

**[Report 1963] / School Health Service, Newcastle-upon-Tyne.**

**Contributors**

Newcastle upon Tyne (England). School Health Service.

**Publication/Creation**

1963

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NEWCASTLE UPON TYNE  
EDUCATION COMMITTEE

*ANNUAL  
REPORT*

THE SCHOOL  
HEALTH SERVICE

1963



## GENERAL STATISTICS

### *Number of Pupils Attending :*

Maintained Nursery School and Class	..	..	120
Maintained Primary Schools	..	..	18,814
Non-Provided Primary Schools	..	..	4,962
Maintained County Secondary Schools	..	..	6,071
Non-Provided County Secondary Schools	..	..	1,514
Commercial, Technical, Grammar and High Schools			6,145
Non-Provided Technical School	..	..	378
Special Schools	..	..	537
Total Child Population 5—16 years	..	..	39,746

### Estimated Cost of the School Health Service

1963-64	..	..	..	..	..	£117,872
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CITY AND COUNTY OF NEWCASTLE UPON TYNE

# ANNUAL REPORT

OF THE


PRINCIPAL SCHOOL MEDICAL OFFICER

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

1963

SCHOOL HEALTH SERVICE





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## PREFACE

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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 1963, the fifty-fourth since the series began in 1907.

As the schoolchild of today is found to be generally fitter every year that goes by, the few who are not so fortunate stand out. Measures are taken to reveal those also who fall a little below the average standard. There is still quite a long way to go. Following children through early life, knowing their risks, is both a clinical and an administrative exercise. So far investigations by Dr. Mary D. Thompson in this City suggest that very few children who may develop a handicap are not fully documented already, without an extensive additional recording scheme which a full 'At Risk' register would require.

Handicapped children in the major groups (whilst every child must be treated as an individual) can be reviewed with benefit to all. The work undertaken on these lines by Dr. H. Sainsbury and Dr. Joyce Grant surveying Epileptic children of school age, is an example and might well be extended to other groups. A number of useful conclusions have been reached. (See Part 8).

For several years the Kenton area has been used to study new ideas on a small scale. The enthusiasm of Dr. Alan Buchan initially, and more recently Dr. M. R. Mellor, fully supported by the Head Teachers, has been commendable and has resulted in all ideas being given a fair trial. 1963 was no exception and the next steps ahead are set out in Part 4.

I am grateful to all the staff, but especially to Dr. Sainsbury for preparing this Report and for keeping the day to day administrative work of the Service moving along. The support we all receive from the Director of Education and his staff (especially the Head Teachers) and from the Chairman and Members of the Education Committee, is much appreciated.

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

*August, 1964*

SCHOOL HEALTH SERVICES AND CHILD CARE  
SUB-COMMITTEE — 1963

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*Chairman :*  
Councillor Mrs. C. M. Lewcock

*Chairman of the Education Committee :*  
Alderman Mrs. G. Robson, J.P.

*Members :*  
Alderman P. H. Renwick, J.P. (*Lord Mayor*)  
Alderman Mrs. T. S. Russell, J.P.  
Councillor R. C. Brown  
Councillor Mrs. A. M. Davison  
Councillor G. Hall, J.P.  
Councillor Mrs. I. McCambridge, J.P.  
Councillor B. McLeod  
Councillor Mrs. D. A. Starkey  
Councillor Mrs. A. M. Storey, M.B.E.  
Councillor Mrs. A. Wynne-Jones, B.A.  
Mr. R. D. Butchart  
Mrs. A. M. G. Curtis, J.P.  
Mrs. M. E. Graham, M.B.E.  
Miss N. Robinson



## CONTENTS

### PREFACE

### STAFF

#### *Part*

#### 1. ADMINISTRATION

General : School Clinics : Clerical Arrangements :  
Inspections : Medical Rooms : Statistics.

#### 2. INSPECTIONS

Periodic : Re-Inspections : Examination of Staff :  
Findings at Inspections : Inspections by Nurses :  
Pediculosis.

