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ISLE  
OF  
WIGHT  
COUNTY  
COUNCIL

# ANNUAL REPORT

FOR  
1966  
ON THE  
HEALTH AND WELFARE  
AND  
SCHOOL HEALTH  
SERVICES

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2. Mr. Morley Parry	A.429
3. Mr. Perry	A.405
4. Miss Knowles	B.202
5. Professor Heaf	B.1420
6. Mr. Smith <sup>Miss Brown</sup>	A.412
7. Mrs. H.M. Robins	B.1414
8. Miss Pidgeon	A.408

? Officer



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# Constitution of Committees

(At 31st December, 1966)

## HEALTH AND WELFARE COMMITTEE

(Meets Quarterly)

*Chairman:* Mr. A. H. Rowland, C.A.

*Vice-Chairman:* Mrs. M. C. Barton, C.A. Died 31st December, 1966

Mr. L. H. Blacklock  
Mr. J. A. Brazier, M.B.E., J.P.  
Mr. R. W. J. Cawdell  
Mrs. M. Christy  
Miss J. M. Damant, J.P.  
Mr. A. Guy  
Mr. W. A. Howlett  
Mr. W. T. Jones, M.B.E.  
Mr. A. G. Moody  
Mrs. D. J. Peacock

Mr. A. O. Purdy, C.A.  
Lt.-Col. G. Quin-Smith, C.A.  
Mr. E. E. Ralfs  
Mr. A. O. Saunders  
Major S. C. Selwyn, M.B.E., E.R.D., D.L., C.A.  
Mr. R. H. Smith  
Mrs. E. Wall, C.A.  
Capt. H. J. Ward, D.L., J.P., C.A.  
Dr. J. B. Williamson

### *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. T. Jones, M.B.E.

*Vice-Chairman:* Mr. W. A. Howlett

Mrs. M. C. Barton, C.A.  
Died 31st December, 1966

Mr. L. H. Blacklock  
Mr. J. A. Brazier, M.B.E., J.P.  
Mr. R. W. J. Cawdell  
Mr. A. Guy  
Dr. F. R. B. H. Kennedy, M.B.E., J.P.  
Mrs. W. H. Margham, S.R.N., S.C.M.

Mrs. D. J. Peacock  
Mr. A. O. Purdy, C.A.  
Lt.-Col. G. Quin-Smith, C.A.  
Mr. E. E. Ralfs  
Mr. A. H. Rowland, C.A.  
Mrs. E. Wall, C.A.  
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, C.A.  
Died 31st December, 1966

Mr. L. H. Blacklock  
Mrs. M. Christy  
Miss J. M. Damant, J.P.  
Mr. A. Guy  
Mr. W. A. Howlett

Mr. W. T. Jones, M.B.E.  
Mr. A. G. Moody  
Mr. A. O. Purdy, C.A.  
Lt.-Col. G. Quin-Smith, C.A.  
Mr. E. E. Ralfs  
Mr. A. H. Rowland, C.A.

## CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-Monthly)

*Chairman:* Mrs. M. C. Barton, C.A. Died 31st December, 1966

*Vice-Chairman:* Mr. R. W. J. Cawdell

Mr. L. H. Blacklock  
Mrs. M. Christy  
Miss J. M. Damant, J.P.  
Mr. W. T. Jones, M.B.E.  
Dr. F. R. B. H. Kennedy, M.B.E., J.P.  
Mrs. W. H. Margham, S.R.N., S.C.M.  
Mr. A. G. Moody

Mrs. D. J. Peacock  
Mr. A. H. Rowland, C.A.  
Mr. A. O. Saunders  
Major S. C. Selwyn, M.B.E., E.R.D., D.L., C.A.  
Mr. R. H. Smith  
Mrs. E. Wall, C.A.

### *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 Bi-Monthly)

Chairman: Mr. A. H. Rowland, C.A.

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

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

Mrs. M. Christy

Miss J. M. Damant, J.P.

Mr. A. Guy

Mr. W. T. Jones, M.B.E.

The Hon. Mrs. E. G. Kindersley

\*The Rev. P. O'Mahoney

\*Wing Cdr. E. H. Roberts, O.B.E.

\*The Ven. R. V. Scruby

Dr. J. B. Williamson

\*Co-opted Member

## STAFF

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

### Medical and Nursing Services

*Medical Officers in Mixed Appointments—*

J. 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. Deputy Medical Referee, I.W. Crematorium

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 and School Medical Officer, also M.O.H. to the Borough of Ryde, Sandown-Shanklin and Ventnor Urban Districts.

B. E. Stone, M.R.C.S., L.R.C.P., D.Obst., R.C.O.G. Assistant Medical Officer and School Medical Officer

Margaret Munro, M.B., Ch.B., D.P.H.  
H. Broadbent, M.D., M.B., Ch.B., D.Obst., R.C.O.G.  
(Commenced 31st January, 1966)  
Grace Bainbridge, M.B., B.S., M.R.C.S., D.P.M.  
(Commenced 2nd November, 1966) } Part-time Assistant Medical Officers and School Medical Officers

Miss M. A. Gibbons, S.R.N., S.C.M., H.V., Q.I.D.N. ... County Nursing Officer and Superintendent Health Visitor

Miss M. G. Morris, S.R.N., S.C.M., H.V., Q.I.D.N. ... 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. ... } Dental Officers  
J. O. Yearby, B.D.S. ... }

### Welfare and Mental Health Services

E. G. Bowley, F.I.S.W.	...	...	...	Chief Mental Welfare and Social Welfare Officer
M. J. Stanbrook	...	...	...	Senior Mental Welfare and Social Welfare Officer
G. Gould	...	...	...	} Mental Welfare and Social Welfare Officers
L. Mew, M.S.M.W.O.	...	...	...	
Mrs. M. Turner, S.R.N., S.C.M., H.V.	...	...	...	Geriatric Welfare Officer
R. Barton	...	...	...	Relief Mental Welfare and Social Welfare Officer
J. Adamson	...	...	...	Home Teacher for the Blind
Mrs. C. E. Richardson	...	...	...	Supervisor—Medina House School

### School Health Service

Miss E. J. Horn, M.A., Dip.Ed.Psych.	...	...	...	Educational Psychologist (Commenced 1st October, 1966)
J. Chisnell, A.A.P.S.W.	...	...	...	Psychiatric Social Worker
Miss D. Sykes, L.C.S.T.	...	...	...	Speech Therapist
Mrs. C. Gibbs, L.C.S.T.	...	...	...	Speech Therapist (Resigned 20th April, 1966)
Miss J. M. Ennals, L.C.S.T.	...	...	...	Speech Therapist (Commenced 22nd August, 1966)
Miss D. Hitchins, C.S.P., F.A.P.T.	...	...	...	Remedial Gymnast
Mrs. G. Holland	...	...	...	Part-time Audiometrician

### Administration

E. E. Woodhouse	...	...	...	Administrative Officer
Miss H. M. Rickard	...	...	...	Home Help Organiser
Mrs. M. McKinley	...	...	...	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.Ch.	...	...	...	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 (Retired 30th September, 1966)
H. M. McBryde, M.B., Ch.B., D.P.M.	...	...	...	Hon. Adviser in Mental Health (Commenced 24th October, 1966)

### Chief Fire and Ambulance Officer

R. J. Rooke



## REPORT

### on the Health, Welfare and School Health Services in the Isle of Wight for the year 1966.

*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 for the year 1966. As in previous years, the one volume covers the year's work in carrying out those health and welfare functions which derive mainly from the National Health Service Act 1946, the National Assistance Act 1948, the Education Act 1944, and the Mental Health Act 1959.

While for reporting purposes the sections of work would appear to fall administratively into neat water-tight compartments, the medical officers, midwives, nurses, health visitors, welfare officers and home helps obviously spend their year working with people, whose medical and welfare needs ignore artificial boundaries. The year's work therefore, to be fully appreciated, must be considered as that of a team, working closely not only with one another but also with social workers and others in the Education and Children's Departments, the Hospital and General Practitioner Services, Probation Service, and voluntary organisations.

These activities are becoming increasingly enhanced and facilitated by the collaboration of the general practitioners and consultants. As it has been the Committee's wish that everything possible be done to develop co-operation and eliminate overlapping or duplication, a detailed note of appreciation will not, I think, be out of place. In the field of child health more family doctors are holding baby clinics with health visitors present, and it is interesting that two assistant medical officers have also worked for the hospital service and in general practices on the Island.

On the hospital side, I should like to thank Dr. Miller and Dr. Lewis for their increasing contacts with us by 'phone or letter, and for supporting the weekly contact between Miss Morris, Deputy Superintendent Health Visitor, and Sister Vollweiler at the Children's Ward. I am grateful to Mr. Grimaldi for his co-operation in the scheme for children with impaired hearing, Mr. Elsbey for preserving the Children's Eye Clinic in Newport, and Mr. Smyth for continuing to provide access to the Children's Orthopaedic Clinic by Dr. Stone, full-time Assistant County Medical Officer. Dr. Laidlaw's constant interest as Chest Physician in our B.C.G. scheme for school-children is of great help in guiding our anti-tuberculosis activities, while in his other capacity as Geriatrician his help over problems of the aged outside hospital through the attachment of Mrs. Turner, our Geriatric Welfare Officer, is invaluable. Mr. Edwards is to be thanked also for perpetuating the arrangement agreed by the late Mr. O'Donoghue whereby the County Council's Supervisor of Midwives, Miss Morris, regularly visits the Maternity Unit for exchange of information with Sister Johnson. Our thanks are also due to Dr. Couchman for his interest in the community aspects of the small but no less important number of patients who come to his clinic, where our Specialist Health Visitor, Miss Lovell, works closely with him.



The close relationship with Whitecroft Hospital has been preserved by Dr. Hugh McBryde, who succeeded Dr. Gordon Brown. This is particularly encouraging in view of the forthcoming meetings of a special Working Party to get down to the difficult task of preparing a long-term joint plan for residential accommodation for the mentally disordered.

Two co-operative exercises took place during the year. The first, which included members of the very active Island Campaign for the Prevention of Cancer in Women, culminated in the commencement of cervical screening in which 2,315 women had been examined by December. The credit for providing such a high standard of clinical examination at the County Hall Clinic is due to Mrs. Edwards, Clinical Assistant at the Obstetric Unit, and Mr. Oliveira, Consultant Surgeon.

The second, resulting from Circular 20/66 "Homeless Families—Temporary Accommodation" involved a meeting of officers of the Health and Welfare and Children's Departments and the Housing Departments of the six housing authorities. After consideration of a report of the meeting, the County Council's Committees agreed to seek a co-ordinated policy for temporary accommodation for the whole Island.

Some of the other subjects covered by Ministry circulars included Family Planning (reported to Committee after consideration with the Family Planning Association and representatives of the general practitioners); Co-ordination of Services for Handicapped Children and Young People (referred to in my report on the School Health Service); Brucellosis (referred to at the Milk Sub-Committee of the Agricultural Executive Committee at which the County Council is represented); Ambulance Training and Equipment; Facilities for Incontinent People; and the new Ministry of Social Security Act, 1966.

There were no major outbreaks of notifiable infectious diseases during the year, but First Certificates of Incapacity at 13,496 were the highest of the last five years, influenza contributing largely to the increase.

Live births continued the upward trend to 1,467 (an increase of 290 over the figure ten years ago) and the 18 still-births were the lowest for the last twenty years. Illegitimate live births were 9.7 per cent of the total live births (9.4 per cent in the previous year). The number of patients carried by the Ambulance Service decreased but mileage increased; more cases were provided with home helps, and home nursing visits tended to take longer but were fewer in number.

It is sad that this Report on the progress of the Health and Welfare Services, particularly those for the elderly, cannot be read by the late Alderman Mrs. Marion C. Barton, who together with my predecessor, Dr. W. S. Wallace, laid the foundations in 1948 for our present services and worked tirelessly for their development. Many tributes have been paid since her death on the last day of the year in terms far more adequate than I could hope to express. The staff of the Department will long remember with profound respect her humanity, her unshakeable resolve, and her irresistible strength when fighting for the needs of the individual.

I have the honour to be, Ladies and Gentlemen,  
Your obedient servant,

ROGER KEYS MACHELL,

County Hall,  
Newport, I.W.  
August 1967.

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

**Table I. Population of County Districts**

Sanitary Authority	Popula- tion at 1961 Census	Registrar General's Estimate of Population for :				
		1962	1963	1964	1965	1966
I.W. Rural District ... ..	18615	18100	18250	18620	18790	19000
Cowes U.D. ... ..	16992	17000	17080	17590	17770	17800
Newport M.B. ... ..	19479	18950	18950	19110	19020	19150
Ryde M.B. ... ..	19845	19690	19820	20350	20710	20930
Sandown-Shanklin U.D. ... ..	14386	13250	13510	13510	13740	13930
Ventnor U.D. ... ..	6435	6100	6100	6200	6240	6240
Whole County ... ..	95752	93090	93710	95380	96270	97050

**Table II. Vital Statistics of all Districts—1966**

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)	19000	17800	19150	20930	13930	6240	97050	
Total Deaths :								
Number ... ..	300	273	305	280	218	131	1507	
Males ... ..	150	141	138	150	109	62	750	
Females ... ..	150	132	167	130	109	69	757	
Crude death-rate per 1000 population	15.8	15.3	15.9	13.4	15.6	20.9	15.5	11.7
Comparative factor ... ..	0.73	0.87	0.70	0.75	0.71	0.59	0.73	
Comparative death-rate ... ..	11.5	13.3	11.1	10.0	11.1	12.3	11.3	
Live Births :								
Number ... ..	258	281	333	343	177	75	1467	
Males ... ..	128	140	164	171	85	40	728	
Females ... ..	130	141	169	172	92	35	739	
Rate per 1000 population (crude) ...	13.6	15.8	17.4	16.4	12.7	12.0	15.1	17.7
Comparative factor ... ..	1.31	1.19	1.20	1.19	1.49	1.45	1.26	
Comparative birth rate ... ..	17.8	18.8	20.9	19.5	18.9	17.4	19.0	
Illegitimate Live Births (per cent of total live births) ... ..	11.6	4.6	7.8	13.9	10.7	8.0	9.7	
Stillbirths :								
Number ... ..	3	5	1	4	5	—	18	
Males ... ..	1	2	1	3	3	—	10	
Females ... ..	2	3	—	1	2	—	8	
Rate per 1000 total live and stillbirths	11.5	17.5	2.9	11.5	27.5	—	12.1	15.4
Total live and stillbirths ... ..	261	286	334	347	182	75	1485	
Infant deaths :								
Deaths of infants under 1 year of age	11	4	13	7	5	2	42	
Deaths of infants under 4 weeks of age	7	2	10	4	3	2	28	
Deaths of infants under 1 week of age	6	2	9	3	3	2	25	
Infant Mortality Rates :								
Total infant deaths per 1000 total live births ... ..	42.6	14.2	39.0	20.4	28.2	26.7	28.6	19.0
Legitimate infant deaths per 1000 legitimate live births ... ..	35.1	11.2	29.3	23.7	25.3	28.9	24.9	
Illegitimate infant deaths per 1000 illegitimate live births ... ..	100.0	76.9	15.4	—	52.6	—	63.4	
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	27.1	7.1	30.0	11.7	16.9	26.7	19.1	12.9
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	23.2	7.1	27.0	8.7	16.9	26.7	17.0	11.1
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths) ...	34.5	24.5	29.9	20.2	43.9	26.7	28.9	26.3
Maternal mortality (including abortion)								
Number of deaths ... ..	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.26



