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ISLE
OF
WIGHT
COUNTY
COUNCIL

ANNUAL
REPORT
OF THE
COUNTY MEDICAL
OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL
MEDICAL OFFICER
FOR THE YEAR
1971

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



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Constitution of Committees

(At 31st December, 1971)

HEALTH COMMITTEE

(Meets Quarterly)

Chairman: Mr. F. E. Ralls, C.A.

Vice-Chairman: Mrs. E. M. Rogers

Mrs. M. Christy, C.A.

Mrs. P. A. E. Graham-Stewart

Mr. A. Guy

Mr. P. G. Harris

Mr. A. F. Holland

Mr. G. H. King

Mr. A. O. Purdy, C.A.

Mrs. E. Wall, C.A.

Ex-officio:

Major S. C. Selwyn, M.B.E., E.R.D., D.L., C.A., Chairman, County Council

Mr. F. F. Hollis, C.A., Vice-Chairman, County Council

EDUCATION COMMITTEE

(Meets Quarterly)

Chairman: Mrs. M. Christy, C.A.

Vice-Chairman: Mr. R. H. Smith

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

(Meets Bi-Monthly)

Chairman: Wing Cdr. E. H. Roberts, O.B.E.

Vice-Chairman: Rear-Admiral J. L. Blackham, C.B., D.L.

Mrs. M. Christy, C.A.

Mr. E. T. Cleaver

Mr. A. T. Drudge

Mrs. P. A. E. Graham-Stewart

Mr. P. G. Harris

Mr. A. Reid, C.B.E.

The Rev. E. Richer

Mrs. E. M. Rogers

Mr. R. H. Smith

Mr. H. T. Stafford

STAFF

R. K. Machell, M.B., Ch.B., D.P.H.,
F.F.C.M.

County Medical Officer and Principal
School Medical Officer. Medical
Referee, I.W. Crematorium

Medical and Nursing Services

Medical Officers in Mixed Appointments—

Maureen V. Burrage, B.A., M.B., B.S.,
D.C.H., D.Obst., R.C.O.G. ...

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., F.F.C.M. ...

Principal Medical Officer and Assistant
Paediatrician

Medical Officer in Department (part-
time), Medical Officer of Health to the
Boroughs of Newport and Ryde, the
Urban Districts of Cowes, Sandown-
Shanklin, Ventnor and the Isle of Wight
Rural District.

Margaret C. Payne, M.B., B.S.,
M.R.C.S., L.R.C.P.

Medical Officer in Department
(commenced 8th March 1971)

H. Broadbent, M.D., M.B., Ch. B.,)
D. Obst., R.C.O.G.)

J. S. Knox, M.R.C.S., L.R.C.P.)

B. E. Stone, M.R.C.S., L.R.C.P.)

D. Obst., R.C.O.G.)

D. Stone, M.R.C.S., L.R.C.P.)

Part-time Medical Officers in
Department

Miss M. G. Morris, S.R.N., S.C.M., H.V., Q.I.D.N.	Chief Nursing Officer (to 31st March, 1971) Director of Nursing Services (from 1st April, 1971)
Miss H. Massey, S.R.N., S.C.M., Q.N., H.V.	Principal Nursing Officer (Midwifery Nursing)
Miss A. E. Bell, S.R.N., S.C.M., H.V. ...	Principal Nursing Officer (Health Visit- ing)

Dental Services

G. Simons, T.D., L.D.S.	Senior County Dental Officer and Prin- cipal School Dental Officer (retired 31st March, 1971)
W. Maden, B.D.S., L.D.S.	Senior County Dental Officer and Prin- cipal School Dental Officer (from 1st April, 1971)
J. Moore, L.D.S.	} Dental Officers
J. O. Yearby, B.D.S., L.D.S.	
J. Kenny, L.D.S. (commenced 1st April, 1971)	

Administration

E. E. Woodhouse	Senior Administrative Officer
<i>Domiciliary Services Section</i>	
B. W. Pierce	Section Head and Deputy to Senior Administrative Officer
R. H. Williams	Deputy Section Head
Mrs. B. Munn	Clerical Assistant
Mrs. G. Garlick	} Clerk/Typist
Mrs. A. Lockhart*	
R. A. Dunkinson	General Clerk
Miss V. Cole	Junior Clerk
<i>Environmental Health and Statistics</i>	
W. G. Clarke	Senior Assistant
(*Services shared between Domiciliary Services and Environmental Health and Statistics work)	

<i>Child Health Section</i>				
D. L. Rhodes	...	...	...	Section Head
Mrs. B. G. Little	...	...	...	} Clerk/Typist
Miss G. Wilson	...	...	...
<i>Secretarial and Postal Services</i>				
Mrs. B. M. Wells	...	...	...	Secretary to County Medical Officer
Mrs. M. J. Kemp	...	...	...	Shorthand/Typist
Miss J. Cantello	...	...	...	Junior Clerk (resigned 30th April, 1971)
Miss M. Russell	...	...	...	Junior Clerk (from 10th May, 1971)
<i>Health Centre, Coeces</i>				
Mrs. N. K. Clark	...	...	...	Centre Supervisor (commenced 1st June, 1971)
Miss L. Shaw	...	...	...	Junior Assistant (commenced 26th July, 1971)
Mrs. P. Forward	...	...	...	Clerical Assistant—Part-time (commenced 1st June, 1971)
Mrs. M. French	...	...	...	Clerical Assistant—Part-time (commenced 1st September, 1971)
Mrs. W. Nolan	...	...	...	Clerical Assistant—Part-time (commenced 21st June, 1971)
Mrs. J. Sleep	...	...	...	Clerical Assistant—Part-time (commenced 1st June, 1971 ; resigned 31st December, 1971)
Mrs. A. Verey	...	...	...	Clerical Assistant—Part-time (commenced 1st June, 1971)

Health Clinic, Newport

Mrs. D. Tilley	...	...	...	...	Receptionist (resigned 26th November, 1971)
Mrs. E. Wade	...	...	...	...	Receptionist (commenced 22nd November, 1971)
Miss M. Earley	...	...	...	...	Receptionist (Child Guidance)

School Health Service

Miss E. J. Horn, M.A., Dip.Ed.Psych.	...	...	...	...	Educational Psychologist
G. P. Wade	...	...	...	...	Psychiatric Social Worker (commenced 1st February, 1971)
Mrs. S. S. Smith, M.C.S.P., S.R.P.	...	...	...	...	Senior Physiotherapist—Part-time (commenced 17th May, 1971)
Miss B. A. Canning, L.C.S.T., Dip.Aud.	...	...	...	...	Senior Speech Therapist (commenced 1st September, 1971)
Mrs. M. P. McKenzie, L.C.S.T.	...	...	...	...	Speech Therapist (resigned 30th September, 1971)
Miss C. Evans, B.Sc. (Speech)	...	...	...	...	Speech Therapist (commenced 1st September, 1971)
Miss M. Oakley, L.C.S.T.	...	...	...	...	Speech Therapist (commenced 1st September, 1971)
Miss J. A. Dodds, M.A., C.T.D., Dip.Aud.	...	...	...	...	Teacher for the Hearing Impaired and Audiologist
Mrs. G. Holland	...	...	...	...	Audiometrician—Part-time

Consultants

E. F. Laidlaw, M.B., B.Ch.	...	...	...	...	Consultant Chest Physician
Gwendoline D. Knight, M.R.C.S., L.R.C.P., D.P.M.	...	...	...	...	Consultant in Child Psychiatry—Part-time

Chief Fire and Ambulance Officer

A. F. S. Perks, A.M.I.F.E.

REPORT **on the County Council's Health Services, 1971.**

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

Once again I have the honour to present my Annual Report to the Council as required by the 1959 Regulations and along the lines requested in D.H.S.S. Circular 1/72.

The Secretary of State mentions one or two subjects in particular that should be dealt with. The first of these is co-ordination and co-operation with the hospital and family doctor services. Informally liaison is good and individual doctors, nurses and health visitors are increasingly exchanging information and working more towards team discussion and patient care. This is referred to in detail in Miss Morris's Report (page 17). Formally, there is cross representation from all three parts of the service on the various committees and working parties. More could be achieved if the local authorities' and the general practitioners' premises allowed more room for attached staff and case conferences. Consultations are continuing between the County Council and the Executive Council on the needs in the various parts of the Island in the next decade.

Joint planning of patient care between hospital and domiciliary services is working well in the maternity service and the widely representative Women's Health Working Party makes possible a full discussion of problems and ideas on obstetrics, cytology, family planning (see statistics on page 24) and health education, as well as future developments resulting from the Peel Report and the completion of the new maternity unit at St. Mary's, Newport in 1974.

A joint scheme is in operation, facilitated by a research grant to Mr. W. R. Edwards, Consultant Obstetrician, for providing sophisticated information on the health of mother and baby, and links up with the health visiting, child health and general practitioner services to young children. The continuity is completed in the School Health Service, my Report on which to the Education Committee should be read as an integral part of this volume (page 29). The statistics (pages 10 and 13-14) show that compared with last year there were 14 more total births, 5 fewer stillbirths and 20 fewer congenital defects notified; 69 out of 82 premature babies were surviving at the 28th day, the hospital confinement percentage had risen from 62.3 per cent in 1962 to 85.4 per cent in 1971, there were no maternal deaths and 266 more children attended County Child Health Clinics. No figures are available from general practice.

However, pregnant women were reminded in the Report of the Royal College of Physicians on "Smoking and Health Now" that the babies of mothers who smoke during pregnancy are twice as likely to be aborted, to be stillborn, to die soon after birth or to be born premature and have lower birth weights, as the babies of women who do not smoke.

The improvements in maternity care brought about through co-operation suggest that attempts should be made in other fields of health towards planning individual programmes of care in and out of hospital for selected patients, e.g. some surgical cases, elderly patients and the

able-bodied whose life becomes suddenly radically altered by a paralysis or a severe heart or psychiatric condition. Also from the aspect of good management, better use of services and manpower is bound to result. This topic has been discussed with general practitioners and domiciliary staff in team meetings.

Health education of course features very prominently in the dental services for children and expectant mothers, referred to, together with fluoridation, by Mr. Maden in his report (page 14). The situation remains unchanged regarding implementation regarding the County Council's decisions in 1963 and 1969 to increase the fluoride content of Island water.

As far as general vital statistics are concerned, the Island population increased by over 2,000 to a mid-1971 figure of 107,060. The adjusted birth rate was slightly higher and the adjusted death rate and the perinatal mortality rate slightly lower, than the figure for England and Wales. The main causes of death remain heart, cerebrovascular diseases and cancer. Forty-nine deaths were due to road and other accidents.

In May the Cowes Health Centre was opened and a great deal of the credit must go to Mr. E. E. Woodhouse, Senior Administrative Officer of the Health Department, for the co-ordination of the three years of intensive planning. The health services have changed and grown through the years and under his administrative guidance it has been possible to provide a high degree of efficiency in the administrative and clerical services, value for money through good budgetary control, and an intelligent application of modern techniques such as job evaluation, work study, planned programme budgeting, etc.

