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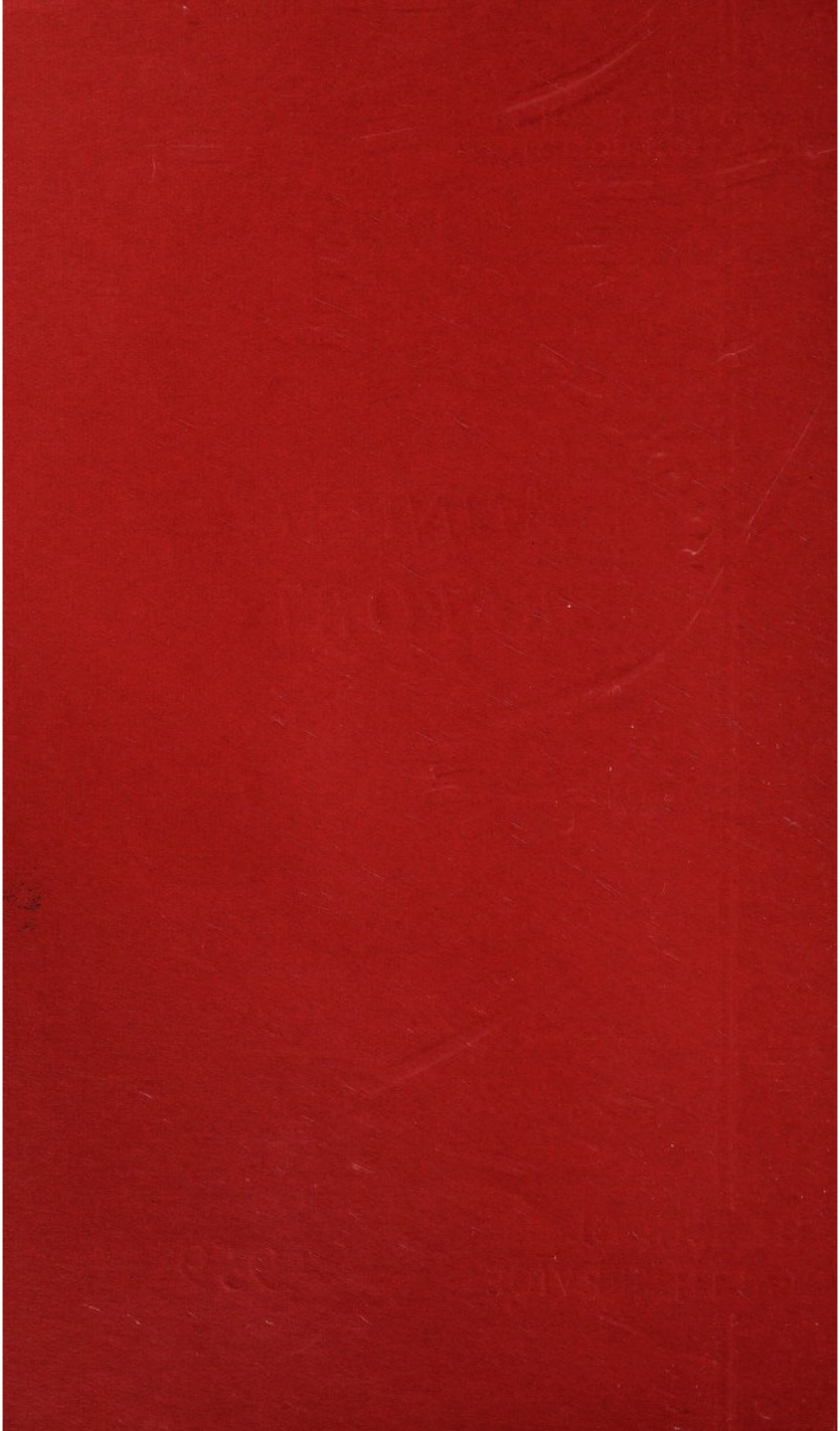
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ANNUAL
REPORT

THE SCHOOL
HEALTH SERVICE

1959



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.

1959

SCHOOL HEALTH SERVICE



BAKING IN THE GARDEN

ASHFIELD NURSERY SCHOOL, 1959

P R E F A C E

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 the year 1959, the 50th since the series began in 1907.

CLINIC
DEVELOPMENT

There is no doubt that certain functions can only be carried out in suitable clinic buildings, but again it is obviously more economical in pupil time to disperse such items as minor treatment services to school premises, where a travelling nurse can attend daily or at appropriate intervals. Whilst suitable facilities can be provided in new schools, it may be quite a long time before sufficient room can be found in the older ones.

It is also worth noting that throughout the country, clinic attendances are falling and analysis reveals that it is partly due to the changes brought about by the National Health Service but also to falling incidence of minor septic conditions which are now less common amongst schoolchildren. This means that the more static nature of the older service has gone and new flexible techniques are required to meet the change. The School Health Service alongside its neighbour the National Health Service is fully capable of meeting this challenge.

PARTIALLY
DEAF

The facilities are now available so that these children who require special education can attend a day class of their own. It is, however disappointing to note that there are partially deaf children who fail to take full advantage of the hearing aid service.

DEVELOPMENTS AT THE
OPEN AIR SCHOOL

A full assessment of the physical potential of chesty children is well worthwhile and a working liaison with the appropriate paediatrician and family doctor, as well as gaining the full support of the child's parents, is bound to bring about a steady improvement amongst this group. The note by the physiotherapist at this school is to be commended.

The object of placing a child in the open air school in the primary age group is to see whether it is possible to return that child to an ordinary school to permit it to take full advantage of the appropriate type of education.

CHILD
GUIDANCE

A joint report with the Director of Education was submitted to the Education and Health Committees on the future of the Child Guidance Service. After consideration the details of the requirements of such a Service were forwarded to the Regional Hospital Board.

It would seem that the acute shortage of Child Psychiatrists and ancillary staff for the Child Guidance Service will make it very difficult to do more than continue the present Service at "Tiverlands", Newcastle upon Tyne, for some years to come. In the meantime "guidance" can be given during consultations at Minor Ailment Clinics but the setting up of an adequate, fully staffed Child Guidance Service in this area is absolutely essential.

SCHOOL
DENTAL SERVICE It is too early to see whether the 'A.B.C.' Scheme will reduce the number of failed appointments and permit closer watch on the teeth of the children whose parents decide to take full advantage of the School Dental Service.

STAFF There have been few staff shortages during the year due to the response by part-time Dental Officers who are working so admirably alongside their full-time colleagues.

I am indebted to Dr. H. S. K. Sainsbury for an interesting account of the facilities available for the pre-school child within the Education Service and for preparing the details of this report.

Few, if any, have served the children with orthopaedic defects anywhere in the United Kingdom as did Miss B. Hague during her 39 years' service in the Newcastle upon Tyne Education Authority. The strength of the service she left is her testimonial and all wish her many years of happy retirement.

ACKNOWLEDGEMENTS I willingly acknowledge the support I have received from the Chairman and Members of the Education Committee, the Director of Education and his teaching staff. The cordial meetings with Head Teacher representatives have materially assisted towards the smooth running of the Service.

I should also like to record my thanks to all the staff of the School Health Service.

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

June, 1960.

SCHOOL HEALTH SERVICES AND CHILD CARE
SUB-COMMITTEE — 1959

Chairman :

Councillor Mrs. M. P. Broad

Chairman of the Education Committee

Alderman Mrs. G. Robson, J.P. (*Sheriff*)

Members

Alderman P. H. Renwick

Alderman Miss E. B. Temple

Councillor G. Hall, J.P.

Councillor Mrs. I. McCambridge, J.P.

Councillor Mrs. T. S. Russell, J.P.

Councillor Mrs. J. M. Scott-Batey

Councillor Mrs. M. Shaw

Councillor Mrs. Sims, S.R.N.

Councillor Mrs. A. Wynne-Jones, B.A.

Mrs. A. M. G. Curtis, J.P.

Mrs. D. A. Fitzpatrick

Mrs. C. M. Lewcock

Mrs. A. Nesbitt

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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 :

Full-Time

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

Part-Time

Dr. A. R. Buchan
Dr. G. V. Griffin
Dr. J. H. Hindmarsh
Dr. M. Miller
Dr. W. Waggott
Dr. J. M. Wenn
Dr. I. Robinson (*Special
Schools*)

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

School Dental Officers :

Full-Time

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

Part-Time

Mr. B. Adair
Mr. J. Christie
Mr. W. Hodge
Mrs. V. Jenkins
Mr. P. Thompson
Mr. K. Sissons

Anaesthetists : Dr. S. Mark

Dr. W. Shaw

Technicians : Mr. E. Robson

Mr. J. Patterson

Dental Attendants : 10

Superintendent School Nurse : Miss E. D. Coulson

School Nurses : 21 Full-Time 1 Part-Time

Nursing Helpers : 10

Superintendent Physiotherapist : Miss O. Webb.

Physiotherapists : Mrs. B. Bell Miss W. Dix Mr. C. Cree

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

Consultants :

Ophthalmologists

Dr. L. W. Davies Dr. J. D. Milne
Dr. V. G. O'Leary

Orthopaedic Surgeons:

Mr. C. C. Michael James
Mr. D. G. Wright
Dr. B. J. Robson

Chief Clerk : Miss J. S. Hills

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

The following appointments were vacant at the end of the year :—

Orthodontist	1
Oral Hygienist	1
Senior Physiotherapist ..	1
Physiotherapist	1
School Nurses	3
Nursing Helper	1
Psychiatric Social Worker ..	1
Educational Psychologist ..	1

STAFF CHANGES

The following commenced duty during the year :—

<i>School Medical Officer :</i>	Dr. J. M. Wenn	23.6.59
<i>(Part-time)</i>		
<i>School Dental Officers :</i>	Mr. J. Christie	31.8.59
<i>(Part-time)</i>		
	Mrs. V. Jenkins	7.12.59
	Mr. K. Sissons	6.8.59
	Mr. J. Thompson	17.8.59
<i>Dental Attendants :</i>	Miss J. M. Calvert	14.9.59
	Miss J. E. Douglas	12.10.59
<i>Superintendent Physiotherapist :</i>	Miss O. Webb	7.12.59
<i>Speech Therapist :</i>	Miss J. Douglass	1.9.59
<i>School Nurse :</i>	Mrs. E. Nichols (nee Douglas)	9.2.59
<i>Clerk :</i>	Miss H. Dolman	17.8.59
<i>Clinic Clerks :</i>	Miss M. Mackay	13.4.59
	Miss M. Airton	17.8.59

The following staff resigned :—

<i>School Medical Officer :</i>	Dr. J. McCormack	30.4.59	Appointed Deputy Medical Officer of Health for Lincoln.
<i>School Dental Officer :</i>	Mrs. P. Nicholson	31.10.59	
<i>Orthodontist (Part-time) :</i>	Mr. G. H. Steele	28.2.59	To take up appointment at Sutherland Dental Hospital.
<i>Dental Attendants :</i>	Miss R. Henderson	29.8.59	Another appointment
	Miss K. Rodger	10.10.59	Another appointment
<i>Superintendent Physiotherapist :</i>	Miss B. Hague	31.8.59	Retirement
<i>Speech Therapist :</i>	Miss J. M. Gates	31.3.59	Domestic reasons
<i>School Nurse :</i>	Miss E. Brown	31.8.59	Retirement (ill-health)
<i>Nursing Helper :</i>	Mrs. A. Holmes		Deceased
<i>Clerk :</i>	Miss A. McCloskey	4.5.59	Domestic reasons
<i>Clinic Clerks :</i>	Miss M. Charlton	31.3.59	Another appointment
	Miss M. Mackay	31.8.59	To enter university
	Miss S. Athey	31.12.59	To commence Nursing training.
	Mrs. J. Piper	31.12.59	Domestic reasons

It is with regret that we record the death of Mrs. Anna T. Holmes, who was appointed Nursing Helper in May, 1940. Mrs. Holmes was attached to Atkinson Road Clinic, where her work as a member of the staff was greatly appreciated. She died two years before reaching her retiring age and when her family responsibilities, for she was a widow, had been completed. To her two daughters we extend our sincere sympathy.

