

[Report 1948] / School Health Service, Newcastle-upon-Tyne.

Contributors

Newcastle upon Tyne (England). School Health Service.

Publication/Creation

1948

Persistent URL

<https://wellcomecollection.org/works/uhhz5mvv>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

HC 4428



NEWCASTLE UPON TYNE EDUCATION COMMITTEE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

to the

EDUCATION COMMITTEE

for the year

JANUARY to DECEMBER, 1948





NEWCASTLE UPON TYNE EDUCATION COMMITTEE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

to the

EDUCATION COMMITTEE

for the year

JANUARY to DECEMBER, 1948



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29905370>

REPORT.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I have the honour to present to you my Third Annual Report on the School Health Service of the City for the year 1948, the 42nd in the whole series.

The year was marked by the introduction of the National Health Service Act in July, and several changes in policy and in practice took place after that date. These changes are summarised in the Report, but apart from the serious delays encountered in obtaining glasses for children and in the clearance of tonsil and adenoid lists for operation, the service continued to function in an efficient manner.

Further facilities were developed during the year. The general standard of nutrition of school children remained generally good and, in fact, improved slightly according to the official tabulated returns. It is true that lack of adequate sleep and the slower rate of children in recovering from minor illnesses have again been reported by Nurses and Teachers. There was, however, an improvement generally in the reduction of the percentage of children with unclean heads and bodies as compared with the number of those so affected in the years 1945 to 1947. It is still a reflection on the City, however, that approximately 9% of all school children examined should show dirty heads.

It was not possible during the year to set up arrangements for speech therapy or to commence a Child Guidance Clinic. A limited number of cases was seen by the University and the Regional Hospital Board Psychiatrists. The transfer of certain responsibilities from the Education Committee to the Children's Committee took place during the latter part of the year, but the Education Committee continued to carry out most of the duties because the new Children's Officer was not due to take up her appointment until 1st February, 1949.

Your attention is drawn to two interesting contributions, "Plantar Warts" by Dr. A. H. Fairlamb and "Ringworm in Children" by Dr. H. M. Dixon. The latter gives an original and comprehensive Report (pages 21 to 27) on an outbreak of Ringworm among the Newcastle school children and the measures taken to deal with the outbreak. Your other arrangements regarding the mass radiography, treatment of children suffering from heart disease and tuberculosis, have been continued and improved. During the year mental deficiency arrangements were strengthened by closer co-operation with the Local Health Authority, and this has been arranged through the Medical Officer of Health acting as Chief Medical Officer to the Education Committee and to the Health Committee.

The Report of your Senior School Dental Officer merits consideration and shows that there is a large field of work to cover in this respect. Fortunately the Authority have lost the service of only one dentist so far and the appointment of another dentist to the Maternity and Child Welfare Committee, for priority work with expectant mothers and children, has indirectly assisted the School Health Service. It will be noted that the numbers, in the main, of children treated, have dropped only very slightly, therefore it should be said that the Newcastle school children are receiving fairly adequate attention. When the new dental centres come into operation the long due improvement in the location of treatment facilities will take place.

I should like to take this opportunity of thanking you, The Chairman and Members of the Committee, for your careful consideration of recommendations made during the year. The Director of Education and his staff have given their help and courteous attention to all problems submitted to them.

Finally, I should like to acknowledge to Dr. Lunn, the Senior School Medical Officer, my gratitude for loyal help throughout the year, for his preparation of the greater part of this Report and to his staff for the excellent team work of the medical, dental, nursing and clerical sections of the Department.

I am,

Your obedient Servant,

W. S. WALTON,

Principal School Medical Officer.

STAFF.

Principal School Medical Officer.

W. S. WALTON, G.M., M.D., B.Hy., D.P.H.

Senior School Medical Officer.

R. F. LUNN, L.R.C.P. and S., L.R.F.P. and S., D.P.H.

Assistant School Medical Officers.

MARY ANDERSON, M.B., B.S.

HENRY M. DIXON, M.B., B.S.

ROBERT DODD, M.B., B.S. (*Resigned 31-1-1948*).

ALAN H. FAIRLAMB, M.B., B.S.

FRANCES M. POTTER, B.Sc., M.B., Ch.B., D.C.H.

ELLEN E. M. RHODES, M.B., Ch.B.

Aural Surgeon.

ROBERT D. FORSYTH, M.B., Ch.B.

Orthopaedic Surgeon.

WILLIAM MACKENZIE, M.D., F.R.C.S.E., D.P.H. (*Part-time*).

Ophthalmic Surgeon.

JOSEPH D. MILNE, L.R.C.P. & S., D.O.M.S. (*Part-time*). *Appointed* 17-6-48).

Senior Dental Officer.

JAMES C. BROWN, L.R.C.P. and S., L.R.F.P. and S., L.D.S., R.C.S.

Assistant Dental Officers.

ARTHUR BROWN, L.D.S.

THOMAS E. COULSON, L.D.S.

DAVID M. R. CROMBIE, L.D.S.

JAMES H. ELDER, L.D.S.

HENRY MOOR, L.D.S. (*Resigned* 30-11-1948).

ALFRED E. PATTIE, L.D.S.

MARY M. TULLY, B.D.S. (*Appointed* 5-7-1948).

Physiotherapists.

BERTHA HAGUE, S.R.N., M.C.S.P. (*Superintendent*).

DOREEN BELL, M.C.S.P. (*Resigned* 31-7-1948).

DOROTHY M. DORWARD, M.C.S.P. (*Appointed* 6-9-1948).

ALICE M. HOGG, M.C.S.P.

PAULINE MCCONNON, M.C.S.P. (*Appointed* 8-12-1948).

School Nurses.

EVELYN D. COULSON (*Acting Superintendent*).

AGNES ANDERSON.

DOREEN HUDSON (*Apptd.* 1-7-48)

BESSIE BRAZIL.

(*Resigned* 31-12-1948).

EVELYN BROWN.

EVELINE JOHNSTON (*Res.* 29-2-1948).

THERESA CHESTERTON.

MARY E. JONES.

MAY COWELL.

WILHELMINA LARGUE.

AGNES C. CURRIE.

MAGGIE MCLENNAN.

DOROTHY DIXON.

EILEEN NICHOLS (*Res.* 31-8-1948).

MARY DODD.

FLORENCE SHYVERS.

MONA V. ELLIOTT.

LILLIAN SIMPSON.

THOMASINA FORD.

DOREEN M. STOKER (*Res.* 30-11-48).

HENRIETTA GALES.

RHODA WALKER.

GLADYS HEPPPELL.

WINIFRED WANLESS.

MARY P. HOWRAD (*Appointed*
4-10-1948).

LOUISA WATSON.

Clerks.

JESSIE S. HILLS (*Chief Clerk*).

EDITH BUNTING.

PAULINE DUNN (*Apptd.* 29-11-1948)

VERONICA CUMMINGS (*Resigned*
12-6-1948).

DORIS FREEMAN (*Res.* 27-11-1948).

ANN LOWERY (*Apptd.* 1-7-1948).

RUBY DOBSON.

Dental Attendants.

MURIEL BELL.	PATRICIA RIDDELL.
DOROTHY CHAPE.	DOROTHY D. MINTON-SENHOUSE
GRACE HENDREY (<i>Apptd.</i> 1-6-1948).	(<i>Resigned</i> 30-6-1948).
	BETTY SERVANT.
SHEILA MERELIE (<i>Appointed</i> 1-6-1948).	JOYCE SHAW (née Oliver).

Clinic Clerk Attendants.

EDITH BEATTIE.
PATRICIA BOOTHROYD (<i>Resigned</i> 30-11-1948).
BARBARA CONVERY (<i>Appointed</i> 1-12-1948).
JOYCE DENHAM (<i>Appointed</i> 14-2-1948. <i>Res.</i> 30-9-1948).
LAURA FIELDING (<i>Apptd.</i> 17-2-1948. <i>Res.</i> 31-8-1948).
JOYCE GREGSON (<i>Appointed</i> 16-8-1948).
SYBIL HALL (<i>Appointed</i> 1-10-1948).
SHIRLEY HARDING (<i>Resigned</i> 31-8-1948).
ROMA L. JACKSON (<i>Resigned</i> 30-6-1948).
THELMA LORRISON (<i>Appointed</i> 27-9-1948).
PAMELA MINIATTI (<i>Appointed</i> 1-9-1948).
STELLA RITCHIE (<i>Resigned</i> 30-9-1948).
JEANETTE SCOTT (<i>Resigned</i> 21-2-1948).
JOAN SEYMOUR (<i>Resigned</i> 21-2-1948)

Nursing Helpers.

REBECCA DIXON (<i>Res.</i> 24-9-1948).	GLADYS LADZRIE.
JANET FORSTER.	ELEANOR PADDEN.
ANNA HOLMES.	MARY E. RAYNER (<i>Apptd.</i> 8-11-48).
ELIZABETH JACKMAN.	SUSANNAH WHITE.
	OLIVE WOOD.

During the year the staff has been depleted and the work increased. Three of the Assistant School Medical Officers are recognised by the Ministry of Education as certifying officers for the examination of educationally subnormal children.

General Statistics.

The population of the City was estimated at (mid 1948) 293,600.
 Education Rate in the £ for 1947-48 3s. 10·666d.
 Produce of 1d. Rate for 1947-48 £11,240.

Cost of School Health Service 1947-48 :—

Gross Expenditure	....	....	....	£33,971	0	0
Less Income	....	....	....	520	0	0
Net Expenditure	....	....	....	£33,451	0	0
Government Grant	....	....	....	20,071	0	0
Cost to Rates	....	....	....	£13,380	0	0

Cost to Rates in terms of 1d. Rate 1947-48 1·18d.

The number of Schools in the City total :—

Primary	....	....	....	....	51
Secondary Modern	....	....	....	....	11
Secondary Commercial	....	....	....	....	4
Grammar and High	....	....	....	....	4
Technical	....	....	....	....	3
<i>Special Schools—</i>					
For Physically Handicapped Children	....	....	....	....	1
For Educationally Subnormal Children	....	....	....	....	2
For Partially-Sighted Children	....	....	....	....	1
Nursery School	....	....	....	....	1
Nursery Class....	....	....	....	....	1

Medical Inspection.

The following inspections were carried out in the three Statutory Groups :—

First Age Group (5—6 years)	....	....	....	2,650
Second Age Group (10—11 years)	....	....	....	1,205
Third Age Group (12—14 years)	....	....	....	1,568

The full Tables giving the return of various conditions noted in the course of the Inspections are given at the end of the Report, but a short note on some of these, with the findings over a series of years, is given here :—

				1944.	1945.	1946.	1947.	1948.	
1.	<i>Clothing—</i>								
	Satisfactory	....	....	....	96.25	94.50	97.57	97.65	98.16
	Unsatisfactory	....	....	....	3.75	5.50	2.43	2.35	1.84
2.	<i>Footgear—</i>								
	Satisfactory	....	....	....	98.33	74.40	98.55	98.40	98.36
	Unsatisfactory	....	....	....	1.67	25.60	1.45	1.60	1.64
3.	<i>Cleanliness of Head—</i>								
	Clean	....	....	....	78.31	80.30	88.35	89.34	90.80
	Dirty	....	....	....	20.46	18.30	11.12	10.15	8.60
	Pediculi	....	....	....	1.23	1.40	.53	.51	.60
4.	<i>Cleanliness of Body—</i>								
	Clean	....	....	....	97.89	97.50	98.83	98.05	98.25
	Dirty	....	....	....	2.09	2.48	1.14	1.95	1.73
	Pediculi	....	....	....	.02	.02	.03	—	.02
5.	<i>Nutrition—</i>								
	Excellent	....	....	....	20.36	18.30	15.65	28.69	48.81
	Normal	....	....	....	71.54	73.31	78.37	58.28	42.47
	*Slightly Subnormal	....	....	....	8.07	8.39	5.96	12.99	8.70
	Bad	....	....	....	.03	—	.02	.04	.02

* From 1936 onwards the category "Below Normal" was designated as "Slightly Sub-normal."

School Clinics.

The number of School Clinics was eight :—

Atkinson Road	....	....	....	D.R.O.A.T.
Ashfield House	....	....	....	R.T.
Bentinck	....	....	....	D.R.O.A.T.
Cowgate	....	....	....	D.T.
Central	....	....	....	D.R.O.A.T.
Middle Street....	....	....	....	D.R.A.T.
Raby Street	....	....	....	D.R.O.A.T.
Walker Gate	....	....	....	T.O.

D—Dental ; R—Refraction ; O—Orthopaedic ; A—Aural ;
T—Treatment.