**Table III. The number of Deaths from certain diseases for the ten years, 1957—1966**

<i>Causes of Death</i>	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ...	4	5	3	5	5	6	9	2	2	4
Other forms of tuberculosis ...	2	1	1	—	—	—	—	—	1	—
Influenza ...	14	5	20	2	3	5	20	3	2	10
Measles ...	—	—	—	—	—	—	—	—	2	—
Acute poliomyelitis and polio-encephalitis ...	—	—	—	—	—	—	—	—	—	—
Cancer—all sites ...	239	231	216	218	303	231	230	199	226	284
Cancer of lung and bronchus ...	37	40	47	43	68	54	46	61	70	58
Vascular lesions of nervous system ...	188	218	232	237	210	194	223	238	262	270
Coronary disease—angina ...	174	204	216	198	257	221	266	276	302	316
Other heart diseases ...	277	254	321	275	325	272	216	206	237	210
Other disease of circulatory system ...	40	55	45	63	55	81	63	55	51	60
Bronchitis ...	39	46	46	46	43	56	79	66	59	70
Pneumonia ...	34	90	84	70	45	59	73	75	59	63
Other respiratory diseases ...	11	20	13	22	8	14	19	12	11	15
Gastritis, enteritis and diarrhoea ...	10	8	9	4	6	8	10	5	13	10
Puerperal and post-abortive sepsis ...	—	1	2	—	—	—	—	1	—	—
Other maternal causes ...	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	11	7	3	5	9	5	6	12	9	13
Motor vehicle accidents ...	6	6	9	7	12	7	10	11	18	6
All other accidents ...	16	31	26	25	20	22	33	23	26	20
Other violent causes ...	11	14	12	9	13	12	19	14	15	15
<b>Isle of Wight</b>										
Death rate per 1000 population ...	13.3	15.0	14.9	14.3	15.8	15.4	16.3	15.2	15.7	15.5
Comparable death rate per 1000 ...	10.0	11.4	11.5	10.9	11.9	11.9	12.1	11.2	11.5	11.3
<b>England and Wales</b>										
Death rate per 1000 population ...	11.5	11.7	11.6	11.5	12.0	11.9	12.2	11.3	11.5	11.7

### Mortality in School Children.

During the year two children of school age died, the reasons being as shown :—

<i>Cause of Death</i>	<i>No.</i>	<i>Sex</i>	<i>Age Years</i>
Fractured base of skull (road accident) ...	1	F	17
Severe anaemia ...	1	M	6

**Table IV. Deaths in various age groups for the ten years 1957—1966**

AGES			1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
0—1	Males ...		10	14	12	16	16	18	14	15	13	28
	Females ...		7	14	5	8	10	10	10	5	11	14
	TOTAL		17	28	17	24	26	28	24	20	24	42
1—4	Males ...		1	3	2	1	1	2	2	3	2	4
	Females ...		2	3	2	3	1	3	1	1	2	2
	TOTAL		3	6	4	4	2	5	3	4	4	6
5—14	Males ...		7	4	1	3	1	2	3	1	1	2
	Females ...		1	2	2	1	3	3	3	1	3	—
	TOTAL		8	6	3	4	4	5	6	2	4	2
15—44	Males ...		17	33	21	18	23	9	21	23	23	18
	Females ...		20	19	14	13	15	13	16	21	10	16
	TOTAL		37	52	35	31	38	22	37	44	33	34
45—64	Males ...		134	136	136	148	161	163	167	167	167	160
	Females ...		92	74	88	95	99	103	131	98	100	110
	TOTAL		226	210	224	243	260	266	298	265	267	270
65 and over	Males ...		436	488	518	471	515	542	550	524	525	538
	Females ...		521	614	601	555	611	563	606	593	656	615
	TOTAL		957	1102	1119	1026	1126	1105	1156	1117	1181	1153
GRAND TOTAL			1248	1404	1402	1332	1456	1431	1524	1452	1513	1507

### Live Births.

The number of live births in the Isle of Wight showed an increase over the previous year of 28 to 1,467 ; this represents an increase for the fourth consecutive year. This figure given by the Registrar General is for births registered during 1966 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 97,050 this gives a live birth rate per 1,000 population of 15.1. The rate for England and Wales was 17.7.

The following trend, showing the number of live births in the Island during the past six years is of interest :—

1962	1963	1964	1965	1966
1234	1265	1393	1439	1467

### Stillbirths.

There were 18 stillbirths during the year compared with 21 in 1965, 27 in 1964, 34 in 1963, 30 in 1962 and 22 in 1961. This gave a stillbirth rate of 12.1 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 15.4 per 1,000 total live and stillbirths compared with 15.7 for 1965.

### **Illegitimacy.**

The number of illegitimate births again increased during 1966 to 142.

Cases of illegitimacy have progressively increased during the past five years in proportion to the overall increase in live births.

<i>Year</i>	<i>Illegitimate Live Births</i>	<i>Illegitimate Stillbirths</i>	<i>Total</i>
1966	142	Nil	142
1965	136	1	137
1964	132	4	136
1963	112	5	117
1962	92	5	97

### **Deaths.**

Deaths in the Island exceeded the live births by 40 (74 the previous year).

The total number of deaths on the Island corrected for inward and outward transfers was 1,507 (1,513 in the previous year) giving a death rate of 15.5 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.73, was 11.3 compared with 11.5 in the previous year; the comparable figure for England and Wales was 11.7.

Of 1,507 deaths, 1,153 or 76.5 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 Social Security during 1966 was 13,496 compared with 9,946 in 1965. The highest number in any week was 2,106 for the week ended 15th February and the lowest 130 for the week ended 31st May.

## **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 1966 was 19.0 per 1,000 live births.

In the Isle of Wight, the figure of 28.6 per 1,000 represents deaths of 42 infants in this category.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 43, compared with 38 in 1965.

#### **Maternal Mortality.**

No maternal deaths occurred during 1966. There were no cases in 1965, one in 1964.

The maternal mortality rate for England and Wales during 1966 was 0.26 per 1,000 live and stillbirths.



**Table V. Births notified to the County Medical Officer since 1957 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	
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
1965 ...	1457	769	688	430	3	29.7	—	—	—	1007	17	70.3
1966 ...	1475	733	742	400	3	27.3	—	—	—	1057	15	72.7

The total of 1,475 births shown for the year 1966 in the above table is 10 less than the combined live and stillbirths shown in Table II, which has been adjusted by the Registrar General for inward and outward transfers. Domiciliary births decreased by 30 and hospital births increased by 48. No births took place in Nursing Homes. During the year twin births occurred in 23 cases.

#### **Notification of Congenital Defects.**

These are made on the birth notification card and checked by the Non-medical Supervisor of Midwives. A medical officer determines the classification, and discusses the diagnosis with the family doctor in any case of doubt. During 1966, 40 notifications had been reported to the Ministry of Health compared with 39 in 1965.

#### **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 and are attended by the domiciliary midwives.

#### **Premature Births.**

During 1966, there were 92 live births and 9 stillbirths of babies weighing 5½ lbs. or under.

Eighty-two of the premature live births occurred in hospital, and of these, 8 died within 24 hours of birth and 66 survived 28 days.

Ten premature live births occurred at home and, of these, 9 survived 28 days.

Of the 9 premature stillbirths, 8 occurred in hospital and 1 at home.

**Table VI. Fate of 92 Premature Children by weight groups**

Weight at Birth	Total	Deaths
3 lb. 4 oz. or less ...	13	6
Under 4 lb. 6 oz. ...	16	4
Under 4 lb. 15 oz. ...	22	3
Under 5 lb. 8 oz. ...	41	4

## 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.

"Regular visits have been made to only the larger welfare clinics and even at these much of our work is of an educational nature. Mothers are strongly advised to have their children dentally examined at regular intervals from the third birthday onwards. It is apparent when inspecting new entrants at infants' schools, that a great deal is being done for these young children by the general dental services.

In addition to those seen at welfare clinics, patients are referred by the Health Visitors whose work can be of great help on the dental side.

I must thank the nurses and health visitors for their co-operation. They are always helpful and play an important role in our work."

### Dental Care of Expectant and Nursing Mothers and Children under School Age, 1966

- (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 ... 89
- (e) Number of Dental Technicians employed ... Nil

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

	<i>Exam- ined</i>	<i>No. of persons who com- menced treat- ment during the year</i>	<i>No. of courses of treat- ment com- pleted during the year</i>	<i>Scal- ings and gum treat- ment</i>	<i>Fill- ings</i>	<i>Crowns or Inlays</i>	<i>Extrac- tions</i>	<i>Gen- eral Anaes- thetics</i>	<i>Dentures provided</i>	
									<i>Com- plete</i>	<i>Partial</i>
Expectant and Nursing Mothers	93	41	41	25	133	—	22	—	5	4
Children under 5	349	57	49	4	97	—	35	—	—	—



## FLUORIDATION OF WATER SUPPLIES (NATIONAL HEALTH SERVICE ACT, 1946, SECTION 28).

The principle of the addition of fluoride to the Island's water supplies was approved by the County Council at their meeting in March 1963 and their decision conveyed to the then Isle of Wight Water Board (now the Isle of Wight River and Water Authority).

## INFANT WELFARE CENTRES.

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

The number of children who attended the centres during the year was 2,559, a decrease of 106 on the 1965 figure.

The total number of attendances at Infant Welfare Centres during the year was 17,426, being 1,038 less than in 1965.

## DISTRIBUTION OF WELFARE FOODS.

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

A summary of sales for the years 1957-1966 is shown in Table VIII.

Table VIII

<i>Year</i>	<i>National Dried Milk (tins)</i>	<i>Cod Liver Oil (bottles)</i>	<i>Vitamin A and D Tablets (packets)</i>	<i>Orange Juice (bottles)</i>
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
1965	25633	1428	1169	19169
1966	22109	1253	1315	18952

## SECTION 23—MIDWIFERY.

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

"The Midwifery Service has continued satisfactorily during the year. The supply of thirteen Entonox machines for the administration of oxygen and nitrous oxide is an improvement. The mixture given is safer for baby and mother. The machines are easier to carry and to use.

The early discharge of patients from the Maternity Unit to the care of the Domiciliary Midwives has proved to be fairly satisfactory: the problems that come from this are mostly domestic.

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

Four Midwives attended Refresher Courses organised by the Royal College of Midwives in 1966.

### **Domiciliary Midwifery Training.**

Miss Z. Goodall, Educational Supervisor of the Central Midwives Board, paid her visit this year and was satisfied with the conditions and training given.

Teaching Midwives recognised by the C.M.B. are—Miss Q. Nobbs, Miss B. Waller, Miss M. Treacy, Mrs. K. Harrington and Mrs. B. Gray who succeeded Miss Raeburn. The number of pupils who successfully completed their training was eleven.

### **Supervision of Midwives.**

Supervisory visits to Midwives	...	...	...	...	...	48
Supervisory visits to Pupils	...	...	...	...	...	22
Number of domiciliary confinements	...	...	...	...	...	403
Number of ante-natal visits—Home	...	...	...	...	...	4665
Number of ante-natal visits—Hospital	...	...	...	...	...	2881
Number of post natal visits	...	...	...	...	...	11242
Number of cases discharged from Hospital before tenth day	...	...	...	...	...	645

### **Midwives Practising in the area.**

At the end of 1966, 42 Midwives were practising in the area. Of these, 25 were domiciliary midwives employed by the Local Health Authority, 17 were employed by the Hospital Management Committee and one was in private practice.

### **Deliveries attended by Midwives, 1966.**

During 1966, 403 domiciliary confinements were attended by County Council Midwives, and 1049 confinements were attended by Hospital Midwives at St. Mary's Hospital.

No confinements were attended by the Midwife in private practice."

## **SECTION 24—HEALTH VISITING.**

An interesting feature of the work of Health Visitors during the year has been the pilot scheme of attachment of a Health Visitor to a group medical practice in Newport. A careful appraisal of this method of work during the previous twelve months revealed that the Health Visitor was able to make a more informed approach in home visiting and that the General Practitioner referred patients earlier, thus making the work of the Health Visitor more effective in the prevention of illness. The joint attendance of the Health Visitor and General Practitioners at well-baby sessions ensures continuity of advice and also improved liaison with Specialist Local Authority Services such as Child Guidance, Speech Therapy, etc.

During their day-to-day work of health education and social advice, Health Visitors continue to find problems of overcrowding, bad housing conditions, inability to budget, mental instability and ill-health seriously affecting the wellbeing of the family and young children. These problems sometimes need the assistance of the Group Adviser in order to enlist the assistance of other organisations.

The revised training of Health Visitors has necessitated the training of Fieldwork Instructors to supervise the practical work of Student Health Visitors.

Two Health Visitors have successfully taken this course of study—Miss E. Alexander and Mrs. M. Chisnell.

Students were received for block practical training from Southampton University and from the University of London Education Department.



## Report of Group Adviser on Problem Families.

Miss M. M. Lovell, S.R.N., S.C.M., H.V., Specialist Health Visitor, reports on the characteristics of the families needing specialist health service during the year.

"The general pattern of the "problem family" does not appear to change. These are the main reasons for families falling into the problem category :—

1. Mental instability of one or both partners.
2. Too frequent pregnancies with either insufficient or wrongly balanced diet, resulting in general ill-health and apathy of mother to cope with family commitments. The inevitable gradual falling of standards in hygiene, child care and general care of the home.
3. Breakdown of marriage through infidelity of partner.
4. Husband failing to maintain family, either through laziness, excessive drinking, gambling or other vices, or becoming involved in hire purchase commitments beyond the financial means of the family.
5. Frequent changes of address, not necessarily the fault of the family, or maybe the husband's failure to pay high rents in furnished accommodation.

Families may break down due to one or more of the reasons given above and often require intensive help over a long period of time. On the other hand some may respond more quickly and be able to manage their own affairs after a short period.

The educational approach can only succeed if the parents and children are capable of responding. Often the parents know what to do but have not the will to do it, maybe through anxiety, doubt, lack of confidence, depression, or lack of concentration.

Complex problems of behaviour are often linked with poor health but little can be done to solve them until a friendly atmosphere has been established with the family the worker wishes to advise. Often the need for a concerted plan of treatment becomes increasingly obvious. This is a community problem and in many cases it is necessary to have the help and support of many Departments, particularly the Housing Departments of the District Councils.

Various Local Authority Departments have shown an increasing interest in special work with problem families, which has been engendered by the growing realisation of the serious problem these families present to society in terms of mental ill-health and financial strain on the community, e.g. the cost of maintaining "problem family" children in the care of the Local Authority. The emphasis is now on the prevention of the break-up of the family.

We appear to have an increasing number of young couples who prove to be unable to cope with the responsibilities of marriage (and often have made no pre-marital preparation). They are immature and often irresponsible, moving quite frequently from relative to relative, or expensive furnished accommodation, often leaving behind rent arrears and other debts. The result is frequent quarrels, infidelity and children suffering from lack of security.