Refresher Courses

The following staff were assisted to attend Refresher Courses :—

- | | | |
|---------------------|----|--|
| Dr. J. H. Hindmarsh | .. | Course for Certifying Officers —
Ascertainment of Handicapped Pupils |
| Dr. B. Buckley | .. | Course on <i>Deaf and Partially Deaf Children</i> at Manchester University |
| Dr. J. Mather | .. | Course for the Diploma in Public Health |
| Nurse T. Chesterton | .. | Course on <i>Audiometry</i> at Manchester University |

ADMINISTRATION

The working of the Service has continued on the same lines as during the previous years.

Towards the end of the year consideration was given to the re-organisation of the work of collection of statistics. Three routine reports are issued, namely :—

The monthly report of the Senior School Medical Officer to the School Health Services Sub-Committee.

The Annual Report of the Principal School Medical Officer to the Education Committee and Ministry of Education.

The Statistical Tables to the Ministry of Education.

The aim has been to create one system of collecting material by which information is immediately available for each of these reports as they become due, without duplication at any point.

Apart from this, responsibility is delegated to the Heads of the Branches of the Service, namely : the School Nurses, Clerks, Speech Therapists, Physiotherapists or Dentists.

The weekly work of doctors and nurses is arranged at Clinic level.

MEDICAL INSPECTION

Medical Inspection has proceeded in Maintained schools in much the same way as in former years. The number of pupils inspected were as follows :—

A. PERIODIC INSPECTIONS

Pupils Inspected (All ages) 11,555
 (In addition, pupils were inspected at the Convent of the Sacred Heart (Independent) Grammar School.)

B. OTHER INSPECTIONS

Special Inspections 5,199
 Re-inspections 1,720

The findings at Periodic Inspection were as follows :—

TABLE I

Physical Condition of Pupils

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	228	228	—	—	—
1954	763	757	99.21	6	.79
1953	2834	2809	99.12	25	.88
1952	154	154	—	—	—
1951	28	28	—	—	—
1950	8	8	—	—	—
1949	3861	3837	99.38	24	.62
1948	64	64	—	—	—
1947	3	3	—	—	—
1946	82	82	—	—	—
1945	1998	1991	99.65	7	.35
1944 and earlier	1532	1530	99.87	2	.13
TOTAL	11555	11491	99.45	64	.55

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)
1955 and later	1	14	14
1954	20	82	89
1953	105	312	348
1952	4	9	11
1951	3	3	4
1950	1	2	2
1949	231	335	477
1948	5	2	6
1947	—	—	—
1946	2	—	2
1945	173	165	269
1944 and earlier	148	130	215
TOTAL	693	1054	1437

TABLE 3—Defects found at Medical Inspection during the Year

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS											
		ENTRANTS		LEAVERS		OTHERS		TOTAL					
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)				
(1)	(2)												
4	Skin	53	90	61	116	61	116	61	77	175	283		
5	Eyes— <i>a.</i> Vision..	127	234	347	226	234	226	234	99	708	559		
	<i>b.</i> Squint..	90	85	60	33	64	33	64	99	214	217		
	<i>c.</i> Other ..	10	27	11	47	12	47	12	30	33	104		
6	Ears— <i>a.</i> Hearing ..	28	65	13	22	9	22	9	28	50	115		
	<i>b.</i> Otitis Media ..	15	81	13	52	10	52	10	42	38	175		
	<i>c.</i> Other ..	5	9	1	14	10	14	10	4	16	27		
7	Nose and Throat ..	88	341	17	107	44	107	44	161	149	609		
8	Speech	43	90	5	13	16	13	16	25	64	128		
9	Lymphatic Glands ..	5	76	—	15	2	15	2	51	7	142		
10	Heart	6	47	9	34	8	34	8	22	23	103		
11	Lungs	23	141	12	44	21	44	21	106	56	291		
12	Developmental— <i>a.</i> Hernia ..	1	4	—	1	3	1	3	12	4	17		
	<i>b.</i> Other ..	6	30	4	25	14	25	14	38	24	93		
13	Orthopaedic— <i>a.</i> Posture ..	4	13	11	41	10	41	10	17	25	71		
	<i>b.</i> Feet..	66	112	19	61	21	61	21	43	106	216		
	<i>c.</i> Other ..	35	255	53	96	53	96	53	85	141	436		
14	Nervous System— <i>a.</i> Epilepsy ..	5	9	2	4	4	4	4	2	11	15		
	<i>b.</i> Other ..	7	25	6	12	5	12	5	15	18	52		
15	Psychological— <i>a.</i> Development ..	1	22	2	8	2	8	2	6	5	36		
	<i>b.</i> Stability ..	4	47	—	26	8	26	8	53	12	126		
16	Abdomen	3	9	—	—	—	—	—	1	4	10		
17	Other	3	1	3	—	—	—	—	—	8	1		

Other Medical Inspections performed by Medical Officers were as follows :—

1. *Children*

Inspections for freedom from infection	561
Examination of pupils for employment	632
Examination of children taken into care of the Children's Department	336
Examination of Children and Young Persons committed to Remand Homes	129

2. *Adults*

Examinations for entrance to Training Colleges	181
Examination of students completing Course in Kenton Lodge Training College	74
Appointments to the Education Staff—	
Clerical and Professional	241
Manual and Domestic	61
Examinations for extension of Sick Pay	10

Inspections performed by School Nurses were as follows :—

Hygiene Inspections	53,247
Follow-up Inspections	6,475
Head Inspections	33,785

Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	85,034
(b) Total number of individual pupils found to be infested	3,274
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	73
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) of the Education Act, 1944)	13

SCHOOL CLINICS

The provision of School Clinics in the City remains unchanged since my last Report. They continue generally to be well maintained in repair, decoration, furnishing and equipment. The second stage in the conversion of the upper floor in Atkinson Road Clinic was completed during the year, bringing this Clinic up to the general standard of the clinics in the City, but the re-arrangement of the Central School Clinic is outstanding. During the year opportunity presented to reserve a site for the Central School Clinic in Leazes Terrace which is at once more readily reached from distant parts of the City, and is in close proximity to the Child Health Department of the Royal Victoria Infirmary.

There are at present four independent School Clinics and two combined Clinics. Provision for a combined Clinic at Kenton continues to make slow headway. Work in this distant area has been carefully organised in the Medical rooms of schools.

Clinics on School Premises

The numbers of these continues to increase. There are now 20 clinics in use and the premises have shown a general improvement during the last few years. Seven are conducted in Medical rooms, and separate premises are provided at Ashfield House, Brinkburn Street and Cowgate.

Arrangement of the Work in Clinics

School Clinics are open during the afternoons and Saturday morning during term time. The Central Clinic is open throughout the day. The staffing arrangements are as follows :—

TABLE 4 — School Clinics (Medical)

Day and Time	CLINIC					
	Atkinson Road	Bentinck	Blakelaw	Central	East End	Middle Street
1.30 p.m. to 5 p.m.						
Monday ..	N D	D	D	D	N	N D
Tuesday ..	N	D	N	D	N	N D
Wednesday ..	N D	D	N	D	N	N D
Thursday ..	N	D	D	D	N	N D
Friday ..	N D	D	N	D	N	N D
9.0 a.m. to 12 noon						
Saturday ..	N	D	N	D	N	N D

N = Nurse in attendance for Dressings and other duties.
D = Doctor in attendance.

Attendances at School Clinics compare with previous years as follows :—

TABLE 5

<i>Clinic</i>	1956	1957	1958	1959
Atkinson Road	3172	1009	650	755
Bentinck	2480	750	641	865
Blakelaw	1347	856	476	350
Central	6065	374	379	465
East End	1611	1200	1810	1238
Middle Street	560	1894	1047	940
TOTAL	15235	6083	5003	4613

Attendances at Clinics on school premises compare with those of previous years as follows :—

1956 ..	17,600
1957 ..	9,856
1958 ..	10,146
1959 ..	9,319

The work done in the Clinics is as follows :—

Consultations by Medical Officers

Atkinson Road	627
Bentinck	730
Blakelaw	293
Central	400
East End	1,104
Middle Street	784
	3,938

General Work of School Nurses

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

TABLE 6

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	4,105	12,626
Scabies	24	103
Ringworm	21	385
Other	2,095	5,945
Ear Conditions—		
Wax in Ears	72	149
Discharging Ears	90	540
Eye Conditions—		
Conjunctivitis	85	284
Other external eye conditions	492	1,080
Spectacles	399	—
Vision Tests	113	—
Tonsillitis	22	12
Acute Infectious Fevers	21	16
Injuries	1,654	2,858
Malaise	212	54
Follow-up Inspections	716	282
Head Inspections	2,247	805
Cleansing	139	575
F.F.I's. and Manual Workers	271	22
Miscellaneous	2,416	1,319
TOTAL	15,194	27,211

Other duties performed by Nurses include :—

Home visits	1,168
Children escorted to Clinics or Hospitals	121
Children escorted to and from Residential Schools	76

SPECIAL CLINICS

The work in these Clinics was as follows :—

Ringworm

A large number of children attend the Skin Clinic for confirmation of diagnosis of suspects. Facilities available for their investigation include a Wood's Lamp, microscopical examination, culture in the laboratory.

The numbers of children with confirmed Ringworm were :

Ringworm—Scalp	..	..	..	19
Body	..	..	..	82

The current types of fungus isolated were :—

M. canis	..	..	..	..	30
M. gypsiun	..	..	..	..	2
M. audouini	..	..	..	..	3
T. mentagrophytes (various species including those causing Epidermo Phyteosis)	..	..	..	..	75
T. rubrum	..	..	..	..	2
T. equinum	..	..	..	..	1
C. albicans	..	..	..	..	82

The above refer to pure isolate only and do not include the contaminated cultures obtained after first implantation.

Staphylococci	..	..	..	..	48
Streptococci	..	..	..	..	23

Facilities for precise typing of these two organisms are not available.

There was no occasion to screen children in school during the year.