The number of individual children examined by the School Medical Officers at the various Clinics was :—

	Boys.	Girls.	Total.
Atkinson Road	2,475	2,202	4,677
Ashfield House	696	746	1,442
Bentinck	1,486	1,357	2,843
Central	726	703	1,429
Cowgate	846	888	1,734
Middle Street	1,528	1,517	3,045
Raby Street	1,448	1,357	2,805
Walker Gate	145	193	338
	9,350	8,963	18,313

Treatment Clinics on School Premises.

The number of individual children treated by the School Nurses at the various Clinics on school premises was :—

School.	Boys.	Girls.	Total.
Blakelaw	155	126	281
Bolam Street Special	—	60	60
Cruddas Park	297	145	442
Elswick Road	182	289	471
Lower Condercum	141	—	141
Victoria Jubilee	324	280	604
Whickham View	227	245	472
St. Dominic's R.C.	297	133	430
St. Lawrence's R.C.	86	49	135
	1,709	1,327	3,036

Clinic accommodation is still unsatisfactory in the Byker area of the City. The Raby Street Clinic has been condemned several times and it is a very unsatisfactory building, especially the Dental Department on the first floor. It has been suggested that accommodation might be

provided in the P.A.C. Building in Shields Road, which is the property of the Health Committee. This is an up-to-date building and part of it would make excellent accommodation for a Medical and Dental Clinic for the Byker East-end of the City.

Provision has now been made for the transfer of the Central Clinic to the Children's Hospital, Out-Patient Department, in City Road. This building will provide excellent accommodation for clinic purposes and also for the administrative part of the School Health Service.

Orthopaedic Clinic.

1,320 patients have attended during the year. Of these, some have appeared on several occasions for examination, others, in addition to attendance for examination, have attended regularly for treatment.

New cases referred during the year	....	....	....	....	568
Children transferred on attaining the age of five years from the Maternity and Child Welfare list	....	....	....	....	53
Attendances for examination or for re-examination by the Orthopaedic Surgeon	....	....	....	....	2,055
New patients notified and home visited who failed to attend					38
Waiting List at 31st December, 1948	....	....	....	....	11
Patients' attendances for treatment were	....	....	....	....	11,482

Treatments given :—

Swedish Remedial Exercises	....	....	....	....	7,822
Massage	....	....	....	....	244
Medical Electricity	....	....	....	....	5,192
Radiant Heat	....	....	....	....	170
Manipulations	....	....	....	....	593
				————	14,021
Average number of children per month attending for treatment					287
Average number of children per month attending for periodic examination	....	....	....	....	424
Home Visits made during the year	....	....	....	....	272
Children discharged as not requiring further treatment—					
“ Cured ”	....	....	....	....	225
Children discharged as “ Much Improved ”	....	....	....	....	114
Children discharged as “ Improved ”	....	....	....	....	66
No orthopaedic disability found at date of attendance....					47
Children discharged owing to the condition not being amenable to treatment or treatment not recommended				....	7
Children discharged because parents were unwilling to attend or had left the district, or preferred to attend other hospitals, etc.	....	....	....	....	153
Children recommended for admission and admitted to W. J. Sanderson Orthopaedic Hospital School	....	....	....	....	71
Children recommended and awaiting admission to W. J. Sanderson Orthopaedic Hospital School	....	....	....	....	4

Children discharged from W. J. Sanderson Orthopaedic Hospital School	54
X-Ray Examinations	126
	(301 films).
New Splints	75
Splint Repairs	45
New Boots	78
Boot Alterations	330
Artificial Limbs	3

Maternity and Child Welfare—Orthopaedic Scheme.

381 patients have attended during the year. Of these, some have appeared on several occasions for examination, others in addition to attendance for examination, have attended regularly for treatment.

New cases referred during the year	183
Children transferred on attaining the age of five years to the Newcastle Education Authority's list....	53
Attendances for examination or for re-examination by the Orthopaedic Surgeon	529
Patients' attendances for treatment were	3,603
Treatments given :—	
Swedish Remedial Exercises	2,122
Massage	151
Medical Electricity	1,908
Manipulations	594
	————— 4,775
Average number of children per month attending for treatment	83
Average number of children per month attending for periodic examination	169
Children discharged as not requiring further treatment—	
“ Cured ”	15
Children discharged as “ Much Improved ”	9
No orthopaedic disability found at date of attendance....	2
Children discharged because parents were unwilling to attend or had left the district, or preferred to attend other hospitals, etc.	24
X-Ray examinations	3
	(4 films).
Plaster Splints	15
Special Boots	38
Boot Alterations	138
New Splints	44
Splint Repairs	10

W. MACKENZIE,

Orthopaedic Surgeon (Part-time).

**Report on the School Dental Service for the year 1948 by the
Senior School Dental Officer.**

With the inception of the National Health Service during the year, making free dental treatment available to all, it was a contingency that the popularity of the School Dental Service might suffer a set-back.

That such, fortunately, has not been the case, would appear to be demonstrated by the statistics for the past year, which tend to show that, far from there being any lessening of the demand for treatment at our hands, the number of children attending the School clinics shows no decline, and, in fact, the need for the expansion of the service appears to be as paramount as ever it was.

The acceptance rate continues to be in the neighbourhood of 90%, and while figures for extractions show a slight decrease from the previous year's total, our figures for conservative work on the permanent dentition have been maintained, and, for conservation of the primary dentition show a 30% increase on last year's total.

This is, without doubt, due to the introduction last July of propaganda talks in the primary schools to parents and children on the importance of the care of the teeth from an early age.

However, much has yet to be done in this direction as there appears to be still a certain amount of apathy to dental care and attention on the part of a fair proportion of our potential patients, and it is evident that some form of systematic instruction in all schools on oral hygiene and the prevention of dental disease, must constitute an integral and important part of the school service.

Owing to staffing difficulties and lack of accommodation, we have not been able to offer, as yet, comprehensive treatment in the school clinics, but are still compelled to refer those patients who require dentures or orthodontic treatment to the Sutherland Dental Hospital. The demand at the present day on the Hospital's resources is considerable, necessitating unavoidable delay at times in the treatment of our cases, and it has now become essential to provide facilities within the service for the provision of all forms of dental treatment. In this connection, it is hoped that the premises acquired by the Education Committee at City Road will soon be ready for occupation, when, it is expected, we shall be in a position to provide all forms of treatment and be able to offer that comprehensive dental service which is expected at the present day by a dentally conscious public.

In July we were able to open an additional clinic at Pendower Open Air School. This clinic is bright and spacious and is well equipped with modern apparatus. Since its inception it has done much to relieve the pressure on the clinics in the western area of the city.

For the rest, a summary of the work done during the year in the school clinics, is appended overleaf, and I have to record the appointment of Miss Tully as Assistant School Dental Officer in July, while Mr. Moor's resignation was received in October, necessitating the temporary closure of the clinic at Cowgate School, and creating a vacancy which has not yet been filled.

	1947.	1948.
Number of Children inspected	39,491	34,771
Number of emergencies		
inspected	3,128	3,637
Number of children requiring		
treatment	17,707	17,126
Number of children treated	16,495	15,476
Number of attendances	19,251	19,272
Number of half-days devoted		
to inspection	260	276
Number of half-days devoted		
to treatment	2,400	2,494
Fillings in permanent teeth	12,186	11,280
Fillings in temporary teeth	292	396
Permanent teeth extracted	2,804	2,573
Temporary teeth extracted	10,441	10,531
General anaesthetic cases	4,168	4,478
Other operations on permanent		
teeth	1,406	1,695
Other operations on temporary		
teeth	40	115

J. C. BROWN,

Senior School Dental Officer.

Throat, Ear, and Nose Work, Report for 1948.

This year the work has altered in that up till July, the system of examination and operation was the same as in the previous year. The introduction of the National Health Service Act on the 5th July, 1948, necessitated a revision of the scheme. School children were still examined at the Clinics, but instead of the arrangements for admission to hospitals for operation being made by the School Health Service, the children were referred to the Out-patient department of Hospitals for re-examination. If the Specialists at the hospitals thought operation was necessary, names were added to the hospital waiting lists.

This has lead to a good deal of re-duplication of lists and instead of the children being admitted for operation within a few weeks, there is sometimes many months delay before any treatment is carried out.

It is hoped that in the near future, when the Regional Hospital Board have a scheme organised, an efficient system of examination and treatment at hospitals will be available. The main answer to the position would be the provision of a separate Unit for Tonsil and Adenoid Operations

for School children. This would avoid filling hospital beds required for other Throat, Ear and Nose conditions and would mean that a fixed number of beds would always be available. Operation lists could then be planned in advance and, if necessary, urgent cases could be dealt with without delay. At the present time no accurate number of those on the school waiting list can be given, as many children on this list may already be on one or two lists at the different hospitals. Also many of the children on the school list may already have been operated on and as no notification has been sent to this Department, their names still appear on the school list.

On the whole the health of the school children as regards Throat, Ear and Nose conditions, has been good. Parents take a great interest in the well being of their children and prefer to attend for examination if there is any doubt as to throat, ear and nose disease being the cause of unfitness in the child. It is good that this attitude is adopted by the majority of parents as it brings preventive medicine more to the point, preventive medicine being more important than the cure of disease.

The School Medical Officers have been most helpful and co-operative in my work and, if I consider a case should be investigated medically, I refer it back to the Medical Officer and a report can be obtained quickly. In a similar way cases are often sent to me to exclude anything in the throat, ear and nose which might be the cause of the child's general condition, I see these cases a few days after they are referred and report my findings to the School Medical Officers. This system avoids unnecessary delay which so often occurs between the general practitioners and hospitals.

There is no doubt that a tremendous amount of work is being done for the children in the treatment of throat, ear and nose conditions. Many cases seen by me come direct with a letter from their own medical practitioner and patients tell me that their own doctor has recommended them to be examined and treated at the school clinics.

The above remarks give some idea of the present situation with regard to Tonsil and Adenoid operations. With some adjustments, I am certain that the branch of the service, which is good at present, will be greatly improved.

Some authorities have been more than worried over their waiting lists for Tonsils and Adenoids and have tried all means to rectify this. In this respect, Newcastle compares very favourably with other areas.

I append a short report on an investigation carried out by me on children of Newcastle, reported by the Head Teachers, as suffering from deafness.

I have to thank Dr. R. F. Lunn, the Senior School Medical Officer, for his help and guidance in carrying out my work and also the nursing staff on which I depend so much for the carrying out of treatment ordered by me.

ROBERT FORSYTH,
Throat, Ear and Nose Specialist.

Report on Cases of Deafness Notified by the Head Teachers.

No defect found	....	....	....	....	50
Referred for X-ray (Nasal Sinuses)	....	....	....	....	10
Referred for Ear Toilet	....	....	....	....	16
Referred for Audiometer Testing	....	....	....	....	14
Referred for Tonsil and Adenoid Operation	....	....	....	....	22
No defect found but referred for re-examination	....	....	....	....	7
Did not attend	....	....	....	....	5

124

Classification of Examinations, Throat, Ear and Nose Clinics, 1948.

Tonsils and Adenoids	....	....	....	....	....	....	1,090
Tonsils and Adenoids and Suppurative Otitis Media	....	....	....	....	....	....	18
Suppurative Otitis Media (New cases)	....	....	....	....	....	....	25
Suppurative Otitis Media (Old cases)	....	....	....	....	....	....	85
Suppurative Otitis Media (Made Fit)	....	....	....	....	....	....	45
Recurrent Otitis Media....	....	....	....	....	....	....	12
Recurrent Otitis Media (Made Fit)	....	....	....	....	....	....	1
External Otitis Media	....	....	....	....	....	....	1
Furuncle External Auditory Meatus	....	....	....	....	....	....	3
Referred for Cortical Mastoid	....	....	....	....	....	....	11
No treatment required	....	....	....	....	....	....	303
Re-examination	....	....	....	....	....	....	248
Acute Otitis Media	....	....	....	....	....	....	3
Sinusitis	....	....	....	....	....	....	46
Referred for Antrostomy	....	....	....	....	....	....	29
Acute Tonsillitis	....	....	....	....	....	....	4
Rhinitis	....	....	....	....	....	....	1
Epistaxis	....	....	....	....	....	....	3
Deflected Nasal Septum	....	....	....	....	....	....	3
Cerumen	....	....	....	....	....	....	2
Adenitis	....	....	....	....	....	....	1
Deaf and Dumb	....	....	....	....	....	....	5
Defective Speech	....	....	....	....	....	....	24
Earache due to Dental Caries	....	....	....	....	....	....	1
Foreign Body in Ear	....	....	....	....	....	....	3
Laryngitis	....	....	....	....	....	....	1
Deafness	....	....	....	....	....	....	16
Aural Polypus	....	....	....	....	....	....	2
Fit	....	....	....	....	....	....	6
Referred for X-ray	....	....	....	....	....	....	19
Cyst on Ear	....	....	....	....	....	....	2
Asthma	....	....	....	....	....	....	23

2,036

In addition the following cases were seen by me, having been sent from the Maternity and Child Welfare Centres :—

Tonsils and Adenoids	....	....	....	....	....	....	....	152
Chronic Suppurative Otitis Media	....	....	....	....	....	....	....	1
Suppurative Otitis Media (New )	....	....	....	....	....	....	....	1
Suppurative Otitis Media (Made fit)	....	....	....	....	....	....	....	2
No treatment	....	....	....	....	....	....	....	12
Re-examination	....	....	....	....	....	....	....	33
Acute Otitis Media	....	....	....	....	....	....	....	1
Defective Speech	....	....	....	....	....	....	....	1
Deafness	....	....	....	....	....	....	....	1
Fit	....	....	....	....	....	....	....	1
								205

Speech Therapy.

