[Report 1956] / School Health Service, Newcastle-upon-Tyne.

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NEWCASTLE UPON TYNE
EDUCATION COMMITTEE

ANNUAL REPORT

THE SCHOOL HEALTH SERVICE

1956

THE

ANNUAL REPORT

OF THE

PRINCIPAL
SCHOOL MEDICAL OFFICER

R. C. M. PEARSON, M.D., M.R.C.P., D.P.H.

FOR THE CITY AND COUNTY OF
NEWCASTLE UPON TYNE

1956

INCLUDING
A REVIEW OF THE SERVICE FROM 1903—56

MODERN SCHOOL DANCE

Chairmen of the Education Committee

Alderman William Sutton	1903 — 1905
Alderman Sir George Lunn	1905 — 1939
Alderman J. G. Nixon	1939 — 1944
Councillor Mowbray Thompson ..	1944 — 1945
Alderman Mrs. F. E. Taylor	1945 — 1949
Alderman P. H. Edwards	1949 — present time

Secretaries and Directors of Education

Alfred Goddard Esq. Secretary to the Education Committee	1903 — 1906
Arthur C. Coffin Esq., B.A. Secretary to the Education Committee	1906 — 1911
Spurley Hey, Esq., B.A. Secretary to the Education Committee	1911 — 1914
Sir Percival Sharp Esq., LL.D., B.Sc. Director of Education..	1914 — 1919
Thomas Walling Esq., C.B.E., M.A. Director of Education..	1919 — 1949
H. V. Lightfoot Esq., B.Sc. Director of Education..	1949 — present time.

Principal School Medical Officer

George Foggin, B.A., L.R.C.P. and S.	1903 — 1946
W. S. Walton, G.M., M.D., B.Hy., D.P.H.	1946 — 1956
R. C. M. Pearson, M.D., M.R.C.P., D.P.H.	1956 — present time.

PREFACE

To the Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the School Health Service of the City for 1956 ; the report being my first is the 47th since the series began in 1907 and, therefore, one which accordingly merits some special consideration. Consequently, it seems appropriate to review the Service from its early formative years. Dr. Sainsbury has done a considerable amount of research to make possible such a project and to him I am sure the Committee will be grateful. Such a review not only reveals the continued improvement which has taken place in child health since the turn of the century, but has helped to give me a much clearer picture of the Service. As plans are made for even greater opportunities for the maintenance and improvement of child health and its relation to education as well as its benefit from education, it should never be forgotten that through the care now taken in schools both as part of the curriculum and often unconsciously as part of school life, the child learns attitudes of mind and much intrinsic knowledge which will have a marked influence on its health in later years.

Dr. W. S. Walton in his last report reviewed his ten years of service and indicated to me as he handed over, the lines on which he had intended to plan ahead. At this point I should like to pay tribute to the solid foundations on which improvements may still take place and to say how impressed I have been by the way in which the many and varied duties are carried out by the staff. Obviously to-day gross physical defects are unusual, but nevertheless a close watch for minor divergences from full functional capacity must be kept. The City has a child health service which cannot stand still, and consequently such changes as may be necessary will come along the lines of reorientation in closer, still closer, relationship with the paediatric staffs of the hospitals, as well as the family doctors with whom a dual responsibility for the health of the school child already exists.

There are, I think, three points worthy of further attention, none of them new to the Committee. In a City of the size and importance of Newcastle upon Tyne, too many children have to receive their education in residential schools, often at a considerable distance (there are a number of reasons for this present position some of which cannot be relieved until further building is possible).

Some of this difficulty might be overcome by a full diagnostic and therapeutic Child Guidance Service, linked closely with the Department of Psychological Medicine (developments on these lines are in progress).

Secondly, it is a sad reflection that the decline in pediculosis is so slow (there will always be a few " hard core " families with little or no civic responsibility, but I cannot accept that the present level of pediculosis is an indication of their number within the City).

Thirdly, although Newcastle upon Tyne is fortunate in its dental staff, the position cannot be regarded as satisfactory until each dentist is responsible for the care of 4,000 school children. It would appear that in this area perhaps there is a greater willingness amongst Dental Practitioners outside the School Health Service to treat school children, but dental inspection is not yet an annual event and conservative treatment sometimes impossible in consequence.

The report itself includes a number of comments to which there is no need for me to refer further. I would, however, like to thank Mr. Lightfoot, the Director of Education, and his staff, Dr. Sainsbury, Senior School Medical Officer, and Dr. Brown, Principal School Dental Officer, for their unfailing help on many occasions when I have sought it while feeling my way into a new service. This also applies to all members of the staff, whom I hope to know better as the years go by.

Finally, I am grateful to the Chairman and members of the Committee for their support and the knowledge of their deep interest in the health of the school child.

I am,

Your obedient Servant,

R. C. M. PEARSON,

Principal School Medical Officer.

OBITUARY

Dr. Richard Frazer Lunn

The death occurred suddenly at his home in Gosforth on 15th June, 1956, of Dr. Lunn, former Senior School Medical Officer for the City of Newcastle upon Tyne. He was 74 years of age.

Born on 31st October, 1881, Dr. Lunn was educated in Edinburgh, and there received his medical training, qualifying L.R.C.P. and S., L.R.F.P. and S. in 1910. After some experience of private practice in Dumfermline, Selkirk and Edinburgh, he held the post of Senior Assistant at Lodge Moor Hospital, Sheffield. He was appointed to the staff of the School Medical Service on 1st March, 1915, and served the City for nearly 39 years. In the first World War he was absent from duty from 1916 to 1919, and served with the R.A.M.C. in Serbia where he contracted malaria. In 1920, after further study, he took the D.P.H. (Edin.) and on 22nd March, 1929, he was promoted Chief Assistant School Medical Officer. On the retirement of the Principal School Medical Officer in 1946, when he himself was within six months of normal retiring age, he was appointed Senior School Medical Officer, " to take charge of all the medical work of the Education Committee under the direction of the Medical Officer of Health." Urging his retention beyond this age, the Principal School Medical Officer wrote :—

" *It would be a serious setback to the School Medical Service to lose the services of Dr. R. F. Lunn at a time when the effects of the new National Health Service are not yet clear in all their details, and when the prospects of obtaining a suitable successor to Dr. Lunn are not very good.*"

The transitional period over, he eventually retired from the School Health Service on 30th September, 1953, but remained a certifying officer for the Royal Victoria School for the Blind until the time of his death.

Apart from his professional achievements, he was a founder member of the Badminton Club attached to Gosforth Presbyterian Church, and remained for many years a member of the Newcastle upon Tyne City Golf Club.

His outstanding qualities were his conscientiousness and his common sense, his simplicity and his sincerity. He was courteous and considerate, and his natural modesty made it easy to approach him. Indeed there were many who will remember affectionately his understanding and sympathy in the moments of their anxiety and difficulty. His judgement was shrewd and his views well balanced, whilst in new ideas he discriminated wisely. Although quiet, unassuming and gentle, there was beneath an unsuspected strength of character.

For these qualities he will long be remembered by his friends. His passing further reduces the few remaining of the early evangelists of the School Health Service.

The sincerest sympathy will be extended to his widow in her bereavement.

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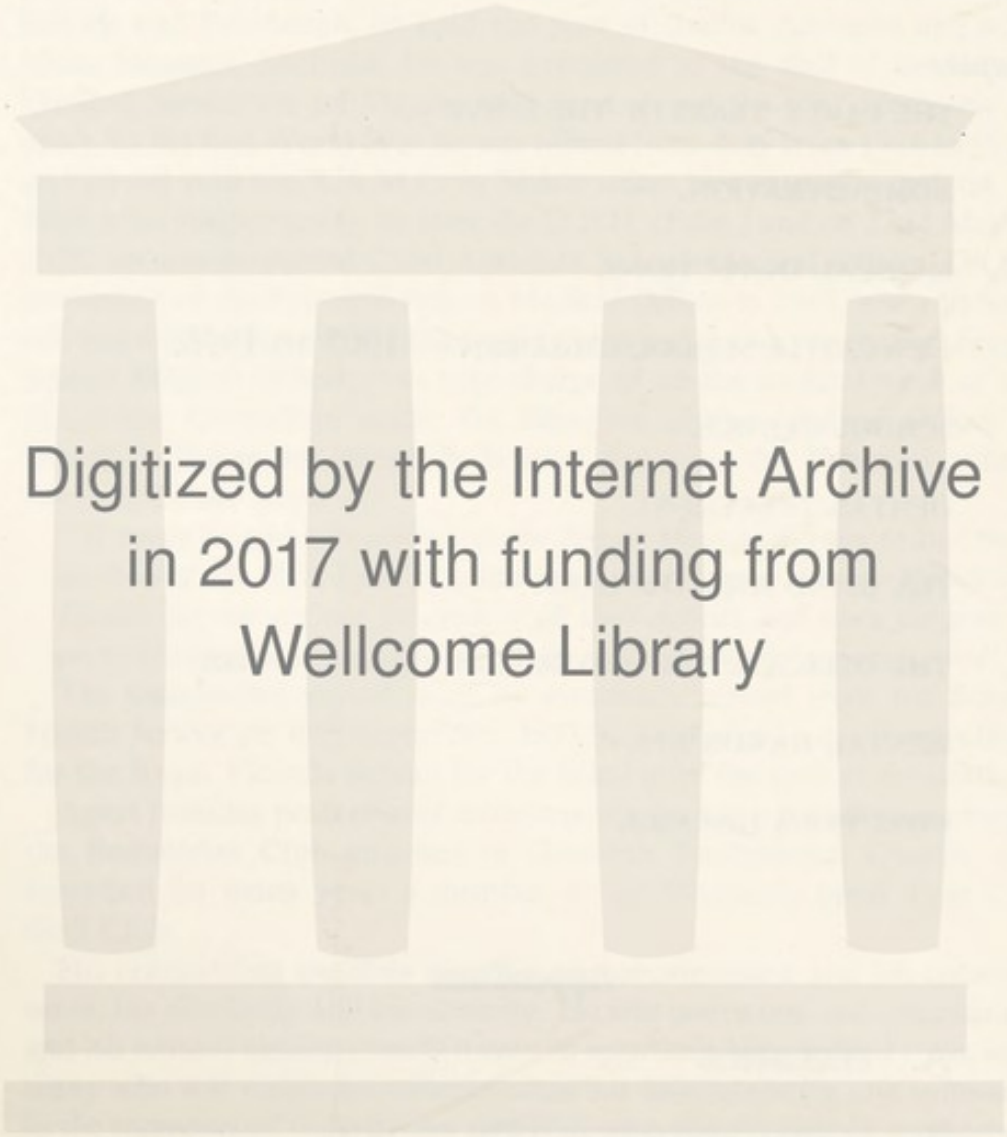


CHAPTER 1

THE EARLY YEARS OF THE SERVICE

Prior to 1893 the Newcastle School Board did not employ a School Medical Officer, but in that year Dr. Rutherford was appointed, with duties which included the medical examination of candidates for appointment to the education staff ; acting as a medical referee in cases of staff sickness, and advising the Department on matters of School Hygiene.