Plantar Warts

There has always been a large number of children who require treatment for this condition. A number of children are treated in regional clinics, but the more difficult cases are referred to the Skin Clinic at the Central School Clinic.

An increasing number of cases require surgical excision, curetting, X-ray and other procedures more properly undertaken in hospital. However, the local hospital service appears to be finding difficulty in coping with the large amount of work involved.

The number of cases treated were as follows :—

Boys	..	..	..	..	..	87
Girls	..	..	..	..	..	104
Number of cases referred to Hospital	..	..	..	..	..	43

Scabies

Scabies is treated in regional clinics and involves :—

- (a) Confirming diagnosis
- (b) Treating contacts
- (c) The management of the family, i.e., disinfestation and surveillance.

The number of cases treated during the year were :—

- (a) Total number of children treated .. 38
- (b) Number of Families 19

Orthopaedic

Mr. C. C. M. JAMES, PH.D., F.R.C.S.

1959 was a turning point for the Department because Miss Bertha Hague, S.R.N., M.C.S.P., retired after completing 39 years service. Miss Hague with the title of School Masseur, started work in the School Health Service on the 23rd August, 1920, and on that day this Department can be said to have opened, although Miss Hague was the sole member. Until October, 1923, when Dr. William MacKenzie was appointed part-time Orthopaedic Surgeon, she had the heavy responsibility of deciding what treatment was necessary for the children referred to her by the School Medical Officers as well as carrying out the treatment.

When she retired Miss Hague was Superintendent Physiotherapist, and left a Department with an establishment of a Superintendent Physiotherapist, five Physiotherapists and an Orthopaedic Nurse (to deal with children under 5 years of age) working with a Consultant Orthopaedic Surgeon (part-time) and two part-time Assistant Surgeons. Originally the Department had one room ; now it is fully equipped at the Central Clinic and at treatment centres at 4 school clinics. Up to 1936 the responsibility was for school children only, thereafter it included children under the age of 5 years. Miss Hague was instrumental in all this development and contributed a short account of it to the Principal School Medical Officer's Report for 1956, but she gives no indication there of the efforts she herself made to improve the service.

Miss Hague was well fitted to fill the post of School Masseur. She had trained for her certificates for Medical and Surgical Nursing of Children at Queen Mary's Hospital for Children, Carshalton, and for general nursing at the Royal Infirmary, Bristol. At Bristol she also trained as a Masseur becoming a Teacher of massage there before coming to Newcastle.

As well as being thoroughly trained and experienced, Miss Hague is a natural organiser, seeing what was needed and making sure that the needs were supplied. She got what she wanted through her ability to foresee the trend of events and through her capacity for going about things in the right way with tremendous determination. She has the gift of compassion and was regarded with great affection by the children who came under her care. In the years of want and depression she was able to find the means of providing footwear and surgical apparatus for those who were unable to afford them. Her experience and knowledge of orthopaedics were freely available to the younger Orthopaedic Surgeons who succeeded Dr. W. MacKenzie

after he retired in 1948, and they have much reason to be grateful to her. She interested herself in the social background, particularly to ensure treatment for those whose home conditions were unsatisfactory or whose parents were unco-operative.

It is impossible to give a sufficient tribute to Miss Hague without writing a complete history of the Department. Her achievement is put concisely in the words of the Director of Education when he wrote to Miss Hague to acknowledge her notice of resignation : " In a lifetime of devotion to the remedial needs of physically handicapped children you have made an indelible mark on the School Health Service of the City."

Miss Hague has been succeeded by Miss O. Webb, formerly Senior Physiotherapist to the Department, under whose guidance the work of the Department is continuing as in previous years. In presenting the annual statistics the details of the types of physiotherapy given have been omitted as they provide no real indication of the work done, each child will have more than one type of treatment, exercises being the most important.

As well as treating the children, the physiotherapists spend much time in reviewing splints and shoe alterations supplied through the Department and in making sure that the apparatus is correctly used and in good repair. Old splints have to be renewed as necessary and the children watched to make sure that the alterations are doing the job for which they are intended.

Statistics for the Year 1959

		<i>School Medical Service</i>	<i>Maternity and Child Welfare Service</i>
1. <i>Attendances</i>			
New Patients — Boys 332 } ..	652	108 } 217	
— Girls 320 } ..		109 }	
Total Attendances at Surgeons' Clinics	2,365		648
Waiting List	32		7
2. <i>Discharges</i>	909		142
Admissions to Sanderson Orthopaedic Hospital	46		9
3. <i>Physiotherapy</i>			
Total number of attendances at Physiotherapy Clinics	14,198		3,385
Special Therapies given for Orthopaedic conditions :—			
Swedish Remedial Exercises	7,324		942
Massage	432		437
Manipulations	1,869		1,423
Medical Electricity	4,698		504
Radiant Heat	21		8
Home Visits (Manipulations for congenital Foot Deformities)	—		16
<i>Non-Orthopaedic</i>			
<i>Chest Conditions</i>			
Asthma	}	Patients ..	62
Bronchitis			
Bronchiectasis			
Ultra Violet Light	}	Treatments	4,431
Patients .. .. .				4	—
Treatments	27		—
4. <i>Other Information</i>			
Number of Children requiring X-ray	78		14
Photographs	14		—
Number of Surgical appliances (supplied and maintained)	1,290		434

Foot and Lower Limb conditions :—

Flat feet, pes cavus, hallux valgus, hallux rigidus, hammer toes, club feet, talipes calcaneus, knock knees and bow legs.

Hip Conditions :—

Congenital dislocation, Perthe's Disease, Infantile coxa vara and slipped femoral epiphysis.

Spinal Conditions :—

Scoliosis, Postural kyphosis and Scheuermann's Disease.

General Conditions :—

Cerebral Palsy, Poliomyelitis, Tuberculosis, Osteomyelitis, Renal Rickets, Muscular Dystrophy, Osteochondrodystrophy, Osteogenesis Imperfecta, Achondroplasia, Benign Congenital Hypotonia and Hemi-hypertrophy.

Other Conditions :—

Torticollis, Erb's Palsy, etc.

Ophthalmic

A. Refractions

Initial Refractions are performed at the Central School Clinic by three Ophthalmic Medical Practitioners. Two School Medical Officers perform a number of re-tests.

Refractions performed by —

Ophthalmic Medical Practitioners	..	..	1,612
School Medical Officers	..	..	445
			<hr/>
			2,057
			<hr/>

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

New Cases	..	..	..	27
Old Cases	..	..	..	199

Present staff is now meeting current demands and there has been no serious accumulation of work throughout the year.

The number of children known to have been tested outside the Service was 307.

It is a feature of present day practice that a material number of children are re-tested by the Optician who previously supplied the glasses irrespective of by whom they were originally prescribed.

B. The Prescription of Spectacles

The numbers of pupils for whom Spectacles were prescribed were as follows :—

(i) By members of the School Health Service Staff	..	..	..	1,289
(ii) By the Ophthalmic Services	..	..	..	251

C. Dispensing of Spectacles

Numbers of Pupils who obtained Spectacles 1,224

Maintenance of Spectacles was as follows :—

Number of Spectacles replaced	..	..	..	115
Number Repaired	..	..	..	972

The sum of £206 19s. 1½d. was charged to the Local Education Authority for replacement and/or repair of spectacles deemed to have become necessary as a result of negligence.

Hearing Assessment

The Unit is now in its second year of operation. During the year Dr. B. Buckley replaced Dr. J. McCormack who resigned from the staff. Both Dr. Buckley and Nurse Chesterton, who took over the audiometry from the Speech Therapists, attended a Course of instruction at Manchester University, in preparation to taking up their duties.

The function of the Unit is the ascertainment of Deaf and Partially Deaf Pupils, their periodical review and the supervision of Hearing Aids.

Children suspected of being Deaf are referred from schools, School Medical Officers, and occasionally from the E.N.T. Units of hospitals.

Attendances during the year were :—

New Cases	..	..	92
Old Cases	..	..	131

From the Unit children were passed to :—

Hospital	..	..	54
General Practitioner	..	..	14
Back to Parent Clinic	..	..	63
To Speech Therapist	..	..	10

Children were sent to hospital for the following reasons :—

- (i) Further major treatment.
- (ii) Provision of a Hearing Aid.
- (iii) Otologist report in cases classified as Deaf.

Children were referred to the General Practitioners for treatment requiring prescription under the National Health Service.

Those referred to the School Clinics were discharged as :—

- (i) Not needing treatment or further observation.
- (ii) Continued observation.
- (iii) Simple treatment available in School Clinics.

One advantage of having an experienced School Medical Officer in charge of the Unit is that he looks further than the ear. The ' Hard of Hearing ' are a sorry class of pupils frequently mentally dull, maladjusted or neglected ; whilst ear disease is characteristically associated with infection of the nose, throat and chest, and often results in poor physique and indifferent health. The case records show that these factors are given full consideration, and are given all facilities available in the School Health and other services.

Investigations included :—

Pure-tone Audiometer Tests	..	..	111
Performance Tests of Intelligence	..	..	7

Handicapped Pupils were reported to Committee as follows :—

Ascertained	..	..	..	21
Reveiwed	..	..	..	15

Hearing Aids

Arrangements were made during the year by which the Hearing Aid Centre at the Ear, Nose and Throat Hospital, notifies the School Health Service of all children to whom Aids have been, or would be, supplied. A register is kept of all children known to have been issued with an Aid.

Nurse Chesterton is responsible for checking each child at least once a year and reporting to the Unit on her findings. This involves much work outside the Unit.

Aids were followed up as follows :—

Number of children known to have had Hearing Aids issued ..	37
Number followed up in school or at home	26
Number followed up at Hearing Assessment Clinic	11

The number of aids not properly used was 11 and appropriate action was taken in each case.

Asthma

During the Autumn Term attention was given to children suffering from Asthma at Pendower Hall. It is hoped that this will form part of a wider scheme, which will include all chest cases and establish a closer link between the medical and physiotherapy staff.

To date only children at Pendower Hall have been attended to. Numbers of known Asthmatics under treatment at Pendower and elsewhere are as follows :—

Pendower Hall	23
Residential Special Schools ..	3
Ordinary Schools	2

The purpose of the scheme is to direct the education, home management and physiotherapy of these children. With this aim in view the Unit works in close contact with hospitals, but does not concern itself with medical treatment apart from physiotherapy, which may be regarded as remedial physical education.