Doctors, dentists, nurses, speech therapists, physiotherapists and others working with patients have reason to be truly appreciative of the painstaking efficiency and loyalty of those in the Health Department (see page 4) who year by year ensure that the organisation, liaison and communication are efficient and cordial, the records, returns and reports are accurate and the health service well administered down to the last detail concerning equipment, drugs, vaccines, uniforms, cars and secretarial services.

The Consultative Document appeared in 1971 and much more will be known during 1972. Whatever the future pattern of the health services of the Island may be after 1974 the Committee can be confident that their services have been run with efficiency, enthusiasm and loyalty from both professional and non-professional staff.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,

*County Medical Officer
and Principal School Medical Officer.*

County Hall,
Newport, I.W.
July 1972.

Table I. Population of County Districts

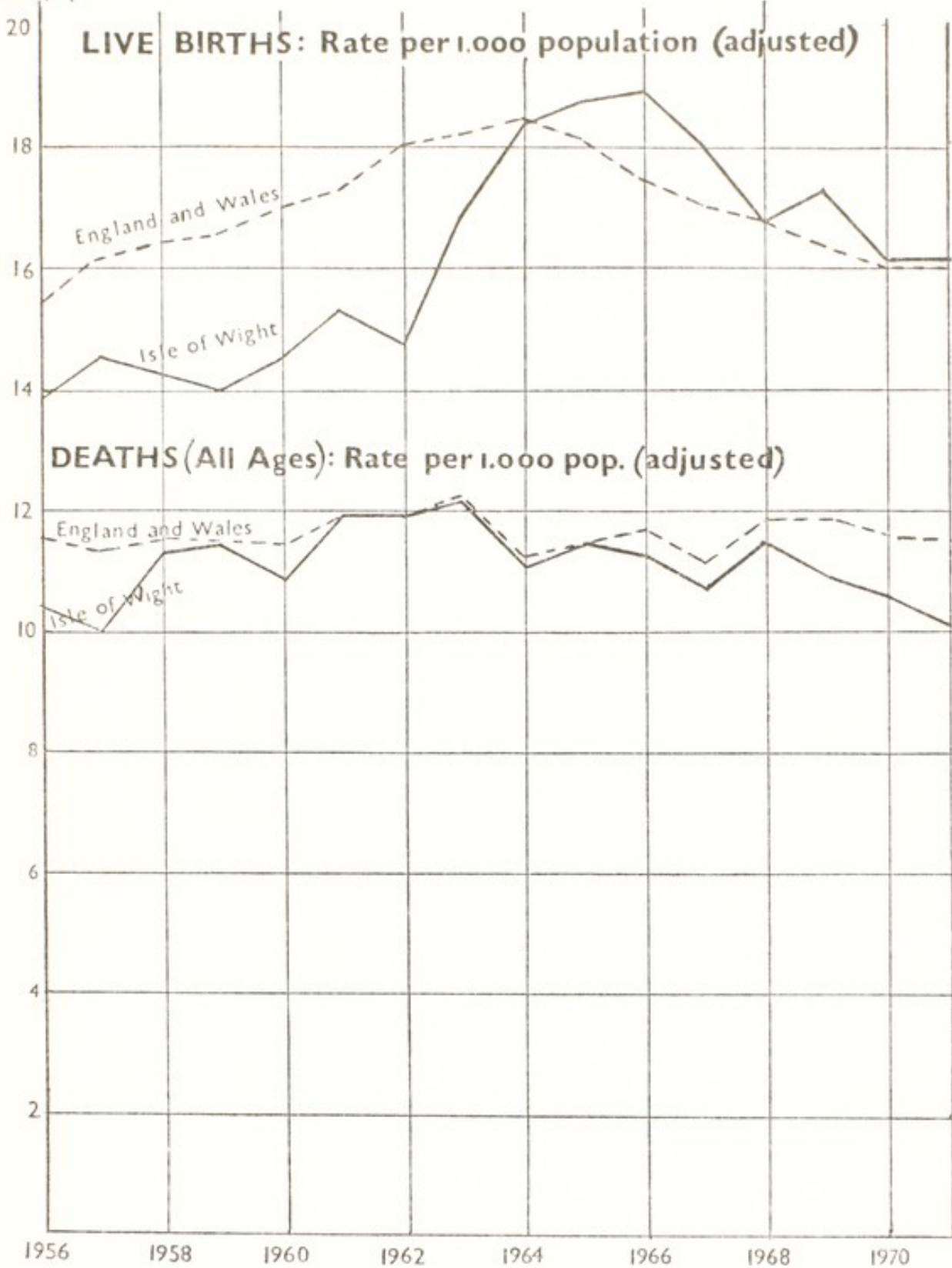
Sanitary Authority	Popula- tion at 1961 Census	Registrar General's Estimate of Population for :				
		1967	1968	1969	1970	1971
I.W. Rural District	18615	19140	19410	20040	20570	22110
Cowes U.D.	16992	17820	17890	18000	18580	18970
Newport M.B.	19479	19690	20990	21440	22170	21870
Ryde M.B.	19845	21200	22220	22290	22690	22790
Sandown-Shanklin U.D.	14386	13930	14050	14030	14340	14440
Ventnor U.D.	6435	6260	6300	6300	6450	6880
Whole County	95752	98040	100860	102100	104800	107060

Table II. Vital Statistics of all Districts—1971

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)	22110	18970	21870	22790	14440	6880	107060	
Deaths :								
Number	330	237	328	334	228	150	1607	
Males	162	125	144	181	123	67	802	
Females	168	112	184	153	105	83	805	
Crude death-rate per 1000 population	14.9	12.5	14.9	14.6	15.8	21.8	15.0	11.6
Comparative factor	0.68	0.83	0.62	0.72	0.60	0.53	0.67	
Comparative death-rate	10.1	10.4	9.3	10.5	9.5	11.6	10.1	
Live Births :								
Number	250	265	295	279	149	101	1339	
Males	133	139	147	138	83	62	702	
Females	117	126	148	141	66	39	637	
Rate per 1000 population (crude) ...	11.3	13.9	13.5	12.2	10.3	14.7	12.5	16.0
Comparative factor	1.31	1.19	1.20	1.23	1.64	1.50	1.29	
Comparative birth rate	14.8	16.6	16.2	15.0	16.9	22.0	16.1	
Illegitimate Live Births (per cent of total live births)	9.2	9.4	10.5	11.5	8.0	4.9	9.6	8.0
Stillbirths :								
Number	3	5	1	2	1	1	13	
Males	1	5	1	1	1	1	10	
Females	2	—	—	1	—	—	3	
Rate per 1000 total live and stillbirths	11.9	18.5	3.4	7.1	6.6	9.8	9.6	12.0
Total live and stillbirths	253	270	296	281	150	102	1352	
Infant deaths :								
Deaths of infants under 1 year of age	3	4	8	3	3	2	23	
Deaths of infants under 4 weeks of age	1	3	8	3	2	2	19	
Deaths of infants under 1 week of age	1	3	5	3	2	2	16	
Infant Mortality Rates :								
Total infant deaths per 1000 total live births	12.0	15.1	27.1	10.7	20.1	19.8	17.2	17.6
Legitimate infant deaths per 1000 legitimate live births	8.8	16.7	26.5	8.1	21.9	20.8	16.5	17.0
Illegitimate infant deaths per 1000 illegitimate live births	43.5	—	32.2	31.2	—	—	23.4	24.0
Neo-natal mortality rate (deaths under 4 weeks per 1000 total live births)	4.0	11.3	27.1	10.7	13.4	19.8	14.2	11.6
Early Neo-natal mortality rate (deaths under 1 week per 1000 total live births)	4.0	11.3	16.9	10.7	13.4	19.8	11.9	10.0
Peri-natal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and stillbirths) ...	15.8	29.6	20.3	17.8	20.0	29.4	21.4	22.0
Maternal mortality (inc. abortion)								
Number of deaths	—	—	—	—	—	—	—	
Rate per 1000 total live and stillbirths	—	—	—	—	—	—	—	0.17

VITAL STATISTICS

Rate per
1000 pop.



Live Births.

"An important factor in the decline in the total number of live births, which started in 1964-65 has been the sharp falls in fertility rates for marriage duration 10 or more years. This is due to women who married in the late 1950's having had their children early in marriage ; it appears that the sharp falls in fertility rates in the later 1960's means that many of them were approaching completion of their desired family size. There has also been a tendency by the women who married in the later 1960's to postpone childbearing till somewhat later in marriage.

Births in 1969-70 were lower than previously projected, largely due to a particularly sharp drop in fertility rates in the second half of 1969. It remains to be seen whether the period of relative postponement of first and second births was beginning to give way from around mid-1970 to a period when the delayed births were beginning to occur in significant numbers."

Extract from the Registrar General's Quarterly Return: 31-12-70.

The number of live births in the Isle of Wight showed an increase over the previous year of 32 to 1,339. This figure given by the Registrar General is for births registered during 1971 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 107,060 this gives a live birth rate per 1,000 population of 12.5. The rate for England and Wales was 16.0.

Stillbirths.

There were 13 stillbirths during the year compared with 17 in 1970, 13 in 1969, 18 in 1968, 14 in 1967 and 18 in 1966. This gave a stillbirth rate of 9.6 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 12.0 per 1,000 total live and stillbirths in 1971 and 13.0 in 1970.

Illegitimacy.

Year	Illegitimate		Total	Illegitimate Live Births as percentage of all Live Births	
	Live Births	Still-Births			
	ISLE OF WIGHT				England and Wales
1963	112	5	117	8.9	6.9
1964	132	4	136	9.5	7.2
1965	136	1	137	9.4	7.7
1966	142	—	142	9.7	7.9
1967	138	1	139	9.9	8.4
1968	127	—	127	9.6	8.5
1969	149	1	150	10.8	8.4
1970	119	4	123	9.1	8.3
1971	128	2	130	9.6	8.3*

* Provisional

**Table III. Deaths from certain diseases
for the five years, 1967—1971**

<i>Causes of Death</i>	1967	1968	1969	1970	1971
Enteritis and other diarrhoeal diseases ...	5	2	4	1	—
Tuberculosis of respiratory system ...	2	3	1	2	4
Other forms of tuberculosis ...	2	2	—	—	—
Cancer—all sites ...	281	285	308	312	296
Cancer of lung, bronchus ...	53	70	75	77	72
Leukaemia ...	8	8	7	3	6
* Benign and unspecified neoplasms ...	—	3	5	5	4
Coronary disease—angina ...	289	392	390	360	391
Other heart disease ...	224	182	164	161	183
Cerebrovascular disease ...	301	318	279	292	281
Other diseases of the circulatory system ...	49	54	82	107	101
Influenza ...	—	26	19	30	—
Pneumonia ...	67	92	92	87	62
Bronchitis and emphysema ...	58	77	74	77	47
Other respiratory diseases, including asthma	4	19	17	14	17
Abortion ...	—	1	—	—	—
Congenital anomalies ...	6	10	9	6	7
* Perinatal mortality: other causes ...	—	14	12	11	13
Motor vehicle accidents ...	11	6	8	11	15
All other accidents ...	26	29	30	24	34
Other violent causes ...	14	15	9	13	11
Isle of Wight					
Death rate per 1,000 population ...	15.1	16.4	16.1	15.9	15.0
Comparable death rate per 1,000 population	10.7	11.5	10.9	10.6	10.1
England and Wales					
Death rate per 1,000 population ...	11.2	11.9	11.9	11.7	11.6

* Prior to 1968 shown by the Registrar General under general classification of "defined and ill-defined diseases."