We are still without a Speech Therapist, due to the fact that there are not enough qualified to fill the vacant posts in the Country.

I am indebted to Miss M. E. Morley, who is on the staff of the Newcastle General Hospital, the Royal Victoria Infirmary and the Hospital for Sick Children, for the treatment of urgent cases. Calculated on the basis that 2% of the school population are suffering from speech defects, three Speech Therapists would be required to carry out the necessary treatment.

It would be possible for the teachers in Infant Departments to assist in the treatment of minor speech defects, under the direction of the Speech Therapist.

Diphtheria Immunisation.

The number of school children aged 5 to 14 years who completed a course of primary immunisation, or, having already been immunised in infancy, were re-inoculated, was in both cases smaller in 1948 than in 1947. On the other hand the number of children below school age who were (i) immunised or (ii) re-inoculated was a good deal larger than in 1947. This change in the age of immunisation is in accordance with the policy of the Department which for reasons explained here last year, aims at getting all children so far as may be, adequately protected against Diphtheria *before* they first go to school.

It is estimated that nearly 80 per cent. of the children aged 5 to 14 years attending school in 1948, were immunised. But the number in the age group 1943—1939 is materially smaller than in the older 1938—1934 group. The difference between the two is probably to be explained by the fact that in 1941 and 1942 a very large number of school children were inoculated in response to the campaign initiated at that time by the Government, whereas in the years immediately following interest in immunisation flagged and the numbers presenting themselves

for inoculation fell considerably. Now, however, since the scheme for sending a post-card to parents mentioned in the last Report, was devised and put into operation the numbers are beginning to rise again. By continuing to address parents personally in this way it is hoped substantially to increase the number of immunised individuals and so maintain the figure at a satisfactory level.

The number of cases of Diphtheria occurring among school children aged 5 to 14 years during 1948, fell to seven and the epidemic which in recent years has been prevalent in the City and which reached its height in 1942, has now practically disappeared as it has done from other parts of the Country. But while the number of critical cases of Diphtheria has fallen steadily and rapidly in the last few years, it is not known to what extent the population remains infected and some information as to the number of "carriers" there are about would be of much interest from the point of view of preventive medicine: for instance, how far at the present time has the population the means of "naturally acquiring" immunity against the disease?

TABLE I.

Number of children of school age (5—14 years) who completed a full course of primary immunization.

<i>Year.</i>	1946	1947	1948
At clinics	462	356	214
By Private Practitioners	191	133	117
Totals	653	489	331

TABLE II.

Number of children of school age (5—14 years) who were re-inoculated :—

<i>Year.</i>	1946	1947	1948
At clinics	955	787	476
By Private Practitioners	—	48	172
Totals	955	835	648

TABLE III.

Number of children of pre-school age who completed a full course of primary immunization :—

<i>Year.</i>	1946	1947	1948
At clinics	2,749	2,945	3,938
By Private Practitioners	678	651	1,151
Totals	3,427	3,596	5,089

TABLE IV.

Number of children of pre-school age who were re-inoculated :—

<i>Year.</i>				1946	1947	1948
At clinics	....	....	....	312	981	1,377
By Private Practitioners	....	....	....	—	78	116
Totals				312	1,059	1,493

TABLE V.

Immunization in relation to the population of school age (5—14 years) :—

<i>Born in the years</i>		1943—1939	1938—1934
Number immunized	....	14,837	17,509
Estimated mid-year population	....	40,446	
Percentage immunized	....	79.94	

TABLE VI.

DIPHTHERIA : Incidence and mortality among children of school age (5—14 years) during 1948.

		<i>No. of Cases of</i>		<i>Case rate</i>	<i>No. of mortality</i>	
		<i>In- individuals.</i>	<i>Diph- theria.</i>	<i>per 1000.</i>	<i>Deaths.</i>	<i>per cent.</i>
Fully Immunized	....	32,346	5	0.15	None	0.00
All others	....	8,100	2	0.24	None	0.00

TABLE VII.

DIPHTHERIA : Age incidence among school children (5—14 years).

<i>Age in Years.</i>	5	6	7	8	9	10	11	12	13	14	<i>Total.</i>
Fully immunized	1	—	1	2	—	1	—	—	—	—	5
All others	 1	—	—	1	—	—	—	—	—	—	2

TABLE VIII.

DIPHTHERIA : Incidence and mortality among non-immunized school children (5—14 years).

<i>Year.</i>	<i>Number of Cases.</i>	<i>Number of Deaths.</i>	<i>Case mortality per cent.</i>
1945	....	....	....
1946	....	....	....
1947	....	....	....
1948	....	....	....
	94	5	5.30
	34	5	14.70
	8	1	12.50
	2	None	0.00

No case of an immunized school child having died is known.

H. J. HUTCHENS,

Medical Officer in Charge of Immunization Clinics

Reasons for Refusing Diphtheria Immunisation.

By W. S. WALTON, G.M., M.D., B.Hy., D.P.H.,

Medical Officer of Health, Newcastle upon Tyne and

R. DOBBIN, B.A., D.P.A.,

formerly Public Relations Officer, Health Department, Newcastle upon Tyne.

An enquiry was made in Newcastle upon Tyne into the reasons which prompted mothers to bring their children to the diphtheria Immunisation clinics. From this it was clear that the personal approach of the health visitor, or doctor or nurse at the child welfare centre, was the most effective. Next came the birthday greetings card, and finally publicity through the radio, press, cinema, posters, etc. After the relative success of different avenues of approach had been assessed, however, it seemed obvious that the next thing to do was to try to discover why people did not have their children immunised. The primary aims of the enquiry were to find out whether publicity was reaching the people, how they were reacting to it, and why they had not taken advantage of the facilities provided. In Newcastle upon Tyne there are eleven diphtheria immunisation clinics at which one session is held every week. In addition, general practitioners may immunise children free of charge and debit the cost to the Health Committee. Local publicity is carried out through the health visitors, child welfare clinics, day nurseries, schools, press, cinemas, and by means of posters and leaflets.

The enquiry was conducted by health visitors and covered 308 unimmunised children between the ages of $1\frac{1}{2}$ and 5 years. Each mother or guardian was asked the reason why the child had not been immunised and the replies are summarised as follows:—

<i>Reasons given for non-immunisation of child.</i>				<i>No. Percent-</i>	
				<i>age.</i>	
(a).	Had not time to take child ....	....	....	99	32.1
(b).	Kept putting off ; had not bothered ; uninterested	....	....	78	25.4
(c).	Not convinced of the value of immunisation	....	....	58	18.8
(d).	Afraid of harmful effects of injection	....	....	28	9.1
(e).	Child in ill-health	....	....	23	7.5
(f).	Mother afraid to see child inoculated	....	....	8	2.6
(g).	Did not know where to go	....	....	5	1.6
(h).	No reason given or indefinite	....	....	9	2.9
				—	—
Total				308	100.0
				—	—

The classification is based upon the answers given to questions asked, and no doubt some mothers cloaked their apathy by saying they had not time, or by giving some other reason.

Some Comments on the Reasons given.

(a). *Those who "had not time."*

In this group of 99 (one-third of all the cases) the average number of children in the family was 3.8, ranging from one child to nine children. It is difficult to comment on this group; in some cases the family is large and the mother harassed with household duties; in others, the true answer might have been that the mother had not "made" the time. Eighty-five of the mothers, however, promised to bring their children for immunisation; others were doubtful or preferred to wait until the child went to school.

(b). *Those who kept "putting off"*

In many of these 78 cases (one quarter of the total), the home conditions were very poor, the parents lethargic and uninterested. Thirty-four of the children were over three years of age. In 68 cases the mother promised to bring the child for immunisation.

(c). *Those not convinced of the value of immunisation.*

Of these 58 cases (almost one-fifth of the total), 29 gave the reason that the father objected; others thought vaccination was sufficient; but most could give no explanation at all. Four mothers agreed to bring their children for immunisation and six said they would consider it, but the majority refused to change their view.

(d). *Those afraid of harmful consequences to the child.*

Of these 28 cases (one-eleventh of the total), 10 said that other children in their family had suffered reactions from immunisation. Others gave no reason except their own feeling. Six mothers promised to bring their children for immunisation and seven agreed to think it over.

(e). *Child in ill-health.*

Of these 23 cases (one-thirteenth of the total), 10 appeared to be genuine; the remaining 13 seemed to be finding an excuse for their own delay, as in most cases the child was over two years of age and the illness quoted was recent and temporary. In 21 cases the mother promised to bring the child for immunisation as soon as it had recovered.

(f), (g) and (h). *Other reasons.*

In the remaining 22 cases (one-fourteenth of the total), varied or indefinite reasons were given, or no reason was given at all. In 8 of these cases the mother stated she could not bear to see the child inoculated; in 5 cases the mother said she did not know where to go. In 17 cases the mother promised to bring the children for immunisation.

Conclusions.

It is interesting to note that 236 (77 per cent.) of the mothers were not attending the child welfare centres, 39 (12 per cent.) attended irregularly, and only 33 (11 per cent.) attended regularly.

The fact that 201 mothers promised to bring their children for immunisation indicates that the reasons given in many cases are excuses, and that with a little extra effort on the part of the mother a greater percentage of children could be immunised. Unfortunately, however, up to the time of writing (some six months after the enquiry was completed), only 20 mothers (10 per cent of those concerned) have fulfilled their further promises. So, although allowance must be made for the claims upon the mother during the present difficult times, especially where the family is large, it seems that many of these 210 promises were given glibly and mainly in the hope of placating the visitor and possibly cutting short the interview.

It will be noted that of the 107 who made no promise at all, there were 76 who were not convinced of the value of immunisation or were afraid of harmful consequences. It is clear, therefore, that there is a number of people who do not intend to have their child immunised because of the prejudice of the mother or father; in many cases the objection of the father is based upon his experiences in the armed Forces. Only constant publicity, education and personal pressure will persuade these objectors to change their opinion.

Recommendations.

Arrangements might be made with voluntary associations for the provision of helpers who would be willing to take children for immunisation where the mother was genuinely prevented from doing so, or who might stand by in the home while she went to the clinic herself.

Constant follow-up methods should be employed, especially amongst those people not attending child welfare centres.

Education and publicity should be specially directed to the groups who are not convinced of the value of immunisation or are afraid of the harmful consequences to the child.

Where a promise to attend for immunisation has been given but not kept, arrangements might be made for the child to be immunised in its own home.

Report on Plantar Warts.

I beg to submit the following report on the treatment of Plantar Warts at the Central (Wart) Clinic for the year ending 31st December, 1948.

The total number of Plantar Warts treated was 127 for the period under consideration. From the figures obtained it was noted that this condition occurs more frequently in girls than boys in a proportion of 2 : 1.

Two methods of treatment have been carried out :—

- (a). Prolonged freezing with carbon dioxide snow.
- (b). Application of an ointment composed of salicyclic acid and chloral hydrate.

The table below indicates the area distribution and the numbers of warts treated by each method respectively.

CLINIC.	Snow Carbon Dioxide.			Ung. Acid Salicylic.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Ashfield	0	10	10	2	1	3
Bentinck	3	5	8	0	3	3
Central	10	14	24	0	0	0
Cowgate	3	12	15	0	1	1
Atkinson Rd.	10	31	41	0	2	2
Raby Street	10	9	19	1	0	1
TOTALS	36	81	117	3	7	10

The average number of applications of carbon dioxide snow to effect a cure was found to be about 3 and in the case of the salicyclic ointment 2. However I feel that up to date insufficient numbers have been treated by the salicyclic ointment to come to a satisfactory conclusion as to its efficiency.

I feel that treatment with the salicyclic ointment is to be preferred to carbon dioxide snow on the younger children who do not tolerate the freezing with the snow.

Since it is thought that Plantar Warts are caused by a filter passing virus and are contagious, pupils receiving treatment have been excluded from swimming lessons until cured.