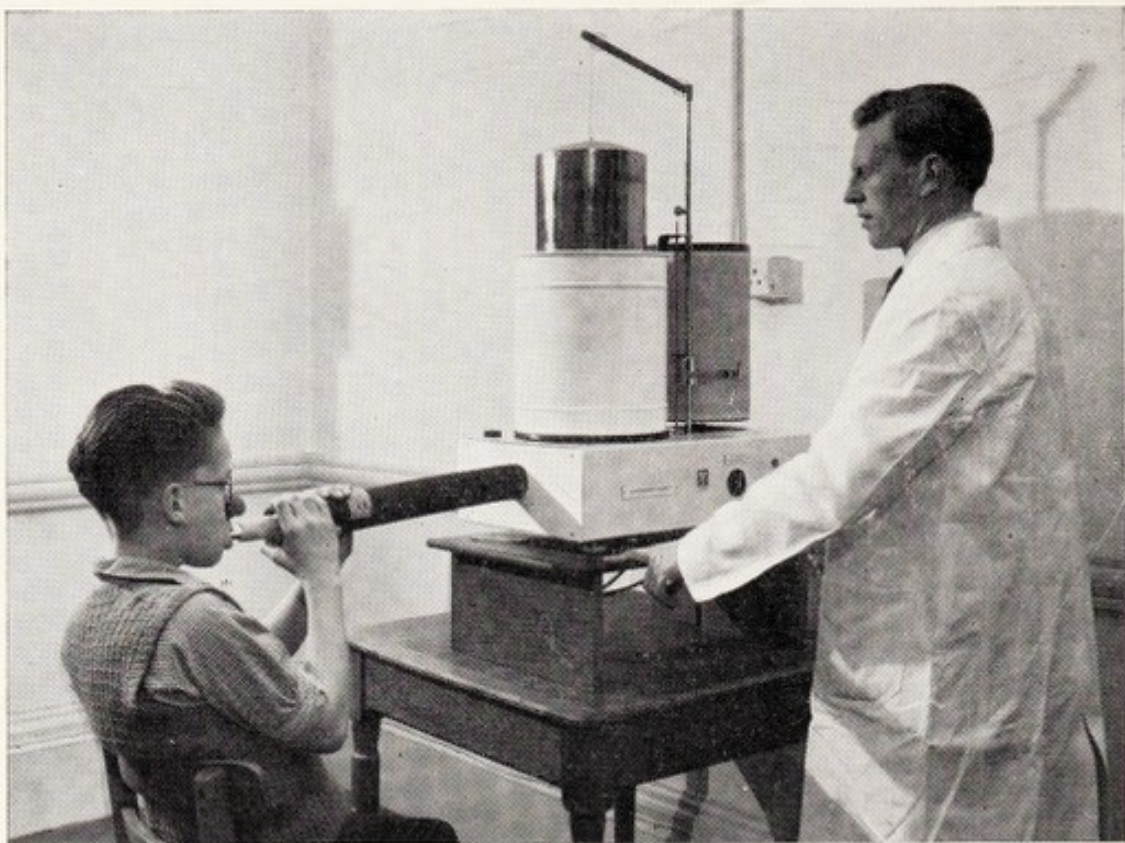
The Unit comprises a team consisting of Medical Officer, School Nurse, Physiotherapist and Teacher. Each have a part to play — Nurse Urquhart looks to the general health and maintenance of the child and obtains information concerning the home background, paying particular attention to the emotional situation. Mr. Cree, the Physiotherapist, undertakes lung function tests and remedial exercises and thus derives first hand information concerning the disability to which he is attending. The teacher is able, from daily observation, to contribute to an

understanding of the personality of the child, and has opportunity to correct attitudes of mind in relation to work and social relationships in school, which may be at the root of the matter. The Medical Officer is responsible for the investigation of each case and its management.

The work already done is as follows :—

Number of cases examined	..	24
Number discharged	.. ..	1
Number referred to Hospital —		
(i) For X-ray	.. ..	18
(ii) For other investigations		1

ILLUSTRATED SUPPLEMENT
ON
SPIROMETRY AND AUDIOMETRY

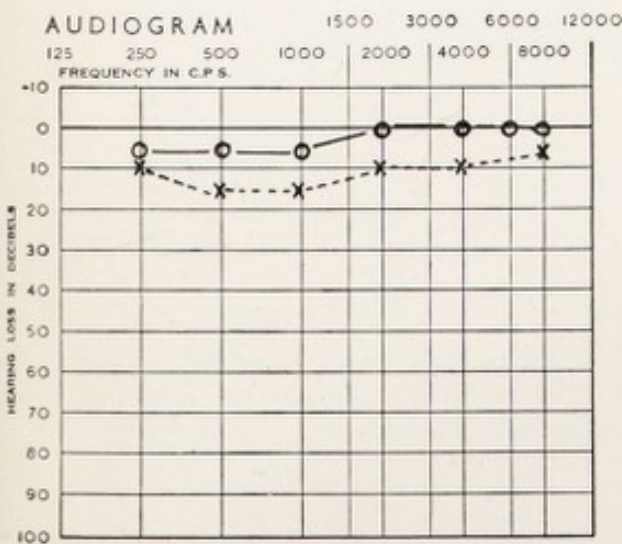
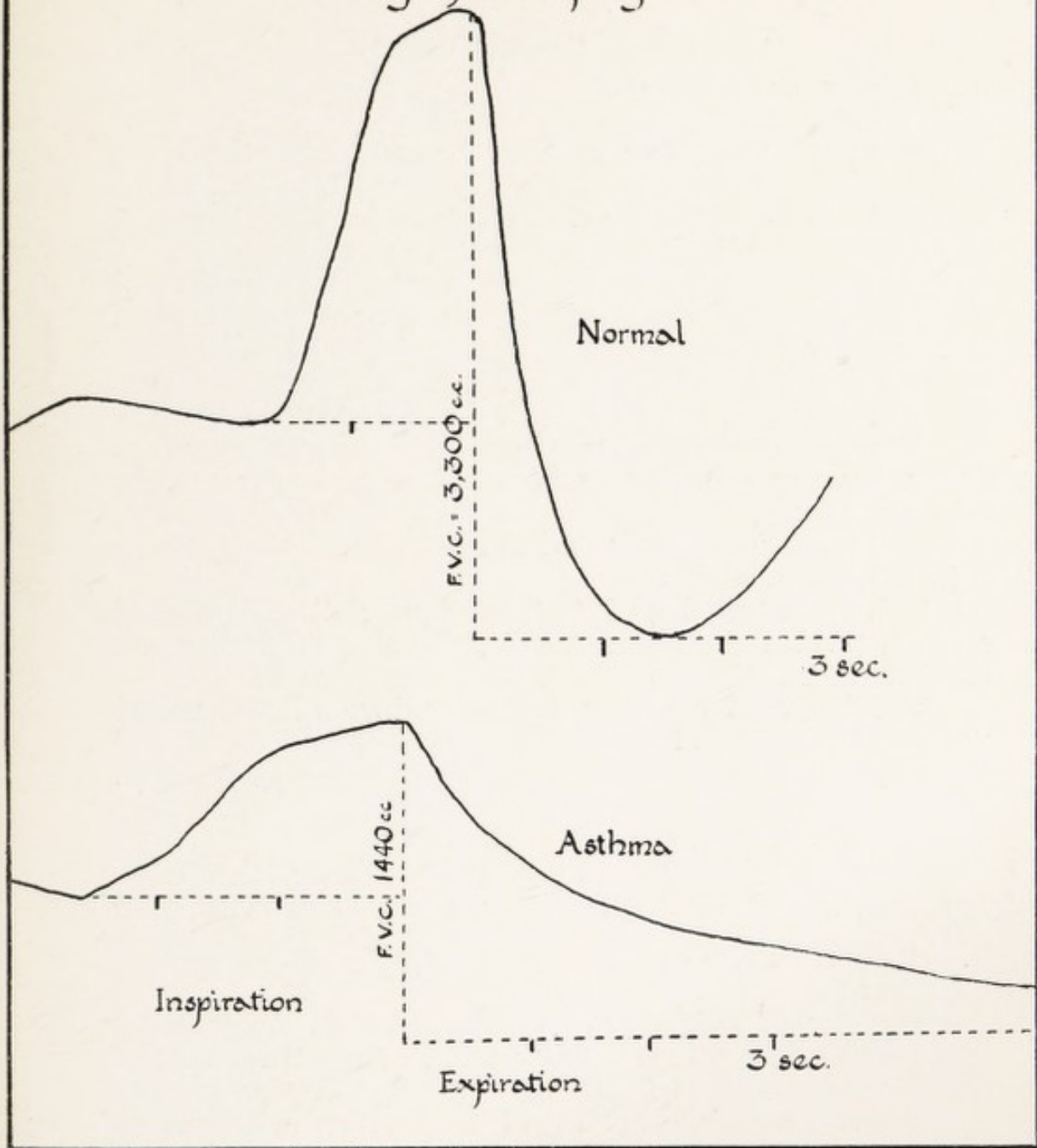


THE SPIROGRAPH IN USE



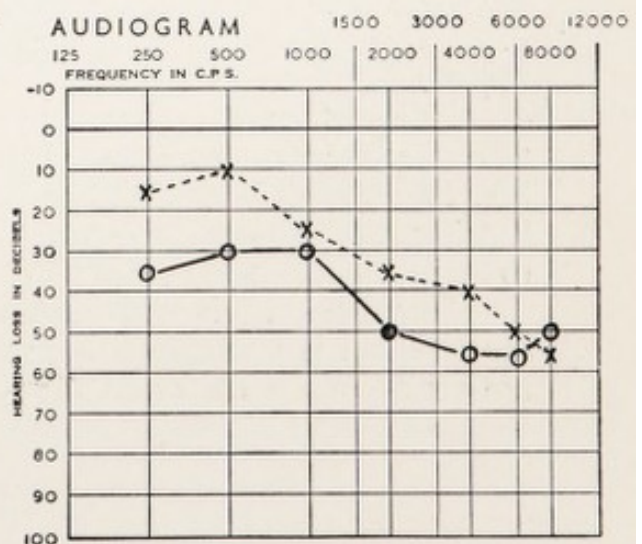
TESTING WITH THE PURE TONE AUDIOMETER

~ Tracings from Spirograms ~



NORMAL

O = Right Ear X = Left Ear



HIGH TONE DEAFNESS

For details of cases see over

Notes on Illustrations

A. Spirograms

(i) Normal

This tracing shows a normal air flow rate, expiration being completed within three seconds, in a boy aged $14\frac{1}{2}$ years, with a long history of Asthma. He is 62 inches in height and of good physique hence the high vital capacity (F.V.C.)

Clinically there was no evidence of respiratory disease and the first spirogram was normal, but a second showed slight increase of vital capacity with increase in time required to complete expiration. (The former may be increased fairly easily with breathing exercises, but the latter is difficult to improve.)

He is of a nervous temperament and showed marked cardiac and respiratory disturbances both before and after exercise tolerance tests.

Exercises are being directed to relaxation.

(ii) Asthma

This typical tracing of Asthma shows a diminished vital capacity (F.V.C.) due to air trapping with slow inspiration and expiration from bronchial narrowing.

The boy, aged $12\frac{1}{2}$ years, has suffered from Asthma since the age of three when it followed respiratory infections. He still has some evidence of bronchitis and X-ray shows emphysema.

He is a poor physical specimen, 55 inches in height with barrel chest and poor posture.

The main treatment is in the hands of the private doctor. Breathing and postural exercises are being given in support.

B. Audiograms

(i) Normal

This normal Audiogram was obtained from a girl aged 6 years, with a history of catarrhal deafness. Repeated attacks of this condition early in school life seriously affect progress in school work, especially reading. The condition is difficult to recognise in class, being frequently mistaken for wandering attention which is a normal sequel.