Deaths.

Deaths in the Island exceeded the live births by 268 (362 last year and 272 in 1969).

The total number of deaths on the Island corrected for inward and outward transfers was 1,607 (1,669 in the previous year) giving a death rate of 15.0 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.67, was 10.1 compared with 10.6 in the previous year; the comparable figure for England and Wales was 11.6.

Of 1,607 deaths, 1,277 or 79.5 per cent occurred in the 65 and over age group.

The number of deaths from cancer and diseases of the heart and circulatory system show little deviation from previous years.

The overall total of deaths from respiratory diseases was the lowest for ten years, no mortality from influenza being recorded.

Fifteen deaths from motor vehicle accidents represented the highest figure since 1965. Nine of these deaths occurred in persons between 15 and 44 years of age.

Thirty-four deaths from all other forms of accident was the highest total for many years. Mortality in the elderly and aged outweighs by far any other age group under this heading.

Mortality in School Children.

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

<i>Cause of Death</i>						<i>Sex Age Years</i>	
Multiple Injuries (Road accident)	...	...	...	...	...	M	14
Lobar Pneumonia	...	...	...	...	...	F	13
Intestinal Obstruction	...	...	...	...	...	M	11
Asphyxia (Accidental)	...	...	...	...	...	M	7
Drowning (Misadventure)	...	...	...	...	...	M	7
						M	6
						F	5

Table IV. Deaths in various age groups for the ten years 1962—1971

AGES		1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
under 1 year	Males ...	18	14	15	13	28	9	15	10	17	15
	Females ...	10	10	5	11	14	8	12	14	7	8
	TOTAL	28	24	20	24	42	17	27	24	24	23
1—4	Males ...	2	2	3	2	4	1	2	3	1	2
	Females ...	3	1	1	2	2	—	1	3	3	—
	TOTAL	5	3	4	4	6	1	3	6	4	2
5—14	Males ...	2	3	1	1	2	2	3	1	—	5
	Females ...	3	3	1	3	—	2	1	2	2	2
	TOTAL	5	6	2	4	2	4	4	3	2	7
15—44	Males ...	9	21	23	23	18	16	25	20	24	24
	Females ...	13	16	21	10	16	18	11	11	22	9
	TOTAL	22	37	44	33	34	34	36	31	46	33
45—64	Males ...	163	167	167	167	160	158	182	164	159	164
	Females ...	103	131	98	100	110	105	110	112	118	101
	TOTAL	266	298	265	267	270	263	292	276	277	265
65—74	Males	542	209	224	216	230	236	254	292	274	257
	Females		167	153	183	182	166	179	204	186	165
	TOTAL		376	377	399	412	402	433	496	460	422
75 and over	Males		341	300	309	308	317	342	299	333	335
	Females		439	440	473	433	443	522	512	523	520
	TOTAL		780	740	782	741	760	864	811	856	855
TOTAL		1105									
GRAND TOTAL		1431	1524	1452	1513	1507	1481	1659	1647	1669	1607

Morbidity.

The number of first certificates of incapacity received at the local offices of the Ministry of Social Security during 1971 was 10,416 compared with 13,082 in 1970. The highest number received was 359 for the week ended 12th January and the lowest 145 for the week ended 30th August.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22—Care of Mothers and Young Children.

Deaths of Infants under one year.

Throughout England and Wales the figure for infant deaths in the first year of life during 1971 was 17.6 per 1,000 live births.

In the Isle of Wight, the figure of 17.2 per 1,000 represents deaths of 23 infants in this category. Twenty-four infant deaths were recorded in 1970.

Stillbirths and infant deaths under one week (perinatal deaths) totalled 29, compared with 30 in 1970.

Maternal Mortality.

No maternal deaths occurred during 1971. From 1961 until 1970 inclusive two deaths only in this category have been recorded whereas during the decade 1951-1960 maternal deaths ranged from one to three per year.

The rates for England and Wales per 1,000 total live and stillbirths during 1971 were as follows:—

Maternal causes, excluding abortion	...	...	...	0.13
Due to abortion	...	...	...	0.03
Total Maternal Mortality	...	...	...	0.17

Table V. Births notified to the County Medical Officer since 1962 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	
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
1967 ...	1387	716	671	318	2	23.1	—	—	—	1055	12	76.9
1968 ...	1327	644	665	315	1	23.8	—	—	—	994	17	76.2
1969 ...	1379	691	688	226	—	16.4	—	—	—	1140	13	83.6
1970 ...	1332	698	634	232	—	17.4	—	—	—	1082	18	82.6
1971 ...	1346	709	637	197	—	14.6	—	—	—	1136	13	85.4

The total of 1,346 births shown for the year 1971 in the above table is 6 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 35 and hospital births increased by 49. No births took place in Nursing Homes. During the year twin births occurred in 11 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 1971, 18 notifications had been reported to the Department of Health and Social Security compared with 38 in 1970.

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 1971, there were 85 live births and 8 stillbirths of babies weighing $5\frac{1}{2}$ lbs. or under.

Eighty-two of the premature live births occurred in hospital, and of these, 8 died within 24 hours of birth and 69 survived 28 days.

Three premature live births which occurred at home survived 28 days.

All 8 premature stillbirths occurred in hospital.

Table VI. Fate of 85 Premature Children by weight groups

<i>Weight at Birth</i>	<i>Total</i>	<i>Deaths</i>
3 lb. 4 oz. or less ...	11	9
Under 4 lb. 6 oz. ...	19	3
Under 4 lb. 15 oz. ...	24	1
Under 5 lb. 8 oz. ...	31	—

DENTAL TREATMENT.

By Mr. W. Maden (Senior County Dental Officer).

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

"The work of the Dental Service in providing inspection and treatment for the expectant and nursing mothers and pre-school children has continued throughout the year. In addition, Dental Officers have attended clinics for expectant mothers to give talks and advice on dental health.

The poor dental state of many pre-school children continues to give rise for concern. There is no doubt that the fluoridation of the water supplies is the only measure which would enable us to bring this disease under control."

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1971.

- (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 53
- (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	45	42	28	14	99	—	5	—	—	—
Children under 5	224	117	93	4	109	—	62	—	2	1

INFANT WELFARE CENTRES.

Clinic sessions continued to be held weekly, fortnightly or monthly in centres throughout the Island. At the end of the year fourteen Centres were in operation.

The number of children who attended the centres during the year was 1,770, an increase of 266 on the 1970 figure.

The total number of attendances at Infant Welfare Centres during the year was 11,644, being 871 more than in 1970 and 1,551 more than 1969.

DISTRIBUTION OF WELFARE FOODS.

Twenty-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 1962-1971 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>
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
1967	16189	1336	1297	18786
1968	7193	1092	1027	17105
1969	4988	1016	1186	18670
1970	3405	1107	1262	21447
1971	2532	1070	1022	22546

Increased sales of a proprietary brand of dried milk at the St. Mary's Hospital Centre and six Council premises accounted principally for the continued fall in demand for National Dried Milk.

NURSING SERVICES, 1971

I am indebted to Miss M. G. Morris, Director of Nursing Services, for the Sections of the Report on the Nursing Services which follow :—

“Miss A. E. Bell, who was appointed as a Principal Nursing Officer, took up duties on 1st August, 1971. She is responsible for the day-to-day management of Health Visitors and School Nurses, with an added interest in Health Education.

The Cowes Health Centre, in use since June and opened officially in November by Earl Mountbatten of Burma, Governor of the Island, has developed the services in the area and has facilitated liaison between the staff and the General Practitioners. The District Sisters attend patients in the treatment room, making their own appointments for ambulant patients. Comment from the staff has been on the positive side, making their knowledge of patients more complete and so making their work more interesting.

Area Staff Meetings have been held during the year enabling nurses to meet regularly for discussion. Special subjects were covered by Mr. Davies from the Department of Health and Social Security who spoke on Social Security benefits ; by a member of the Social Services Department on its reorganisation, and by Mrs. D. Cox, Home Help Organiser.

Reports on the following subjects have been brought to the notice of staff:

Organisation of Group Practice ;

The Consultative Document on the Organisation of the Health Service ;

Report on the Physically Handicapped.

Section 23: Midwifery.

Little change has occurred during 1971. The Domiciliary Service continued with good liaison between General Practitioners and Hospitals. The home confinement rate is down following the national trend. The majority of expectant women presenting themselves for Ante-Natal care are advised to enter Hospital for confinement. The number declared at risk obstetrically or medically is small, reflecting the standard of maternity care and new applications of medical science. Expectant parents are more aware of the changes occurring and need support, particularly when the expectant mother has been working during the early part of her pregnancy. Many attend Mothercraft classes but the majority are seen by the District Midwives who give them much support.

The early transfer of patients from the Maternity Unit remains at a high rate, approximately 70 per cent of cases being transferred early to the care of the Midwife and the General Practitioner. This means that the District Midwives spend much time on

post-natal work. A full-time Midwife recently stated that although the personal care she gives to the mother is negligible compared with ten years ago, the time she spends visiting early post-natal cases is the same. The Midwives discuss problems and baby care with the mother.

With reorganisation of services under discussion, it is essential that members of the public have a continuity of service by staff they are well acquainted with—Midwives working closely with groups of Doctors. The General Practitioner has the patient on his list for a long time.

Mothercraft Classes continue to be well attended by a percentage of expectant mothers. These classes are held in Newport Health Clinic weekly, Cowes Health Centre twice a month, East Cowes Clinic weekly, Ryde Clinic weekly with evening sessions, Lake Clinic weekly, Shanklin Medical Centre weekly, Ventnor Clinic twice a month, and Freshwater Clinic weekly. Evening sessions given are well attended by husbands as well.

Midwifery Training.

Seventeen Student Midwives completed their second period of training and of these 15 were successful. We are grateful to members from other departments of the County Council who give their time to Student Training. Midwife Teachers are Miss Q. Nobbs, Mrs. G. Willoughby, Miss M. Treacy, Mrs. K. Harrington, Mrs. E. Walker, and until she left the Island for a post involving promotion, Mrs. M. Maddocks. (Mrs. Maddocks was succeeded by Miss M. Wilkinson).

Section 24: Health Visiting.

The Health Visiting Service has had little change during the year. The range of Health Visitors' work remains wide—Child Health, Care of the Aged and Handicapped, Mental Health, School Health, Health Education and tracing contacts of patients attending the Special Clinic for sexually transmitted diseases (see page 22). The categories of cases they are asked to visit increase, possibly owing to better communication between General Practitioners and Health Visitors. On occasions it may be wondered why a Health Visitor is called in to visit in the first instance, but with her background of Nursing, Home Midwifery and post-registration study on social aspects of disease, she is well-equipped to advise on the needs of the family and to motivate other services to help. The diagram below shows the numbers of people or departments making contact with a Health Visitor whether she is based in a General Practitioner surgery or in a Local Authority Clinic.



