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NEWCASTLE UPON TYNE
EDUCATION COMMITTEE



ANNUAL REPORT

THE SCHOOL
HEALTH SERVICE

1958



CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT


OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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

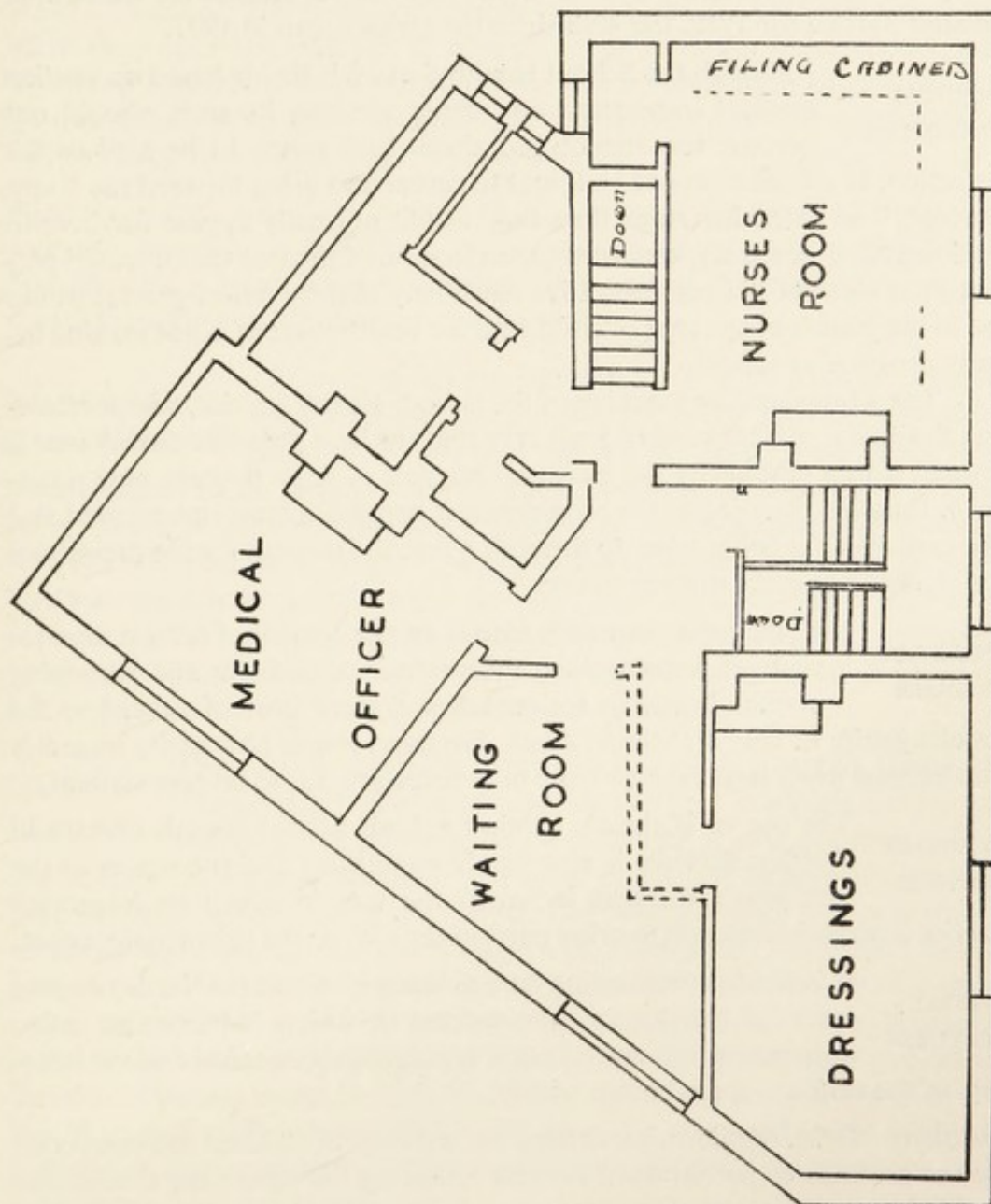
1958

SCHOOL HEALTH SERVICE



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ATKINSON ROAD CLINIC

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 for 1958, the 49th since the series began in 1907.

MEDICAL INSPECTIONS Although the School Health Service is firmly based on routine medical inspections and clinic services, its work should not become too stereotyped since there seems to be a place for selection. If a method could be found to reveal and bring forward the "non thrivers" at an earlier stage than they would normally appear for investigation and, if necessary, treatment, then in spite of the fact that it would perhaps put some of the administrative machinery slightly out-of-gear, it would be to the benefit of the type of child who for health reasons is not making his best progress at school.

The administrative machine of the School Health Service, whilst retaining flexibility, must take very great care that the least possible disturbance is caused within schools by the increased number of visits that are now necessary. Detailed planning of the programme is becoming most complicated and the care which is being taken to dovetail it into the services for the pre-school child, does not make this any easier.

INFECTIOUS DISEASES Emphasis is naturally placed on the control of certain diseases such as poliomyelitis, tuberculosis, diphtheria and whooping cough. Intensive action takes a great deal of time, but the results justify it. One diphtheria death, however, shows how easily tragedies can happen when least expected and how necessary it is to be ever vigilant.

COMBINED SERVICES The use of Blakelaw Clinic for both School Health and Child Welfare Services is now firmly established and the report of the first year's working indicated the way in which an integrated service could be developed in other parts of the City as the opportunity arises.

SPECIAL FEATURES It is worth commenting on a number of aspects in the day-to-day work of the Service, the success of which is becoming more apparent as the several parts are closely dove-tailed and the interests of the staff are spread more widely.

Deafness Dr. J. McCormack carried out a survey of children recommended on the grounds of partial deafness and following his report the Committee decided to open special classes for this purpose in an ordinary school. Only the shortage of suitably trained teachers is likely to limit the expansion of this side of the work.

Vision Testing Vision testing is very important and time consuming, but it is essential to find entrants who require treatment for mild degrees of squint and those who need continued supervision although they may have had treatment before reaching school age.

Ringworm Animal Ringworm in one part of the City indicated a source of infection which required attention. Dr. H. M. Dixon, supported by the Chief Veterinary Officer, Mr. H. Thornton, made a study of animal infection in the Middle Street area and found a number of infected animals which required treatment. Whether in this way it has been possible to eradicate the main source of infection will be revealed by the number of cases occurring amongst children in the next year or so.

Head Cleansing The number of pupils found to be infested again shows a small drop since last year but there is plenty of room for improvement yet. The use of lorexane shampoo enabling the whole family to be treated at once should, if acceptable, bring better results, but persistence and encouragement will be vitally necessary for many years to come.

Food Poisoning Complete absence of any outbreaks of food poisoning is a source of satisfaction and credit must be given to the canteen staffs who provide such a large number of meals each day of the school year under sound hygienic conditions.

EDUCATIONALLY
SUB-NORMAL The waiting list has increased, but plans have been made for additional accommodation to be provided for both sexes within the next year or so. There is no doubt that such children in an ordinary school are a handicap to themselves and to others and it is quite possible that a number of mildly maladjusted children who are also backward, might be accommodated in a day school if suitable facilities could be provided for this purpose. Each child requires careful consideration on its merits, taking into account home surroundings, as to whether residential school accommodation or attendance at a day school is likely to be the most successful way of providing for its education.

CHILD
GUIDANCE The facilities provided by the Regional Hospital Board at 'Tiverlands' were never intended to be a complete service for the City and surrounding areas so that it was not long before the waiting list became extensive and cases could not be seen for lengthy periods. There is no doubt that a fully staffed child guidance service is vitally necessary and even the care and thought which is put into this subject by the staff of the School Health Service can only go so far in the absence of a team including a Child Psychiatrist, Psychologists, and Psychiatric Social Workers. Such clinics are an insurance policy against juvenile delinquency and deterioration of mental health in adult life but are difficult to provide due to shortage of trained staff and the difficulty of attracting such staff to the North of England. It does seem that dilution is going to be required if any service at all is to be provided in the near future.

DENTAL
SERVICE Steady progress has been made on the orthodontic side and by means of part-time staff the clinic services were kept going. There is obviously a need for younger full-time staff to replace those who within the next few years will reach retiring age and it is hoped that the provision of first class surgeries will be an attraction to young dentists who may then be prepared to make their career in Local Authority work.

EMPLOYMENT OF
HANDICAPPED
CHILDREN

A first glance at the Youth Employment Officer's Annual Report might indicate that quite a large number of children leave school so handicapped that they need special consideration in finding suitable jobs, but it should be realised that the figures given indicate that in the past a child has required treatment for an illness but is not necessarily suffering from it at the time of leaving school. All the same, care is necessary in finding a job which would not be likely to cause a deterioration of the child's health in the future.

HOME
VISITING ETC.

Although the home visiting figures have increased, it must be appreciated that if the service is to be really successful, the parents have an important part to play and are more likely to co-operate fully if a personal approach is made by a member of the staff, rather than from the receipt of an official communication. Parents do accompany their children to routine inspections and to examinations carried out at clinics, but more detailed explanations are sometimes necessary and these can well be given at home by the same member of the nursing staff who has seen the parent either at school or at the clinic.

ACCOMMODATION

The improvements at the Atkinson Road Clinic are welcome and plans are well ahead for the provision of more adequate dental facilities at the Central Clinic. The plans for the new Combined Clinic at Kenton are ready for submission for approval by the Ministry of Education and the capital expenditure is to be included in the 1959-60 programme.

ACKNOWLEDGEMENTS

I am indebted to Dr. H. S. K. Sainsbury for preparing this report and for making such an interesting summary of the last five years. I am sure that the administrative staff and particularly Miss E. C. Coulson, Superintendent School Nurse, have had a difficult year in working out programmes due to the many changes that are taking place.

All members of the School Health Service are greatly indebted to the Director of Education, Mr. H. V. Lightfoot, Head Teachers and their staffs, for the way in which they have met the many requests made upon school time and the courtesy which has been shown to them during school visits. The establishment of a close link with Head Teacher representatives is helping to iron out a number of matters and should prove a useful link in the future.

My thanks are also due to the Chairman and Vice-Chairman of the Education Committee, and also the Chairman and Vice-Chairman of the School Health Services and Child Care Sub-Committee for the support which they and all members of the Committee have so willingly given me and for the interest they have shown in the work of the School Health Service.

I have the honour to be,
Your obedient Servant,
R. C. M. PEARSON,
Principal School Medical Officer.

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SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer : Dr. R. C. M. Pearson.

Senior School Medical Officer : Dr. H. S. K. Sainsbury.