#### 3. Conditions on account of which children were referred for Investigation and Treatment.

#### 4. Special Arrangements in Kenton Area.

#### 5. TREATMENT — MEDICAL

Attendances at Clinics : Consultations : Work in Clinics :  
Clinics in Schools : Work Outside Clinics.  
Special Clinics : Ophthalmic : Hearing Assessment :  
Orthopaedic : Skin : Asthma.

#### 6. TREATMENT — DENTAL

Staff : Inspections : Treatment : Statistics.

#### 7. TREATMENT — EDUCATIONAL

Recent Developments : Statistical Summary of Assessment  
and Reviews : Special Schools : Speech Therapy : Child  
Guidance : Handicapped School Leavers.

#### 8. Children who suffer from Fits.

#### 9. CROWD DISEASE AND ITS PREVENTION

General : Notifiable Disease : Skin Disease : Venereal  
Disease : Injuries.  
Prevention — Poliomyelitis ; Diphtheria ; Tetanus :  
Yellow Fever : Tuberculosis : Health Education.

#### APPENDIX

An exercise in Linked Projects.

### 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. B. Buckley	†Dr. M. R. Mellor
†Dr. L. Burn	*Dr. I. Robinson
Dr. H. M. Dixon	†Dr. J. H. Walker
†Dr. J. H. Hindmarsh	†Dr. A. Young
†Dr. J. Mather	

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

*School Dental Officers :*

*Mr. J. K. Christie	Mr. J. Elder
*Mr. J. P. Cunningham	Miss A. M. M. Greig
Miss F. Day	*Mrs. M. McCorkell
Mr. J. Dixon	*Mr. W. R. Peters-Jones
*Mr. A. Dunlop	*Mr. P. Rattray
*Mr. J. F. Egan	Mr. J. H. Thompson

*Orthodontist* : Mr. D. M. R. Crombie

*Anaesthetists:* \*Dr. J. Grant                      \*Dr. S. Mark  
                      \*Dr. P. Winburn

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

*Dental Auxiliary* : Miss A. Pace

*Surgery Assistants : 10*

*Superintendent School Nurse* : Miss E. D. Coulson

*School Nurses* : 22 Full-time                      1 Part-time

*Nursing Helpers :* 11

*Superintendent Physiotherapist* : Miss O. Webb

Physiotherapists : Mrs. D. Bell \*Mrs. J. King  
Miss W. Dix \*Mr. K. York

*Senior Educational Psychologist : Dr. L. F. Mills*

*Psychiatric Social Worker* : \*Mrs. H. M. Stephenson

Speech Therapist : \*Mrs. S. M. Gilmour

*Consultants :*

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

*Orthopaedic Surgeons :* Mr. C. C. Michael James  
Mr. E. P. Davison  
Dr. B. J. Robson

*Chief Clerk* : Miss J. S. Hills

Clerks : 6      Dental : 1      Clinic : 5

\*Part-time Staff. †Also Assistant Medical Officer of Health.



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

Senior Physiotherapist	..	1
Physiotherapists	..	2
Senior Speech Therapist	..	1
Speech Therapists	..	2
Psychiatric Social Worker	..	1
School Nurses	..	2

NURSE LILIAN SIMPSON died in service on 30th April, 1963 after a short illness. She took up her duties as a School Nurse with this Authority in October, 1936. Between 1939 and 1946 she was seconded to the evacuation hostels at Duke's House Wood, Hexham, and Brown Rigg Camp, Bellingham. She returned to Ashfield Clinic and transferred to the Central School Clinic in 1949 where she is remembered as Nurse Coulson's deputy. In times of stress she could be relied upon to keep a cool head and temper difficulties with a sense of humour. She was highly regarded by patients and staff alike.