The modern phrase 'Information Systems' is not recognised by the Health Visitors in such a refined term, but they are in the position to give information (Feed back) in an accurate manner on many aspects of Health in the Community. Many schemes and services developed have been initiated by the activeness of a Health Visitor in her own area. When Chiropody Clinics were opened in four areas during the year, the Health Visitors in each area were able to submit sufficient names and addresses of aged

or handicapped persons to warrant starting a Clinic and in each area the number of sessions was increased with increased numbers of patients and frequency of appointments. Information on Family Income Supplements and the Constant Attendance Allowance was publicised well by members of staff.

Child Health is still the main aspect of a Health Visitor's work. Developmental assessment of the children is an important responsibility. Follow-up examinations of the survey done on two-year-old children in 1969 is in hand. This survey was interesting in that it showed that many children not placed on the 'At Risk' Register at birth had developed some problem, and some of those placed on the Register were normal at two years.

Aged and handicapped persons are taking up more Health Visitors' time. In this sphere of work they liaise closely with other departments, particularly the Social Services Department and voluntary agencies.

Playgroup supervision has been continued by Health Visitors during the year. The Special Treatment Clinic has been attended by Miss M. Lovell.

Health Education subjects covered during the year were Accidents in the Home, Child Development, Personal Hygiene and Family Relationships. Classes have been given to members of the British Red Cross Society, the St. John Ambulance Brigade, Young Wives' Groups, Boy Scouts, etc.

Programmes of talks in some schools have been organised and given by various members of the Nursing Staff.

Posters and leaflets are displayed in the Clinics and other places on Water Safety, Danger of Fireworks, Accidents, Safety of Medicines, and Anti-Smoking.

We are asked frequently where the Health Visitor responsibility ends. No line of demarcation is yet defined clearly and we would not wish such a definition to develop.

Section 25: Home Nursing.

The duties of the District Sisters have changed little during the year. There has been more early transfer of surgical cases from the Hospital.

The pilot scheme under the supervision of Miss Massey, Principal Nursing Officer, Midwifery/Nursing, where social assessments were made on selected patients from the surgical unit, was useful, but it is not possible at present to enlarge the scheme to cover all admissions. The selection of cases is made by the Nursing Officer of the Surgical Unit.

Two meetings between Hospital and Local Authority Sisters were held, one at the Royal I.W. County Hospital, Ryde, and one at St. Mary's Hospital, Newport. These meetings were useful, and we thank the Hospitals for their hospitality.

Co-operation with General Practitioners is good.

District Auxiliaries were employed in the Cowes and Sandown areas from April 1971, and the two Auxiliaries appointed in 1970 to Ryde and Newport areas have proved their value in assisting District Nursing Sisters.

Pupil Nurse Training.

Ten Pupil Nurses completed their district training of whom eight were successful in the National District Nursing examination. The Practical Work Instructors involved were Sisters Bunce, Falconar, Harrigan, Moglione, Newman and Thompson.

Participation in Student Training: Students attending the Royal I.W. School of Nursing.

Fifteen Obstetric Students spent a day with District Midwives; eighteen Student Nurses spent periods with Health Visitors and District Nurses; eleven Psychiatric Student Nurses spent three weeks in the Health Department, one week each with District Sisters, Health Visitors and the School Health Service.

Four Students from the Isle of Wight Technical College visited Infant Welfare Clinics.

Courses attended by Staff.

Sisters Bristowe, Moglione and Peck successfully gained the National Certificate of District Nursing. Mrs. B. Edgeley gained her Health Visiting Certificate.

Sister Newman attended the Fieldwork Instructors' Course.

Miss Kenney, Mrs. Orchard and Mrs. Exall attended Health Visitor Refresher Courses.

Miss Harrigan, Mrs. Harrington, Miss Treacy and Miss Hallam attended Refresher Courses under Rule G.1 Central Midwives Board.

Miss Massey, Principal Nursing Officer, attended a Middle Management Course. Study days in Portsmouth and a Conference in London were also attended.

Medical Loans.

We are indebted to the British Red Cross Society and St. John Ambulance Brigade for storing and issuing articles on loan. Acknowledgment is made to members of the public who give articles for use in peoples' own homes.

Equipment purchased this year :—

1 Hoya Hoist	}	Stored in Health Department
3 Monkey Poles and Chains		
1 Dunlopillo Mattress		
1 Ripple Bed presented by Mr. Willoughby Burden of St. Helens		
Wheel Chairs		
Back Rests		
Walking Frames		
2 Toilet Frames		
Commodes		
1 Special Chair issued to Handicapped Child.		

Health Visitors and District Sisters assist in checking the loans, thus ensuring the best use is made of them. A certain amount of loan equipment is kept in 60 Monkton Street, Ryde, for the use of the District Nurses in that area.

SECTION 26—VACCINATION

Vaccination of Persons under Age 16 completed during 1971.

Table IX. Completed Primary Courses.

In this table lines 1-10 show the number of children vaccinated with different kinds of vaccine and lines 11-14 show the number of children vaccinated against each disease.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964 —67		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	326	629	101	12	16	11	1095
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	4	4	3	11	9	31
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	4	111	115
8. Poliomyelitis ...	340	571	59	25	19	33	1047
9. Measles ...	2	266	262	126	205	11	872
10. Rubella ...	—	—	—	—	—	301	301
11. Total: Diphtheria ...	326	633	105	15	27	20	1126
12. Total: Whooping Cough ...	326	629	101	12	16	11	1095
13. Total: Tetanus ...	326	633	105	15	31	131	1241
14. Total: Poliomyelitis ...	340	571	59	25	19	33	1047

Table X. Reinforcing Doses.

In this table lines 1-8 show the number of children vaccinated with different kinds of vaccine and lines 9-12 show the number of children vaccinated against each disease.

<i>Type of vaccine or dose</i>	1971	1970	1969	1968	1964 —67	<i>Others Under 16</i>	<i>Total</i>
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	264	481	38	172	39	994
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	9	11	2	940	265	1227
5. Diphtheria ...	—	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	12	472	484
8. Poliomyelitis ...	—	184	228	60	1086	645	2203
9. Total: Diphtheria ...	—	273	492	40	1112	304	2221
10. Total: Whooping Cough ...	—	264	481	38	172	39	994
11. Total: Tetanus ...	—	273	492	40	1124	776	2705
12. Total: Poliomyelitis ...	—	184	228	60	1086	645	2203

Vaccination against Smallpox.

Changes in the prevalence of smallpox in countries overseas and the diminishing likelihood of the occurrence of outbreaks in this country have prompted a reassessment of the balance of the risks involved in the currently recommended schedule of vaccination against the benefits that may be expected from it.

In assessing the overall facts in mid-1971 the Sub-Committee of the Department of Health and Social Security Joint Committee on Vaccination and Immunisation expressed, among other recommendations, the unanimous opinion that vaccination against smallpox need not now be recommended as a routine procedure in early childhood.

The Joint Committee endorsed these conclusions and the Secretary of State accepted the Committee's advice that:—

- (1) Vaccination against smallpox need not now be recommended as a routine procedure in early childhood.
- (2) All travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress should be protected by recent vaccination.
- (3) Health service staff who come into contact with patients should be offered vaccination and regular re-vaccination.

SECTION 27—AMBULANCE AND AMBULANCE CAR SERVICE.

Table XI. Ambulance and Ambulance Car Statistics, 1971-72.

	<i>No. of vehicles at 31-3-72</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>
Ambulance Service	9*	21154	5384	187608	191
Ambulance Car Service	48	58158	14406	354713	—
Hired Cars	—	—	—	—	—

*Including 1 "sitting case" vehicle.

Table XII. Usage of Ambulances and Ambulance Cars since 1964.

<i>Year ending</i>	<i>Mileage</i>			<i>Patients conveyed</i>			<i>Number of patients carried per 1000 popula- tion</i>
	<i>Ambu- lances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	<i>Ambu- lances</i>	<i>Ambulance Cars</i>	<i>Hired Cars</i>	
March 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
1968	137868	341210	627	13020	73678	47	884
1969	138116	363160	522	12520	74972	36	868
1970	154289	362509	120	15894	71187	6	853
1971	187387	338942	—	21680	61892	—	803
1972	187608	354713	—	21154	58158	—	741

Table XI shows the use made of ambulances and ambulance cars during the financial year 1971-1972 and Table XII shows details of mileages and patients conveyed by this service since 1963-64.

Thanks are due to the Chief Fire and Ambulance Officer, Mr. A. F. S. Perks for the operational control of the Ambulance and Car Services and to members of the British Red Cross Society for providing escorts for mainland journeys.

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

Fluoridation of Water Supplies.

The County Council accepted the principle of fluoridation in 1963 and in 1969 re-affirmed their approval to the principle of adjusting the fluoride content of Island water supplies to the optimum figure of one part per million.

B.C.G. Scheme: 13 year age group (includes independent schools)

Table XIII.

	<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>	<i>Isle of Wight</i>	<i>England & Wales</i>
1962	989	2	789	198	20.0	16.0
1963	953	2	812	139	14.6	14.9
1964	936	7	820	109	11.6	12.6
1965	1021	—	910	93	9.1	13.7
1966	935	3	815	83	8.9	13.1
1967	1062	—	914	109	10.3	13.0
1968	1552	1	1364	115	7.4	11.4
1969	1064	—	922	79	7.4	9.5
1970	922	—	791	76	8.2	8.9
1971	931	55	744	96	10.3	*

* Figure not yet available.

Tuberculosis.

Cases under treatment, supervision or observation by Chest Physician at 31st December, 1971.

			<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
			<i>(Out-patients and In-patients)</i>			
Respiratory	...	...	198	137	2	337
Non-Respiratory	...	...	49	53	3	105
Total	...	...	247	190	5	442

Venereal Disease.

During 1971 the following numbers of new cases were dealt with at the Special Treatment Centre:—

Syphilis	...	...	...	...	...	3 (1)
Gonorrhoea	...	...	...	...	...	41 (48)

New cases of other genital infections:—

Non specific genital infection	...	...	...	95 (54)
Other (requiring treatment within the Centre)	...	...	...	67 (67)
Other (requiring no treatment within the Centre)	...	...	...	22 (17)

N.B.—Figures in brackets refer to 1970.

Miss M. M. Lovell, S.R.N., S.C.M., H.V., Group Advisor, who assists the Consultant Venereologist at the Special Clinic at St. Mary's Hospital reports that nursing students, male and female, have attended the Clinic for instruction during the year (including psychiatric students).

There has been a good response to contact slips, and contact tracing has been continued with follow up visits where possible.

Chiropody.

A limited chiropody scheme for the elderly, arranged in conjunction with the Isle of Wight Old People's Welfare Association and the W.R.V.S. is operated in the Sandown area. A similar scheme is in operation for the upper Ventnor area, arranged in conjunction with the Upper Ventnor Senior Citizens' Group. Sessions are held monthly at Lake Clinic and Ventnor Middle School respectively by Mr. R. A. Webb, Chiropodist.