School Medical Officers :

Dr. M. Anderson	Dr. B. Buckley
Dr. H. M. Dixon	Dr. J. Mather
Dr. J. McCormack	

<i>Part-time</i>	Dr. G. V. Griffin	Dr. J. H. Hindmarsh
	Dr. I. Robinson	

Principal School Dental Officer : Dr. J. C. Brown

School Dental Officers :

Mr. D. Crombie	Mr. J. Elder
Miss A. M. M. Greig	Mrs. V. M. Jordan
Mr. A. Pattie	Mr. K. Sissons

<i>Part-time</i>	Mr. B. Adair	Mr. E. Hadden
	Mr. W. Hodge	Mrs. P. Nicholson
	Mrs. J. Patterson	Mr. D. D. Sefontain
	Mrs. A. Slack	

Anaesthetist — Part-time : Dr. W. Shaw

Orthodontist — Part-time : Mr. G. H. Steel

Dental Technicians : Mr. E. Robson Mr. J. Patterson

Hygienist : Miss M. Blyth *Dental Attendants* : 9

Superintendent School Nurse : Miss E. D. Coulson

School Nurses : 21 *Nursing Helpers* : 11

Part-time : 1

Superintendent Physiotherapist : Miss B. Hague

<i>Physiotherapists</i> :	Mrs. D. Bell	Mr. C. Cree
	Miss W. Dix	Miss O. Webb

Speech Therapists : Mrs. M. I. J. Stuart Miss J. Gates

Consultants :

<i>Ophthalmologists</i> :	Mr. J. S. Arkle	Dr. L. W. Davies
	Dr. J. D. Milne	Dr. V. G. O'Leary

Orthopaedic Surgeons :

Mr. C. C. Michael James	Mr. C. C. Slack
Dr. B. J. Robson	

Chief Clerk : Miss J. S. Hills

Clerks : 6 *Dental Clerk* : 1 *Clinic Clerks* : 5

STAFF CHANGES

The following commenced duty during the year :—

<i>School Medical Officer :</i>	Dr. G. V. Griffin	3.2.58
<i>(Part-time)</i>		
<i>School Dental Officers :</i>	Mrs. A. Slcak	17.2.58
<i>(Part-time)</i>	Mr. W. Hodge	18.2.58
	Mrs. J. Patterson	12.8.58
	Mr. B. Adair	19.5.58
	Mrs. P. Nicholson	2.6.58
	Mr. D. D. Sefontain	28.7.58
<i>School Nurses :</i>	Mrs. E. M. Caughey	20.10.58
	Mrs. J. W. Davies	20.10.58
<i>(Part-time)</i>	Mrs. J. Anderson	22.9.58
<i>Dental Attendants :</i>	Miss K. Rodger	10.2.58
	Miss D. Shaw	23.6.58
	Miss E. Colley	15.9.58
	Miss S. Burton	1.10.58
<i>Clerical :</i>		
<i>Dental</i>	Miss G. Robson	8.9.58
<i>Clinic Clerks</i>	Miss M. Charlton	29.9.58
	Miss S. Moorhead	3.11.58
	Miss S. Athey	17.11.58
<i>Nursing Helper :</i>	Mrs. E. Lewis	27.10.58

The following staff resigned :—

<i>School Dental Officer :</i>		
Mr. K. Sissons	20.4.58	Appointed Principal Dental Officer, South Shields
<i>School Dental Officer — (Part-time)</i>		
Mrs. A. Slack	30.4.58	To take up Locum work in Private Practice
<i>Oral Hygienist</i>		
Miss M. Blyth	31.1.58	Appointed to Sutherland Dental Hospital
<i>School Nurses</i>		
Miss E. Loughran	31.8.58	To take up Hospital appointment
Mrs. D. Stoker	31.12.58	Left the district
<i>Dental Attendants</i>		
Miss M. Craven	3.11.58	Another appointment do.
Miss E. Doyle	31.5.58	
Miss E. Christie	31.8.58	To enter Training College

Clinic Clerks

Miss A. Watson	31.8.58	To enter Northern Counties Training College of Domestic Science
Miss J. Hornsby	26.9.58	To enter Sheffield University
Miss D. Kirsopp	31.10.58	Another appointment
Mrs. P. Mack	15.11.58	Appointed to Education Office staff

Nursing Helper

Mrs. C. Wakinshaw	31.7.58	Domestic reasons
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During the year establishment was obtained for a part-time Dental Anaesthetist, but an appointment had not been made at the end of the year.

Vacancies unfilled at the end of the year were :—

Physiotherapist	1
Oral Hygienist	1
School Nurses	1
Psychologist	1
Psychiatrist Social Worker ..	1

Refresher Courses.

The following staff were assisted to attend Refresher Courses :—

Dr. H. M. Dixon	Course on Mycology at the St. John's Hospital for Diseases of the skin.
Dr. M. Anderson	Course on 'School Health Service' at Birkbeck College, London.
Dr. J. C. Brown	Course on X-ray in Dentistry at the Sutherland Dental School.
Mr. D. Crombie	do.
Nurse E. Loughran	Course on 'Day and Residential Open Air Schools' at National Society Training College, London.

ADMINISTRATION

Measures to ensure better co-ordination between the Child Health Services, referred to in my Report for 1957, were given effect to in 1958. They were restricted to the Blakelaw area, but side effects were felt throughout the Service.

In January, Dr. Hindmarsh, who had been working as full-time School Medical Officer at the Health Centre in Springfield Road, undertook combined duties in the School Health and Child Welfare Services at that Clinic. The effect of this move was to substitute two part-time Medical Officers for one previously working full-time. Further details concerning the arrangement have been given in the subject of 'Staff'.

A major alteration in the routine working of the Department became necessary. Previously Medical Officers were nominally based in each of the School Clinics, but their work was allocated by a member of the clerical staff in response to the demands made upon the Service as a whole. With the appearance of two part-time Medical Officers these arrangements became somewhat less fluid. In order to simplify the task of completing weekly Time Tables, a Medical Officer was attached to each Clinic with responsibility for directing the work in the area served by the Clinic. During the term morning sessions are given to Periodic Inspections in school, and these are arranged by the Medical Officer. Miscellaneous duties take place in School Clinics during the afternoon sessions and on Saturday mornings, being largely controlled by the Central Office. These duties consisted in the main of immunisations and special inspections, including the ascertainment and review of Handicapped Pupils.

Medical Officers were seconded as follows :—

<i>Clinic</i>	<i>Medical Officer</i>
Ashfield House	Dr. G. V. Griffin (<i>Part-time</i>)
Atkinson Road	Dr. J. McCormack
Bentinck	Dr. J. Mather
Blakelaw	Dr. J. H. Hindmarsh (<i>Part-time</i>)
Central	Dr. M. Anderson
East End	Dr. H. M. Dixon
Middle Street	Dr. B. Buckley

Thus the two part-time Medical Officers were absorbed into the two smaller Clinics which previously were worked by one full-time Officer, other Medical Officers remaining much as before. The arrangement is not quite as tidy as appears at first sight. Dr. Dixon, in addition to managing the East End Clinic, devotes two afternoon sessions to the Skin Clinics at City Road. Lack of accommodation at Atkinson Road permitted Dr. McCormack only one afternoon session at this Clinic. Other afternoons were worked at the Central Clinic and Scrogg Road Maternity and Child Welfare Clinic. However, as will be noticed elsewhere, in the latter part of the year additional accommodation was secured at Atkinson Road, which permitted him to spend more time in the Clinic, and more effectively to direct its activities.

MEDICAL INSPECTIONS

A careful review has been made of the system of Periodic Inspection of pupils in the prescribed age groups. The matter was discussed at length at a conference of Medical Officers in April, 1958, with particular reference to the purpose of the Inspections and their scope. After review of the literature on the subject, and drawing upon individual experience, it appeared that the purpose of the Inspections might be described as :—

‘ To obtain information concerning any physical or mental deviation from normal in each individual child, and to ascertain that such ‘defects’ are receiving, or will receive, appropriate attention : and further to give the parent, when present, such information and advice on health matters pertaining to the child, or the family, as may be needful.’

For some time the Ministry of Education have encouraged Local Authorities to experiment with Periodic Inspections, and in so doing to consider how far surveys in relation to specific defects, might replace a more formal and comprehensive examination, or again how far the ‘conference’ as described in the Newslander Report* might replace Intermediate Inspections. Medical Officers feel that there still exists a need to retain Inspections in their present form, and specifically emphasised the need to retain the general nature of the Inspections.

It appeared in the course of discussion that the amount of time available for each Inspection was all too little for a comprehensive assessment of the general wellbeing of the child. Amounting as it does to about six minutes, strict economy of time is necessary. The amount of time allocated to Inspections by other Authorities was checked and the findings of nine Authorities comparable with Newcastle are given below :—

Number of Pupils Examined per Hour

Age Group	Other Authorities	
	(Mean Rate)	Newcastle
Entrants	9	7
Intermediates	10	10
Leavers	10—11	11—12

* *Solving School Health Problems*, Chap. 3, NEWSLANDER, D. B., New York, 1942.

Sessions devoted to School Inspections are normally of 2½ hours duration. The numbers of children called for Inspection have been limited to 18 at any given session, suitable deduction being made for any extraneous work such as reading of Tuberculin Tests.

The clerical work which falls to the Medical Officer in the course of the Inspections has been systematically studied, process by process, and reduced to a workable minimum in order to conserve time for the more important clinical aspects of the Inspection. In all this, no account can be taken of the time taken up in discussion with the parent which varies so considerably from case to case. The new organisation of the Service which permits Medical Officers to be in their Clinics each afternoon, however, is of value in this respect in that Inspections which are likely to consume more time than can reasonably be given during the School Inspection session, may be completed by arrangement with the parent, in the Clinic.

Inspections carried out during the year :—

Periodic (All ages)	..	12,281
Special	.. ..	6,831
Re-inspections	..	2,492

Infestation with Vermin

Hygiene Inspections performed by nurses whilst giving special attention to the condition of the head for Pediculosis, include also clothing and general body cleanliness. In addition, watch is kept for any contagious disease and opportunity is taken when it presents itself, to follow-up any defects noted in a previous Inspection. The work done in connection with Pediculosis during the Year was as follows :—

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 85,392
- (b) Total number of individual pupils found to be infested 2,928
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 33
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) 6

Lorexane No. 3, manufactured by I.C.I. (Pharmaceuticals), became generally available in May, 1958, and has been issued to certain families throughout the City. This preparation, which is used as a shampoo at home by all members of the family, is much appreciated by better families. Nurses however continue to prefer the Lorexane Hair Lotion for head cleansing in Clinics.

The relative effectiveness of the two preparations was examined and the results are given in the Appendix.

Statistical Returns required by the Ministry of Education, showing the nature and frequency of physical defects found at Periodic Inspections, take a somewhat different form from those of previous years in that they are shown separately in all age groups in place of 'prescribed' age groups.