NURSE ROSE THOMSON retired on 12th August, 1963 as a result of ill health. She had served this Authority since 1943, as Matron of a War time Nursery, T.B. Visitor and Clinic Nurse and, since 1953, as School Nurse. In 1958, with Dr. Hindmarsh she opened the combined Service Clinic at Blakelaw. In addition to the understanding care she gave to children, she was meticulous in the administrative work of the Clinic and did much to ensure the success of the combined Service in its experimental phase.



## COURSES AND REFRESHER COURSES

The following staff attended Courses or Refresher Courses :—

Dr. L. Burn	Course for the Diploma in Public Health, organised by the University of Newcastle upon Tyne.
Dr. J. H. Walker	
Dr. A. Young	
Dr. M. R. Mellor	Course for Ascertainment of Educationally Subnormal Children.
Dr. M. R. Mellor	Refresher Course in Family Psychiatry, held at Ipswich.
Dr. H. Sainsbury	Conference on 'After Care of Handicapped Children,' Lakenham School, Norwich.
Dr. H. Sainsbury	'Prevention and Treatment of Injuries in Sport.' Conference arranged by British Association for Sport and Medicine, Loughborough Training College.
Mr. D. M. R. Crombie	European Orthodontic Course held in Newcastle.

## ADMINISTRATION

**1. General.** No major changes have taken place in the administration of the School Health Service during the course of the year, rather it has been a period of transition in which two systems are operating simultaneously, the older characterised by central administration being gradually replaced by a more flexible control operating at Clinic level. For this purpose the City has been divided into eight areas, each of which will provide unified School Health and Child Welfare Services. At the present time, however, only parts of the West of the City have been so organised.

**2. School Clinics.** This reorganisation cannot be completed until two new Clinics have been provided — at Atkinson Road where the present School Clinic cannot be made to accommodate Child Welfare Services, and in the East of the City a new Clinic will be required to provide services in Dene Ward. At the time of preparing this Report permission has been obtained to build Clinics at Atkinson Road and on the premises of Ravenswood Primary School. These Clinics will be provided by the Education Authority and plans have been submitted to the Ministry of Education.

With the replanning of the centre of the City, which includes the construction of a Roundabout at the junction of City Road and Pilgrim Street, it is anticipated that the Central School Clinic will be untenable on its present site. Those functions, such as Eye Testing, Speech Therapy, the examination of Teachers and Orthodontics, which it has been found convenient to provide centrally, will be undertaken at two Clinics — Shieldfield in the East and Diana Street in the West. This will obviate the necessity of those wishing to visit a Central Clinic for these purposes, crossing the City. Permission to include these Clinics in the Building Programme for 1965-66 has been obtained, and plans are in the course of preparation. It is thus envisaged that Clinics will be ranged in two groups each serving a half of the City.

The distribution of staff in peripheral Clinics as they now stand has been altered in that two Medical Officers operate from

the East End Clinic which now provides for two of the eight areas of the City. The staffing of Clinics is shown in the following Table :—

TABLE I  
Personnel in Attendance at School Clinics

Session 1.30 p.m. to 5.30 p.m.	CLINIC					
	Atkinson Road	Bentinck	Blakelaw	Central	East End	Kenton Middle Street
Monday ..	N	N	N	N	N	N
Tuesday ..	N	D	N	D	N	N
Wednesday	N	D	N	D	N	N
Thursday	N	N	D	D	N	N
Friday ..	N	N	N	D	N	N

N = Nurse in attendance for Dressings and other duties.

D = Doctor in attendance



The Central Clinic is open on Saturday mornings for emergency work only. A Clerical assistant and School Nurse attend on rota and a Medical Officer is on call.

Facilities offered at the Clinics have not altered and the following Table which appeared in my Report for last year, is repeated to complete the record.