Sweep testing with the pure tone Audiometer may fail to detect these cases if done during the quiescent phase.

(ii) High Tone Deafness

This girl, aged 9 years, also suffered from middle ear infection in a more severe form which started in the early months of life. She has defective speech and appears mentally retarded, but her Intelligence Quotient on Performance Tests was found to be 113.

Her disability is with high pitched notes. When low notes are affected it sometimes happens that the deafness becomes noticeable when the child moves into the Junior School and changes from a female to a male teacher.

Physiotherapy and Spirometry

BY MR. C. CREE, M.C.S.P.

The chief aim of treatment of the chronic chest case is to improve lung function. Where this is achieved the activity of the patient is increased and confidence improved.

In this field physiotherapy is mainly confined to exercises, i.e., breathing exercises, general mobility exercises and relaxation exercises. This is the type of therapeutic treatment which has been given to the 50 or 60 chest cases at Pendower Hall School for a number of years. There was, however, no accurate means of assessing progress made during a course of treatment. Many indirect methods were, and are still, used which indicate progress, but it was felt that a more direct method should be employed, e.g., measurement of the expired air volumes by the use of a spirometer.

This measurement is by no means new having been devised as long ago as 1846 by John Hutchinson. Following improvements in the instrument by Bernstein in 1952, it was found to have particular value in cases of Asthma, Bronchitis and Emphysema. Not merely does it give a more accurate measurement of the exact volume of air in a forced expiration (forced vital capacity), but it records the time taken to complete expiration. The forced expiration volume in one second, FEV. 1. is now accepted as a reliable measure of the patient's disability (Strang 1960), and this is demonstrated in the spiograms shown in the Supplement.

The readings to date have shown clearly whether the child is suffering from an obstructive disability in respiration or not, and have aided the Medical Officer in assessing the history given by the parent.

In the short time during which tests have been done, it does appear that they will fulfil their original purpose to give an objective measurement of improvement in the course of treatment.

HUTCHINSON, J. On the Capacity of the Lungs and on Respiratory Functions.
Medico. Chir. Transactions XXXX. Lond. 1846
See "Lancet" 1846. Vol. 1. p.630.

BERNSTEIN, D'SILVA J. L. *et alia Thorax* 1952. p. 255.

STRANG, L. 1960 B.M.J. 1. 168.

Testing of Hearing by Pure Tone Audiometer

BY NURSE T. CHESTERTON

During the latter part of the last Century a number of methods were devised for the testing of hearing acuity. These included organ pipes, whistles, tuning forks, etc. The forced whisper test is still in use, and a set of tuning forks has the undeniable advantage of providing simply and cheaply a pure tone of fixed frequency or pitch. Frequency deafness may be detected by means of tuning forks, but a serious defect lies in the uncertainty as to the intensity of the sound produced.

The Pure Tone Audiometer was developed between 1917 and 1920 in the Laboratory of the Bell Telephone Company, where it was used to ascertain the hearing range of the normal ear. It was rapidly taken up by Otologists providing them with both quantitative and qualitative information about a person's hearing.

All sound, including that of the human voice, consists of a series of musical notes. We define pure tone by speaking of its frequency and intensity:—

Frequency or pitch measured in cycles per second
Intensity measured in decibels.

We test in the following frequencies :—

250 500 1,000 2,000 4,000 6,000 8,000

Most vowel components lie between the frequencies 125 to 1,000 cycles per second, and consonants between 1,000 to 6,000. An impairment over the range 500 to 4,000, commonly referred to as the speech frequencies, is the most important factor.

Selecting each frequency we give a burst of tone at a level where it is loud and clear to the child. He will then know the pitch of the tone to which he is listening. The intensity is reduced in 10 decibel steps until a level is reached at which no response is evoked. The level is again raised in 5 decibel steps until a response is once again evoked. The hearing loss is at that point shown on the instrument.

This is charted on the audiographic card which shows at a glance whether the hearing loss is equal at all frequencies, or whether the high tones or low tones are more affected. The audiogram is useful in diagnosis, and audiograms taken periodically form an accurate record of the improvement or deterioration of hearing.

Samples of these audiograms are shown in the Supplement.

The Audiometer in use at the Central Clinic is the Ampli-vox Model 61, which replaced an earlier instrument in 1953. With this instrument we may test by air or bone conduction, and mask when there is cross hearing.

Bone conduction is tested by placing the vibrator on the mastoid bone, activating the fluid in the cochlea by direct vibration. The response is an indication of the efficiency of the inner ear. If these responses coincide with those of air conduction, we know that the loss is due to impairment of the inner ear — nerve deafness.

A child with a 15 decibel flat loss will only be detected by a pure tone hearing test.

In all such testing background noise is an important source of error, and it became necessary, not merely to reserve a special room in the Central Clinic, but to have it insulated against outside noise. This was done in 1957.

REPORT ON THE SCHOOL DENTAL SERVICE for the Year 1959

General

At one time a large number of the children attending the school clinics for dental attention was drawn from the Secondary Modern and Grammar Schools and the older children generally whom one supposes to have become "dentally conscious" formed the majority of the patients.

That was in the days before the National Health Service commenced and dental treatment was expensive and also in the earlier years of the scheme when dentists were too busy to attend to children and had their hands full in trying to give attention to the many adult patients who demanded it.

It is not quite like this today for with free treatment available from private dentists who are not as busy generally as they used to be each passing year sees more and more children seeking advice and treatment from private practitioners, and it is noticeable that many of the senior school children are no longer using the school clinics as they used to do. With this in mind the A.B.C. Scheme was put into operation during the year, whereby the parents of school entrants were asked if they wished to consent to treatment from the School Service for their child during his or her school life. In this way it is hoped much time and labour can be saved in concentrating on the children who wish to use the Service and needless expense be saved in no longer offering appointments to children found to be in need of treatment but who have their own private dentist or for other reasons do not want attention.

It may be early to assess the value of the Scheme in all its aspects but already it appears that approximately one-third of the parents so far approached wish their children to attend the Clinics for their dental treatment, and these children are called for examination every six months.

Although at present the Scheme has been confined to school entrants it is hoped that it may be extended in future years so that it will eventually embrace all infants then juniors and lastly senior children.

Staff

Recruitment of full-time officers to the Service is still a difficulty and although there were no resignations of full-time officers during the year no new appointments other than of a part-time or a sessional nature were made.

It was decided to extend and augment the anaesthetic arrangements at first by having one extra gas session at Central Clinic on Saturday mornings and later by holding one every day at the same clinic, so that a child in pain attending any clinic may be seen and treated at the Central Clinic the same day. In this connection Dr. Mark and Dr. Winburn were appointed making a total of four anaesthetists.

Equipment

The new dental airtor seems to have come to stay and to be a necessary part of the dentist's equipment. A start to install them in the clinics was made by purchasing four machines for installation in the new premises at City Road.

Dental Inspections

These were held in the schools at weekly intervals during the year and nearly all the children were examined. A few schools however had to be omitted but these will be inspected in the early months of next year. Some twenty thousand children were found to be in need of dental treatment of one kind or another at these inspections and in addition nearly three thousand attended the clinic of their own accord.

Treatment

As in previous years most of the time given to treatment was devoted to conservation of the second dentition and over eleven thousand fillings were inserted. It was found possible however to give some time to filling milk teeth, generally where the parents took a keen interest in their children's dental condition or where dental hygiene had been obviously well maintained.

Most of the extraction work was carried out under general anaesthesia, undoubtedly the method of choice for children, and nearly ten thousand extractions were undertaken.

Nearly one hundred children were fitted with artificial dentures and particulars of the orthodontic work carried out are given at the end of this report.

Arrangements for admission to hospital worked smoothly and close liaison with the Sutherland Dental Hospital was maintained throughout the year, so that specialist advice and treatment was always available.

Details of the work carried out are as follows :—

Dental Inspection and Treatment, 1959

1.	Number of pupils inspected by the Authority's Dental Officers :—		
	(a) At periodic inspections	37,059	
	(b) As specials	2,435	
	TOTAL (1)	39,494	
2.	Number found to require treatment	20,401	
3.	Number offered treatment	6,965	
4.	Number actually treated	5,948	
5.	Number of attendances for treatment including those at (11h)	19,650	
6.	Half days devoted to : (a) Periodic (school) inspection	246	
	(b) Treatment	2,961	
	TOTAL (6)	3,027	
7.	Fillings : (a) Permanent Teeth	10,291	
	(b) Temporary Teeth	1,118	
	TOTAL (7)	11,409	
8.	Number of teeth filled : (a) Permanent Teeth	8,746	
	(b) Temporary Teeth	1,147	
	TOTAL (8)	9,893	
9.	Extractions : (a) Permanent Teeth	3,388	
	(b) Temporary Teeth	5,711	
	TOTAL (9)	9,099	
10.	Administration of General Anaesthetics for Extraction	3,479	
11.	Orthodontics :		
	(a) Cases commenced during year	81	
	(b) Cases carried forward from previous year	66	
	(c) Cases completed during year	45	
	(d) Cases discontinued during year	9	
	(e) Pupils treated with appliances	68	
	(f) Removable appliances fitted	163	
	(g) Fixed appliances fitted	—	
	(h) Total attendances	1,062	
12.	Number of pupils supplied with artificial teeth	92	
13.	Other operations : (a) Permanent Teeth	3,917	
	(b) Temporary Teeth	688	
	TOTAL (13)	4,605	

THE PRE SCHOOL CHILD

Needs and Responsibilities

It might be well to recall the opening paragraph of the Board of Education pamphlet on *Nursery Schools and Classes* in 1936 :—

“ Most people in this country are agreed that the proper place for children under five years old is the home. But however this may be as an ideal, it is certain that many homes to-day are not and cannot be proper places for bringing up young children. There are undoubtedly ‘under-fives’ who need care and training and surroundings which, for one reason or another and through no fault of their parents, cannot be given them at home.”

This need for Nursery Schools as an integral part of the Education system was expanded by Professor W. E. Blatz*, and since the passing of the Education Act, 1944, the Ministry of Education Pamphlet *The Nation's Schools Their Plan and Purpose* states :—

“ Provision for the nursery age, two to five years, according to the needs of their areas, will, under the Act, become a duty of local education authorities, and form part of the national system. To assess needs, consideration must be given to the purpose or purposes which nursery schools are to fulfil.”

In Newcastle the number of children aged two to five years is in the region of 14,000. Re-housing schemes, involving the erection of blocks of flats about the City centre, call for definite provision of Nursery Schools. Moreover a generation of young parents are emerging who were the product of the War years, and of whom less insight into the responsibilities and techniques of training as distinct from rearing of young children can be expected.

* *Understanding the Young Child*. Chapt. XV. London, 1944.

Provision for the Under-Five

Having regard to the better facilities and wiser care available to children of the middle classes, provision by fee paying independent schools in the City is probably adequate, but precise information is not obtainable.