The principal Tables are given below :—

TABLE 1
Physical Condition of Pupils

<i>Age Groups Inspected</i>	<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. (2)</i>	<i>No.</i>	<i>% of Col. (2)</i>
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	256	255	99.60	1	.40
1953	1136	1123	98.86	13	1.14
1952	2645	2627	99.32	18	.68
1951	263	262	99.60	1	.40
1950	52	52	100.00	—	—
1949	65	64	98.46	1	1.54
1948	4219	4191	99.34	28	.66
1947	41	40	97.56	1	2.44
1946	31	30	96.77	1	3.23
1945	25	25	100.00	—	—
1944	2099	2087	99.43	12	.57
1943 and earlier	1449	1443	99.58	6	.42
TOTAL	12281	12199	99.33	82	.67

TABLE 2
Pupils found to require Treatment

<i>Age Groups Inspected (By year of birth)</i> (1)	<i>For defective vision (exclud- ing squint)</i> (2)	<i>For any of the other conditions recorded in Table III</i> (3)	<i>Total individual pupils</i> (4)
1954 and later	1	8	8
1953	39	119	133
1952	101	285	340
1951	20	32	43
1950	5	7	8
1949	7	7	10
1948	278	346	541
1947	6	6	10
1946	5	6	8
1945	1	5	6
1944	181	134	270
1943 and earlier	120	90	186
TOTAL	764	1045	1563

TABLE 3 — Defects found at Periodic Medical Inspection during the Year

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS									
		ENTRANTS		LEAVERS		OTHERS		TOTAL			
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin	52	72	61	42	82	113	195	227		
5	Eyes— <i>a.</i> Vision ..	166	218	301	326	297	365	764	909		
	<i>b.</i> Squint ..	86	79	40	68	84	151	210	298		
	<i>c.</i> Other ..	16	18	9	5	17	34	42	57		
6	Ears— <i>a.</i> Hearing ..	32	33	15	18	28	29	75	80		
	<i>b.</i> Otitis Media ..	21	48	11	13	11	30	43	91		
	<i>c.</i> Other ..	2	5	1	3	8	9	11	17		
7	Nose and Throat ..	94	308	7	25	44	245	145	578		
8	Speech	50	72	6	12	16	24	72	108		
9	Lymphatic Glands ..	8	39	—	1	2	50	10	90		
10	Heart	3	32	2	30	7	55	12	117		
11	Lungs	32	139	6	46	21	124	59	309		
12	Developmental— <i>a.</i> Hernia ..	2	11	—	2	2	14	4	27		
	<i>b.</i> Other ..	4	27	1	12	14	34	19	73		
13	Orthopaedic— <i>a.</i> Posture ..	8	19	14	13	7	27	29	59		
	<i>b.</i> Feet ..	54	121	8	32	25	111	87	264		
	<i>c.</i> Other ..	37	132	50	53	56	184	143	369		
14	Nervous System— <i>a.</i> Epilepsy ..	6	9	—	9	12	9	18	27		
	<i>b.</i> Other ..	1	9	9	4	5	17	15	30		
15	Psychological— <i>a.</i> Development ..	4	18	—	4	2	21	6	43		
	<i>b.</i> Stability ..	3	109	3	8	9	97	15	214		
16	Abdomen	1	5	—	—	—	3	1	8		
17	Other	14	2	1	4	8	8	23	14		

Special medical inspections were performed as follows :—

- | | | |
|--|---------|-----|
| 1. Inspections in connection with Employment of Children outside school hours (Children's Act 1933), Section 18 | .. .. . | 694 |
| 2. Inspection of Boarded-out children by arrangement with the Children's Department.. | .. | 235 |
| 3. Inspections for clearance from Infection — (Children returning to Residential Schools, proceeding to Remand Homes, School Parties going on holiday) | .. .. . | 606 |

SCHOOL CLINICS

Premises

School Clinics remain substantially the same as in 1957. At Atkinson Road the upper floor was occupied by the Medical Officer and Nurses in October, 1958. The additional accommodation thereby afforded includes a Medical Officer's room, Waiting room, Treatment room and Nurses' room (see frontispiece). The present waiting room is inadequate and arrangements are in hand for its enlargement during 1959. As a result of the shift improved accommodation has become available to the Physiotherapists on the ground floor.

Plans for the erection of a combined Clinic in the Kenton district are now well advanced, and have been included as a major work in the Building Programme for 1959-60.

Ashfield Clinic, on account of the drift of families from surrounding schools, has not justified its retention as a School Clinic for some time. Arrangements have been made for the children from the three schools which it served to attend Bentinck Clinic. The premises have been retained as a Clinic on school premises for the Nursery school to which it is attached.

Considerable attention has been given to the rearrangement of accommodation at the Central School Clinic. It is proposed to transfer the Dental Department to the Sub-floor and expand facilities provided in this Clinic so as to centralise the Dental Service. In the case of other services rendered by the Central Clinic, the tendency will be to decentralise. Plans for the necessary reconstruction of the premises are in hand for the work to commence in the summer of 1959.

Working Conditions

In the early part of 1957 observation was focused upon the volume of work in the form of Dressings and other casual attendance at Clinics. It appeared that whilst the amount of work varied materially from day to day, they were being utilised roughly for half a day, and it was felt that with suitable control the work could be restricted to afternoon sessions. This would have the advantage of having a Medical Officer on the premises to whom nurses might refer problems as they arise. School Clinics were accordingly closed throughout term time in the mornings.

Consultations

Previously Medical Officers held two consultation sessions per week. The sessions were on fixed days. The present arrangement permits Medical Officers to see children every afternoon and with greater convenience to parents.

However, the effect of this more elastic arrangement has been offset by the number of changes in organisation which have taken place. Although the new arrangements have been adequately advertised in the schools the information has been slow to reach the parents, who have long been accustomed to time honoured fixed sessions, and numbers have fallen. The following figures for the year September, 1957-58, a period in which most of the changes took place, is contrasted with a similar period in 1956-57.

TABLE 5

Numbers of Consultations

<i>Clinic</i>	<i>Year ending : September, 1957 September, 1958</i>				
Cowgate	641	489 (<i>Blakelaw</i>)
Atkinson Road	1215	668
Bentinck	1301	634
Central	439	356
East End..	1140	1361
Middle Street	1013	918

Present arrangements in the Clinics are as follows * :—

TABLE 6
Personnel in Attendance

Sessions	Blakelaw	Atkinson Road	Beninck	Central	East End	Middle Street
1.30 — 5 p.m.						
Monday ..	N. D.	N. D.	N. D.	N. D.	N.	N. D.
Tuesday ..	N.	N.	N. D.	N. D.	N.	N. D.
Wednesday	N.	N.	N. D.	N. D.	N.	N. D.
Thursday	N. D.	N.	N. D.	N. D.	N.	N. D.
Friday ..	N.	N. D.	N. D.	N. D.	N.	N. D.
9-12 noon						
Saturday ..	N. D.	N. D.	N. D.	N. D.	N. D.	N. D.

N = School Nurse. D = Medical Officer.

* As shown in the weekly Bulletin of the Director of Education 24th October, 1958. Further changes come into operation in January 1959.

The Central School Clinic is open throughout the day. Facilities offered by individual Clinics. These are shown in the Table below.

TABLE 7

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

Key to abbreviations
C = Conservative. E = Extractions. O = Orthodontic.

The general work performed is shown in the Table below:—

TABLE 8
Return of Work Performed in Clinics by School Nurses

<i>Defect or Disease</i>	<i>Number of Children</i>	<i>Total Treatments</i>
Skin — Septic	5,507	21,237
Scabies	98	299
Ringworm	150	998
Other	1,835	9,153
Ear Conditions—		
Wax in Ears	94	303
Discharging Ears	126	770
Eye Conditions—		
Conjunctivitis	146	465
Other external eye conditions	689	2,017
Spectacles	252	—
Vision Tests	138	—
Tonsillitis	132	121
Acute Infectious Fevers	23	—
Injuries	1,898	3,788
Malaise	175	123
Follow-up Inspections	679	85
Head Inspections	4,644	798
Cleansing	165	671
F.F.I's. and Manual Workers	340	1
Miscellaneous	1,307	940
TOTAL	18,391	41,769

Other duties performed by Nurses include :—

Home Visits	906
Children escorted to Clinic or Hospital	42
Children escorted to and from Residential Schools	67

Inspections performed by Medical Officers were as follows :—

Consultations	5,360
Examination of students for Teachers' Training College	191
Examination of staff for superannuation purposes	367
Reports on staff in connection with Sick Pay	6

Orthopaedic Clinic

Dear Dr. Sainsbury,

Herewith the statistics for the Orthopaedic Department for 1958. I have not written a report as I think it is probably unnecessary.

The work we do is more than simply treating flat feet and knock knees, it is also diagnostic of conditions which might not become manifest until the effects are severe. Passing through the Department are large numbers of children whose orthopaedic conditions are spotted before they get severe enough to be referred to hospital. This emphasises the preventive aspect of our work.

I wish to emphasise this point which is so widely unappreciated. We could not function if it were not for the observations of School Welfare and School Medical Officers, who, it must be admitted, sometimes do not realise what they are seeing but at least know there is something wrong. I am very grateful for all they do.

Yours sincerely,

C. C. Michael James,

Ph.D., F.R.C.S.

Consultant Orthopaedic Surgeon.

Statistics for the Year 1958

			<i>School Medical Service</i>	<i>Maternity and Child Welfare Service</i>
1. <i>Attendances</i>				
New Patients — Boys 477	} ..	944	118	218
— Girls 467				
Total Attendances at Surgeons'				
Clinics .. .. .	..	2,637		659
Children on whom the surgeons opinion was requested, but who failed to attend .. .. .	..	82		9
Waiting List .. .. .	..	25		13
2. <i>Discharges</i> .. .. .	..	721		136
Admissions to Sanderson Orthopaedic Hospital .. .. .	..	65		13
3. <i>Physiotherapy</i>				
Total number of attendances at Physiotherapy clinics .. .. .	..	16,790		3,259
Special therapies given for orthopaedic conditions :—				
Swedish Remedial Exercises ..	..	9,835		1,040
Massage .. .. .	..	464		370
Manipulations .. .. .	..	2,611		1,308
Medical Electricity .. .. .	..	6,179		696
Radiant Heat .. .. .	..	15		8
Manipulations in Patient's Homes (Congenital foot Deformities) — visits .. .. .	..	—		28
Special therapy was also given to children with the following non- orthopaedic conditions :				
<i>Chest Conditions</i>				
Asthma	} Patients ..	56	—	—
Bronchitis				
Bronchiectasis				
	Treatments	4,115		—
<i>Non-Orthopaedic</i>				
Ultra Violet Light				
Alopecia	} Patients ..	6	—	—
Debility				
Asthma				
	Attendances ..	69		—
	Treatments ..	77		—
4. <i>Other Information</i>				
Number of Children requiring X-ray examination .. .. .	..	99		20
Number of children photographed	..	18		2
Number of children supplied with plaster splints .. .. .	..	1		—

	<i>School Medical Service</i>	<i>Maternity and Child Welfare Service</i>
Surgical appliances supplied or altered :		
New Splints	315	65
Splint repairs	117	14
Surgical boots (pairs)	27	—
Boot alterations	1,147	445

**Diagnosis of Cases which have come under the care of the
Orthopaedic Department in 1958**

General foot conditions including flat foot and foot strain	1,183	111
Knock Knee	351	142
Postural conditions including Scoliosis	168	2
Peculiarity of gait, (not yet diagnosed)	16	56
Injuries and sprains	56	1
Congenital Anomalies :		
Spine and Upper Limbs ..	29	1
Lower Limbs — feet ..	84	109
Lower Limbs — other ..	4	1
Dislocated Hip	8	3
Cerebral Spastic conditions including Ataxia	41	3
Anterior Poliomyelitis (effects of)	44	3
Tuberculosis of Bone and Joints	20	—
Infective Arthritis : Synovitis of Knee	1	—
Perthe's Disease of Hip ..	9	—
Others	108	46
	<hr/> 2,122	<hr/> 478

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 Dystrophy, Muscular Atrophy, Achondroplasia, Tarso-epiphyseal Aclasia, Still's Disease, Haemangiomas, Amyotonia congenita and cases with no Orthopaedic abnormality.