### Facilities offered by Individual Clinics

#### Clinic

Atkinson Road .. ..	a	b	c	d	g				
Bentinck .. ..	a	b	c	d	e	g	h		
Blakelaw .. ..	a	b	h						
Central .. ..	a	b	c	d	e	f	g	h	
East End .. ..	a	b	c	d	f	g			
Kenton .. ..	a	b	c	g					
Middle Street .. ..	a	b	c	e	g	h			

#### KEY

a = Daily Dressings	b = Consultations	c = Dental
d = Physiotherapy	e = Refractions	f = Skin Clinics
g = Speech Therapy	h = Examinations	

(Under Sect. 34 Ed. Act)

**3. Clerical Arrangements.** The Offices at the Central Clinic are well appointed and equipment is up to date, but it was decided as long ago as 1961 that, when the Health Department moved to the quarters allocated to it at the Civic Centre, the clerical section of the School Health Service would join them. This move, though long overdue, is now imminent.

The clerical staff, who are under the control of the Chief Clerk of the School Health Service, function centrally and peripherally. Five Clinic Clerks are allocated to seven Clinics. They assist the Medical Officer and Senior Nurse with the keeping up to date of pupils' Medical Records, the making of appointments for the children to attend the Clinic and the completion of Returns.

The Clerical staff at the Central Clinic are 'General Division' Clerks, of whom two are Shorthand/Typists. Their duties are more varied and may be summarised as the compilation of statistics, the keeping of records, the ordering of materials and equipment, the keeping of accounts and correspondence. One clerk assists the Ophthalmic and another the Orthopaedic Surgeons, and one is a switch-board operator and receptionist.

**4. Inspections.** The system of Periodic Inspections of the three prescribed Age Groups of children, continue in the East of the City, and substantially so in the West, where it has been modified to allow of selective examinations in the Intermediate Age Group in the Blakelaw and Kenton areas, with arrangements for a further extension of these modifications in the Bentinck area in 1964.



Another modification of the traditional system of Inspections has been introduced in the Blakelaw and Kenton areas. The Inspection of Infants, which normally takes place during the first year in school, has been put forward to take place prior to school entry, so that schools will have knowledge of any difficulties which may be anticipated when the child commences at school.

It might, as a matter of interest, be recalled that Section 13(b) of the Education (Administrative Provisions) Act, 1907, placed a 'Duty on Local Authorities' to provide for the medical inspection of children immediately before or at the time of or as soon as possible after their admission to a public elementary school. The last of these alternatives emerged as almost universal practice, possibly because it was found more convenient to manage under the conditions prevailing at a time when it was recommended that inspections should proceed at the rate of twelve to the hour. Under present arrangements, eight children are to be called for a two and a half hour session. Even so, it is sometimes found difficult to collect sufficient children to fill a final session for certain schools when groups of pre-school children are examined during the term immediately preceding school entry.

Special and Re-Inspections have been relatively unaffected, except that with the increased amount of time made available, the Periodic Inspection is losing its original function as a screening procedure for those children who require a more detailed clinical examination at the School Clinic.

**5. Medical Rooms.** In former times, facilities for more detailed clinical work were not available on school premises, but since 1946 a number of schools have been replaced by modern buildings which include a Medical Suite. Of 60 Primary Schools 15 now have a Medical Inspection Room, one being added during the year. In this connection reference should be made to the Report of the Director of Education on 'The Organisation of Secondary Education in the City on Comprehensive Lines,' which recommends the absorption of many existing schools into a smaller number of larger schools with modern buildings and up to date medical suites. During the year Kenton Secondary School increased its numbers to 1,181 and St. Augustine's School with 602 pupils on the roll was opened in September. It seems probable that, with the larger number of pupils under one roof, it will be possible to organise the inspection and supervision of pupils with greater economy of the Medical Officers and Nurses time. In the making of these arrangements, possible changes in the City boundary have been taken into consideration.

**6. Statistics.** A final reference to the collection and compilation of the statistical material contained in this Report might not be out of place here. Statistics serve a threefold purpose, namely, to supply information for this Report which is obligatory under the School Health Services Regulations, and for the making of Returns which are annually required by the Ministry of Education. They are also of vital importance to those who are responsible for the direction of the Service who need to know what forms of work are being carried out, and what are the requirements of each, in order that the resources of staff be made effectively available to meet the current demands.