In 1903, the School Board was succeeded by the Local Education Committee, and the existing School Medical Officer resigned. Latterly it " had appeared to members of the Board that a very much wider sphere of usefulness was offered to a medical man who might succeed to the appointment ", and additional duties were now included, namely :—

1. Quarterly Inspection of Schools.
2. The examination of children selected by Head Teachers.
3. The supervision and admission of pupils at the M.D. special school, Mill Lane.
4. The investigation of absenteeism due to illness.
5. The examination of pupil teachers.

Among the members of the retiring Board was Dr. George Foggin, a London Graduate and Ophthalmic Surgeon to the Eye Infirmary. He succeeded to the part-time appointment at a salary of £125 per annum.

In the Reports which he subsequently made to the new committee, we learn something of School Medical practice at that time.

Immediate attention was given to the problem of school attendance, upon which the government grant to the Board was based. Whilst only 3.7% of all absenteeism from schools in the City could be traced to contagious disease, it was felt that this was in some measure preventable. Accordingly existing rules for the control of such sickness in schools were more rigidly applied, and, at the same time, greater attention paid to the hygiene of school premises.

In the last report to the committee in 1908 we find the following :—

" Up to the present time many thousands of children have been medically examined by the Principal School Medical Officer, for such conditions as Defective Vision ; Deafness ; Mental dullness ; defective Articulation ; suspected Infectious Disease ; Ringworm ; Itch ; being dirty and verminous as to Head, Body or Clothing ; for apparent Debility, Malnutrition ; unfitness for Drill, etc."

The work done in 1908 is interesting :—

Number of children examined in School	..	524
Number of children examined at his rooms	..	84
Number of children examined in their homes	..	129
Children on Remand — examined in Workhouse		3

It was the practice of the Medical Officer to inform the Head Teacher of the School of the findings of the Medical Inspection, who was then responsible for informing the parent and seeing that treatment was carried out. There was no Medical Department as yet in the Education Office recently erected in Northumberland Road.

The Service, at first restricted to ' provided ' schools, was soon extended to ' voluntary ' schools.

In that year also, 43 children were examined for admission to Mill Lane M.D. School, and 21 were found suitable. In two cases he attended Court to support an application of the Education Committee for children to remain at school until 16.

A series of lectures on School Hygiene was organised for the benefit of the Teachers' Association.

The Education (Administrative Provisions) Act, 1907, had already passed into law when the City Sanitary Committee tabled the following Resolution :—

" That, in the opinion of this Committee, the details for the Scheme for the Medical Inspection of School Children, should be carried out by the staff at the disposal of the Education Committee, but that the Medical Officer of Health be requested to give every practical assistance in the matter in a consultative or expert capacity."

The initial duties of Local Authorities implied in the Act, were :—

1. The appointment of a School Medical Officer.
2. A system of Inspection of Pupils.
3. The submission of an Annual Report.

It was recommended that the School Medical Officer should also be the Medical Officer of Health, but, in the case of a few Authorities, of which Newcastle was one, where a School Medical

Officer working for the Education Authority had been appointed prior to the Act, it seemed reasonable to encourage them to develop the Service independently for the time being at least.

In 1909 the first Statutory Report was published, which forms the basis of the material contained in this Chapter. Thereafter, a series of 47 Annual Reports have been published, broken only in 1917 when the Principal School Medical Officer was absent from duty on Military Service.

CHAPTER 2

ADMINISTRATION

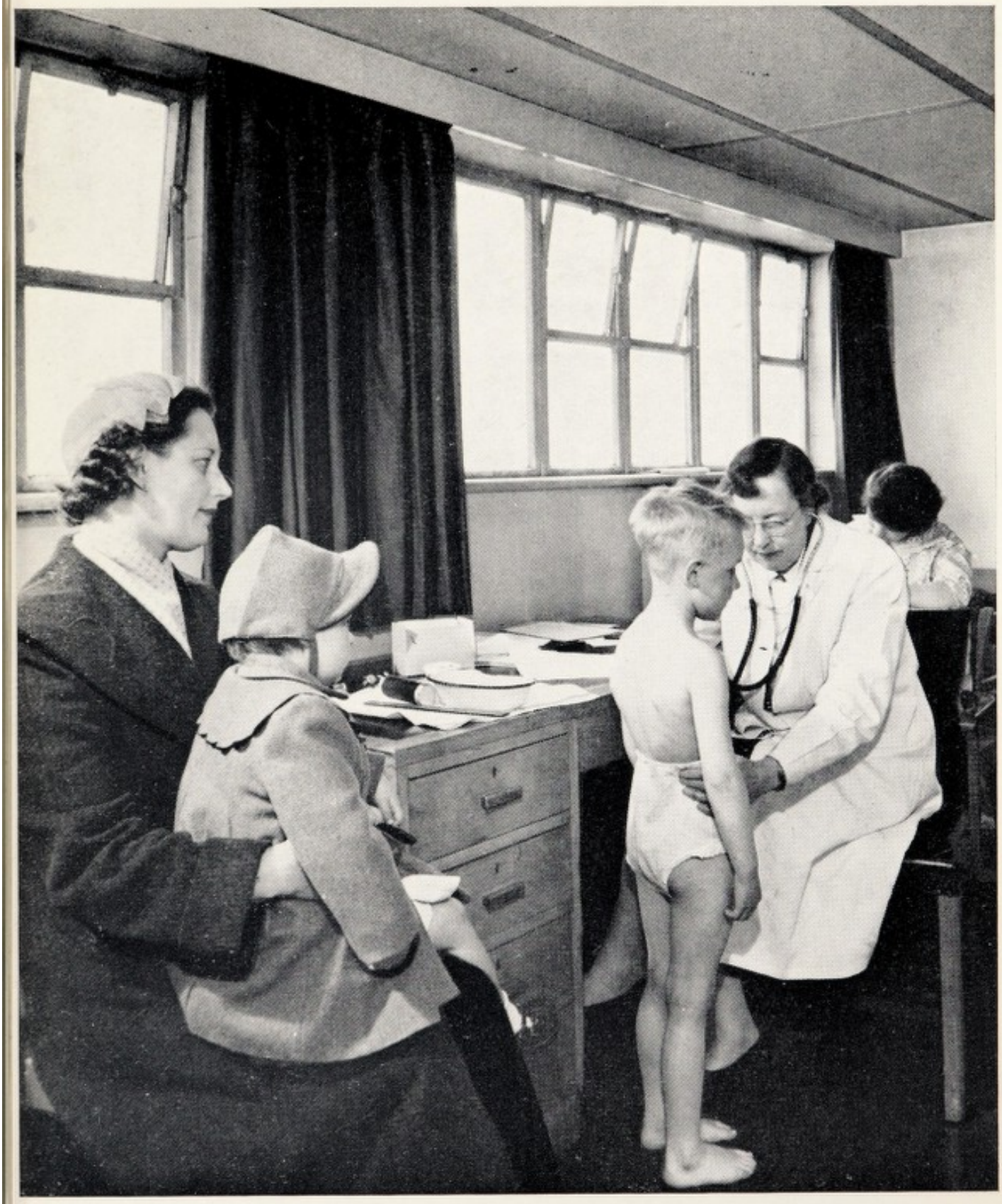
At its inception the detailed work of the School Medical Service was handled by the Primary Schools Sub-Committee. Care Committees managed the two Special M.D. Schools at Mill Lane and Bolam Street. In 1915 a Child Care Committee was created out of the existing Meals Sub-Committee, the Care Committee and the M.D. Act Committee. Side by side these two Committees managed the Service until 1950, when the present School Health Services and Child Care Sub-Committee came into being to supervise all functions of the Service, together with certain other Services such as School Welfare and Play Centres.

In 1946 the newly appointed Medical Officer of Health became also Principal School Medical Officer, to advise both the School Health Services and Child Care Sub-Committee, at its monthly meetings, and the Education Committee.

In the same year, the Chief Assistant School Medical Officer became Senior School Medical Officer responsible for the day to day management of the Service.

The Department consists of four main sections, each with a Senior Officer, namely — the Dental, Nursing, Physiotherapy and Clerical.

Certain aspects of School Health work are undertaken by departments outside the Service, for example — the Design, Maintenance and Sanitation of School Buildings, and the placing of Handicapped Pupils in Special Schools.



A SCHOOL INSPECTION

CHAPTER 3

MEDICAL INSPECTION

The ' Routine ' Inspection of children aged 5 and 14 years was commenced in Newcastle in 1909. In the following year children aged 8 and 12 years were added. The scope of the Inspection was based on the Board's Circular 582 (1908). In 1920 Inspection was extended to children attending Secondary Schools, on an increasing scale. In 1936 certain Independent Schools were also inspected. War conditions in 1917 and 1940 were responsible for a temporary lapse in Inspections. In 1948 the scope of the Inspections was revised and a standard Record Card issued for use by all Authorities.

At the same time the prescribed age groups of pupils for ' Periodic Inspection ' (as the Inspections were now called) were reduced to :—

1. Entrants to Primary Schools.
2. Leavers from Primary Schools.
3. Leavers from Secondary Schools.

During the years immediately following the second World War increased migration of families both within the City and beyond, has made it important to see that medical records accompany children in movement. Considerable care has been given to this problem in Newcastle where transfers from school to school are effected by the nursing staff in the clinics. No duplicate record is made until all efforts to trace a previous card have failed. Records are initiated in the clinics, careful attention being given to the collection of information and its recording. In these ' Medical Record Cards ' a special place is reserved for each piece of information, and it is the aim of the staff to see that each entry is made in its proper place. The Senior School Medical Officer watches the outgoing and incoming records of children entering and leaving the Schools of this Authority, and has formed an impression that the standard of documentation in the Newcastle Service compares very favourably with that of other Authorities. This subject has been dealt with at some length because, in an organised Medical Service, it is one of considerable importance if children are to receive proper care at the hands of changing medical staff with whom they come into contact from time to time.

The defects revealed at Medical Inspection are shown in Appendix A. Although a National Health Service has been in existence for nearly a decade, it will be seen that many of these defects have not yet received treatment in the first age group. It appears that, in addition to the parent and the family doctor, some other agency is often required before certain defects receive attention and, in this respect, ' Periodic ' Inspection performs a useful function.

Other Inspections performed during the year include :—

1. Examinations under Section 18 of the Children and Young Persons Act, 1933 709
2. Clearance from Infection 370
3. Examinations of Boarded-Out Children under the Children's Act, 1948 125
4. *Inspection of Committee's Staff*
   (*a*) Non-Manual Workers 111
   (*b*) Manual Workers 113
   (*c*) Reports on staff in connection with applications for extension of sick pay .. 8

CHAPTER 4

NEWCASTLE SCHOOL CHILDREN — 1907 to 1956

1. *Population*

In the early years of the Century one would have been struck with the comparative youth of the population. Every fifth person was then a school child, and the elderly were fewer than today ; this latter, however, might have been less apparent since, whilst children appeared small and immature beside their present day successors, adults began to age more rapidly. The change which has occurred since in age distribution is shown in the Table below :—

Age Distributions in Newcastle Population 1901 and 1951

	% of Total Population			*School Population*
Year	0-4 *years*	5-14 *years*	*Over* 40 *years*	5-14 *years*
1901	12.4	20.9	16.6	48,923
1951	9.0	13.7	33.9	40,052

2. *Schools*

The schools of the time were solidly built barracks, not always devoid of architectural pretentions. They were often dark and drab. Ventilation was poor and classes crowded, containing often between 50 and 60 children in each. The number of schools today compared with those of 1903 are shown in the following Table :—

School Departments — 1903 and 1956

	Number of Schools	*Number of Departments*	*Type*
1903	24	53	Elementary
1956	60	142	Primary and Secondary

School working hours have altered little, as have also the duration of individual lesson periods, but holidays were once considerably shorter. The school leaving age was 14 in 1907 and raised by statute to 15 in 1936, but not put into effect until 1947. During the period consideration has been given to the subject of fatigue in children, but it appears to have made less impact upon the educational programme than it might have done.