**Diagnosis of Cases which have come under the care of the
Orthopaedic Department in 1958**
(Percentages)

	<i>School Medical Service</i>	<i>Maternity and Child Welfare Service</i>
General foot conditions including flat foot and foot strain	55.8	23.2
Knock Knee	16.5	29.6
Postural conditions including Scoliosis	7.9	0.4
Peculiarity of gait, (not yet diagnosed)	0.8	11.7
Injuries and sprains	2.6	0.2
Congenital Anomalies :		
Spine and Upper Limbs ..	1.4	0.2
Lower Limbs — feet ..	4.0	22.8
Lower Limbs — other ..	0.2	0.2
Dislocated Hip	0.4	0.7
Cerebral Spastic conditions including Ataxia	1.9	0.7
Anterior Poliomyelitis (effects of)	2.1	0.7
Tuberculosis of Bone and joints	0.9	—
Infective Arthritis : Synovitis of knee	—	—
Perthe's Disease of Hip ..	0.4	—
Others	5.1	9.6
	<hr/> 100.0	<hr/> 100.0
	<hr/> (2122)	<hr/> (478)

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 Dystrophy, Muscular Atrophy, Achondroplasia, Tarso-epiphyseal Aclasia, Still's Disease, Haemangiomatosis, Amyotonia congenita and cases with no Orthopaedic abnormality.

Skin Clinics

Two sessions are reserved at the Central School Clinic for the diagnosis and treatment of Skin conditions. Dr. Dixon is in charge of these Clinics.

The conditions treated were as follows :—

Ringworm — Scalp	..	35	
Body ..	...	152	
Plantar Warts ..	..	103	(Boys — 28 Girls — 75)

The following types of Ringworm infection were noted :—

M. Lanosum ..	..	70 cases
M. Gypseum ..	..	7 „
M. Audouini ..	..	9 „
T. Sulphurium	..	8 „
T. Memtagrophyes	..	8 „

Scabies

49 cases of Scabies are known to have been treated of which 30 were treated in School Clinics. The latter figure compares with 98 of the previous year.

Ophthalmic Treatment

A. Refractions

The following Refractions were performed in the School Health Service :—

Ophthalmic Medical Practitioners ..	1,792
School Medical Officers ..	460
	————
	2,252
	————

At the end of the year the number of children awaiting refraction was :—

New Cases ..	38 (1957 = 112)
Old Cases ..	188 (1957 = 360)

In January 1958 representatives of the Optical Association requested that parents of pupils found at Periodic Inspection, or elsewhere, to require refraction, should be informed in writing of their freedom of choice between the Hospital, Supplementary Ophthalmic and School Health Services, by which this might be obtained. They offered to arrange for the School Health Service to be informed of all children tested under the Ophthalmic Services scheme so that they might be followed up and supervised, where necessary, in the wearing of the spectacles. In effect the information which has come to hand is as follows :—

Number of cases in which parents elected to be tested under the Ophthalmic Services scheme ..	321
Number of cases reported by Opticians as dealt with by them (Newcastle) ..	315

B. *The Prescription of Spectacles*

The numbers of children for whom spectacles were prescribed were as follows :—

- | | |
|---|-------|
| (i) By members of the School Health Service Staff | 1,495 |
| (ii) By Ophthalmic Services | 268 |

(One notes that spectacles were prescribed for 65% of children refracted in School Clinics, whilst Ophthalmic Opticians prescribed for 83% of pupils whom they tested.)

There is a further point of difference between the two agencies which may be of significance. Children referred to hospital as a result of refraction were as follows :—

- | | |
|---|-----------------------|
| Children referred by School Health Service .. | = 6% of all refracted |
| Children referred by Ophthalmic Opticians .. | = 2% of all refracted |

C. *The Dispensing of Spectacles*

- | | |
|---|-------|
| Number of children for whom Spectacles were prescribed by the School Health Service | 1,493 |
| Number who obtained Spectacles | 1,332 |

Maintenance of Spectacles was as follows :—

- | | |
|---------------------------------------|-----|
| Number of Spectacles replaced | 135 |
| Number repaired | 819 |

The sum of £188 11s. 5d. was charged to the Local Education Authority for replacement and/or repair of Spectacles deemed by the Ophthalmic Services Committee to have resulted from negligence.

REPORT ON THE SCHOOL DENTAL SERVICE for the Year 1958

Staff

Each year the difficulty of recruiting full-time professional staff, and retaining the services of existing officers, increases.

Two further resignations were received during the year, those of Mr. Steel and Mr. Sissons, reducing the number of full-time officers to five. Both these officers were men of considerable experience and Mr. Steel's resignation is particularly to be regretted, for during his time in the Service he has organised and conducted all the orthodontic work in addition to a certain amount of routine duties.

These resignations have meant that a considerable proportion of work has had to be undertaken by part-time officers and a further five were appointed during the year.

It would seem from experience of this and previous years' staffing problems that the terms of the Whitley Council, or their interpretation, are inadequate to attract new recruits to the Service, or to retain existing staff.

Dental Inspections

As in former years regular examination sessions were held in the schools at weekly intervals and over 37,000 children were examined in this way, about half of whom were found to be in need of dental attention. Of this number over 8,000 accepted an offer of treatment in the school clinics and over 20,000 attendances were made during the year.

Many children, particularly from the grammar schools, elected to have treatment done privately, but no figures are available for this section.

Explanatory talks on School Dental Service and the importance of dental health and hygiene were given by the dental officers to the children and teachers, while at the examination of the youngest groups parents were invited to be present if they so wished.

It is felt however, that many children and parents are still apathetic to dental attention and it will probably be many years yet before the importance of the care of the teeth from an early age is realised by all.

Treatment

The greater part of the treatment undertaken in the clinics during the year was of a conservative nature on the secondary dentition and some 10,000 fillings were inserted in permanent teeth.

In addition some time was devoted to the conservation of the primary dentition and about 1,000 temporary fillings were done for suitable cases where circumstances were such as to merit time being given to saving milk teeth and where parents were anxious for their children to have dental attention from an early age.

Most of the extractions — over 10,000 — were carried out under general anaesthesia, which is much the method of choice for younger children particularly, but it is disturbing to see that one permanent tooth was extracted for every three filled.

Over 60 children were supplied with artificial dentures during the year. This figure may seem alarming but it must be borne in mind that nearly all of these children required only small dentures to replace one or two teeth which had been lost by accident or which proved to be beyond filling.

The amount of orthodontic work undertaken during the year was considerable, some 300 appliances being fitted. This service has been very well supported since it was started some few years ago and one might almost say it has achieved some popularity with the children, probably because there is usually not much pain or unpleasantness attached to it and results are usually fairly quickly obvious and very gratifying.

For the rest, arrangements for the admission of patients to the General Hospital and Royal Victoria Infirmary worked very satisfactorily, and the Ambulance Service was readily at our disposal when required, while specialist advice and treatment was readily forthcoming from the Sutherland Dental Hospital.

Details of work for the year are as follows :—

TABLE 9

Dental Inspection and Treatment, 1958

1. Number of pupils inspected by the Authority's Dental Officers :—

(a) At periodic inspections	37,390
(b) As specials	3,030
	<hr/>
TOTAL (1)	40,420

- | | | | |
|--------------------------------------|----|----|--------|
| 2. Number found to require treatment | .. | .. | 22,049 |
| 3. Number offered treatment | .. | .. | 8,172 |
| 4. Number actually treated | .. | .. | 6,999 |

5.	Number of attendances for treatment including those at (11h)	..	..	..	..	21,268
6.	Half days devoted to :	(a)	Periodic (school)	inspection	..	227
		(b)	Treatment	..	..	3,280
	TOTAL 6	..	..			3,507
7.	Fillings :	(a)	Permanent Teeth	..	..	9,666
		(b)	Temporary Teeth	..	..	1,097
	TOTAL 7	..	..			10,763
8.	Number of teeth filled :	(a)	Permanent Teeth	..	..	8,368
		(b)	Temporary Teeth	..	..	986
	TOTAL 8	..	..			9,354
9.	Extractions :	(a)	Permanent Teeth	..	..	3,925
		(b)	Temporary Teeth	..	..	6,233
	TOTAL 9	..	..			10,158
10.	Administration of General Anaesthetics for Extraction	..	..	..	..	3,751
11.	Orthodontics :					
	(a)	Cases commenced during year	..	..		81
	(b)	Cases carried forward from previous year				131
	(c)	Cases completed during year	..	..		53
	(d)	Cases discontinued during year	..	..		32
	(e)	Pupils treated with appliances	..	..		135
	(f)	Removable appliances fitted	..	..		280
	(g)	Fixed appliances fitted	..	..		15
	(h)	Total attendances	..	..		2,085
12.	Number of pupils supplied with artificial teeth	..	..			64
13.	Other operations :	(a)	Permanent Teeth	..	..	3,839
		(b)	Temporary Teeth	..	..	612
	TOTAL 13	..	..			4,451

A FIVE YEARS' RESUME

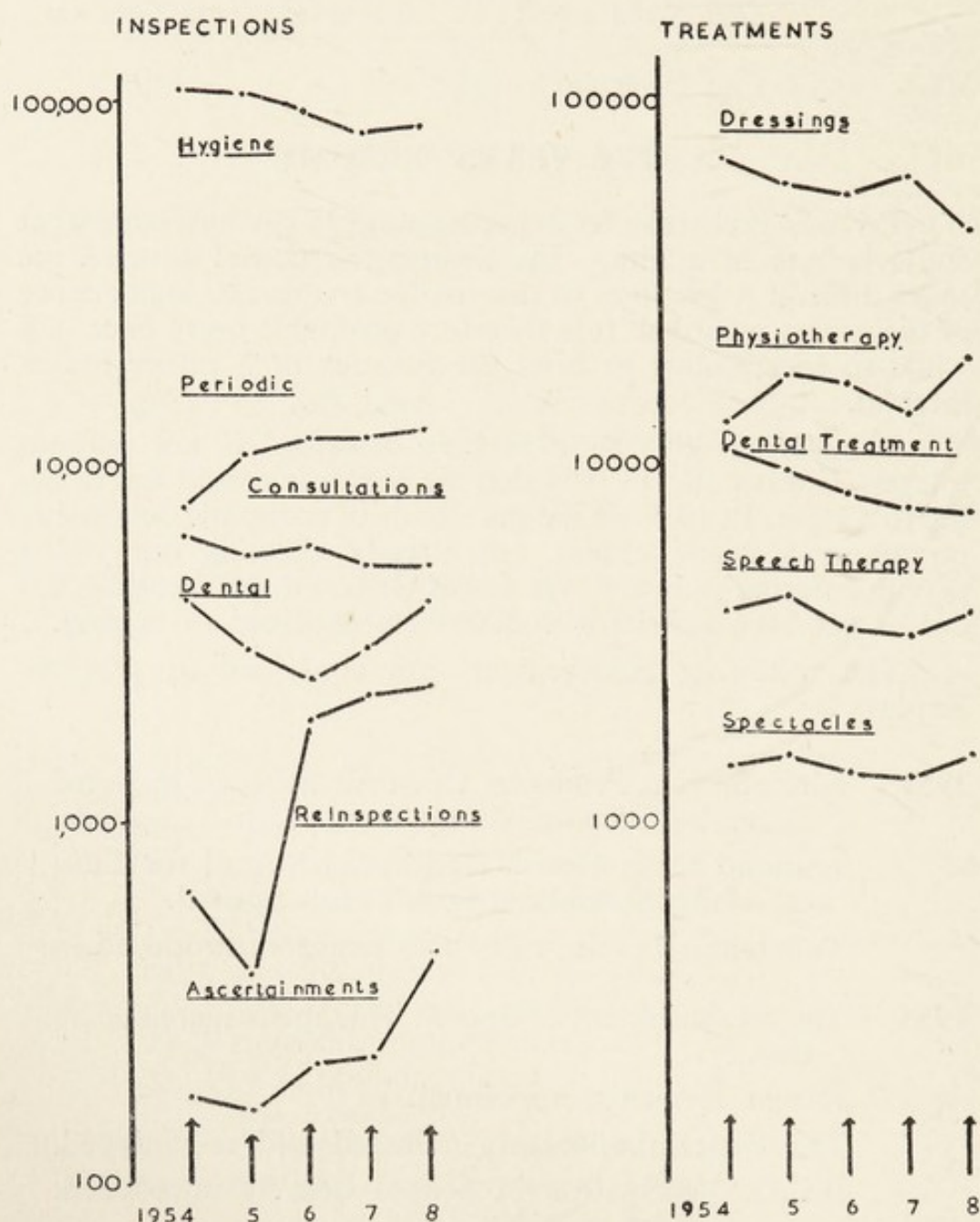
Periodic reports suffer a disadvantage by giving a somewhat static picture of affairs — the shorter the period covered the more difficult it becomes to discern the trends and significance of the events recorded. It is therefore profitable every once in a while to recapitulate in brief the features of a rather longer interval.