### *Family A.*

Father—20 years.  
Mother—19 years.  
Boy—18 months.

The parents have been married for 16 months and have now parted for the second time.

Both appear to be very immature and quite unable to cope with the responsibilities of marriage and a handicapped child.

The couple have never had a permanent home, have lived with various relatives resulting in frequent quarrels, and were finally housed in furnished rooms. This constant changing of address has induced a lack of security with resultant quarrels regarding finance, care of the handicapped child, and bitter recriminations against the relatives on both sides of the family.

They have now parted and the wife has applied for maintenance and custody of the child, and is at present living with her parents but in very overcrowded conditions.



The main difficulties in this case appear to be :—

- Immaturity on the part of both parents.
- The difficulties of rearing a handicapped child.
- Lack of suitable permanent accommodation.
- Lack of tolerance and understanding in both partners.
- Degree of interference from relatives.
- Car accident in early months of marriage which made young mother highly nervous.

*Family B.*

- Father—24 years.
- Mother—21 years.
- Daughter—2 years 10 months.
- Son—2 years.
- Son—9 months.

This young family came over from the mainland after the father had to give up service at sea due to a chest condition, being an old case of pulmonary T.B.

The mother has to wear a special surgical shoe on her right foot.

The husband had a fairly long spell of unemployment and illness. The couple became heavily in debt as there were many hire purchase debts for furniture, etc., and the electricity current was disconnected for a while due to arrears.

The couple are both immature and the children emotionally upset at times through lack of experience on the part of the parents. They have all been small, rather weakly children, but are gradually improving.

The present accommodation is unsuitable for this family. The stairs steps are very narrow and steep, with an awkward turn, and there are also several stone steps at the front of the house. The mother finds these flights of stairs very difficult to negotiate, particularly when carrying the baby.

The parents seem to be gradually gaining more sense of responsibility. The various creditors have been contacted and reasonable terms for the payment of debts have been implemented. Meters for gas and electricity have been installed.

This young couple are struggling to pay off the debts and the husband is working as many hours as possible.

Advice has been given regarding the varying needs of the children, medical care has been sought when necessary, and budgeting with the money available.

It does appear that this young family will need support for a considerable period of time."

## SECTION 25—HOME NURSING.

Miss M. A. Gibbons, County Nursing Officer, reports as follows :

"According to the expected trend, the proportion of patients nursed over 65 years of age has increased to 69 per cent. Many of these patients are very infirm and their care takes additional time. It is interesting to note that in addition to the increased proportion of elderly patients, a larger proportion of patients in relation to population are referred to the District Nurses than in similar areas on the mainland. Also, more time is needed for rehabilitation and preventive measures in caring for elderly sick people.

The survey of the Home Nursing Service carried out during two weeks in July, 1966, demonstrated the trend towards visits taking a longer time, owing to the elderly state of the patients. The period of the survey represented 239 working days of District Nurses and Midwives and revealed that the total hours on duty, 1,838, included :

- |  |     |     |             |
|--|-----|-----|-------------|
| (i) Time spent with patients at home or in clinics   | ... | ... | 65 per cent |
| (ii) Time spent in travelling  | ... | ... | 20 per cent |
| (iii) Time spent on other activities which included communication with General Practitioners, other agencies and administrative centres, care of equipment and hospital visits | ... | ... | 15 per cent |

The survey also revealed that nurses work, when the care of their patients demands it, ten or eleven hours a day.

### **District Nursing Experience for Student Nurses.**

Two lectures on the Health Service to three groups of Student Nurses were given by Miss M. Morris, Deputy County Nursing Officer and a total of twenty-five Student Nurses from the Royal Isle of Wight County Hospital were given one day's experience in district nursing.

Three Queen's Student Nurses were given three days practical experience in district nursing as part of the Queen's Institute of District Nursing Training Course.

Student Nurses training to be State Enrolled Nurses at St. Mary's Hospital visited Lake Health Clinic on three occasions during the year and were shown the work of the Clinic, and a talk was given on the National Health Service with particular reference to the domiciliary services.

### **Marie Curie Foundation.**

Applications were made by the District Nurses for assistance for patients suffering with cancer from the Marie Curie Fund. Assistance of the following kind has been provided during 1966:

Night nursing	...	...	...	2
Domestic assistance	...	...	...	1
Toilet requisites	...	...	...	3
Special diet	...	...	...	7
Extra fuel	...	...	...	1
Travel expenses	...	...	...	1
Convalescent Home Fees	...	...	...	1

### **Nursing Equipment.**

Disposable sterilized syringes, catheters and dressing towels have been found an efficient and satisfactory nursing aid. Disposable incontinence pads have also been of assistance in reducing the amount of laundry for elderly patients."

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

<i>Year</i>	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Cases attended	3980	4410	3860	3778	3432	4056	3508	3198	2485	2617	2633	2607
Visits paid	62308	70997	74596	65834	67432	65818	64278	65910	65998	67471	70308	63582

## **SECTION 26—VACCINATION AND IMMUNISATION**

### **Vaccination of Persons under Age 16 completed during 1966.**

Tables X and XI cover persons under age 16 vaccinated against diphtheria, whooping cough, tetanus, and poliomyelitis. Figures for vaccination against smallpox are shown in Table XII.

In Tables X and XI lines 1—9 are intended to show the number of children vaccinated with different kinds of vaccine. Lines 10—13 show the number of children who have been vaccinated against each disease.

**Table X. Completed Primary Courses.**

<i>Type of vaccine or dose</i>	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1966	1965	1964	1963	1959 —62		
1. Quadruple DTPP ...	7	10	2	1	—	—	20
2. Triple DTP ...	689	518	34	14	24	1	1280
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	—	—	—	2	2	4
5. Diphtheria ...	—	—	—	—	1	—	1
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	5	7	12
8. Poliomyelitis: Salk ...	13	47	9	4	4	1	78
9. Poliomyelitis: Sabin ...	601	647	68	31	69	12	1428
10. Total: Diphtheria ...	696	528	36	15	27	3	1305
11. Total: Whooping Cough ...	696	528	36	15	24	1	1300
12. Total: Tetanus ...	696	528	36	15	31	10	1316
13. Total: Poliomyelitis ...	621	704	79	36	73	13	1526

**Table XI. Reinforcing Doses.**

<i>Type of vaccine or dose</i>	1966	1965	1964	1963	1959 —62	<i>Others Under 16</i>	<i>Total</i>
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	356	581	52	364	71	1424
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	1	4	4	882	637	1528
5. Diphtheria ...	—	—	—	2	17	125	144
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	2	6	8
8. Poliomyelitis: Salk ...	4	17	17	—	20	2	60
9. Poliomyelitis: Sabin ...	36	39	12	9	864	71	1031
10. Total: Diphtheria ...	—	357	585	58	1263	833	3096
11. Total: Whooping Cough ...	—	356	581	52	364	71	1424
12. Total: Tetanus ...	—	357	585	56	1248	714	2960
13. Total: Poliomyelitis ...	40	56	29	9	884	73	1091

**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 15</i>	<i>Total</i>
Number vaccinated ...	149	533	181	25	888
Number re-vaccinated ...	—	—	—	10	10



### Comparative statistics with national figures: Year 1965.

The Ministry of Health have recently published the percentages vaccinated for this authority together with the equivalent national figures.

Although Island vaccinations and immunisations are higher than the national average there is still much room for improvement.

**Table XIII**

	<i>Children born in 1965</i>			<i>Smallpox (Children under 2) (4)</i>
	<i>Whooping Cough (1)</i>	<i>Diphtheria (2)</i>	<i>Poliomyelitis (3)</i>	
England and Wales ...	72	73	68	38
I.W. County Council ...	76	76	77	47

The figures in columns (1)—(3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

### SECTION 27—AMBULANCE AND HOSPITAL CAR SERVICE.

**Table XIV. Ambulance and Hospital Car Statistics, 1966-67.**

	<i>No. of vehicles at 31-3-67</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 ambul- ances</i>	<i>No. of journeys arranged through other author- ities</i>
Directly provided service (Ambulance) ... ..	8*	10721	4994	109635	79	168
Agency Service (Ambul- ance) ... ..	1	606	433	19433	77	—
Supplementary Services (Hospital cars) ... ..	32	70029	19341	309900	—	389
Supplementary Services (Hired cars) ... ..	—	178	178	3116	—	—

\*Including 1 Utilicon "sitting case" vehicle.

**Table XV. Usage of Ambulances and Hospital Cars since 1960.**

<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 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
1966	120487	287015	1404	10529	74440	85	883
1967	129068	309900	3116	11317	70029	178	840

Table XIV shows the use made of ambulances and hospital cars during the financial year 1966-1967 and Table XV shows details of mileages and patients conveyed by this service since 1959-60.

Once again I am grateful to the Chief Fire Officer, Mr. R. J. Rooke, for the operational control of the Ambulance Service, and to Mrs. N. Freeman, M.B.E., County Organiser of the Women's Royal Voluntary Service, and Mrs. M. McKinley, 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.

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

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

	<i>Number Tested</i>	<i>Absent for Reading</i>	<i>Number found with</i>		<i>Percentage Positive</i>
			<i>Negative Reaction</i>	<i>Positive Reaction</i>	
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
1965	1021	—	910	93	9.1
1966	935	3	815	83	8.9



**Table XVII. Tuberculosis Register 1966**

<i>Number of Patients</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>		<i>Grand Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Cases on Register at the end of 1965 ... ..	285	194	68	77	353	271	624
<i>Cases added to Register :</i>							
Fresh cases arising on the Island	8	2	—	1	8	3	11
Cases removed from other areas	7	3	—	—	7	3	10
Total cases added to register during year ... ..	15	5	—	1	15	6	21
<i>Cases removed from Register :</i>							
Cases removed to other areas	3	—	—	—	3	—	3
Recovered ... ..	23	8	—	—	23	8	31
Died during 1966 ... ..	3	1	—	—	3	1	4
Died from other causes ...	1	—	—	—	1	—	1
Total removals during year ...	30	9	—	—	30	9	39
Cases on Register at the end of 1966 ... ..	270	190	68	78	338	268	606

**Table XVIII. Analysis of new Island cases notified, and deaths from Tuberculosis, 1966**

<i>Age Periods</i>	<i>New Cases</i>				<i>Deaths</i>			
	<i>Respiratory System</i>		<i>Other Forms</i>		<i>Respiratory System</i>		<i>Other Forms</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>
Under 15 years of age ...	—	—	—	—	—	—	—	—
15 and under 20 years ...	—	—	—	—	—	—	—	—
20 and under 25 years ...	—	—	—	—	—	—	—	—
25 and under 35 years ...	1	1	—	1	—	—	—	—
35 and under 45 years ...	—	—	—	—	—	—	—	—
45 and under 55 years ...	—	—	—	—	1	—	—	—
55 and under 65 years ...	4	1	—	—	1	1	—	—
65 and under 75 years ...	3	—	—	—	1	—	—	—
75 years of age and over	—	—	—	—	—	—	—	—
Totals ...	8	2	—	1	3	1	—	—

**Venereal Disease.**

Two new cases of syphilis and 14 new cases of gonorrhoea were dealt with at the Special Treatment Centre during the year. In addition, 1 case of syphilis and 1 of gonorrhoea were transferred to the centre from mainland centres.

Eighty patients suffering from other conditions were also dealt with at the centre during 1966.

## **Health Education.**

Miss M. A. Gibbons, County Nursing Officer, reports as follows :—

"The Cohen Report on Health Education was published in 1964 and has been valuable in defining the purpose of Health Education.

- (1) Advice about preventive measures, e.g. vaccination and immunisation.
- (2) Education with a view to inculcating habits and attitudes which will promote health and prevent disease, e.g. refraining from smoking, preventing overweight, taking exercise.
- (3) Education to understand the need for community health measures and how to make full yet responsible use of all available health services, statutory or voluntary.
- (4) Education to seek advice from the doctor at an early stage in certain conditions.

Immunisation and vaccination is advised individually to the mothers in home visiting and the advice is reinforced in the Infant Welfare Centres where the programme of injections is made known and the mother is assisted in understanding the protection given to her baby and is, therefore, ready to respond to requests to attend for subsequent booster injections.

Education with a view to affecting behaviour in taking sufficient sleep and exercise, resisting cigarette smoking, requires the participation of the group both by discussion and action. The most important vehicle for this type of education is the Mothers' Clubs which are held at the Cowes Clinic, Consort Road, Cowes, and the Lake Health Clinic, The Fairway, Lake. Suitable Clinics are needed in Ryde and Newport in order to extend this method of health education.

A study of the present provision of parental education, including the development of the personality and family relationships, showed that there was room for an extension of group discussion in schools to include school leavers, and in Clinics to include expectant parents and parents of school children. The film "To Janet—a Son" shown at regular intervals at St. Mary's Hospital has been greatly appreciated by both husbands and expectant mothers.

Arrangements are at present being made to extend the programmes of talks to school children on subjects related to general health, both physical and mental, by request of those Head Teachers who wish to avail themselves of this facet of the Health Service.

Discussion of Community Health Services is particularly helpful to those approaching old age, and the members of the Senior Citizens' Club at Lake Health Clinic have been interested in such subjects as food hygiene, cooking, rehabilitation exercises, the prevention of the common impediments of old age, and the services available to give assistance.

These discussions are also of value to other groups including organisations such as the Women's Institute, Townswomen's Guild, British Red Cross Society, and Mothers' Union, and these groups were addressed by Medical Officers, Health Visitors and Welfare Officers."

## **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.**

In accordance with Circular 14/63 Incontinence Pads continue to be provided on request from General Practitioners and from District Nurses.

Precautions regarding the means of disposal of soiled pads have been safeguarded by advising that patients in need of this assistance should be attended by the District Nurse who has responsibility for the satisfactory means of disposal.



## SECTION 29—HOME HELP SERVICE.

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

“The number of cases dealt with during the year totalled 638 compared with 619, 613 and 579 during the three previous years.

The cases can be divided into the following categories:—

	<i>Cases on books on 1-1-66</i>	<i>Cases on books on 1-1-67</i>	<i>Number of new cases dealt with during 1966</i>	<i>Total cases dealt with during 1966</i>
(1) Aged 65 or over on first visit in 1966	326	339	209	535
<i>Aged under 65:</i>				
(2) Chronic sick and tuberculosis ...	26	35	12	38
(3) Mentally disordered ...	—	—	—	—
(4) Maternity ...	1	—	14	15
(5) Others ...	21	11	29	50
	<u>374</u>	<u>385</u>	<u>264 (253)</u>	<u>638 (619)</u>

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

The demand on the Home Help Service continues to grow year by year. At the end of July the case load reached as many as 403 and although compared with the previous year the cases at the end of each month tended to be slightly lower, the case load in the middle of some months, e.g. September, reached as high as 430. During the Autumn and Winter months, however, many cases were removed because of transfer to the mainland to be with relatives, admission to hospital, or death, and at the end of the year the case load was 385 compared with 374 in 1965 and 319 in 1960. The number of new cases dealt with during the year was 264 compared with 253 the previous year, but applications made for help totalled 491 (503). This number, however, includes householders where help was discontinued for a short period owing to admission to hospital or transfer to relatives, and the help was resumed on return home. Approximately 88 per cent of the applications received, and cases on the register at the end of the year, were in respect of the elderly chronic sick.