In addition to the Plantar Warts treated 180 cases of verucca vulgaris have been referred to the clinic for advice and treatment.

A. H. FAIRLAMB, M.B., B.S.,
Assistant School Medical Officer.

Ringworm of Scalp.

By the end of the year 1943 it became apparent that a considerable epidemic of scalp Ringworm was developing among Newcastle children. The Education Authority therefore, through its medical staff, took immediate and energetic action to control the outbreak which was finally held to reasonable dimensions. In all, 1,258 cases of tinea capitis occurred in the 6 years 1943 to 1948. As the epidemic is now considered to be over, it has been thought appropriate to issue a brief report upon the main features. A full and more technical account is, however, available for consultation if desired.

Tinea capitis may of course be due to a variety of fungi of both animal and human origin, but all except 4 of our cases were attributable to *Microsporon Audouini*. This organism, of human origin, has indeed been responsible for massive outbreaks in various parts of the World over the last few years.

A brief note on the appearance of *M. Audouini* lesions on the scalp may be of interest. First of all, in contra-distinction to the name, rings are not seen on the scalp. Instead one finds a round, roughly circular patch which is obviously scaly, on which the hairs are all brittle and broken off short, being up to 3 m. in length. The disease is thus seen as a scurfy, scaly patch. Various divergences from this were noted but only one will be mentioned here. This is the case which to the naked eye presents no sign of infection at all. Fortunately rather uncommon, these infections can only be spotted by examination of the scalp under Wood's Light, produced by passing the rays from a mercury vapour lamp through a screen of Cobalt-Nickel glass. Quite obviously, these cases are in all practical respects "Carriers" of the disease, despite the generally held opinion that the fungus never dwells on the healthy scalp. It is our intention later to search for such cases to determine if they exist in normal times.

The development of the epidemic may be seen from the following Table which classifies the notifications by monthly intervals. The effect of the introduction of X-ray treatment in July, 1946, may be readily seen.

SMALL SPORED RINGWORM SCALP BETWEEN JANUARY, 1943, AND
DECEMBER, 1948.

CLASSIFIED IN MONTHS OF ONSET—1254 CASES.

YEAR.	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep.	Oct.	Nov	Dec	Tot- al.	% of Children at Risk.
1943	2	2	7	1	4	1	9	2	5	2	2	5	41	0.00074
1944	5	3	3	1	8	8	16	9	11	16	7	10	97	0.0017
1945	14	19	18	34	23	16	19	4	49	69	45	36	346	0.0060
1946	72	47	51	36	64	26	40	10	49	43	36	16	490	0.0085
1947	34	25	25	13	41	17	10	6	6	4	7	5	193	0.0032
1948	11	8	9	5	8	8	12	8	5	2	7	4	87	0.0014
Total	138	104	113	90	148	76	105	39	125	136	104	76	1254	

It has, of course been long known that *M. Audouini* only attacks the sexually immature scalp and this is well shown by the age distribution of our cases as tabulated below :—

<i>Age.</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
No. of Cases	4	6	18	24	109	190	170	168	166	153	92	86	45	22	1

The decline in the number of cases as the children advance towards puberty is obvious. A correlation coefficient of -0.99 exists between increasing age from 9—15 years and increasing number of cases of *tinea capitis*. Only occasional cases of adult infection are to be found in the whole of the literature being of excessive rarity.

The disease is, of course, spread by direct contact between child and child, or through the agency of infected articles. This is exemplified by the differential sex incidences, the ratio $\frac{\text{Boys}}{\text{Girls}}$ being $\frac{7.8}{1}$ There is no

evidence that girls are resistant to the disease and the discrepancy is explained by the fact that girls have longer hair than boys. Thus the occiput and back of the neck, which are by far the commonest sites of infection, are protected in females. Consideration has been given to the origin of the infections. Reference to the above Table shows a startling rise in incidence at the school entrance age of 5 years, after which the figures remain fairly constant to year 10. This must surely be significant. The danger, is of course, that infected hairs are typically brittle and breaking off become widely disseminated, tending to lie on the shoulders and coat collar, or to become attached to those articles which have come into contact with the scalp. Garments, therefore, hung up in cloakrooms should not be in contact at all and peg-spacing should be such as to eliminate this. Further, one has only to watch the conduct of children released from confinement by the mid-morning break, to realise the extreme degree of physical contact which occurs, and the prevalence of the habit of exchanging caps. The brittleness of the hairs mentioned above, also raises the question of air-borne infection and the latter process has actually been observed by us. Cross infection by means of head lice is another possibility, but we have obtained no correlation between the degree of louse infestation and *tinea* infection. No less than 68% of first infections were found upon those areas to which the barber applies his mechanical clippers. It must be noted, however, that while several effective methods of sterilising metal tools are available, their application to the electric adjustable clippers now in use may be of extreme difficulty. The backs of seats in public vehicles and especially in cinemas is another obvious possibility and this problem is complicated by the fact that the fungus may live for a long time (possibly one year) on such materials. We may here simply state that attention is being given to all the above matters.

The main measures of control were as follows :—

1. The exclusion from school of all cases. This measure was applied with some reluctance as the disease is of such a long term nature as to result in the loss of possibly 20% of a child's school career. Further, because of this exclusion there was found to be much deliberate concealment of the disease by parents and others. This rule was stringently applied at first, but, in the light of experience, was very slightly relaxed in the later stages of the outbreak. Consideration might be given, should further outbreaks occur, to the possibility of maintaining the children at school.

2. All contacts were examined of whatever age. This examination included domestic animals wherever possible.

3. Constant examination of all heads in all schools and the immediate full examination of all suspects, including microscopy of hairs.

4. All scurfy and scaly patches on the scalp or skin were treated as ringworm. It is confidently felt that this practice prevented the development of many scalp infections.

5. Such treatment as was currently available was immediately instituted. In particular, scalps were shaved and covered to minimise the risk of disseminating hair particles mentioned above. This is considered to be an important detail in prevention and treatment.

Treatment.

This has been generally agreed to be of a very long term nature indeed. The difficulty is that the fungus grows into and up the long axis of the hair and is thus protected from the attack of fungicides. Many workers indeed declare the condition to be virtually incurable by medication, only dying out when puberty is reached. Methods of treatment have therefore been devised by which the child is rendered temporarily bald by means of irradiation with X-rays; that infection remaining on the hairless scalp being readily curable by ointments.

Treatment by fungicidal application is first discussed. A great variety of these were used by us, preference finally settling on Iodine and Whitfield's ointments. In addition trial was made of the new fatty acids fungicide for which considerable claims have been made in the U.S.A. These latter however, have so far proved in our hands

to be of no value as a curative measure, but they do offer a means of protecting contacts. The Table below shows the duration of cure in the 597 cases which recovered under the above conservative treatment.

Duration of Treatment.	No. of Cases Cured in Period.
Days.	
0— 50	49
50— 100	146
100— 150	135
150— 200	73
200— 250	60
250— 300	36
300— 350	37
350— 400	27
400— 450	11
450— 500	3
500— 550	3
550— 600	5
600— 650	3
650— 700	3
700— 750	0
750— 800	0
800— 850	0
850— 900	2
900— 950	1
950— 1,000	2
1,000— 1,050	1
TOTAL	597

This suggests that the position is not so bad as the above statement indicated, but it is our opinion that such virtue as the treatments have shown is not due to the particular medicament employed but rather to persistent manual epilation of the hair with forceps. Further, the average cure time of 180 days shown by the above Table, is obviously too low as many cases are not yet cured and many others were removed from the statistics by being X-rayed after periods of unsuccessful ointment treatment. Mathematical analysis to take these factors into account yields a new average cure time of 355 days for conservatively treated cases,

X-ray treatment was instituted in July, 1946, at the Newcastle General Hospital, whose staff have given constant and valuable technical advice and assistance. No account of methods used is given here, but in essentials, a dose of X-rays is given to the scalp, which is followed in about 13—24 days by complete temporary baldness. The hairless scalp is then treated by ointments in the usual way. After about 6 weeks, faint new growth may be seen, which is well under way after 2—3 months. Consideration was given to the risk of permanent baldness, but it seems to be now agreed that the risk is considerably less than has been hitherto supposed. In any case there has been no instance in our series of either total or partial loss of hair. What has been observed, however, is a change in texture, but as this has been uniformly the production of crisp curls, no complaint has as yet been received.

The results of 480 cases X-rayed are given below and are compared with the results of treatment by ointments only :—

DURATION.	X-ray Cases fit in period.		Non-X-ray Cases fit in period
	No.	%	
0—70 days = Satisfactory	411	86%	7%
70—100 days = Fair but adequate.	29	6%	13%
Over 100 days = Failure	40	8%	80%

The vast saving in time, particularly in school days, is at once apparent and completely justifies the action of the Authority in arranging this treatment. Further it must be pointed out that the present results are superior to the gross totals given above, since it is now known that the earlier cases received a rather low dose of X-rays. Again while 70 days has been taken as the period after which cure could be pronounced, nearly all these cases returned to school about 3 weeks after irradiation. Six failed X-ray cases have also been irradiated for a second time and consideration is being given to extending this procedure.

The following Table now summarises the position at the end of 1948 :—

1. Cases X-rayed	480
2. Cases cured by ointment and manual epilation	597
3. Cases uncured under the above regime	43
4. Cases being treated by fatty acids—all uncured....	40
5. Cases left school and district—uncured	32
6. Cases lost sight of	62
TOTAL	1,254

The majority of those cases described as having been lost are believed to have left the district, for as the threat aerial attacks waxed and waned, many families repeatedly evacuated themselves and later returned to Newcastle.

H. M. DIXON, M.D.,
Assistant School Medical Officer.

Mass Radiography.

The survey of school leavers up to 31st March, 1949, was again carried out at the Newcastle General Hospital and 1,523 boys and 1,410 girls were radiographed. Of these, 80 boys and 45 girls were recalled for further investigation. Transport arrangements were made by the Education Authority for the conveyance of children attending schools in the East-end of the City.

Cardiovascular Clinic.

The Cardiovascular Clinic conducted by Professor W. E. Hume at the Newcastle General Hospital, still continues to be of very helpful service to the School Health Department. All children with suspected heart conditions are referred there and a complete report on each case is supplied.

During the year 17 boys and 34 girls attended this Clinic for special examination.

Tuberculosis.

A careful examination of any suspicious cases attending our Clinics is made and any doubtful ones are reported to the Chest Clinic (Tuberculosis Dispensary), where they are examined and X-rayed and any showing positive signs are advised as to treatment. During the year 238 cases were so examined with the results shown in the following Table :—

CHILDREN REFERRED TO THE CHEST CLINIC DURING 1948.

AGE.	NOT TUBERCULOUS.		Found to be Tuberculous	TOTALS.
	Discharged from Clinic.	Still under observation.		
4 years	1	—	1	2
5 years	32	9	—	41
6 years	27	2	—	29
7 years	21	8	1	30
8 years	13	5	—	18
9 years	13	4	—	17
10 years	27	7	1	35
11 years	7	6	1	14
12 years	9	9	1	19
13 years	13	5	—	18
14 years	3	6	—	9
15 years	2	2	1	5
16 years	1	—	—	1
TOTALS	169	63	6	238

The School Meals Service.

Shortages of material and equipment still continue to affect the rate of expansion of the School Meals Service and the year under review has been one of consolidation rather than of growth.

The following information obtained for the use of the Ministry of Education on three days of the year, selected at random in the months of February, June and October, illustrates this point :—

	<i>Pupils in Attendance at School.</i>			<i>No. of Pupils taking Mid-day Meals at School.</i>		
	<i>Primary Secondary</i>		<i>Total.</i>	<i>For</i>		
	<i>Schools.</i>	<i>Schools.</i>		<i>Free.</i>	<i>Payment.</i>	<i>Total.</i>
February, 1948	 25,052	8,153	33,205	2,895	9,918	12,813
June, 1948	 26,520	8,057	34,577	3,072	9,859	12,931
October, 1948	 26,825	8,418	35,243	3,090	9,930	13,020

There are three self-contained kitchen diningrooms and one central kitchen in course of erection, and their completion will do much to satisfy the unfulfilled demand for school meals.

Pendower Open Air School.

	<i>Boys. Girls. Total.</i>		
On Registers, January 1st, 1948			62 57 119
Admitted during the year			34 32 66
Discharged during the year			30 31 61
On Registers December 31st, 1948			67 67 134
Average Attendance, 96.0	Percentage 78.7.		

Partially-Sighted Classes.

	<i>Boys. Girls. Total.</i>		
On Registers January 1st, 1948			17 21 38
Admitted during the year			3 3 6
Discharged during the year			2 2 4
On Registers December 31st, 1948			18 22 40
Average Attendance, 37.0.	Percentage 89.0.		