3. *Care of Children*

Improvement in the condition of children is shown in the Table below :—

Indices of Care of Children — 1909 to 1956
(% of Children Inspected)

	1909	1919	1929	1939	1948	1956
Unsatisfactory—						
Clothing ..	3	4.6	2.25	2.0	1.8	—
Footwear ..	20	6.1	6.0	2.3	1.6	—
Pediculosis ..	35	14.0	9.0	10.3	9.2	8.0
Unsatisfactory Nutrition ..	26	11.0	18.5	13.2	8.2	1.1

(*a*) *Clothing*

In the Edwardian period children's clothing tended to be heavy and restrictive to body movement. It was relatively costly compared with factory made garments today.

(*b*) *Footwear*

In the earlier years it was not unknown for children, save in the colder weather, to attend school without boots, and charitable funds existed to meet this contingency. Until recent years, a fairly common excuse for non attendance at school was lack of footwear. In later years, Medical Officers paid attention to the state of repair of footwear. Today considerations of the types of footwear and the fit of the shoes are matters of current interest.

(*c*) *Pediculosis*

The figures given above are not comparable one decade with another for a multiplicity of reasons. The long hair of girls was no doubt once more difficult to free from infestation than hair styles of today. Also overcrowding, with children sleeping together, probably rendered the family unit more difficult to free from infestation.

Advances in medical knowledge have helped considerably. During the first World War, Nuttal added considerably to an understanding of the ' Life History of the Louse.' In the second World War, Mellanby brought social aspects of the problem up to date, whilst Buxton contributed to the introduction of more effective agents for disinfestation.

In Newcastle the traditional treatment of Pediculosis by Paraffin and Vinegar continued until 1949, and was then replaced by D.D.T. Preparations. By 1953 these appeared less effective than previously, accordingly Gammexane has since been employed for cleansing the scalp and proofing it against further infestation. The preparation in present use is ' Lorexene.'

Body vermin has declined from 3% of children inspected in 1910, to complete absence in 1955 and 1956.

PUPILS OF CURRY STREET, 1904

SENIOR PUPILS OF SAME PERIOD

(*d*) *Nutrition*

Considerable advance has been made in the understanding of Nutrition during the past 50 years. In the Edwardian period serious under-nutrition only was recognised. In the years between the Wars, greater emphasis was given to incorrect food habits. Between 1926 and 1937, however, economic conditions prevailing in the City resulted in serious privation of children. In the second World War food rationing administered on a scientific basis left children in a better nutritional state than ever before.

Records of physical measurements are confined to the years 1909 — 1914 and 1954 and 1955. The two periods compared show a marked acceleration in growth in recent years. Moreover, whereas in 1911 Heights and Weights of Newcastle children were below the average of the Country at that time, those in 1955 were well up to similar figures published in London, Birmingham and Edinburgh.*

Anthropological information collected in 1955 did not markedly differ from similar observations made by Beddoe † before the turn of the Century, and indicated no substantial change in the racial extractions of the school community.

Rickets

The incidence of this disturbance of Calcium metabolism has declined over the years as follows :—

Year	*Present in children Inspected* %
1909	3.0
1919	1.16
1929	2.16
1938	.3

Today the condition is a clinical rarity unassociated with food deficiency.

* Cohen, H. M. Annual Report (Birmingham) 1953, Ellis et alia Archiv. Dis Child. Dec. 1955. Roper, R. E. Physique in Boys and Girls 1947.

† Beddoe. The Races of Britain. 1885.

CHAPTER 5

SCHOOL CLINICS

A. Premises

The establishment of inspections in schools revealed a large number of defects which it was felt could not reasonably be passed to existing charitable organisations for treatment and, in 1908, a Central Clinic was opened at the Education Office in Northumberland Road, to which parents might bring children for advice. Two additional clinics were opened at Bentinck and Raby Street in 1912.

During the first World War, Scabies proved a source of concern to the Committee and, in 1918, School Baths were erected in Northumberland Road. The Central School Clinic was moved to this site.

A second impetus to the erection of additional clinics is discernable between 1930 and 1934 when clinics at Atkinson Road (1930), Middle Street (1931), Ashfield House (1932) and Cowgate (1933) were opened. The clinic at Middle Street has since been enlarged.

In 1950 the temporary building at Raby Street was closed, and the clinic incorporated in the newly opened Health Department Clinic on Shields Road. In the same year, the Central Clinic moved to its present position and, in 1953, a second floor to this clinic was completed. The clinic, with its offices, is the administrative centre of the service.

It will thus be seen that existing clinics are situated very much as they were in 1933, but, as demonstrated in Dr. Walton's Report of 1956, considerable movement of the school population has taken place in the interval. The problem which now presents itself is how Clinics should be redistributed to offer convenient coverage of the City within its present boundaries. With decreasing attendances at the clinics, following the creation of the National Health Service, it may be that new buildings will not be as large as formerly and, in the interests of economy, it will probably be found convenient and desirable to include them in new Health Clinics.

No progress has yet been made in the erection of clinics at Ravenswood and Atkinson Road.

During 1956 all clinics were maintained in satisfactory decorative repair and suitably equipped.

Clinics on School Premises

In 1924 clinics on school premises were established at Bath Lane, Clarence Street, Royal Jubilee and St. Dominic's Schools. In 1940 there were seven such Centres, and in 1956 their number was increased to fifteen.

It is possible that these small treatment centres will play an important part in future policy. When the main Clinics have been suitably distributed, it will be possible to decentralise the Service, each clinic forming a subsidiary administrative centre, much of the work being done on surrounding school premises.

B. Facilities Offered in School Clinics

The facilities offered in School Clinics are shown in the following Table :—

TABLE

Facilities provided in School Clinics

Clinic	*Consult-ations*	*Refractions*	*Dressings*	*Dental* *	*Orthop-aedic*	*Speech Therapy*	*Special Skin Clinics*
Central	X	X	X	C.E.O.	X	X	X
Ashfield House	X	—	X	—	—	X	—
Atkinson Road	X	—	X	C.E.	X	—	—
Bentinck	X	—	X	C.E.	X	—	—
Cowgate..	X	—	X	C.	—	—	—
East End	X	X	X	C.E.	X	—	—
Middle Street	X	X	X	C.E.	—	X	—

* *Key to abbreviations*

C = Conservative. E = Extractions. O = Orthodontic.

Between the two World Wars there had been a continued development in facilities for treatment, which have since been delegated to the Regional Hospital Board.

Attendances in school clinics were as follows :—

Nurses Duties

Duties vary somewhat in inidividual nurses, but to a greater or lesser extent include :—

Dressings in Clinics and Schools ; Head and personal Hygiene Inspections ; Attendance at Medical Inspections ; Tuberculin Testing ; Assisting with B.C.G. Vaccination ; Home Visits ; Escort duty in connection with certain children going to or returning from, Residential Schools.

The duties of Nursing Helpers include :—

Head Inspections in Schools ; Cleansing of heads ; Bathing ; Clerical duties ; Preparation of Clinics ; Preparation of dressings ; Delivery of notices ; Escort of children.

The general work in the Clinics is shown in the Table below.

Return of Work Performed in Clinics

Defect or Disease	*Number of Children*	*Total Treatments*
Skin — Septic	7,162	26,017
Scabies	63	270
Ringworm	26	225
Other	1,196	4,407
Ear Conditions—		
Wax in Ears	174	425
Discharging Ears	198	816
Eye Conditions—		
Conjunctivitis	114	304
Other External Eye Conditions	701	1,851
Spectacles	237	—
Vision Tests	338	—
Tonsillitis	171	128
Acute Infectious Fevers	15	—
Injuries	1,157	2,089
Malaise	69	35
Follow-up Inspections	502	137
Head Inspections	3,376	279
Cleansing	215	749
F.F.I's and Manual Workers	266	45
Miscellaneous	1,834	1,573
TOTAL	17,814	39,350

Attendances at Clinics, 1956

Clinic	*Individual Cases*	*Total Attendances*
Ashfield House	2,299	3,543
Atkinson Road	2,733	8,309
Bentinck	2,906	5,320
Central	1,916	2,642
Cowgate	1,675	5,362
East End	16,88	3,685
Middle Street	3,339	7,003
TOTAL	16,566	35,864

Attendances at Clinics on School Premises, 1956

Parent Clinic	*No. of Clinics*	*Attendances*
Ashfield House	1	1,825
Atkinson Road	2	3,172
Bentinck	2	2,480
Central	5	6,605
Cowgate	1	1,347
East End	2	1,611
Middle Street	1	560
TOTAL		17,600

Staff

The normal complement of staff in a School Clinic consists of a Medical Officer, a Senior Nurse, and two School Nurses, a Nursing Helper and a Clerk. A School Dental Officer is attached to all Dental Clinics, except Ashfield House, together with a Dental Receptionist.

Consultations

The number of children brought to Medical Officers in the Clinics for examination and advice, was as follows :—

Central	483
Ashfield House	400
Atkinson Road	1029
Bentinck	1475
Cowgate	671
East End	952
Middle Street	935
TOTAL	5945

The Skin Clinic

As indicated in last year's Report, two 'Skin Clinics' are now held at the Central clinic, dealing largely with Ringworm and Plantar Warts. The attendances were as follows :—

1. *Plantar Warts*

Number of children diagnosed with Plantar Warts	169
Number of treatments given	705

2. *Ringworm*

Number of children examined	247
Number of animals examined	8
Number of treatments given	531
Number of cultures taken	429

Impetigo. Has been less frequent during the year.

Scabies. An increase in Scabies has been noted in every month of the year. Cases were widely scattered but an increase was not conspicuous until October, when the usual seasonal increase occurred. No obvious reason for the increase has been discovered and precautions have been tightened to keep the condition under control.

Ringworm. In October an incompletely treated case of Ringworm of the Scalp was admitted from another Authority to a Children's Home in the City. It was December when the first indication of any abnormal circumstances was noted by the detection of two girls in East End Schools. Pupils in the schools affected were immediately screened under a Wood's Lamp, but no further cases were found at the time. In all 250 children were screened.

Subsequently, roughly half of the children in the Home, previously referred to, were found infected. Some were attending another school in the East End of the City.