Particular care is exercised by the Home Help Organiser to ensure that only urgent and necessitous cases are served because it is envisaged that these applications from the elderly will terminate only when the patient is admitted to hospital or Old People's Home, or at death. Many applicants, including expectant mothers, are encouraged where possible to make their own private arrangements for home help to relieve the pressure on the Service, and a few full-payers are assisted for a temporary period only. During the year 14 expectant mother cases only were attended by the Council's Home Helps compared with 12, 12, 22 and 31 in the previous four years.

Many elderly persons take advantage of and appreciate the 'Meals on Wheels' service. A few householders in the 85-96 years age-group however, who are mentally alert, still prefer to cook their own meal "as they always have done" each day and the Home Help "supervises." With the introduction of one room flatlets (with modern conveniences and appliances) a reduction in the time spent by Home Helps in carrying out their duties has resulted, thus enabling more cases to be dealt with. Time and expense are also saved in travelling as several cases are dealt with during the morning by the one Home Help.

At the end of the year there were four Home Helps using their own transport, one each in Brading, East Cowes, Ryde and Sandown. It is of great assistance when Home Helps are willing to use their private cars as this naturally saves time and enables cases in outlying areas, e.g. on the Downs and in the country, to be visited more easily in between 'town' cases. Furthermore car transport helps to serve isolated emergency and maternity cases. It is envisaged that in the future the number of Home Helps using cars will increase.

### Liaison with other Departments.

Close co-operation continues to exist between workers in related services, e.g. Nurses and Health Visitors, Welfare Officers, Hospital Medical Social Workers, with the Children's Officer and Home Teacher for the Blind, as well as with the



Voluntary Services. This is absolutely necessary in order to give the maximum benefit so essential to the lonely elderly person who chooses to remain at home as long as he or she is able.

#### Home Helps.

At the end of the year 62 Home Helps were employed—15 whole-time, whose hours ranged between 36 and 40 per week, and 47 part-time whose hours varied from 6 to 34 per week. During the year 37 Home Helps were off duty owing to illness for periods varying from 1½ hours to 23 weeks, making a total absence of 128 weeks for the year, or equivalent to the working time of 2.5 Home Helps for the whole year.

It is very encouraging to note that in the Island the Home Helps take a special interest in the long term chronic cases allocated to them, often visiting in a voluntary capacity at week-ends and during Bank holiday breaks. In many instances where the elderly have had to be admitted to hospital, the Home Helps visit regularly until the elderly person is discharged, or dies. This is appreciated by the patient who is often very alone. The Home Helps also encourage their husbands and children to assist by doing gardening and shopping and, in several cases, take the elderly for outings in their cars."

Table XIX shows particulars of the monthly case load.

**Table XIX**  
**Home Help Service—Monthly Case Load, 1966**  
(Figures for 1965 in Brackets)

<i>Month</i>	<i>Number of cases served</i>	<i>Contributions required in full</i>	<i>*Part Contributions required</i>	<i>No Contribution required</i>
January ...	365 (384)	43 (42)	312 (331)	10 (11)
February ...	351 (387)	38 (39)	304 (335)	9 (13)
March ...	354 (384)	43 (42)	302 (330)	9 (12)
April ...	360 (391)	48 (47)	303 (333)	9 (11)
May ...	382 (400)	54 (45)	318 (343)	10 (12)
June ...	391 (402)	55 (50)	325 (340)	11 (12)
July ...	403 (405)	59 (53)	331 (340)	13 (12)
August ...	396 (415)	57 (58)	326 (347)	13 (10)
September ...	402 (407)	60 (60)	328 (337)	14 (10)
October ...	396 (395)	59 (51)	323 (335)	14 (9)
November ...	393 (385)	63 (46)	316 (330)	14 (9)
December ...	385 (374)	60 (45)	309 (320)	16 (9)

\*As from the 6th March, 1967, the Committee agreed to provide Home Help Service free of charge to persons in receipt of a Supplementary Pension.

#### INFECTIOUS DISEASES.

Deaths from infectious diseases during 1966 were as follows :—

Influenza ...	10
Gastro enteritis and diarrhoea ...	10
Pulmonary tuberculosis ...	4
Pneumonia ...	70*
Other respiratory diseases (excluding bronchitis)	15

\*This figure represents certain cases of pneumonia which are not notifiable.

**Table XX. Notifications made to Medical Officers of Health during the year ended 31st December, 1966**

	<i>Isle of Wight Rural Dist.</i>	<i>Cowes</i>	<i>Newport</i>	<i>Ryde</i>	<i>San-down Shanklin</i>	<i>Ventnor</i>	<i>Totals</i>
Scarlet Fever ...	4	—	11	1	—	—	16
Pneumonia ...	—	—	—	—	—	—	—
Erysipelas ...	—	1	—	1	—	—	2
Typhoid Fever ...	—	—	—	—	—	—	—
Measles ...	119	6	208	33	136	—	502
Whooping Cough ...	14	1	1	—	14	1	31
Dysentery ...	2	1	16	—	—	—	19
Meningococcal Infection ...	—	—	—	—	—	—	—
Food Poisoning ...	—	—	2	103	99	—	204
Acute Encephalitis, Infective	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—
Pulmonary Tuberculosis:							
i New Island cases ...	—	2	2	1	3	2	10
ii Transfers from Mainland	1	2	1	4	—	2	10
Non-Pulmonary Tuberculosis:							
i New Island cases ...	1	—	—	—	—	—	1
ii Transfers from Mainland	—	—	—	—	—	—	—
Totals ...	141	13	241	143	252	5	795

N.B.—These figures do not include notifications of 10 pulmonary cases which have come to reside in the Island.

**Table XXI. Notifications of certain infectious diseases received for the ten years, 1957-1966**

<i>Disease</i>	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Smallpox ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	29	22	52	66	43	10	41	38	30	16
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	1	—	—	—	1	—	—	—	—
Paratyphoid Fever ...	1	1	2	—	—	—	—	—	—	—
Pneumonia ...	9	10	35	5	3	5	9	3	2	—
Puerperal Pyrexia ...	2	4	—	1	—	—	1	1	1	—
Meningococcal Infection ...	1	—	1	3	1	2	—	2	2	—
Acute Poliomyelitis and Polio Encephalitis ...	5	—	—	—	—	—	—	—	—	—
Acute Encephalitis: Infective	—	—	—	—	2	—	1	1	—	—
"  "  Post Infective	—	—	—	1	—	—	—	—	—	—
Erysipelas ...	8	1	12	8	6	2	2	2	1	2
Ophthalmia Neonatorum ...	—	1	—	1	1	—	1	—	—	—
Measles ...	737	1498	681	53	1910	166	1395	598	1354	502
Whooping Cough ...	36	109	123	35	162	9	63	47	39	31
Dysentery ...	1	19	51	8	2	1	2	—	199	19
Malaria ...	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	30	95	51	5	52	93	3	36	25	204
*Tuberculosis Pulmonary ...	93	63	66	84	49	41	45	45	23	20
*Tuberculosis Non-Pulmonary	8	10	14	4	2	3	4	3	2	1
Totals ...	960	1834	1088	274	2233	333	1567	776	1678	795

\*Includes transfers from mainland areas.

## REGISTRATION OF NURSING HOMES.

### The Conduct of Nursing Homes Regulations, 1963.

During 1966 one home was re-registered, two were closed and four were on the register on the 31st December, 1966. Of these, three are for medical cases only and one 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.

Two new applications for registration of premises were received during 1966 and certificates of registration were issued in each instance. Three registrations were cancelled during the year and five nurseries were on the register at 31st December, 1966.

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

## FOOD AND DRUGS ACT, 1955: SECTION 31

### Milk.

Samples of milk were taken from Island herds during the year by the staff of the Weights and Measures Department of the Council. These samples were examined at the Public Health Laboratory, Portsmouth, and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures for the following information:—

**Table XXII. 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 ... ..	75	Phosphatase ... Methylene Blue	74 74	1 1	— —
Untreated ... ..	227	Methylene Blue	165	44	18
Tuberculin Tested (Raw)	457	T.B. Biological ... Brucellosis ...	456 443	— 13	1 1

### Brucella Abortus.

Positive brucella results are communicated to the two District Medical Officers of Health and 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

#### 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.

#### 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

Superannuation medical examinations

Number examined	...	...	...	...	...	...	...	...	127
Accepted	...	...	...	...	...	...	...	...	126
Failed	...	...	...	...	...	...	...	...	Nil
Under review	...	...	...	...	...	...	...	...	1

### (3) Medical Examination of Teachers

Entrants to Training Colleges	...	...	...	...	...	...	...	...	72
Entrants to employment as teachers by Isle of Wight Education Committee	...	...	...	...	...	...	...	...	10
									82

## VOLUNTARY AND OTHER ORGANISATIONS.

### British Red Cross Society.

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

- (a) Escorting numerous sick, elderly or disabled persons to all parts of the country by train, car or ambulance.
- (b) Providing regular attendance at County Council Infant Welfare, Orthopaedic, Pre and Post Natal and Remedial Exercise Clinics, and School Medical and Dental Inspections.
- (c) Visiting and assisting in the homes of elderly and sick people at the request of the County Nursing Superintendent and District Nurses.
- (d) Supplying aids for the disabled, often at the request of Health Visitors and District Nurses.
- (e) Running Medical Loan Depots at Arreton, Cowes, East Cowes, Godshell, Newport, Niton, Ryde, Seaview, Shanklin, Totland Bay and Ventnor. During 1966, 865 articles were loaned.

The six clubs for the disabled in Newport, Ryde (2), East Cowes, Totland Bay and Lake continue to flourish with increased membership. A wide variety of crafts is taught and the standard of workmanship steadily improves. "Open Days" have been held at which articles have been sold and orders taken. During the year numerous parties and outings have been arranged by the Club Organisers and volunteers also provide regular transport for the disabled to and from the Clubs.

Branch Headquarters has now moved to larger premises at No. 1 Hunnyhill, Newport. Better storage facilities for the Medical Loan equipment has been provided.

CONSTANCE M. QUINTON,  
*County Director.*

### **St. John Ambulance Brigade.**

The St. John Ambulance Brigade in the Isle of Wight provides first aid cover at public functions in all parts of the Island, the staffing of beach first aid posts during the summer months, the loaning of medical requisites to patients, and the organising of training courses in first aid, nursing and allied subjects, for the general public and for members of other organisations as well as for maintaining the high standard of efficiency expected of Brigade members.

Brigade members individually assist the community in many directions—as nursing auxiliaries in hospitals, in nursing in the home, in rendering first aid to casualties in accidents and in moving infirm patients from room-to-room or up and down stairs within their own homes.

There is a minibus at Ventnor for the conveyance of elderly people on visits to their relatives in the various Island Hospitals.

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.**

Over one thousand one hundred patients attended clinics during the year 1966, and there was an increase in the number of new cases to 220, referred from the following sources:—

86 referred from family doctor.

67 came on a friend's recommendation.

4 from local authority.

3 from local hospitals.

60 from various sources such as I.W. Marriage Guidance Council, Clergy, Press or F.P.A. Headquarters, etc.

Clinic sessions were started in November at Lake Health Clinic, near Sandown, where advice on the Intra-uterine device is given. Sessions at Lake are held on the 1st and 3rd Tuesdays, 6.30—9 p.m.

Sessions at the Newport Clinic, County Hall, continue as before: 1st, 2nd, 3rd and 4th Mondays—6 to 8.30 p.m. ; 2nd and 4th Tuesdays—2 to 4.30 p.m.

The Secretary can be contacted at the clinics during the afternoon sessions or by telephone at Wootton Bridge 337.

JOAN E. 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 1966 Counsellors had 40 new cases involving 121 interviews and concerning 46 children under 16 years of age.

*Educational*—which consists of courses and discussion groups for pre-marriage couples and Youth Clubs. This year there have again been series of sixth form discussion classes in several Island Schools and the Borstal Institution at Portsmouth. Talks have also been given to various Island Clubs.

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

### **Catholic Marriage Advisory Council.**

The Catholic Marriage Advisory Council Centre is at 61 Crocker Street, Newport. An interview with counsellors, priests, doctors and lawyers may be secured by writing to the Hon. Secretary at 61 Crocker Street, Newport, or by telephone, Newport 3588.

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 who are in despair, has been in operation since April 1963.

From March 1965 an Island Samaritan Centre has been functioning at Holy Trinity Church Hall, Ryde. The number of volunteers is, however too small to enable them to give the service expected of a Samaritan Branch and serious consideration is being given to the continued operation of the Island Centre.

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

## **MENTAL HEALTH SERVICES.**

### **Account of work undertaken in the community.**

#### *(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 121 patients suffering from mental illness in 1966. 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 XXIII**

Year	...	...	1958	1959	1960	1961	1962	1963	1964	1965	1966
Cases	...	...	123	117	117	133	126	128	143	123	121

Of the 121 patients referred to, 14 were found not to be in need of hospital care and were given such advice and assistance as was necessary. The remaining 107 patients were admitted to hospital as indicated :—

Informal admission	...	...	...	...	...	...	...	18
Section 25 of the Mental Health Act (admission for 28 days' observation)	...	...	...	...	...	...	...	36*
Section 26 of the Mental Health Act (admission for treatment)								11
Section 29 of the Mental Health Act (emergency admission for 3 days' observation)	...	...	...	...	...	...	...	42†

\*Twenty-eight of these patients subsequently became informal patients, one was dealt with under Section 26 of the Act, one was dealt with under Section 30 of the Act, five were discharged at the expiration of the period of observation and one died before the end of the period.

†Seven of these patients became informal patients at the expiration of the three days' observation, seven were discharged and twenty-eight were dealt with under Section 25 of the Act (of whom 16 later became informal patients, five were dealt with under Section 26, six were discharged at the end of the extended period of observation and one died before the expiration of that period).

(ii) *After-care of persons discharged from psychiatric hospital.*

Three patients (all men) suffering from mental disorder were referred for after-care following discharge from a psychiatric hospital. In addition, three further patients were referred during the year as possibly needing after-care but on investigation were found to require only an initial visit to acquaint them of the services available to them.

The Mental Welfare Officers keep in regular contact with patients so referred whilst they continue to reside in the community.

During the year one man was maintained by this Authority in a Mental Rehabilitation Hostel on the mainland where he had been admitted in 1965 following his discharge from a psychiatric hospital.