E. A. ADAM,
Head Teacher.

The Open-Air School is doing splendid work and is much appreciated by the parents. Another two classes are necessary to cope with the present demand for accommodation.

All children in the Partially-sighted classes have had their regular examinations during the year by the School Medical Officers and the Ophthalmic Surgeon. New glasses have been prescribed when necessary and any other treatment recommended has been carried out.

In the Royal Victoria School for the Blind, Newcastle, there are vacancies and, under the circumstances, I think we can say that the numbers of blind, as well as partially-sighted, are decreasing. Residential schools for partially-sighted children are full at present and it is understood that application is sometimes made for these children to be admitted to a Blind School until a vacancy occurs in a school for Partially sighted. Children in Blind Schools are taught braille, which is not suitable for partially-sighted children as when they reach the age of 16 years they may not be certified as Blind.

The classification of the Partially-sighted consists of many conditions—Macular degeneration, Nystagmus, Albinos, High Myopia, Fundus changes, Old Retinitis, Dislocation of Lenses, Keratitis, injuries, etc. There are fewer cases of defective vision following Ophthalmia Neonatorum and Congenital Syphilis during recent years.

Lower Condercum House Special School.

Report for the Year ending 31st December, 1948.

Number on Register, January 1st, 1948	....	....	....	139
Number admitted during the year	....	....	....	36
			—	175

Number left during the year :—

Released from further attendance	....	....	....	13
Admitted to Ponteland Cottage Homes	....	....	....	1
Admitted to Coxlodge	....	....	....	1
Admitted to St. Joseph's Hospital, Herts.	....	....	....	1
Left the district	....	....	....	2
Age limit	....	....	....	2
Reported to Local Health Authority	....	....	....	2
			—	22
			—	153
Number on the Register, December 31st, 1948	....	....	....	153

MID-DAY MEAL.

Number of meals provided	....	....	....	21,624
Number of Meals paid for by Parents	....	....	....	12,056
Number of Meals paid for by N.E.C.	....	....	....	9,568
Amount received from Parents	....	....	....	£298 4 0

MILK IN SCHOOLS SCHEME.

Number of bottles supplied				24,465
----------------------------	------	------	------	--------

P. J. WALKER,
Head Teacher.

Bolam Street Special School for Girls.

Report for the Year ending December 31st, 1948.

Number on the Register, January 1st, 1948	....	....	88	
Number admitted during the year	....	....	27	
				115
Number Left :—				
Age limit	....	....	4	
Left the District	....	....	4	
Granted Exemption	....	....	4	
Reported to Local Health Authority	....	....	2	
Transferred to Institution	....	....	1	
Transferred to Sanderson Orthopaedic Hospital	....	....	1	
Transferred to P.C.H.A. Home	....	....	1	
				17
Number on the Register, December 31st, 1948	....	....		98

MID-DAY MEAL.

Total Number of Meals provided	....	....	14,421
Number paid for by Parents	....	....	9,273
Number paid for by Education Committee	....	....	5,148
Amount Contributed by parents	....	....	£219 19 2

SCHOOL WORK.

School Library.—As the standard of reading in the school is higher than I have known, it was felt that a library was needed in the school. With the gift of £15 from the Youth Committee, this was made possible. Suitable story books were bought and the library is now being used by more than one-third of the school in a most appreciative way.

Nursery Class.—The lower section of the school now receives children younger than seven years of age. This means that accommodation has had to be provided for a class similar in attainments to that of a Nursery School. Again the gift of the Youth Committee has helped to provide some of the educraft toys used by this group.

The Staff join with me in expressing grateful thanks to the Youth Committee for their generosity.

R. A. HICKMAN,

Head Teacher.

As children are now admitted at the age of five years to the Day Special Schools for educationally subnormal children, more accommodation is required. Another two classes at the Lower Condercum House School for Boys and one class at the Bolam Street School for Girls, would supply the demand for the next two or three years.

Ponteland Cottage Homes.

Dr. J. H. Nicholson has continued to carry out the medical treatment of all the children in the Homes and has reported that their health during the year has been satisfactory.

Since the death of Mr. F. W. Gilhespie, L.D.S., the Dental inspections and treatments have been carried out by the Dental Officers of the School Health Service. This arrangement will continue until the Children's Committee make further arrangements under the National Health Service Act.

Since the inception of the National Health Service Act in 1948, all the children in the Homes were put on the list of Dr. J. H. Nicholson for medical treatment.

At the end of the year there were only two children suffering from Ringworm.

REPORT OF THE MEDICAL OFFICER YEAR ENDING 31ST DECEMBER, 1948.

Children Treated :—

Medical Cases....	....	....	....	....	92
Surgical Cases	....	....	....	....	50
Mentally Deficient	....	....	....	....	1
Epileptic	....	....	....	....	1
Immunised	.....	....	....	....	10
Scabies	....	....	....	....	5
Mumps	....	....	....	....	45
Chicken Pox	....	....	....	....	15
Measles	....	....	....	....	1
*Ringworm	....	....	....	....	9
Impetigo	....	....	....	....	2

* Seven discharged Fit during the year.

Two cases left—31st December, 1948.

Children sent to Hospital.

Newcastle General Hospital.

Medical Cases....	....	....	....	....	1
Surgical Cases	....	....	....	....	7

Fleming Memorial Hospital.

Tonsillectomy					1
---------------	------	------	------	------	---

Throat, Nose and Ear Hospital.

Tonsillectomy					1
---------------	------	------	------	------	---

H. J. NICHOLSON,
Medical Officer.

REPORT FROM ORTHOPAEDIC DEPARTMENT FOR 1948.
(JANUARY TO DECEMBER).

Children receiving treatment	....	....	....	....	41
Flat Feet	....	....	....	....	25
Flat Feet and Genu Valgum	....	....	....	....	1
Flat Feet, Genu Valgum and Feeble Gait	....	....	....	....	1
Flat Feet and Faulty Posture	....	....	....	....	4
Genu Valgum and Faulty Posture	....	....	....	....	1
Faulty Posture	....	....	....	....	3
Genu Valgum....	....	....	....	....	2
Scoliosis	....	....	....	....	1
Congenital Club Foot	....	....	....	....	1
Hammer Toe	....	....	....	....	1
Talipes Equinus	....	....	....	....	1
Children under observation	....	....	....	....	13
Flat Feet	....	....	....	....	8
Flat Feet and Genu Valgum	....	....	....	....	1
Genu Valgum....	....	....	....	....	2
Faulty Posture	....	....	....	....	1
Varus Foot	....	....	....	....	1
Number of Treatments given	....	....	....	....	222
Number of Examinations by the Orthopaedic Surgeon	....	....	....	....	157
Children discharged as not requiring further treatment—					
“ Much Improved ”	....	....	....	....	24
Flat Feet	....	....	....	....	14
Flat Feet and Genu Valgum	....	....	....	....	2
Genu Valgum....	....	....	....	....	5
Faulty Posture	....	....	....	....	3
Treatment was discontinued in 2 cases because of :—					
1 was transferred to Dr. Barnardo's Homes.					
1 was sent to an Approved School.					

Nursery School and Class.

The Nursery School at Ashfield House and the Nursery Class at Delaval Primary School have continued to carry on excellent work. Routine medical inspection of all the children is carried out by the Assistant School Medical Officers and Hygiene and Cleanliness inspections by the School Nurses. Medical and Dental treatment is also available for these children under the School Health Service schemes.

The Day Nurseries in various parts of the City still continue to care for children whose mothers are in employment. These Nurseries are operated under the supervision of the Medical Officer of Health.

Maternity and Child Welfare.

By arrangement with the Health Committee, the School Dental, Throat, Ear and Nose and Orthopaedic Departments still continue to provide treatment for pre-school children. Dental treatment is provided for nursing and expectant mothers.

Audited and found correct. ROBERT SOULSBY (15-11-1948)
L. ROWELL (15-11-1948) } Auditors.

E. T. KERR, *Hon. Treasurer.* JAMES A. PEACOCK, *Hon. Secretary.*

RESUME OF WORK DONE BY THE SCHOOL HEALTH SERVICE DURING 1948.—(January to December).

The School Medical Officers have examined in the Primary, Secondary Modern, Technical, Grammar and High Schools, at the Statutory Medical Inspection of Entrants, Intermediates and Leavers, 9,042 children.

At the Clinics the following numbers of consultations have been carried out by the doctors :—

Central	....	....	....	....	4,241
Middle Street	....	....	....	....	3,249
Raby Street	....	....	....	....	3,037
Bentinck	....	....	....	....	2,330
Ashfield House	....	....	....	....	937
Atkinson Road	....	....	....	....	4,461
Cowgate	....	....	....	....	1,464
					19,719

The nurses and nursing helpers have paid 1,230 visits to schools and have carried out 83,866 inspections. They have issued to parents 7,398 notices calling their attention to the various conditions found to be affecting the children and have excluded temporarily from school 327 children either for being verminous or for some infectious or contagious condition.

There have been 22,692 cases receiving treatment at the Clinics and they have attended on 104,200 occasions. In addition, 18,189 cases have been examined and referred for treatment either at the Throat, Ear and Nose Clinics, Refraction Clinics, or elsewhere. The nurses and nursing helpers have visited 1,937 homes and at the Clinic Baths 235 cases of scabies have been dealt with and 1,096 baths have been given.

Dental Clinics.

At the seven Clinics 38,408 children have been examined, 19,272 attendances have been made for treatment, 13,104 extractions and 11,676 fillings have been done and gas has been administered in 4,478 cases.

Orthopaedic Clinic.

1,320 patients have been in attendance during the year ; 14,021 treatments have been given and 1,947 examinations have been carried out by the Specialist.

Throat, Ear and Nose Clinic.

The Specialist has examined 2,036 children. During the period 1st January to 4th July, 1948, 587 children were admitted to hospitals for operation for the removal of tonsils and adenoids and other throat, ear and nose conditions, under the Education Authority's Scheme. Since the introduction of the National Health Act on the 5th July, 1948, the arrangements for the admission of children to hospitals for operation are controlled by the Regional Hospital Board. At the present time 18 children are referred each week, to Out-Patient Clinics at the Hospital for Sick Children and the Throat, Ear and Nose Hospital and are examined by the specialists who will be performing the operations. Arrangements for the operations are carried out by the hospitals concerned and not by the School Health Service.

Refraction Clinics.

1,988 children have been specially examined for defective eyesight and, of these, spectacles were prescribed in 1,801 cases. During the period 1st January to 4th July, 1948, 668 pairs of spectacles were supplied, free of cost to the parents, through the Education Authority's Scheme. With the introduction of the National Health Act on the 5th July, 1948, the Education Authority are no longer responsible for the supply of spectacles. Children for whom spectacles are prescribed by the School Medical Officers, are referred to the Ophthalmic Services Committee who issue an order to the parents for the necessary spectacles to be supplied by an optician on the National Health Service lists.

Dr. J. D. Milne was appointed part-time Ophthalmic Specialist to the Education Committee on the 17th June, 1948. His duties include the certification of cases of suspected blindness and the examination of partially sighted children. In this connection 62 children were examined by Dr. Milne.

Mass Radiography.

In connection with the Survey of school leavers up to the 31st March, 1949, 1,523 boys and 1,410 girls were examined at the Newcastle General Hospital. Of these, 80 boys and 45 girls were recalled for further investigation.

X-Ray Treatment of Ringworm.

Eighty-five cases of Ringworm of the scalp received X-Ray treatment at the Newcastle General Hospital.

Plantar Warts.

101 boys and 168 girls have been treated for this condition. It is caused by a filter passing virus and is known to be infectious. The symptoms include pain on walking or running, the warts being usually limited to the heel or the ball of the foot. It is found more frequently in girls. Treatment has been carried out successfully and 68 boys and 141 girls are now cured.

Cardiovascular Clinic.

At the Cardiovascular Clinic, organised by Professor W. E. Hume at the Newcastle General Hospital, 51 school children (17 boys and 34 girls) have been examined and reported upon.

Special Cases.

236 children—physically handicapped, educationally subnormal or maladjusted—have been specially examined and reported upon.

Pendower Open Air School.

148 children have been in attendance and 24 have been discharged, all with great improvement to their health.

Pendower Open Air School—Classes for Partially Sighted.

Forty-eight children have been in attendance during the year and 8 have been discharged.

Bolam Street Day Special School for Educationally Subnormal Girls.

115 girls have been in attendance, of whom 17 have left during the year.

Lower Condercum House Day Special School for Educationally Subnormal Boys.

180 boys have been in attendance, of whom 23 have left during the year.

Residential Special Schools.

