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ANNUAL REPORT

ISLE
OF
WIGHT
COUNTY
COUNCIL

FOR
1964
ON THE
HEALTH AND WELFARE
AND
SCHOOL HEALTH
SERVICES

R. K. MACHELL, M.B., Ch.B., D.P.H.,

*County Medical Officer, County Welfare Officer
and Principal School Medical Officer*



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Constitution of Committees

(At 31st December, 1964)

HEALTH AND WELFARE COMMITTEE

(Meets Quarterly)

Chairman : Mr. A. H. Rowland

Vice-Chairman : Mrs. M. C. Barton

Mr. L. H. Blacklock	Mrs. D. J. Peacock
Mr. J. A. Brazier, M.B.E., J.P.	Mr. A. O. Purdy
Mr. G. H. A. Cantopher	Lt.-Col. G. Quin-Smith
Mr. R. W. J. Cawdell	Mr. E. E. Ralfs
Mrs. M. Christy	Mr. A. O. Saunders
Miss J. M. Damant, J.P.	Major S. C. Selwyn, M.B.E., E.R.D.
Mr. A. Guy	Mrs. E. Wall
Mr. W. A. Howlett	Capt. H. J. Ward, D.L., J.P.
Mr. W. T. Jones, M.B.E.	Dr. J. B. Williamson
Mr. A. G. Moody	

Co-opted Members :

Dr. F. R. B. H. Kennedy, M.B.E., J.P. (Nominated by Local Medical Committee)
Mrs. W. H. Margham, S.R.N., S.C.M. (Nominated by Royal College of Nursing)

GENERAL PURPOSES SUB-COMMITTEE

(Meets Monthly)

Chairman : Mr. W. A. Howlett

Vice-Chairman : Mr. E. E. Ralfs

Mrs. M. C. Barton	Mrs. W. H. Margham, S.R.N., S.C.M.
Mr. L. H. Blacklock	Mrs. D. J. Peacock
Mr. J. A. Brazier, M.B.E., J.P.	Mr. A. O. Purdy
Mr. R. W. J. Cawdell	Lt.-Col. G. Quin-Smith
Mr. A. Guy	Mr. A. H. Rowland
Mr. W. T. Jones, M.B.E.	Mrs. E. Wall
Dr. F. R. B. H. Kennedy, M.B.E., J.P.	Dr. J. B. Williamson

MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

Chairman : Mr. J. A. Brazier, M.B.E., J.P.

Vice-Chairman : Mr. A. O. Saunders

Mrs. M. C. Barton	Mr. W. T. Jones, M.B.E.
Mr. L. H. Blacklock	Mr. A. G. Moody
Mrs. M. Christy	Mr. A. O. Purdy
Miss J. M. Damant, J.P.	Lt.-Col. G. Quin-Smith
Mr. A. Guy	Mr. E. E. Ralfs
Mr. W. A. Howlett	Mr. A. H. Rowland

CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman : Mrs. M. C. Barton

Vice-Chairman : Major S. C. Selwyn, M.B.E., E.R.D.

Mr. L. H. Blacklock	Mrs. W. H. Margham, S.R.N., S.C.M.
Mr. G. H. A. Cantopher	Mr. A. G. Moody
Mr. R. W. J. Cawdell	Mrs. D. J. Peacock
Mrs. M. Christy	Mr. A. H. Rowland
Miss J. M. Damant, J.P.	Mr. A. O. Saunders
Mr. W. T. Jones, M.B.E.	Mrs. E. Wall
Dr. F. R. B. H. Kennedy, M.B.E., J.P.	

Co-opted Members :

Mr. T. W. P. Hicks
Mrs. M. J. Sinclair

EDUCATION COMMITTEE

(Meets Quarterly)

Chairman : Mrs. M. Christy

Vice-Chairman : Mr. J. A. Brazier, M.B.E., J.P.

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Monthly)

Chairman : Mr. A. H. Rowland

Vice-Chairman : Brig. S. J. H. Green, D.S.O., M.B.E.

Mrs. M. C. Barton	The Hon. Mrs. E. G. Kindersley
Mr. J. A. Brazier, M.B.E., J.P.	The Rev. P. O'Mahoney
Mrs. M. Christy	Dr. J. B. Williamson
Miss J. M. Damant, J.P.	(Two vacancies)
Mr. W. T. Jones, M.B.E.	

STAFF

R. K. Machell, M.B., Ch.B., D.P.H. ... County Medical and Welfare Officer and Principal School Medical Officer

Medical and Nursing Services

Medical Officers in Mixed Appointments—

J. D. Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical and Welfare Officer, Deputy Principal School Medical Officer, also M.O.H. to the Borough of Newport, Cowes Urban, and the Isle of Wight Rural Districts	
D. W. Quantrill, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H., D.Obst., R.C.O.G.	Part-time Assistant Medical Officer, School Medical Officer and M.O.H. to the Borough of Ryde and Sandown-Shanklin and Ventnor Urban Districts	
<hr/>		
M. Ashley-Miller, M.A., B.M., B.Ch., D.Obst., R.C.O.G., D.P.H.	Senior Medical Officer (Resigned 18th September, 1964)	
B. E. Stone, M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.	Assistant Medical Officer and School Medical Officer (Commenced 1st November, 1964)	
<hr/>		
D. Hazel Russell, M.B., Ch.B. Ruth Skrine, M.B., Ch.B. Margaret Munro, M.B., Ch.B., D.P.H.	} Part-time Assistant Medical Officers and School Medical Officers	
<hr/>		
Miss M. A. Gibbons, S.R.N., S.C.M., H.V.		County Nursing Officer and Superintendent Health Visitor
Miss M. G. Morris, S.R.N., S.C.M., H.V.	Deputy County Nursing Officer and Non-Medical Supervisor of Midwives	

Dental Services

G. Simons, T.D., L.D.S.	Senior County Dental Officer and Principal School Dental Officer
W. Maden, B.D.S.	Senior Dental Officer
J. Moore, L.D.S. J. O. Yearby, B.D.S.	} Dental Officers

Welfare and Mental Health Services

E. G. Bowley, F.I.S.W. ... ..	...	...	...	Senior Mental Welfare and Social Welfare Officer
G. Gould ... ..	...	...	...	} Mental Welfare and Social Welfare Officers
M. J. Stanbrook ... ..	...	...	...
L. Mew, M.S.M.W.O. ... ..	...	...	...
Mrs. M. Turner, S.R.N., S.C.M., H.V.	...	...	...
Miss C. T. Pickering, M.B.E. ... ..	...	...	...	Supervisor—Training Centre

School Health Service

R. Davie, B.A.(Psych.), A.B.Ps.S. ...	...	...	...	Educational Psychologist (Resigned 30th September, 1964)
J. Chisnell, A.A.P.S.W. ... ..	...	...	...	Psychiatric Social Worker
Miss I. Haddock, L.C.S.T. ... ..	...	...	...	Speech Therapist (Resigned 29th May, 1964)
Miss C. Ronalds, L.C.S.T. ... ..	...	...	...	Speech Therapist
Miss D. Hitchens, C.S.P., F.A.P.T. ...	...	...	...	Remedial Gymnast
Miss D. Gilmore ... ..	...	...	...	Part-time Audiometrician (Resigned 31st October, 1964)
Mrs. G. Holland ... ..	...	...	...	Part-time Audiometrician (Commenced 27th October, 1964)

Administration

E. E. Woodhouse ... ..	...	...	...	Administrative Officer
Miss H. M. Rickard ... ..	...	...	...	Home Help Organiser
R. F. Sullivan, M.B.E. ... ..	...	...	...	Ambulance Officer
Mrs. M. W. Floyd ... ..	...	...	...	W.V.S. Hospital Car Secretary
W. G. Clarke ... ..	...	...	...	} Senior Assistants
B. W. Pierce ... ..	...	...	...
R. H. Williams ... ..	...	...	...	Accounts Clerk

Consultants

E. F. Laidlaw, M.B., B.Chir. ... ..	...	...	...	Chest Physician
Gwendoline D. Knight, M.R.C.S., L.R.C.P., D.P.M. ... ..	...	...	...	Consultant Child Psychiatrist
G. Gordon Brown, L.R.C.P., L.R.C.S., L.R.F.P.S. ... ..	...	...	...	Hon. Adviser in Mental Health

REPORT

on the Health, Welfare and School Health Services in the Isle of Wight for the year 1964

To the Chairman and Members of the Health and Welfare Committee of the Isle of Wight County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as County Medical Officer for the year 1964. A full report on the Welfare Services under Part III of the National Assistance Act is also included, together with the Report which I presented as Principal School Medical Officer to the Education Committee earlier in the year, and contributions from the Medical Superintendent of Whitecroft Hospital, the Chest Physician, the Consultant Venereologist, and from certain voluntary organisations whose activities are related to the Council's Health and Welfare Services.

During 1964 there were more live-births, fewer stillbirths, fewer deaths, and fewer first National Health Insurance certificates of incapacity, but more illegitimate births, than the previous year. Attendances at Infant Welfare Clinics were greater, and more children were vaccinated and immunised. There were fewer cases of tuberculosis on the register at the end of the year, the percentage of tuberculin-positive 13-year old school children was lower, and there were fewer notifications of infectious disease. The number of cases requiring home help was greater and, as with the nursing services, the majority of visits were to people over 65. Ambulance and hospital car mileage increased, as did the number of patients carried.

Thirteen additional beds were provided at Inver House, and 52 units of special housing with welfare amenities were completed, 18 by Newport Borough at Wallace Court in the grounds of Polars, and 34 by Ryde Borough at Treefields.

Comments on the five subjects mentioned specifically in Circular 1/65 are included in the appropriate sections of the Report as follows: chiropody is mentioned briefly under Section 28 and in more detail in the report on welfare and the activities of the Isle of Wight Old People's Welfare Association; health education under Section 28 and in the County Nursing Officer's report on the work of the health visitors; notification of congenital deformities in the report on the Care of Mothers and Young Children; incontinence pads under Section 28; and brucella abortus in milk under the Food and Drugs section.

There were one or two staff changes, referred to in detail in my introductory letter to the School Health Service Report, and we wish the officers concerned success in their new posts. Once again I should like to acknowledge the advice of my fellow Chief Officers and to thank all members of the department staff for their work and loyalty during the year, as well as those whose co-operation is so necessary to us, such as the consultants and other hospital staff, the family doctors and the Clerk of

the Executive Council and his staff, the Island managers of the Ministries of Labour and of Pensions and National Insurance and of the National Assistance Board, and the officers of the voluntary associations.

Finally, may I respectfully express to the Chairman and members of the Health and Welfare Committee my appreciation for their support during a further year.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,

County Medical Officer,

County Welfare Officer,

and Principal School Medical Officer.

County Hall,
Newport, I.W.
August 1965.

Table I. Population of County Districts

Sanitary Authority	Popula- tion at 1961 Census	Registrar General's Estimate of Population for :				
		1960	1961	1962	1963	1964
I.W. Rural District	18615	17660	18060	18100	18250	18620
Cowes U.D.	16992	16950	16900	17000	17080	17590
Newport M.B.	19479	19140	19000	18950	18950	19110
Ryde M.B.	19845	19970	19440	19690	19820	20350
Sandown-Shanklin U.D.	14386	12810	13000	13250	13510	13510
Ventnor U.D.	6435	6460	6000	6100	6100	6200
Whole County	95752	92990	92400	93090	93710	95380

Table II. Vital Statistics of all Districts—1964

Area	Rural District	Cowes	Newport	Ryde	Sandown Shanklin	Ventnor	Whole County	England and Wales Rate per 1,000
Population—Registrar General's Estimate (Civilians and Non-Civilians)	18620	17590	19110	20350	13510	6200	95380	
Total Deaths :								
Number	276	249	322	300	203	102	1452	
Males	146	151	146	139	106	45	733	
Females	130	98	176	161	97	57	719	
Crude death-rate per 1000 population	14.8	14.2	16.8	14.7	15.0	16.4	15.2	11.3
Comparative factor	0.75	0.86	0.62	0.74	0.71	0.64	0.74	
Comparative death-rate	11.1	12.2	10.4	10.9	10.6	10.5	11.2	
Live Births :								
Number	242	300	264	313	178	96	1393	
Males	118	146	135	168	97	61	725	
Females	124	154	129	145	81	35	668	
Rate per 1000 population (crude)	13.0	17.1	13.8	15.4	13.2	15.5	14.6	18.4
Comparative factor	1.31	1.19	1.20	1.19	1.49	1.45	1.26	
Comparative birth rate	17.0	20.3	16.6	18.3	19.7	22.5	18.4	
Illegitimate Live Births (per cent of total live births)	9.1	3.3	12.1	13.1	11.8	6.2	9.5	
Stillbirths :								
Number	4	7	3	7	1	5	27	
Males	3	3	3	3	—	3	15	
Females	1	4	—	4	1	2	12	
Rate per 1000 total live and stillbirths	16.3	22.8	11.2	21.8	5.6	49.5	19.0	16.4
Total live and stillbirths	246	307	267	320	179	101	1420	
Infant deaths :								
Deaths of infants under 1 year of age	3	4	7	5	1	—	20	
Deaths of infants under 4 weeks of age	2	3	6	4	1	—	16	
Deaths of infants under 1 week of age	2	3	6	4	1	—	16	
Infant Mortality Rates :								
Total infant deaths per 1000 total live births	12.4	13.3	26.5	15.9	5.6	—	14.3	20.0
Legitimate infant deaths per 1000 legitimate live births	9.1	13.8	25.9	14.7	6.4	—	13.5	
Illegitimate infant deaths per 1000 illegitimate live births	45.4	—	31.2	24.4	—	—	22.7	
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	8.3	10.0	22.7	12.8	5.6	—	11.5	13.8
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	8.3	10.0	22.7	12.8	5.6	—	11.5	
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths)	24.4	32.6	33.7	34.4	11.2	49.5	30.3	28.2
Maternal mortality (including abortion)								
Number of deaths	1	—	—	—	—	—	1	
Rate per 1000 total live and stillbirths	4.0	—	—	—	—	—	0.7	0.3

Table III. The number of Deaths from certain diseases for the ten years, 1955—1964

<i>Causes of Death</i>	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Whooping Cough ...	1	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ...	10	8	4	5	3	5	5	6	9	2
Other forms of tuberculosis	1	1	2	1	1	—	—	—	—	—
Influenza ...	8	9	14	5	20	2	3	5	20	3
Measles ...	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polio-encephalitis ...	—	1	—	—	—	—	—	—	—	—
Cancer—all sites ...	232	219	239	231	216	218	303	231	230	199
Cancer of lung and bronchus ...	35	36	37	40	47	43	68	54	46	61
Vascular lesions of nervous system ...	198	188	188	218	232	237	210	194	223	238
Coronary disease—angina	165	163	174	204	216	198	257	221	266	276
Other heart diseases ...	330	302	277	254	321	275	325	272	216	206
Other disease of circulatory system ...	43	57	40	55	45	63	55	81	63	55
Bronchitis ...	51	56	39	46	46	46	43	56	79	66
Pneumonia ...	57	75	34	90	84	70	45	59	73	75
Other respiratory diseases	18	15	11	20	13	22	8	14	19	12
Gastritis, enteritis and diarrhoea ...	7	5	10	8	9	4	6	8	10	5
Puerperal and post-abortive sepsis	1	1	—	1	2	—	—	—	—	1
Other maternal causes	7	6	11	7	3	5	9	5	6	12
Congenital malformations	9	6	6	6	9	7	12	7	10	11
Motor vehicle accidents ...	26	27	16	31	26	25	20	22	33	23
All other accidents ...	10	9	11	14	12	9	13	12	19	14
Other violent causes ...	10	9	11	14	12	9	13	12	19	14
Isle of Wight										
Death rate per 1000 population ...	14.4	13.9	13.3	15.0	14.9	14.3	15.8	15.4	16.3	15.2
Comparable death rate per 1000 ...	10.7	10.3	10.0	11.4	11.5	10.9	11.9	11.9	12.1	11.2
England and Wales										
Death rate per 1000 population ...	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2	11.3

Table IV. Deaths in various age groups for the ten years 1955—1964

AGES		1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
0—1	Males ...	17	11	10	14	12	16	16	18	14	15
	Females ...	11	9	7	14	5	8	10	10	10	5
	TOTAL	28	20	17	28	17	24	26	28	24	20
1—4	Males ...	2	4	1	3	2	1	1	2	2	3
	Females ...	2	4	2	3	2	3	1	3	1	1
	TOTAL	4	8	3	6	4	4	2	5	3	4
5—14	Males ...	2	6	7	4	1	3	1	2	3	1
	Females ...	5	2	1	2	2	1	3	3	3	1
	TOTAL	7	8	8	6	3	4	4	5	6	2
15—44	Males ...	25	19	17	33	21	18	23	9	21	23
	Females ...	15	15	20	19	14	13	15	13	16	21
	TOTAL	40	34	37	52	35	31	38	22	37	44
45—64	Males ...	132	122	134	136	136	148	161	163	167	167
	Females ...	108	111	92	74	88	95	99	103	131	98
	TOTAL	240	233	226	210	224	243	260	266	298	265
65 and over	Males ...	481	459	436	488	518	471	515	542	550	524
	Females ...	539	540	521	614	601	555	611	563	606	593
	TOTAL	1020	999	957	1102	1119	1026	1126	1105	1156	1117
GRAND TOTAL		1339	1302	1248	1404	1402	1332	1456	1431	1524	1452

Live Births.