(iii) *Ascertainment of mental subnormality.*

Nine additional persons were referred to the Mental Welfare Service during the year. Of these, one was reported by a General Practitioner, two were referred by hospitals after or during out-patients treatment, four were transferred from the mainland and two were referred from other sources. The following tables give details of cases referred during 1966 :—

**Table XXIV.**

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Referred by :							
General Practitioners ...	—	—	—	1	—	1	1
Local Health and Welfare Department ...	1	—	—	1	1	1	2
Other Local Authorities ...	1	1	—	2	1	3	4
Hospitals, after or during outpatient treatment ...	—	—	1	1	1	1	2
Totals ...	2	1	1	5	3	6	9

In connection with these 9 cases, action was taken as follows :—

**Table XXV.**

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Arrangements made for home visits ...	—	1	—	4	—	5	5
Arrangements made for home visits in addition to attendance at Training Centre...	1	—	1	1	2	1	3
Responsibility accepted for maintenance in short-stay hostel ...	1	—	—	—	1	—	1
Totals ...	2	1	1	5	3	6	9

(iv) *Guardianship and Supervision.*

The total number of mentally disordered persons supervised in the community by this Authority on the 31st December, 1966, was 251 and can be summarised as follows :—

**Table XXVI.**

	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
Receiving Home Visits ...	11	103	14	122	25	225	250
Guardianship ...	—	—	—	1	—	1	1
Totals ...	11	103	14	123	25	226	251

No new patients have been placed under guardianship during the year. The Mental Welfare Officer for the district maintains regular contact with the one patient remaining under guardianship and is able to give assistance and guidance whenever necessary. This patient is also visited at least once a year by a Medical Officer.

The remaining 250 patients shown as receiving home visits are seen as frequently as may be necessary by the Mental Welfare Officers, depending on individual circumstances.

(v) *Residential Care.*

This Authority maintains 15 mentally disordered persons in residential accommodation and these are summarised in the following table :—

**Table XXVII**

<i>In accommodation provided by :</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
This Authority ... ..	—	7	—	2	—	9	9
Other Local Authorities ...	1	1	—	—	1	1	2
Other Organisations ...	—	2	1	1	1	3	4
Totals ... ..	1	10	1	3	2	13	15

(vi) *Admission of subnormal patients to hospital.*

During the year arrangements were made for the admission of four subnormal patients (one male and three female) to psychiatric hospitals. All were admitted for short term care to give their families a brief respite from the responsibility of caring for them.

(vii) *Medina House School—Activities and Training.*

(a) Juniors—Under 16.

On the 31st December, 1966, there were 28 junior and nursery pupils on the register of Medina House School, eight of whom were attending informally on a trial basis, not yet having been formally ascertained as unsuitable for education in an ordinary school. All suitable children known to the Department 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.

As in the past, all the usual subjects taught in a Junior Training Centre have continued to be taught in the nursery and junior classes. These are designed to bring out each child's latent abilities to their fullest extent.

In the nursery class emphasis is placed on the use of large apparatus to improve physical tone and toys designed to encourage co-ordination of hand and eye, foot and eye, etc. Social training is also given and the children are encouraged to dress and undress themselves, taught to use the toilet properly, feed themselves, etc. Several young children in the nursery group have severe physical handicaps in addition to subnormality of intelligence and many aids have been devised for individual requirements. The aids in question were designed by the staff and made by adult males in the school workshop. It is most gratifying to know that three children have learnt to stand and are making their first steps.

Suitability for transfer to the junior class is decided more on the basis of each child's personal progress and ability rather than chronological age.



The nursery activities are continued in the junior class to simplify the process of transfer but are carried to their fullest extent. Additional subjects in the junior class include counting and number work, colour recognition, etc., both group and individual teaching being given.

Speech training has commenced for selected children of about five years of age. This programme is very carefully graded and gives practice in lip and tongue mobility and games involving elementary sounds and speech. It is felt this will aid the visiting speech therapist with the children reaching the stage when her expert training will benefit them.

(b) Adults—16 and over.

On the 31st December, 1966, there were 27 seniors on the register. The woodworking section of the men's department continues to produce some very useful articles and the standard of work has improved during the year. Many articles of a high standard have been made for outside use. The chamois leather wash mops production has been discontinued owing to lack of space.

The women continue to be taught dressmaking, embroidery and other forms of needlework, rug-making and pottery modelling. Towards the end of the year, they commenced a small amount of industrial work consisting of machining disposable gowns for midwives. In addition, they take turns in training in the school kitchen, laundry and nursery.

Due to the industrial work, social education has been discontinued for the older men and women but the adolescents receive training weekly in all aspects of life in the community.

(c) General.

Certain services provided in ordinary schools are also available at Medina House School (for example, regular medical inspections, dental treatment, meals and milk). Transport is provided whenever necessary.

Sports Day for the whole school was held on the 26th May and was a great success. Three silver cups were presented, together with spoons, cups and sweets for the younger competitors.

During the year, the very generous gift of a swimming pool was received from the Bonhonic Society. Work on this pool was completed in time for it to be officially opened on the 11th June, this forming the highlight of Mental Health Week 1966. The pool has proved a very popular innovation and swimming lessons were enjoyed by many of the trainees until October.

Also, thanks to the generosity of the Newport Round Table, a large quantity of outdoor and indoor play equipment and two sewing machines have been provided during the year. This equipment is in daily use, and is greatly appreciated by the trainees.

The annual outing was held on July 6th. The school travelled by boat to Beaulieu where a picnic lunch was eaten by the river before visits were made to the motor museum and the Abbey.

The second Harvest Festival was held during October. A short service was given by the Rev. W. Boardman of St. Paul's Church. Gifts of produce and flowers were taken by the children to elderly and disabled people in the neighbourhood.

### **Survey of prevalence of subnormality.**

Continued assistance has been given to Dr. A. Kushlick, Director in Research in Subnormality, Wessex Regional Hospital Board, in connection with this survey.

### **Mental Health Week, 5th-11th June, 1966.**

In conjunction with the Wessex Regional Hospital Board, the County Council agreed to participate in Mental Health Week sponsored by the National Association for Mental Health and the National Society for Mentally Handicapped Children.

Despite a good deal of publicity, public response to the film shows and discussions held in various parts of the Island during this week was disappointing. It is felt that a more continuous effort is needed and in this connection the formation of local Associations for Mental Health and for Mentally Handicapped Children is in progress.

### **Co-ordination with the Hospital Service and General Practitioners.**

Close co-operation continues to be maintained between family doctors and the 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 were on the Whitecroft Hospital, Longford Hospital and St. Mary's Hospital House Committees. In addition, the County Medical Officer is a member of the Longford Hospital House Committee and attends meetings of the Whitecroft and St. Mary's House Committees by invitation for psychiatric items. This results in very close liaison with the Hospital Authorities and there is also 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 meetings are held at officer level of representatives of the local authority and hospital staffs.

Dr. H. M. McBryde, who succeeded Dr. G. Gordon Brown, as Medical Superintendent of Whitecroft Hospital during the year, has very kindly submitted the following comments for inclusion in my Report :—

#### **“Whitecroft Hospital and its services in 1966.**

The hospital services to the Isle of Wight community are closely linked with the local authority service and the general practitioners service. Some of the closest links are between the local authority services and the mental hospital services provided by Whitecroft Hospital and its out-patient clinics at Cowes, Newport, Ryde and Whitecroft itself.

The following summary of work gives figures of patients treated in 1966 by the mental hospital service :—

During the year 1966 there were :	433 Admissions to Whitecroft	
	356 Discharges	} A total of 432
	76 Deaths	
		Departures.

The proportion of re-admissions was 49.2 per cent.

The proportion of patients aged 65 and over was 50.6 per cent.

Out-patient clinics received 460 newly referred patients and had 1,960 attendances of Out-patients in all.



Many of the patients treated in hospital or in the out-patient clinics also have help from local authority services which provide essential support to the work of the doctors and nurses from the hospital. With the right form of help from Mental Welfare Officers, Health Visitors and other local authority staff many patients can be enabled to continue life in the community, or to resume life in the community earlier than would otherwise be possible."

## **NATIONAL ASSISTANCE ACT, 1948.**

### **Administration.**

The County Council have delegated to the Health and Welfare Committee their statutory functions under the National Assistance Act, 1948. 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 Chief Social Welfare Officer, four Social Welfare Officers (one of whom is designated Senior Social Welfare Officer), one Relief Social Welfare Officer, one Home Teacher for the Blind, the clerical staff of the Welfare section, and the Matrons and staff of the five old people's homes.

The Isle of Wight Society for the Blind are the Council's agents for the welfare of the blind and partially sighted, and the Council's Home Teacher for the Blind (who returned from his training course, fully qualified in July) works in close co-operation with the Secretary of the Society.

The Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the Council's agents for the welfare of the deaf and hard of hearing.

The work of the Welfare Officers covers a wide field, including the visiting of elderly and handicapped people living in the community, giving them such advice and assistance as they may need from time to time in coping with their every day problems, arranging for admission to residential accommodation where this proves necessary, and helping persons so admitted to sort out their personal affairs.

Periodical staff meetings are held enabling Welfare Officers to discuss mutual problems, and from time to time, joint meetings between these officers and members of the nursing staff are held at district level. Good liaison between the Welfare Officers and nursing staff is thereby maintained.

During the year, a total of eighteen talks have been given by the Welfare Officers to various interested organizations. These talks proved very successful, usually ending in a lively discussion, and have obviously stimulated public interest in the Council's various Welfare Services.

One of the Welfare Officers, Mr. L. Mew, gives the following example of the work of a Welfare Officer :—

"Mr. and Mrs. A live in a semi-detached cottage of which they are the owners. They are aged 60 and 66 years. Mr. A. is hemiplegic following a severe stroke some years ago ; his speech is considerably affected, and he has great difficulty in making himself understood. Mrs. A had become depressed, possibly on account of the strain of caring for her husband and had made guarded threats at attempting suicide.

The family Practitioner made arrangements for Mrs. A to receive in-patient psychiatric care, and a request was made to this Department for residential accommodation for Mr. A whilst his wife was in hospital. Mr. A appeared difficult, and refused the offer of accommodation ; consequently, his wife cancelled the arrangements made for her admission to hospital as she felt Mr. A could not cope alone.



Over the next few months the District Welfare Officer maintained regular contact with Mr. and Mrs. A. It was apparent that Mrs. A's depression was becoming more deep seated, although there was a remarkable change in the husband's attitude. He was now agreeable to enter residential accommodation, in order that his wife could receive the treatment she so obviously needed. In her acutely depressed state Mrs. A refused to consider hospital admission, and considerable anxiety was felt that she might again attempt suicide. During one week, the District Welfare Officer made daily visits to the house and eventually Mrs. A was admitted to the Psychiatric Hospital under Section 29 of the Mental Health Act.

Mr. A. elected to remain at home, and it was felt that he should have the opportunity of proving to himself whether or not he could cope.

In actual fact, he is coping very well, and the District Welfare Officer calls on him twice a week. Transport has been arranged with a voluntary organisation to take him to see his wife in hospital. Mrs. A is making excellent progress in hospital, and the District Welfare Officer has maintained contact, and will continue to do so when the time comes for her discharge."

### **Welfare services for the aged.**

#### *General Social Welfare.*

The close liaison which exists between Dr. E. F. Laidlaw, the Regional Hospital Board's Consultant in Geriatrics, and the officers of the Health and Welfare Department is reflected in the promptness with which Hospital admission is arranged for residents in the Council's Old People's Guest Houses, who require in-patient treatment. Such admissions are frequently arranged on an "exchange" basis, a Hospital patient who is ready for discharge and has no home to go to, being accepted in the place of a resident admitted to Hospital from a Guest House.

An active interest continues to be taken by local residents and voluntary organisations in the elderly people living in the Council's Guest Houses. This does much to alleviate the loneliness which elderly people can suffer when they are unable to live in the community, and the various social functions and outings arranged for them are very greatly appreciated.

#### *Chiropody.*

Free chiropody is provided by the Council for all residents in their Guest Houses who require such treatment. For this purpose regular visits are paid to each Guest House by a local Chiropodist.

#### *Isle of Wight Old People's Welfare Association.*

I am indebted to Miss B. Filley, Honorary Secretary of the Isle of Wight Old People's Welfare Association for the following information regarding the work of the Association during 1966 :—

"Work has continued quietly during the year. The resignation of Mr. Fowler our Chairman for health reasons was received with regret in October. We are glad that he will continue to be interested in the work and will continue his work in the Newport Group.

Mr. Kennedy was elected Chairman in October. He is very interested in the work and we are glad he was able to take office for the new year.

Our thanks are due to Dr. Machell, County Medical Officer, and Vice-Chairman of the Association for all the help given during the period when we were without a Chairman.

The work of friendly visiting continues in all parts of the Island. This is carried out by members of the Groups in those areas where Groups have been formed. Where there is no affiliated Group some visiting is done by members of the Association in the area, and by the Hon. Secretary of the Association. There is also much useful visiting done by individuals not joined to any definite body.

Many requests come from the mainland, both from individuals and from charitable organisations for help for, or news from elderly people or relatives living on the Island, and there is considerable correspondence with other County and County Borough Councils.

The Association's chiropody service continues to serve elderly people in Ventnor, Sandown, Shanklin, the West Wight and Cowes. All pay a small sum for treatment and the Association pays the balance.

The Newport Group has a service of its own which is run in co-operation with the Chiropodist. This is very well organised and most helpful.

The East Cowes Group arranges chiropody for those unable to pay the usual fee and pays the Chiropodist the balance.

During the year two invalids have been moved from condemned cottages to new council accommodation. One needed help in preparing the new bungalow and financial help (given by Newport O.P.W.). The other was managed by the elderly lady's son and advice and interest in the move was all that was required.

The Cowes Group as usual were very busy in visiting and giving help where ever needed. Eggs are taken to those living in the Almshouses, repairs are looked after in the Almshouses as necessary and in other houses. Christmas gifts of coal and other fuel were given, and much is done.

Shanklin's big effort this year has been the raising of money for a mini-bus which since its purchase has added much to the lives of those who have difficulty in getting out. Many have been able to attend church services after several years of not being able to do so. While in the past many have been taken to visit relatives in hospital by private car, they now are taken in the mini-bus.

The two elderly members of the original Ryde O.P.W. Group have had to cut down their work by reason of advancing years. I have however been approached by a young lady in Ryde who is very interested in the work for old people and who is visiting some people who have contacted me during the past few months. She is a great help."

#### *"Meals on Wheels" Service.*

The day to day administration of this service is in the hands of the Women's Royal Voluntary Service who carried out the scheme on behalf of the County Council. With the exception of Shanklin (where delivery difficulties continue to restrict the supply of meals to once a week), meals are supplied twice weekly in each of the areas served. The average weekly number of meals supplied in each area during 1966 was as follows:—

Newport	...	...	...	...	38
Ryde	...	...	...	...	43
Shanklin	...	...	...	...	19
Cowes	...	...	...	...	37
West Wight	...	...	...	...	33
Ventnor	...	...	...	...	36
Sandown	...	...	...	...	42

The provision of "Meals on Wheels" in the Sandown area, anticipated in my report in 1965, commenced in January 1966. In Newport, Shanklin, Ventnor and Cowes, the meals are supplied from the Council's Old People's Guest Houses, and in Sandown and West Wight from local cafes. The meals for the Ryde area are supplied from the kitchen of the Women's Royal Voluntary Service Day Centre.

When this service is provided in conjunction with the Council's other domiciliary services, 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 residential accommodation.



### *Old People's Luncheon Clubs.*

The Old People's Luncheon Clubs run by the Women's Royal Voluntary Service at Ryde and Newport have continued to be very popular amongst the elderly population and during the year under review the number of meals served was as follows :—

Ryde	...	...	...	...	3,636
Newport	...	...	...	...	1,851

### *Ryde Day Centre.*

The Day Centre run by the Women's Royal Voluntary Service in Ryde has proved very successful, and continues to fulfil a great need amongst the more active elderly people living in the district.