I am grateful to the Isle of Wight Old People's Welfare Association, the W.R.V.S., the Upper Ventnor Senior Citizens' Group and Mr. Webb for helping to provide this service.

During the year four chiropody clinics were opened for persons in the following categories:—

- (a) Elderly (i.e. persons of pensionable age—65 years of age for men and 60 years of age for women) ;
- (b) Handicapped or disabled persons.
- (c) Expectant mothers who would benefit from chiropody.

These clinics are now well established at Bembridge, Cowes, Freshwater and Yarmouth. A total number of 120 patients made 321 attendances. Seventeen domiciliary visits were also made to 7 patients. The chiropodist at these clinics has been Mrs. R. Farrar, M.Ch.S. of Brading.

Incontinence Pads.

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.

Population Screening for Cancer of the Cervix.

I am grateful to Dr. D. Edwards, Chairman, Mrs. A. B. Oliveira, Secretary, and all members of the Island campaign for the prevention of cancer in women who continue to make this service possible.

Twenty-four sessions were held at the Health Clinic, Lower Pyle Street, Newport, during 1971 and the response to clinic appointments were as follows :—

Number of notices sent ...	...	...	1566
i. Actual attendances ...	...	...	696
ii. Appointments changed or reason given for failure to attend ...	...	...	522
iii. Defaulters ...	...	...	348
			— 1566
iv. Casual attendances ...	...	...	3

Since the start of the campaign in October 1966 to 31st December, 1971, 128 clinic sessions have been held and 4,399 women have received a smear test. In addition the majority of family doctors dealt with smears during the year.

Home Dialysis.

Arrangements for Home Dialysis were in operation for two Isle of Wight patients at 31st December, 1971. This is an increase of one on the previous year.

In both of these cases structural alterations to properties were carried out during the year and contributions to the cost by the patients were assessed according to their means.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967.

Isle of Wight Family Planning Centre.

Cowes. F.P.A. Clinic, Health Centre, Consort Road, Cowes. Sessions are held on the first and third Tuesdays in each month, 6.30 p.m. to 8.30 p.m.

Newport. F.P.A. Clinic, Health Clinic, Pyle Street, Newport. Sessions on Mondays (except fifth Monday in month) 6 p.m.—8.30 p.m., Tuesdays, second and fourth in month 10 a.m.—12 noon and 2 p.m.—4 p.m.

Lake. F.P.A. Clinic, the Health Clinic, Lake, Sandown. Sessions held Tuesday, first and third in the month 6.30 p.m.—9 p.m.

Ryde. At the Outpatients' Department, Royal I.W. County Hospital, Ryde. Sessions held Wednesday, second and fourth in the month, 6 p.m.—8.30 p.m.

The Secretary reports the following number of patient attendances :—

				1971	1970
Patient visits—1st occasion ...	...	...	...	1174	971
Repeat visits ...	...	...	...	1245	1266
				— 2419	— 2237
Number of new patients ...	...	...	...	413	380

Department of Health and Social Security Circular 36/71 of July 1971 was reported to the Health Committee who agreed the County Council should assume responsibility for payments to doctors and nurses employed in Family Planning Clinics as agents of the County Council from 1st January, 1972.

HEALTH SERVICES AND PUBLIC HEALTH ACT 1968 :
PART III
NOTIFIABLE DISEASES AND FOOD POISONING
THE PUBLIC HEALTH (INFECTIOUS DISEASES)
REGULATIONS 1968.

Table XIV. Notifications made to Medical Officers of Health during the year ended 31st December, 1971

	<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>
Infective Jaundice ...	3	1	1	—	—	—	5
Malaria ...	—	—	1	—	—	—	1
Measles ...	8	7	13	30	10	—	68
Scarlet Fever ...	4	1	5	—	1	—	11
Dysentery ...	—	—	—	—	1	1	2
Whooping Cough ...	13	2	1	1	—	—	17
Tuberculosis—Pulmonary ...	2	1	1	—	3	—	7
Tuberculosis—Non-Pulmonary ...	2	—	2	—	—	—	4
Food Poisoning ...	—	—	—	—	—	—	—
Totals ...	32	12	24	31	15	1	115

Table XV. Notifications of certain infectious diseases received for the ten years, 1962-1971

<i>Disease</i>	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Acute Encephalitis ...	—	1	1	—	—	—	—	—	—	—
Acute Meningitis ...	2	—	2	2	—	2	1	3	—	—
Infective Jaundice ...	—	—	—	—	—	—	—	2	5	5
Dysentery ...	1	2	—	199	19	4	73	—	—	2
Malaria ...	—	—	—	—	—	—	—	1	—	1
Measles ...	166	1395	598	1354	502	1013	267	505	1361	68
Ophthalmia Neonatorum ...	—	1	—	—	—	—	—	—	—	—
Scarlet Fever ...	10	41	38	30	16	22	6	15	20	11
Tetanus ...	—	—	—	—	—	—	—	1	—	—
Tuberculosis—Pulmonary ...	20	14	20	14	10	5	9	8	5	7
Tuberculosis—Non-Pulmonary ...	3	3	3	2	1	2	1	1	2	4
Typhoid Fever ...	1	—	—	—	—	—	—	1	—	—
Whooping Cough ...	9	63	47	39	31	75	12	7	1	17
Food Poisoning ...	93	3	36	25	204	19	—	1	6	—
Totals ...	305	1523	745	1665	783	1142	369	545	1400	115

Notifications of the following diseases were last received during the years shown :—

Paratyphoid Fever ...	1959
Acute Poliomyelitis ...	1957
Diphtheria ...	1947
Smallpox—one mild case ...	1931
Prior to this, 12 cases ...	1919

REGISTRATION OF NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

No Nursing Homes were registered during 1971. Of the five Homes registered, three are for medical cases only and two for convalescent cases only.

Visits of inspection to all registered homes were made by the Director of Nursing Services during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

On 1st April, 1971, the registration of playgroups and Child Minders became the responsibility of the Social Services Department, but the supervision of playgroups was undertaken by my Department on an agency basis for a further year.

All premises were visited by Health Visitors during the year and at 31st March, 1972, 33 playgroups were registered.

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 XVI. Number of samples collected and results of examination

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Ultra heat treated ...	10	Colony count ...	10	—	—
Pasteurised ...	71	Phosphatase ... Methylene Blue	70 62	1 5	— 4
Untreated ...	179	Methylene Blue	106	55	18
Untreated ...	101	T.B. Biological ... Brucellosis ...	101 101	— —	— —

Brucella Abortus.

Positive brucella results are communicated to the District Medical Officer 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	...	...	...	...	...	...	...	...	...	174
Accepted	...	...	...	...	...	...	...	...	...	172
Failed	...	...	...	...	...	...	...	...	...	2
Under review	...	...	...	...	...	...	...	...	...	Nil

(3) Medical Examination of Teachers

Entrants to Training Colleges	...	...	...	...	...	...	...	...	...	90
Entrants to employment as teachers by Isle of Wight Education Committee	...	...	...	...	...	...	...	...	...	12
										102

VOLUNTARY AND OTHER ORGANISATIONS.

British Red Cross Society.

During 1971 the Red Cross was active throughout the Island—First Aid posts were manned at public functions and on Ryde Esplanade (daily) during the season. Regular nursing duties were undertaken in the Hospitals and in the home and, in the many Hospital and County Council Clinics, various duties were carried out.

Personnel served at 61 Blood Donor Sessions, carried out 4,680 Escorts of those unable to travel alone both in the Island and on the mainland. The 10 Medical Loan Depots issued 1,303 items of medical and nursing equipment to people ill at home or disabled.

Training courses to keep personnel up-to-date with First Aid and Nursing were held and these were attended by members of the public, in addition to the Special First Aid courses given to firms and organisations.

Two new services were started during the year. First, the Picture Library which now operates in 11 Hospitals and Homes and, secondly, the bathing of the disabled in the special bath built in the W.R.V.S. Centre in Ryde. The well established services of reception duties in hospitals, out-patients canteens, trolley shops and library services—the latter in conjunction with St. Johns—were carried on continuously.

Junior members attended organised training courses and gave practical help in the Hospitals and at First Aid Posts.

Welfare activities covered the whole range of sick and disabled persons and of the aged and infirm. The six Clubs for the disabled continued to give instruction in handicrafts and to provide social activities for their members, all of whom were transported from and to their homes by volunteer drivers. Equal pleasure was given to those disabled persons who attended the art class run especially for them.

Finally the members groups raised funds to assist the services to be carried out, sewed and mended for the hospitals and knitted blankets and made special clothing for overseas.

In all, the Red Cross in the Island hopes it achieved its aim of people helping people whenever the need arises.

M. E. GILES, *Branch Director.*

St. John Ambulance Brigade.

The St. John Ambulance Brigade provides First Aid services throughout the year, in all parts of the Island.

These services include duty at public functions of all kinds, large and small, staffing of beach First Aid Posts during the summer, and the loaning of medical requisites to patients.

The Brigade regularly organises training courses in first aid and nursing and allied subjects, which are attended by members of other organisations and by the general public, and which also serve to maintain the high standard of efficiency expected of the Brigade.

The mini-bus service organised and run by Brigade members in several Island districts has for many years been of great assistance to elderly and handicapped people, and demands upon it are constantly increasing.

Brigade members are always ready to give individual assistance wherever the need arises, and many calls upon their skill and devotion are answered in the course of every year.

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.*

Isle of Wight Marriage Guidance Council.

Although the Social Services Department took over responsibility for liaison for Annual Grants with the Isle of Wight Marriage Guidance Council from 1st April, 1971, the Health Committee have been pleased to allow the use of their Clinic premises for counselling interviews.

Enquiries should be made to the Hon. Secretary, Mrs. K. Pritchard, A.T.C.L., Sea Reach, Inglewood Park, St. Lawrence, Ventnor, I.W., and appointments for interview should be made with the Appointments Secretary, Mrs. A. Glenny, B.A., Dip.Sc., Shore Mead, Fishbourne, I.W. Telephone Wootton Bridge 247.

Catholic Marriage Advisory Council.

The Isle of Wight Centre of the Catholic Marriage Advisory Council continued to offer a remedial counselling service to the community irrespective of creed. Two trained counsellors, three consultant doctors and a solicitor were available to give advice.

Only four new cases were dealt with during the year.

Discussion groups for young people were held on twelve occasions, the total attendance being 120.

The service is free and appointments are made to suit the client.

Appreciation is expressed to Dr. Machell for use of premises, and to the many kind people who donated to the Council's funds.

All enquiries to Hon. Secretary, C.M.A.C. (Isle of Wight Centre), 6 Westhill Drive, Shanklin. Telephone Shanklin 3331.