The period 1954 to 1958 here described is not without interest. It was noted in 1954 that the post war period was drawing to a close. In 1959 we see the clouds of economic depression no longer a vague threat but already affecting our young people entering industry, yet Local Government spending has not as yet been restricted and services continue to expand.

The following achievements are contained in previous Reports :—

- 1954** Alterations at Pendower Open Air School completed increasing accommodation from 125 to 175 pupils.
Jesmond Dene House Residential School for Educationally Subnormal Senior Girls opened.
Tuberculin Testing of School Leavers introduced.
- 1955** The establishment of Speech Therapists increased to two.
Dental Hygienist appointed.
The Dental Laboratory enlarged and re-equipped.
B.C.G. Vaccination of School Leavers introduced.
- 1956** Poliomyelitis Vaccination introduced.
- 1957** A pilot scheme approved for the integration of the Child Health Services in the Blakelaw area.
Cowgate Clinic closed for medical services which were transferred to Blakelaw (Springfield) Clinic.
An Orthodontist appointed on Dental staff.
- 1958** Extensions to Atkinson Road Clinic completed.
Ashfield Clinic closed.

FIG 1. TRENDS IN WORK 1954-8



Trends in the Volume and Type of Work

It may appear in the present Report that the activities of the Department are many and varied, and to obtain a clearer picture a few selected processes will be taken and followed through the period. The Table below gives details of a dozen of them — half forms of treatment and half types of inspection.

TABLE 10
Number of Children Inspected or Treated 1954-1958

<i>Inspections</i>	1954	1955	1956	1957	1958
Hygiene ..	109,537	107,319	97,836	81,674	85,392
Periodic ..	7,532	10,765	11,883	11,915	12,281
Consultations ..	6,352	5,584	5,945	5,094	5,360
Follow-up ..	652	378	2,002	2,449	2,492
Dental	40,364	30,290	25,038	30,470	40,420
Ascertainment ..	177	162	220	227	450
<i>Treatments</i>					
Minor Ailments	66,359	57,364	53,464	60,549	43,788
Physiotherapy ..	12,435	17,158	16,057	13,220	18,515
Eye Tests ..	2,941	2,290	2,007	1,968	2,252
Dental	10,257	9,173	7,857	7,247	6,999
Children					
Cleansed ..	111	2,497	730	916	671
Speech Therapy	3,785	4,079	3,333	3,222	3,768

In order to demonstrate more clearly the trends in the Annual work output in these years a semi-logarithmic chart (Fig. 1) has been constructed from which it will be seen that from 1955 onwards the general trend has been upwards.

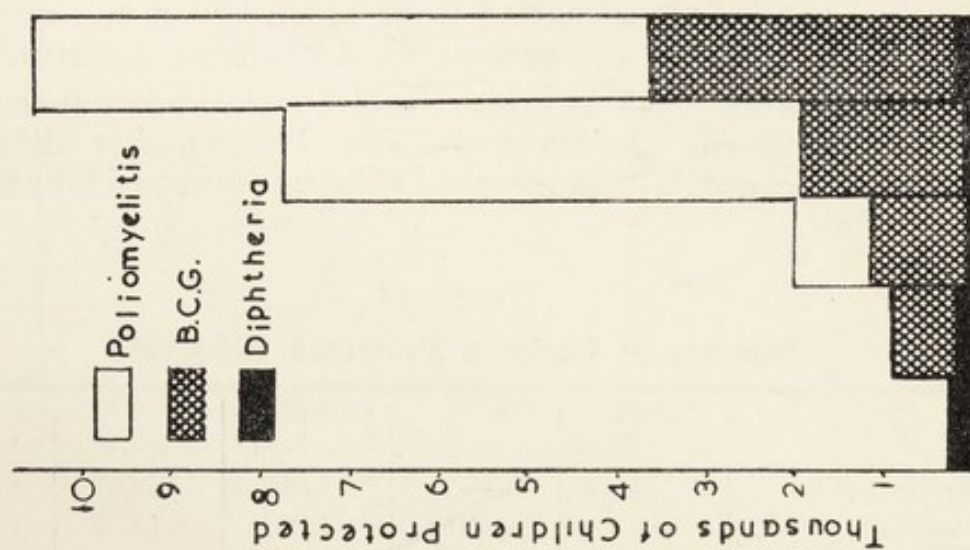
Inoculation work as a preventative measure in connection with Diphtheria, Tuberculosis and Poliomyelitis deserves separate mention. The numbers of children protected are shown below :—

TABLE 11
Number of Children Protected 1954-1958

	1954	1955	1956	1957	1958
Poliomyelitis ..	—	—	902	6,807	6,820
B.C.G.	—	713	1,041	1,870	3,663
Diphtheria ..	276	108	63	73	135

The Histogram in Fig. II demonstrates the dramatic increase in the type of work and suggests that more work is required to be done in the case of Diphtheria and that saturation point has been reached in Poliomyelitis and B.C.G. Vaccination. In succeeding years numbers protected from the former will inevitably decline, and in the latter the present rate must be maintained.

INOCULATIONS 1954-8



EXPENDITURE 1954-8

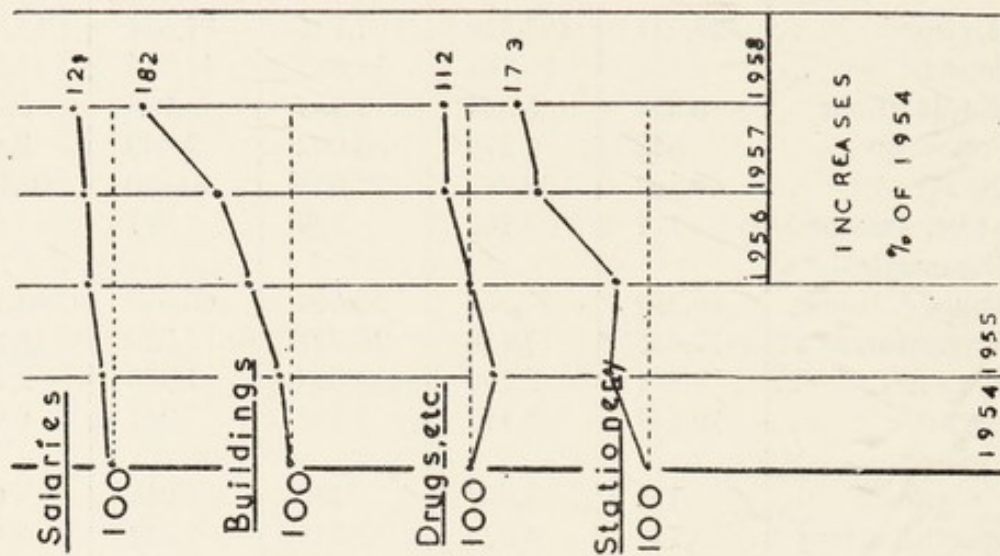


FIGURE II

There is a tendency for background clerical work, upon which these services depend, to be overlooked. In the case of inoculation work two to three times as much time and effort is expended in circularising, listing, appointing and recording as in performing the inoculation itself. The great increase in clerical output during the past three to four years has not been met out of any corresponding increase in the clerical staff.

It is not possible to analyse the many clerical processes which comprise the daily work of this branch of the Service. One of the true pointers to the trend of the work is shown in the rising costs of Printing, Postages, Stationery and Telephones. These are shown in the section which follows. It may confidently be assumed that there has been no increase in wastage, but current prices have gone up by between 20% and 25%, yet the costs have almost doubled largely through increased postage and paper consumption.

Although considerable attention has been given to the curtailment of clerical work and all existing forms and returns have been scrutinised and many revised, little has been possible in the way of curtailing unnecessary work since this has always been carefully managed. With the exception of the purchase of a Franking machine and a different form of Adding machine, the present mechanical aids are adequate and suitable to meet present needs. Probably the most useful measure which offers prospect of improving present efficiency would be in the design of the Office premises and furnishings. This will receive attention when the Central Clinic is reorganised, but space is the important factor in this connection and space will be at a premium.

Cost of the Service

Gross expenditure on the Service, excluding the education of Handicapped Pupils, has been as follows :—

1954	..	£59,429
1955	..	£61,966
1956	..	£69,132
1957	..	£72,623
1958	..	£77,391
Increase over 1954 = 30%		

The main items which go to the making up of this expenditure are as follows :—

TABLE 12
Expenditure 1954-1958

	1954	1955	1956	1957	1958
	£	£	£	£	£
Salaries and Wages ..	48,814	51,248	56,499	58,144	59,446
Upkeep of Buildings ..	6,392	6,882	7,973	8,998	11,665
Drugs, Dressings and Equipment	2,609	2,298	2,632	2,930	2,920
Printing, Stationery, Telephones, etc. ..	1,150	1,410	1,365	1,985	2,099

It will be seen that Salaries and Wages constitute the largest portion of total expenditure as is to be expected since the function of the Department is that of service rendered. This item includes Salaries and Wages, Contributions to Superannuation Fund and National Health Insurance. The establishment of staff has remained substantially unaltered since 1954 ; thus the 21 % increase over the period is accounted for largely by periodical national increases in salary following negotiations between Local Authorities and Professional Bodies.

The item ' Upkeep of Buildings ' includes — general upkeep ; Painting ; ' Special Provisions ' ; Rent, rates, lighting, heating, water ; Insurance ; Cleaning and Furnishing. Of these ' Special Provisions ' showed the greatest individual increase over the period.