## **National Assistance Act 1948—Part III.**

### *Section 21—Residential Accommodation.*

The extension to Inver House, Bembridge, referred to in my last report, was completed in January 1966, giving accommodation for a further eleven persons. On the 31st December, 1966, the accommodation provided on the Isle of Wight directly by the County Council under Section 21 of the National Assistance Act, 1948 was as follows :—

- 1.—Polars and Blind Home, Newport—For 30 elderly and 26 elderly blind persons.
- 2.—St. Lawrence Dene, Ventnor—For 51 elderly persons.
- 3.—Osborne Cottage, East Cowes—For 38 elderly persons.
- 4.—Elmdon, Shanklin—For 28 elderly persons.
- 5.—Inver House, Bembridge—For 59 elderly persons.

### *Temporary Accommodation.*

Temporary accommodation is made available in the County Council's Homes for people who have been rendered homeless as a result of fire, flooding or other unforeseen circumstances.

### *Section 26.*

The Authority also maintains 14 aged persons in accommodation provided by voluntary organisations, viz. :—

W.R.V.S. Residential Club, "The Briars," Sandown	...	...	...	4
Weston Manor, Totland	...	...	...	6
Easthill Home for the Deaf, Ryde	...	...	...	1
W.R.V.S. St. Cross Grange, Winchester	...	...	...	1
Methodist Home for the Aged, Hitchen	...	...	...	2
				<hr/>
				14
				<hr/>

## **Welfare arrangements for Handicapped Persons.**

### **Blind.**

The following information has been supplied by Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind.

### *Registration.*

The number of registered blind persons on the 31st December, 1966, was 289 (104 males and 185 females) compared with 272 (98 males and 174 females) on the 31st December, 1965. During the year, 52 new persons were registered (17 males and 35 females); in addition, six



persons were transferred to the Island. During the same period, 34 persons (12 males and 22 females) died, and seven persons were transferred to the mainland. The ages of the blind population are shown in the following table :—

**Table XXVIII**

0—1 year	2—4 years	5—15 years	16—20 years	21—39 years	40—49 years	50—64 years	65 years and over	Total	Grand Total
M F	M F	M F	M F	M F	M F	M F	M F	M F	
— —	1 —	1 3	3 2	7 4	13 4	15 15	64 157	104 185	289

*Causes of Blindness in New Registrations.*

	Cataract	Glaucoma	Other	Total
Treatment recommended	5	3	3	11
No treatment recommended	7	4	30	41

*Employment.*

At the end of the year, 23 blind persons (20 male and 3 female) were usefully employed and details of the employment were as follows :—

	Male	Female	Total
Typist ... ..	1	—	1
Shopkeepers ... ..	6	—	6
Gardener ... ..	1	—	1
Minister of Religion ... ..	1	—	1
Piano tuner ... ..	1	—	1
Storekeeper ... ..	1	—	1
Tutor ... ..	1	—	1
Farmer ... ..	1	—	1
Physiotherapists ... ..	1	1	2
Machine tool operator ... ..	—	1	1
Basket maker ... ..	1	—	1
Shoe repairer ... ..	1	—	1
Braille copyist ... ..	1	—	1
Knitter ... ..	—	1	1
Mat maker (Workshops) ... ..	1	—	1
Soap maker (Workshops) ... ..	1	—	1
Shop assistant ... ..	1	—	1

*Blind Persons with other disabilities.*

During the year a total of 65 persons (23 male and 42 female) were known to be suffering from other disabilities, and these can be classified as follows :—

**Table XXIX.**

Deaf (with or without speech)	Hard of Hearing	Mentally Disordered	Other	Total	Grand Total
M F	M F	M F	M F	M F	
— 1	4 5	7 9	12 27	23 42	65

During the year, part-time visiting and clerical help by the County Council continued until July when Mr. Adamson returned from the Home Teachers Course.

Handicraft classes have been held twice a week at which 20 people approximately attend. The Social Club, held fortnightly, has about 50 members which until the Centre can be enlarged is the maximum number it can hold comfortably.

As more than 76 per cent of the registered blind are over 65, it has been essential to try and maintain regular visiting as there are quite a number living alone or with other elderly persons.

A fortnight's free holiday and travelling was given to 14 blind and 9 sighted guides during the year. Christmas and birthday vouchers have been given in addition to which fuel, food, clothing, white sticks, notepaper, writing frames, wireless sets, talking books, handicapped persons cookers, games and books have been given to many.

### **Partially Sighted.**

#### *Registration.*

During the year 11 new persons were registered (7 male and 4 female) and one person (male) was transferred to the Island. One person (male) died, 2 (1 male and 1 female) were transferred to the blind register on deterioration of sight, one male was de-certified through improvement of sight and one female was transferred to the mainland. On the 31st December, 1966, the number of registered partially sighted persons was 35 (13 males and 22 females) and the following table gives their age groups :—

**Table XXX.**

0—1 <i>years</i>		2—4 <i>years</i>		5—15 <i>years</i>		16—20 <i>years</i>		21—49 <i>years</i>		50—64 <i>years</i>		65 and <i>over</i>		<i>Total</i>		<i>Grand Total</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>	
—	—	—	—	2	2	—	—	3	2	2	3	6	15	13	22	

The same benefits are available to partially sighted as to the blind with the exception of wireless sets which are available to blind persons only, through the British Wireless for the Blind Fund.

### **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 :—

"The welfare work for the deaf in the Isle of Wight has been carried out by Mr. W. H. Styan, Superintendent of Easthill Home for the Deaf. 131 visits were made, 30 on behalf of deaf people and 92 on behalf of the hard of hearing. Eleven people sought assistance to deal with special cases.

The social club at "Easthill" has been open on Saturday afternoons and evenings and other times by arrangement, and those attending were able to meet the residents of the home. As well as the Christmas activities there were two parties and two outings and the club was visited by deaf people from the mainland. There have also been film shows.

Fourteen Church Services were held, usually in the club room where special arrangements are made to give the room a Church atmosphere and sometimes members have taken part in Services in other Churches.

On 50 occasions Mr. Styan attended meetings to talk about the welfare of the deaf, and to encourage the public to support "Easthill."

Lipreading classes were not held during the twelve months owing to lack of support but they have been revived successfully since the end of 1966, and it is hoped that these will be the nucleus of a Club for the Hard of Hearing.

The Council of the Association meets monthly in Southampton and there has always been a representative of the Isle of Wight County Council Social Welfare Section present. Written reports are received detailing special cases. These are discussed where necessary and advice given.

The numbers of deaf and hard of hearing on our Register at the 31st December, 1966, are shown in the following table:—

**Table XXXI.**

<i>Deaf without Speech</i>		<i>Deaf with Speech</i>		<i>Hard of Hearing</i>		<i>Total</i>		<i>Grand Total</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>	
5	2	8	8	7	34	20	44	64

### **Physically Handicapped (General Classes).**

#### *Registration.*

On the 31st December, 1966, 184 persons were registered as handicapped persons. The following table shows the classification:—

**Table XXXII.**

	<i>Total</i>
Amputations ... ..	11
Arthritis and rheumatism ... ..	32
Congenital malformations and deformities ... ..	18
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 ... ..	14
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 ... ..	31
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ... ..	56
Other mental and nervous conditions ... ..	7
Tuberculosis (respiratory) ... ..	10
Tuberculosis (non-respiratory) ... ..	1
Diseases and injuries not specified above ... ..	4
	<b>184</b>

#### *Welfare of the Handicapped.*

The registered handicapped persons on the Isle of Wight continue to be visited by the Welfare Officers who give advice when needed.



### *Disabled Persons' Clubs.*

The Isle of Wight Branch of the British Red Cross Society have continued to run Clubs for the disabled at Newport, East Cowes, Freshwater, Ryde and Lake. These Clubs provide important social benefits to many handicapped persons throughout the Island.

### *Car Badges for Severely Disabled Drivers.*

From the commencement of this scheme in 1961, until the 31st December, 1966, 45 severely disabled drivers had been issued with badges enabling them to be easily identified by other road users. Whilst these badges carry no legal weight, the Police are most co-operative in assisting handicapped drivers who display these badges, in solving their parking difficulties.

### *Residential Care and Training.*

On the 31st December, 1966, the Council maintained 14 handicapped persons in the following homes:—

Chalfont Epileptic Colony ...	...	...	...	...	...	3
Coombe Farm, Croydon ...	...	...	...	...	...	1
Weston Manor, Totland ...	...	...	...	...	...	9*
Cheshire Home, Timsbury, Bath ...	...	...	...	...	...	1
Total ...						14

\*These are persons who required care and attention on discharge from Whitecroft Psychiatric Hospital.

During the year the Council accepted responsibility for payment of amenities allowance in respect of four handicapped persons accepted for training at Enham-Alamein Village Centre, Andover.

## **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, one of which was subsequently withdrawn. Registration was effected in the case of one application and the remaining two were still under consideration at the end of the year.

The application reported as being still under consideration at the end of 1965, was subsequently withdrawn.

At the 31st December, 1966, 16 homes for 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 in 1966 in respect of two persons needing care and protection. One of these patients was admitted to St. Mary's Hospital, Newport, and the other to the Royal Isle of Wight County Hospital, Ryde.

### *Section 48—Temporary Protection of Property of Persons admitted to Hospital, etc.*

The Council accepted responsibility for the protection of the effects of nine persons during the year.

*Section 50—Burial or Cremation of the Dead.*

During the year, the Council was not called upon to accept responsibility for the burial of any person under this Section of the Act.

**Boarding-out of Aged and/or Disabled Persons.**

This scheme whereby certain aged 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, nine persons were so accommodated.

**Special Housing for Elderly People.**

The erection by the Cowes Urban District Council of 24 units of special housing at Park Court, Cowes, was completed during the year, and the first tenants were received early in June. The accommodation consists of twenty single units and four double units with warden facilities. As in the case of similar schemes at Newport and Ryde, a grant is payable to the Cowes Urban District Council by the County Council in respect of each tenant whom the County Council have approved.

**Isle of Wight Community Services Council.**

On the 20th June, 1966, a meeting was held at the County Hall, Newport, at which was formed the Isle of Wight Community Services Council. All the major voluntary organisations on the Isle of Wight were invited to attend this meeting and to be represented on the Community Services Council, the principal object of which is to co-ordinate the efforts of voluntary bodies in order that they may be used to the greatest advantage.

Already the Community Services Council have carried out a survey amongst the elderly in the Sandown and Lake area, in order to assess the need for various services and the means by which this need can best be met and it is hoped to extend this idea to other parts of the Island in the not too far distant future.



# 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 for 1966. The main topic of the year was of course Reorganisation of Schools. The Isle of Wight plan, particularly with its proposed middle schools for children aged 9—13, will provide great opportunities for new ideas on medical examinations. Already about half of the L.E.A.s are either operating or trying out a selective approach. On the Island the high level of co-operation between the educational and medical services forms an excellent basis for what the Chief Medical Officer describes as “the assessment of how children function in school rather than the routine examination of all children in an age-group—other than school entrants—irrespective of their needs.” Far from abandoning the traditional full medical examination of all entrants, the future pattern may be to carry this out even before school entry, as is recommended in the Plowden Report.

Other future tasks for the School Health Service are likely to include the intensification of the search for pre-school children likely to need special services, the earlier discovery of emotional and intellectual difficulties, the development of the scheme for children with impaired hearing, and the more frequent testing of vision. School medical officers, school nurses and health visitors will have a greater contribution to make in a co-ordinated plan for Health Education in its broadest sense throughout the whole of school life. In particular, the preparation of young people for good personal relationships in the adult world, about which further discussions have taken place since my last report, will require our most earnest and enlightened attention.

During the next four years we look forward to further findings of Professor Jack Tizard's team. Already bulletins or papers have been issued on their research among Island schoolchildren into physical disorders, childhood asthma, neurological conditions, epilepsy, behaviour difficulties and reading retardation, and a remedial teacher has been appointed for the Island. We are grateful to Professor Tizard and his colleagues, and particularly to Mr. L. V. Rigley, their Research Officer at County Hall, for the information which is already becoming available to the health and educational services.

Another subject of major importance in 1966 was the Joint Circular on the Co-ordination of Services for the Handicapped Child. I reported fully to the Committee on our arrangements in this County. Lack of co-ordination leads to handicapped children being “deprived of beneficial services and continuous care and their families receiving inadequate support.” Facilities and the will to co-operate are excellent—perhaps unique—in the Island, in spite of doctors having to work in a National Health Service which is administratively split into three parts. Co-ordinating all possible information and services for a child with one or



more handicaps is a skilled and time-consuming exercise which, like all school health work, requires a painstaking and understanding approach to parents, teachers, family doctors, consultants and others. At a time when nationally the number of school doctors is not keeping pace with the rising school population, conditions of service, including particularly post-graduate training, must be sufficiently competitive with those in hospital and general practice to attract suitable doctors into the local authorities' statutory child health services, where there is greater reward in the promotion of health than in the treatment of established disease.

We were pleased to welcome Miss E. J. Horn as County Educational Psychologist and Miss J. M. Ennals as Speech Therapist.

Finally I should like to thank particularly Mr. Simons, Principal School Dental Officer, Dr. Knight, Consultant Child Psychiatrist, and other contributors to this report, the staff, professional and lay, for the way they have worked together during the year, the family doctors, consultants and many others for their co-operation, and the Committee for their constant encouragement.

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 1966, was 97,050.

The number of pupils on the registers of maintained schools at 31st December, 1966 is shown below. Comparative figures for the previous year are also given.

					<i>No. of Pupils</i>	
					<b>1966</b>	<b>1965</b>
Primary Schools	...	...	...	...	7819	7606
Secondary Modern Schools	...	...	...	...	3917	3846
Secondary Grammar Schools	...	...	...	...	1547	1546
Watergate School	{ Primary and Secondary age group integrated }				109	105
Spastic Day Unit					13	13
Total					13405	13116

In addition, there were 117 pupils aged between 15 and 18 years attending the I.W. Technical College in Newport and approximately 1,600 pupils in independent schools.