Ophthalmic Clinics

The provision of Spectacles in the early years was undertaken by the Local Authority out of the 'Hospital Fund' collected from children in the schools. Subsequent to the Education Act of 1918, they were provided by the Local Authority supported by a Government Grant. A small fee was charged for the frames which were of steel with a barrel nose fitting. In 1944, the fee was discontinued, and the pattern improved. In 1948 spectacles were provided by the Ophthalmic Services Committee of the Local Executive Council. The immediate demand of sections of the population other than school children, upon this service, resulted in a serious shortage of spectacles. The delay in obtaining glasses was finally overcome by 1951, but not before a large number of children now in the senior classes of the schools, had developed permanent amblyopia.

The work done in this connection during the past year was as follows :—

Number of children tested—	
School Medical Officers	433
Ophthalmologists	1574
Number of spectacles prescribed	1364
Number of spectacles repaired or replaced ..	1112

The cost to the Authority for spectacles carelessly damaged or lost was £148 18s. 7d.

Until 1948, when Dr. J. D. Milne was appointed by the Committee, refractions were performed by School Medical Officers. The Principal School Medical Officer, Dr. G. Foggin, undertook the training of Medical Officers in the work. In 1950 Dr. V. G. O'Leary was appointed to give additional consultant sessions and, in 1952, the services of Dr. L. W. Davies were provided by the Regional Hospital Board.

Speech Therapy

Defective Speech has engaged the attention of the Service since its inception. Variations in the incidence of this disability over the years have been as follows :—

Year	*No. of children with Speech Defect per* 1,000 *Inspected*
1909	42.5
1919	17.5
1929	43.0
1939	23.0
1949	35.0

In 1915, special instructions, based on the work of Dr. Kraft of Zurich, was issued to class teachers on the handling of children. Speech Therapy, as we know it today, gradually became available in the third decade of the century. Prior to 1950 children were referred to Miss Morley at the Royal Victoria Infirmary. Progress in building the present service may be summarised as follows :—

1947. An establishment obtained for a full-time Speech Therapist.
1950. A part-time Speech Therapist obtained.
1951. A second part-time Speech Therapist secured.
1952. One full-time and one part-time Speech Therapist employed.
1952. Both Therapists employed full-time.

With the completion of the sub-floor premises at the Central Clinic, two modern therapy rooms and an audiometer room became available. Miss Clutterbuck, the Senior Speech Therapist, reports on the year as follows :—

SPEECH THERAPY REPORT FOR 1956

1. Staff

Miss M. Atkinson, Senior Speech Therapist, resigned in July 1956, since when it has been impossible to secure the services of another Therapist. This is due to a shortage of Speech Therapists in the North of England.

2. Clinics

Treatments were carried out in five Clinics up to the end of July. They were arranged as follows :—

Central Clinic	14 sessions per week
Middle Street Clinic	3 ,, ,, ,,
Ashfield House Clinic	2 ,, ,, ,,
Lower Condercum Day E.S.N. School	1 session per week
Jesmond Dene Residential E.S.N. School	1 ,, ,, ,,
TOTAL	21 sessions per week

The sessions at Lower Condercum and Jesmond Dene Schools, were suspended from July to December, owing to shortage of staff. It was also necessary to reduce the number of sessions at the Central Clinic from 14 to 7 and at Middle Street Clinic from 3 to 2 sessions per week.

3. Special School Work

The one session per week carried out at Lower Condercum E.S.N. School until the end of July, was inadequate. Daily sessions are essential at this School for the following reasons :—

(*a*) The low intelligence level of the children — daily repetition of treatment is necessary for it to be effective.

(*b*) The large number of children requiring Speech Therapy — approximately 45.

The one session per week at Jesmond Dene House Residential E.S.N. School was adequate, because only 5 or 6 children needed treatment.

4. Audiometer Work

Audiometer tests have been done throughout the year. The Audiometer room has been partially sound-proofed, making accurate test results easier to obtain. Accurate and intensive audiometer testing of school children is important, in so much as some children could be erroneously classed as educationally subnormal when in fact they are deaf or hard of hearing.

5. Statistics for the Year 1956

Children with Speech Defects were treated for the following :—

Stammer	78
Dyslalia	129
Retarded Speech	23
Cleft Palate	5
Dysarthria	9
Other Defects	44
TOTAL	298

Attendances and Treatments

	Boys	*Girls*	*Total*
Number of patients admitted ..	46	28	74
Number of patients discharged ..	109	54	163
Number of patients on waiting list	88	30	118
Number of treatments	2125	1208	3333
Number of audiometer tests ..	18	29	47

The discrepancy between admissions and discharges is accounted for by a progressive reduction in the numbers of children under treatment resulting from shortage of staff.

CHAPTER 6

DENTAL TREATMENT

Mention of the need for dental treatment for school children was made in the first annual report of the Principal School Medical Officer in 1909, but not implemented until 1920 when the first Dental Officer was appointed. In the following year, a full-time Dental Officer was working at both Bentinck and Raby Street Clinics. Subsequent additions to the staff occurred in 1927, 1930, 1931, 1936 and 1949.

The first Dental Attendant was Nurse Shyvers, later Matron at the Pendower Open Air School. She was succeeded by clerk attendants attached to Dental Officers, who were under the supervision of the Chief Clerk.

Dental Officers were until 1946 under the direction of the Principal School Medical Officer. In that year, Dr. J. C. Brown was appointed Senior Dental Officer.

In 1947 a clerk was appointed to the Dental Department, and full-time dental receptionists replaced clerks.

In 1950 establishment was obtained for an Orthodontist, but the post has not yet been filled. In anticipation of orthodontic work a Dental Laboratory was equipped at the Central Clinic and a dental technician appointed.

In 1955 a dental hygienist was appointed.

Dental Inspections

The proposed scope of the Routine Inspection of pupils outlined in the Board of Education Circular 582 (1908), included an examination of the mouth. Instructions contained in the circular were amplified in a communication put out by the British Dental Association, dated 21.2.1909. This original scheme devised for the recording of the dental state of children as a measure of caries incidence was, from a biological point of view, somewhat crude, but it should be remembered that present day methods are of comparatively recent origin. The method continued to be used by Medical Officers until 1930 to provide a measure of the improvement in the state of children's teeth throughout the period.

With the appointment of dental staff, additional inspections were performed by Dental Officers, with a somewhat different object, namely, to ascertain which children required dental treatment.

Improvements in Dentition

The following summary of Medical Officers inspections demonstrates an improvement in the dental condition of children, particularly between 1909 and 1919.

The Dental state of Elementary school children in certain Age Groups

(% of total children Inspected)

	5-6 *years*			8-9 *years*			14 *years*		
	1909	1919	1929	1909	1919	1929	1909	1919	1929
No. Caries ..	14.6	20.3	26.5		22.1	29.4	18.0	27.4	35.1
Less than four Teeth carious	50.5	49.0	50.5		54.1	57.3	54.5	60.6	60.8
More than four Teeth carious	34.7	30.5	23.0		24.0	12.3	27.4	11.8	4.1

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1956

Staff

The vacancy for an assistant dental officer with special experience in orthodontics remained unfilled throughout the year, and it is becoming apparent that, at the salary offered, it is unlikely that an applicant for this appointment will be forthcoming. The demand for this rather specialised type of treatment is increasing each year, and, as parents and children become more " tooth conscious," an alternative means of providing it will have to be considered.

At present the treatment of regulation cases is being undertaken by Mr. Crombie and Mr. Sissons, each of whom attended a short refresher course on the subject during the summer. Arrangements have also been made with the Dental Hospital, whereby more difficult cases may be referred for consultant advice and treatment if necessary.

Only one resignation was received during the year — that of Miss Robinson, who left at the end of May, to take up a similar appointment nearer her home.

This vacancy could not be filled with another full-time officer, and in the latter half of the year, the work at Bentinck Clinic, was undertaken by two part-time officers, working on a sessional basis.

Dental Examinations

As in former years, one session each week, as far as possible, was given over to the inspection of the childrens' teeth at school by each dental officer. In this way, the majority of the schools were covered in the course of the year, and those schools which were missed will be taken early in the following year.

Once again more than fifty per cent of the parents attended their childrens' first examination, and had the opportunity of meeting the dental officer, who at these examinations normally gave the parents a short talk on the school dental service, and the care of their childrens' teeth.

Further instructions and demonstrations on oral hygiene were given in the schools by Miss Blyth, the dental hygienist. These talks were given chiefly to the junior departments, and have been well received by both teaching staff and children, particularly so when the demonstrations have been accompanied by the presentation of a short film on the prevention of dental disease.

Treatment

Over the year, out of 25,000 children examined, some sixteen thousand were found to be in need of dental attention.

This proportion is much the same as last year, and while it may seem to be higher than one would wish, it must be borne in mind that it includes all age groups including those where deciduous teeth are being lost.

Conservation work as in former years, was concentrated on the second dentition and it was noticeable that attendances for fillings were usually stepped up from a school which had been recently visited by the oral hygienist.

The majority of the extractions were undertaken under general anaesthesia and in this connection it is stressed that the facilities for the recovery of patients from gas in some of the clinics, notably Atkinson Road, are still far from satisfactory.

Nearly 200 children were fitted with orthodontic appliances, while 80 received artificial dentures. These two last types of treatment together with work on crowns and inlays are undertaken at the Central Clinic, where laboratory facilities are available.

Arrangements for collaboration with the General Hospital and the Royal Victoria Infirmary, worked very satisfactorily and as with the regulation cases, specialist advice and treatment was always available when required, from the Sutherland Dental Hospital.

Details of the work for the year are to be found in Appendix A.

DEVELOPMENTS IN THE EDUCATION OF HANDICAPPED PUPILS

Legislation

1893 Education (Blind and Deaf Children) Act. Local Authorities have a duty to provide Special Schools for Blind and Deaf Children.

1899 Education (Epileptic and Defective Children) Act. Local Authorities may provide Special Schools for Mentally Defective Children.

1914 Elementary Education (Defective and Epileptic Children) Act. Local Authorities have a duty to provide for Defective and Epileptic Children over age of 7 years.

1918 Education Act. Local Authorities have a duty to provide for all Handicapped children, except Maladjusted children and Speech Therapy.

1921 Education Act. A duty to ascertain Handicapped Pupils from 5 years.

1937 Education (Deaf Children) Act. Age of compulsory school attendance for Deaf Children reduced below 7 years.

1944 Education Act. Local Authorities have duty to ascertain and provide for Handicapped Pupils over age of 2 years.

1953 Handicapped Pupils Regulations define nine Classes of Handicapped Pupils.

Developments in Newcastle upon Tyne

1838 Royal Victoria School for the Blind opened.

1838 Northern Counties School for the Deaf opened.

1903 Mill Lane M.D. School opened for 54 pupils.

1908 Bolam Street M.D. School opened for 60 pupils.

1925 Pendower Open Air School opened for 130 children.

1926 Myope Classes opened for 40 children.

1935 Mill Lane M.D. School transferred to Lower Condercum House with accommodation for 125 boys.

1950 The first Speech Therapist approved.

1953 Percy Hedley School for Spastics opened.

1954 Jesmond Dene House Residential E.S.N. School opened for 50 girls.

1955 A Nursery Class opened at the Northern Counties School for the Deaf.

HANDICAPPED PUPILS

Increasing emphasis has been placed upon the need for Local Authorities to provide a system of education adjusted to the needs of individual children.