The following children have been cared for in Residential Special Schools :—

Blind	....	....	....	....	11
Crippled	....	....	....	....	74
Epileptic	....	....	....	....	6
Deaf and Dumb	....	....	....	....	40
Educationally Subnormal	....	....	....	....	23
Heart Disease	....	....	....	....	2
Residential Open Air	....	....	....	....	3
Maladjusted	....	....	....	....	10
					169

Stannington Sanatorium.

Forty beds for various forms of Tuberculosis have been practically in constant occupation.

MATERNITY AND CHILD WELFARE SCHEMES.

(The following figures are additional to those already enumerated above).

1. *Dental.*

At the seven Clinics 329 patients have been examined, 579 attendances have been made for treatment, 900 extractions and 14 fillings have been done and gas has been administered in 142 cases.

2. *Throat, Ear and Nose.*

235 children have been examined by the Specialist, of whom 52 were admitted to hospitals for operation for the removal of tonsils and adenoids and other throat, ear and nose conditions.

3. *Orthopaedic.*

381 patients have been in attendance during the year; 4,775 treatments have been given and 539 examinations have been carried out by the Specialist.

1. *Resignations.*

STAFF.

School Medical Officer	....	Dr. R. R. Dodd. (31/1/48).
School Dental Officer	....	Mr. H. Moor (30/11/48).
Physiotherapist	....	Mrs. D. Bell (31/7/48).
School Nurses	....	Miss E. Johnston (29/2/48).
		Miss E. Nichols (31/8/48).
		Mrs. D. Stoker (30/11/48).
		Miss D. Hudson (31/12/48).
Dental Attendant	....	Miss D. D. Minton Senhouse (30/6/48).
Nursing Helper	....	Mrs. R. Dixon (24/9/48).
Clerks	....	Miss V. Cummings (12/6/48).
		Miss D. Freeman (27/11/48).
Clinic Clerk Attendants	....	Miss J. Scott (21/2/48).
		Miss J. Seymour (21/2/48).
		Miss R. Jackson (30/6/48).
		Miss L. Fielding (31/8/48).
		Miss S. Harding (31/8/48).
		Miss J. Denham (30/9/48).
		Miss S. Ritchie (30/9/48).
		Miss P. Boothroyd (30/11/48).

2. *Appointments.*

School Medical Officer	....	Dr. Ellen E. M. Rhodes (5/1/48).
School Dental Officer	....	Miss M. Tully (5/7/48).
Physiotherapists	....	Miss D. Dorward (6/9/48).
		Mrs. P. McConnon (8/12/48).
School Nurses	....	Miss D. Hudson (1/7/48).
		Miss M. P. Howard (4/10/48).
Dental Attendants	....	Mrs. G. Hendrey (1/6/48).
		Miss S. Merelie (1/6/48).
Nursing Helper	....	Miss M. E. Rayner (8/11/48).
Clerks	....	Miss A. Lowery (1/7/48).
		Miss P. Dunn (29/11/48).
Clinic Clerk Attendants	....	Miss J. Denham (17/2/48).
		Miss L. Fielding (17/2/48).
		Miss J. Gregson (16/8/48).
		Miss P. Miniatti (1/9/48).
		Miss T. Lorrison (27/9/48).
		Miss S. Hall (1/10/48).
		Miss B. Convery (1/12/48).

I wish to thank the members of the Medical, Dental and Nursing and Clerical staff for the constant and thorough way in which all their duties have been carried out during the year, and the members of the Education Committee for the ready support they have always accorded the staff in its work. Miss Evelyn D. Coulson (*Superintendent Nurse*) and Miss Jessie S. Hills (*Chief Clerk*) in the Department, are due my grateful thanks for their energy and tact in dealing with many difficult problems.

(Signed), R. F. LUNN,

12th January, 1949.

Senior School Medical Officer.

EFFECT OF THE NATIONAL HEALTH SERVICE ACT ON THE SCHOOL HEALTH SERVICE.

The Ministry of Education in Circular 179 communicated to the Local Education Authorities notes on the changes which would ensue after the coming into operation of the National Health Service Act on the 5th July, 1948. The main points are discussed here and it will be seen that the most important changes are those relating to provision of medical treatment through the National Health Service Act and provision for ascertainment of defects and treatment of minor ailments under the Education Act. The new arrangements regarding consultant and specialist treatment are set out below.

Apart from the delay in clearance of children needing glasses and the slow rate of dealing with operations necessary for tonsil and adenoid cases, the service is working well.

1. Free medical *treatment* under Section 48 of the Education Act, 1944, is afforded through the National Health Service.
2. Free dental *treatment* is afforded in the main through the School Health Service (Dental) in order to maintain priority and continuity for pre-school and school children.
3. School Medical *Inspection* and *Ascertainment of Handicapped Pupils* under Section 34 of the Education Act, 1944, is carried out, as before, by the School Health Service.
4. *Consultation and Specialist Treatment.* The needs of the School Health Service have been outlined to the Regional Hospital Board through the School Medical Officers and discussions have taken place to ensure that full specialist services will be available. So far, special arrangements have been made by the officers, and schemes are in action for the following specialist services :—

(a). An Ophthalmic Surgeon conducts two sessions per week for cases referred by the School Medical Officers.

(b). An Orthopaedic Surgeon conducts four sessions per week for cases referred by the School Medical Officers and physiotherapists carry out treatment recommended by the orthopaedic surgeon.

(c). Cardiovascular Clinic at the Newcastle General Hospital examines and reports on children referred there by the School Medical Officers.

(d). One of the Assistant School Medical Officers conducts two sessions each week at the Newcastle General Hospital for the X-ray treatment of cases of Ringworm.

(e). The Paediatric Specialists at the Newcastle General Hospital and the Royal Victoria Infirmary give appointments to school children referred by the School Medical Officers.

(f). The Psychiatric Specialists at the Royal Victoria Infirmary and Professor Kennedy of the University Department of Psychological Medicine, see difficult cases needing medical attention.

(g). The Chests Specialists of the Regional Hospital Board are available for consultation for cases of tuberculosis amongst school children.

(h). The Committee's Throat, Ear and Nose Specialist is available for consultation for cases of deafness and all other throat, ear and nose conditions. Facilities have been granted to him by the Regional Hospital Board at the Throat, Ear and Nose Hospital, Newcastle, to carry out operations for school children.

In all these cases the Specialists and the School Medical Officers can make arrangements, usually through the family doctor, for admission of school children to the appropriate hospitals of the Regional Hospital Board and the Royal Victoria Group of Hospitals. The Principal School Medical Officer as Medical Officer of Health to the City, has a close and ready contact with the hospitals and general practitioners and thus is in a position to obtain immediate and continuous treatment for the school children. The effect of the new Scheme has been such that in making arrangements with the Regional Hospital Board for the supply of specialists the Education Committee has been freed from the responsibility of making contracts (including payment) with some of the consultants and specialists.

OPHTHALMIC WORK.

The School Medical Officers carry out Refraction (Eye Testing) Clinics as a routine and also examine any child referred by a teacher or parent. Prescriptions for glasses are given and these are supplied free through the National Health Service—the Supplementary Ophthalmic Service of the Newcastle Executive Council. Difficult cases, including cases of squint, are sent to the Special Clinics conducted by the Ophthalmic Surgeon. Cases may be admitted to the Eye Hospital through him and through the general practitioners.

SUPPLY OF MEDICAL INFORMATION TO THE SCHOOL MEDICAL OFFICERS.

The Newcastle Hospitals now supply direct to the Senior School Medical Officer reports on school children who have been referred and discharged from hospitals and, in this way, continuance of treatment and after care can be secured. This arrangement made under the National Health Service has been of great use to the School Health Service.

There are many other details where the co-ordination between the Education Committee's medical services and those of the Local Health Authority, the Newcastle Hospital Management Committee, the Board of Governors of the Teaching Hospital, the Newcastle Executive Committee are now working to the great advantage of the school child and the School Medical Officers.

REPORT ON PHYSICAL EDUCATION, 1948.

The programme in Physical Education during 1948 varied only in detail from the previous year, schemes already in operation were continued and all existing services were maintained.

The difficulties of staffing presented problems throughout the year making progress in the standard of work extremely difficult in many cases. This, ever present, difficulty of maintaining specialist staff capable of teaching in gymnasias and halls with portable apparatus is a major problem which greatly handicaps real progress.

PHYSICAL TRAINING.

Courses in Physical Training for teachers of Infant classes were again arranged in two centres, and similar arrangements made for teachers of Junior classes. The courses were extremely well attended by teachers whose interest and enthusiasm added greatly to the enjoyment and value of these weekly meetings which extended over a period of six weeks. The four courses concluded with demonstrations given by children of the age groups concerned and taken by teachers who had attended previous courses ; all the work shown was of a high standard and a credit to the schools responsible ; the help of Head Teachers and school staffs in making the demonstrations possible was greatly appreciated.

These courses brought the total number of courses in P.T. arranged for Infant and Junior Teachers during the past 3 years to twelve, and it was felt that the need in this direction had been satisfied for, at least, a further twelve months.

As a result of these courses there was a marked improvement in the work and this was noticeable throughout whole school departments and not in isolated classes.

DANCE.

The weekly class in Modern Educational Dance continued to be an outstanding success, the classes were well attended and the good attendance was maintained until the end of June when it was decided to close the class and to re-open it in September.

As a result of these weekly classes the work in the schools improved and it was apparent that the subject was being taught with renewed interest.

GAMES AND ATHLETICS.

Throughout the year we had unlimited help and co-operation from the Northumberland Netball Association and there was steady improvement in the standard of play and numbers of schools playing.

A weekly class in coaching and umpiring the game was held and three Rallies arranged during the year. At all these Rallies the spirit shown by both those concerned with the arrangements and members of teams was excellent and it was evident that these meetings were of great social and educational value to the children.

Tremendous efforts were made by the members of school staffs responsible for netball to produce some sort of suitable garment in which the girls could play the game and appear as a team. Great credit was due to the teachers in this respect and many teams benefitted from these efforts.

The lack of the provision of suitable garments in which games can be played is a great hardship to the adolescent girls especially when in a mixed school the boys are provided with regulation football outfits.

Progress in hockey was almost negligible owing to the lack of facilities. A few schools were able to make use of the one pitch on the Forsyth Road Field but as the use of this pitch depends on the provision of transport, which is limited, little can be done to improve this situation.

The Committee's playing fields have been utilized to the absolute maximum of their capacity throughout the year, in particular, the Forsyth Road playing field, which accommodates by far the greater proportion of all school college and youth club games, has been in constant danger of being ruined by over-playing and has only been saved from this by the groundsman's capable management and maintenance, assisted by the willing co-operation of the teachers, leaders and players using the field.

The West Road (Milvain) site has been improved and a full-time groundsman appointed, with the result that more schools are using it than ever before. It is still mainly undeveloped and uneven ground with no hope at present of any cricket or hockey pitches, but the four rough soccer pitches are a useful addition to the limited facilities in the Benwell area.

The news that the Education Committee had devoted a sum of money to the levelling and preparation of certain sites for use as playing spaces gave great satisfaction to all. The temporary loss of certain fields, notably Dunstanborough Road, due to the renovation of their surfaces, has been an unavoidable handicap to school games. Despite this, the Schools' Football Sub-Committee has established yet another record

with over eighty teams meeting regularly each week in the Schools' League fixtures. The work of the Football Section in the realm of inter-town games and in the E.S.F.A. Championship is well-known and calls for no further mention in this report.

Cricket has also made progress in 1948, both as a summer activity in the school games lesson, and also as a result of the activity of the Schools' Cricket Sub-Committee. A Cricket League was formed and played to a successful conclusion and, for the first time since 1939, a town team took the field against Durham County Schoolboys' XI on Northumberland County Cricket ground.

The lack of suitable sites for wickets is the biggest drawback to the development of the game, and cricketers are looking forward to the provision of concrete wickets in 1949 as being the most economical and practical way of solving this difficulty.

Children's Day did not prove to be the success it was hoped it would be. The facilities were not suitable for the control and organisation of the large number of spectators who attended the meeting with the result that the field programmes was carried out under great difficulty.

However, the programme of 48 events was completed despite all handicaps.

SWIMMING.

All-the-year-round swimming instruction has come to stay. Prejudice and fears about attendance at the public baths during the winter months are giving way to a better understanding among parents and pupils alike. Attendances during the year have been highly satisfactory. The standard of school swimming is rising rapidly, and the Committee's post-war swimming scheme is already yielding a rich dividend of health and happiness among the schoolboys and school-girls of the City.

The Schools' Swimming Sub-Committee's annual gala was again a great success both in numbers taking part in the events and in the number of supporters crowding the City Baths. The Sub-Committee accepted an invitation from Gateshead Schools' Gala Committee to enter teams of boys and girls in a challenge relay race against teams from Gateshead, Sunderland, South Shields and Durham City, and had the satisfaction of a thrilling victory in both events.

