15	9
	(c) Other	27	15
14	Nervous System—		
	(a) Epilepsy	—	—
	(b) Other	3	5
15	Psychological—		
	(a) Development	—	—
	(b) Stability	6	13
16	Abdomen	5	8
17	Other	5	138

PART III.

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

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	309
Errors of refraction (including squint)	741
Total ...	1,050
Number of pupils for whom spectacles were prescribed	272

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	5
(b) for adenoids and chronic tonsillitis	50
(c) for other nose and throat conditions	7
Received other forms of treatment	188
Total ...	250
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1969	1
(b) in previous years	16

TABLE C — ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	195
(b) Pupils treated at school for postural defects ...	Not known

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm — (a) Scalp	—
(b) Body	3
Scabies	16
Impetigo	27
Other skin diseases	138
Total ...	184

TABLE E — CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	26

TABLE F — SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	36

TABLE G — OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	3,313
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	855
(d) Other than (a), (b) and (c) above	—
Total (a) - (d) ...	4,168

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE BOARD.

DURING THE YEAR ENDED 31st DECEMBER, 1969.

(a) DENTAL AND ORTHODONTIC WORK

(1) Number of pupils inspected by the Board's Dental Officers :—			
(a) At Periodic Inspections	7,259		
(b) As Specials	975	Total	8,234
			8,234
(2) Number found to require treatment			4,409
(3) Number offered treatment			2,812
(4) Number actually treated			2,605

(b) DENTAL WORK (other than Orthodontics)

(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (1) below				10,184
(2) Half days devoted to :—				
(a) Periodic (School) Inspections	62			
(b) Treatment	1,667	Total	1,729	
			1,729	
(3) Fillings :—				
(a) Permanent Teeth	7,445			
(b) Temporary Teeth	873	Total	8,318	
			8,318	
(4) Number of teeth filled :—				
(a) Permanent Teeth	6,805			
(b) Temporary Teeth	774	Total	7,579	
			7,579	
(5) Extractions :—				
(a) Permanent Teeth	878			
(b) Temporary Teeth	2,793	Total	3,671	
			3,671	
(6) Number of general anaesthetics given for extractions				829
(7) Number of half days devoted to the administration of general anaesthetics by :—				
(a) Dentists	Nil			
(b) Medical Practitioners	23	Total	23	
			23	
(8) Number of pupils supplied with artificial teeth				17
(9) Other operations :—				
(a) Crowns	15			
(b) Inlays	4			
(c) Other treatment	12,381	Total	12,400	
			12,400	

(c) ORTHODONTICS :—

(1) Number of attendances made by pupils for orthodontic treatment	1,084
(2) Half days devoted to orthodontic treatment	Nil
(3) Cases commenced during the year	80
(4) Cases brought forward from the previous year	46
(5) Cases completed during the year	63
(6) Cases discontinued during the year	6
(7) Number of pupils treated by means of appliances	88
(8) Number of removable appliances fitted	111
(9) Number of fixed appliances fitted	8
(10) Cases referred to and treated by hospital orthodontists	Nil