It has fallen to the School Health Service to discover which children, suffering from some handicap of mind or body, require Special Educational provision either in an ordinary school or by transfer to a Special School.

An indication of the relevant legislation and the developments which have taken place locally, is given in the Table opposite.

In the pages which follow, a fuller account is given of the ways in which these Handicapped Pupils are being assisted.

CHAPTER 7

THE BLIND AND THE DEAF

1. *Blind Children*

The number of children so blind that they cannot be taught by sighted methods of education, or are likely to become so, has fallen considerably during the half century. Up to the mid-thirties the commonest cause of blindness was Ophthalmia, which has been reduced by attention to the nutrition and general health of children and to the control of communicable disease. The common causes of blindness today are degenerative conditions of the retina and optic nerve.

Dr. J. Vernon Ingram continues as Certifying Officer.

Children born blind are admitted to the Sunshine Homes, and those of school age to the Blind Schools at Preston, York, and the Royal Victoria School for the Blind, Newcastle upon Tyne. One boy graduated to the Royal Normal College for the Blind this year.

The number of children provided for were as follows :—

Number of children newly ascertained.. ..	None
Number of children in Residential Blind Schools	9
Number of children awaiting placing	1

2. *Partially Sighted Children*

Previous to 1926 partially sighted children were admitted to the Royal Victoria School for the Blind. It was known that, where no better placing was possible, children admitted to Open Air Schools often improved considerably. Consequently when the Pendower Open Air School was opened provision was made for two ' Myope Classes.' These were run on the lines developed by the late Dr. Bishop Harman. Since then educational methods and the selection of pupils have moved with subsequent advances in the understanding of the needs of this type of child.

Children are ascertained by the Committee's Ophthalmologist, Dr. J. D. Milne, and are reviewed at regular intervals. The numbers of partially sighted pupils are as follows :—

Number of children ascertained and admitted 1956	2
Number of children discharged	1
Number of children in ' Myope ' Classes ..	20
	(1926 = 75)

3. *Deaf Children*

These children have insufficient hearing for them to benefit from ordinary education and, when defective at birth, usually require speech training in addition. Thus it is important to recognise deafness in children as early as possible and to provide suitable treatment without delay. In the past year a Nursery Class has been opened at the Northern Counties School for the Deaf.

Mr. J. I. Munro Black continues to investigate children at the Hospital for Sick Children (Fleming Memorial).

The number of children educated as deaf over the years has been as follows :—

1926 = 38
1936 = 45
1946 = 45
1956 = 33

Formerly the most important cause of deafness was middle ear disease. Since the War the introduction of streptomycin in the treatment of tuberculous meningitis has been responsible for a number of cases of nerve deafness. This danger is now receding and the figures for 1956 are as follows :—

Number of children newly ascertained	1
Number of children newly placed in schools ..	3
Number of children awaiting placing	1
Number of children being educated in special schools	33

4. *Partially Deaf Pupils*

Partially Deaf pupils require some but not all, the educational facilities provided in special schools for the Deaf. It is important that they are not educated in schools for totally deaf children. In Newcastle there is a growing need for day special classes for hard of hearing children. At present there are two children in a school for the Partially Deaf and two are awaiting placing.

Number being educated in special schools ..	2
Number newly ascertained	1

Apart from special positioning in class, the most important help which has been made available to children is the Hearing Aid. These are supplied by the Hospital Service and their use is periodically reviewed by the Medical Officers. Unfortunately they are not always carefully used : batteries require replacing at intervals, and some degree of competence and perseverance is required on the part of the user if material help is to be derived from them.

5. *Lesser degrees of Deafness and its Distribution*

The industrial North has had an unfortunate reputation for respiratory and upper respiratory infections which are a common cause of ear disease and resulting deafness of varying degrees.

The extent of this disability in a school population is difficult to estimate because it varies in individual children from time to time. Periodic Medical Inspections occurring as they do at five year intervals, cannot be relied upon to provide really useful information. Audiometry sweeps, on the other hand, are of restricted value. The gramophone audiometer which was in use in this Service before the war, was both practical and valuable and its discontinuance has been a loss.

During the year effort has been made to determine more carefully the extent of deafness among school children. In November Head Teachers were asked to submit the names of pupils in their schools known or suspected to be deaf. To these lists of children were added the names of others known to the Department to be deaf or suffering from ear disease. More detailed information was subsequently obtained from Head Teachers concerning each child.

Arrangements were then made for the examination of the children to determine :—

1. Whether the child was deaf or not.
2. If deaf — how deaf.
3. The cause of the deafness.

The scope of the examination and its technical details was carefully arranged and three Medical Officers took part. The results available at the end of the year were as follows :—

Total number of pupils reported	482
Number of pupils tested	336

On the forced whisper test, 176 children were found to have some degree of deafness as follows :—

Slight	
Hears whisper with both ears at more than 10 feet	99
Moderate	
Hears whisper with both ears at 10 feet	12
Deaf	
Hears whisper with one ear at 10 feet	16
Very Deaf	
Hears whisper with both ears at less than 5 feet	49

The causes of failure in the test appeared as follows :—

Difficulty in auditory perception	7
Obstruction (Wax in ears)	6
Frequency deafness	6
Inflammatory conditions	101
Emotional difficulties	3
Cause obscure	53

The relationship between deafness and educational retardation was less clear than expected because children were included whose difficulty was primarily that of mental subnormality.

However among those found to be very deaf the proportion of retarded pupils was exceptionally high as shown below :—

	Number Tested	*Number Retarded*	
Normal hearing	139	50	(36%)
Slight and Moderate Deafness	100	29	(29%)
Severer forms of Deafness	63	37	(60%)

The bias of retardation in the Deaf groups was as follows :—

School Department	*Total Deaf Children*	*Number of children Retarded in Arithmetic*	*Reading*
Primary Infant ..	36	8	12
Primary Junior	40	13	16
Secondary ..	81	26	27

CHAPTER 8

THE DELICATE AND PHYSICALLY HANDICAPPED

Delicate Pupils

In the early years of the century some provision was made for Delicate children. Thus in 1912 the Poor Children's Holiday Association sent 53 children to the country and seaside on the recommendation of the School Medical Officer, for three weeks. In later years holiday camps were opened by the Invalid Children's Aid Association for a longer stay. In process of time this Authority made itself responsible for the maintenance of such camps.

In 1914 serious consideration was given to the provision of an Open Air School for some 400 children. In 1920 the City purchased the Pendower Estate, part of which was developed for housing, and in 1925 an Open Air School was opened after repeated refusals of the Board to sanction a grant in the circumstances of financial stringency then prevailing. The original school catered for 125 'Delicate' and 'Pre-tuberculous' children. Cases of Debility, Pre-tuberculosis, Rickets, Anaemia, and children convalescent from acute illnesses including surgical operations, received consideration.

Since the opening of the school, the principles of open air education have changed somewhat, although daily practice has remained substantilaly unaltered. Originally fresh air, sunlight and nutrition were regarded as of the greatest importance; today greater emphasis is laid on a suitable modification of the educational regime to meet the capacity of children for sustained mental and physical activity.

The changing pattern of disabling disease is reflected in the types of case admitted to the school. An interesting contrast between children attending Pendower School in 1956 and those attending 20 years earlier is included.

Types of Disability for which children have attended Pendower Open Air School

In 1927		In 1956	
Anaemia, Debility and Malnutrition	47	Debility ..	58
Bronchitis and Bronchiectasis ..	21		36
T.B. Suspected	30		2
Glands	13		0
Lungs (Healed)	0		6
Post Meningitis	0		2
Bones	0		8
Asthma	0		24
Rickets	6		0
Rheumatism and Chorea ..	3		1
Heart Disease	1		11
Accident Prone (Haemophilia) ..	1		0
Epilepsy	0		1
Defective Skull	0		1
Fragilitas Ossium	0		1
Neurological Conditions	2		17
Miscellaneous	5		2

The numbers of children in School in 1956 were :—

Number on School Rolls — December 1956	178 and
Partially Sighted	19
Number admitted	68
Number Discharged	60

Physically Handicapped Pupils

Before reporting on the work of the Orthopaedic Department, mention should be made of more recent provision for Physically Handicapped pupils. Residential Schools, outside this area appear to have been available in the early 1920's. In January 1953, the Percy Hedley School for Spastic Children at Hampeth Lodge, Forest Hall was opened. Children severely handicapped are also provided with teaching in their own homes.

The numbers of children receiving special education during the year were as follows :—

Day Special Schools	60
Residential Special Schools	3
Hospital Schools	9
Home Teaching	7

Children requiring placing at the end of the year were as follows :—

Day Special School	2
Residential Special School	1

The number of children newly placed on, and removed from, the register of Handicapped Pupils was as follows :—

Newly Placed	14
Discharged	23

During the year negotiations have proceeded with the Hospital Authorities for the provision of teaching of pupil in-patients. At present this is given at the W. J. Sanderson Orthopaedic Hospital School and the Royal Victoria Infirmary.

Orthopaedic Department

Miss B. Hague, the Superintendent Physiotherapist, has contributed the following description of the development of the Orthopaedic Department.

" In August 1920, a new department of the School Health Service began, Orthopaedic by name.

' This department had its origin in a small room in a building once used for Turkish Baths and situated on a site where now stands the City Hall. After a few months a larger room was procured in the back premises of the City Education Offices.

' From August 1920 to October 1923, I worked this department alone (no Orthopaedic Surgeon had been appointed). Patients were treated by Physiotherapy, any who required surgical treatment were referred to Hospital, and later returned to me for after-care treatment. I appealed to the Citizens Service Society for help in providing surgical footwear for necessitous cases. Parents who were able to afford the necessary appliances were asked to provide them.

' At a later date a small amount of money was granted by the Education Committee for this purpose, and each year a larger grant was allowed as required. It was a great joy, after three years, to have the services of an Orthopaedic Surgeon, Dr. W. Mackenzie, who was appointed as part-time consultant, to attend clinics on several sessions per week. He was also the Medical Officer in charge of what was at that time known as " The Sanderson Cripples Home ", now the Sanderson Orthopaedic Hospital, Gosforth.

' The department now seemed to work most satisfactorily. Patients received treatment as recommended by the Surgeon — if surgical treatment was required the same Surgeon had charge of the case in Hospital and, on discharge from Hospital, returned to the Department to continue after-care under the same surgeon and physiotherapist.

' The work of the department grew so rapdily that it was necessary to have more staff and additional clinics. Whenever the School Health Service opened Clinics in different parts of the City, I endeavoured to claim one of the rooms available for orthopaedic work. This enabled the children to obtain the necessary treatment nearer to their homes and schools, e.g.

Atkinson Road and Bentinck Clinics in the West End and the East End Clinic on Shields Road.

The opening of Pendower Open Air School in 1925 solved many problems for the severely handicapped orthopaedic patients. Although this school was primarily intended for delicate children only, it enabled some of these orthopaedic patients who could not be admitted to other schools, to receive both education and treatment during the school session.