In the West of the City, Ashfield House provides a self-contained Nursery School with suitable surrounding space for 90 children, whilst a Nursery Class for certain children is attached to Delaval Primary School. Since the passing of the 1944 Act, there has been no increase in Nursery School provision thus there is no school in the East end of the City or in the Kenton area.

Children approaching five years of age are admitted to Infant Departments as accommodation permits. There are some 800 such children in primary schools in accordance with Ministry of Education Circular 313.

Day Nurseries

Day nurseries, which are not educational establishments, care for 118 children throughout the week, and give occasional care to an additional 80 children.

There is an independent Nursery School which operates on mornings only, in Welbeck Road, which accommodates 24 children.

Playrooms have been set up by 'The Save the Children Fund' at Wharncliffe Street and Park Road. Twenty children are catered for at each centre on mornings only.

Ashfield Nursery School

Miss M. M. Dixon, Headmistress, writes :—

" There are 90 children on the school rolls at Ashfield Nursery School and the waiting list is never less than 250. Extremely urgent cases are therefore given priority for admission, and a large number of children on the waiting list are therefore wholly deprived of nursery education. First priority is given to bad housing conditions, which exist in the area. There is still much overcrowding and unsuitable living conditions, which often result in emotional friction at home. A number of children have been recently admitted on account of behaviour problems, or have been recommended for admission to the Nursery by a paediatrician, family doctor or health visitor.

" A very small percentage of the mothers are working, and these only because of illness in the home or extreme financial difficulty.

" The normal age for admission is at three years old. Mothers are encouraged to visit the school with the children due for admission, so that they may become familiar with the staff and surroundings. The Nursery School day is from 9 a.m. to 3.30 p.m., but some attend from 8.30 a.m. and are collected before 4 p.m.

“ During 1959, 78 children were admitted and a similar number left, the majority transferring to local Infant Schools. A brief report accompanied them. Some children also left when the parents moved to new housing estates.

“ The School is divided into four classes, each in charge of a qualified teacher or nursery assistant. There are also five nursery students on the staff, most of whom ultimately proceed to Training College, or to hospital for nursing training.

“ Except for a measles epidemic, attendance in 1959 was satisfactory. There were a few isolated cases of mumps and chicken pox.

“ Between the Nursery School and the School Health Service, there is a very close and cordial relationship. Nursery School children receive a thorough medical examination each term, as well as a monthly Hygiene examination. The mothers are most appreciative of this service and usually manage to be present at the examination. Defects are quickly attended to before the children leave here. Minor ailments are efficiently dealt with by the clinic staff, and there is much helpful discussion between nursery school and clinic staffs.

“ The charge of five shillings per week remains unaltered, and approximately twelve to sixteen children are on the free meals register. Hot chocolate and biscuits are served in the mornings. Dinner, similar to that served to children in other schools, consists of a main course, pudding and raw fruit together with rose hip syrup. In the afternoons, milk and cake or scone is also served.

“ Whenever possible, the children play out of doors, and during the summer months the greater part of the day is spent in the garden. The children benefitted considerably during the unusually warm summer of 1959.

“ We have been much encouraged by the appreciation and interest shown in the Nursery School by the visits of Training College students and other visitors.”

Delaval Nursery Class

Miss L. Trotter, Headmistress, Reports :—

“ The Delaval Nursery Class consists of 30 children in the age range 3 years to 5 years. There is a waiting list of 120 and, although many of the children would benefit from attending the Nursery Class, only the most necessitous cases can be admitted.

“ Of the 30 children at present in the Nursery, 14 children come from homes where continued unemployment of the father over a long period has resulted in hardship for the family, five from badly overcrowded conditions, five from homes with a history of illness, three from families with three or more children under five years, two children from ‘broken’ homes, and one mentally retarded child. Many of the children can be placed in more than one of the above groups.

“ All children have a mid-day meal provided from the Cowgate School Kitchen at a cost of 1/- per day per child, but fourteen children receive free meals. A one-third pint of milk is provided daily, but the supply of cod liver oil and orange juice has been discontinued.

“ The attendance over the past year reached 90%, the only infectious illness of significance being three cases of infective jaundice.

“ Extensive alterations, repairs and decoration have taken place in the Nursery rooms this year, resulting in a more convenient and brighter Department for children and staff.”

Medical Arrangements

Apart from those mentioned by Miss Dixon, Periodic Inspections were performed each term at both Nursery Schools. The findings were as follows :—

Number of children examined	132
Number with satisfactory physical condition ..	131
Number found free from any Physical Defect ..	38

Number of defects found were —

(i) Requiring Observation	70
(ii) Requiring Treatment	8
(iii) Referred for another opinion	15

The nature of the defects were as follows :—

Defect	Defects found at Routine Inspections requiring—		
	Treatment	Observation	Reference to Consultant
Skin Disease	1	3	—
Defective Vision	2	—	—
Squint	3	—	—
Other Eye Defects	—	1	3
Hearing	—	2	—
Otitis Media	1	3	1
Other Ear Defects	—	—	1
Nose and Throat	—	10	1
Speech	—	4	1
Heart	—	—	—
Lungs	1	2	—
Orthopaedic	—	32	8
Delayed Mental Development ..	—	2	—

Residential Nurseries

There are no residential nurseries maintained by the Local Education Authority, but there three such nurseries provided by other agencies, namely —

Wellburn Hall, Northumberland . .	by the Hospital Services
Ponteland Cottage Homes . .	by the Children's Department
Nazareth House . .	by the 'Order of White Sisters'.

Handicapped Pre-School Children

Section 64 of the Education Act extends ascertainment of Handicapped Pupils to two years of age. Children have been examined under this Section and reported upon as follows :—

TABLE 7

<i>Category</i>	<i>No. Examined</i>	<i>Recommendation</i>
Blind	1	Recommended admission to Royal Victoria School for the Blind on reaching the age of five years.
Deaf	7	Recommended for admission to Nursery Section of Northern Counties School for the Deaf.
Educationally Subnormal	3	To stay in Day Nursery for a further year. Admit to Day Special School at five years of age. Notify to Local Health Authority as ineducable.
Educationally Subnormal and Epileptic	1	Admit to ordinary school on reaching the age of five years.
Epileptic	1	Admit Pendower Open Air School on reaching the age of five years.

Attendance at a special school or home is not binding upon the parent of a child under school age, and with the exception of the 'Blind' and the 'Deaf', residential schools or homes offering special facilities for the handicapped are few. Children provided for in 1959 were as follows :—

<i>Blind</i>	
Sunshine Homes	0
Under supervision of the Blind Welfare Dept.	2
<i>Deaf</i>	
Northern Counties School for the Deaf - Nursery	9
<i>Delicate</i>	
Wellburn Residential Nursery	12

Physically Handicapped

Sanderson Orthopaedic Hospital	3
Stannington Hospital School	1
Percy Hedley School for Spastics —	
(i) Nursery	0
(ii) Under care of Physiotherapy Dept. ..	11

Deprived Children

These are the responsibility of the Children's Department and come largely from broken homes and problem families. The numbers of children under five years taken into care were 177.

A Residential Nursery forms part of the Children's Homes at Ponteland and has places for 15 children.

At Nazareth House, which is a home for Roman Catholic children, there is also a Nursery providing for 18 children.

Further Provision under Consideration

It has been proposed to attach Play Centres during the day to certain of the larger blocks of flats in the City.

Included in the next five year Building Programme for Schools, a Ministry allocation of £61,000 has been secured towards the cost of a number of major projects. It is anticipated that some £1,500 will be available for the equipment of Nursery Classes at Benton Park, Hilton and Mountfield Primary Schools.

Summary

**Numbers of Children under Five provided for by Public Bodies
(Total Population 14,000)**

	AGENCY					Total
	L.E.A.	L.H.A.	Child- ren's Dept.	Hospital Services	Volun- tary Bodies	
Day						
Nursery School or Class ..	120	—	—	—	24	144
Infant Class ..	800	—	—	—	—	800
Nursery and Play Centre ..	—	198	—	—	40	238
Residential						
Nursery	—	—	15	—	18	33
Nursery for Handicapped Pupils	9	—	—	12	—	21
Hospital	—	—	—	4	—	4
Miscellaneous ..	—	—	162	—	—	162
TOTAL	929	198	177	16	82	1402

HANDICAPPED PUPILS

Arrangements for the ascertainment and supervision of Handicapped Pupils have been similar to those in previous years. The complement of four Medical Officers recognised by the Ministry for the ascertainment of Handicapped Pupils has been retained by the training of Dr. J. H. Hindmarsh in place of Dr. J. McCormack, who resigned in April, Dr. I. Robinson continued to work three sessions per week, and is largely employed in connection with Handicapped Pupils.

The Tables which follow take no account of multiple handicaps, and cases for simplicity have been allocated to the primary handicap. Medical Officers have been given instruction in classifying Handicapped Pupils to clearly distinguish this primary handicap. This, in some cases, may be difficult.

Ascertainment

Pupils were examined and classified as follows :—

TABLE 9

<i>Category</i>	<i>No. of Children Examined</i>	<i>No. of Children Classified</i>
Blind	3	3
Partially Sighted	11	3
Deaf	6	6
Partially Deaf	20	6
Educationally Subnormal	218	71
Epileptic	5	5
Maladjusted	24	23
Physically Handicapped	16	16
Delicate	37	36

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

Number of children to be admitted to :—

Day Special Schools	144
Residential Special Schools	30

Number of children to be educated in ordinary schools 171

Number to receive :—

Home Teaching	6
Play Therapy	1

There were no children recommended for admission to Special Schools under this Section of the Act.

Placement

Pupils were placed in Special Schools as follows :—

TABLE 10

Category	Number of Pupils placed Special Schools	
	Day	Residential
Blind	—	1
Partially Sighted	1	1
Deaf	7	—
Partially Deaf	1	—
Educationally Subnormal	42	8
Epileptic	2	2
Maladjusted	6	9
Physically Handicapped	14	3
Delicate	38	1

Review of Pupils

Pupils who have been ascertained, or in whose case decision has been deferred, were reviewed under arrangements similar to those of previous years.

The number of pupils reviewed were as follows :—

Category	Number Reviewed
Blind	3
Partially Sighted	7
Deaf	6
Partially Deaf	22
Educationally Subnormal	261
Epileptic	20
Maladjusted	34
Physically Handicapped	172
Delicate	227

Arrangements in individual schools were as follows :—

Blind *Royal Victoria School*

Dr. J. D. Milne examined each boy once a term.

Partially Sighted *Class at Pendower Hall*

Dr. J. D. Milne examined cases at the Central School Clinic as individual children required attention.

Deaf *Northern Counties School*

Pupils are examined at appropriate intervals by Mr. J. I. Munro Black, and by Dr. Salkeld for general medical review once a year.

Partially Deaf

Dr. Buckley reviews cases at the Hearing Assessment Clinic.

Educationally Subnormal

Children at Lower Condercum and Bolam Street Day Special Schools, and at Jesmond Dene House Residential School, are examined by Dr. B. Buckley and Dr. I. Robinson.

Physically Handicapped and Delicate

Dr. M. Anderson reviews the pupils attending Pendower Hall Day Open Air School.