The number of live births in the Isle of Wight showed an increase over the previous year of 128 to 1,393. This figure given by the Registrar General is for births registered during 1964 and adjusted for inward and outward transfers. It therefore differs from the unadjusted figures compiled locally and detailed in Table V of this report. In a population of 95,380 this gives a live birth rate per 1,000 population of 14.6. The comparative birth rate for the Island was 18.4, the same figure as for England and Wales and the highest since 1948 (15.8).

Stillbirths.

There were 27 stillbirths during the year compared with 34 in 1963, 30 in 1962, 22 in 1961, 26 in 1960, 21 in 1959, and 25 in both 1958 and 1957. This gave a stillbirth rate of 19.0 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 16.4 per 1,000 total live and stillbirths compared with 17.2 for 1963.

Illegitimacy.

The number of illegitimate births increased during 1964 to 136 (132 live and 4 stillbirths) compared with 112 live and 5 stillbirths in 1963.

Deaths.

Deaths in the Island exceeded the live births by 59 (259 the previous year).

The total number of deaths on the Island corrected for inward and outward transfers was 1,452 (1,524 in the previous year) giving a death rate of 15.2 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.74, was 11.2 compared with 12.1 in the previous year; the comparable figure for England and Wales was 11.3.

Of 1,452 deaths, 1,117 or 76.9 per cent occurred in the 65 and over age group.

Morbidity.

The number of first certificates of incapacity received at the local offices of the Ministry of Pensions and National Insurance during 1964 was 9,735 compared with 11,370 in 1963. The highest number in any week was 319 for the week ended 7th January and the lowest 116 for the week ended 4th August.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22—Care of Mothers and Young Children.

Deaths of Infants under one year.

Throughout England and Wales the figure for infant deaths in the first year of life during 1964 was 20.0 per 1,000 live births.

In the Isle of Wight, the figure of 14.3 per 1,000 represents deaths of 20 infants in this category.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 43, compared with 47 in 1963.

Maternal Mortality.

One maternal death occurred during 1964, the first since 1959, giving a maternal mortality rate of 0.7 per 1,000 live and stillbirths. During the decade 1950-1959 maternal deaths ranged from one to three per year.

The maternal mortality rate for England and Wales during 1964 was 0.3 per 1,000 live and stillbirths.

Table V. Births notified to the County Medical Officer since 1955 according to place of occurrence

Year	Total Births	Sex		Born at Home		Per-centage	Born in Nurs-ing Home		Per-centage	Born in Hos-pital		Per-centage
		M	F	Live Births	Still Births		Live Births	Still Births		Live Births	Still Births	
1955 ...	1200	634	566	567	7	47.8	85	—	7.1	524	17	45.1
1956 ...	1208	619	589	540	8	45.5	73	1	6.1	569	17	48.4
1957 ...	1201	637	564	537	7	45.3	80	—	6.7	560	17	48.0
1958 ...	1218	654	564	540	5	44.7	53	1	4.5	600	19	50.8
1959 ...	1149	603	546	509	3	44.6	27	—	2.3	593	17	53.1
1960 ...	1271	651	620	551	8	44.0	24	—	1.9	671	17	54.1
1961 ...	1318	683	635	521	2	39.7	26	1	2.0	750	18	58.3
1962 ...	1288	660	628	472	3	36.9	10	—	0.8	778	25	62.3
1963 ...	1303	658	645	441	3	34.1	4	—	0.3	823	32	65.6
1964 ...	1432	756	676	469	3	33.0	—	—	—	937	23	67.0

The total of 1,432 births shown for the year 1964 in the above table is 12 in excess of the combined live and stillbirths shown in Table II. These 12 births are regarded by the Registrar General as not attributable to the Isle of Wight. Domiciliary births increased by 28 and hospital births by 105. No births took place in Nursing Homes, compared with 4 in 1963. During the year twin births occurred in 15 cases.

Notification of Congenital Defects.

These are made on the birth notification card and checked by the Non-medical Supervisor of Midwives. A senior medical officer determines the classification, and discusses the diagnosis with the family doctor in any case of doubt. Up to 31st December, 1964, 36 notifications had been reported to the Ministry of Health.

Ante-Natal and Post-Natal Clinics.

All ante-natal and post-natal clinics on the Island are now held by general practitioners, either in their surgeries or at County Council premises.

Premature Births.

During 1964, there were 82 live births and 12 stillbirths of babies weighing 5½ lbs. or under.

Sixty-three of the premature live births occurred in hospital and, of these, 7 died within 24 hours of birth and 52 survived 28 days. 19 premature live births occurred at home and, of these, 18 survived 28 days.

Of the 12 premature stillbirths, 10 occurred in hospital and 2 at home.

Table VI. Fate of 82 Premature Children by weight groups

<i>Weight at Birth</i>	<i>Total</i>	<i>Deaths</i>
3 lb. 4 oz. or less ...	11	10
Under 4 lb. 6 oz. ...	14	1
Under 4 lb. 15 oz. ...	13	1
Under 5 lb. 8 oz. ...	44	—

DENTAL TREATMENT.

By Mr. G. Simons (Senior County Dental Officer).

Mr. G. Simons submits the following report on dental treatment provided to priority classes of patients under Section 22(1) of the National Health Service Act, 1946.

“The decline in the number of mothers seeking treatment for their young children or themselves, to which I have referred in previous years, appears to have ended and the figures shown in the Dental Treatment Tables follow very closely the pattern of those for last year.

The dental officers have attended mainly the larger welfare clinics where the number of attendances justifies the time spent there. It may seem paradoxical that the majority of patients dealt with by the dentists

at these clinics are infants who have no teeth or who are in the process of teething. It is, however, of very great value to be able to stress to mothers the benefit of instituting a sensible dietary regimen at the earliest possible stage. It does seem too, that parents are becoming better informed on this subject.

The nurses and health visitors continue to play an important part in our work, and I thank them for their efforts."

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1964

- (a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service :
- | | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|
| (1) Senior Dental Officers | ... | ... | ... | ... | ... | 0.1 |
| (2) Dental Officers | ... | ... | ... | ... | ... | 0.1 |
- (b) Number of Officers employed at the end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service ... Nil
- (c) Number of Dental Clinics in operation at end of year ... 5
- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... 68
- (e) Number of Dental Technicians employed ... Nil

Table VII. Numbers provided with Dental Care and forms of Dental Treatment provided

	Exam-ined	No. of persons who commenced treatment during the year	No. of courses of treatment completed during the year	Scal-ings and gum treatment	Fill-ings	Silver Nit- rate treatment	Crowns or Inlays	Extrac- tions	Gen- eral Anaes- thetics	Dentures provided		Radio- graphs
										Com- plete	Partial	
Expectant and Nursing Mothers	109	68	60	24	94	—	1	38	—	8	—	5
Children under 5	400	67	64	—	65	27	—	64	1	—	—	—

INFANT WELFARE CENTRES.

The total number of attendances at Infant Welfare Centres during the year was 18,535, i.e. 1,713 more than in 1963.

Clinic sessions were held weekly, fortnightly or monthly in twenty-two centres throughout the Island.

The number of children who attended the centres during the year was 2,604 compared with 2,757 in 1963.

DISTRIBUTION OF WELFARE FOODS.

Thirty-one Centres on the Island distributed welfare foods to expectant and nursing mothers and children under five years of age.

Sales of Cod Liver Oil, Vitamin A and D tablets and Orange Juice still show a downward trend when compared with sales prior to the latest price increase on June 1st, 1961.

A summary of sales for the years 1957-1964 is shown in Table VIII.

Table VIII

Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamin A and D Tablets (packets)	Orange Juice (bottles)
1957	32105	7158	3965	64125
1958	25793	4661	3853	39452
1959	24997	4101	3912	36437
1960	23925	4347	3956	35919
1961	23663	3187	3242	23979
1962	23291	1381	1935	14964
1963	21594	1403	1701	15753
1964	22522	1293	1367	15854

SECTION 23—MIDWIFERY.

Miss M. G. Morris, Non-Medical Supervisor of Midwives, submits the following report:—

“During the year the maternity care given has remained satisfactory.

After discussion with Hospital and General Practitioner representatives, it was decided that Midwives should visit the expectant mothers applying to enter hospital for their confinements. The importance of this visit is not only to ascertain the “social” conditions but to contact the mother in her own home and so help to give her support in the ante-natal period. The assessment is helpful in instances when a mother is asked to leave hospital before the tenth day and the Midwife has to visit.

Obstetric Clinics.

These continued as last year and were attended by the Midwives.

Mothercraft Classes.

These were held twice monthly in Cowes, Freshwater, Newport and Ryde, and weekly in Sandown. Talks on diet, clothing, pre-natal care and care of baby were given by the Midwives and Health Visitors. Relaxation exercises were also given regularly. Publications were available to the mother and leaflets handed out on subjects such as neonatal cold injury. The film “To Janet a Son” was shown at St. Mary’s Hospital to fathers and mothers under arrangements made by members of the Royal College of Midwives.

Refresher Courses. (Rule G—Central Midwives Board).

The Midwives who attended Courses in 1964 were Miss A. Thompson, Mrs. H. Elliott, Miss V. Attrill, Miss D. Edwards, Miss N. Simister and Miss M. Morris.

A Study Day was held in March at St. Mary’s Hospital when the subject was “Human Relations in Obstetrics.” Miss Collyer from the Central Council of Health Education spoke on varying subjects, and Dr. J. Gower acted as Chairman.

Domiciliary Midwifery Training.

Eleven Pupil Midwives completed their training and all were successful in passing the State Examination. The Approved Midwife Teachers responsible for their

training on the district were Miss Q. Nobbs, Miss A. Thompson, Miss M. Treacy, Miss B. Waller and Mrs. K. Harrington.

Miss Z. Goodall, Education Supervisor, Central Midwives Board, paid her regular visit in May and was pleased with the training facilities on the Island.

Equipment.

Disposable and pre-sterilised equipment is used and appreciated by the staff. Maternity packs issued to mothers now include disposable masks. We await the result of trials of new oxygen and nitrous oxide apparatus to be used by midwives as this mixture is reported to be safer than gas and air.

Supervision of Midwives.

Supervisory visits to Midwives	...	...	...	...	...	43
Supervisory visits to Pupils	...	...	...	...	...	22
Number of domiciliary confinements	...	...	...	...	...	472
Number of ante-natal visits—Home	...	...	...	...	...	5896
Number of ante-natal visits—Hospital	...	...	...	...	...	2917
Number of post natal visits	...	...	...	...	...	8338
Number of cases discharged from Hospital before tenth day	...	...	...	...	...	247

Midwives Practising in the area.

At the end of 1964, 40 Midwives were practising in the area. Of these, 26 were domiciliary midwives employed by the Local Health Authority, 12 were employed by the Hospital Management Committee and 2 were in private practice.

Deliveries attended by Midwives, 1964.

During 1964, 472 domiciliary confinements were attended by County Council Midwives, and 946 confinements were attended by Hospital Midwives at St. Mary's Hospital.

No confinements were attended by Midwives in private practice."

SECTION 24—HEALTH VISITING.

Miss M. A. Gibbons, Superintendent Health Visitor, reports as follows:—

"The main feature in 1964 of the Health Visiting Service has been the closer liaison with general medical practice. In Ryde and Newport health visitors have regular contact with the family doctors.

At present the main information on which the health visitor bases her work is the notification of birth and information regarding elderly persons given by the district nurses and the home help service.

Close liaison with general practitioners is of value in bringing to the notice of the family doctor early signs of defects in children—for example, the suspected pyloric stenosis, instead of being referred from the Infant Welfare Centre to the family doctor, can be demonstrated at the baby session at the doctor's surgery and treatment started without further travelling by mother and baby. In this setting, the health visitor is better able to assist the mother, having first-hand information of the medical advice and treatment prescribed.

Health Education.

Health visitors have given talks on subjects relating to health and preventive medicine at Infant Welfare Centres, Mothercraft Classes, Young Wives' Clubs and the British Red Cross Society, and on hygiene and general health in Secondary Modern and Primary Schools.

Visual aids used include film strip projectors, posters, leaflets and models. From June 1964, in Infant Welfare Centres a programme of

health education has been carried out simultaneously in all areas. Subjects presented were :—

June	...	Water safety—Dangers of swimming and boating ; Accidents on beaches ; Sunburn.
July-August		Food poisoning, general food hygiene, the preparation of foods for babies.
September		Preparing for winter—clothing, footwear, importance of fresh air.
October	...	Fire prevention—scalds and burns.
November		The prevention of accidents in the home.
December		Food hints for the over 60s.

Homemakers' Clubs have flourished at the Cowes and Lake Clinics where discussions of subjects chosen by the mothers and health visitors are held ; for example, the management of childhood illness, first aid in the home, etc. At these sessions Road Safety instruction is also given to toddlers at the "Tufty Club." Apparatus for this activity has been provided by the Road Safety Committee.

Mothercraft and Relaxation.

These classes are run by health visitors in co-operation with midwives and have proved a very great help to mothers in assisting them with the physical aspects of motherhood, and also in increasing their confidence by dispelling ignorance and fear through greater knowledge of child-birth.

Health Education for the Elderly.

In September, the first "Senior Citizens' Club" was started by Mrs. G. Singer, health visitor at the Lake Clinic, to provide opportunities for elderly persons to attend and discuss their problems, seek advice on health matters, and also to enjoy social activities. These meetings are held once each month and the three meetings so far arranged included a travel talk illustrated with slides given by Miss Tovey, Senior Mistress of the Sandown Grammar School, an address on nutrition by Dr. Ashley-Miller, and a discussion on "Aspects of the Welfare State—Later Life" by Miss Oliver, Medico-Social Worker at Whitcroft Hospital. This branch of health education is intended to encourage elderly persons to obtain assistance in solving their difficulties before they become irreversible, and to promote the mental health of old people living alone."

SECTION 25—HOME NURSING.

Miss M. A. Gibbons, Superintendent Health Visitor, reports as follows :—

"The work of the District Nurses has continued to develop in assisting handicapped and elderly people to be cared for in their own homes and is best described under the following headings :—

- Medical and surgical nursing for patients needing treatment for cardiac and circulatory conditions ;
- Other chest conditions ;
- Diseases of the urinary system ;
- Diseases of the nervous system ;

- Digestive and endocrine disturbances ;
- Nutritional disorders ;
- Fractures and post-operative dressings ;
- The understanding and assistance of mentally ill persons and senility ;
- Assisting deprived persons in making use of statutory and voluntary services available.

An analysis of visits made by District Nurses in the months of October and November 1964 indicated the kind of work the District Nurses were doing. Of the 11,526 visits paid, general nursing care amounted to 3,960 visits (34.4%), visits for surgical dressings, etc., 2,803 (24.3%), injections of antibiotics, Mersalyl, Imferon, etc. 3,484 (30.2%), rehabilitation of patients after severe illnesses 357 (3.1%), care and after-care including a wide range of services to prevent deterioration 922 (8.0%).