The school swimming clubs flourish every afternoon from 4.30 to 5.30 in every available bath in the city and are only limited in their numbers by the insufficiency of the space available. There have been no changes in the Swimming Teaching Staff, who continue to provide expert and sympathetic instruction with undiminishing enthusiasm and success.

RECREATIVE PHYSICAL TRAINING.

Throughout the year help and advice was given to clubs and youth leaders, classes were visited and leaders attended refresher courses arranged on their behalf.

Games Week was held as usual and was as successful as those held in previous years.

A new feature of the programme for Youth was the arrangement made to hold three Barn Dances during the Summer term and a four weeks course for Leaders who wished to introduce this activity into their clubs. The programme was arranged in co-operation with, and carried out by, the North East Area Organiser of the English Folk Dance and Song Society, Mr. Peter Kennedy.

The first Barn Dance was an overwhelming success and Mr. Kennedy ably managed and entertained a vast number of people. The Leaders' Course, too, was well attended. However, subsequent Barn Dances proved by the poor attendance and the lack of real interest of those who did attend, that there was no real interest in this activity, that it made little appeal to modern City Youth, whose interest lay in the present rather than the past, and plans for future meetings of this kind were abandoned.

Members of Youth Clubs were again given the opportunity to attend instructional classes in swimming at the Whickham View Schools' Bath and many availed themselves of the opportunity.

CONCLUSION.

In spite of the many difficulties imposed by shortages and restrictions, the keynote of the year was progress, and with ever increasing supplies of apparatus and, we hope, increased facilities, we trust this will continue.

CONRAD A. HOLMES.

Chief Man Organiser of Physical Education.

C. M. THOMAS,

Chief Woman Organiser of Physical Education.

Report of the Director of Education upon the work carried out under the CHILDREN AND YOUNG PERSONS ACT, 1933, the ADOPTION OF CHILDREN ACT, 1926, and SECTIONS 37(5), 39(1) and 40 of the EDUCATION ACT, 1944, during the twelve months ended 31st December, 1948.

CHILDREN AND YOUNG PERSONS ACT, 1933.

Section 18.

Licences permitting part-time employment were issued to 88 children.

Section 22—Children engaged in theatrical performances.

During the year four children have been licensed to take part in theatrical performances. In every case, steps were taken to ensure that the interests of the children were safe-guarded, and that they received reasonable remuneration. In addition, visits were paid to local theatres to ensure that visiting licensed children were complying with the conditions of their licences. This visitation also included the inspection of apartments occupied by such children.

Section 35(2)—Notice of Proceedings.

Reports upon (a) home circumstances; (b) school record; (c) medical record and (d) employment record, in respect of certain children and young persons have been supplied to the following Courts :—

OFFENCE.	City.	Newcastle Sessions.	Nthld. Sessions.	Cambridge.	Chester-le-Street.	Consett.	Cumberland.	Falkirk.	Gateshead.	Moot Hall.	North Shields.	Pocklington.	Richmond.	Thornaby.	Wallsend.	West Hartlepool.	TOTAL.
Absconding from Approved School....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Breach of Recognizances	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Breaking and Entering	214	2	1	—	—	—	1	1	—	5	—	—	—	—	3	—	227
Burglary	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Causing Grievous Bodily Harm	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Disorderly behaviour	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5
False Pretences	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Indecency	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3
Larceny	218	—	—	1	1	5	—	—	3	20	—	1	1	2	7	1	260
Motor Offences	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Post Office Offences	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5
Placing obstruction on railway	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2
Travelling on Railway without paying Fare	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Trespass	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Unlawful use of Weapons	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Wilful Damage	25	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	28
TOTAL	487	2	1	1	1	5	1	1	6	28	1	1	1	2	12	1	551

These cases were dealt with as follows :—

Adjourned	5
Borstal treatment	2
Bound over	37
Committed to care of L.E.A.—	
Boarded Out	2
St. Mary's	2
St. Vincent's	1
Ponteland Cottage Homes	1
Committed to care of other Fit Persons	7
Committed to Approved Schools	44
Committed to custody in Remand Home	1
Dismissed	54
Dismissed on payment of costs	209
Fined	36
Imprisonment	1
Placed on probation	143
Placed in Probation Hostel	1
Remanded to Assizes or Sessions	3
Remitted to another Court	1
Supervisory order on Probation Officer	1
TOTAL	551

Of the above total 156 children and young persons had made previous appearances before the Court as follows :—

	MALE.		FEMALE.		TOTAL.
	Prot.	R.C.	Prot.	R.C.	
Two appearances	65	19	2	—	86
Three appearances	26	10	—	—	36
Four appearances	12	2	1	—	15
Five appearances	8	1	—	—	9
Six appearances....	3	1	—	—	4
Seven appearances	1	3	—	—	4
Eight appearances	1	—	—	—	1
Ten appearances	1	—	—	—	1
TOTAL	117	36	3	—	156

Enquiries as to membership of secular and religious organisations revealed the following facts :—

	Prot.	R.C.
Children and young persons who were members of both religious and secular organisations....	53	21
Children and young persons who were members of religious organisations only	47	78
Children and young persons who were members of secular organisations only	57	6
Children and young persons who had no connection with either religious or secular organisations	245	44
	402	149
TOTAL	551	

Section 61(1)(a)—Children and Young Persons in need of care and protection.

Applications were made to the City Magistrates in respect of 18 children and young persons whom it was considered were in need of care and protection. In addition the Organiser of Children's Care appeared at the City Court in connection with 16 applications brought by the Newcastle upon Tyne City Police and 9 brought by the N.S.P.C.C. Reports were also furnished for two young persons who appeared before L.C.C. Juvenile Courts.

These cases were dealt with as follows :—

Committed to Approved Schools	8
Committed to care of L.E.A. and placed in the Ponteland Cottage Homes	4
Committed to care of L.E.A. and placed in St. Mary's Home, Tudhoe	1
Committed to care of L.E.A. and placed in Newcastle General Hospital	2
Committed to care of L.E.A. and Boarded Out	7
Committed to care of relatives and other Fit Persons	3
Dismissed	7
Placed in residential special institution	1
Placed on probation....	2
Supervisory Order on Probation Officer	10
TOTAL	45

Section 64—Parent's application (parent unable to control a child or young person).

Four cases were brought before the City Magistrates and were dealt with as follows :—

Committed to Approved School	....	....	....	....	1
Committed to care of L.E.A. and placed in Ponteland Cottage Homes	....	....	....	....	1
Committed to care of Fit Person	....	....	....	....	1
Supervisory Order on Probation Officer	....	....	....	....	1
TOTAL					4

Section 65—Committal to Approved School from care of Poor Law Authority

Two cases were brought before the Magistrates. One was committed to an approved school and the other was placed under the supervision of the Probation Officer.

Section 77—Remand Homes.

During the year 49 children, 50 youths and 16 girls over 14 years have been remanded from the Newcastle upon Tyne City Court as follows :—

<i>Remand Home.</i>	<i>Children.</i>	<i>Youths.</i>	<i>Girls over 14.</i>	<i>Total.</i>
Convent of the Good Shepherd	4	—	8	12
Carlisle Remand Home	7	4	6	17
Middlesbrough Remand Home	—	—	1	1
Southgate Remand Home	38	45	—	83
South Hetton Remand Home	—	1	—	1
St. Mary's Remand Home, York	—	—	1	1
TOTAL	49	50	16	115

Section 84(6)(a)—Application for the revocation of " Fit Person " Order.

Two applications were made under this section by the Local Education Authority and were granted. Seven applications were made by parents, five of which were granted and two refused.

Section 84(8)—Application by the L.E.A. for the committal to an Approved School of a child committed to their care.

One application was made under this section and the child was committed to an approved school.

Section 87—Application for a parental contribution towards the maintenance of a child or young person committed to an Approved School.

One application was made and was granted.

Section 89(2)—Application to recover arrears of parental contributions.

Six applications were made under this section, four were successful and two were withdrawn (arrears paid in full).

Prison Reports.

During the year reports upon young offenders have been supplied to the Governors of the following prisons :—

H.M. Prison, Leeds	....	....	....	5
H.M. Prison, Lewes	....	....	....	1
H.M. Prison, Lincoln	....	....	....	2
H.M. Prison, Winchester	....	....	....	5
H.M. Prison, Wormwood Scrubs	....	....	....	1
TOTAL				14

Education Act, 1944.*District Attendance Sub-Committees (Irregular School Attendance).*

263 parents were interviewed by District Attendance Sub-Committees in respect of 313 children.

Sections 37 and 39.

Legal proceedings have been taken against 66 parents in respect of 80 children for irregular school attendance.

Section 40—Direction from Adult Court to Juvenile Court for persistent irregularity.

Forty applications were made to the City Magistrates and were dealt with as follows :—

Committed to Approved Schools....	....	....	3
Committed to care of L.E.A. and boarded out	....		1
Committed to care of L.E.A. and placed in Ponteland Cottage Homes	....	....	6
Committed to care of L.E.A. and placed in St. Joseph's, Darlington	....	....	2
Committed to care of L.E.A. and placed in Elswick Grange	....	....	1
Supervisory Order made on Probation Officer	....		23
Withdrawn	....	....	4
TOTAL			40

Adoption of Children Act, 1926.

The Organiser of Children's Care appeared in 133 applications for adoption orders, 128 of which were granted and five adjourned.

THOS. WALLING,

17th January, 1949.

Director of Education.

Ministry of Education.
Medical Inspection Returns.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants....	....	....	....	....	....	2,650
Second Age Group	....	....	....	....	....	1,205
Third Age Group	....	....	....	....	....	1,568
TOTAL	....	....	....	....	....	5,423

Number of other Periodic Inspections 0

GRAND TOTAL **5,423**

B.—OTHER INSPECTIONS.

Number of Special Inspections 19,719

Number of Re-Inspections 3,666

TOTAL **23,385**

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	34	511	361
Second Age Group	113	148	195
Third Age Group	554	376	357
Total (prescribed Groups)	701	1,035	913
Other Periodic Inspections	—	—	—
Grand Total	701	1,035	913

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1948.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of defects.		No. of defects.	
		Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment	Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	64	9	1,881	265
5	Eyes—a. Vision	701	76	13	2
	b. Squint	55	21	—	—
	c. Other	18	3	367	63
6	Ears—a. Hearing	40	7	7	6
	b. Otitis				
	Media	28	8	209	8
	c. Other	11	2	209	73
7	Nose or Throat	515	107	473	728
8	Speech	24	5	—	—
9	Cervical Glands	0	33	24	253
10	Heart and Circula- tion	—	48	—	92
11	Lungs	—	105	8	427
12	Developmental—				
	a. Hernia	—	2	—	5
	b. Other	—	—	—	4
13	Orthopaedic—				
	a. Posture	5	9	1	—
	b. Flat foot	43	8	—	13
	c. Other	103	29	125	83
14	Nervous System—				
	a. Epilepsy	—	1	—	7
	b. Other	—	—	—	21
15	Psychological—				
	a. Development	—	1	—	3
	b. Stability	—	—	—	—
16	Other	134	80	520	1,439

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with.
Errors of Refraction (including squint)	1,935
Other defects or disease of the eyes (excluding those recorded in Group I)	115
TOTAL	2,050

No. of Pupils for whom spectacles were—

(a) Prescribed	1,801
(b) Obtained	678

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	744
(b) For other nose and throat conditions	9
Received other forms of treatment	110
TOTAL	863

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	74
(b) No. treated otherwise, e.g., in clinics or out-patient departments	1,246

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—

(a). Under Child Guidance arrangements....	15
(b). Under Speech Therapy arrangements	11

TABLE IV.
DENTAL INSPECTION AND TREATMENT.

(1). Number of pupils inspected by the Authority's Dental Officers—							
(a).	Periodic age groups	....	....	....	....	....	34,771
(b).	Specials	....	....	....	....	....	3,637
(c).	TOTAL (Periodic and Specials)	....	....	....	....	....	38,408
(2).	Number found to require treatment	....	....	....	....	....	17,126
(3).	Number actually treated	....	....	....	....	....	15,476
(4).	Attendances made by pupils for treatment	....	....	....	....	....	19,272
(5). Half-days devoted to—							
(a).	Inspection	....	....	....	....	....	276
(b).	Treatment	....	....	....	....	....	2,494
	TOTAL (a) and (b)	....	....	....	....	....	2,770
6. Fillings—							
	Permanent Teeth	....	....	....	....	....	11,280
	Temporary Teeth	....	....	....	....	....	396
	TOTAL	....	....	....	....	....	11,676
(7). Extractions—							
	Permanent Teeth	....	....	....	....	....	2,573
	Temporary Teeth	....	....	....	....	....	10,531
	TOTAL	....	....	....	....	....	13,104
(8).	Administration of general anaesthetics for extraction	....	....	....	....	....	4,478
(9). Other Operations—							
(a).	Permanent Teeth	....	....	....	....	....	1,695
(b).	Temporary Teeth	....	....	....	....	....	115
	TOTAL (a) and (b)	....	....	....	....	....	1,810

TABLE V.
INFESTATION WITH VERMIN.