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 as Principal School Medical Officer for the year 1971. Within the next two years the precise administrative framework in which the Island's School Health Service will be associated with the integrated National Health Service will be known. Sixty-three years ago the first School Medical Officer was recognised in the Code of Regulations and in 1971 the County Councils Association restated the concept of the "school physician" and affirmed that the work of the school doctor differed from other clinical practice in that "it attempts to be preventive, discovering unrecognised early deviations from normal and advising on treatment; it is concerned with a developing organism—the child—the approach is that of developmental paediatrics rather than treatment of frank disease; it is particularly related to a specific environment—the school—and a detailed knowledge of this environment is essential."

For this work a high degree of motivation and training are essential and the C.C.A. stressed the importance of reversing any tendency for the Service to run down as a result of uncertainty about the future. Whatever the future structure of the Service, there is no doubt about the unlimited scope and clinical interest. For example, the Plowden Committee recommended observation registers from birth, with social as well as medical information, developmental assessment before entry to school, selective but more intensive medical examinations in later school life, closer collaboration with social workers and a greater social work element in the training of health visitors, school nurses and school medical officers.

The Newsom Report referred to the authority and acceptability of the school doctor and school nurse by boys and girls in health education, of which the "biological foundations belong to science, its practice and its proof lies to a great extent in the hands of the physical education department; its moral implications to the humanities; its references to home surroundings . . . belong to the Head in his dealings with parents . . .".

In the field of emotional development Dr. Knight in her contribution on the Child Guidance Service (page 36) says "in too many cases a child is unhappy but nobody realises it." The Underwood Report in 1955 considered that parents were in the best position to see the first signs of emotional disturbance and seek advice and help and yet in 1971 only 23 per cent of children aged between 1 and 5 attended Child Health Clinics. The Rutter-Tizard-Whitmore survey showed that for every child with psychiatric disorder who was seeing a psychiatrist there were many more who were not attending clinics, and very few had consulted their family doctor. Here again is a sector of the School Health Service where the opportunity for prevention by skilled staff is unlimited.

The various contributors to this Report, to whom I am indebted, tell of increasing uptake of the services, and the basis for co-operation with the many professions concerned with children is firmly established and will stand any test in 1974.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL.

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 1971 was 109,284 (census provisional).

The number of pupils on the registers of maintained schools at 31st December, 1971 is shown below. Comparative figures for the previous year are also given.

				<i>No. of Pupils</i>					<i>No. of Pupils</i>
				1971					1970
Primary Schools	...	...	...	7225	Primary Schools	...	...	...	7851
Middle Schools	...	...	...	4072	Middle Schools	...	...	...	3199
High Schools	...	...	...	4344	High Schools	...	...	...	4510
Medina House (age group integrated)	...	...	...	44					
Watergate School (Primary and Secondary)	...	...	...	109	Watergate School (Primary and Secondary)	...	...	...	105
Forest Side School (age group integrated) and Spastic Treatment Centre	...	...	...	13	Forest Side School (age group integrated) and Spastic Treatment Centre	...	...	...	16
				<hr/> 15807					<hr/> 15681

In addition, there were 215 pupils aged between 15 and 18 years attending the Isle of Wight Technical College in Newport.

Incidence of various diseases affecting children attending ordinary and special schools:

				1971	1970
Achondroplasia	...	...	...	1	1
Amelia	...	...	...	5	5
Arthritis	...	...	...	5	4
Asthma	...	...	...	235	198
Familial Neurological Disorders	...	...	...	4	4
Partially Sighted	...	...	...	4	2
Cerebral Palsy	...	...	...	19	13
Coeliac Disease	...	...	...	—	1
Congenital Heart	...	...	...	63	52
Cortico Steroids	...	...	...	6	6
Cretin	...	...	...	2	2
Partially Hearing	...	...	...	21	2
Diabetes	...	...	...	26	18
Eczema	...	...	...	120	113
Epilepsy (all forms)	...	...	...	75	49
Hemiplegia	...	...	...	2	1
Hydrocephalus	...	...	...	5	3
Renal Disease	...	...	...	2	2
Muscular Dystrophy	...	...	...	2	2
Perthes Disease	...	...	...	5	6
Tuberculosis	...	...	...	1	1
Spina Bifida	...	...	...	2	1
Mongol	...	...	...	11	—
Autistic	...	...	...	2	—
Rubella Syndrome	...	...	...	2	—
Blind	...	...	...	1	—

HANDICAPPED CHILDREN IN SPECIAL RESIDENTIAL SCHOOLS.

At 31st December, 1971, 29 children (24 boys and 5 girls) were in 23 Special Residential Schools as compared with a total of 18 children 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>Partially Sighted.</i>			
	Blatchington Court, Scaford, Sussex	1	—
	West of England School for Partially Sighted, Exeter	1	—
	Exhall Grange Special School, Coventry	1	1
<i>Partially Hearing.</i>			
	Ovingdean Hall, Brighton, Sussex	—	1
	Royal School for Deaf, Exeter	1	—
<i>Physically Handicapped.</i>			
	Trueloves School, Ingatestone, Essex	2	—
	Coombe School, Croydon, Surrey	1	—
	Shafesbury Society's Burton Hill House School	—	1
	Florence Treloar School, Alton	1	—
	Chailey Heritage Craft School and Hospital	1	1
<i>Delicate.</i>			
	St. Catherine's Home, Ventnor	1	—
	Heathercombe Brake School, Manaton, Newton Abbott	1	—
	St. George's Hostel, Manchester 7	1	—
<i>Maladjusted.</i>			
	Camp Hill, Rudolf Steiner, Edinburgh	1	—
	Pitt House School, Torquay	1	—
	Heanton and Marland Schools	2	—
	Hope Dale School, Shotton Hall	1	—
<i>Autistic.</i>			
	Dedisham School, Slinfold, near Horsham, Sussex	2	—
<i>Mentally Handicapped.</i>			
	Meldreth Training Centre	1	—
	Roffey House, Horsham, Sussex	2	—
	Peter Pan Homes, Barnet, Middlesex	—	1
	Oaklands Park School, Dawlish, Devon	1	—
<i>E.S.N.</i>			
	Allington Maintained Special School, Wiltshire	1	—

FOREST SIDE SCHOOL AND SPASTIC TREATMENT CENTRE

Head Teacher: Mrs. U. Herbert.

During 1971 five children, all under five years of age, were admitted and five left, two to Watgate, one to ordinary Middle School, one to hospital school for special treatment and one (aged 16) to a residential hostel. The school roll remains at fifteen, of whom the oldest is ten and six are under five.

Miss J. Hall, the School Physiotherapist, returned to mainstream physiotherapy and the school was without a physiotherapist for some weeks until Mrs. W. Evans was appointed on the 15th November, 1971.

Miss J. A. Dodds, Teacher of the Hearing Impaired has assisted one of the pupils during the year.

A special feature of 1971 was the development of riding as a regular part of the school curriculum for nearly all the older children. This has proved to be of great benefit both physically and psychologically and we are greatly indebted to the Isle of Wight Riding for the Disabled Association (formed by the members of the Isle of Wight Pony Club) for their hard work and generous support for this valuable project.

AUDIOLOGY CLINIC

"Work in the Audiology Clinic shows clearly the value of close co-operation with hospital consultants, general practitioners and health visitors. Early diagnosis of hearing defects is invaluable to the child in the development of language and to the parents since so many children who fail to learn to speak may be mistakenly thought to be of poor intelligence in the early years.

Our earliest referral this year has come from one of our health visitors immediately following the nine-month-old screening test carried out by health visitors for all children. Two other children have been seen at the age of two and two and a half respectively, one had apparently passed an earlier test and the other had managed to evade the net; as a consequence one was referred by the general practitioner and the other by the Paediatric Consultant. This shows there is still room for improvement in our service to ensure early diagnosis. All these young children will benefit from the special facilities in the nursery to be opened in the coming year where they will have the advantage of special facilities as well as the companionship of normal speaking children of the same age.

STATISTICS.

Results of Pure-tone Audiometry in Schools.

1st Screening		2nd Screening	
<i>Passed</i>	<i>Failed</i>	<i>Passed</i>	<i>Failed</i>
1579	448	375	357

Pre-school and School Children Attendances.

			<i>Pre-School</i>	<i>School</i>	<i>Total</i>
Report to Specialists	...	...	7	33	40
Discharge	...	...	24	86	110
For Review	...	...	41	246	287
			<hr/> 72	<hr/> 365	<hr/> 437
Number of appointments offered	...	...	70	547	617
Number of appointments kept	...	...	60	379	439

MAUREEN V. BURRAGE,

B.A., M.B., B.S., D.C.H., D.Obst., R.C.O.G.,
Principal Medical Officer and Assistant Paediatrician.

Hearing-Impaired Children.

I am grateful to Miss J. A. Dodds, M.A., C.T.D., Dip.Aud., Teacher of the Hearing Impaired and Audiologist, for the following Report:—

"The past year has consolidated the building up of a fuller Audiology service. A part-time teacher, Mrs. Roberts, was appointed to help the less severely handicapped children from the beginning of the Summer Term, and she was already making a considerable contribution before the end of her first term. Her help has been very useful at this time, when preparations have been going ahead for the opening of the Nursery Class at Barton School in April, 1972, which will include a Unit for five hearing-impaired pre-school children. This extra member of staff and the new provision will mean that future work will be meeting priorities where and how they most need to be met, as the specialist teacher can devote more time to the most handicapped and can give this with more support at the critical, early stages of life.

The increased Speech Therapy staff since September has resulted in much easier liaison with this sister service.

The following table shows the children with hearing impairment who have been listed for educational purposes, and indicates a healthy development of increased work at the younger end, while total figures remain similar to last year's.

		<i>Teaching/Parent Guidance</i>		<i>Follow-up</i>		<i>Residential*</i>		<i>Full Totals</i>		<i>With Hearing Aids</i>	
		<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>	<i>Jan.</i>	<i>Dec.</i>
Pre-School	...	3	7	10	18	—	—	13	25	3	6
5—7	...	1	9	39	49	1	1	41	59	2	4
7—11	...	6	6	71	21	2	2	79	29	9	9
11 plus	...	5	6	24	34	—	—	29	40	7	14
Further	...	—	—	—	—	—	—	—	—	—	—
Totals	...	15	28	144	122	3	3	162	153	21	33

*1 deaf, 1 partially hearing, 1 partially hearing and partially sighted.

A considerable amount of clerical work is involved in this and whilst the help allowed has enabled the Teacher for the Hearing Impaired and her Assistant to concentrate increasingly on their own proper function, there still remains the necessity to devote an undue proportion of time to work which could best be done by a further slight increase in the present level of clerical help.

New referrals amounted to 364, exactly the same figure as the previous year, and discharges amounted to 266, as against 194 in 1970.

One more course on screening tests by Health Visitors was run for a further six staff this past year. A Day Conference on hearing difficulties in children in normal schools was held for teachers early in the year at Watergate School, when there was a good attendance and an enthusiastic response to the programme which included as speakers, Dr. Kevin Murphy (Assistant Director, Royal Berkshire Hospital Audiology Unit), Mr. W. J. Watts (Research Fellow, Sussex University), and Dr. J. Graham-Stewart (Ventnor).