The types of work carried out by the District Nurses which took an increasing amount of time but are becoming of increasing value were :—

- (a) Physical education to prevent handicap in old age.
- (b) Referral to general practitioners, health visitors, National Assistance Board, etc.
- (c) Co-operation with Home Helps in fulfilling the needs of elderly persons living alone.

District Nursing experience for V.A.D's of the British Red Cross Society.

Arrangements were made for V.A.D's of the British Red Cross Society to accompany District Nurses to gain experience to enable them to give assistance to long term patients in certain circumstances. Assistance has been given by V.A.D. nurses in feeding a helpless patient over a long period and also in helping an elderly person to dress.

Marie Curie Foundation.

Applications were made by District Nurses for assistance from the Marie Curie Fund for patients suffering from Cancer. The following help was provided from this source during 1964 : Night nursing, domestic assistance, toilet requisites, fares to hospital to enable parents to visit their son aged 4 years."

Table IX. Number of cases attended and visits paid by Home Nurses

<i>Year</i>	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Cases attended	3951	3980	4410	3860	3778	3432	4056	3508	3198	2485	1755
Visits paid	... 79586	62308	70997	74596	65834	67432	65818	64278	65910	65998	67471

SECTION 26—VACCINATION AND IMMUNISATION

(i) Immunisation against Diphtheria.

Table showing the number of children who, during 1964 :—

A—Completed a full course of primary immunisation.

B—Received a secondary (reinforcing) injection, i.e. after primary immunisation at an earlier age.

Table X

	<i>Under 1 Born 1964</i>	<i>1 to 4 1960-63</i>	<i>5 to 9 1955-59</i>	<i>10 to 14 1950-54</i>	<i>Under 15 Total</i>
A	557	643	39	23	1262
B	—	694	775	585	2054

(ii) Immunisation against Whooping Cough

Table showing the number of children who completed a primary course (normally three injections) of pertussis vaccine (singly or in combination) during 1964.

Table XI

<i>Under 1 Born 1964</i>	<i>1—4 1960—1963</i>	<i>5—9 1955—1959</i>	<i>10—14 1950—1954</i>	<i>Under 15 Total</i>
556	641	29	4	1230

(iii) Vaccination against Smallpox

The following table shows the successful vaccinations carried out during the year.

Table XII

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>Total</i>
Number vaccinated ...	167	354	43	17	7	588
Number re-vaccinated ...	—	—	2	8	8	18

Table XIII. Summary of Poliomyelitis Vaccinations during 1964

<i>PRIMARY IMMUNISATIONS</i>						<i>ORAL</i>	<i>SALK</i>
Children born 1964	...	...	...	...	...	418	85
Children born 1963	...	...	...	...	...	456	23
Children born 1962	...	...	...	...	...	114	6
Children and Young Persons born 1943-1961	...	...	...	...	...	84	16
Young Persons born 1933-1942	...	...	...	...	...	6	10
Others	...	...	...	...	...	21	9
Totals						1099	149
<i>REINFORCING IMMUNISATIONS</i>							
Number of persons given third injection of Salk vaccine						...	105
Number of persons given fourth injection of Salk vaccine						...	83
Number of persons given reinforcing dose of oral vaccine after two Salk doses						...	77
Number of persons given a reinforcing dose of oral vaccine after three salk doses						...	685
Totals						...	950

SECTION 27—AMBULANCE AND HOSPITAL CAR SERVICE.

Table XIV. Ambulance and Hospital Car Statistics, 1964-65.

	<i>No. of vehicles at 31-3-65</i>	<i>No. of patients carried</i>	<i>No. of journeys</i>	<i>Total mileage</i>	<i>No. of journeys to main-land by Island ambulances</i>	<i>No. of journeys arranged through other authorities</i>
Directly provided service (Ambulance) ...	7*	10474	5129	98833	51	123
Agency Service (Ambulance) ...	1	599	491	17642	49	—
Supplementary Services (Hospital cars) ...	34	75962	22453	289521	—	289
Supplementary Services (Hired cars) ...	—	102	101	1928	—	—

*Including 1 Utilecon "sitting case" vehicle.

Table XV. Usage of Ambulances and Hospital Cars since 1959.

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 population</i>
	<i>Ambulances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	<i>Ambulances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	
March 1959	94020	202824	215	7500	35732	11	462
1960	91032	224127	786	7890	43007	48	504
1961	93671	233681	881	8494	48582	57	614
1962	102318	235937	600	8893	55368	39	696
1963	108064	223908	1188	9370	49952	75	637
1964	111305	260032	1009	9600	64724	62	794
1965	116475	289521	1928	11073	75962	102	914

Table XIV shows the use made of ambulances and hospital cars during the financial year 1964-65 and Table XV shows details of mileages and patients conveyed by this service since 1958-59. It will be seen from Table XV that since 1958-59 ambulance mileage has increased from 94,020 to 116,475 (an increase of 23.9 per cent) and Hospital Car mileage has increased from 202,824 to 289,521 (42.7 per cent). During the same period, the number of patients (as defined by the Ministry of Health) conveyed by ambulance has increased from 7,500 to 11,073 (47.6 per cent) and by Hospital Car from 35,732 to 75,962 (112.6 per cent).

Once again I am grateful to the Chief Fire Officer, Mr. R. F. Sullivan, M.B.E., for the operational control of the Ambulance Service, and to Miss E. D. Baker and Mrs. N. Freeman, Joint County Organisers of the Women's Voluntary Service, and to Mrs. M. W. Floyd, Hospital Car Organiser, for administering the Hospital Car Service on behalf of the County Council.

Members of the British Red Cross Society have continued to give invaluable help in providing escorts for mainland journeys, often at very short notice, and this example of willing voluntary service is much appreciated.

The County Medical Officer authorised the use of helicopters from the Royal Air Force Southern Rescue Centre, Plymstock, on six occasions during the year, to convey seriously ill patients to mainland hospitals.

SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER CARE.

Tuberculosis.

Dr. Laidlaw, Chest Physician, has kindly prepared the following report on Tuberculosis in the Isle of Wight in 1964:—

“The Royal National Hospital at Ventnor was closed on April 16th, 1964. After many years at Longford Sanatorium at Havenstreet, followed by nine years at the R.N.H., the Institutional care of patients with pulmonary tuberculosis has now become part of the work of St. Mary's Hospital, where in the new Hassall Ward such patients may, whenever necessary, be nursed in isolation from others.

For years now the number of newly-notified cases of pulmonary tuberculosis has declined. In 1964 it has to be recorded that there is a slight increase. The numbers are perhaps too small for this increase to be of much significance—but it is true that more than half the new cases were, at the time of diagnosis, a possible source of infection to others; and so long as this remains so, further new cases must be expected. A review of the past six years does however show a drop of just over 50 per cent in the number of new cases in the second half of this period as compared with the first (see Table XIX).

The visit of the Mass Radiography Unit from Southampton planned for last autumn had to be postponed because of shortage of staff; it is hoped that this visit will now take place in 1965, beginning in May. A study of patients referred to the Chest Clinic each year shows that a very large proportion of them have never had a X-ray examination of the chest in the past. There is no doubt of the value of Mass Radiography in achieving an early diagnosis of respiratory diseases, both tuberculosis and others, including cancer of the lung. Much respiratory disease affects most often men of middle age, and it is to this section of the population that we look most earnestly for a good response to the opportunity provided.”

Table XVI. B.C.G. 13 year age group (includes independent schools from 1958)

	Number Tested	Absent for Reading	Number found with		Percentage Positive
			Negative Reaction	Positive Reaction	
1955	976	38	546	392	41.8
1956	773	17	459	297	38.4
1957	816	34	444	338	41.4
1958	899	21	650	228	25.4
1959	896	1	747	148	16.5
1960	1183	20	987	176	14.9
1961	1340	8	1108	224	16.7
1962	989	2	789	198	20.0
1963	953	2	812	139	14.6
1964	936	7	820	109	11.6

Table XVII. Tuberculosis Register 1964

Number of Patients	Pulmonary		Non-Pulmonary		Total		Grand Total
	M	F	M	F	M	F	
Cases on Register at the end of 1963	358	270	75	84	433	354	787
<i>Cases added to Register :</i>							
Fresh cases arising on the Island	16	4	1	2	17	6	23
Cases removed from other areas	14	10	—	—	14	10	24
Total cases added to register during year	30	14	1	2	31	16	47
<i>Cases removed from Register :</i>							
Cases removed to other areas	6	—	—	1	6	1	7
Recovered	30	30	1	2	31	32	63
Died during 1964	2	—	—	—	2	—	2
Died from other causes ...	10	2	—	2	10	4	14
Total removals during year ...	48	32	1	5	49	37	86
Cases on Register at the end of 1964	340	252	75	81	415	333	748

Table XVIII. Analysis of new Island cases notified, and deaths from Tuberculosis, 1964

Age Periods	New Cases				Deaths			
	Respiratory System		Other Forms		Respiratory System		Other Forms	
	M	F	M	F	M	F	M	F
Under 15 years of age ...	—	—	—	—	—	—	—	—
15 and under 20 years ...	2	—	1	—	—	—	—	—
20 and under 25 years ...	—	—	—	—	—	—	—	—
25 and under 35 years ...	2	—	—	—	—	—	—	—
35 and under 45 years ...	—	2	—	—	—	—	—	—
45 and under 55 years ...	3	1	—	—	1	—	—	—
55 and under 65 years ...	2	1	—	—	1	—	—	—
65 and under 75 years ...	7	—	—	—	—	—	—	—
75 years of age and over	—	—	—	2	—	—	—	—
Totals ...	16	4	1	2	2	—	—	—

Table XIX. Pulmonary Tuberculosis. Newly notified cases.

Age	1959-60-61			1962-63-64		
	Male	Female	Total	Male	Female	Total
—25	8	9	17	5	3	8
—45	12	10	22	5	3	8
—65	29	7	36	11	4	15
65+	14	5	19	8	6	14
Total	63	31	94	29	16	45

Venereal Disease.

Eight new cases of syphilis and 27 new cases of gonorrhoea were dealt with at the Special Treatment Centre during the year. In addition, 1 case of syphilis and 3 cases of gonorrhoea were transferred to the centre from mainland centres.

Eighty-one patients suffering from other conditions were also dealt with at the centre during 1964.

In January 1965, the Ministry of Health notified local authorities that arrangements had been made whereby the address of the local Venereal Diseases Clinic may be included in the list of addresses of Departments and Organisations displayed in all Post Offices. This has been carried out with the co-operation of the Island Postmasters.

Health Education.

The bulk of this is done by the Health Visitors and is reported on by the County Nursing Officer under the Section 24 report.

In respect of health education in relation to smoking and venereal disease, the Council has health visitors attached to the Chest and Venereal Disease Clinics, as a result of which they act as liaison officers between the Consultants, the Family Doctors and the County Council's other officers concerned in services for the young and adolescent.

Chiropody.

This continued to be available to residents of the Council's homes for old people, and for the elderly housebound through the Old People's Welfare Association, to whom, with the chiropodists, thanks are due.

Incontinence Pads: Circular 14 63.

On receipt of this circular, the views of the two District Medical Officers of Health were sought. Difficulties of disposal, due to lack of incineration facilities, were pointed out. Any of these articles that may be provided through the nursing service must be dealt with on the spot by burning. The Local Medical Committee have considered the matter and all family doctors and home nurses have been circulated to try and anticipate future uptake, and to report any difficulties.

(N.B.—Since Circular 1/65 was received asking for observations in Annual Reports, the Ministry have circulated local health authorities asking for observations in greater detail).

SECTION 29—HOME HELP SERVICE.

Miss H. Rickard, Home Help Organiser, reports as follows:—

“The number of cases dealt with during the year totalled 613 compared with 579 and 560 during the two previous years.

The cases can be divided into the following categories:—

	Cases on books on 1-1-64	Cases on books on 1-1-65	Number of new cases dealt with during 1964	Total cases dealt with during 1964
(1) Aged 65 or over on first visit in 1964	296	332	223	519
<i>Aged under 65:</i>				
(2) Chronic sick and tuberculosis ...	22	24	27	49
(3) Mentally disordered	—	—	—	—
(4) Maternity	—	1	12	12
(5) Others	7	9	26	33
	325	366	288 (280)	613 (579)

N.B.—Figures in brackets refer to previous year.

The demand on the Home Help Service continues to grow year by year and the majority of the applications are from the elderly. Approximately 91 per cent of the cases on the books at the end of the year were in this category compared with 85 per cent the previous year. This is not surprising as the proportion of population over 65 years of age, 17.7 per cent (1961 Census) is one of the highest in the country.

Expectant mothers have again been encouraged to make their own private arrangements to relieve the pressure on the service and during the year 12 cases only were attended by the Council's Home Helps compared with 22, 31, and 60 in the previous three years.

In two instances enquiries have been made for night-sitters, and names have been suggested for private arrangements.

The number of new cases dealt with during the year was 288 compared with 280 the previous year, but applications for help were 473 (453). This number, however, includes 103 householders where help was discontinued for a time on occasions during the year, e.g. because of admission to hospital. They were later re-entered on our register after return. Many applicants were encouraged to seek their own independent help.

At the end of the year there were 366 names on the Home Help Register compared with 325 at the end of 1963 and 299 at the end of 1962.

The practice tried in 1963 whereby initial visits to householders were made by health visitors was discontinued in April, and these are now carried out by the Organiser. Close liaison between Nursing, Health Visiting and Home Help Services exists but it has proved a great advantage for the Home Help Organiser to become acquainted with the householder from the outset.

Liaison with other Departments.

Co-operation continued between workers in related services, Welfare Officers, Hospital Medical Social Workers, the Children's Officer and Home Teacher for the Blind, as well as with the Voluntary Services. A combined concentrated effort can often help the lonely, elderly person to remain in his/her own home and to live happily there for a longer time than would otherwise be possible or, possibly, contribute to the prevention of a family break-up.

Home Helps.

At the end of the year 60 Home Helps were employed—18 whole-time, whose hours ranged between 36 and 40 per week and 42 part-time, whose hours varied from 21 to 32 per week.

During the year 30 Home Helps were off duty owing to illness for periods varying from 1 to 78 days, making a total absence of 57 weeks for the year or equivalent to the working time given by two part-time Home Helps for a whole year.

Home Helps have continued to give most loyal service. They are experienced in household duties and their main incentive is to be able to render a service to the elderly who need them. Too high praise cannot be given to these 60 Council employees who take such a keen interest in helping householders, not only attending to their physical comfort but, in many cases, bringing happiness and cheer to elderly, lonely persons."

Table XX shows particulars of the monthly case load.

Table XX
Home Help Service—Monthly Case Load, 1964
(Figures for 1963 in Brackets)

Month	Number of cases served	Contributions required in full	Part Contributions required	No Contribution required
January ...	336 (303)	25 (24)	294 (259)	17 (20)
February ...	342 (310)	25 (23)	300 (266)	17 (20)
March ...	348 (317)	28 (27)	304 (274)	16 (16)
April ...	357 (319)	32 (24)	309 (280)	16 (15)
May ...	359 (322)	40 (27)	302 (278)	17 (17)
June ...	366 (312)	43 (28)	308 (267)	15 (17)
July ...	389 (318)	49 (26)	325 (276)	15 (16)
August ...	382 (323)	49 (27)	318 (282)	15 (14)
September ...	388 (324)	46 (32)	328 (279)	14 (13)
October ...	386 (313)	43 (25)	323 (276)	15 (12)
November ...	368 (310)	39 (24)	315 (275)	14 (11)
December ...	366 (325)	40 (23)	314 (288)	12 (14)

INFECTIOUS DISEASES.

Deaths from infectious diseases during 1964 were as follows:—

Influenza ...	3
Gastro enteritis and diarrhoea ...	5
Pulmonary tuberculosis ...	2
Pneumonia ...	75
Other respiratory diseases (excluding bronchitis)	12

Table XXI. Notifications made to Medical Officers of Health during the year ended 31st December, 1964

	Isle of Wight Rural Dist.	Cowes	Newport	Ryde	San-down Shanklin	Ventnor	Totals
Scarlet Fever ...	3	2	23	6	4	—	38
Pneumonia ...	—	1	1	1	—	—	3
Erysipelas ...	1	—	—	—	1	—	2
Typhoid Fever ...	—	—	—	—	—	—	—
Measles ...	27	223	39	24	280	5	598
Whooping Cough ...	6	3	15	17	6	—	47
Dysentery ...	—	—	—	—	—	—	—
Meningococcal Infection ...	—	1	—	1	—	—	2
Food Poisoning ...	—	2	1	29	4	—	36
Acute Encephalitis, Infective	—	—	—	—	1	—	1
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	1	—	—	—	—	1
*Pulmonary Tuberculosis ...	7	9	9	10	7	3	45
Other forms of Tuberculosis	—	1	1	—	1	—	3
Totals ...	44	243	89	88	304	8	776

*N.B.—These figures include notifications of 25 pulmonary cases which have come to reside in the Island.