The system of collection necessarily begins at Clinic level by Medical, Dental and Nursing Officers and by Speech and Physiotherapists. Returns are made to the Central Office usually each week, where they are summated for the Senior School Medical Officers' Report to the School Health Service and Child Care Sub-Committee. Annual figures are derived from the material contained in these monthly reports.



## INSPECTION OF PUPILS

The numbers of pupils inspected by Medical Officers were as follows :—

### A. Periodic Inspections in Maintained Schools

Entrants .. .. .	5,576
Intermediates .. .. .	2,943
Leavers .. .. .	2,951
Other Ages .. .. .	360

### Periodic Inspections in Independent Schools

School	Age Group	No. Inspected
Church High .. .. .	5, 8 and 12	121
Convent of the Sacred Heart Grammar .. .. .	16	67

B. Re-Inspections .. .. .	1,298
Special Inspections in Schools .. .. .	184

### C. Other Special Inspections

(i) Inspection for Freedom from Infection .. .. .	783
(ii) Examination for Employment of Pupils out of school hours .. .. .	403
(iii) Examination of Children and Young Persons proceeding to Remand Homes .. .. .	106
(iv) Examination of children taken into Care of Local Authority .. .. .	381
(v) Annual Re-Inspection of children in Care of Local Authority .. .. .	347

D. *Examination of Adults.* Examination of personnel appointed to the staff of the Local Education Authority and examination of staff in connection with Sick Pay is now undertaken by the Local Authority's Occupational Health Scheme, which is properly a function of the Health Department. Teaching staff and Teacher Training College students, however, remain an educational function. The numbers examined were :—

Examination of Teaching Staff on appointment .. .. .	268
Examination of Teacher Training College Entrants .. .. .	219
Examination of students at Teacher Training Colleges at completion of Course .. .. .	90

The findings at Periodic Inspections were as follows :—

### The Physical Condition of Pupils

Nursery and Pre-School	..	..	97.01%	Satisfactory
Primary — 5 years	..	..	99.58%	„
6 years	..	..	99.57%	„
9 years	..	..	100.00%	„
10 years	..	..	99.56%	„
Secondary — 14 years	..	..	99.92%	„
Over 14 years	..	..	99.82%	„

### PUPILS FOUND TO REQUIRE TREATMENT

<i>Age Group (Born)</i>	<i>No. Pupils Inspected</i>	<i>Defective Vision (1)</i>	<i>Other Conditions (2)</i>	<i>Total Individual Pupils</i>
1959 and later	201	—	19	19
1958	2,614	65	237	256
1957	2,761	73	263	287
1956	258	9	26	29
1955	39	3	4	6
1954	20	2	2	4
1953	2,943	259	293	459
1952	36	4	1	4
1951	5	1	1	2
1950	2	—	1	1
1949	1,315	142	89	195
1948 and earlier	1,636	178	83	229
TOTALS ..	11,830	736	1,019	1,491

1 = Excluding Squint.

2 = Excluding Dental Disease and Pediculosis.