### Incidence of various diseases affecting children attending ordinary schools

#### Primary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	42
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	56
Diabetes	...	...	...	...	...	...	...	...	8
Asthma	...	...	...	...	...	...	...	...	100
Physically handicapped or delicate	...	...	...	...	...	...	...	...	36
Eczema	...	...	...	...	...	...	...	...	95

#### Secondary Schools—

Epilepsy (all forms)	...	...	...	...	...	...	...	...	41
Heart Conditions (including simple murmurs)	...	...	...	...	...	...	...	...	41
Diabetes	...	...	...	...	...	...	...	...	12
Asthma	...	...	...	...	...	...	...	...	88
Physically handicapped or delicate	...	...	...	...	...	...	...	...	48
Eczema	...	...	...	...	...	...	...	...	58

## HANDICAPPED CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS.

At 31st December, 1966, 20 children (10 boys and 10 girls) were in 17 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
<i>Partially Sighted.</i>			
	Barclay School for Partially Sighted Girls, Sunninghill, Berkshire	...	— 3
	Blatchington Court, Seaford, Sussex	...	1 —
<i>Partial Hearing.</i>			
	Burwood Park School, Walton-on-Thames, Surrey	...	1 —
<i>Physically Handicapped.</i>			
	Trueloves School, Ingatestone, Essex	...	1 —
	Meldreth Manor, near Melbourn, Cambridgeshire	...	1 —



*Delicate.*

St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1
St. Catherine's Home, Ventnor, I.W.	...	1

*Maladjusted.*

Kingsmuir School, Stonelands, Sussex	...	1
Fedsden School, Farnon Harlow, Essex	...	1
Potterspury Lodge School, Towcester, Northants	...	1
Walton Elm School, Sturminster Newton, Dorset	...	1
Broadview House, Hayling Island, Hampshire	...	1
Pitt House School, Torquay, Devon	...	2

*Educationally Sub-Normal.*

Pield Heath House School, Hillingdon, Middlesex	...	1
Besford Court School, Worcester	...	1

*Epileptic.*

Lingfield Hospital School, Lingfield, Surrey	...	1
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No pupils ascertained as coming within the categories of Deaf or 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 one child was 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 B. E. Stone, Medical Officer to the Spastic Unit, reports:—

"The School Medical Officer continued the practice of visiting the Unit regularly and inviting the parents to come and discuss the progress of their children. A full Medical Inspection was performed on each child at least once during the year. Pupils are also seen at the Combined Cerebral Palsy Clinic attended by the Consultant in Physical Medicine and Consultant Orthopaedic Surgeon.

The Screening Panel met three times during the year to consider new applicants for the Unit and review the progress of those already attending. Reports on each child were received from the Teacher-in-Charge, Speech Therapist, School Medical Officer and Physiotherapist.

Speech therapy, physiotherapy and hydrotherapy were provided for those children who required treatment. As has been the custom for several years, two cadet nurses from St. Mary's Hospital attended the Unit and helped in the day-to-day management of the children.

There were thirteen pupils on the roll on 31st December, 1966. During the year there were three new admissions and one readmission as well as four leavers. In January a former pupil was readmitted following attendance at a residential assessment unit. He left five months later to take up a vacancy at a residential training centre. April saw the admission of two boys, one was a four-year old spastic child who settled in well, the other was a six-year old boy recovering from a brain tumor. In September a three-year old boy, with mild spasticity entered on a part-time basis. Of the three children who left the Unit during the year one was admitted to Watgate School the other two entered ordinary schools.

An extension to the nursery classroom was built during the summer holiday and officially opened by Mrs. M. Christy, Chairman of the Education Committee on 30th November. The Isle of Wight Aquarist Association presented the Unit with a tropical fish tank on the same occasion.

In December, the pupils and all persons associated with the Unit were sorry to say 'farewell' to Mrs. Kimber, the Nursery Teacher, but wished her well in her new post."

## WATERGATE SCHOOL.

### *Headmaster :*

Mr. L. V. Rigley—January-August 1966.

Mr. D. Quarmby—(Acting) September-December 1966.

Mr. E. W. Hopwood—Appointed December 1966.

Dr. B. E. Stone, Medical Officer to the School, reports :—

"At the end of the year there were 109 pupils on the roll. During the year there were 17 new entrants and 13 leavers. Six of the pupils left to enter employment, four left when their families moved to the mainland, two entered residential special schools and one was transferred to Medina House School.

The Leavers Panel, consisting of the Headmaster, the Youth Employment Officer, the School Medical Officer and the Senior School Welfare Officer, met at the school once during each term. At these regular meetings the future of each school leaver was discussed in detail and a report of the progress of those already placed was received.

New entrants received a full medical examination, including vision and hearing tests during their term of entry and all other pupils were examined at least once during the school year. Parents were invited to attend all medical examinations as their presence is considered most valuable in the full assessment of the children.

The following table shows that a relatively high proportion of the children attending the school suffer from various physical conditions which necessitates the co-operation between everyone concerned with their welfare. This includes the General Practitioner, the Child Guidance Clinic and the Children's Officer.

### **Number of children attending Watergate School suffering from certain additional physical conditions.**

Epilepsy (all forms)	...	...	...	...	...	...	9
Physically Handicapped or Delicate	...	...	...	...	...	...	6
Heart Conditions	...	...	...	...	...	...	2
Partial Hearing (wearing aid)	...	...	...	...	...	...	2
Severe Eye Condition (Glaucoma)	...	...	...	...	...	...	1
Galactosaemia	...	...	...	...	...	...	1
Asthma	...	...	...	...	...	...	1

The staff and pupils were sorry to lose their Headmaster, Mr. L. V. Rigley, who left in August. Mr. D. Quarmby was acting Headmaster from September to December when Mr. E. W. Hopwood was appointed. Miss E. J. Horn, Educational Psychologist, joined the staff of the Isle of Wight Local Education Authority in October. After two years without an Educational Psychologist her presence will be of great benefit in the selection of suitable pupils for the School and in assessing their progress and future capabilities."

## AUDIOLOGY CLINIC.

Dr. D. W. Quantrill, Medical Officer to the Clinic, reports :—

"Owing to lack of staff the Audiology Clinic did not function. The Clinic will be re-established during 1967.

During the year the Isle of Wight Deaf Children's Association was formed under the Chairmanship of Mr. W. T. Jones, M.B.E., C.C. Members of this Association include parents, doctors, teachers, school nurses and health visitors. Such organisations have been of great value elsewhere and the support being given to the Island group is most encouraging."

### **Statistics.**

#### *I.—Results of Pure Tone Audiometry testing in Schools.*

Number of children tested	...	...	...	...	...	1645
Number requiring retesting	...	...	...	...	...	263
Number who failed the retest	...	...	...	...	...	147

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



## H.—Children with an established hearing loss attending school.

Number of children attending Residential School :						
(i) For the deaf	...	...	...	...	...	Nil
(ii) For partially hearing	...	...	...	...	...	1
Number of children attending ordinary day schools :						
(i) Wearing a hearing aid	...	...	...	...	...	14*
(ii) Not wearing a hearing aid	...	...	...	...	...	47

\*(7 Primary, 7 Secondary)

## EYE SERVICES FOR SCHOOL CHILDREN.

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

Mr. Frank Heckford, Consultant Ophthalmologist, retired in March after many years of close, friendly co-operation with this department, and we were pleased to welcome Mr. J. M. Elsby, M.B., B.S., D.O., F.R.C.S. in April.

Mr. Elsby has continued Mr. Heckford's practice of consulting at the Royal Isle of Wight County Hospital, Ryde, on Tuesday mornings, and until such time as the new Newport Health Clinic is completed sessions continue to be held at the Medical Eye Centre, High Street, Newport, on Monday afternoons. On this latter occasion a former school nurse, employed by the Hospital Authority, is in attendance.

Miss M. E. Sharland, the Regional Hospital Board's Orthoptist, treats schoolchildren under Mr. Elsby's supervision at the Royal Isle of Wight County Hospital, Ryde ; County Hall, Newport, and Princes Road Clinic, Freshwater. Details of attendances at these Clinics during the year are given below :—

Number of Cases :				Newport Clinic	Ryde Clinic	Freshwater Clinic
<b>Attending regularly 1-1-66</b>	...	...	...	<b>122</b>	<b>161</b>	<b>18</b>
Re-admitted	...	...	...	2	—	—
New cases admitted	...	...	...	64	59	10
Transferred between Clinics	...	...	...	+4	—4	—
Discharged	...	...	...	34	63	2
<b>Attending regularly 31-12-66</b>	...	...	...	<b>158</b>	<b>153</b>	<b>26</b>

## TREATMENT OF POSTURAL DEFECTS.

Remedial exercise clinics under Miss D. Hitchins, C.S.P. were held at a number of schools, including Watgate, Sandown Grammar, Fairway, Ventnor and Freshwater. 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	...	...	...	...	...	364
Number of children treated	...	...	...	...	...	408*
Number of attendances	...	...	...	...	...	3002
Number of new cases	...	...	...	...	...	36
Number of cases discharged fit	...	...	...	...	...	32
Number of schools visited	...	...	...	...	...	57

\*(including 29 postural defects)

## SCHOOL DENTAL SERVICE.

"The Service has continued with, for yet another year, an unchanged staff. This is very fortunate for the Authority and has enabled steady progress to be made.

The children at all of the schools received an annual dental inspection and, when necessary, were offered treatment. In addition to this some schools were re-visited and, also, individual children were recalled for inspection and treatment. The children re-inspected amounted to 3,352 (26 per cent of the school population) and the aim must be to reach the position where all children receive at least two dental inspections each year.

The main part of our work is conservation and this applies to the deciduous dentition as well as to the permanent one. More deciduous teeth have been filled than have been extracted, in spite of the fact that many children are first seen at school entry with grossly decayed teeth. There does not seem, however, to be so much ignorance of the importance of preserving the deciduous teeth and the younger mothers appear to be much more dentally-conscious. It may be that our work in the field of dental health education, which sometimes disappoints us in the short term, is bearing fruit.

It is now more than three years since the County Council approved in principle of the fluoridation of the Island water supplies and I must register my disappointment that this has not yet been implemented. There are communities which have had over twenty years of fluoridation and they have experienced great benefit. This is a health measure, safe, reasonable in cost and of proven value which should not be denied to our children.

In conclusion, I wish to pay tribute to the loyalty of my staff and to the care they have for the good of the service and the welfare of their patients. My thanks are due also to the head teachers and other schools staff with whom we enjoy such a friendly relationship."

G. SIMONS,

*Principal School Dental Officer.*

## CHILD GUIDANCE SERVICE.

### Report of Consultant Psychiatrist.

I am indebted to Dr. G. D. Knight, Consultant in Child Psychiatry for the report which follows on Child Guidance during 1966 :—

					1965	1966
Number of new cases seen	...	...	...	...	92	87
Number of new cases referred	...	...	...	...	N/a.	133
Total number of children seen	...	...	...	...	146	150
<i>Referral Agency:</i>						
General Practitioners	...	...	...	...	33	31
School Medical Officers	...	...	...	...	25	14
Head Teachers	...	...	...	...	10	12
Parents	...	...	...	...	8	7
Other Consultants	...	...	...	...	5	6
Probation Officers	...	...	...	...	4	—
Health Visitors	...	...	...	...	3	7
Speech Therapist	...	...	...	...	1	2
Children's Officer	...	...	...	...	3	6
Educational Psychologist	...	...	...	...	—	1
School Welfare Officer	...	...	...	...	—	1



For each of the new cases referred at least one home visit was done by the Psychiatric Social Worker. In addition, many follow-up visits and visits between appointments were done, and some families no longer actually on the current clinic list are still being visited. Some families require so much support and advice that they may be visited twenty or thirty times altogether.

In at least forty of the new cases seen a school problem was a major cause for referral, for example—lack of progress, truanting, stealing, refusal to go to school or a very anxious reaction to the school situation. In at least twenty-three cases referred by the general practitioners for other reasons it was subsequently found that there were school difficulties as well.

The numbers quoted show that demands on the Clinic continue to grow and it is not easy to decide what is the best way of using the available time and personnel.

Very few cases can be satisfactorily settled in one visit. Adequate diagnosis may not be possible until the child has been observed over several sessions and a really detailed personal and family history takes a couple of hours to complete.

Full psychological treatment may require 20 or 30 sessions, or more, and in some cases a series of six or more visits at weekly intervals would be more effective than the same total time spread over a longer period. Unfortunately it is quite impossible to give intensive treatment to all the children that are referred, and very often the most we can offer is a monthly appointment in the early stages with, perhaps, home visits between appointments. When the immediate urgency has subsided longer intervals do not matter so much.

So taking on a new case should mean that we have interview time ahead, not too widely spaced, for that child: it is this consideration which makes the waiting list build up. It would be comparatively easy to squeeze in time for one interview if that were all that was required.

It is important that anxious or distressed people who apply, or are referred to the Clinic, should get some sort of help right away. If necessary the Psychiatric Social Worker will visit the same day. He can nearly always help with advice and support sufficiently to reduce immediately the general tension, and in urgent cases a clinic appointment can be arranged within a few days.

From the beginning of April 1967 the weekly number of Clinic sessions will be increased from four to six. This is a change which should help us to offer a better service.

We were glad to welcome Miss E. J. Horn, M.A., Educational Psychologist for the Island, when she took up the post in October. She is most able and experienced, and is going to be a great help to the Clinic as well as to the schools.

The main body of work does not change appreciably, except that there is a tendency for emotionally disturbed children to be recognised and referred earlier. This is highly desirable and may make all the difference to the outcome of treatment, besides saving much worry and unhappiness.

## SPEECH THERAPY.

I am indebted to Miss D. K. Sykes and Miss J. Ennals for the following report :—

"Having been without a second Speech Therapist since April 1966 it was pleasing to welcome Miss J. Ennals' appointment in August for the east side of the Island.

Before Miss Ennals' appointment the timetable had to be condensed, only one session per week was held at Watergate School and the Spastic Day Unit. Medina House School had to be omitted and visiting time was cut down to a minimum. With Miss Ennals' appointment two sessions per week are now held at Watergate School, three at the Spastic Day Unit and half a session at Medina House School.

### Schools.

A good liaison with the schools has been maintained and every school on the Island has been visited each term. Head Teachers are very keen to have the Therapist operating in the school where the case load is high. Attendance is far better and there is less time wasted. Regular sessions are now held weekly at Wroxall County, Ventnor Secondary Modern, Ventnor C.E. Junior, Freshwater C.E., Shalfleet C.E., East Cowes County and East Cowes R.C. School. It is hoped that a similar arrangement can be made in the Bembridge/St. Helens area, as transport is a problem, especially in winter, the nearest clinic being Ryde.

### Children at Medina House School.

Five children are being treated regularly, two of whom have progressed and are having articulatory help, and three are receiving basic language stimulation. All those children ideally require intensive therapy for short periods of time, aiming at ability to communicate their needs. Pressure of work with normal children does not permit more than one and a half hours a week being spent at Medina House School: instead, therapy via the teacher has been encouraged.

### Children at Spastic Day Unit.

Intensive therapy has proved beneficial in all cases and proves the need for short regular sessions with these children if results are to be forthcoming.

### Cleft Palate Children.

The good liaison has been maintained between the Island and Mr. Laing and Miss Fricker from Odstock Hospital. Both Therapists had opportunities to discuss mutual patients with Mr. Laing at Ryde Hospital.

Number of Cleft Palate cases :	(i) Treated	...	...	3
	(ii) Under observation			3
	Total	...	...	<hr/> 6 <hr/>

### Interesting Cleft Palate cases :

- (i) One of the children being treated is a little girl of six who has a uvula cleft. This is particularly interesting as it is an unusual type of cleft where the uvula is deflected to one side, not making contact with the pharyngeal wall and resulting in typical cleft palate speech—nasal quality, absence of weak plosives due to lack of oral pressure and sound substitutions. The little girl has had one operation, in March of this year: so far little progress has been made but we wait with interest to see the results of further surgery.
- (ii) Another child has had a pharyngoplasty to build up the back of her throat to give good velopharyngeal closure, and has obtained excellent speech, no longer requiring treatment.

### Deaf Children.

In the absence of a Teacher of the Deaf the Speech Therapists have been correcting articulatory defects of deaf children. We have worked on the principle of utilizing what hearing the children have got and three Philips commercial hearing aids to facilitate the amplification of sound are being tried. The results of these are already proving beneficial.