Table XXII. Notifications of certain infectious diseases received for the ten years, 1955-1964

<i>Disease</i>	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	55	33	29	22	52	66	43	10	41	38
Diphtheria	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	1	—	—	—	1	—	—
Paratyphoid Fever	—	—	1	1	2	—	—	—	—	—
Pneumonia	22	21	9	10	35	5	3	5	9	3
Puerperal Pyrexia	6	—	2	4	—	1	—	—	1	1
Meningococcal Infection	—	1	1	—	1	3	1	2	—	2
Acute Poliomyelitis and Polio Encephalitis	11	17	5	—	—	—	—	—	—	—
Acute Encephalitis Infective	—	—	—	—	—	—	2	—	1	1
.. Post Infectious	—	—	—	—	—	1	—	—	—	—
Erysipelas	6	10	8	1	12	8	6	2	2	2
Ophthalmia Neonatorum	—	1	—	1	—	1	1	—	1	—
Measles	984	568	737	1498	681	53	1910	166	1395	598
Whooping Cough	180	70	36	109	123	35	162	9	63	47
Dysentery	2	9	1	19	51	8	2	1	2	—
Malaria	—	—	—	—	—	—	—	—	—	—
Food Poisoning	34	7	30	95	51	5	52	93	3	36
*Tuberculosis Pulmonary	76	76	93	63	66	84	49	41	45	45
*Tuberculosis Non-Pulmonary	17	11	8	10	14	4	2	3	4	3
Totals	1393	824	960	1834	1088	274	2233	333	1567	776

*Includes transfers from mainland areas.

REGISTRATION OF NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

During 1964 no new homes were registered, two were closed and seven were on the register on the 31st December, 1964. Of these, two were for maternity cases, three for medical cases only and two for convalescent cases only.

Visits of inspection to all registered homes were made by Nursing and Medical Officers during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Three new applications for registration of premises were received during 1964 and certificates of registration were issued in each instance. No registrations were cancelled during the year and four nurseries were on the register at 31st December, 1964.

Quarterly visits of inspection to all registered premises were made by Nursing and Medical Officers during the year.

FOOD AND DRUGS ACT, 1955. INSPECTION AND SUPERVISION OF FOOD.

Sampling duties are undertaken by the staff of the Weights and Measures Department of the Council and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures, for the following report on sampling undertaken during the year 1964-65.

Table XXIII. Food and Drugs results of analysis of samples submitted for examination during the year ended 31st March, 1965

<i>Articles Sampled</i>	<i>Number Obtained</i>	<i>Number Adulterated or otherwise Irregular</i>
Milk (Ordinary)	150	11
Milk (Channel Island)	46	1
Bread (Milk Loaves)	8	5
Cakes	8	—
Dried Milk	4	1
Double Cream	6	—
Drugs and Medicines	13	—
Edible fats	5	—
Ice Cream	9	—
Meat and Meat Products	27	1
Preserves, etc.	8	3
Sausages	8	2
Soft Drinks	5	—
Sugar confectionery	8	—
Miscellaneous foods	24	2
Total	329	26

Milk.

Details of the results of samples of milk taken under arrangements made by Mr. Holden are as follows.

Table XXIV. Number of samples collected and results of examination

<i>Class of Milk</i>	<i>No. of Samples Tested</i>	<i>Appropriate Tests</i>	<i>Number of Samples</i>		
			<i>Passed</i>	<i>Failed</i>	<i>Void</i>
Pasteurised	123	Phosphatase ...	122	1	—
		Methylene Blue	122	—	1
Untreated	287	Methylene Blue	188	80	19
Tuberculin Tested (Raw)	360	T.B. Biological ...	359	—	1
		Brucellosis ...	354	5	1

Brucella Abortus.

Positive brucella results are communicated to the two District Medical Officers of Health who are also employed by the County Council. In conjunction with the Inspector of Weights and Measures, whose staff provide sampling facilities, they are asked to advise producers as to action to deal with the matter. The Divisional Veterinary Officer of the Ministry of Agriculture is also informed.

MEDICAL EXAMINATIONS.

Examinations carried out by the Medical Staff during the year can be summarised as follows :—

(1) Children in Care

(a) Boarded-Out Children

These children are examined six-monthly until two years of age and then annually, being seen whenever possible in the foster homes.

(b) Children in Council Homes

These children are seen on admission by Local Medical Practitioners and then annually by the Council's Medical Officers.

(2) Local Authority Staff

(a) Superannuation medical examinations

Number examined	...	...	...	...	...	...	...	...	...	...	92
Accepted	...	...	...	...	...	...	...	...	...	...	92
Failed	...	...	...	...	...	...	...	...	...	...	—

(3) Medical Examination of Teachers

(a) Entrants to Training Colleges

Entrants to Training Colleges	70
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(b) Entrants to employment as teachers by Isle of Wight Education Committee

Entrants to employment as teachers by Isle of Wight Education Committee	10
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80

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VOLUNTARY AND OTHER ORGANISATIONS.

British Red Cross Society.

During the past year the Voluntary Aid Detachments have continued to assist the County Council in the following ways :—

- (a) On numerous occasions members have escorted sick or disabled persons to all parts of the country—often at very short notice. Emergency escort duty of spastic children has also been carried out on a number of occasions in the absence of the regular Supervisor.
- (b) Members of the Society have been in regular attendance at County Council Infant Welfare Clinics, Vaccination and Immunisation Clinics and School Medical Inspections.
- (c) Members have assisted in the homes of elderly and sick people on a number of occasions at the request of the County Nursing Officer and District Nurses.

The six clubs for the disabled in Newport, Ryde (2), East Cowes, Totland Bay and Lake continue to give great pleasure to the disabled members who attend. The number of regular members has now risen to 100 and the work carried out includes basketry, rug making, lampshades, leather work, toys, etc. "Open Days" have been held at which the articles made have been sold and orders taken. During the year numerous parties and outings have been arranged by the Club organisers. Four members enjoyed holidays arranged by the Isle of Wight Society for the Aid of the Physically Handicapped.

Medical Loan Depots are established at Arreton, Cowes, East Cowes, Godshell, Newport, Niton, Ryde, Seaview, Shanklin, Totland Bay and Ventnor, and a total number of 780 loans were made during 1964.

One problem which has arisen is the space needed for housing the various articles ; especially is this the case at the Branch Headquarters in Newport which has as many as 45 wheelchairs. This presents a very formidable problem, especially during the winter months when so many of the chairs are returned to store.

Aids for the disabled are often supplied at the request of Health Visitors and District Nurses.

Local liaison personnel for the services provided by the Society have been appointed in all areas, and a list of these names is held by the Health and Welfare Department at the County Hall, and at Branch Headquarters, 18 Quay Street, Newport.

C. M. QUINTON, *County Branch Director.*

St. John Ambulance Association.

The St. John Ambulance Brigade in the Isle of Wight has, during 1964, carried out a full and varied programme of service to the community. Members have provided first aid cover for all the principal public functions and staffed beach first aid posts during the summer season. From the Medical Comforts Depots medical requisites of all kinds have been issued on loan to patients, and in addition training courses in first aid, nursing and allied subjects have been organised, for the general public and for the members of many other organisations.

The main difficulty, in common with most other bodies, is one of manpower. If more men and women were willing to come forward to give a few hours of their leisure time, as and when they found it possible, to this very worthwhile work, activities could be extended in all the fields in which such services are in ever-increasing demand. Those who do not wish to take full first aid training may enrol as Auxiliaries of St. John, and in this capacity can perform many useful administrative duties in all parts of the Island.

F. R. B. H. KENNEDY, M.B.E., Kt.St.J., L.R.C.S., L.R.C.P.,
L.R.F.P. & S., J.P., *County Commissioner.*

Family Planning Association.

During 1964, 43 Family Planning Clinics were held and a total of 848 patients dealt with. Of these 142 were new cases referred from the following sources :—

- 60 referred from family doctor.
- 51 from a friend.
- 4 from local hospitals.
- 6 from local authority.
- 21 from press/telephone book/Headquarters of the Marriage Guidance Council.

The Clinic is run on voluntary help and naturally it is very difficult to obtain the right kind of help. The Association's medical staff are paid and therefore a small charge is made to cover expenses, but this can be reduced or waived in case of need.

We are most grateful for the use of the County Hall Clinic premises, without which we could not hope to function.

The Secretary can be contacted at the Clinic during session times—first and third Monday evening of each month, 6 p.m. to 8.30 p.m., and the second and fourth Tuesday afternoons 2 p.m. to 4.30 p.m., or by writing to Family Planning Clinic, c/o County Hall, Newport.

JOAN JACKSON, *Hon. Secretary.*

Isle of Wight Marriage Guidance Council.

The Isle of Wight Marriage Guidance Council is an entirely voluntary organisation. It consists of a Council to which anyone may belong who is prepared to pay a small annual subscription. These help make possible the day-to-day running of the Island body which is controlled by a Committee who meet once a month. The work falls into two parts:—

Counselling—which is completely confidential and which is concerned with married people. In 1964 our Counsellors had 26 new cases involving 103 interviews and concerning 39 children under 16 years of age.

Educational—which consists of courses and discussion groups for pre-marriage couples and Youth Clubs, and an annual series of discussions run by our Island worker in the Borstal Institution at Portsmouth. Talks are also given to various Island Clubs.

All workers are trained and give their services free. Any enquiries should be made to the Hon. Secretary, Mrs. A. W. Glenny, Shore Mead, Fishbourne. Telephone Wootton Bridge 247.

Catholic Marriage Advisory Council.

The Catholic Marriage Advisory Council Centre is at 61 Crocker Street, Newport. A counsellor is in attendance on Monday afternoons from 2.30 to 4 p.m. An interview at other times, with counsellors, priests, doctors and lawyers may be secured by writing to the Hon. Secretary at 61 Crocker Street, Newport.

Apart from its work of reconciliation, the Catholic Marriage Advisory Council organises series of talks for engaged and newly married couples which cover all aspects of married life.

The Council also arrange series of talks to parents which emphasise the duty and privilege of parents to give their children right and Christian ideas of sex.

The Samaritans.

The Island Branch of the Samaritans, the organisation which exists to help those tempted to suicide or in despair, has been in operation since April 1963.

From then until March 1965, the telephone number of the Portsmouth Samaritans, Portsmouth 23432, has been publicised as the emergency number and calls from the Island to this number have been referred immediately to the Island Samaritans. The scheme has worked well, but the number of people making use of it has not been as many as expected.

From March 1st, 1965, an Island Samaritan Centre has been in operation in Holy Trinity Church Hall in Ryde. The Centre is manned from 9 a.m. to 9 p.m. from Monday to Saturday and has its own telephone number, Ryde 2277. It is hoped that having a local centre will help Island people to realise that Samaritan help is readily available on the Island. The Portsmouth number, which is manned continuously, can still be rung from the Island.

The characteristic feature of Samaritan work is that of befriending. The Samaritans try to provide a means whereby those who have fallen out of the ways of normal human friendship can, by being befriended, find their way back.

More helpers are needed, both for telephone watch-keeping and for the work of befriending. The Director, the Rev. J. V. Bean, can be contacted at the Samaritan Centre, Holy Trinity Church, Ryde.

Reports on the work of the Isle of Wight Old People's Welfare Association and the Women's Voluntary Service are included in the sections dealing with Welfare.

MENTAL HEALTH SERVICES.

Account of work undertaken in the community: (A) Mental illness.

(i) *Investigation with a view to admission to psychiatric hospital.*

The Mental Welfare Officers who carry out the statutory requirements of the Mental Health Act, 1959, dealt with 143 patients suffering from mental illness in 1964. The numbers dealt with in the preceding eight years are shown in the following table (prior to the coming into force of the Mental Health Act in November 1960, these figures relate to action taken under the Lunacy and Mental Treatment Acts, 1890-1930):—

Table XXV.

Year	...	...	1956	1957	1958	1959	1960	1961	1962	1963	1964
Cases	...	...	93	151	123	117	117	133	126	128	143

Of the 143 patients referred to, 11 were found not to be in need of hospital care and were given such advice and assistance as was necessary. The remaining 132 patients were admitted to hospital as indicated:—

Informal admission	...	...	...	...	...	...	...	...	...	...	23
Section 25 of the Mental Health Act (admission for 28 days' observation)	...	...	...	...	...	...	...	...	...	...	39*
Section 26 of the Mental Health Act (admission for treatment)	...	...	...	...	...	...	...	...	...	...	4
Section 29 of the Mental Health Act (emergency admission for three days' observation)	...	...	...	...	...	...	...	...	...	...	66†

*30 of these patients subsequently became informal patients, four were dealt with under Section 26 of the Act and five were discharged at the expiration of the period of observation.

†19 of these patients became informal patients at the expiration of the three days' observation, four were discharged, six were dealt with under Section 26 of the Act and thirty-seven were dealt with under Section 25 (of whom 25 later became informal patients, three were dealt with under Section 26, and nine were discharged at the end of the extended period of observation).

(ii) *After-care.*

Nineteen patients (14 men and 5 women) suffering from mental illness were referred for after-care following discharge from a Psychiatric Hospital. The Mental Welfare Officers keep in regular contact with these patients whilst they continue to reside in the community.

In addition, a further 11 patients were referred during the year as possibly needing after-care but in these cases an initial visit was all that was required in order to acquaint the patients of the services available to them.

(B) Mental Subnormality.

(i) *Ascertainment.*

Twelve additional persons were referred to the Mental Welfare Service during the year. Of these, two were reported by the Education Committee as being unsuitable for education in an ordinary school and 10 were referred from other sources, including two transferred from the mainland. The following tables give details of cases referred during 1964:—

Table XXVI.
MENTAL SUBNORMALITY.

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
<i>Referred by—</i>				
Local Education Authority ...	—	—	2	—
Local Health and Welfare Department	1	1	2	—
Other Local Authorities ...	—	—	—	1
Psychiatric Hospitals	—	2	—	2
Relatives (on moving to Island)	—	—	—	1
Totals ...	1	3	4	4

In connection with these 12 cases, action was taken as follows:—

Table XXVII.

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
Arrangements made for home visits	—	3	—	2
Arrangements made for home visits in addition to attendance at the Training Centre ...	1	—	4	2
Totals ...	1	3	4	4

(ii) *Guardianship and Supervision.*

The total number of cases supervised by this authority on the 31st December, 1964, was 230 and can be summarised as follows:—

Table XXVIII.

	<i>Male</i>		<i>Female</i>	
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>
Receiving Home Visits	7	97	13	110
Guardianship	—	—	—	3
Totals	7	97	13	113

No new patients have been placed under guardianship during the year ; one severely subnormal patient admitted to a Psychiatric Hospital as a temporary measure in 1963 is remaining there on a permanent basis and the Guardianship Authority in this case has therefore been allowed to lapse. At the end of the year, three patients remained under guardianship. The Mental Welfare Officers maintain regular contact with these patients and are able to give assistance and advice where necessary. These patients are also visited at least once a year by a Medical Officer.

The remaining 227 patients shown as receiving home visits, are seen as frequently as may be necessary by the Mental Welfare Officers, depending on individual circumstances.

(iii) *Admission of patients to hospital.*

During the year, arrangements were made for the admission of 11 sub-normal patients (three male and eight female) to Psychiatric Hospitals. Of these, six (one male and five female) were admitted on a long-term basis and four (two male and two female) were admitted for short-term care to give their families a short break from the responsibility of caring for them and one female patient was admitted for a period of observation.