# **NUMBERS AND TYPES OF DEFECTS FOUND AT PERIODIC INSPECTION**

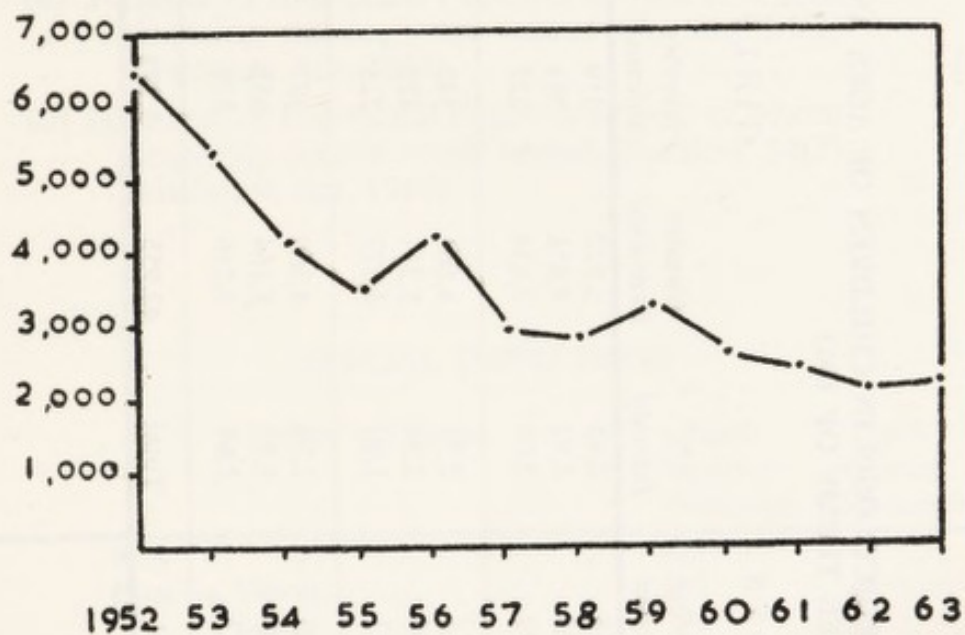
DEFECT	REQUIRING TREATMENT				REQUIRING OBSERVATION			
	<i>Entrants</i>	<i>Leavers</i>	<i>Others</i>	<i>Total</i>	<i>Entrants</i>	<i>Leavers</i>	<i>Others</i>	<i>Total</i>
Skin .. ..	64	28	50	142	163	49	90	302
Eyes—Vision	151	321	272	744	203	247	234	684
—Squint	138	41	91	270	89	31	51	171
—Other ..	16	3	9	28	44	25	16	86
Ears—								
Hearing ..	19	13	17	49	92	19	38	149
Otitis Media	15	10	3	28	117	23	31	171
Other ..	4	2	4	10	32	22	10	64
Nose & Throat	75	8	19	102	485	31	193	709
Speech ..	38	—	11	49	79	8	28	115
Lymphatic								
Glands ..	4	—	—	4	88	4	47	139
Heart .. ..	9	2	5	16	56	25	35	116
Lungs ..	24	8	15	47	141	34	57	232
Hernia ..	2	—	2	4	20	4	13	37
Congenital								
Defects ..	8	8	11	27	130	25	77	232
Orthopaedic—								
Posture ..	7	7	9	23	28	14	36	78
Feet ..	73	15	52	140	138	42	95	275
Other ..	97	35	47	179	187	74	116	377
Epilepsy ..	2	1	1	4	13	8	6	27
Neurological	7	—	7	14	43	6	20	69
Mental								
Development	1	—	9	10	25	8	25	58
Emotional								
Stability ..	5	1	11	17	141	26	59	226
Abdomen ..	9	2	3	14	26	—	26	52
Miscellaneous	3	3	4	10	8	16	1	25



### Inspections performed by Nurses

Hygiene Inspections	..	..	56,417
Head Inspections	..	..	34,493
Follow-up Inspections	..	..	2,154

In recent years the amount of Pediculosis has depreciated as shown in the Figure below.



An analysis of the year's Head Inspections in terms of Boys and Girls of different age groups and at different seasons is shown below :—