'In 1949, the Sun Ray Clinic in Byker was offered to the Orthopaedic Department on certain days of each week. This proved very useful, but unsatisfactory when it had to be shared with the City Hospital staff. Over many years certain barriers were broken down and when the National Health Service Scheme came into force in 1948, nearly all that was possible had been achieved. The departments were most satisfactorily worked and it was with regret that at this time Dr. Mackenzie, after 25 years service, left.

'The Orthopaedic Surgeons, supplied by the Regional Hospital Board, now attend on certain sessions each week.

'The present Central Orthopaedic Clinic, now at City Road, is a further improvement, but the increasing number of patients and the work involved seem always to demand more space.

'An old building converted in my opinion, though useful, is never as satisfactory as a new building designed to pattern."

The majority of children seen at the Orthopaedic Clinic are, of course, not Handicapped Pupils and attend ordinary schools.

The work done at the Clinic during the year was as follows :—

Statistics for the Year 1956

	School Health Service	*Maternity and Child Welfare Service*	
1. *Attendances*			
New Patients — Boys 551	1109	120	213
Girls 558		93	
Total number of children who attended for examination	2236		457
Total number of attendances at Surgeons clinics	2115		628
Children on whom the Surgeons opinion was requested, but who failed to attend	145		7
Waiting List	128		4
2. *Discharges*	827		105
Admissions to Sanderson Orthopaedic Hospital	55		20

Statistics for the Year 1956 (*continued*)

		School Health Service	*Maternity and Child Welfare Service*
3. *Physiotherapy*			
Total number of attendances at Physiotherapy clinics		16,051	3,576
Special therapies given for orthopaedic conditions :			
Swedish Remedial Exercises		10,284	1,476
Massage		98	299
Manipulations		1,793	1,035
Medical Electricity		5,621	1,008
Radiant Heat		79	82
Ultra Violet Light		27	—
Manipulations in patient's homes (Congenital foot deformities)			21
Special therapy was also given to children with the following non-orthopaedic conditions :			
Chest Conditions			
Asthma, Bronchitis, Bronchiectasis	Patients	57	—
	Treatments	2,867	—
Non-Orthopaedic			
Ultra Violet Light			
Alopaecia, Debility, Asthma, Acne, Psoriasis, Chilblains	Patients	14	—
	Attendances	173	—
	Treatments	218	—
4. *Other Information*			
Number of children requiring X-ray examination		107	11
Number of children photographed		11	2
Number of children supplied with plaster splints		2	—
Surgical appliances supplied or altered :			
New splints		170	142
Splint repairs		96	47
Surgical boots		36	9
Boot alterations		941	608

Diagnosis of Cases which have come under the care of the Orthopaedic Department in 1956

(Percentages)

	School Health Service (2236)	*Maternity and Child Welfare Service* (457)
General foot conditions including flat foot and foot strain	51.0	30.2
Knock knee and Bow leg	11.1	25.6
Postural conditions including Scoliosis	10.3	0.7
Peculiarity of gait (not yet diagnosed)	0.9	9.4
Injuries and sprains	3.0	0.5
Congenital Anomalies :		
Spine and Upper Limbs	1.1	1.1
Lower Limbs — feet	3.5	24.3
Lower Limbs — Other	0.7	0.5
Dislocated Hip	0.4	0.5
Cerebral Spastic conditions including Ataxia	1.9	1.3
Anterior Poliomyelitis (effects of) ..	2.4	2.8
Tuberculosis of Bone and Joints ..	1.2	—
Infective Arthritis : Synovitis of knee	0.5	—
Perthe's Desease of Hip	0.4	—
Others	11.6	3.1
	100.0	100.0

The category " others " includes cases of Infantile Coxa Vara, Osteochondritis of Vertebrae, Renal Rickets, Slipped proximal Femoral Epiphysis, Fatigue Fracture of Tibia, Erb's Palsy, Torticollis, Osteogenesis Imperfecta, Hemi-hypertrophy, Pseudo-hypertrophic, Muscular Atrophy, Muscular Dystrophy, Achondroplasia, Tarso-epiphyseal Aclasia, Still's Disease, Haemangiomatosis, Amyotonia congenita and cases with no orthopaedic abnormality.

CHAPTER 9

MENTAL HANDICAPS

Infirmity of mind may be the underlying problem in three categories of children, namely : the ' Educationally subnormal ', the Maladjusted and the Delinquent. Educationally subnormal children are essentially more than two years retarded in basic educational subjects. The majority are mentally backward, previously known as feeble minded. Maladjusted children are largely emotionally unstable and unable to adapt themselves to the social demands of life. Delinquent children are those who find themselves in trouble with the police. Certain children in each of these classes may show traits of other handicaps.

1. *Educationally Subnormal Children*

In 1903 a Special M.D. School was opened at Mill Lane for 54 pupils, followed in 1908 by a similar school for 60 pupils in the East End of the City at Bolam Street. In 1935 the boys were moved to the Lower Condercum House Special School. This property had been subject to negotiation since 1929 and purchase was hastened by fear of Government economy in 1931. As it was purchase only was permitted by the Board, the necessary adaptation not being complete until 1935. The School now has accommodation for 150 pupils. In 1951 a Nursery Class for younger educationally subnormal pupils added a distinctive feature to the school. Accommodation at Bolam Street School has since been increased to 90 girls, which is still insufficient for present needs.

Immediately after the War a shortage of Residential Schools was experienced throughout the Country. Since 1919 Newcastle had exercised its powers to provide residential education for Handicapped Pupils, but frequently ascertained pupils were kept waiting for places in a suitable school. Newcastle and Gateshead combined to meet the difficulty by each providing a Residential School — Gateshead for boys at Hindley Hall and Newcastle for girls at Jesmond Dene House. It was anticipated that the schools would be open to pupils from both Authorities according to demand, but Jesmond Dene House rapidly filled with pupils from outside Authorities to the exclusion of local girls. Moreover, staff difficulties at Hindley Hall have recently restricted

accommodation. In spite of these difficulties the waiting list of pupils has appreciably diminished.

Teaching in Special Schools has long offered a limited professional career and those who have pursued it have done so with a high sense of vocation. More recently, however, facilities have been extended to teachers better to equip themselves to meet the more exacting demands of special education. One master at Lower Condercum School has attended a post graduate course, and arrangements by the University of Durham are in hand for a course for teachers to be held locally. In 1951, the Tyneside Branch of the Special Schools Association was founded, which is having an excellent influence upon local teachers both in and out of school.

In 1953, medical facilities had reached a low level at both Lower Condercum and Bolam Street Schools. The present acting Headmaster of the former school has since revised the curriculum and given the School Health Service considerable assistance in its work. Medical and Dental inspections are now up to date. Yearly vision and hearing checks are done and every pupil is reviewed, both with regard to his mental development and attainments at frequent intervals.

In Bolam Street emphasis is placed upon social development. An Old Girls Club was commenced in 1954, which incorporated an Evening School. Lack of accommodation has resulted in a long waiting list. A new school building is required which will offer places for a larger number of girls, and preferably situated in less congested surroundings. The same medical facilities have been provided for this school.

The opening by the Health Department of a larger Occupation Centre had favourable repercussions on both schools, where children scarcely educable were formerly retained. It then became possible more readily to report these to the Local Health Authority to the benefit of the general work in the schools.

There is no voluntary After Care Committee in Newcastle, but the needs of educationally subnormal pupils have received special attention by the Youth Employment Department, and the extent to which this has been successful is recorded in the Report of that Department for 1956.

Statistical data for the year is presented as follows :—

A. *Initial Examinations*

Number of children examined for ascertainment ..	123
Number of children classified as Educationally Subnormal	111

B. *Intermediate Examinations*

Number of children reviewed after ascertainment ..	109

C. *Number of children admitted to —*

Day Special Schools	53
Residential Special Schools	9

Number of children awaiting vacancies in Special Schools 45

Number of children recommended for special teaching in ordinary schools 45

D. *Leavers*

Number of children allowed to leave without statutory supervision 15

Number of children reported to Local Health Authority :

(i) on reaching leaving age 25

(ii) before reaching leaving age 23

E. *Children examined under Education Act*, 1948, *Section* 8

Number of children received from Mental Health Authority and ascertained as Educationally Sub-Normal 2

2. *Maladjusted Children*

Cases are received from three main sources, namely :

A. The Juvenile Court.
B. The Children's Department.
C. Heads of School Departments.

Emotional upsets fall into two classes namely : those which are giving rise to serious trouble at school, and those with minor difficulties at home and at school which are dealt with in the School Clinic by simple advice to parent and teaching staff.

Difficulties in obtaining the services of an Educational Psychologist have been largely responsible for the Education Department not providing a Child Guidance Clinic. Unfortunately, in 1948, the Hospital Services had little to offer in this branch of medical treatment. However, considerable development has since taken place, both by the Regional Hospital Board and the Department of Psychological Medicine at the Royal Victoria Infirmary. A small Child Guidance Clinic has been opened at the St. Thomas' Clinic, and another such Clinic will be opened by the University in 1957.

In order to ensure that children get systematic and thorough investigation within existing resources, cases reported are dealt with in the following way :—

A. The home is visited and a report made by one of the School Nurses on a standard form.
B. A report is received from the school showing the attainments, the temperament of the child and social history as known to the school.
C. The child is examined by a Medical Officer. This includes an intelligence test and also a physical examination. Where further investigation by a Paediatrician appears useful, the child is referred to hospital for this purpose.

D. The findings are then summarised and all documents sent to the Psychiatrist, who puts in hand any further investigation which he requires. When his report is received by the School Medical Officer arrangements are made for any recommendation to be put into effect.

The more one sees of individual cases which pass through the Department, the more one realises that the root of the child's difficulty lies in the home, for which residence in a Boarding School for three to four years is no substitute.

The work of the department during the year was as follows :—

A. *Source*

(i) Number of children recommended by the Court	19
(ii) Number of children recommended by Head Teachers and others	19
Number of children ascertained as Maladjusted	9

B. *Disposal*

(i) Number of children admitted to Residential Schools	4
(ii) Number of children awaiting placing	7
(iii) Number of children receiving psychological treatment and attending ordinary schools	10
(iv) Number of children leaving school	3
(v) Number of leavers believed " cured "	1

3. *Delinquency*

The School Health Service deals directly with only a small number of children who appear before the Juvenile Court.

The Children's Officer has kindly supplied the following information which is included to complete the outline of this subject.

The total number of individual children who appeared before the Juvenile Court 509

The main offences with which they were charged so far as it is possible to separate them, were as follows :—

Breaking and Entering	103
Larceny	317
Receiving	20
Assault and Wounding	7
Disorderly Behaviour	7
Motor Offences	7
Indecency	5
Wilful Damage	3
Trespassing	3
Miscellaneous	37

In the routine preparation of a case for hearing the Children's Department obtains a school report on the child, which includes reference to the health of the child so far as it is known

to the teacher. The Probation Officer visits the home when further information on the child's health may be obtained from the parent.

When the case comes into Court the justices may :—

A. Reach an immediate decision.

B. Remand the child pending further investigation particularly on matters of health.

In this latter case the School Health Service is asked to arrange for a psychiatrist to examine and report on the child.