(iv) *Training Centre.*

The work of the Training Centre continues to provide a valuable service for mentally subnormal persons and during the year the Supervisor, Miss Pickering and her staff continued to maintain the high standard of training. Miss Pickering was due to retire on the 31st December, 1964, but kindly agreed to extend her service temporarily pending the appointment of her successor. Erection of the new Training Centre in School Lane, Barton, was commenced this year and will be ready for occupation by the Autumn Term, 1965.

(a) *Juniors—Under 16.*

On the 31st December, 1964, there were 18 pupils on the register of the Junior Training Centre, three of whom were attending informally on a trial basis not yet having been formally ascertained as unsuitable for education in school. All suitable children known to us between the ages of 5 and 16 years are in attendance unless it is evident that they are receiving adequate training elsewhere having regard to their particular limitations.

The curriculum of the Junior Training Centre includes the usual subjects taught at such a Centre, for example, writing, reading, elementary arithmetic, and various types of hand-work. The importance of physical training is not forgotten and the services of a part-time pianist are engaged in connection with lessons in dancing, miming and singing. The percussion band also continues to be a very popular item.

The Nursery Class continues to fulfil a great need by relieving the strain on the families of certain very young children suffering from mental disorder and by providing such children with the specialised training they need for the development of any potential ability.

(b) Adults—16 and over.

On 31st December, 1964, there were 27 pupils on the register of the Senior Centre.

The range of subjects taught to the adult pupils is extended to include various items of a more practical nature, such as weaving and rug-making. The senior girls also learn such things as sewing, dusting, table laying, washing, ironing and other domestic skills and the senior boys receive instruction in woodwork and concrete making.

(c) General.

The services provided at the Centre are similar to those available in ordinary schools (for example, a regular medical inspection, dental treatment, meals and milk) and transport facilities are provided when ever necessary.

The summer outing held on the 16th September, consisted of a coach tour round the Island, and in spite of the somewhat inclement weather, the pupils thoroughly enjoyed themselves. The annual Christmas party was held on the 18th December and was the usual great success.

Survey of prevalence of subnormality.

During the year, facilities have continued to be made available to Dr. A. Kushlick, Director of Research in Subnormality, Wessex Regional Hospital Board, in connection with this survey.

Co-ordination with the Hospital Service and General Practitioners.

Close co-operation continues to exist between the family doctors and Mental Welfare Officers.

During the year under review, three members of the County Council were also members of the Isle of Wight Group Hospital Management Committee and one or more of these members served on the Whitecroft Hospital, Longford Hospital and St. Mary's Hospital House Committees. The County Medical Officer is also a member of the Whitecroft and Longford Hospital House Committees and attends meetings of the St. Mary's Hospital House Committee by invitation for psychiatric items. Very close liaison with the Hospital Authorities is thereby maintained. In addition, there is an excellent working relationship between this Authority's Mental Welfare Staff and the staff of the hospitals concerned.

In the case of Whitecroft Hospital, regular monthly meetings are to be held between the Welfare Officers, the County Nursing Officer and certain members of the hospital staff.

The Council's services are obviously related to those of the hospital. Dr. Gordon Brown, Medical Superintendent of Whitecroft Hospital has very kindly submitted the following comment for inclusion in my report :

Work undertaken at Whitecroft, 1964.

At the beginning of January, 1964, there were 444 patients in residence and on 31st December, 1964, the number was 435. The status of the patients resident on 31st December, 1964, was as follows :—

			<i>Male</i>	<i>Female</i>	<i>Totals</i>
Informal	...	...	132	268	400
Compulsory	...	...	14	21	35
			<hr/>	<hr/>	<hr/>
Totals	...	...	146	289	435

Re-admissions and discharges were as follows :—

IN-PATIENTS.

<i>Year</i>	<i>Admissions</i>	<i>Re-admissions</i>	<i>Percentage Re-admissions</i>	<i>Discharges</i>	<i>Deaths</i>
1964	462	227	49	388	83

OUT-PATIENTS ATTENDANCES.

<i>Year</i>	<i>Total Attendances</i>	<i>New Patients</i>
1964	2,098	417

The pattern of mental illness has altered through the years. The average duration of stay is considerably less. In this context it must be remembered that the percentage of re-admissions has increased, but at least patients are kept in touch with relatives and with their usual mode of life to a far greater extent than formerly. It follows from this that a number of patients require care and support when they leave the Hospital.

This leads to the next essential step for the future—the co-ordination of the Hospital on the patient's discharge, not only with the family doctor, but with the resources of the Local Health Authority, the Clergy and others who recognise that a patient's mental health and happiness is essential to the individual and all those who come into any real contact with him. This co-ordination should be encouraged in every way and steps are being taken to this end.

G. GORDON BROWN,
Medical Superintendent.

NATIONAL ASSISTANCE ACT, 1948.

Administration.

The statutory functions of the County Council under the National Assistance Act, 1948, are delegated to the Health and Welfare Committee. The County Medical Officer who is also County Welfare Officer, is responsible for the day-to-day administration and in this he is assisted by the Senior Social Welfare Officer, four Social Welfare Officers, clerical staff of the Welfare Section and the Matron and Staff of the five Homes. Towards the end of the year, the field staff was augmented by the appointment of a Relief Social Welfare Officer. The Isle of Wight Society for the Blind are the Council's agents for the welfare of the blind and the Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the agents for the welfare of the deaf and hard of hearing.

The duties of the Welfare Officers include the visiting of elderly and handicapped people living in the community and giving such assistance

and advice as they may require in coping with everyday life. Where necessary, they arrange for such persons to be admitted to residential accommodation and give them any help which may be needed in sorting out their personal affairs. A number of talks on various aspects of welfare have been given by the Welfare Officers during the year to various voluntary organisations. Periodic staff meetings are held at which these Officers have an opportunity to discuss problems of mutual interest and joint meetings between the Welfare Officers and the Nursing Staff at district level are also held from time to time.

Welfare Services for the Aged.

General Social Welfare.

The promptness with which hospital admission is arranged for residents in the Old People's Guest Houses needing in-patient treatment is proof of the very close liaison which continues to exist between the Regional Hospital Board's Consultant in Geriatrics and the Officers of the Health and Welfare Department. This has proved of inestimable value in ensuring the health and well being of the old people in our Guest Houses.

Local residents and voluntary organisations continue to take a great interest in the residents of the Council's Guest Houses and the social contacts which result, greatly assist our old people (particularly the less active ones) to feel that they are still in touch with the general community as a whole.

Chiropody.

All residents in the Council's Guest Houses requiring Chiropody are provided with this treatment free of charge. In this connection a Chiropodist visits the Guest Houses regularly.

Isle of Wight Old People's Welfare Association.

Miss B. Filley, Honorary Secretary of the Association has supplied the following information :—

“149 visits have been paid by the Secretary to 52 people in various parts of the Island (chiefly rural areas) for special reasons.

During the year 20 elderly people have received chiropody treatment through the Beat-Your-Neighbour Fund. These are scattered round the Island and are in areas without a Local Committee.

Reports on work of Groups.

Cowes.—Hon. Secretary, Miss I. Ball, 95 Mill Hill Road, Cowes.

The work is mainly routine, e.g. friendly visiting at home and in hospital of elderly people in the town and helping in any way necessary for their well-being and comfort. The McNamara Almshouses are kept in repair by the Group funds, and the garden is kept tidy.

The chief activities this year have been : arranging help with gardening ; providing gas stoves, items of furniture, radio sets. Transport to functions is provided as required.

An afternoon outing and tea was arranged in the late summer, and enjoyed by thirty old people, and the helpers. This has become an annual function now.

At Christmas a gift of 1 cwt. of coal was made to 130 old people. This year a special carol service was arranged and carried out by the Cowes Salvation Army under their Captain. This was much enjoyed.

East Cowes.—Hon. Secretary, Mrs. D. Denton, 25 Ferry Road, East Cowes.

Visiting is carried out regularly, and as most of the elderly people in this small town are well known to the Committee, when help is needed the need is known and help given. At Christmas coal and other gifts were distributed.

Newport.—Hon. Secretary, Mrs. C. S. Fowler, 13 Cypress Road, Newport.

A very much appreciated chiropody service organised by the Secretary continues to give foot comfort at a reduced cost to about 70 old people.

The Chiropodist gives her service on reduced terms. There is always a waiting list for this service. Replacements and repairs have been made to furniture and houses redecorated. Gardens have been tidied. Friendly visiting is carried out regularly and any help needed is supplied. Help is given when old people have to move and new residents are welcomed to the town. Various voluntary bodies in the town help in the work and contact is kept with the local statutory workers.

Ryde.—Hon. Secretary, Mr. Hoare, 4 Cornwall Street, Ryde.

A chiropody service is carried out by a member of the Committee who is a qualified chiropodist. Another member of the Committee who helped in the work has had to give up during the year, but a further service is given by the Ryde W.V.S. so a fair number of the community are served.

This Committee has a scheme whereby birthday tokens are given to all old people on the list kept by the Secretary. A clothing scheme is in operation, coal was provided at Christmas by an independent body and distributed by the Hon. Treasurer to 100 elderly people. Visiting is carried out regularly and any help needed is provided or the person concerned put in touch with the department or organisation which can provide it. The Townswomen's Guild give a party once a year for 100 over seventies.

Shanklin.—Hon. Secretary, Mr. J. F. Richards, 69 Green Lane, Shanklin.

This is an active Committee and has during the past year added a number of volunteers to the service. The visiting service is being constructed more fully and a Visiting Secretary has been appointed. The usual gifts of coal and other fuel were given at Christmas, but this year vouchers for these were distributed so that the recipients could have the fuel when most convenient to them. Special gifts were given according to the need of the receiver.

Decorating has been done in some of the houses and some chimneys have been swept, though some difficulty is found in finding a sweep. Gardening is another problem, as few people in the area seem free to carry out this work."

"Meals on Wheels" Service.

The Women's Voluntary Service carry out this scheme on behalf of the County Council and are responsible for the day-to-day administration of the service. A further extension of this service has been made during the year by the introduction of twice weekly delivery of meals in the West Wight and in Ventnor. Meals are now supplied twice weekly in each of the areas served, with the exception of Shanklin where it has not been found possible since May to arrange for the provision of meals more often than once a week. The average weekly number of meals supplied in each area during 1964 was as follows:—

Newport 42.

Ryde 42.

Shanklin 25.

Cowes 40.

West Wight 39(during last six months of the year).

Ventnor 34 (from 10th November, 1964, onwards).

In Ryde and the West Wight the meals are supplied from a local cafe, but in Newport, Shanklin, Ventnor and Cowes, they are supplied from the Council's Old People's Guest Houses in these areas.

Where this service has been provided in conjunction with the other domiciliary services of the Council, it has been found that many elderly people have been able to continue living in their own homes who otherwise would probably have needed to be admitted to the Council's residential accommodation.

Old People's Luncheon Club, Ryde.

The Old People's Luncheon Club opened by the Women's Voluntary Service in Ryde during 1963, has continued to provide a valuable service and has proved most popular amongst the elderly folk of the district. During the year under review, the Club provided meals twice weekly and a total of 2,985 meals was served.

It is hoped to open a similar Club in Newport, early in 1965.

National Assistance Act, 1948—Part III.

Section 21.

The negotiations begun in 1963 for the purchase of "Yewlands," the property adjoining Inver House, Bembridge, were completed during 1964, and the building has been connected to Inver House by a communal dining room. By this means accommodation for an additional 13 elderly persons has been provided.

The accommodation provided in the Isle of Wight directly by the County Council under Section 21 of the National Assistance Act, 1948, at the 31st December, 1964, can therefore be summarised as follows:—

- 1.—Polars, Newport—For 30 elderly persons.
- 2.—Blind Home, Newport—For 26 elderly blind persons.
- 3.—St. Lawrence Dene—For 51 elderly persons.
- 4.—Osborne Cottage, East Cowes—For 38 elderly persons.
- 5.—Elmdon, Shanklin—For 28 elderly persons.
- 6.—Inver House, Bembridge—For 48 elderly persons.

The demand for residential accommodation continues to increase and it will probably be necessary to take steps to make additional beds available within the very near future.

Temporary Accommodation.

Temporary accommodation is made available in the County Council Homes for people who have been rendered homeless as a result of fire, flooding or other unforeseen circumstances. During the period under review it was not necessary to provide any such accommodation. The two persons referred to in my Annual Report of 1963 as still being in temporary accommodation provided by the London County Council at the end of that year, have now been re-housed.

Section 26.

The Authority also maintains 24 aged persons in accommodation provided by voluntary organisations, viz. :—

W.V.S. Residential Club, "The Briars," Sandown	...	...	...	6
Church Army Home for Aged Men, Newport	...	...	...	12
Southern Railway Home, Woking	...	...	...	1
Weston Manor, Totland	...	...	...	5
				—
				24
				—

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS.

Blind.

I am indebted to Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind, for much of the following information.

Registration.

The number of registered blind persons on 31st December, 1964, was 267 (96 males and 171 females) compared with 261 (99 males and 162 females) on 31st December, 1963. During the year, 28 new persons were registered (5 males and 23 females) ; in addition, ten persons were transferred to the Island. During the same period, 26 persons (8 males and 18 females) died, two persons (one male and one female) were de-certified and four persons were transferred to the mainland. The ages of the blind population are shown in the following table :—

Table XXIX

0—1 <i>year</i>		2—4 <i>years</i>		5—15 <i>years</i>		16—20 <i>years</i>		21—39 <i>years</i>		40—49 <i>years</i>		50—64 <i>years</i>		65 <i>years</i> <i>and over</i>	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
—	—	—	—	1	3	2	2	8	5	10	3	14	16	61	142

Causes of Blindness in New Registrations.

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Diabetes</i>	<i>Others</i>
Treatment recommended	4	1	—	1
No treatment recommended	4	2	4	12

Employment.

At the end of the year, 20 blind persons (16 male and 4 female) were usefully employed and details of the employment were as follows :—

	<i>Male</i>	<i>Female</i>
Shorthand typist	—	1
Shopkeepers	4	—
Gardener	1	—
Minister of Religion	1	—
Piano tuner	1	—
Storekeeper	1	—
Tutor	1	—
Farmer	1	—
Physiotherapists	1	1
Machine tool operator	—	1
Basket maker	1	—
Shoe repairer	1	—
Braille copyist	1	—
Knitter	—	1
Mat maker (Workshops)	1	—
Soap maker (Workshops)	1	—

Blind Persons with other disabilities.

During the year a total of 51 persons (18 men and 33 women) were known to be suffering from other disabilities, and these can be classified as follows:—

Table XXX.

<i>Deaf (with or without speech)</i>		<i>Hard of Hearing</i>		<i>Mentally Disordered</i>		<i>Other</i>	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
—	3	5	3	5	5	8	22

Although there has been no Home Teacher since Mrs. Redfern retired in March, one of the County Council's Welfare Officers has been helping with the visiting of the blind for two and a half days per week.

The new Handicraft Centre has been in use since April. Classes are held there twice weekly, with an attendance of 16.

A Social Club has been formed and is run by a Committee of blind persons with a sighted Secretary. The Club meets at the Handicraft Centre on alternate Wednesdays. Membership stands at 50.

Thirteen blind and six sighted guides were given two weeks holiday either in residential or private accommodation.

Christmas and birthday gifts have continued. Fuel, food, clothing, fire guards, white sticks, raised line notepaper, writing frames, games and books, wireless sets, talking books, handicapped persons' cookers have been given to those in need, as well as monetary gifts.

Partially Sighted.

Registration.

During the year, four new persons were registered (2 males and 2 females). Two females were de-certified, and 2 females were transferred to the Blind Register on deterioration of sight. On the 31st December, 1964, the number of registered partially sighted persons was 23 (9 males and 14 females), and the following table gives their age groups:—

Table XXXI.

0—1		2—4		5—15		16—20		21—49		50—64		65 and over	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
—	—	—	—	1	2	—	1	1	1	3	1	4	9

Deaf and Hard of Hearing.

The Rev. R. G. Young, Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf has submitted the following report on the year's work, in connection with the welfare of the deaf and hard of hearing on the Isle of Wight.

"Plans for the development of Easthill as a holiday home with permanent accommodation for several deaf and dumb people, and the centre of activities for the deaf in the Isle of Wight went ahead rapidly during 1964. It will shortly be possible to accommodate 19 people.