Drugs, etc. This includes medical equipment — the most expensive of which is dental equipment. Fluctuations in the demand of this latter, largely determine the trend of expenditure under this heading as a whole. There has been some diminution in the quantity of dressings and simple medicaments used during the past year, which has offset increases in market prices.

Stationery includes Printing, Paper, Telephone rentals, Postages, etc. All these have been subject to a 120 to 130 % increase in cost in the interval. The greatest increase has taken place in the quantity of paper consumed and the volume of post

in connection with Poliomyelitis vaccination. The increase in postages has been as follows :—

1954	..	£331	19s.	11d.
1955	..	£370	5s.	6d.
1956	..	£432	6s.	8d.
1957	..	£519	14s.	4d.
1958	..	£594	7s.	5d.

The overall cost of the Service is met out of local rates and from Exchequer Grant, the latter amounting to 60% of the total expenditure. Income from investments and rents is insignificant. It is interesting to note that a small portion of the expenditure finds its way back to the Exchequer in the form of Inland Revenue (Purchase and Property Tax).

Some effects of the Service upon the health of children are shown in the Table below :—

TABLE 13
Physical Condition of Pupils 1954-1958

% of Pupils Inspected found	1954	1955	1956	1957	1958
In Satisfactory Condition (Leavers) ..	96.2	98.1	99.2	98.66	99.5
*Without Defect (Leavers) ..	78.3	77.4	86.2	92.5	87.0
With Clean Heads (All Groups) ..	90.1	91.7	90.2	93.1	93.0
†Not requiring Dental Treatment (All Groups) ..	50.0	38.8	37.2	43.0	46.0

* Excluding Pediculosis and Dental Disease.

† For the significance of these figures see — Wynne, A. T. 1958.
Public Health LXXIII. 2.

HANDICAPPED PUPILS

The Register of Handicapped Pupils provides a valuable instrument of reference in the daily work of the Department. In its simplest form it consists of a list of the names of pupils who have been ascertained as Handicapped Pupils and are receiving, or awaiting, special educational treatment or facilities.

The form which the Register takes varies in different Authorities. Previously a Card Index was kept in the Medical Department showing which children had a 'Special' file. The majority of such children had been ascertained as Handicapped Pupils, but this Index was essentially one of files and could not be accepted as an up-to-date Register.

The present Register takes the form of lists of pupils in each of the Categories, with the exception of children with Defective Speech, and contains the following information :—

Name of Pupil.

Date of Birth.

Date Ascertained (i.e. Reported to Committee).

Category or Categories.

Name of School Attended.

Names are added and removed after each Meeting of the Education Committee as additional pupils are ascertained, or are discharged from Special Schools. The keeping of the Register is not so simple a matter as might appear, and twice a year has to be revised. The time taken in so doing is, however, well spent for it ensures that no pupil is lost sight of, but brought forward at the proper time for review. Much of the material of the Section which follows is derived from this source.

SUMMARY OF WORK, 1958

(Education Act, Sections 34 and 57 — Ascertainment).

Pupils were Examined and Classified as follows :—

<i>Category</i>	<i>No. of Children Examined</i>	<i>No. of Children Classified</i>
Blind	—	—
Partially Sighted	3	3
Deaf	4	4
Partially Deaf	154	21
Educationally Sub-normal	172	116
Epileptic	3	3
Maladjusted	24	9
Physically Handicapped	25	21
Delicate	38	35

The names of these children were reported to the School Health and Services and Child Care Sub-Committee by whom the following decisions were made :—

Children recommended for admission to Day Special Schools	128
Children recommended for admission to Residential Special Schools	28
Children recommended to stay in Ordinary Schools	59
Children recommended to receive Home Teaching	2
Children recommended for Psychotherapy	3
One child was dealt with under Section 8 of the Education Act, 1948, and admitted to a Special E.S.N. School from the Occupation Centre.	

Places in a suitable school were obtained for these children as follows :—

<i>Category</i>	<i>Number of Pupils placed Day Schools</i>	<i>Residential Schools</i>
Blind	—	—
Partially Sighted	3	—
Deaf	—	1
Partially Deaf	8	1
Educationally Sub-normal	40	20
Epileptic	—	2
Maladjusted	—	3
Physically Handicapped	9	1
Delicate	29	1

Review of Pupils

The aim to review all Handicapped Pupils at intervals of not less than two years continues. Certain pupils were reviewed at shorter intervals as occasion demanded.

During the year short reviews of pupils attending Bolam Street, Jesmond Dene House and Lower Condercum Schools were introduced. The case of each pupil is discussed by the Head Teacher and Medical Officer attached to the School, a note being made of any further examination or treatment which needs to be put in hand during the balance of the year. In this way all pupils on the school register are systematically accounted for.

Dr. Anderson continues to visit Pendower Open Air School each week, and periodically reviews each pupil in attendance.

In the case of Residential Schools, pupils are seen during the holiday periods.

The number of children reviewed were as follows :—

<i>Category</i>	<i>No. of Children Reviewed</i>
Blind	—
Partially Sighted	28
Deaf	—
Partially Deaf	—
Educationally Sub-normal	400
Epileptic	6
Maladjusted	8
Physically Handicapped	127
Delicate	76

Testing of Partially Sighted Pupils

At the request of the Ministry of Education all pupils in the Partially Sighted Class were tested. There was some difficulty in selecting a suitable test for pupils with this type of handicap. Clearly any test employed should be largely a verbal test. The only previous experience known to us was that of Lumsden* who used the Terman Tests (Stanford Revision, 1918). The Williams† Tests were ordered but were not received in time for use. On the advice of Mr. A. Arnot of the Institute of Education, therefore, the verbal part of the Weschler Tests were employed and supplemented by the Cube Imitation Tests. The Test results were as follows :—

<i>Intelligence Quotient</i>	<i>Number of Pupils</i>	
	<i>Verbal</i>	<i>Performance</i>
Under 60	2	6
„ 70	8	1
„ 80	1	1
„ 90	2	3
„ 100	4	3
Over 100	5	8

* Report of the Committee of Enquiry into problems relating to Partially Sighted Children, Appendix F. H.M.S.O. 1934.

† Williams' Intelligence Tests for children with Defective Vision. University of Birmingham, 1956.

Experience with the Weschler Tests encouraged one in the belief that these are the Tests of the future, and their replacement of the Merrill Terman Tests now in use, and which are already in need of re-standardisation for English children, is only a matter of time.

The Cube Imitation Tests are still extensively used in spite of the fact that they are among the earliest Tests devised, being introduced by Knox about 1913, and carefully standardised by Pintner* in 1917. It would seem however that a re-check on the work of the latter would not be without value at the present time.

The numbers of children receiving special educational treatment at the end of the year were as follows :—

<i>Category</i>	<i>Number of Pupils</i>	
	<i>Receiving Treatment</i>	<i>Awaiting Placing</i>
Blind	3	—
Partially Sighted	23	—
Deaf	35	2
Partially Deaf	10	11
Educationally Sub-normal	319	45
Epileptic	9	—
Maladjusted	26	3
Physically Handicapped	10	2
Delicate	182	1

Final Examinations

Children were examined prior to leaving school as follows :—

<i>Category</i>	<i>Left on reaching School leaving Age</i>	<i>Excluded from School</i>	<i>Reported to Local Health Authority for supervision</i>	<i>Removed from Register</i>
Blind	1	—	—	1
Partially Sighted	1	—	—	3
Deaf	—	—	—	2
Partially Deaf	—	—	—	1
Educationally Sub-normal	7	1	59	—
Epileptic	—	1	—	—
Maladjusted	2	—	—	1
Physically Handicapped	7	—	—	12
Delicate	3	—	—	25

In addition, ten pupils removed from the City and their records were forwarded to other Authorities.

* Pintner, Paterson D. A Scale of Performance Tests. Appleton 1917

The Employment of Handicapped Young People

Report by Miss B. G. Calderwood, Youth Employment Officer.

The problem of the employment of the handicapped child is always a difficult one at the best of times. During the years when there has been a shortage of young people it has been comparatively easy to persuade employers to try handicapped boys and girls in types of employment for which they would probably not normally have considered them. Unfortunately, as the number of school leavers increases, the competition is going to make it more difficult for the handicapped boy and girl to obtain and keep employment, and it is hoped that employers will be persuaded to give them the same sympathetic consideration as they have in the past.

During the year 28 boys and 31 girls from four special schools in the City and the Northern Counties School for the Deaf have been interviewed at school. In the case of those in the residential schools whose homes are in other areas, the appropriate Local Youth Employment Officer has been contacted and asked to assist as soon as the boy or girl arrived home.

In addition to those in special schools there are a number of boys and girls in the ordinary schools who have some slight disability or defect which may affect employment. A Special Cases Register is maintained at the Bureau of all boys and girls with any defect necessitating care being taken in the choice of employment. At the moment there are 417 on the register. Only 19 of them are registered disabled persons, as it is felt that with young people it is better for them to try to obtain employment in the normal way.

During the year 111 boys and 103 girls from this register have been placed in employment and 263 have been followed up by members of staff.

The following table is an analysis of those on the Special Cases Register :—

<i>Disability</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Educationally Sub-normal	46	31	77
Defective Vision	66	16	82
Defective Hearing	27	17	44
Epileptic	12	6	18
Physically Handicapped	20	5	25
Pulmonary Tuberculosis	3	19	22
Tuberculosis (other than Chest) ..	4	9	13
Chest Ailments (other than T.B.) ..	23	28	51
Defective Speech	2	4	6
Heart trouble	7	14	21
Spastic	2	2	4
Maladjusted	3	2	5
Other Cases	25	24	49

The reports received from the School Medical Officer on those leaving school have been most helpful and the co-operation of the staff in the Medical Department in giving any additional information when required has been very much appreciated, as often health problems are encountered by the staff in connection with the placing and follow-up of boys and girls. The following is an analysis of the changes of jobs among the handicapped boys and girls :—

<i>Disability</i>	<i>1st Job</i>		<i>2nd Job</i>		<i>3 or more Jobs</i>		<i>Total</i>	
	B.	G.	B.	G.	B.	G.	B.	G.
Educationally Sub-normal..	25	16	12	6	8	6	45	28
Defective Vision	33	10	12	2	21	2	66	14
Defective Hearing	14	9	8	4	4	4	26	17
Epileptic	2	5	2	—	6	1	10	6
Physically Handicapped ..	9	6	7	4	2	3	18	13
Pulmonary Tuberculosis ..	1	9	2	4	—	4	3	17
T.B. (other than Chest) ..	2	5	—	1	—	1	2	7
Chest Ailments (other than T.B.)	13	11	6	6	4	7	23	24
Defective Speech	1	1	—	1	—	2	1	4
Heart trouble	5	6	2	4	—	4	7	12
Spastic	1	—	—	—	1	1	2	1
Maladjusted	—	—	—	1	3	1	3	2
Other Cases	10	19	7	3	5	2	22	24
TOTALS ..	116	97	58	36	54	38	228	171

It is interesting to note that 213 were still in their first jobs when they were followed up, and approximately 50% of these had been in them for more than a year. In 60 cases it seems almost certain that the reason for leaving or dismissal from jobs was their disability.