**VARIATIONS IN THE INCIDENCE OF PEDICULOSIS IN CHILDREN OF AGES AND SEX  
IN THE THREE TERMS OF 1963**

<i>Term</i>	<i>School Dept.</i>	<b>BOYS</b>			<b>GIRLS</b>		
		<i>Number Examined</i>	<i>Number Infested</i>	<i>% Infested</i>	<i>Number Examined</i>	<i>Number Infested</i>	<i>% Infested</i>
Spring ..	.. Infant	4,003	98	2.45	3,822	319	8.34
	Junior	4,954	98	1.97	4,651	283	6.00
	Senior	2,822	59	2.09	3,834	223	5.90
Summer ..	.. Infant	4,142	115	2.78	4,661	342	7.33
	Junior	5,046	159	3.34	5,211	472	9.00
	Senior	4,223	83	1.90	4,727	225	4.75
Autumn ..	.. Infant	4,341	120	2.70	4,369	397	9.00
	Junior	6,231	232	3.73	6,164	635	10.30
	Senior	3,363	87	2.64	5,516	378	6.80
Total ..		39,125	1,061	Total ..	42,955	3,274	

The official Report on the work of Nurses to the Ministry was as follows :—

### Infestation with Vermin

(a) Total number of Individual Examinations of pupils in schools by school nurses or other authorised persons .. .. .	56,417
(b) Total number of Individual Pupils found to be infested .. .. .	2,181
(c) Number of Individual Pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) .. .. .	19
(d) Numbers of Individual Pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) .. .. .	—

### SPECIAL INSPECTIONS

Defect or Disease	<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
Skin .. .. .	615	80
Eyes— <i>a.</i> Vision .. .. .	300	49
<i>b.</i> Squint .. .. .	79	23
<i>c.</i> Other .. .. .	304	41
Ears— <i>a.</i> Hearing .. .. .	99	18
<i>b.</i> Otitis Media .. .. .	56	13
<i>c.</i> Other .. .. .	76	18
Nose and Throat .. .. .	89	30
Speech .. .. .	26	4
Lymphatic Glands .. .. .	6	2
Heart .. .. .	20	7
Lungs .. .. .	36	9
Developmental— <i>a.</i> Hernia .. .. .	14	6
<i>b.</i> Other .. .. .	46	26
Orthopaedic— <i>a.</i> Posture .. .. .	28	—
<i>b.</i> Feet .. .. .	67	15
<i>c.</i> Other .. .. .	268	52
Nervous System— <i>a.</i> Epilepsy .. .. .	9	1
<i>b.</i> Other .. .. .	13	4
Psychological— <i>a.</i> Development .. .. .	9	5
<i>b.</i> Stability .. .. .	43	20
Abdomen .. .. .	14	7
Other .. .. .	626	338



**THE CONDITIONS ON ACCOUNT OF WHICH  
CHILDREN WERE REFERRED FOR FURTHER  
INVESTIGATION OR TREATMENT**

The Table on Page 16 gives the numbers of children found at Medical Inspection to fall short of perfection, but it indicates only in a general way the nature and probable degree of their disability. To obtain more definite information it is necessary to consult the clinical notes of the children concerned, which are more conveniently found summarised in the letters which Medical Officers send to Consultants when they refer children for further investigation and treatment.

To obtain a complete assessment of the health of the pupils inspected, it would be necessary to treat this information in such detail as to constitute a major undertaking and one beyond the compass of a Report of this size, but by suitable arrangement of the material it is possible to show more precisely what sorts of conditions the children were found to have.

The material consists of copies of the letters sent to General Surgeons and Physicians in the Hospitals, to Ear, Nose and Throat Surgeons, to our Orthopaedic Department, and to our Skin and Speech Clinics. The total number of copies examined was 1,577. Eye conditions, which were described in detail in my Report of last year, have been omitted and children with psychological abnormalities, which are handled for the most part in a different way, have not been dealt with.