There will be a club room where non-residents may meet from time to time for social recreation and for Church Services. It will be impossible to name the many people in the Isle of Wight who have contributed towards the success of this venture.

The policy of the Association is that permanent places should be reserved for deaf and dumb people from Hampshire and the Isle of Wight. Holiday residents may come from any part of the country. In addition, some residents come for long terms where they may be waiting for vacancies in homes run by the Royal National Institute for the Deaf, or other local associations.

A visit to the Home by members of the public and those interested in the welfare services are welcomed by Mr. and Mrs. Styan, who can within a few minutes show the value of Easthill whereas it would be difficult to describe it in a written report.

The social club meets on Saturday afternoons and the members are looking forward to having their own club room in the new block now in course of erection.

Church Services are held regularly and the residents also visit the Parish Church.

Outings and visits to the mainland for gatherings of deaf people enable the deaf to feel they are part of a wider community.

Mr. Styan, who as well as being Superintendent, is Welfare Officer, visits the deaf and hard of hearing and makes monthly reports to the Council of the Association.

Lipreading classes were held at the County Hall, Newport, and these were taken by Mrs. K. Davie, a qualified teacher of the deaf, but as she has now left the Island the classes can no longer be held until such time as a teacher is found.

Representatives of the Island are always present at the monthly meeting of the Council of the Association, held in Southampton.

The progress of Easthill is mainly due to the House Committee and the Friends of the Deaf Groups which are at Cowes, Freshwater, Ryde, Sandown, Shanklin and Ventnor."

R. G. YOUNG.

Physically Handicapped (General Classes).

Registration.

On the 31st December, 1964, 150 persons were registered as handicapped persons. The following table shows the classification:—

Table XXXII.

	<i>Total</i>
Amputations	6
Arthritis and rheumatism	30
Congenital malformations and deformities	16
Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	12
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	21
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	45
Other mental and nervous conditions	6
Tuberculosis (respiratory)	9
Tuberculosis (non-respiratory)	1
Diseases and injuries not specified above	4
	150

Welfare of the Handicapped.

The Welfare Officers continue to visit registered handicapped persons on the Island and give advice to these persons when needed. In several cases handicapped persons have been assisted in connection with adaptations to their homes, provision of aids, ramps, etc.

Disabled Persons' Clubs.

The Isle of Wight Branch of the British Red Cross Society, have continued to run their Clubs for the disabled at Newport, Ryde, East Cowes, Freshwater and Lake. Handicapped persons attending these Clubs derive great benefit from the social contacts they make quite apart from the interest provided by the various activities in which they participate.

Car Badges for Severely Disabled Drivers.

This scheme whereby handicapped drivers are issued with badges enabling them to be easily identified by the Police and other road users with a view to assistance being given to them in finding parking spaces, has continued to operate during the year. Up to, and including the 31st December, 1964, 27 severely disabled drivers had been issued with badges under this scheme.

Residential Care and Training.

On 31st December, 1964, the Council maintained seven handicapped persons in the following homes:—

Chalfont Epileptic Colony	3
Easthill Home for the Deaf	1
Ampthill, Bedfordshire	1
Coombe Farm, Croydon	1
Coignafearn, Croydon	1

National Assistance Act, 1948—Part IV.

Section 37—Registration of Premises.

During the year under review, four applications were received for the registration of premises as Homes for Aged and/or Disabled Persons, two of which were subsequently withdrawn. Registration was effected in one case, the remaining application being still under consideration at the end of the year.

Registration was effected in the case of one of the three applications which were still under consideration at the end of the previous year, the remaining two being subsequently withdrawn.

At the 31st December, 1964, 15 Homes for the Aged and/or Disabled Persons were registered under this Section of the Act.

Section 47—Removal of Persons in need of Care and Protection.

Action was taken under this Section during 1964 in respect of four persons needing care and protection. Three of these patients were admitted to St. Mary's Hospital, Newport and the fourth to the Royal Isle of Wight County Hospital, Ryde.

Section 48—Temporary Protection of Property of Persons admitted to Hospitals, etc.

The Council accepted responsibility for the protection of the effects of 15 patients during the year.

Section 50—Burial or Cremation of the Dead.

During the year the Council accepted responsibility for the burial of one person under this Section of the Act.

Boarding-out of Aged and/or Disabled Persons.

This scheme, whereby certain elderly and/or disabled people are placed with private householders as an alternative to admission to residential accommodation provided by the Council, has continued to operate during the year. At the end of the year 17 persons were so accommodated.

Special Housing for Old People.

The project for 18 units of special housing in the grounds of Polars Guest House was completed early in the year and the first tenants moved in during January. The accommodation which has been erected by Newport Borough Council, with a grant for welfare facilities from the County Council, consists of 18 semi-detached bungalows specially designed to meet the needs of elderly people. A call-bell system connecting each bungalow with the Home is available for any emergency and a daily visit to each tenant is made by the Matron of the Home.

The 34 units of special accommodation with warden facilities at Treefields, Ryde, were completed during the year and the first tenants moved in during September, 1964. Here again, a grant is payable to the Ryde Borough Council by the County Council in respect of each tenant whom the County Council have approved.

School Health Service

To the Chairman and Members of the Education Committee of the Isle of Wight County Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1964. This year I should like right at the beginning of this introductory letter to pay particular tribute to the Heads of both County and Independent Schools and their staffs, for the enthusiastic and unsparing way in which they participated in the survey into health and educational progress, which the Department of Education and Science and the Medical Research Council are undertaking on the Island. No less praiseworthy has been the response from parents in filling in complicated questionnaires and allowing their children to participate. Consultants, family doctors and officers in the Education and other departments can all share the credit for the statement by the research team that "The Isle of Wight was selected as an area for special study partly because its educational services and school health services are recognised to be of a high standard . . ."

As far as the aims and objects of the School Health Service are concerned I think we have got past the recent phase of answering questions as to the necessity for a special medical service for school-children ; the history of progressive health at school over the past 60 years and the challenge of new and unsolved problems in the future speak for themselves. We must look at our pre-school services afresh, to see whether, as in a large county and a large city in the North we should make a comprehensive assessment of a child's health in the few months preceding entry into school, rather than after admission. At the other end of the scale we must consider, in respect of the handicapped school leaver the recommendation of the Thomas Report that the School Health Service should provide "continuity of medical care and supervision for handicapped young people up to at least the age of 18."

There is also a picture emerging of a senior school medical officer with special aptitude and experience to ensure the co-ordination of all available services for the handicapped child, a link which I feel sure would be welcomed by general practitioners and consultants on the Island.

Staff changes in 1964 included Dr. Ashley-Miller's appointment as Senior Medical Officer at the Headquarters of the Medical Research Council, and the appointment of Mr. Davie, Educational Psychologist, to the National Child Development Study, also Mrs. Davie whose appointment as Teacher of the Deaf we have been unable to fill. We welcome the arrival of Dr. B. E. Stone, also Mrs. Holland who replaced Miss Gilmore as Audiometrician. We wish Miss Haddock success in her appointment to a hospital post in Sheffield, and we wish the best of health and happiness in retirement to Miss W. Card, S.R.N., who retired after many years of devotion to the school health service.

Finally, Madam Chairman, I should like to thank you and the members of the Committee, in particular Alderman A. H. Rowland, Chairman of the Special Services Sub-Committee, for another year in which the constant stimulation and encouragement of the Committee has been an ample reward for the work of the many officers, professional and administrative, whose concern is the health of the school child in the Isle of Wight.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,
Principal School Medical Officer.

GENERAL STATISTICS.

Schools and School Population.

The area covered by the Local Education Authority is 94,141 acres, and the estimated population of the Administrative County in June 1964, was 95,380.

The number of pupils on the school registers in December 1964 was 12,548 compared with 12,482 in the previous year, an increase of 66.

Details of the maintained schools at the end of 1964 are as follows:—

	<i>No. of Pupils</i>
Primary Schools	7110
Secondary Modern Schools	3900
Secondary Grammar Schools	1538
	12548

In addition, there were 138 pupils aged between 15 and 18 years attending the I.W. Technical College in Newport and approximately 1,800 pupils in independent schools.

Incidence of various diseases affecting children attending ordinary schools

<i>Primary Schools</i> —Population	7110
Epilepsy (all forms)	48
Heart Conditions (including simple murmurs)	86
Diabetes	6
Asthma	154
Physically handicapped or delicate	51
Eczema	124
<i>Secondary Schools</i> —Population	5438
Epilepsy (all forms)	44
Heart Conditions (including simple murmurs)	38
Diabetes	8
Asthma	100
Physically handicapped or delicate	83
Eczema	58

HANDICAPPED CHILDREN IN SPECIAL SCHOOLS.

At 31st December, 1964, 17 children (11 boys and 6 girls) were in 14 residential Special Schools as compared with 16 the previous year.

The schools concerned with the care of handicapped Island children were:—

<i>Category</i>	<i>Name of School</i>	<i>Boys</i>	<i>Girls</i>
<i>Blind.</i>			
	School for Blind Children, Bridgend, Glamorganshire ...	—	1
	Royal West of England School of Industry for the Blind, Westbury-on-Trym, Bristol	1	—
<i>Partially Sighted.</i>			
	Barclay School for Partially Sighted Girls, Sunninghill, Berkshire	—	3
	Blatchington Court, Seaford, Sussex	1	—
<i>Deaf.</i>			
	Royal School for Deaf Children, Margate, Kent	1	—
	Royal West of England School for Deaf, Exeter	—	1
	Wessington Court School, Woolhope, Hereford	1	—
<i>Partial Hearing.</i>			
	Burwood Park School, Walton-on-Thames, Surrey	1	—

Physically Handicapped.

Hawkesworth Hall School, Guiseley, near Leeds, Yorkshire ...	1	—
St. Catherine's Home, Ventnor, I.W.	1	—

Delicate.

St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1
--	---	---

Maladjusted.

Kingsmuir School, Stonelands, Sussex	1	—
Ashley Hall School, Market Drayton, Shropshire	1	—
Pitt House School, Torquay, Devon	1	—
Broadview House, Hayling Island, Hampshire	1	—

No pupils ascertained as coming within the categories of Educationally Subnormal, Epileptic, or pupils suffering from Speech Defect, within the meaning of the School Health Service and Handicapped Pupils Regulations were attending residential special schools at the end of the year.

Children Unsuitable for Education at School.

During the year three children were notified by the Local Education Authority to the Local Health Authority under Section 57 (4) of the Education Act, 1944 (as amended).

SPASTIC DAY UNIT.

Teacher in Charge: Mrs. U. Herbert.

Doctor Ruth Skrine, Medical Officer to the Spastic Unit, reports:—

“A policy of close co-operation between everyone concerned with the welfare of the children at the Unit has been maintained. The School Medical Officer visits the Unit frequently and sees all the children with the school nurse, at least once a term. A full medical examination of each child is carried out every year. The Teacher in Charge and assistant teacher consult her at any time when problems arise. Pupils are also seen regularly by the Consultant in Physical Medicine and Consultant Orthopaedic Surgeon at the combined Cerebral Palsy clinic, at which a School Medical Officer attends.

There has been a meeting of the Screening Panel each term to review the progress of children attending the Unit, and to consider new applicants for entry. At these meetings reports were given on each child by the School Doctor, Teacher in Charge, Physiotherapist and Speech Therapist.

Daily Physiotherapy is provided, and hydrotherapy in the heated pool is given twice weekly. The Speech Therapist visits the Unit each week.

One or two Cadet Nurses from St. Mary's Hospital have continued to attend on four days a week and are most helpful. However, the loss of the full-time nursing attendant part way through the year has been keenly felt, and it is hoped that it will be possible to replace her soon.

On 31st December there were ten children in the Unit. During the year three children were admitted and three discharged. A nine-year old boy who had been in the Unit since it opened was transferred to a residential school on account of special domestic circumstances. In January a girl of seven years was admitted who was suffering from cerebral palsy following meningitis. She made good progress while at the Unit, improving physically, socially and intellectually, but was discharged from the Unit in October when her parents moved from the Island. A boy of eight was admitted in the Spring, with minimal

physical handicap but considerable behaviour problems. It soon became evident that his robust behaviour could not be easily managed in a small Unit, and after a short stay he was transferred to Watergate where he has settled down very well. In October a boy of four was admitted who has slightly spastic legs. He is fully mobile although a little unsteady. It is hoped that he will be fit for normal school after a fairly short stay.

Transport arrangements have been facilitated by the building of a ramp at the Unit. Wheelchairs can now be wheeled directly from the school vans into the Unit.

Through the enterprise of the Isle of Wight Spastic Society a most successful Fete was held at the Unit on 26th September, when more than 700 people attended. Over £190 was raised and this has been used for the provision of a new pottery kiln, classroom cupboard, toys, duplicator, and other apparatus."

WATERGATE SCHOOL.

Headmaster: Mr. L. Rigley.

Dr. Ruth Skrine, Medical Officer to the School, reports:—

"A full examination of every pupil in the school was carried out during the year. This included most careful tests of vision and hearing. As in previous years wherever possible new entrants were seen before the beginning of term either at home or in a suitable clinic, so that at least one meeting between the parents and the School Doctor was ensured.

As the following table shows, a relatively high proportion of children are suffering from other physical conditions, and this necessitates close co-operation between everyone concerned with their welfare. This includes the Hospital Consultants, the General Practitioners, the Child Guidance Clinic, the Educational Psychologist, and the Children's Officer.

Table showing number of children attending Watergate School suffering from certain additional physical conditions.

Epilepsy (all forms)	...	...	...	...	...	...	9
Physically Handicapped or Delicate	...	...	...	...	...	...	5
Heart Conditions	...	...	...	...	...	...	3
Asthma	...	...	...	...	...	...	1
Partial Hearing (wearing aid)	...	...	...	...	...	...	1
Severe Eye Conditions:							
(a) Cataracts	...	...	...	...	...	...	1
(b) Glaucoma	...	...	...	...	...	...	1
Fibrocystic Disease of Pancreas	...	...	...	...	...	...	1
Galactosaemia	...	...	...	...	...	...	1

The absence of an Educational Psychologist since the beginning of the Autumn term has been felt very acutely. He played an important part in the selection of pupils for the school, and in assessing their progress and advising on future capabilities.

At the beginning of the year there were 101 pupils attending. During the year fifteen pupils were admitted and ten discharged. Of these, one went to a Residential School for Maladjusted Children, and nine were placed in suitable employment. All of these together with those placed the previous year, are doing well.

The leavers panel, formed last year, met each term to discuss the future of school leavers and to review the progress of those already placed. Those attending the Panel were the Headmaster, the Youth Employment Officers, the Educational Psychologist, the School Doctor and the Senior Social Welfare Officer. These meetings have worked well, but the problem of placement and after-care is obviously going to be an increasingly large one.

The Medical Research Council Educational Survey has involved this School to a greater extent than any other. During the Autumn term 43 children were given full Neurological and Psychological examinations as well as a full General Medical Examination which included a detailed Perinatal and Development History. All those who have been involved in the survey are grateful to the staff for their continuously cheerful co-operation through the unavoidable disturbance which this has caused. It is hoped that valuable information for the individual child will result from it."

AUDIOLOGY CLINIC.

Dr. D. W. Quantrill reports :—

"The work of the Audiology Clinic has proceeded on the same lines as last year. During the latter half of the year the Teacher of the Deaf and the Educational Psychologist resigned their appointments.

The lack of a teacher of the deaf has had an adverse effect on the scope of this particular project. This difficulty has been partly overcome by the kindness of a neighbouring authority in providing a teacher of the deaf on loan for one session a month. This is inadequate but it is the best that can be done in the present circumstances. Deaf children, their parents and their teachers require constant and regular expert guidance. In fact it is beginning to appear that a full-time teacher of the deaf will be necessary if we are to give this group of handicapped children the best chance possible."

Statistics.

I.—Table showing results of Pure Tone Audiometry Testing in Schools.

Number of children tested	...	...	...	...	...	1731
Number requiring retesting	...	...	...	...	...	414
Number who failed the retest	...	...	...	...	...	123

The 123 children who failed retest are under observation and will be dealt with as necessary.

II.—Table showing the number of children with an established hearing loss attending school.