Pupils at Residential Schools outside the City are reviewed regularly at not greater than two year intervals by other members of the Medical staff. As the result of these examinations the following recommendations were made :—

To stay in present school	61
Decision varied	7
Removed from list of Handicapped Pupils ..	9

(4 pupils were returned to ordinary schools)

Final Examinations

During the year the Mental Health Act reached the Statute Book. Within the covers of the Act, Section 57 appears re-written and incorporating Section 8 of the Education Act 1948, which latter has been considerably extended in its effect.

Children were examined prior to leaving school and the following recommendations were made :—

<i>Category</i>	<i>Left on reaching school leaving age</i>	<i>Reported to L.H.A. for supervision</i>	<i>Excluded from School</i>	<i>Removed from Register</i>
Blind	—	—	—	1
Partially Sighted	1	—	—	—
Deaf	—	—	—	—
Partially Deaf	—	—	—	—
Educationally Subnormal	36	26	5	1
Epileptic	—	2	—	—
Maladjusted	2	1	1	3
Physically Handicapped	7	—	2	3
Delicate	4	—	—	1

In addition, 10 pupils removed from the City and financial responsibility was transferred to the appropriate Authority.

Provision of Special Educational Facilities

The numbers of pupils being educated in Special Schools at the end of the year were :—

TABLE 13

Category	Type of School Provided		Awaiting Placing	
	Day	Residential	Day	Residential
Blind	2	6	—	—
Partially Sighted	20	1	1	—
Deaf	25	2	1	—
Partially Deaf	10	8	6	1
Educationally Subnormal..	233	52	84	8
Epileptic	6	10	—	2
Maladjusted	9	12	—	6
Physically Handicapped ..				
and Delicate	180	11	4	—

Home Teaching

Number recommended for Home Teaching..	6
Number discontinued	8
Number receiving Home Teaching at end of year	11

HANDICAPPED YOUNG PEOPLE

BY MISS B. G. CALDERWOOD, B.A.

As the employment position becomes more difficult it is unfortunate that the difficulties in placing handicapped boys and girls are increased. In order to ensure that as much as possible is done for those least able to help themselves, one of the assistant youth employment officers, Miss E. R. Lawson, has taken over the responsibility for interviewing, placing and following up boys and girls from Special schools and any boys and girls from other schools who have any handicap necessitating care in placing in employment.

During the year 41 boys and girls from Special schools in the City, including the Northern Counties School for the Deaf, have been interviewed at school. In the case of those in residential schools whose homes are in other areas, contact has been made with the Youth Employment Officers concerned and their help requested in finding suitable employment when the boys or girls returned home.

In addition to those in Special schools there are a number in other schools who have some form of handicap, and the Special Cases Register at the Bureau contains records of 406 boys and girls between 15 years and 18 years who need special care in placing in employment and in follow-up. Of these 8 are considered unemployable and 9 are in training or at the Occupational Centre.

In most cases every effort is made to place handicapped pupils in normal employment in competition with other boys and girls, with a special request to the employer to consider them sympathetically, and tribute is paid to the patience of the officer concerned in her efforts to find suitable employment.

During the year 101 boys and 79 girls from the register were placed in employment and 258 have been followed up by visits or letters.

The following 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	51	32	83
Defective vision	56	23	79
Defective hearing	26	18	44
Epileptic	7	4	11
Physically handicapped	18	23	41
Pulmonary tuberculosis	5	13	18
Tuberculosis (other than chest)	5	6	11
Chest ailments (other than T.B.)	25	20	45
Defective speech	2	2	4
Heart trouble	6	15	21
Spastic	4	1	5
Maladjusted	2	5	7
Other cases	18	19	37
TOTALS	225	181	406

The very valuable help and co-operation of the School Medical Officer and his staff in supplying medical reports and other information to help the staff in advising on the most suitable employment is very much appreciated. The close co-operation between the two departments is proving invaluable. Close contact is also maintained with other agencies dealing with these young people, for example, hospital almoners, psychiatric social workers, mental deficiency officer, etc.

The following is an analysis of the changes of employment of handicapped young people :—

Disability	First Job		Second Job		Three or more Jobs		TOTAL	
	B	G	B	G	B	G	B	G
Educationally sub-normal	24	11	11	8	9	6	44	25
Defective vision	28	15	5	4	19	3	52	22
Defective hearing	10	11	10	2	5	4	25	17
Epileptic	1	2	1	—	5	1	7	3
Physically handicapped	8	14	4	5	2	2	14	21
Pulmonary tuberculosis	4	5	1	2	—	5	5	12
T.B. (other than chest)	2	3	1	3	—	—	3	6
Chest ailments (other than T.B.)	15	8	3	2	3	6	21	16
Defective speech	1	1	—	—	1	1	2	2
Heart trouble	4	10	2	4	—	—	6	14
Spastic	2	—	1	—	—	—	3	—
Maladjusted	1	1	—	—	—	2	1	3
Other cases	6	10	3	3	8	5	17	18
TOTALS	106	91	42	33	52	35	200	159

It is interesting to note that 197 boys and girls were still in their first jobs, of whom 104 had been in their first job for a year or more. In 74 cases it seemed obvious that the disability had been the reason for leaving the job or for being paid off.

During the year 14 boys and 3 girls were recommended and accepted for courses of rehabilitation. Two failed to complete the course. Two boys and one girl were accepted for courses of training under the Disabled Persons Training Scheme.

Four cases dealt with perhaps merit special mention.

One girl who had been a patient at St. Nicholas Hospital for some time was referred to the Bureau by the Almoner as the doctors felt she was ready to try some kind of work. After a few unsuccessful attempts at employment she was finally recommended for a course at Felling Rehabilitation Unit and was accepted. It was felt that such a course might help her to adjust herself to working with other people and to complete a full working day, as well as in assessing her capabilities. If she could complete the course there was some hope that she might manage to hold down a job. She did complete the course and was eventually placed as a packer, where she is progressing satisfactorily.

The second case was that of a girl with valvular disease of the heart and of very poor physique. Her first job in an office proved too heavy for her and she was recommended for a course at Felling for an assessment of her capabilities and potentialities. After completing the course she was recommended and accepted for a course of training as a comptometer operator. She successfully completed this course and is now working satisfactorily.

The third case is that of the badly disabled boy mentioned in the last report. After attending a residential rehabilitation course at Egham he was recommended as suitable for sheltered employment only. Enquiries were made up and down the country with little success because of waiting lists. However, he was finally accepted at Duchess of Gloucester House, Isleworth, and the last report indicated that he was settling down and it was hoped to send him out to work from the Centre.

Finally one boy was recommended for a course of training in commercial work at Finchale Abbey, and on completion of the course was placed in a department of the County Council.

Speech Therapy

1. Staff

Miss J. M. Gates left in March, after two years with this Authority, to take a post in the South of England. A new single-handed Speech Therapist, Miss J. Douglas, was appointed in September, having just qualified at a London Training School. Therefore, only one full-time Therapist was treating Newcastle school children, for a period of five months. This was most unsatisfactory and resulted in patients having to wait from six to eight months to be admitted for treatment. The Speech Therapy clerk left in April and another was not appointed until August. This added to the difficulty of running the Clinic for several months single-handed.

2. Clinics

Treatments were carried out in four Clinics as follows :—

Central	..	..	..	..	15 sessions
Middle Street	..	..	..	..	3 sessions
Ashfield House	..	..	..	..	2 sessions
Lower Condercum Day E.S.N. School					2 sessions
					—
TOTAL	..	..	..	..	22 sessions

3. Special Schools

In addition to the normal weekly sessions at Lower Condercum Day E.S.N. School, several boys with severe speech disorders, attended the Central Clinic three times a week for concentrated therapy. Girls from Bolam Street Day E.S.N. School attended the Middle Street and Central Clinics. It was

not possible to arrange sessions at the School because there is no room suitable for Speech Therapy. Four girls from Jesmond Dene House Residential E.S.N. School, and three boys and one girl from the Occupation Centre, were treated at the Central Clinic. We are aware of the great need for more sessions to be devoted to the E.S.N. Schools, but this will not be possible until the number of therapists is increased.

4. *Audiometer Tests*

Fewer Audiometer Tests were carried out in 1959 by this department because Dr. Buckley and Nurse Chesterton, both of whom attended Hearing Assessment Courses at Manchester University, now do the bulk of the testing.

5. *Statistics for 1959*

Children were treated for the following :—

Stammer	..	..	..	..	71
Dyslalia	..	..	..	..	177
Retarded Speech and Language	..			..	28
Dysarthria	..	..	..	..	17
Cleft Palate Speech	..	..	..	..	6
Other Defects	..	..	..	..	40
					<hr/>
TOTAL	..	..	..	..	339
					<hr/>

Attendances and Treatments were as follows :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of Patients —			
Admitted	82	31	113
Discharged	105	32	137
On Waiting List ..	46	19	65
Number of Treatments ..	2,345	1,068	3,413
Number of Audiometer Tests	14	10	24
Number of patients treated	265	95	360

INFECTIOUS DISEASE

Notifiable Disease

Following a late Autumn in the previous year the main feature of the year 1959 was an early spring and relatively warm summer. These seasonal changes do not appear to have exercised any discernable influence upon the run of infectious disease.

Cases of notifiable disease reported to the Health Department were as follows :—

Notifiable Disease in School Children

<i>Disease</i>	<i>Number of Cases Reported — Aged</i>		
	<i>5—9 years</i>	<i>10—14 years</i>	<i>Total</i>
Scarlet Fever	67	29	96
Acute Rheumatism	10	14	24
Meningococcal Infection	—	1	1
Measles	2156	38	2194
Rubella	59	10	69
Dysentery	35	13	48
Pneumonia	16	6	22
Whooping Cough	66	1	67
Tuberculosis :			
Pulmonary	4	6	10
Non Pulmonary	—	1	1

Preventive Measures

A. Immunisation

(i) Poliomyelitis

During the year adequate quantities of British Vaccine became available for the first time since the introduction of the campaign. The closing months of 1958 saw a final registration for vaccination which was open to all pupils who had not previously had complete vaccination. These were inoculated during the early months of 1959. The mopping up of outstanding pupils is still in progress, but demands are steadily declining. One afternoon per week is reserved in each School Clinic for this purpose. At these 'Open' sessions parents attend without appointment and vaccination is commenced without formality.

Children who have been protected during the year are as follows :—

Number of children who received :—

Initial Inoculation	9,600
Second Inoculation	8,987
Third (Booster) Inoculation	14,892

(ii) *Diphtheria*

The number of pupils and pre-school children immunised were as follows :—

Primary Immunisation	85
Booster Doses : 3 — 5 years	19
6 — 10 years	308
11 — 15 years	113

At the time of writing this Report a review of the arrangements being made for the sterilisation of needles and syringes is proceeding. This follows remarks made in the Monthly Bulletin of the Ministry of Health, February 1960.