(i).	Total number of examinations in the schools by the school nurses or other authorized persons	....	....	....	....	....	83,866
(ii).	Total number of <i>individual</i> pupils found to be infested	....	....	....	....	....	3,628
(iii).	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	....	....	....	....	....	0
(iv).	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	....	....	....	....	....	0

APPENDIX I.

The Limitation of the Spread of Infectious Diseases in Schools :**A Memorandum for Teachers.**

By ROBERT SUTHERLAND, M.D., D.P.H.,

*Medical Adviser and Secretary, Central Council for
Health Education.*

Introduction.—Although periodic outbreaks of certain infectious diseases cannot yet be entirely prevented, a proper understanding of their method of spread and of the means by which immunity is developed will help us to limit them.

Method of spread.—The diseases with which we are especially concerned are known as "spray-borne infections." As the term suggests, the germs which cause them are mostly transmitted directly from the nose or throat of a sufferer or carrier to those of another individual during the acts of kissing, coughing, sneezing, or speaking ; but even breathing may suffice if the contact is sufficiently close and prolonged and the ventilation inadequate. In other words, a sufferer from, or a carrier of, these spray-borne infections is continually subjecting those near him to a germ bombardment, the weight and range of which largely depend upon the measure of careless abandon with which he coughs or sneezes and the extent to which the volley of germs is broken up by currents of air.

Results of bombardment.—Whether a "contact " develops the disease or not is determined principally by the relationship between the intensity of the bombardment to which he is exposed and the degree of his immunity, or specific resistance, the disease in question ; but his general health and the state of the mucous membrane lining his nose and throat are also important factors.

Development of immunity.—Immunity to an infectious disease can be developed without having contracted the disease (a) artificially, by special injections as in diphtheria or smallpox, or (b) naturally, by periodic exposure to the germs in small or sub-infective doses which will stimulate the body to produce the antibodies to the disease but will not be so large as to overwhelm its defences. As most of us acquire our immunity by the natural method, any measures which will reduce the concentration, duration, and frequency, of attacks by germs are well worth while not merely because they will postpone disease but because they will enable us to build up our resistance to later and heavier attacks, and thus to develop a complete and lasting natural immunity.

GENERAL PREVENTIVE MEASURES.

(a). *Nose Breathing*.—The nose is specially designed to act as an air filter ; children should therefore be trained to breathe through it, and those who are consistent mouth-breathers should be referred to the school minor-ailments clinic.

(b). *Coughing and Sneezing*.—A proper technique of coughing and sneezing so as to avoid the broadcasting of infection is an essential social accomplishment and, indeed, an elementary form of good manners : all children should therefore be trained in this technique from their earliest years so that it eventually becomes instinctive. They should be made to carry a clean handkerchief regularly and should be instructed in its use. To avoid the risk of driving infection into the sounding chambers adjoining the nose, they should be taught to blow gently, leaving both nostrils open ; and, for the same reason, the " polite " method of sneezing through the nose should be forbidden ; one should sneeze naturally through the mouth but, of course, as in coughing, directly on to a handkerchief held closely against it.

(c). *Spacing*.—Children in school should be seated as far apart as the accommodation will permit, and during an epidemic advantage should be taken of absences to increase the spacing.

(d). *Relative Position*.—As far as school routine will allow, children should always preserve the same relative position to each other in class, and the mingling of classes inside the school should be avoided. In this way the number of children exposed to infection by an early or missed case or by a carrier of disease will be limited. Even if this is not the ordinary practice, children should be " frozen " immediately a case of infectious disease occurs in the school.

(e). *Ventilation*.—There should be constant cross-currents of fresh air in occupied class-rooms. Not only does adequate ventilation break up the concentration of any germs which may be present, but cool, fresh air maintains the lining membrane of the nose and throat in a healthy state. Warm, still, moist air is exactly what germs want to enable them to establish themselves in the nose and throat. At each interval, therefore, all children should be sent out to the playground if the weather will allow it, and all windows and doors should be opened wide.

(f). *Heating*.—Heating should be maintained at such a temperature that satisfactory ventilation does not inevitably mean that the children's (and the teachers') bodies lose heat excessively. Nevertheless a cool, moderately dry atmosphere with noticeable currents of air is much to be preferred to an unduly warm and humid one which contrasts too markedly with the conditions which will be met outside.

(g). *Towels*.—The spread of contagious diseases will be more markedly reduced by the use of individual towels in school than by any other single measure.

(h). *Hygienic habits*.—All children should be taught to wash their hands without fail after every visit to the closet or urinal.

(i). *Dry Clothing*.—There will be fewer colds in those schools where proper provision has been made for the drying of wet clothing and for changing into dry footwear.

(j). *School Cleaning*.—If germs fail to find a victim when they are first discharged, they settle on the floor and on the furniture, and there they await the second chance that is given them when they are stirred into the atmosphere during cleaning. The dust in class-rooms should therefore be laid by damp sweeping and damp dusting, in that order. Oiling of floors is helpful.

DETECTION AND EXCLUSION OF EARLY CASES.

Cases of infectious diseases are generally most infectious in their initial stages. Moreover, as is explained below, contacts may be able to resist a few hours' bombardment by germs, and yet succumb to a sustained attack. Teachers can therefore play an invaluable part in the limitation of the spread of infectious and contagious diseases by detecting and excluding cases at the earliest possible moment.

(a). *Diphtheria*.—Although diphtheria is the most serious of the common infectious diseases, its onset is insidious and the early signs can easily be overlooked. It begins with general malaise, slight feverishness, and a slight sore throat, and children complaining of these should be excluded and told to consult a doctor at once and to return in two days if they have recovered.

(b). *Scarlet Fever*.—A sore throat, usually accompanied by headache and vomiting, precedes the onset of the rash in scarlet fever by one to two days. Children showing any of these symptoms should be excluded and told to return in two days unless they are still out of sorts or a rash has appeared.

(c). *Whooping Cough*.—The characteristic whooping stage of whooping cough is preceded by a catarrhal stage. During an epidemic, one should therefore exclude for one week all children suffering from a cold in the head, and they should not be allowed to return if they develop a short, harsh cough, bouts of coughing, or coughing accompanied by vomiting.

(d). *Measles*.—A patient who is developing measles is infectious for three to four days before the typical rash appears. Consequently, when measles is epidemic, a sharp look-out should be kept for the first signs of the disease, namely: a cold in the head with coughing and sneezing, and watery eyes. Children showing these signs should be sent home and told to return in four days. Those who develop the rash will not return.

(e). *Mumps*.—During an epidemic of mumps, teachers should scan the children each morning to see if any child is showing a swelling a little in front of, but below, the lobe of the ear. Such children should be excluded and told to consult a doctor.

(f). *German Measles*.—The prodromal symptoms of german measles may be present for a day or two before the rash appears: they are slight general malaise, headache, and pains in the neck or limbs, followed in a few hours by a slight cold in the head. Accordingly, when german measles is prevalent, children showing any of these signs should be excluded and told to return in two days if no rash appears.

(g). *Chicken-pox*.—As a rule the first sign is the appearance of the rash.

(h). *Jaundice*.—When a case of jaundice has occurred in a school, any child suffering from malaise, headache, and slight nausea, should be excluded and instructed to return in four days unless jaundice appears. Actual cases of jaundice should be excluded for two weeks.

(i). *Diarrhoea*.—All children suffering from diarrhoea should be excluded and told not to return until they have been free from it for two days.

(j). *Scabies*.—Cases of Scabies (the itch) may be contagious before there is any complaint of the characteristic itching, which is most marked when the sufferer is warm and therefore at night. The first signs are small, slightly raised spots between the fingers, on the outer edges of the hands, or at the wrists or elbows. Children with these spots should be referred to the school minor-ailments clinic.

(k). *Other Infections*.—Rashes, pustular skin sores, sore throats, discharges from the ears or nose, and inflammation of the eyes, are all possibly infectious or contagious conditions. Consequently, children found to be suffering from any of these should at once be referred to the school minor-ailments clinic or excluded and told to consult a doctor.

NOTES ON INFECTIOUS DISEASES.

	Usual Incubation Period (days).	Interval between onset and appearance of rash. (days).	Period of Exclusion.
SCARLET FEVER.	1-7	1-2	Patients. Contacts, <i>i.e.</i>, the other members of the family or household living together as a family, that is, in one tenement. 7 days after the removal of the patient to hospital or the beginning of his isolation at home.
DIPHTHERIA.	2-7	—	7 days after the removal of the patient to hospital, or the beginning of his isolation at home. If there be any suspicious signs the child should be excluded further until pronounced by a medical practitioner to be free from infection.
MEASLES.	7-14	3-4	14 days after the appearance of the rash if the child appears well. Infants who have not had the disease should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.

NOTES ON INFECTIOUS DISEASES—continued.

	Usual Incubation Period (days).	Interval between onset and appearance of rash. (days).	Period of Exclusion.	
GERMAN MEASLES.	5-21	0-2	Patients. 7 days from the appearance of the rash	Contacts, <i>i.e.</i> , the other member of the family or household living together as a family, that is, in one tenement.
WHOOPING COUGH.	6-18	—	28 days from the beginning of the characteristic cough.	Infants who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
MUMPS.	12-28	—	14 days from the onset of the disease or 7 days from the subsidence of all swelling.	None.
CHICKENPOX.	11-21	0-2	14 days from the date of the appearance of the rash.	None.
*SMALLPOX	10-21	3	Until the patient is pronounced by a medical practitioner to be free from infection.	21 days unless recently successfully vaccinated when exclusion is unnecessary.

* The incubation period of major smallpox is commonly 12 days but that of minor smallpox is more variable and the wide limits given apply to this variety of the disease.

OTHER DISEASES.

Children should be excluded who are suffering from :—

Influenza, sore throat, consumption of the lungs, with cough or expectoration, ophthalmia, ringworm.

Itch (or Scabies), pustules and scabs on hands, between fingers, skin folds of wrists, ankles and feet.

Impetigo on the face or head (crops of pustules and yellowish scabbed places about face and ears, often associated with lice).

Dirty head (lice, nits in the hair).

The period of exclusion in these cases is of such a variable character that, in the absence of a certificate of fitness from the family medical attendant, cases should be referred to the School Medical Officer for his certificate of fitness.

NOTE.—Children excluded from school by order of the Senior School Medical Officer or his Assistants, must on no account be re-admitted without a certificate of fitness, signed by one of the Committee's Medical Officers.

Cases for dental treatment or eye examination for spectacles must in the first instance, be directed to consult the doctor in charge of the district clinic, when arrangements will be made for consultation or treatment.

SPECIAL SCHOOL CASES.

“ Any child of five or more, who makes no progress in reading, writing and number, and any child whose attainments after the first few years are more than two years behind those of average children, is a *prima-facie* case for special consideration.” Such children must be brought to the notice of the School Medical Officer, so as to save the formal examination of unsuitable cases.

In the event of a teacher desiring any educationally sub-normal child to be examined, the special form used in such cases should be applied for, duly completed, and returned to the Office. Arrangements will then be made for the formal examination at which the presence of the parent is essential. Children should on no account be sent direct to the Education Office without these preliminaries having been complied with.

CLINICS.

There are now seven Clinics in operation for the inspection of cases and the treatment of minor ailments, and the Committee's Medical Officers attend for the examination of school cases as follows :—

Central Clinic, Northumberland Road—Wednesday, 9 a.m., and Saturday, 9 a.m.

Raby Street School—Tuesday, 9 a.m., and Saturday, 9 a.m.

Middle Street, Walker—Monday, 9 a.m., Thursday, 9 a.m.

Ashfield House, Elswick Road—Friday, 9 a.m.

Bentinck School, Mill Lane—Wednesday, 9 a.m., and Saturday 9 a.m.

Atkinson Road Clinic—Monday, 9 a.m., and Thursday, 9 a.m.

Cowgate Clinic—Tuesday, 9 a.m.

and if their attendance is urgently required in any school it can generally be secured at any time by telephoning to the Offices.

Telephone number :—Central 21224.

When teachers are in doubt about the exclusion or re-admission of any child, they are recommended to refer it, with a note, for the opinion of the Committee's Senior Medical Officer.