Number of children attending Residential School for the Deaf	...	3
Number of children attending Residential School for Partially Hearing	...	1
Number of children attending ordinary day schools :		
(a) Wearing a hearing aid	...	16*
(b) Not wearing a hearing aid	...	43

*(6 Primary School, 10 Secondary School)

EYE SERVICES FOR SCHOOL CHILDREN.

Sessions solely for schoolchildren with visual defects and other eye conditions, referred by school medical officers and family doctors, are provided by the Regional Hospital Board. Mr. Frank Heckford consults

at the Royal Isle of Wight County Hospital on Saturday mornings and at the Medical Eye Centre, High Street, Newport, on Monday afternoons.

For the Newport sessions the Hospital Management Committee employs a former school nurse, and engages a small portion of the time of the Senior Clerk in the School Health Section. This is welcomed by the Committee as providing a link with the schools, and school medical officers, and is an important contribution to co-ordinated care of the child while at school.

The Regional Hospital Board's Orthoptist, Miss M. E. Sharland, treats school children under Mr. Heckford's supervision, at Ryde, Newport and Freshwater. It has been the Committee's policy to put at the disposal of these children the doctor's room and waiting room at County Hall and at the Princes Road Clinic in Freshwater. Ryde area pupils attend the hospital.

Miss Sharland has kindly submitted the following details of attendances:—

	<i>Newport Clinic</i>	<i>Ryde Clinic</i>	<i>Freshwater Clinic</i>
Number of Cases:			
Attending regularly 1-1-64	115	132	22
Re-admitted	2	—	—
New cases admitted	37	51	9
Transferred between Clinics	+7	—3	—4
Discharged	44	43	9
Attending regularly 31-12-64	117	137	18

TREATMENT OF POSTURAL DEFECTS.

By arrangement with the Heads concerned, Miss D. Hitchins, C.S.P., F.A.P.T., who has been the County Council's Remedial Gymnast since 1951, held remedial exercise clinics at a number of schools, including Watergate, Sandown Grammar, Fairway, Ventnor and Freshwater Schools. Again, this direct co-operation with the teaching staff pays dividends in results.

In addition children were seen regularly at clinics in County Hall, and the County Council's clinics at Lake, Ryde (Well Street), and Freshwater (Princes Road).

The year's work is recorded in the following table:—

Number of clinics held	274
Number of children treated	186*
Number of attendances	2128
Number of new cases	10
Number of cases discharged fit	23
Number of schools visited	36

*(including 24 postural defects)

SCHOOL DENTAL SERVICE.

The year has been one of steady progress and it is gratifying to be able to report that, yet again, there have been no changes in the full complement of staff. The interval between routine dental inspections at schools has been gradually cut down causing the subsequent treatment to be of more manageable proportions. All schools have received an annual dental inspection and, in addition, some 30 per cent of the school population was re-inspected and, as necessary treated again. There is no room,

however, for complacency ; much more progress must be made towards the goal of inspection and treatment at intervals of no more than six months.

On the treatment side the picture is one of conservation, both as regards the permanent and the deciduous dentitions. The ratio of permanent teeth saved to those which were lost through caries was as high as 18:1 and only 13 children had to be fitted with artificial teeth, some of whom as a result of accidents involving the front teeth.

As will be seen from the Treatment Tables which appear elsewhere, an increased amount of orthodontic treatment has been provided. There have been a number of instances of greatly improved behaviour patterns consequent on the correction of unsightly dental malocclusion. The Orthodontic Consultant of the Regional Hospital Board, Mr. G. C. Dickson, who is invariably helpful when consulted over difficult cases, has agreed to allow any of our dental officers to attend his monthly sessions at the County Hospital, Ryde. This should prove of great value in keeping up to date with the latest methods in orthodontics.

We are again indebted to the Oral Hygiene Service for sending their Mobile Cinema Van and staff for a week's work on the Island. Great interest was shown at all schools which were visited.

I wish to thank all the dental officers and their assistants for working so wholeheartedly for the good of the service and the welfare of the children and should like to make special reference to Mr. W. Maden, the Senior Dental Officer, on whom an extra burden fell because of my lengthy illness.

G. SIMONS,
Principal School Dental Officer.

CHILD GUIDANCE SERVICE.

In accordance with the recommendations of the Report on Maladjusted Children (Underwood Report 1955) and Ministry of Education Circular 347 the County Council provide the premises, educational psychologist and psychiatric social worker, and the Regional Hospital Board provide the services of the Consultant Child Psychiatrist.

Dr. Gwendoline Knight of the Portsmouth St. James' Hospital Group, is allotted four sessions per week (all Thursday and Friday) for consultations at 61 Crocker Street, for Isle of Wight schoolchildren referred by School Medical Officers, General Practitioners, from the schools, through the School Psychological Service, or other sources. The Committee feel that four sessions is inadequate for this very important service and have made a request to the Regional Hospital Board for additional sessions. The Board hope to increase the sessions to six per week when the staffing problem in Wessex improves.

I am indebted to Dr. Knight for the following report on the year's work :—

NEW CASES SEEN :

Source of Referral:										1963	1964				
General Practitioners	...	...	...	...	...	...	...	...	...	23	26
School Medical Officers	...	...	...	...	...	...	...	...	...	15	13
Education Department	...	...	...	...	...	...	...	...	...	21	13
Health Visitors	...	...	...	...	...	...	...	...	...	3	9
Children's Officers	...	...	...	...	...	...	...	...	...	4	4
Parents	...	...	...	...	...	...	...	...	...	3	3
Probation Officers	...	...	...	...	...	...	...	...	...	2	—
Medical Specialists	...	...	...	...	...	...	...	...	...	—	2
Speech Therapist	...	...	...	...	...	...	...	...	...	—	1
Total										71	71				
Reasons for Referral:															
Enuresis	...	...	...	...	...	...	...	...	...	16	14
Soiling	...	...	...	...	...	...	...	...	...	5	3
Stealing	...	...	...	...	...	...	...	...	...	7	7
Other behaviour difficulties	...	...	...	...	...	...	...	...	...	28	30
Failing at school	...	...	...	...	...	...	...	...	...	3	3
School refusal	...	...	...	...	...	...	...	...	...	5	4
Nervous habits	...	...	...	...	...	...	...	...	...	5	6
Others	...	...	...	...	...	...	...	...	...	2	4
TOTAL NUMBER OF CHILDREN SEEN										115	144				
AVERAGE AGE OF REFERRAL										<i>Years</i>	<i>Years</i>				
										10.6	9.5				
NUMBER OF REFERRALS IN EACH AGE GROUP (1964):															
Age:	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	1	3	4	1	6	8	9	6	2	8	3	3	8	4	3

Eighteen children were referred but did not attend the Clinic, either because an appointment was refused or because one was no longer needed. All these homes were visited by the Psychiatric Social Worker. For 4 children who were referred and whose homes were visited an appointment was not considered necessary at that time.

The total number of children seen may seem rather small for a year's work, but it should be remembered that only four half days a week are available for interviews. In addition every home is visited at least once by the Psychiatric Social Worker, and some regularly over a long period. With a few exceptions when a child attends for a session with the Psychiatrist, the accompanying parent (usually it is the mother) is seen by the Psychiatric Social Worker. Interviews usually last at least forty-five minutes, and some children may need to come a dozen times, or more.

The work done with the parents is of very great value, especially when the child concerned is very young. Sometimes there is little amiss, though the parents may be worried by apparently serious symptoms. They may be young and inexperienced and a little advice and support may be quite enough to put them back on the right track, with a rapid reduction of the symptoms. A satisfactory outcome such as this sometimes follows one home visit by the Psychiatric Social Worker, and there is no need after all for the child to be brought to the Clinic.

Nervous symptoms and behaviour problems in children under school age, even if due to more serious emotional disturbances, are often easily reversible by changes in the attitude of the adults around them. For example, great improvement in the child may follow when a critical, sarcastic, irritated father becomes more interested and tolerant, or when an overworked and anxious mother recovers her health and temper.

Sometimes the faulty attitudes of one or both parents are deeply noted in distortions of personality. "Hard" parents have often suffered from a serious lack of affection in their own childhood. Timid insecure rejected children make weak adults unable to provide firm control, giving in all along the line "for the sake of peace and quiet." Selfish girls make selfish mothers, and jealous brothers may grow up to be jealous of their own sons. Parents like this need skilled help and encouragement; first of all to admit, without too much self-reproach, that their own problems have affected the home and the child; and then to learn to feel differently and to behave differently.

Financial difficulties, bad housing, ill health, and other domestic factors may make it very hard for the parents to provide a satisfactory home. When this is so, and when it seems impossible for the parents to change in any way, much depends on the treatment-relationship between the therapist and the child itself. When the parents are deeply rejecting the child or are for some reason unable to give it the security of firm authority, it may be necessary to consider placing it away from home—in a foster home or residential school.

We are gradually understanding that children's emotional needs are as important as their physical care, and that if emotional growth is stunted early, full adult potential will not be reached.

Everybody knows that babies and young children must be properly fed. Errors in the quantity or the type of food will give rise to quite pronounced symptoms such as colic or vomiting or loss of weight, and though these subside rapidly when the diet is corrected, serious or even permanent damage may occur if the diet continues to be inadequate or unsuitable. Deficient growth, deformities, susceptibility to disease, and so on, may impair health throughout life.

In the same way mental health in adult life can be affected by emotional deprivation or the development of faulty behaviour patterns in early childhood. Mistakes noticed early can be easily put right—if they persist, it can be difficult or impossible to compensate for them later on. To compare the process of bringing up a child with cooking, one can say it is too late to put in the yeast when the bread should be rising! Parents sometimes say to me about a difficult teenager "We are afraid we have spoilt her a little." They would be taken aback if I said "Yes, and now she is spoilt like a badly cooked pudding, and what can I do about it?"

The results of psychiatric treatment are not easy to judge. Particular symptoms may disappear, but it is often a matter of opinion as to how far the total situation has improved and we are far too vague about treatment goals.

All workers in this field are aware of the need for more precise thinking and for more factual observation of children's behaviour, their problems and the results of treatment. Unfortunately, the pressure of clinical work is such that individual cases cannot be studied as intensively as we should like, nor are they satisfactorily followed up. The survey of school children in the Isle of Wight, being conducted by Professor Tizard and his team, is a welcome stimulus in the right direction. Maladjusted children form only one of the several groups which are to be intensively studied. Nevertheless, we are eager to do anything we can to help them, and are sure their conclusions will be constructive and have far reaching consequences.

During the last three months of 1964 we have been handicapped by the loss of Mr. Davie, the Educational Psychologist, and we hope it will not be too long before his successor is appointed.

I should like to record my appreciation of the help we have received from schools, school doctors, family doctors, health visitors, and last but not least—parents.

G. D. KNIGHT, M.R.C.S., L.R.C.P., D.P.M.,
Consultant Child Psychiatrist.

PUPILS SUFFERING FROM SPEECH DEFECTS.

As far back as 1906 treatment facilities for children who stammered were provided in Manchester by the Local Education Authority. By the time the 1944 Act came into force 70 Local Education Authorities had appointed speech therapists. The 1945 Regulations prescribed for "a pupil suffering from speech defect, other than an aphasic pupil, special training and treatment by a duly qualified speech therapist." Under the 1944 Act every local education authority has a duty "to ascertain what children in their area require special educational treatment."

The 1953 Regulations recognise, as one of the categories of such children, "pupils suffering from speech defect, that is to say pupils who on account of deafness or lack of speech not due to deafness require special educational treatment." In ascertaining children in this category the reference to deafness clearly points to the need for co-ordination between the work of the speech therapist and the scheme for ascertainment of deafness in children, set up under the joint Circular (September 1961).

An administrative memorandum in 1945 stated that speech therapists would be treated as members of the school health service and in 1947 local education authorities were encouraged to allow speech therapists to take on hospital work as well, in order to give greater variety to their work. This is a policy which the Committee has followed since 1960.

At least one session a week for home and school visiting is recommended and this also the Committee have approved and have authorised the use of a County Council car.

I am grateful to Miss Christine Ronalds, L.C.S.T., Speech Therapist, for the account of the year's work which follows.

"Of 151 conditions treated in 1964 dyslalia and stammering together accounted for over three-quarters as is shown in the following table:—

Dyslalia	...	...	...	...	90
Stammering	...	...	...	...	36
Retarded Language	...	...	...	...	11
Lip Reading	...	...	...	...	7
Dysarthria	...	...	...	...	4
Hypernasality	...	...	...	...	2
Cleft Palate	...	...	...	...	1
Total	...	...	...	...	151

Dyslalia is a disorder involving consonant substitution or omission. For example, a child may say "Tup" for "Cup" or "Pade" for "Spade." There are many causes of dyslalia but hearing disorders or poor auditory perception are major causes which must not be confused. To exclude

deafness each child is given a simple verbal hearing test. If he fails, his level of hearing pure sounds is measured by a pure tone audiometer.

At least 25 per cent of the children treated during 1964 stammered. It is generally felt that there would be fewer cases if these children could be referred earlier. Many children pass through a phase of stammering in their third year but it is unusual for this to continue unless the child is made aware of his disorder. For this reason parental guidance when this phase seems to persist is important as the maintaining factors could often be eliminated before the "habit" develops.

In May Miss Haddock left for a hospital post in Sheffield and the work had to be adjusted for the rest of the year as it was not possible to appoint a successor. During the year 80 cases were seen for the first time of whom 50 were taken on for treatment. 635 sessions were held at which 3,221 attendances were made by children, and 299 visits were made to homes and schools. Treatment sessions have been held regularly at Watergate School where the speech therapists have been working very closely with the Headmaster, Mr. Rigley, and Dr. Ashley-Miller, Senior Medical Officer on the development of speech in children with learning difficulties. 111 children were discharged from treatment and at the end of the year 61 children were either under observation or on the waiting list."

INFECTIOUS DISEASES.

A useful index of the prevalence of certain infectious diseases in schools is the procedure whereby Heads notify the School Health Section of unusual or increasing absences of pupils, together with the alleged cause where known. In 1964 the bulk of these reported absences were due to mumps, measles and chickenpox.

PREVENTION OF TUBERCULOSIS—B.C.G. SCHEME.

While the authority for this scheme, under Section 28 of the National Health Service Act, derives from the Health and Welfare Committee, it is reported on in the School Health Report, as the only age group to whom it applies are children in their 13th year. Of the 1,208 forms returned the parents of 115 children refused consent. Of the 1,036 (85.8%) whose parents consented 936 were tested of whom 109 (11.6%) were positive and were referred to the Chest Physician and X-Rayed. Fortunately, none of the cases showed evidence of active pulmonary tuberculosis. 819 of the 820 found to be negative were vaccinated against tuberculosis.

No cases of tuberculosis among school children were notified in 1964. In both 1961 and 1962 there had been single cases. It is known from investigations so far that at the age of five approximately 1% of Isle of Wight school children gave a test result suggesting previous tuberculous infection. Yet at the age of 12 or 13 the percentage became 11.6% this year and 14.6% the previous year. In an Island community with a tuberculosis-free milk supply it should be possible to find out more about the reasons for this increase in positive re-actors and with this in mind the Committee agreed in 1962 to skin tests being offered to five-year old children. So far out of 2,541 children the parents of only 286 have declined this offer. At the end of three years the Chest Physician, Dr. Laidlaw will be submitting a full report.

VACCINATION AND IMMUNISATION.

(i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. A supply of Salk vaccine is maintained for the comparatively small numbers who specifically request it.

Children born between 1943 and 1960:

					Oral Vaccine Doses	Salk Vaccine Injections
Primary ...	...	...	...	...	54	15
Reinforcing	...	...	...	...	722	18

(ii) *Immunisation against Diphtheria.*

During the year 47 children aged 5 to 14 years completed a full course of primary immunisation against diphtheria, and 1,359 were given a reinforcing injection.

MEDICAL EXAMINATION OF STUDENT TEACHERS.

Seventy entrants to training colleges were examined by School Medical Officers, and these candidates were placed in the following medical categories as laid down by the Ministry of Education:—

Category	... A1	A2	B1	B2	C
Number examined	47	22	1	Nil	Nil

The school medical records of all applicants for higher education are checked on behalf of the Local Education Authority.

There were no new candidates for teaching posts with the Authority, but 9 "experienced" teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.

MORTALITY IN SCHOOL CHILDREN.