The Isle of Wight Deaf Children's Association have as usual been running several events to help parents and children, and have continued their hard work in money-raising by opening a Pre-School Unit Fund, from which the first gift, a free-field audiometer (£82.50) has recently been gratefully received, and this is already proving useful in the assessment of very young children. They completed their Partner Fund by raising £600. From this they have donated a further four radio-microphones to partner the Technical College's pocket radio-receivers, and are about to purchase a further four similar microphones, which will provide in all twelve walkie-talkies the result of Mr. E. S. Sydenham's invention which was described last year. Two of his walkie-talkies are being used at home by a couple of pre-school boys. The Association Fund has also supplied batteries for eight of these Partner Aids for this first year's use."

EYE SERVICES FOR SCHOOL CHILDREN.

Mr. J. M. Elsby, M.B., B.S., D.O., F.R.C.S., Consultant Ophthalmologist reports:—

"The work has continued in the Clinic and there are no changes to report.

During the year 41 Eye Clinics were held at Pyle Street Clinic. 126 attended for the first time and the total attendance for the year was 670. Of the 812 appointments offered 142 failed to attend."

Orthoptic Clinic.

Miss M. E. Sharland, the Regional Hospital Board's Orthoptist, treats school children under Mr. Elsby's supervision at the Royal Isle of Wight County Hospital, Ryde; the Health Clinic, Newport; and Princes Road, Freshwater.

Details of attendances at these Clinics during the year are given below:—

				<i>Newport Clinic</i>	<i>Ryde Clinic</i>	<i>Freshwater Clinic</i>
Number of Cases:						
Attending regularly 1-1-71				190	259	24
New cases admitted	...	...	...	53	77	4
Transferred between Clinics	...	...	...	+7	—4	—3
Re-admitted	...	...	...	3	3	0
Discharged	...	...	...	48	60	2
Attending regularly 31-12-71				205	275	23

TREATMENT OF POSTURAL DEFECTS

I am grateful to Mrs. J. S. Smith, M.C.S.P., Senior Physiotherapist, for the following report:—

"A new programme of weekly school visits and a session at both the Newport and Ryde Clinics and Medina House School was started in June 1971.

There had been a space of about eight months when there was no remedial treatment available as Mrs. P. D. Watson left in the previous October.

The teaching staff in the schools have been most helpful in arranging for their gymnasiums to be made available for remedial exercises in the physical training classes in many primary schools.

These teachers have contributed greatly to the necessary practice of exercises which sometimes are obviously not going to be performed at home. Where the parents of children have attended for the first treatment these same children have improved much more quickly than those children whose parents have never appeared. Some of these latter children make no improvement at all.

I should like to thank the staff of the Health Department for all their help during my first few months."

Statistics:

Total number of cases admitted	...	...	...	144
Total number of cases readmitted	...	...	...	93
Total number of cases under observation	...	...	...	19
Total number of discharges	...	...	...	96
Total number of appointments offered	...	...	...	1915
Total number of kept appointments	...	...	...	1635
Total number of unkept appointments	...	...	...	280
Total number of treatments	...	...	...	452
Total number of home visits	...	...	...	8
Total number of school visits	...	...	...	443

The above figures related to the period 1st July to 31st December, 1971, only.

SCHOOL DENTAL SERVICE

"The main event of 1971 was the retirement in March of Mr. Gerald Simons, Principal School Dental Officer, after twenty-five devoted years' service to the County Council. His keen and progressive attitude has helped to shape the School Dental Service into the modern service it is today, and countless children will have reason to thank him for the way in which he has impressed on them the importance of regular care of their teeth. We wish him and Mrs. Simons a long and happy retirement.

We were pleased to welcome Mr. J. E. Kenny back to the Island when he took up his post as Dental Officer at the Ryde Clinic in April. The post of Dental Auxiliary has

remained unfilled during 1971, and the lack of candidates has underlined the need for more training facilities for Dental Auxiliaries, who do such invaluable work in the School Dental Service.

The heavier work-load caused by the increase in school population, together with the absence of the Dental Auxiliary, has made it impossible for the Service to inspect every school child during the year. This is very much to be regretted, and one feels that the situation can only be aggravated by the raising of the school leaving age.

An important item in this year's programme was the commencement in October of the Guy's Hospital Clinical Trial, under the direction of Professor M. N. Naylor. This is a three-year longitudinal double-blind trial of a fluoride toothpaste and fluoride gel, involving over one thousand Island schoolchildren who were aged eleven years in 1971. The trial is being held in conjunction with similar trials in London and the United States.

It is disappointing to note that the benefits of the fluoridation of the water supplies are still being denied to the Island population in spite of the County Council's recommendations in 1963 and 1969. Fluoridation is the only practical measure we can use to prevent dental disease, and I feel that legislation to make it mandatory is long overdue.

Finally, I should like to give my thanks to the Staff for their hard work, loyalty and support, to the Head Teachers and staffs of the schools for their willing co-operation during the year, and to the Fire Service for cheerfully moving and maintaining the Mobile Dental Clinic."

W. MADEN, B.D.S., L.D.S.,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

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 1971 :—

"The total number of children attending the Clinic and seen by the Consultant Psychiatrist during 1971 was 193 of whom 71 were girls and 122 were boys. The number of new cases referred was 167. New cases that were visited by a Social Worker and found not to require, or would not accept a Clinic appointment, was 55.

Of the new cases seen at the Clinic and visited at home (161 altogether) some were brought forward from 1970, and of the 167 referred in 1971 some would not be seen or visited until 1972.

Some of those who had a home visit but either did not require or did not accept a Clinic appointment may need an appointment at a future date.

The children attending during the year were referred from the following sources :—

Parents	...	...	...	...	...	18
Educational Psychologist	...	...	...	...	...	10
School Medical Officer	...	...	...	...	...	8
Education Welfare Officer	...	...	...	...	...	17
School	...	...	...	...	...	11
General Practitioner	...	...	...	...	...	69
Paediatrician	...	...	...	...	...	26
Health Visitor	...	...	...	...	...	10
Speech Therapist	...	...	...	...	...	2
Child Care Officer	...	...	...	...	...	8
Probation Officer	...	...	...	...	...	6
N.S.P.C.C.	...	...	...	...	...	2
Gynaecologist	...	...	...	...	...	4
Other Consultants	...	...	...	...	...	2

193

The main reason for referral of all those attending were: —

Poor school progress	...	...	...	...	12
Behaviour difficulties	...	...	...	...	67
Stealing and other anti-social behaviour	...	...	...	...	15
Nervous fears and anxiety	...	...	...	...	16
Psychosomatic symptoms	...	...	...	...	6
School refusal or marked reluctance to attend	...	...	...	...	12
Enuresis	...	...	...	...	23
Soiling	...	...	...	...	5
Termination of pregnancy	...	...	...	...	4
Depression	...	...	...	...	3
Report for Court	...	...	...	...	3
Others	...	...	...	...	27
					193

The homes of nearly all new cases referred are seen by a Social Worker ; many need more than one visit to maintain contact and support between Clinic appointments. When a crisis arises (such as delinquent behaviour involving the police or truancing from school) several home visits may be made in the course of a few days, each one taking half an hour, an hour or more.

Some families need to attend the Clinic two or three times, some children have been seen twenty, thirty or fifty times, and are still not ready for final discharge.

All cases involve regular discussions among Clinic staff and often also conferences with teachers and members of the Social Services Department. Guide lines for efficient co-operation with the new Social Services Department are being worked out. It is important to avoid wasting time and effort by involving too many workers, but areas of concern do overlap and the Child Guidance Service is, of course, only advisory. The Education Department or Social Services are involved when action has to be taken, such as the occasional placement of a child away from home for special education or because of inadequate home care.

The reasons for referral listed above are not necessarily giving even the most important presenting symptoms ; for example, one child sent because of bed-wetting was also extremely withdrawn and anxious ; her mother was inadequate and had become mentally ill and the child was seriously emotionally deprived. In most cases there are more than one symptom, and in children "behaviour difficulties" can be due to unhappiness arising in many different ways, as well as to lack of proper control or other adverse influences.

During the year six school children known to us or referred for this reason took an overdose of tablets. One was a pregnant girl who really was desperate, the others were probably not seriously intending to harm themselves but were making a gesture of some kind.

Involvement with drugs is certainly more of a problem than it was two or three years ago. Very few known to me admit experimenting themselves, but several older boys and girls admit that their friends use "pot" and that they could get it easily if they wanted it.

During the year one boy was admitted to Meon House Psychiatric Unit for Adolescents, one child to the Wessex Unit for Children in Portsmouth, and two to Whitecroft Hospital. The last two might have been suitable for Meon House if vacancies had been available immediately but were too urgent to wait.

Quite a number of young people complain that there is little to do on the Island. For boys especially, in the age group of about nine to fourteen, more sports facilities at weekends and in the holidays would lessen family friction and perhaps prevent some from lapsing into uninterested, non-achieving, anti-social adolescents.

An indoor public swimming bath would be a very great asset to the Island, and we need grown-ups willing to give time to organise games and coaching out of school. Short camping holidays can achieve a great deal in boys and girls who would otherwise never have the chance to share adventures, difficulties and close companionship with caring adults.

In fact, many of the problems of children and young people could be diminished by close personal interest from any sensible, unselfish grown-up, offered in good time, before mistrust and disillusion have established the "generation gap."

As it is, a great many children come to us when anti-social habits are firmly fixed or when neurotic patterns have become part of the child's personality. In too many cases a child is unhappy but nobody realises it."

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

SPEECH THERAPY SERVICE.

I am grateful to Miss B. A. Canning, L.C.S.T., Dip.Aud., Senior Speech Therapist for the following Report:—

"Until the end of August 1971, Mrs. M. Mackenzie continued as the sole Speech Therapist on the Island and worked hard to help as many children as she could. In September, with the arrival of three new Speech Therapists, Miss B. A. Canning (Senior), Miss C. Evans and Miss M. Oakley, she stayed on for one month before leaving for the mainland, so that the change-over could be effected as smoothly as possible.

The influx of staff was swiftly followed by a profusion of referrals. Initially it has been necessary to hold therapy sessions at focal points for maximum attendance, preferably the Health Centres, where facilities are usually more suitable than in the schools. Nevertheless, we have been made very welcome in the latter and have appreciated the opportunity of meeting the teachers, and planning a combined approach to the children and their speech and language problems.

Each therapist works in her own area of the Island, and regularly visits one of the three Special Schools for which she is responsible. Also a proportion of the time continues to be given to the Hospital Service.

It will be noted from the figures that a large number of children are "under observation." In many cases language and speech is delayed as opposed to being severely deviant from normal, and it is often wiser to talk with the mother and show her how to help the child than to give him speech therapy before he is ready for it which may worry him and make him unnecessarily speech conscious. This applies particularly to the "pre-schooler" for whom the playgroup or nursery school often provides the medium for natural all-round development of the child. Should he continue to make inadequate progress he would be admitted for speech therapy.

Some children "under observation" are awaiting eruption of second dentition before their interdental speech (lisp) is corrected and others having had regular therapy are reviewed periodically prior to final discharge from the speech clinic."