During the year four boys and three girls were recommended and accepted for courses of rehabilitation at Felling. Two unfortunately failed to complete the course.

One badly disabled boy who left a residential school for the physically handicapped was submitted for a course of training at Finchdale Abbey, but unfortunately his application was rejected. He has since been submitted to a residential rehabilitation unit, and has been accepted to start as soon as there is a vacancy.

Visits have also been made during the year to hospitals at the request of the Almoner to interview two boys and one girl who were patients, but who, the doctor thought, might eventually be able to take some form of employment.

In accordance with arrangements made by the Central Youth Employment Executive, the Vocational Psychologist also tested three girls and one boy who were proving difficult to advise on employment. It was suspected that their intelligence was higher than their attainment and the reports received were most helpful.

CHILDREN WITH DEFECTIVE HEARING

1. Deaf Children

Provision for Deaf children has been made on the same lines as in former years. Mr. Munro Black continues to investigate potentially deaf pupils at the Hospital for Sick Children. Children found to require special education are for the most part educated as residential pupils at the Northern Counties School for the Deaf and St. John's School, Boston Spa.

It has been felt that many of these children could be satisfactorily treated as day pupils, and arrangements are in hand to provide increased accommodation at the Northern Counties School for the Deaf in the course of the year 1959.

2. The Partially Deaf

For some time it has been felt that inadequate provision has been made for the partially deaf. This is a class of pupil difficult to assess, and an appraisal of the situation in the City was made and included in my Annual Report for 1956. From the information obtained it appeared that there was need for some special provision for the assessment of children suspected to be deaf. Accordingly, in February, a Hearing Assessment Clinic was organised. The purpose of the Clinic was to provide for the investigation, ascertainment and supervision of pupils believed to be deaf. Members of the Medical and Teaching staffs were informed of the Clinic, and Dr. J. McCormack was placed in charge. The Clinic is held on one afternoon per week at the Central Clinic, children being reported by teachers, medical officers and others, and attend by appointment. The Clinic was an essential preliminary to providing special educational facilities, where required, and in September a Partially Deaf Class was opened to which Dr. McCormack is attached. Thus the Clinic fulfils its role of supervision of the children attending.

Dr. McCormack reports upon the work as follows :—

“ In many instances children with a degree of hearing loss, not severe enough to warrant special education in a Deaf School, have been left in normal schools to manage as best they can, being at a disadvantage, and placing an additional burden upon the teacher concerned. Whilst teachers themselves have willingly accepted the added responsibility, it would

be unfair to expect that the specialised attention needed to help a child with a hearing aid, possibly a speech defect, and sometimes retarded due to the deafness, could be met in an ordinary class.

The Hearing Assessment Clinic

As a preliminary step to establishing special classes for the partially deaf the numbers of children so affected had to be determined, and arrangements made to detect new cases as they occur. Accordingly the Hearing Assessment Clinic was established at which children attend each Wednesday afternoon at the Central Clinic. The first object of the Clinic was to find children suffering from any aural defect, arrange for treatment where necessary — either by referral to an Aural Surgeon or to the general practitioner — and to determine what educational arrangements might be needed for each child.

Head Teachers were invited to give details of any children in the schools who were known or suspected to be suffering from defective hearing. The attention of the School Medical staff was similarly drawn to the facilities offered by the Clinic, and invited to refer children from Periodic Medical Inspection or from those attending School Clinics.

To date 204 children have been seen at the Clinic.

For educational purposes children have been graded according to the classification recommended in the Ministry of Education Report — “An enquiry into the Problems relating to children with Defective Hearing,” 1938.

The classification is as follows :—

Grade I.—Children with defective hearing who can nevertheless, without special arrangements of any kind, obtain proper benefit from the education provided in an ordinary school.

Grade II.—Children whose hearing is defective to the degree that they require special arrangements or facilities, but not the educational methods used for deaf children without naturally acquired speech. These facilities range from a favourable position in an ordinary class to attendance at a special class.

This grade is subdivided into :—

(a) Children who can make satisfactory progress in an ordinary school provided they are given some help, or by individual hearing aids, or by tuition in lip reading.

(b) Children who, even with the help referred to in (a), are unable to progress in an ordinary school.

Grade III.—Children whose hearing is so defective and whose speech and language are so little developed that they require education by methods used in the Deaf school. It included the totally deaf.

Thus children falling into Grades I and IIa present little or no educational problems.

No children of school age were seen who came into Grade III.

Of the children seen the grading was as follows :—

Total Investigated	.. 204
Number in Grade I	.. 74
Number in Grade IIa	.. 55
Number in Grade IIb	.. 25
No evidence of Deafness	.. 50

Children who showed no evidence of deafness were mistakenly thought by their teachers to have a hearing loss, or had since recovered from their deafness either by treatment or otherwise.

Later in the year it was decided to extend the age range of children seen and to include the pre-school child, as it is particularly important to start educating a deaf child at an early age. The number of pre-school children referred has been disappointingly small, namely 4. Two were profoundly deaf and warranted admission to the Nursery Class of the Northern Counties school for the Deaf.

The Class for Partially Deaf Children

On the basis of 25 children of school age falling in Grade IIb a modest start has been made in providing appropriate education. It should be emphasised that the number of children educated in a class for the Partially Deaf is necessarily small and should not exceed 12.

A qualified teacher for the deaf was appointed and the class opened in August, 1958, at North View County Secondary School.

The 25 children deemed to require special education were evenly distributed in the age range of 5—15 years. Accordingly a class for senior pupils was formed and an attempt made to secure the services of a suitable teacher for a similar junior class — so far without success.

Of the original 12 children eligible to attend the Class, two have since left school and a further two have left the City.

Since the opening of the Class all children have, in addition to a preliminary assessment of their scholastic attainments, been graded on the Matrices Performance Test. The Class provides particularly for oral work. In practical work and physical education they are integrated into the normal activities of the school. In the short time of its existence it is felt that useful progress has been made in the Class."

Speech Therapy

(Mrs. M. I. J. Stuart, Senior Speech Therapist)

1. Staff

Two Speech Therapists have worked full-time throughout 1958. This, however, is still far from satisfactory. There should be at least four full-time therapists to provide an adequate service for the school children of Newcastle.

2. Clinics

Treatments were carried out in five Clinics. They were arranged as follows :—

Central Clinic	14 sessions
Middle Street Clinic	3 „
Ashfield Clinic	2 „
Bentinck	1 session
Lower Condercum Day E.S.N. School	2 sessions
—	
TOTAL ..	22 sessions
—	

More sessions were arranged at the Central Clinic than at any other because there are three rooms (two Treatment and one Audiometer) reserved solely for speech therapy. At the other Clinics the speech therapists use whichever room is available at the time.

Two sessions were carried out at Lower Condercum Day E.S.N. School by Miss Gates. Although this arrangement has proved to be very satisfactory, it must be appreciated that two sessions is still inadequate. Five girls from Bolam Street Day E.S.N. School, one girl from Jesmond Dene House Residential E.S.N. School and two boys and one girl from the Occupation Centre attended the Central Clinic for treatment.

4. Audiometer Tests

Fewer Audiometer tests were carried out by the Speech Therapy Department in 1958 as compared with the previous year. This was the result of two factors :—

- (a) During March and April the Audiometer was at the makers for repairs and overhaul.
- (b) Dr. J. McCormack, School Medical Officer, started testing a number of school children with hearing defects, because this was his particular interest.

Statistics for the Year 1958

Children with speech defects were treated for the following :—

Stammer	..	..	..	..	65
Dyslalia	..	..	..	..	195
Retarded Speech and Language	..	..	..	..	29
Dysarthria	..	..	..	..	8
Cleft Palate	..	..	..	..	4
Other Defects	..	..	..	..	33

TOTAL .. 334

Attendances and Treatment

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of Patients—					
Admitted	..	..	97	26	123
Discharged	..	..	65	20	85
Waiting List	..	..	70	28	98
Number of Treatments given	..	..	2,734	1,034	3,768
Number of Audiometer Tests	..	..	13	18	31

INFECTIOUS DISEASE

Climatic conditions in 1958 were not exceptional. There were no major epidemics of Infectious Disease. Worthy of note however, were :—

(a) *Influenza*

The early months of the year saw the final stages of the Influenzal epidemic of the previous Autumn.

An isolated epidemic occurred in mid-December when during the course of a Friday morning some 40 girls sickened in one of the Grammar Schools. The symptoms varied but consisted mainly of nausea, occasional sickness, headache and pains in the limbs and abdomen. The earliest symptoms occurred during the previous evening. The girls examined were shivery and often collapsed. Some had a slight conjunctival infection and red fauces. The tongue was clean and temperature sub-normal.

The lunch of the previous day contained a fruit flan with artificial cream which was supplied by a reputable local firm. A sample of the food had been retained as a routine precaution. The premises were very well ordered and none of the staff were affected, nor had any suffered recently with intestinal symptoms. All were clean efficient workers without any trace of skin sepsis.

The sample of the food was sent to the Public Health Laboratory and subsequently exonerated. Throat swabs were taken with special precautions for the isolation of virus, and samples of blood taken at suitable intervals were sent to the Virology Department. No cytopathogenic agent was isolated from the swabs, nor was a rising titre observed in the blood samples. No pathogens were found on stool culture.

The school was closed at mid-day on the Friday and morning assembly discontinued during the following week.

Daily absentee rates were watched. During the following week the number of girls away from school fell from 100 on the Monday to 70 on Wednesday, and rose again to 95 on the Friday. Numbers of absentees fell to normal on the eleventh day. The duration of the illness was from 48 hours to 5 days.

Numbers of pupils and staff affected were as follows :—

	Pupils	Staff	
		Teaching (In contact with Pupils)	Dining Room (Not in contact with Pupils)
Number at risk . .	500	18	17
Number affected	379	4	0

In reviewing the incident two points of interest emerge, namely — the explosive onset of the outbreak simulating as it did a gastro intestinal disorder, and the value of clinical observation as opposed to careful laboratory investigation in determining the nature of the illness.

During the weeks which followed pockets of influenzal infection, characterised by gastric symptoms, appeared in different areas of the City, but no other school was affected in the same way. The weather at the outbreak had been inclement and it is believed that the origin of the infection lay in a single acute case with a large number of close contacts such as might occur in morning assembly.

(b) *Diphtheria*

In December a girl aged 11 years, died suddenly at home after a short illness. At post mortem examination she was found to have suffered from Diphtheria and organisms of the 'mitis' strain were grown, which were virulent.

Members of the staff of the Health Department visited the house and it appeared that children from neighbouring houses had been in contact with the dead girl. Accordingly immunisation was offered immediately to family contacts and those in neighbouring households. At the same time school contacts were swabbed. Those absent from school were visited by school nursing staff. In all 152 school contacts were swabbed, but from none of the swabs was a pathogenic organism grown except one sister of the deceased.

The source of the infection was not discovered, but the investigation revealed a lamentable indifference on the part of parents to the protection offered by immunisation.

The death of the girl caused something of a sensation in the locality, and opportunity was taken to offer immunisation to all school contacts. Of 516 children offered immunisation 478 received full protection.