During the year four children of school age died, the reasons being as follows:—

Cause of Death	No.	Sex	Age
Congenital Heart Disease	... 1	Female	16 years
Electrocution (Misadventure)	... 1	Male	15 years
Subarachnoid Haemorrhage	... 1	Male	14 years
Head Injuries (Road Accident)	... 1	Female	10 years

WORK OF THE SCHOOL NURSES.

On March 31st Miss W. Card, S.R.N., retired after serving as a School Nurse since April, 1950. The vacancy caused by Miss Card's retirement was filled by Miss P. Bolger, S.R.N., S.C.M., Q.N., who transferred to school nursing from district nursing and midwifery. Mrs. M. Beer, S.R.N., S.C.M., and Mrs. M. Barnes, S.R.N., S.C.M., H.V. Cert., continued in the School Health Service. Vision tests were carried out on 6091 children and 2530 children were tested for colour vision by Ishihara plates.

SCHOOL MEALS SERVICE.

The County Education Officer has kindly agreed to the School Meals Organiser, Miss B. E. Welch, presenting this report:—

In continuation of the policy to provide schools with their own canteens, the conversion of serveries into kitchens was completed at the Ventnor C.E. Junior and Ventnor C.E. Infants' schools in the early part of the Spring term, serving 150 meals and 110 meals respectively.

At the start of the Autumn term the new replacement kitchen at Northwood County Primary School came into operation. Family service organisation was then introduced and provided a very successful alternative to the cafeteria system previously used.

Conditions and facilities for dining were much improved for Ryde County Junior School when a new servery was supplied in the reconstruction of the St. John's Road premises. For the first time, octagonal Wareite topped dining tables were provided and because of the contribution they make to the pleasing appearance of the dining room it is hoped that many more such tables will be seen in schools in the future.

To promote interest and widen knowledge in different aspects of catering, arrangements were made for a party of school meals employees to visit the Hotelympia Exhibition held in January 1964. A scheme for trainees was initiated in October, when two young people commenced a two-year period of training in the service. At the end of this time it is hoped to offer them skilled posts within the service. During the Easter holiday, a one-day training course was arranged for Kitchen Assistants and another for Heads of Kitchens and Assistant Cooks, at Christmas. The programme included films, hygiene lectures and cookery demonstrations.

Rising costs throughout the year, particularly of butchers' meat, fresh and dried milk, presented the service with quite a problem. Meals had to be carefully planned so that the approved unit cost was not exceeded, yet without adversely affecting either the quantity or quality of the dinners.

At the start of the typhoid outbreak in Aberdeen, stocks of South American corned beef were immediately withdrawn. This scare served to remind each member of the meals service of the tremendous responsibility she has towards the children and that the highest possible standard of hygiene must be maintained at all time.

A revised national scale for the award of free school dinners was introduced in the Autumn and this enabled more families in difficult circumstances to qualify for such help.

In keeping with the national trend, the number of children taking meals rose during the year and a census taken in September showed that 7,623 meals were served to children—a percentage of 64.9. This is an increase of 3.9% on the census figure of September 1963.

B. E. WELCH,
School Meals Organiser.

APPENDIX I

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION AND TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1964.

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 disease and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Appendix II	Total individual pupils
		No.	No.			
1960 and later ...	46	46	—	—	10	10
1959 ...	997	997	—	12	99	105
1958 ...	158	156	2	2	19	21
1957 ...	78	78	—	3	12	12
1956 ...	1024	1024	—	43	95	129
1955 ...	86	86	—	3	26	29
1954 ...	55	55	—	2	8	9
1953 ...	117	117	—	4	26	30
1952 ...	707	707	—	35	53	83
1951 ...	311	311	—	13	28	40
1950 ...	129	129	—	3	9	12
1949 and earlier	1156	1156	—	49	51	95
Total ...	4864	4862	2	169	436	575

Percentage of total pupils inspected whose physical condition was :
Satisfactory 99.96% ; Unsatisfactory 0.04%.

Table B—Other Inspections

Number of Special Inspections	...	...	...	...	98
Number of Re-Inspections	...	...	...	...	3135
			Total	...	<u>3233</u>

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	1413
(b) Total number of individual pupils found to be infested	...	...	...	...	20
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	None
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	None

APPENDIX II

TABLES A AND B—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Defect or Disease	PERIODIC INSPECTIONS												SPECIAL INSPECTIONS								
	ENTRANTS—1043 No. of Defects				LEAVERS—1156 No. of Defects				OTHERS—2665 No. of Defects				TOTAL—4864 No. of Defects				TOTAL—98 No. of Defects				
	Requiring Treatment	Incidence per 1,000	Inspection Observations	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observations	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observations	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observations	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observations	Incidence per 1,000	
Skin	15	14.4	55	52.7	17	14.7	23	19.9	58	21.8	61	22.9	90	18.5	139	28.6	1	10.2	—	—	—
Eyes:	15	14.4	49	46.9	49	42.4	38	32.9	115	43.1	81	30.4	179	36.8	168	34.5	6	61.2	5	51.0	—
(a) Vision	31	29.7	17	16.3	1	0.9	1	0.9	26	9.7	10	3.7	58	11.9	28	5.7	—	—	1	10.2	—
(b) Squint	7	6.7	4	3.8	1	0.9	1	0.9	4	1.5	4	1.5	12	2.5	9	1.8	—	—	—	—	—
(c) Other	7	6.7	40	38.3	3	2.6	6	5.2	13	4.1	34	12.7	23	4.7	80	16.4	—	—	—	—	—
Ears:	4	3.8	25	23.9	1	0.9	1	0.9	1	0.4	21	7.9	6	1.2	47	9.7	—	—	2	20.4	—
(a) Hearing	—	—	11	10.5	1	0.9	—	—	4	1.5	5	1.8	5	1.0	16	3.3	—	—	—	—	—
(b) Otitis Media	14	13.4	110	105.4	3	2.6	10	8.6	21	7.9	88	33.0	38	7.8	208	42.8	—	—	2	20.4	—
(c) Other	10	9.6	53	50.8	—	—	3	2.6	12	4.5	18	6.7	22	4.5	74	15.2	—	—	2	20.4	—
Nose and Throat	2	1.9	10	9.6	—	—	—	—	1	0.4	1	0.4	3	0.6	11	2.2	—	—	—	—	—
Speech	5	4.8	23	22.0	1	0.9	4	3.5	1	0.4	15	5.6	7	1.4	42	8.6	—	—	—	—	—
Lymphatic Glands	7	6.7	55	52.7	4	3.5	9	7.8	18	6.7	53	19.9	29	5.9	117	24.0	—	—	—	—	—
Heart	1	0.9	2	1.9	—	—	—	—	1	0.4	3	1.1	2	0.4	5	1.0	—	—	—	—	—
Lungs	1	0.9	21	20.1	1	0.9	3	2.6	8	3.0	40	15.0	10	2.0	64	13.1	1	10.2	—	—	—
Developmental:	1	0.9	11	10.5	1	0.9	2	1.7	4	1.5	26	9.7	8	1.6	39	8.0	—	—	—	—	—
(a) Hernia	17	16.3	48	46.0	1	0.9	5	4.3	27	10.1	61	22.9	45	9.2	114	23.4	—	—	—	—	—
(b) Posture	9	8.6	55	52.7	6	5.2	20	17.3	14	5.2	63	23.6	29	5.9	138	28.4	2	20.4	—	—	—
(c) Feet	3	2.9	5	4.8	2	1.7	1	0.9	7	2.6	4	1.5	12	2.5	10	2.0	—	—	—	—	—
(a) Epilepsy	—	—	4	3.8	2	1.7	4	3.5	6	2.2	19	7.1	8	1.6	27	5.5	—	—	—	—	—
(b) Other	1	0.9	7	6.7	—	—	2	1.7	38	14.2	23	8.6	39	8.0	32	6.6	1	10.2	1	10.2	—
(a) Development	—	—	38	36.4	3	2.6	7	6.0	9	3.4	51	19.1	12	2.5	96	19.7	—	—	—	—	—
(b) Stability	5	4.8	18	17.3	1	0.9	3	2.6	3	1.1	20	7.5	9	1.8	41	8.4	—	—	—	—	—
Abdomen	8	7.7	107	102.6	2	1.7	8	6.9	8	3.0	69	25.9	18	3.7	184	37.8	1	10.2	2	20.4	—
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX III
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

Table A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	—
Errors of refraction (including squint)	1004
Total	1004
Number of pupils for whom spectacles were prescribed	} New 260 Replacement 26

Table B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :—	
(a) For diseases of the ear	3
(b) For adenoids and chronic tonsillitis	375
(c) For other nose and throat conditions	17
Received other forms of treatment	358
Total	753
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) In 1964	5
(b) In previous years	11

Table C—Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patients departments ...	546
(b) Pupils treated at school for postural defects	24
Total	570

Table D—Diseases of the Skin
(excluding uncleanliness, for which see Table C of Appendix I)

	<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	3
Other skin diseases	78
Total	81

Table E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	144

Table F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	74

Table G—Other Treatment Given

	<i>Number of cases known to have been treated</i>
(a) Pupils with minor ailments	650
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	819
(d) Other than (a), (b) and (c) above	—
Total	1469

APPENDIX IV
DENTAL INSPECTION AND TREATMENT
(Carried out by the Authority)

(a) Dental and Orthodontic Work :

I	Number of pupils inspected by the Authority's Dental Officers :						
	(i) At periodic inspections	12010					
	(ii) As specials	669	Total I				*12679
II	Number found to require treatment						5700
III	Number offered treatment						4464
IV	Number actually treated						2966

(b) Dental Work (other than Orthodontics) :

I	Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below ...						5400
II	Half days devoted to :						
	(i) Periodic (School) Inspections	134					
	(ii) Treatment	1252	Total II				1386
III	Fillings :						
	(i) Permanent teeth	4957					
	(ii) Temporary teeth	1221	Total III				6178
IV	Number of teeth filled :						
	(i) Permanent teeth	4437					
	(ii) Temporary teeth	1159	Total IV				5596
V	Extractions :						
	(i) Permanent teeth	†425					
	(ii) Temporary teeth	1178	Total V				1603
VI	(i) Number of general anaesthetics given for extractions						—
	(ii) Number of half days devoted to the administration of general anaesthetics by :						
	(a) Dentists	—					
	(b) Medical Practitioners	—	Total VI				—
VII	Number of pupils supplied with artificial teeth ...						13
VIII	Other operations :						
	(i) Crowns	11					
	(ii) Inlays	—					
	(iii) Other treatment	1190	Total VIII				1201

(c) Orthodontics :

(i)	Number of attendances made by pupils for orthodontic treatment ...	732
(ii)	Half days devoted to orthodontic treatment	79
(iii)	Cases commenced during the year	51
(iv)	Cases brought forward from the previous year	45
(v)	Cases completed during the year	31
(vi)	Cases discontinued during the year	8
(vii)	Number of pupils treated by means of appliances	78
(viii)	Number of removable appliances fitted	63
(ix)	Number of fixed appliances fitted	—
(x)	Cases referred to and treated by Hospital Orthodontists	1

*In addition to this figure, 2,656 pupils were reinspected during 1964.

†Includes 178 permanent teeth extracted for orthodontic purposes.

APPENDIX V.

PRINCIPAL SCHOOL CLINICS.

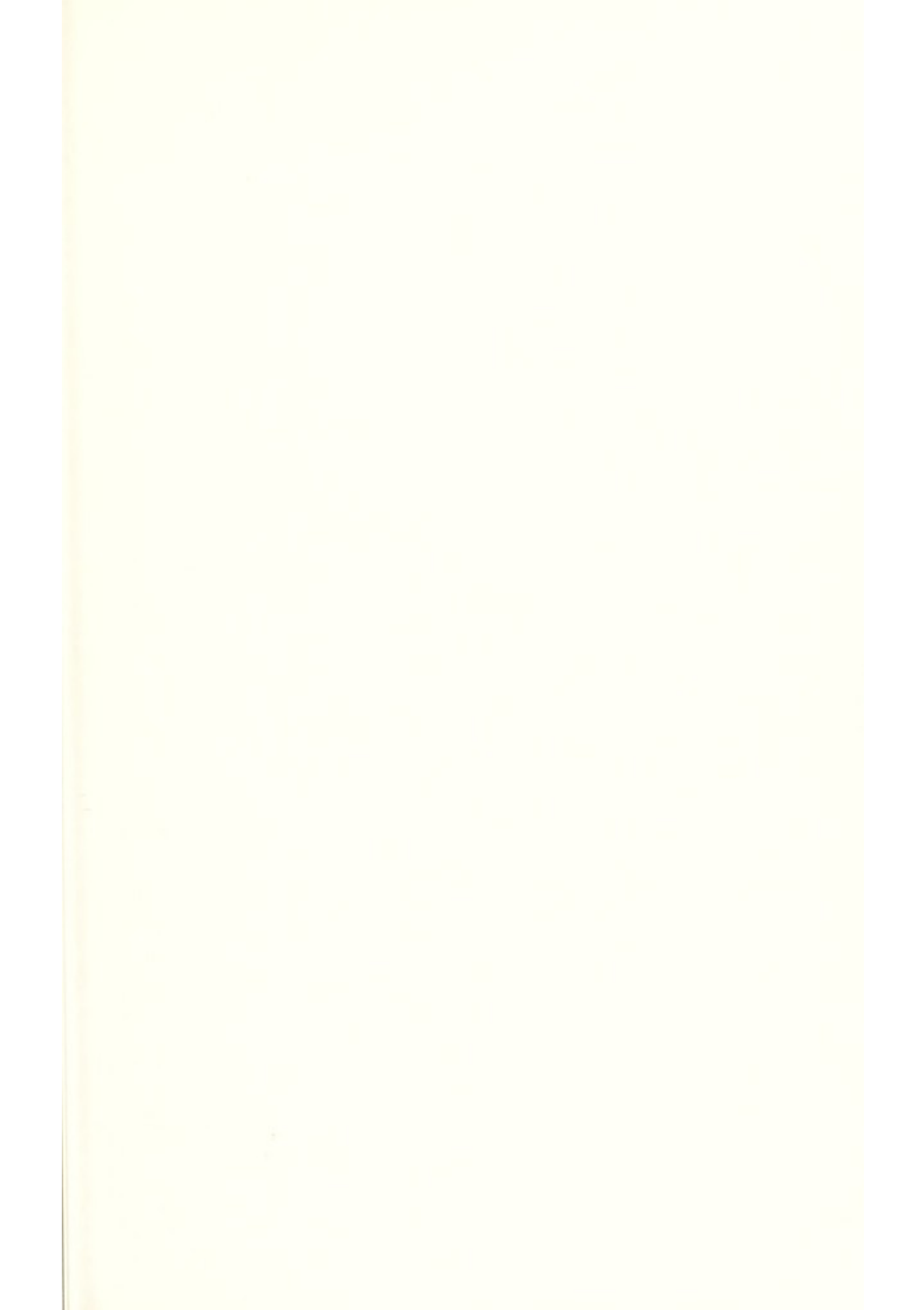
The following table shows the location and frequency of the authority's principal School Clinics. Details of the year's work at these will be found in the individual reports of the officers concerned.

The Orthoptic and Ophthalmic Clinic services are provided under arrangements with the Regional Hospital Board.

<i>Name and Address of Clinic</i>	<i>Audio-logy</i>	<i>Consulta-tion</i>	<i>Dental</i>	<i>Remedial Exercise</i>	<i>Child Guidance</i>	<i>Speech Therapy</i>	<i>Orth-optic</i>	<i>Ophthal-mic*</i>
NEWPORT— County Hall		B	A	B	E	C	C	B
61 Crocker Street								
Spastic Day Unit, St. Mary's Hospital	F							
RYDE— Methodist Church Hall, Well Street			A	B		D		
Caversham House, Dover Street								
COWES— Health Centre, Consort Road			A	B		B		
SANDOWN-SHANKLIN— Lake Clinic			A	B		C		
WEST WIGHT— Nurses' Institute, Princes Road, Freshwater						B	B	

* Mr. Frank Heckford consults at the Medical Eye Centre, 146 High Street, Newport.

Key to Table: A—Permanent Clinic
 B—One session weekly
 C—Two sessions weekly
 D—Three sessions weekly
 E—Four sessions weekly
 F—Twice monthly



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