					<i>Comparative period</i>	
					<i>up to</i>	
<i>Number of Cases:</i>					1971	31/12/70
Seen for first time	...	...	...	...	176	42
Admitted for treatment	...	...	...	...	60	17
Admitted for observation	...	...	...	...	52	19
Discharged	...	...	...	...	46	98
On observation list at 31st December, 1971	...	...	...	...	309	55
On waiting list at 31st December, 1971	...	...	...	...	87	9
<i>Number of Appointments:</i>						
Offered	...	...	...	...	1928	1021
Kept	...	...	...	...	1344	382
Absences	...	...	...	...	584	139
Number of treatment sessions held	...	...	...	...	434	210
Number of home visits	...	...	...	...	33	1
Number of school visits	...	...	...	...	68	25

N.B.—The figures for 1970 represent only 41 weeks.

INFECTIOUS DISEASES

The Child Health Section was notified of the absence of 339 pupils on account of infectious disease by Head Teachers during the year.

Over 68 per cent of the chickenpox cases occurred during the Winter Term.

Reported absences were due to:—

	1971	1970
Measles	17	439
Mumps	—	518
Chickenpox	169	74
German Measles	32	31
Whooping Cough	84	7
Scarlet Fever	6	18
Other diseases	31	52

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 and four Independent Schools.

A total of 1,154 forms were returned by parents, 57 of these refusing the test and 4 intimating that their child was either already under the surveillance of the Chest Physician or had received B.C.G. protection elsewhere.

Of 931 children tested 96 (10.3 per cent) were positive.

Seven hundred and sixty-one of the 766 found to be negative were vaccinated against tuberculosis and 20 children showing an extremely mild positive reaction will be retested in 1972.

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.

(i) *Vaccination against Poliomyelitis.*

Throughout the year live oral vaccine has been available for routine vaccination against poliomyelitis. Fifty-two primary and 1,731 reinforcing doses of vaccine were supplied during the year to children between the ages of 4 and 16 inclusive.

(ii) *Immunisation against Diphtheria.*

During the year 47 children aged 4-16 years completed a full course of primary immunisation against diphtheria and 1,416 were given a reinforcing injection.

(iii) *Vaccination against Measles.*

Two hundred and sixteen children between the ages of 4 and 16 received measles vaccination.

MEDICAL EXAMINATION OF STUDENTS FOR TEACHER TRAINING COLLEGE

Ninety 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	74	13	3	Nil	Nil

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

WORK OF THE SCHOOL NURSES

Miss M. G. Morris, Chief Nursing Officer, reports :—

"1971 showed few changes in the School Nurse section. In April the areas of duty were changed with the appointment of a fourth School Nurse. As far as is possible each Nurse is now responsible for a High School, and the Middle and Primary schools within that area. This has proved satisfactory from an organisational angle.

Medical Inspections have been held and attended by school nurses. The preparation for these sessions is important ; the School Nurse should be able to present facts to the School Doctor.

Hygiene Inspections: These are carried out as necessary in each school. Infected children have been treated successfully mostly by follow-up visits to the home of infected children. Skin complaints have not been so prevalent this year ; when it has occurred the infection has been contained.

Prevention of Tuberculosis: Sessions in schools were held during the year, with the School Nurses undertaking the Heaf Testing and attending for reading and vaccination sessions.

Pre-School Reports: The completion of these reports by the Health Visitors has continued, the reports being submitted when the child is 4½ years old. The pilot scheme of medical examination on this age group was proved useful but it is not possible to enlarge on this at the present time. The report submitted by the Health Visitor will continue.

Special Schools: Two Health Visitors have the responsibility of visiting families of handicapped children and following the children in school. The Principal Medical Officer had discussed the responsibilities involved with them and explained the new system to the teachers involved and other social workers. These Health Visitors work closely with the Health Visitors of the family and will have cases referred to them from birth in the future. It is too soon at this moment to evaluate the value of this responsibility acting as co-ordinator between family general practitioner, consultant and school.

Talks in Schools: Some progress has been made in this area with programmed talks being given by Health Visitors and School Nurses.

Miss Bell, Principal Nursing Officer, with responsibility for Health Education, has made some progress in this since she took up duties in September. Subjects covered are all related to Health as well as members of the staff giving talks on their particular duties. Some of the pupils have visited Clinics held by the Local Authority.

Hearing Tests: One of the School Nurses has continued to attend the Audiology Clinic and follows up with tests in schools.

Groups of Psychiatric Student Nurses from the Royal Isle of Wight School of Nursing spent a week each studying aspects of the School Health Service. These sessions are found interesting to the students. We are indebted to members of other departments who give their time to do this."

The following table gives an analysis of the work undertaken by the School Nurses and Health Visitors :—

					<i>School Nurses</i>	<i>Health Visitors</i>	<i>Total</i>	
							1971	1970
Total number of visits to schools	...	...	...	...	1788	62	1850	1450
Number of follow-up home visits re medical care	...	...	...	...	171	25	196	151
Number of medical inspections attended	...	...	...	...	492	3	495	451
Number of children weighed and measured	...	...	...	...	595	—	595	464
Number of visits to schools for cleanliness only	...	...	...	...	255	7	262	165
Number of children examined for uncleanness	...	...	...	...	11021	522	11543	4696
Number of children re-examined for uncleanness	...	...	...	...	680	13	693	274
Number of children found unclean	...	...	...	...	209	7	216	130
Number of children cleansed by nurse	...	...	...	...	36	—	36	9
Number of home visits re uncleanness	...	...	...	...	202	3	205	92
Other members of family found unclean	...	...	...	...	12	—	12	132
<i>Vision Testing :</i>								
Entrants	...	...	...	...	2026	—	2026	1739
8-year age group	...	...	...	...	905	—	905	905
First year secondary pupils	...	...	...	...	1478	—	1478	1324
School leavers	...	...	...	...	2149	—	2149	1429
Others	...	...	...	...	3772	—	3772	3535
Total number of children tested for vision	...	...	...	...	10330	—	10330	8932
Number of children tested for colour vision (all ages)	...	...	...	...	1627	—	1627	1548

SCHOOL MEALS AND MILK.

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

"A census taken on a normal day in October 1971 gave the following figures :—

(a) Meals :

<i>Pupils</i>				<i>No. in attendance</i>	<i>No. of meals served</i>	<i>Percentage taking meals</i>	
						1970	1971
Primary and Special	...	...	...	6944	4587	74.5	66.0
Middle	...	...	...	3843	2526	73.6	65.7
High	...	...	...	3854	1333	55.8	34.6
Total	...	...	...	14641	8446	67.9	57.7

(b) Milk :

<i>(i)</i>	<i>No. of pupils present entitled to free milk on grounds of age</i>	<i>No. of (i) taking milk</i>	<i>Percentage taking milk</i>
	3744	3546	94.7
<i>(ii)</i>	<i>No. of pupils (not included in (i) who are entitled to milk on grounds of health*</i>		
	6224	12	0.19

*i.e. eligible to be considered by a School Medical Officer for the issue of free milk.

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, 1971.

Table A—Periodic Medical Inspections

<i>Age groups inspected (by year of birth)</i>	<i>No. of pupils inspected</i>	<i>Physical condition of pupils inspected</i>		<i>Pupils found to require treatment (excluding dental disease and infestation with vermin)</i>		
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Appendix II</i>	<i>Total individual pupils</i>
1967 and later ...	1396	1396	—	20	80	69
1966 ...	164	164	—	2	4	6
1965 ...	96	96	—	1	3	4
1964 ...	92	92	—	1	12	11
1963 ...	62	62	—	1	12	9
1962 ...	54	54	—	1	12	10
1961 ...	816	816	—	1	11	9
1960 ...	499	499	—	2	11	11
1959 ...	99	99	—	1	11	11
1958 ...	29	29	—	1	1	1
1957 ...	331	331	—	1	21	21
1956 and earlier	603	603	—	23	9	30
Total ...	4241	4241	—	55	187	192

Percentage of total pupils inspected whose physical condition was :
Satisfactory 100.00%.

Table B—Other Inspections

Number of Special Inspections (i.e. Inspections carried out at the request of a parent, doctor, nurse, teacher or other person)	18
Number of Re-inspections (i.e. Inspections arising out of one of the periodic medical inspections or out of a special inspection)	1187

Table C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	11021
(b) Total number of individual pupils found to be infested	209
(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
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 <i>over</i>	<i>Total</i>
Attendances and Treatment :				
First visit	1493	1490	299	3282
Subsequent visits	1219	1892	614	3725
Total visits	2712	3382	913	7007
Additional courses of treatment commenced ...	148	92	36	276
Fillings in permanent teeth	1090	3380	1074	5544
Fillings in deciduous teeth	1637	92	—	1779
Permanent teeth filled	908	2949	973	4830
Deciduous teeth filled	1656	87	—	1743
Permanent teeth extracted	31	335	77	443
Deciduous teeth extracted	713	392	—	1105
General anaesthetics	2	—	—	2
Emergencies	328	176	26	530
Number of pupils X-rayed	231			
Prophylaxis	669			
Teeth otherwise conserved	653			
Number of teeth root filled	46			
Inlays	—			
Crowns	12			
Courses of treatment completed	3026			
Orthodontics :				
New cases commenced during year	40			
Cases completed during year ...	40			
Cases discontinued during year ...	2			
No. of removable appliances fitted	62			
No. of fixed appliances fitted ...	—			
Pupils referred to Hospital Consultant	18			
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Prosthetics :				
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other dentures (first time)	—	4	—	4
Number of dentures supplied	—	4	—	4
Anaesthetics :				
General Anaesthetics administered by Dental Officers—Nil				
Inspections :				
(a) First inspection at school (number of pupils) ...	...	...	...	10608
(b) First inspection at clinic (number of pupils) ...	...	...	...	894
Number of (a) plus (b) found to require treatment	...	...	...	4906
Number of (a) plus (b) offered treatment ...	...	...	...	3651
(c) Pupils re-inspected at school or clinic ...	...	...	...	912
Number of (c) found to require treatment	...	...	...	430
Sessions :				
Sessions devoted to treatment	1233			
Sessions devoted to inspection	124			
Sessions devoted to Dental Health Education ...	3			

APPENDIX III.
PRINCIPAL SCHOOL CLINICS.

The following table shows the location 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.

The figures in the Table relate to the number of sessions held weekly as at 31st December, 1971.

<i>Name and Address of Clinic</i>	<i>Audiology</i>	<i>Dental</i>	<i>Remedial Exercise</i>	<i>Child Guidance</i>	<i>Speech Therapy</i>	<i>Orthoptic</i>	<i>Ophthalmic</i>
NEWPORT— Health Clinic, Lower Pyle Street Forest Side School and Spastic Treatment Centre ...	6	Permanent	1	6	2 1	3	1
RYDE— Player Street Caversham House, Dover Street		Permanent Permanent	1				
COWES— Health Clinic, Consort Road		Permanent					
SANDOWN-SHANKLIN— Lake Clinic		Permanent					
WEST WIGHT— Nurses' Institute, Princes Road, Freshwater						1	

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

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