Syringes for set inoculation sessions are autoclaved at the Central Clinic and kept in sterile drums till used, whilst in the case of casual inoculations done at peripheral clinics, the syringe and needle is boiled in a fish kettle sterilizer for 30 minutes. The effectiveness of the methods in use is shown by the fact that no case of local infection attributable to an inoculation has come to the notice of myself or any member of the staff. This experience covers 20,000 inoculations known to have been performed in school clinics during the past three years.

(iii) *Tuberculosis*

(a) Routine Tuberculin Testing of pupils at 5 and 10 years has continued as in the two previous years. The numbers of children tested in 1959 were as follows :—

Tuberculin Testing

	<i>Age Groups</i>		
	1st	2nd	3rd
Number of parents to whom circulars were sent	4160	4075	—
Number of children for whom consents were received	3498	3436	—
Number of children tested and read	3211	3096	1915
Number of children found to be Positive	311	342	1874

In the third age group testing formed a final check in connection with B.C.G. Vaccination for which consent has previously been given.

(b) The investigation of Contacts of known cases of 'Open' Tuberculosis was conducted in the following schools :—

TABLE 18

<i>School</i>	<i>No. Consents Received</i>	<i>No. Children Tested</i>	<i>No. found Positive</i>	<i>No. Referred for X-ray</i>
Church High	—	—	—	101*
Wingrove Primary ..	83	83	9	4
St. Vincent's R.C. Primary	40	39	1	—

No case of active tuberculosis was brought to light.

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

Pupils continue to receive B.C.G. Vaccination in their thirteenth year. Those protected in 1959 were as follows :—

Number attending —

Maintained Schools	2,379
Independent Schools	302
Colleges of Further Education	28

Ministry of Education Circular 7/59 recommends that B.C.G. Vaccination be offered to full-time students attending Colleges of Further Education. Arrangements were put in hand for this to be done during 1960, the small number of students dealt with before the end of the year marks the beginning of the campaign.

Propaganda

Apart from personal advice given by School Nurses in the course of their work, and talks given by School Dental Officers at School Inspections ; posters dealing with the control of crowd disease are displayed in all Clinics. As each Clinic becomes due for re-decoration, consideration is given to provide Notice Boards for such displays. Effective display of poster material depends very much upon the interest and artistic sense of the personnel of each Clinic. The Senior School Medical Officer in the course of his routine visits to School Clinics noted a most effective display at Atkinson Road Dental Clinic. Here effective use was made of an alcove in which five posters were placed to the side of those waiting and in a good light. The print was visible from all parts of the room. The posters were artistically arranged and the material well chosen.

* These were follow-up X-rays from an investigation included in my Report for 1958.

APPENDIX

Employment of Children out of School Hours

Employment of children of school age is regulated under Part 2, of the Children and Young Persons Act, 1933 as amended by the Education Act, 1944. The Bye Laws in use were adopted in 1936. Application for a licence is made by the boy or girl to the Education Department, and arrangements are made for the candidate to be medically examined by a School Medical Officer. By these arrangements, the Head of the School Department is informed prior to the examination, and thus afforded opportunity to give the examining Medical Officer the benefit of any comments upon an individual case which may be useful.

The certificate given by the Medical Officer is to the effect that the employment in question will not be prejudicial to health or education. The licence subsequently granted stipulates the nature of the employment, the employer, and the hours worked.

This subject has from time to time given rise to comment. Press comments were made in both World Wars, e.g., by Spelby, C. E. (1917)* and Keating (1943)†. The former was the Headmaster of a Public School, the latter Assistant Master of a Grammar School. Following the second communication considerable correspondence appeared in the *Medical Officer* in which figured Drs. Fleming, Wilkins, Kershaw, Newth, Lishman, Hall and Heimann**. References to the problem have appeared in the Reports of the Chief Medical Officer to the Ministry of Education for 1957, 1955, 1939-45, 1933 and 1915.

The work has received closer attention in the past two years. Arrangements were modified to permit of the Medical Record Card being available at the medical examination. The new procedure, whilst rather more cumbersome, rendered the examinations more valuable. A Record Card was constructed in order to ensure that certain aspects of the examination received due consideration. (See page 59).

* Spelby, C. E. *School Hygiene* 1. VIII. page i.

† Keating, L. Heimann, F. A. *The Fabian Quarterly*. Dec. 1943

** *Medical Officer*. 26th Feb. 1944 to 17th June, 1944.

Newcastle upon Tyne Education Committee

EMPLOYMENT OF CHILDREN

Name School Date of Birth

Address

Commenced Employment Ceased Employment

Why Working Type of Work

Hours of Work Weekly Earnings

Height Weight Physique Health

Muscularity Posture Feet

Other defects

Stream Position

Progress

Homework Punctuality Attendance

536-5-58

An effort was made to review each child in collaboration with the Head of the School department at the end of three months employment, when the lower part of the Record Card was completed. This, whilst it added considerably to the value of the work, proved time consuming and not all children were successfully followed up. It appeared that teaching staff were on the whole unfavourably disposed to employment.

An analysis of some of the interesting information which came to light in the course of these examinations is included in the following Table :—

TABLE 19 Analysis of Employment Record Cards — Figures expressed as %

Reason for Working	WEEKLY WAGE							TOTAL
	5s. 0d.	7s. 6d.	9s. 0d.	10s. 0d.	10—15s.	£1 and over		
Interest	1	1	1	2	6	4	15	
Saving for Holidays ..	—	—	—	5	2	1	8	
Helping family budget ..	—	2	3	7	12	3	27	
Personal saving ..	1	2	—	1	6	1	11	
Unspecified ..	6	4	1	10	15	3	39	
Type of Work								
Paper Delivery ..	7	2	5	21	36	6	77	
Errands ..	—	—	—	4	4	3	11	
Shop Assistant ..	1	7	—	—	—	—	8	
Milk Delivery ..	—	—	—	—	1	1	2	
Public Entertainment ..	—	—	—	—	—	2	2	
Hours Worked								
Five and Under ..	4	7	1	2	5	5	24	
Seven ..	3	—	3	7	13	—	26	
Nine ..	—	—	—	2	2	—	4	
Eleven ..	—	—	—	1	8	1	10	
Thirteen ..	—	2	—	10	12	5	29	
Fifteen ..	—	—	1	3	1	1	6	
TOTAL INSPECTED ..	8	9	5	25	41	12	100	

One per cent. of pupils examined have been rejected mainly on account of physical defects brought to light. Items particularly looked for are shown in the Table below, in which a comparison is made between candidates for employment and the whole of the third age group.

TABLE 20

<i>In respect of—</i>	<i>No. Pupils</i>		<i>No. Pupils per 1,000 with Defects in Third Age Group</i>
	<i>Unsatisfactory</i>	<i>Unsatisfactory</i>	
Physique	7	28	} 2
General Health	7	28	
Posture	11	44	17
Feet	20	40	26
Other Defects	36		<i>No comparable figure</i>

Employed pupils attended :—

Grammar and Commercial Schools	Boys	21 % of Total
	Girls	3 % "
County Secondary ..	Boys	59 % "
	Girls	17 % "
Special (E.S.N.) ..	Boys	One only
	Girls	None

At the follow-up Inspection children were employed as follows :—

Number still in Employment ..	62 %
Being employed without detriment	50 %
Some temporary detriment ..	12 %
Number of Licences cancelled	2
Probation Extended	2

The reasons why pupils were no longer employed were :—

Discontinued ('Sick of Job') ..	6 %
Discharged — Unsuitable ..	6 %
Moved from district or left school	4 %
Needed more time for school work	4 %
Health Reasons	2 %
Contract ended	1 %
Miscellaneous	4 %
Unrecorded	9 %
TOTAL	36 %

Some of this information is interesting, e.g.

1. Employment appears to be a transitory adventure.
2. Closer analysis of the reasons given for seeking employment disclosed the following :—

To supplement pocket money..	24.8%
Saving for holidays	14.8%
Saving for Christmas	5.2%
Helping family budget	20.0%
'To buy something'	9.2%
Friends employed	1.2%
For occupation.. ..	2.8%
Interested in the job	3.2%
Unspecified	18.8%

A large number of children seem to seek work merely to satisfy the whim of the moment.

3. Rates of pay are fairly stable for counter assistants (which is popular with girls) ; but a wide range of remuneration per hour, appears to exist in paper delivery. One suspects exploitation here, and probably accounts for a number of boys giving up their jobs after only a few weeks.

4. Whilst 1% of pupils were rejected, a further 2% subsequently ceased work on account of health, and a further 4% because they found that they could not do justice to school work. These latter, occurring within three months of starting work, may be taken as a measure by which examinations are falling short of their purpose.

5. That 36% of children employed do not pursue the work for three months is a bad augury for the future. This casual attitude to a task begun is no doubt in part derived from parental example. There seems to be a need for some form of selection to place the employee with the right employer in suitable employment.

Medical opinion concerning the usefulness of control is somewhat divided. There are those who on consideration of health only, believe that this work is rarely detrimental to health : and indeed taken collectively pupils show little evidence of strain, although individual instances do from time to time occur, in which the child deteriorates whilst working. Educationalists, who have day to day experience with employed children, are by no means so sure, and those Medical Officers who are most intimately connected with work in schools tend to lean to their opinion.

School Medical Officers are however called upon to give equal consideration to educational considerations. Certain undesirable features of the practice have already been mentioned.

In addition, watch has been kept on educational progress in the course of employment and the following effects were reported by Head Teachers :—

<i>Before commencing employment</i>		<i>Subsequently</i>	
Scholastic Progress -	Satisfactory	94%	Deteriorated 5%
	Unsatisfactory	6%	Improved 1%
Punctuality	Unsatisfactory	—	Deteriorated 2%
Attendance —	Satisfactory	91%	Deteriorated 1%
	Unsatisfactory	9%	Improved 1%
Other Activities			Ceased Games - 1 Gr.Scl.boy

On the other hand, employment in the later years of school life, if properly managed, may of itself be of educational value in that :—

- (i) It helps to bridge the gap between school and competitive life.*
- (ii) Under the influence of the right employer, the pupil may learn the ethics of remunerative service. Indeed personal interest in the 'boy about the shop' opens a field of opportunity to offset the shortcomings of home and elsewhere.
- (iii) During school holidays, when older pupils find themselves with more time than they know what to do with, employment offers a regular routine and useful employment of time.

The enforcement of the Bye Laws in connection with Employment of Children outside school hours, is primarily the work of the Child Care Department whose inspectors watch pupils and their employers. Considerable vigilance is found necessary to ensure that these safeguards are effectively operated.

Conclusion

The task of managing the Employment of Children out of school hours is no longer primarily a medical one, and the School Medical Officer may be asked to play a more important part than he probably should. It does, however, offer valuable opportunity to examine pupils at periods other than those prescribed for Periodic Inspections and on occasion to find defects previously missed, or in which follow-up had inadvertently lapsed. The work does seem to enclose a section of the school population which needs closer observation.

There would appear to be a need for the three agents of control, teacher, doctor and inspector, to co-ordinate their efforts more closely, not merely to avoid the dangers but to promote the advantages, which can accrue from youthful initiative in paid employment.

* *School and Life* : Ministry of Education - Central Advisory Council for Education (England)
1947. Chapt. IV.