There was a sequel to the incident, a girl from the house next door to the fatal case, was admitted to Walker Gate Hospital with faucial Diphtheria. Again the organism was of the 'mitis' type and virulent. On looking through the records of the previous case, it was found that immunisation had been offered to the children of this household at the time of the death

of the previous case, but was refused. It has not been possible to establish a connection between the two cases of Diphtheria.

(c) *Tuberculosis*

Six cases of 'Open' Pulmonary Tuberculosis came to the notice of the Department, of which one is worthy of brief description.

An older pupil, resident outside Newcastle and attending one of the Independent Schools within the City was found, as a result of routine Tuberculin Testing prior to vaccination with B.C.G., to be 'positive' and on X-ray to have an apical cavity and positive sputum.

Vaccination of the other girls had been proceeded with when the facts became known, and the question arose as to whether any of the vaccinated contacts might have been infected before protection was established.

All these girls were X-rayed at the end of a three-month interval. The question arises as to whether vaccination should be commenced before positive reactors have been cleared by X-ray.

(d) *Other Notifiable Diseases*

Cases of school children reported as suffering from notifiable disease were as follows :—

Notifiable Disease in School Children — 1958

<i>Infection</i>	<i>5—9 years</i>	<i>10—14 years</i>	<i>Total</i>
Scarlet Fever ..	65	15	80
Diphtheria ..	—	1(F)	1
Para Typhoid ..	1(F)	—	1
Chicken Pox ..	1,102	146	1,248
Poliomyelitis ..	1(M)	—	1
Rubella ..	99	9	108
Dysentery ..	23	8	31
Food Poisoning ..	3	1	4
Pneumonia ..	8	—	8
Whooping Cough ..	107	5	112
Tuberculosis :			
Respiratory ..	12	11	23
Non Respiratory ..	5	2	7
Measles ..	98	9	107

Tuberculin Testing, 1958

	Age Group		
	1st	2nd	3rd
Number of Parents to whom circulars were sent	4,447	4,437	—
Number of Children for whom consents were received	3,544	3,517	—
Number of Children tested and read	3,053	3,082	2,199*
Number of Children 'positive'	198	273	

Preventive Measures

(a) *Poliomyelitis*

British vaccine remained in short supply during the larger part of the year, and the large majority of vaccinations consisted of imported vaccine. Nevertheless, a large number of children who had been registered received their injections. A final registration of children was completed in the schools during the closing months of the year.

The number of children vaccinated in 1958 was 6,820.

(b) *Immunisation against Diphtheria*

The numbers of children immunised were as follows :—

Primary Immunisation — 1st Doses . .	605
'Booster' Doses— (i) Under 5 years	28
(ii) 5 — 10 years	69
(iii) 11 — 15 years	38

(c) *Tuberculosis*

- (i) Routine Tuberculin testing of the 5 and 10 year old children proceeded on similar lines to last year.

With the moving forward of B.C.G. Vaccination from 14 to 13 years, testing of the 3rd Age Group for the most part took the form of a post vaccination check.

* Only post vaccination tests were done in 1958, the number being 2,199.

Children tested were as follows :—

(ii) *The Investigation of Contacts of Known Cases*

Contacts were sought in the following schools during the year :—

<i>School</i>	<i>No. Consents Received</i>	<i>No. Children Tested</i>	<i>No. Positive</i>	<i>No. Referred for X-ray</i>
Christ Church	44	44	5	4
Elswick Road Junior ..	173	172	19	19
Skerry's College	68	54	23	16
St. Dominic's R.C.	41	37	11	10
Central High	42	42	12	9
Canning Street	16	—	—	16

(iii) *B.C.G. Vaccination*

Children received B.C.G. Vaccination in their thirteenth year. A number of these were vaccinated in 1957 and consequently the number is smaller than in the previous year —

Children attending Maintained Schools .. 3,043

The following Independent Schools accepted an offer of vaccination :—

The Central (Newcastle) High School.

The Newcastle Church High School.

Dame Allan's Grammar Schools (Boys and Girls).

La Sagesse Convent School.

The Sacred Heart Grammar School.

St. Ann's Convent School.

St. Cuthbert's Grammar School.

Skerry's College.

The Gregg Commercial School.

Total number of Children Vaccinated .. 620

APPENDIX

A Demonstration of the Effectiveness of Current Methods of Control of Pediculosis

The effectiveness of Lorexane No. 3 was compared with the preparation (Lorexane) now in use and supervision without medication.

The trials were conducted in the Kenton area where housing amenities are of one standard, and where Pediculosis is common. The children observed attend Mountfield Primary School. The work was organised by Nurse Stoker who is conspicuous for her personality and careful methodical work.

The Material

Families were taken from the school registers in alphabetical order to enclose three groups of 100 children aged 2—15. The characteristics of these random samples were as follows :—

<i>Sample</i>	1	2	3
Number Families	32	33	30
Total Children	102	124	111
Children Observed (2 — 11 years) ..	86	94	92
Number of Substandard Families ..	7	9	10
Number of Individual Children Infested ..	12	34	39

Treatment

The samples were treated as follows :—

Sample 1. The provisions of Section 54, Education Act, were rigidly adhered to. Infested heads were met with 21 times but compulsory cleansing was never necessary. Advice was given on request.

Sample 2. Treated with Lorexane No. 3 as described in Nursing Times (1957 : 412 and 420).

Sample 3. Treated with Lorexane at present in use.

Observation

Some 284 children were observed between May and December 1958 and 1,050 inspections performed. The aim to inspect each child at Mountfield School at three-week intervals was achieved during the Summer Term. During the August holiday treatment and inspections were suspended. The majority of children were re-inspected during the first ten days of the Autumn Term. Thereafter inspections were interrupted on account of Nurse Stoker being on sick leave, but were fully resumed in the second half of the term.

Standards

Terms were defined and standards prescribed in advance. The only standard referred to here is as follows :—

- N — an occasional nit only found : one nit was sufficient to place the child in this category.
- N+ — a sprinkling of nits found in more than one quadrant of the scalp.
- N++ — a heavy infestation with or without live vermin.

The Findings

The Table below shows the distribution of Pediculosis in the three samples on four occasions at intervals of two months.

Sample	1				2				3			
	C.	N.	N+	N++	C.	N.	N+	N++	C.	N.	N+	N++
May ..	41	9			32	8	7	1	33	13	8	
Total ..				50		48						54
July ..	47	3			36	4	4	3	39	12	1	
Total ..				50		47						52
September ..	46	1			41	8	1	1	46	11	2	
Total ..				47		51						59
Nov.—Dec. ..	46	2			43	8		1	42	7	2	
Total ..				48		52						51

C = Children with Clean Heads.

These crude figures have been adjusted for samples of 50 children in the Diagram below :—

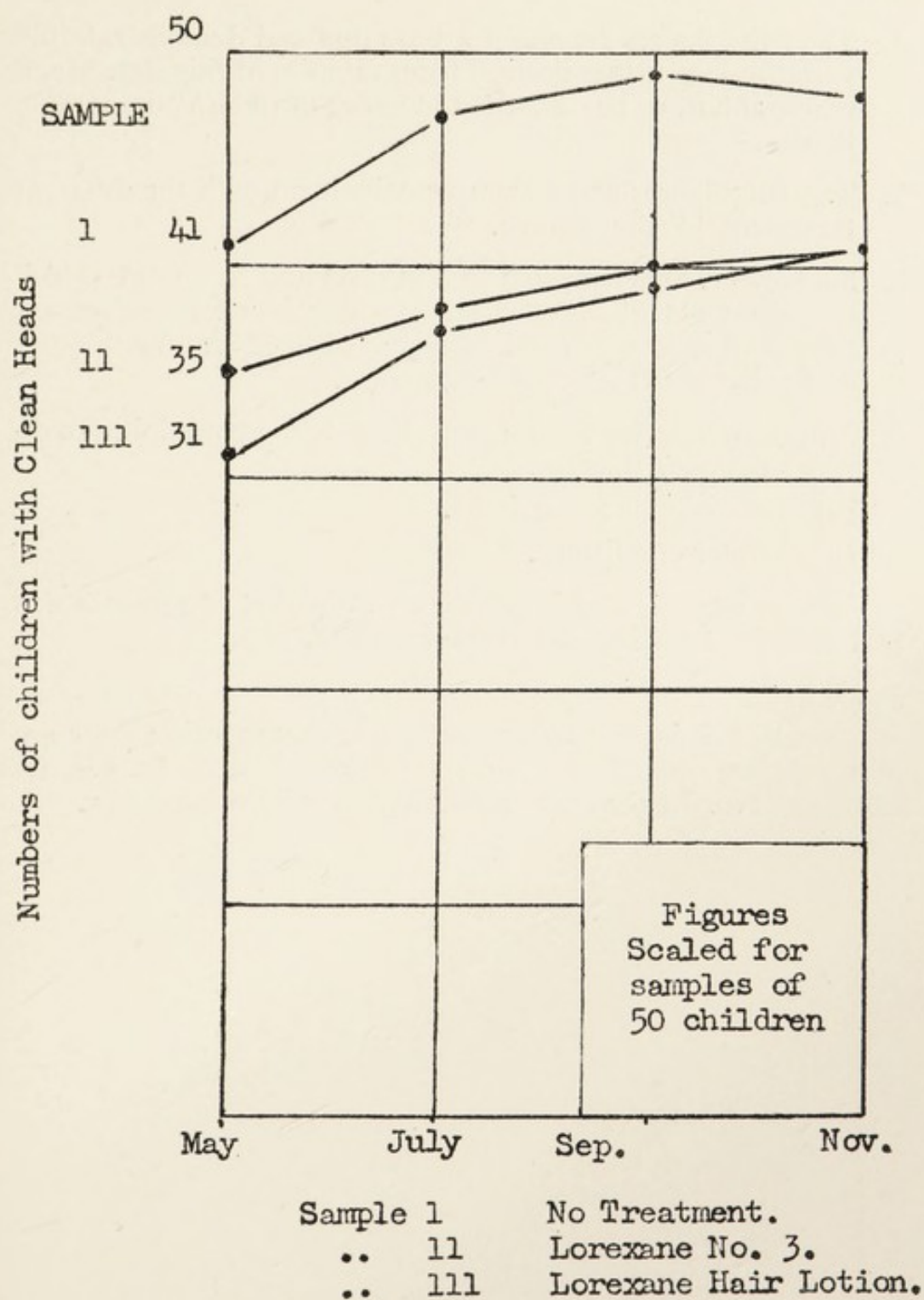


FIGURE III

Discussion

The above figures represent four cross sections of a longitudinal survey in which the following points suggest themselves :—

1. The May figures represent a base line and demonstrate the variability of values derived from samples of this size. Much material had to be discarded in order to obtain comparable figures.
2. The July figures show changes coincident with the different treatment of the groups.
3. September. One expected to find reversion to a more primitive standard of cleanliness. The continued improvement may be due to a hurried cleansing of heads in anticipation of further short interval inspections.
4. November-December figures show less marked improvement possibly due to :—
 - (a) Less regular supervision.
 - (b) Winter conditions.

All groups showed improvement, but that of group 3 was best sustained during the Autumn Term.

Conclusion

In the hands of a competent nurse therapeutic agents are of secondary importance to careful supervision. In Fig. III Lorexane No. 3 shows no superiority over its predecessor.