The formation of an Isle of Wight Deaf Children's Association was very welcome. There are two known "Rubella" children on the Island and we are pleased how well they are progressing and beginning to use language as a means of communication. The sight of both these children appears to be a greater disability than their hearing loss. Good results are obtainable from this category of children if intensive help is given to mother and child.

There are seventeen deaf children seen termly by the Speech Therapists in the absence of a Teacher of the Deaf. Ten of these are treated regularly, but the help a Speech Therapist alone can give these children is obviously limited and it is hoped we will not have to wait much longer before the appointment of a Teacher of the Deaf.

#### Survey of Stammerers in relation to area.

Area	STAMMERERS		Total case load (ALL CONDITIONS)	Percentage of Stammerers to total case load
	under Treatment	under Observation		
Ryde ... ..	1	6	12	58%
Newport ... ..	5	—	19	26%
Lake ... ..	3	1	17	23%
Freshwater/Shalfleet	6	3	16	56%
Cowes ... ..	4	—	13	30%
East Cowes ... ..	—	—	12	—
Ventnor ... ..	8	1	11	82%
Total ... ..	27	11	100	38%

The high incidence of stammerers in the Ventnor area is interesting. In six of the eight cases being treated there are known to be marital problems and disruption.

#### Statistical Survey.

	1964	1965	1966
No. of cases seen for first time ... ..	80	140	86
No. of cases admitted for treatment ... ..	50	96	54
No. of discharges ... ..	111	77	99
No. of cases treated regularly during the year ... ..	74	115	115
No. of appointments offered ... ..	3809	3763	3711
No. of appointments kept ... ..	3221	3367	3241
Absences ... ..	578	396	470
No. of treatment sessions held ... ..	635	580	429
No. of home visits ... ..	213	117	108
No. of school visits ... ..	86	154	151
Observation list ... ..	56	69	85
Waiting list ... ..	5	—	—

#### Speech Therapy for Adults.

Requests for treatment of adult patients by the Speech Therapists are met, subject to the Council's proviso that the work is carried out in the Therapists' own time, involves not more than six hours per week and is on the recommendation of Dr. G. Savill, Consultant in Physical Medicine, Portlands Avenue, Ryde (Telephone Ryde 3311)."

### INFECTIOUS DISEASES.

The Child Health Section was notified of the absence of 1,175 pupils on account of infectious disease by head teachers during the year.

The bulk of these reported absences were due to:—

	Cases	
Chickenpox ... ..	485	71 per cent of these occurred during the Spring term; the remainder were spread throughout the year.
Measles ... ..	270	Over half of which were notified during July.
Mumps ... ..	164	With the exception of three cases these all occurred during the Autumn.
Influenza ... ..	120	All of which were notified during February and March.
Whooping Cough ... ..	54	Thirty-four of these cases were notified during November and December; none occurred during the Spring.
German Measles ... ..	49	Which were spread evenly throughout the year.

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

Heaf testing and, as necessary B.C.G. vaccination of children approaching 13 years and older continued at the secondary schools. Three independent schools which had not previously participated in the scheme expressed a wish to be included. The total of six Island independent schools now concerned ensures that practically all children on the Island in the 13+ year age group now have the opportunity of availing themselves, through the schools of B.C.G. protection against tuberculosis.

A total of 1,254 forms were returned by parents, 81 refusing the test and 88 intimating that their child was either already under the surveillance of the Chest Physician or had been vaccinated elsewhere.

The number of children tested—935 included 24 absentees from 1965. Eighty-three (8.9 per cent) were positive and were referred to the Chest Physician. Eight-hundred and eight of the 815 found to be negative were vaccinated against tuberculosis and 34 children showing an extremely mild positive reaction will be retested in 1967.

No cases of tuberculosis among schoolchildren were notified during the year. The last single case occurred in 1962.

## VACCINATION AND IMMUNISATION.

The figures for primary vaccinations apply of course only to children who had not had their course of injections in infancy. Normally over 90 per cent of Island children have already completed the course before entering school.

### (i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. A supply of Salk vaccine is no longer maintained. Eighty-six primary and 957 reinforcing doses of oral vaccine were supplied during the year to children born during the years 1950-1962 inclusive.

### (ii) *Immunisation against Diphtheria.*

During the year 30 children aged 5 to 16 years completed a full course of primary immunisation against diphtheria and 2,096 were given a reinforcing injection.

## MEDICAL EXAMINATION OF STUDENT TEACHERS.

Seventy-two 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 Department of Education and Science :—

Category	...	A1	A2	B1	B2	C
Number examined		44	28	Nil	Nil	Nil

There were three new candidates for teaching posts with the Authority ; also, six "experienced" teachers from other authorities were medically examined prior to entering employment in Island schools and all found fit.



## WORK OF THE SCHOOL NURSES.

Three full-time School Nurses are employed in the School Health Service. Their duties include assisting School Medical Officers with the routine medical inspection of school children at the ages of 5, 8 and 11 years and school leavers. Vision tests are carried out before each medical examination and colour vision tests for children of eleven years which is repeated at the school leavers examination if the test is unsatisfactory.

School Nurses co-operate with Health Visitors in dealing with infectious conditions amongst school children and give instruction and advice on how to prevent the spread of infection.

Another important aspect of the School Nurse's work is the prevention of infestation as it is only by the vigilance of teachers and school nurses that the incidence of this condition is prevented from increasing.

### *Summary of the work of the School Nurses.*

						<i>Total</i>
Visits to schools for all purposes	...	...	...	...	...	1588
Medical Inspections attended	...	...	...	...	...	428
Children examined for cleanliness	...	...	...	...	...	6955
Children found to be unclean	...	...	...	...	...	149
Home visits for advice regarding general hygiene	...	...	...	...	...	209
Children tested for vision	...	...	...	...	...	7685
Children tested for colour vision	...	...	...	...	...	2053

## SCHOOL MEALS AND MILK.

Report of the School Meals Organiser—Miss B. E. Welch :—

"A census taken on a normal day in September 1966 gave the following figures :

### (a) Meals :

<i>Schools</i>		<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
				<b>1965</b>	<b>1966</b>
Primary ...	...	7006	4945	67.7	70.0
Secondary ...	...	5219	3726	67.6	71.4
Total ...	...	12225	8671	67.7	71.0

### (b) Milk :

<i>Schools</i>		<i>No. in attendance</i>	<i>No. taking milk</i>	<i>Percentage taking milk</i>	
				<b>1965</b>	<b>1966</b>
(i) Maintained :					
Primary ...	...	7006	6425	91.6	91.7
Secondary ...	...	5219	2126	42.6	40.7
Total ...	...	12225	8551	70.6	69.9
(ii) Non-maintained :		1483	1281	86.5	86.4

No major events or changes in policy occurred during the year."

# APPENDIX I.

## SCHOOL MEDICAL INSPECTIONS AND TREATMENT: STATISTICAL TABLES.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31st DECEMBER, 1966.

**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.			
1962 and later ...	39	39	—	—	1	1
1961 ...	1110	1109	1	10	51	58
1960 ...	174	174	—	3	12	14
1959 ...	90	90	—	5	4	8
1958 ...	1130	1130	—	24	65	89
1957 ...	87	87	—	—	6	6
1956 ...	73	73	—	2	3	5
1955 ...	456	456	—	9	19	27
1954 ...	676	676	—	10	35	45
1953 ...	274	274	—	5	8	13
1952 ...	132	132	—	7	5	11
1951 and earlier	1098	1098	—	29	23	51
Total ...	5339	5338	1	104	232	328

Percentage of total pupils inspected whose physical condition was:  
Satisfactory 99.98% ; Unsatisfactory 0.02%.

**Table B—Other Inspections**

Number of Special Inspections	...	...	...	...	58
Number of Re-Inspections	...	...	...	...	2676
Total	...	...	...	...	2734

**Table C—Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	6955
(b) Total number of individual pupils found to be infested	...	...	...	...	149
(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—1149 No. of Defects				LEAVERS—1098 No. of Defects				OTHERS—3092 No. of Defects				TOTAL—5339 No. of Defects					
	Requiring Treatment	Incidence per 1,000	Inspection Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observation	Incidence per 1,000	Requiring Treatment	Incidence per 1,000	Inspection Observation	Incidence per 1,000		
Skin	11	9.5	42	36.5	8	7.3	30	27.3	32	10.3	98	31.7	51	9.5	170	31.8	1	17.2
Eyes: (a) Vision ...	12	10.4	49	42.6	20	18.3	29	26.4	67	21.7	89	28.8	99	18.5	167	31.3	—	—
(b) Squint ...	8	6.9	21	18.2	2	1.8	5	4.6	8	2.6	6	1.9	18	3.4	32	6.0	—	—
(c) Other ...	1	0.9	5	4.3	2	1.8	6	5.5	5	1.6	25	8.1	8	1.5	36	6.7	—	—
Ears: (a) Hearing ...	2	1.7	60	52.2	2	1.8	9	8.2	21	6.8	119	38.5	25	4.7	188	35.2	—	—
(b) Otitis Media ...	2	1.7	18	15.7	—	—	4	3.6	—	—	16	5.1	2	0.4	38	7.1	—	—
(c) Other ...	—	—	3	2.6	—	—	2	1.8	—	—	14	4.5	—	—	19	3.6	—	—
Nose and Throat ...	10	8.7	153	133.2	4	3.6	29	26.4	16	5.1	157	50.8	30	5.6	339	63.5	—	—
Speech ...	15	13.0	41	35.7	3	2.7	4	3.6	15	4.9	24	7.8	33	6.2	69	12.9	—	—
Lymphatic Glands	—	—	10	8.7	—	—	4	3.6	1	0.3	10	3.2	1	0.2	24	4.5	—	—
Heart ...	2	1.7	11	9.5	2	1.8	2	1.8	—	—	13	4.2	4	0.7	26	4.9	—	—
Lungs ...	3	2.6	34	29.6	1	0.9	2	1.8	7	2.3	48	15.5	11	2.1	84	15.7	—	—
Developmental: (a) Hernia	2	1.7	4	3.2	—	—	—	—	4	1.3	9	2.9	6	1.1	13	2.4	—	—
(b) Other	2	1.7	10	8.7	1	0.9	8	7.3	10	3.2	56	18.1	13	2.4	74	13.8	—	—
Orthopaedic: (a) Posture	—	—	6	5.2	2	1.8	10	9.1	4	1.3	26	8.4	6	1.1	42	7.9	—	—
(b) Feet ...	7	6.1	31	27.0	—	—	9	8.2	11	3.6	48	15.5	18	3.4	88	16.5	1	17.2
(c) Other	2	1.7	54	47.0	—	—	20	18.3	7	2.3	63	20.4	9	1.7	137	25.7	—	—
Nervous System: (a) Epilepsy	—	—	3	2.6	—	—	2	1.8	3	0.9	3	0.9	3	0.6	8	1.5	—	—
(b) Other	1	0.9	2	1.7	1	0.9	9	8.2	—	—	40	12.9	2	0.4	51	9.5	—	—
Psychological: (a) Development	—	—	47	40.9	1	0.9	8	7.3	3	0.9	80	25.6	4	0.7	135	25.3	—	—
(b) Stability	1	0.9	25	21.8	—	—	6	5.5	2	0.6	45	14.7	3	0.6	76	14.2	—	—
Abdomen ...	1	0.9	9	7.8	1	0.9	2	1.8	2	0.6	25	8.1	4	0.7	36	6.7	—	—
Other	1	0.9	111	96.6	—	—	10	9.1	5	1.6	99	32.0	6	1.1	220	41.2	—	—

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) ... ..	737
Total ... ..	737
Number of pupils for whom spectacles were prescribed ... ..	
} New ... ..	341
} Replacement ... ..	21

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment :—	
For diseases of the ear ... ..	1
For adenoids and chronic tonsillitis ... ..	370
For other nose and throat conditions ... ..	12
Received other forms of treatment ... ..	456
Total ... ..	839
Total number of pupils in schools who are known to have been provided with hearing aids :—	
In 1966 ... ..	—
In previous years ... ..	14

**Table C—Orthopaedic and Postural Defects**

	<i>Number of cases known to have been dealt with</i>
Pupils treated at clinics or out-patients departments ... ..	867
Pupils treated at school for postural defects ... ..	29
Total ... ..	896

**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 ... ..	—
Other skin diseases ... ..	90
Total ... ..	90



**Table E—Child Guidance Treatment**

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics ... ..	150

**Table F—Speech Therapy**

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists ... ..	115

**Table G—Other Treatment Given**

	<i>Number of cases known to have been treated</i>
Pupils with minor ailments ... ..	693
Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
Pupils who received B.C.G. vaccination ... ..	707
Other treatment ... ..	—
Total ... ..	1400

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

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
<b>Attendances and Treatment :</b>				
First visit ... ..	1608	1327	407	3342
Subsequent visits ... ..	1027	1441	572	3040
Total visits ... ..	2635	2768	979	6382
Additional courses of treatment commenced ...	238	118	35	391
Fillings in permanent teeth ... ..	1122	2967	1202	5291
Fillings in deciduous teeth ... ..	1463	38	—	1501
Permanent teeth filled ... ..	950	2537	1071	4558
Deciduous teeth filled ... ..	1417	36	—	1453
Permanent teeth extracted ... ..	23	275	109	407
Deciduous teeth extracted ... ..	894	279	—	1173
General anaesthetics ... ..	4	—	—	4
Emergencies ... ..	140	63	13	216
Number of pupils x-rayed ... ..	82			
Prophylaxis ... ..	431			
Teeth otherwise conserved ... ..	852			
Number of teeth root filled ... ..	15			
Inlays ... ..	—			
Crowns ... ..	18			
Courses of treatment completed ...	3191			
<b>Orthodontics :</b>				
Cases remaining from previous year	58			
New cases commenced during year	49			
Cases completed during year ...	36			
Cases discontinued during year ...	4			
No. of removable appliances fitted	72			
No. of fixed appliances fitted ...	—			
Pupils referred to Hospital Consultant	15			
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
<b>Prosthetics :</b>				
Pupils supplied with F.U. or F.L. (first time) ...	—	—	1	1
Pupils supplied with other dentures (first time)	—	2	2	4
Number of dentures supplied ... ..	—	6	6	12
<b>Anaesthetics :</b>				
General Anaesthetics administered by Dental Officers—Nil				
<b>Inspections :</b>				
(a) First inspection at school (number of pupils) ...	...	...	...	12101
(b) First inspection at clinic (number of pupils) ...	...	...	...	386
Number of (a) plus (b) found to require treatment	...	...	...	5335
Number of (a) plus (b) offered treatment ...	...	...	...	3793
(c) Pupils re-inspected at school clinic ...	...	...	...	3352
Number of (c) found to require treatment	...	...	...	1154
<b>Sessions :</b>				
Sessions devoted to treatment ... ..	1181			
Sessions devoted to inspection ... ..	141			
Sessions devoted to Dental Health Education ...	44·5			



# 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>Con-sulta-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	D	B
61 Crocker Street ... ..						B		
Spastic Day Unit, St. Mary's Hospital ...	F							
RYDE— Well Street ... ..			A	B		B		
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	

\*Mr. J. M. Elsby 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—Once monthly









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