In 1956, decisions of the Court were as follows :—

A. *Judicial*

Conditional Discharge	142
Absolute Discharge	30
Directed to Attendance Centre	44
Fined	82

B. *Social Readjustment*

Placed on Probation	135
Placed in Care of Local Authority	7
Admitted to Approved Schools..	37

C. Arising out of the Psychiatrist's report, the following children were subsequently ascertained as Handicapped Pupils :—

Educationally Subnormal

Recommended :—

Residential Special School	3

Maladjusted

Recommended :—

Residential Special School	1

CHAPTER 10

INFECTIOUS DISEASE

Trends in the incidence of the more important Infectious Diseases are shown in the following Table :—

Notifications of Infectious Disease — 1909 to 1956
(Yearly averages in decennial periods)

Year	*Scarlet Fever*	*Diph-theria*	*Cerebro-Spinal Meningitis*	*Polio-myelitis*	*Tuber-culosis*
1909—1916	674	268	2	1	116
—1926	516	120	2	1.5	164
—1936	681	92	7	1.5	134
—1946	349	172	5	.3	85
—1956	130	—	2	10.0	31

The following additional notes are appended :—

1. *Whooping Cough*

Until last year, when Whooping Cough vaccination was combined with Diphtheria Immunisation, control consisted in exclusion from school. Whooping Cough is still a serious disease too frequently giving rise to structional changes in the lungs and chronic respiratory infection, except when modified by previous vaccination or treated with chloromycetin sufficiently early in the infection.

2. *Scarlet Fever*

In the early years of the century this was a serious illness and by 1910 the majority of cases were admitted to hospital. Before the second World War it was recognised to be an important cause of chronic middle ear disease. Today, most cases are of a mild character, although sporadic severe cases do occur. The largest number of notifications were received in the years 1914-1915 and 1933-1934.

3. *Diphtheria*

The half century has seen the introduction of two measures of control of this often fatal disease. The first consisted in

improved therapeutic measures, which included the use of antitoxin and skilled nursing in hospital. The resulting fall in case mortality was as follows :—

Years	*Total Cases*	*Total Deaths*	*Fatality %*
1904—09	1565	224	14.3
—14	1562	164	10.5
—19	628	38	6.0
—24	700	28	4.0
—29	552	19	3.4
—34	459	12	2.5
—39	1701	75	4.4
—44	791	45	5.6
—49	355	14	3.9
—54	10	2	

Serious epidemics occurred in the years 1934-38 and 1945.

The second measure consisted in the introduction of Diphtheria Immunisation which has reduced the incidence of the disease to negligible proportions. Immunisation takes place in the first year of life and a booster dose of toxaid is given at the age of 3 or 4 years. Children not previously protected are offered immunisation on entry to school. In recent years fewer children have been immunised at school and at no time have booster doses been given to the 8-10 year old group.

4. *Cerebro-Spinal Fever*

Epidemics occurred in 1914, 1930-1934 and 1939-1940. Treatment with antibiotics in the early part of the second World War saved the lives of many seriously ill children, but left some with defective hearing and retarded mental development.

5. *Poliomyelitis*

This is a disease which has become more frequent with improvement in living standards. Peak notifications occurred in 1947 and 1950.

Vaccination against the disease was introduced in 1956.

The vaccine supplied by the Ministry of Health, consists of the following strains :—

Brunhilde Modified	Type I
M.E.F.T.	Type II
Saukett	Type III

It was offered to school children born between 1947 and 1954. Supplies have been restricted and were suspended between the months of June and November, because it was thought that inoculation itself might predispose to paralytic forms of the disease. The initial operation placed considerable strain on the

clerical staff of the Service. Statistics of work done are as follows :—

No. of parents offered Vaccination by personal letter	21,000
No. of parents who gave consent to Vaccination ..	10,618
No. of General Practitioners informed that their patients had been inoculated	196
No. of children sent for—	
(*a*) Maintained Schools	1,030
(*b*) Private Schools	26
No. of children who received full inoculation—	
(*a*) Maintained Schools	877
(*b*) Private Schools	25

Full protection entails two inoculations, the second after an interval of 3 weeks. No after effects were reported to this department.

6. *Tuberculosis*

The control of Tuberculosis among the school population presented an immediate problem in 1907. Initial measures consisted in examination of children and exclusion from school of those suspected to be suffering from the disease. Early reports of the Principal School Medical Officer mention attempts to improve the lighting, ventilation and over-crowding of classrooms. The abuse of school premises by social gatherings after school, is referred to in a demand for stricter cleanliness.

In 1924 a Child Tuberculosis Clinic was working in the City in direct contact with the School Medical Service.

When in 1925, Pendower Open Air School was opened, the needs of the ' pre-tuberculous ' child were foremost in the minds of Medical Officers.

In 1941 Mass Radiography was extended to school leavers.

In 1953 Tuberculin Patch Testing was introduced on a small scale by one of the School Medical Officers. Th s has been developed to include children of all age groups.

In 1954 Tuberculin Testing replaced the Mass X-ray of school leavers, as the principal method of detecting doubtful cases.

In 1955 B.C.G. Vaccination was introduced as a measure of protection against the disease.

Vaccination is a lengthy procedure involving :—

(*a*) Tuberculin Testing before inoculation.
(*b*) Intradermal inoculation of negative reactors.
(*c*) The re-testing of children inoculated to ensure successful vaccination.

The extent to which vaccination was practised in 1956 was as follows :—

No. of parents to whom vaccination was offered	3,060
No. of parents who accepted	1,648
No. of children successfully inoculated ..	1,041
No. of children referred for Mass X-ray ..	493

Guidance with the earlier Tuberculin Tests was given by Dr. Mary Taylor, who is connected both with the Health Department and the Child Health Department, Royal Victoria Infirmary. She has established an increasingly closer link with the School Health Service through the Chest Contact Clinic, and is able to pass on valuable information to this Department.

An indication of the progress which has been made in recent years in the control of Tuberculosis is to be seen in the use of Tuberculin tests in school. Formerly, it was assumed that all young people sooner or later made acquaintance with the Tubercle Bacillus. The majority contracted a mild infection usually without their knowledge, and acquired an immunity against further infection in adult life. Where the general health of the child was unsatisfactory and the reserves of the body insufficient to arrest the course of the infection, intervention was necessary ; thus children found to be losing weight and in indifferent health were singled out as 'Pre-Tuberculous' for special treatment to improve their physical condition. In this the Weighing Machine played an important part.

Tuberculin Tests provide a more accurate means of identifying which children have been infected and, when employed on a large scale, give valuable information concerning the incidence of the disease in the general population. Testing is at present being directed by the City Anti-Tuberculosis Services, who study the results obtained. It is performed by members of the staff of the School Health Service and now forms a recognised part of the Periodic Medical Inspections. These additions to existing routine work could not be implemented immediately, but a start was made in 1956 with children due for intermediate inspection. In order to conserve time the more rapid Heaf method of testing is used, which is reliable and painless. The work done during the year in this direction was as follows :—

No. of children offered Tuberculin Test ..	4,657
No. of children Tested	3,591
No. of children who gave a positive reaction ..	716

Another approach to the problem is in the control of food, particularly milk. Regular samples are taken of milk supplied in schools. These are subjected to phosphatase and methylene blue tests to ensure that the product is clean and satisfactorily pasteurised.

For some years, all teachers, and members of the Education staff whose employment brings them into close contact with children, have had a Chest X-ray as part of their medical examination on appointment.

The Control of Infectious Disease by Exclusion from School

In 1956, a further and new edition of the ' Memorandum on Closure of Schools and Exclusion from School on account of Infectious Illness ', was published by the Ministries of Health and Education.

Once only during the life time of the School Health Service has general closure of schools in the City been resorted to ; that was in November 1918, during the World pandemic of Influenza. In recent years, no school has been closed on account of Infectious Disease.

Rules for the exclusion of children on account of Infectious illness formed part of the Education Code at the end of last century. ' The appearance of the School Medical Officer thereafter, placed school hygiene on an altered footing ' and the first Memorandum, as we know it, appeared in 1909. Three subsequent editions have appeared in which directions concerning the exclusion of children and contacts of children from school, have been amended from time to time in the light of prevailing medical opinion. As a matter of interest some changes that have occurred are shown in the following Table.

CHANGES IN THE CONTROL OF CERTAIN INFECTIOUS DISEASES IN PATIENTS AND CONTACTS 1909 to 1956

	Scarlet Fever	Diphtheria
1909	Isolate in Hospital. Exclude on return for 2 weeks in absence of discharges. *Contacts* Exclude 2 weeks after removal of child and house disinfection.	4 weeks after return from hospital with 3 negative swabs. Exclude for 2 weeks or after negative swabs.
1925	Exclude 7 days after return from Hospital if free from discharge. *Contacts* No terminal disinfection. 7 days exclusion.	Until declared fit by Medical Practitioner. 7 days after removal of case to Hospital. Swab class at school.
1943	Unchanged. *Contacts* Unchanged.	Unchanged. Unchanged.
1956	Unchanged. *Contacts* No exclusion of children. Exclusion of food handlers in Canteen until cleared by Medical Officer.	Unchanged. Unchanged. Add : Follow-up current absentees.

CHANGES IN THE CONTROL OF CERTAIN INFECTIOUS DISEASES IN PATIENTS AND CONTACTS 1909 to 1956

	Measles	Whooping Cough
1909	Exclude 4 weeks. Exclude contacts for 3 weeks in Infant School and children over 7 when have not had the infection	6 weeks exclusion or as long as cough continues. As for Measles.
1925	3 weeks exclusion. Unchanged.	28 days from beginning of characteristic cough. Infants who have not had the disease 21 days from last case in house.
1943	Exclude 14 days after appearance of rash.	Unchanged. Unchanged.
1956		Unchanged. Unchanged. Add : Also a child who has had the disease with certainty.

CHANGES IN THE CONTROL OF CERTAIN INFECTIOUS DISEASES IN PATIENTS AND CONTACTS 1909 to 1956

	Cerebro-Spinal Fever	Poliomyelitis	Tuberculosis
1909			Exclusion from school. No period stated.
	No rules.	No rules.	No direction.
1925	At least 6 weeks.	6 weeks or more.	At discretion of Medical Officer, be excluded by open cases.
	Class contacts 2 weeks observation. Home contacts 3 weeks.	Daily surveillance of class contacts. Home contacts 3 weeks.	No directions.
1943	Unchanged.	Unchanged.	Unchanged.
	Home contacts 3 weeks.	Unchanged.	Unchanged.
1956	Unchanged.	Unchanged.	Unchanged.
	Unchanged.	Unchanged.	Class contacts and others of open case. X-ray and other Tests.

Infectious Disease in 1956

On the whole the year was not a good one, moderate outbreaks occurred as follows :—

(*a*) Rubella was prominent from January to March.
(*b*) Chicken Pox and Whooping Cough from April to August.
(*c*) Mumps, often in an atypical form, in November.
(*d*) Measles towards the end of December.

Notifications of Infectious Diseases during the year were as follows :—

Disease	*Children aged 5 and under 10 years*	*Children aged 10 and under 15 years*
Scarlet Fever	130	14
Diphtheria	—	—
Paratyphoid	—	—
Chicken Pox	1,092	115
Meningococcal Infections ..	—	1
Poliomyelitis	2	1
Erysipelas	—	1
Measles	346	22
Rubella	1,686	286
Dysentery	18	4
Food Poisoning ..	2	1
Pneumonia	14	7
Whooping Cough ..	387	9
Acute Enceptalitis ..	1	—

Deaths of School Children

The first half of the present century has seen a progressive decline in the mortality of children of school age particularly from inflammatory conditions due to advances in (i) the standards of living (ii) methods of control of contagious disease (iii) therapeutic measures ; but during the past 2 - 3 years the fall has temporarily been arrested. The dominant causes of death at present are (i) from Malignant Disease, and (ii) Violence.

The following deaths were recorded during the year.

Cause of Death	*No. of Children*	*Age*
Myocarditis	1	7 years
Steatorrhea	1	7 years
Cirrhosis of Liver	1	8 years
Henoch Purpura	1	13 years
Tumour Kidney	1	6 years
Violence	8	5—12 years
Total	13	

APPENDIX A

STATISTICS

Preliminary Notes

The Statistics presented in the foregoing sections of this Report have taken a somewhat simpler form than in its two immediate predecessors because, in covering a period of 50 years, it was felt safer to deal with crude figures such as were given in 1909 throughout.

It should not however be inferred that this aspect of the work has remained stationary for half a century. There are reasons why developments in the academic field were slow in finding their way into reports. Summarised information in tabular form has been included in all reports of the series, but less attention was given to the heading of Tables in former years clearly to indicate the nature of the information contained in them. On reading back through the years, this omission has on occasion proved tiresome. It is in the nature of report writing where print is at a premium, that descriptiveness has to be reduced to a minimum and figures consequently to lose much of their meaning. This in time came to be rectified. Recent reports show evidence of the use of up to date statistical presentation and the inclusion of pictorial material has, it is hoped, been used more easily to convey their meaning.

The Tables which follow were designed at the Ministry of Education, and may be accepted as excellent examples of the presentation of statistical material. They are designed for the most part to show :—

(*a*) The present state of health of children from certain aspects.

(*b*) What work has been accomplished by members of the staff during the year.

In all this sight has not been lost of the need for care in collecting basic information. It has been a principle of the Senior School Medical Officer to see, by personal contact, that staff have a precise understanding of the nature of the information required, whilst the Chief Clerk is responsible for seeing that figures are accurately summated from contributing sources.

Research

Academic research is not a function of the School Health Service, but the work and vitality of the Department would suffer if members of staff had not imagination to look beyond the statutory duties imposed upon the Authority.

The Report of the Chief Medical Officer of the Ministry of Education for the years 1954 and 1955, shows in Appendix G. that considerably more investigation had been reported by this Authority than any other in England and Wales during that period.

It has been a policy that these investigations are carefully planned in advance and, in order to minimise observer error, to restrict the work to as few members of staff as possible selecting them according to known individual aptitude for each piece of work. The use of up to date sampling methods has considerably reduced the amount of work involved.

A.—Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each:

Entrants	4,782
Second Age Group	4,232
Leavers	2,869
Total	11,883
Additional Periodic Inspections	755
Grand Total ..	12,638

B.—Other Inspections

Number of Special Inspections	6,102
Number of Re-inspections	2,002
Total	8,104

C.—Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected	*For defective vision (excluding squint)*	*For any of the other conditions recorded in Table III*	*Total individual pupils*
(1)	(2)	(3)	(4)
Entrants	62	416	442
2nd Age Group ..	260	417	587
Leavers	209	229	424
Total ..	531	1,062	1,453
Additional Periodic Inspections ..	29	123	143
Grand Total ..	560	1,185	1,596

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table I.A.

Age Groups Inspected	*Number of Pupils Inspected*	*Satisfactory*		*Unsatisfactory*	
		No.	% *of Col. (2)*	*No.*	% *of Col. (2)*
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	4,782	4,721	98.73	61	1.27
2nd Age Group	4,232	4,185	98.89	47	1.11
Leavers	2,869	2,846	99.20	23	.80
Additional Periodic Inspections ..	755	746	98.80	9	1.20
Total ..	12,638	12,498	98.89	140	1.11

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	97,836
(ii) Total number of *individual* pupils found to be infested	4,257
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	117
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	15

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	70	59	23	15	196	131
5	Eyes—*a.* Vision ..	62	76	209	40	560	357
	b. Squint ..	81	91	5	6	225	177
	c. Other ..	28	17	11	7	65	35
6	Ears—*a.* Hearing ..	26	43	6	9	55	76
	b. Otitis Media	20	71	12	9	46	130
	c. Other ..	5	12	7	3	16	25
7	Nose and Throat ..	68	319	30	45	137	598
8	Speech	56	58	2	4	99	84
9	Lymphatic Glands ..	1	66	2	4	10	122
10	Heart	2	37	4	9	12	94
11	Lungs	39	168	10	22	71	294
12	Developmental— ..						
	a. Hernia ..	6	13	2	—	6	33
	b. Other ..	4	31	1	36	9	147

A.—Periodic Inspections (*continued*)

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)
13	Orthopaedic—						
	a. Posture ..	8	29	8	7	48	82
	b. Feet ..	27	96	21	16	86	232
	c. Other ..	31	236	57	35	156	475
14	Nervous system—						
	a. Epilepsy ..	2	15	3	1	11	23
	b. Other ..	1	18	3	2	10	39
15	Psychological—						
	a. Development	—	7	1	1	4	27
	b. Stability ..	3	87	—	1	9	161
16	Abdomen	2	6	1	—	3	7
17	Other	6	6	23	12	37	22

TABLE III (*Continued*)

B.—Special Inspections

Defect Code No.	*Defect or Disease*	*Special Inspections*	
		Requiring Treatment	*Requiring Observation*
(1)	(2)	(3)	(4)
4	Skin	1,195	136
5	Eyes—*a.* Vision	2	532
	b. Squint	6	62
	c. Other	242	138
6	Ears—*a.* Hearing ..	—	79
	b. Otitis Media ..	103	26
	c. Other	128	34
7	Nose and Throat	146	113
8	Speech	1	84
9	Lymphatic Glands	1	22
10	Heart	—	19
11	Lungs	1	95
12	Developmental—		
	a. Hernia	—	4
	b. Other	—	23
13	Orthopaedic—		
	a. Posture	—	21
	b. Feet	1	85
	c. Other	196	167
14	Nervous system—		
	a. Epilepsy	—	7
	b. Other	—	18
15	Psychological—		
	a. Development ..	—	3
	b. Stability	—	16
16	Abdomen	—	2
17	Other	720	676

Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	1,285	5
Errors of refraction (including squint)	2.007	145
Total	3,292	150
Number of pupils for whom spectacles were prescribed	1,364	45

Group 2.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	*Otherwise*
Received operative treatment		
(*a*) for diseases of the ear	—	1
(*b*) for adenoids and chronic tonsillitis	—	605
(*c*) for other nose and throat conditions..	—	30
Received other forms of treatment ..	508	169
Total	508	805
Total number of pupils in schools who are known to have been provided with hearing aids		
(*a*) in 1956	—	10
(*b*) in previous years	—	32

Group 3.—Orthopaedic and Postural Defects

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments	2,236	67

Group 4.—Diseases of the Skin (excluding uncleanliness for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	26
(ii) Body	17
Scabies	84
Impetigo	44
Other skin diseases	15,956
Total	16,127

Table V.—Dental Inspection and Treatment Carried Out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(*a*) At Periodic Inspections	20,732
(*b*) As Specials	4,306
Total (1) ..	25,038
(2) Number found to require treatment	15,745
(3) Number offered treatment	8,948
(4) Number actually treated	7,857
(5) Number of attendances made by pupils for treatment *including* those recorded at heading 11(*h*) overleaf..	19,078
(6) Half days devoted to : Periodic (School) Inspection	146
Treatment	2,938
Total (6) ..	3,084

DENTAL INSPECTION AND TREATMENT (*continued*)

(7) Fillings : Permanent Teeth	9,808
Temporary Teeth	560
TOTAL (7) ..	10,368
(8) Number of teeth filled : Permanent Teeth ..	8,424
Temporary Teeth ..	521
TOTAL (8) ..	8,945
(9) Extractions : Permanent Teeth	3,911
Temporary Teeth	8,482
TOTAL (9) ..	12,393
(10) Administration of general anaesthetics for extraction	4,749
(11) Orthodontics :	
(*a*) Cases commenced during the year	82
(*b*) Cases carried forward from previous year ..	59
(*c*) Cases completed during the year	54
(*d*) Cases discontinued during the year	27
(*e*) Pupils treated with appliances	72
(*f*) Removable appliances fitted	165
(*g*) Fixed appliances fitted..	4
(*h*) Total attendances	1,026
(12) Number of pupils supplied with artificial dentures	78
(13) Other operations :	
Permanent teeth	2,208
Temporary teeth	595
TOTAL (13) ..	2,803

APPENDIX B

SPECIAL REPORTS — 1930 to 1956

1933 Report of the Ear, Nose and Throat Clinics
J. H. O'Donnell, F.R.C.S.

1936 A Physical Training Experiment. *G. H. Welch, B.Sc.

1948 Reasons for refusing Diphtheria Immunisation.
W. S. Walton, G.M., M.D., B.Hy., D.P.H.
†R. Dobbin.

Ringworm of the Scalp. H. M. Dixon, M.D.

1950 Observations on Medical Inspections.
G. E. Welch, M.B., B.S., D.P.H.

1951 Report on Cases referred for Hospital Consultation.
G. E. Welch, M.B., B.S., D.P.H.

Ringworm. H. M. Dixon, M.D.

1952 A Survey of Diphtheria Immunisation in School Children.
G. E. Welch, M.B., B.S., D.P.H.

Plantar Warts. A. H. Fairlamb, M.B., B.S.

1953 Tuberculin Testing of School Entrants.
G. E. Welch, M.B., B.S., D.P.H.

1954 Notes on an Investigation into the Efficiency of Topical Fluorine Treatment. D. M. R. Crombie. L.D.S.

Incidence of Defective Colour Vision in the Third Age Group of Children. B. Buckley, M.B., B.S.

Notes on the Physical Measurements of Pre-school Children. H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Accidents to School Children.
W. S. Walton, G.M., M.D., B.Hy., D.P.H.

1955 Physical Development in the Higher Forms of Schools.
J. H. Mather, B.Sc., M.B., B.S.
Nurse M. P. Durkin. Nurse K. Brennan.

The Home Background of the School Child.
H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Feet and Footwear in Senior School. H. M. Dixon, M.D.
Nurse M. Richardson.

Tuberculin Testing and B.C.G. Vaccination of School Leavers. Irene Robinson, M.B., B.S.

* Headmaster, Middle Street Central Commercial School.

† Formerly Public Relations Officer, Public Health Department, Newcastle upon Tyne.

APPENDIX C.

School Health Services and Child Care Sub-Committee 1956

Chairman : Alderman Miss E. B. Temple
Members : Alderman Mrs. D. A. Fitzpatrick
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