The first stage of the analysis is shown in the following Table :—

# GROUPS OF CONDITIONS FOR WHICH CHILDREN WERE REFERRED

				AGE GROUPS			Total
				5-8 Years	9-12 Years	Over 12 Years	
Nose : Catarrh	..	..	..	74	18	4	96
Sinus	..	..	..	13	8	—	21
Adenoids	..	..	..	27	2	4	43
Throat : Septic Tonsils	..	..	..	21	2	3	25
Recurrent Tonsillitis	..	..	..	41	15	3	59
Unspecified	..	..	..	37	9	1	47
Cervical Glands	..	..	..	14	4	4	22
Intermittent Deafness	..	..	..	16	13	—	74
Unspecified Deafness	..	..	..	25	11	4	40
Ear Discharge	..	..	..	10	4	4	18
Bronchitis	..	..	..	26	2	1	29
Asthma	..	..	..	3	—	1	4
Heart Murmurs	..	..	..	32	13	11	56
Arrhythmia	..	..	..	2	—	—	2
Other Symptoms	..	..	..	—	—	—	—
Abdomen	..	..	..	1	—	—	1
Speech*	..	..	..	17	5	—	22
Fits	..	..	..	1	2	—	3
Nervous Disorders : Enuresis	..	..	..	13	11	2	26
Soiling	..	..	..	—	3	—	3
E.S.N.	..	..	..	1	—	—	1
Skin* : Septic	..	..	..	1	1	—	2
Other	..	..	..	7	3	3	13
Posture	..	..	..	..	..	..	86
Deformities : Limbs	..	..	..	..	..	..	121
Feet	..	..	..	..	..	..	309
Bone Disease	..	..	..	..	..	..	15
Paralysis	..	..	..	..	..	..	9
Genital : Testes	..	..	..	12	16	19	47
Other	..	..	..	5	3	—	8
Hernia	..	..	..	10	7	3	20
Obesity	..	..	..	1	3	2	6
Undersized	..	..	..	2	—	—	2
External Eye Conditions	..	..	..	3	—	1	4
Miscellaneous	..	..	..	..	..	..	8

\* Hospital Cases only.



In any classification of reasonable dimensions headings are seldom sufficiently selective to indicate clearly the nature of their components. It therefore becomes necessary to deal with certain groups in greater detail.

**1. Ear, Nose and Throat Conditions.** The first eleven entries in the foregoing list are to be found in this group : all are interconnected. The general pattern of the symptoms may be derived by examining the symptoms of children who suffer from a nasal infection, whether as the primary infection or as secondary to an infection elsewhere in the upper respiratory passages. The extent to which these occur in the whole group is as follows :—

Total number of Ear, Nose and Throat Cases ..	314
Number of children with symptoms restricted to those of a Nasal Infection .. .. .	46
Number of children with symptoms referable to infections elsewhere in the Respiratory Passages ..	201

The symptoms were as follows :—

<b>A. Referrable to a Nasal Infection</b>						
Nose Bleeding .. .. .	..	..	..	..	..	8
Nasal Catarrh .. .. .	..	..	..	..	..	102
Mouth Breathing .. .. .	..	..	..	..	..	84
Snoring at Night .. .. .	..	..	..	..	..	29
Known Sinusitis .. .. .	..	..	..	..	..	6
Frequent Colds .. .. .	..	..	..	..	..	15
Nasal Speech .. .. .	..	..	..	..	..	36
<b>B. Referrable to Ear Infections</b>						
Earache .. .. .	..	..	..	..	..	16
Ear Discharge .. .. .	..	..	..	..	..	4
Injection of Ear Drums .. .. .	..	..	..	..	..	15
<b>C. Referrable to Throat</b>						
Recurrent Sore Throats .. .. .	..	..	..	..	..	16
Enlarged Tonsils .. .. .	..	..	..	..	..	42
Glands in Neck .. .. .	..	..	..	..	..	7
<b>D. Bronchitis</b> .. .. .	..	..	..	..	..	18
<b>E. Mental Retardation</b> .. .. .	..	..	..	..	..	4

**2. Bronchitis and Asthma.** These two conditions should be classed together. They were referred under the following headings :—

Bronchitis .. .. .	9
Wheezy Bronchitis .. .. .	2
Asthma .. .. .	4

It will be seen in the Table that by far the largest number of children are found in the Infant Departments of Schools. The majority of cases at this age come to the notice of general practitioners and are treated by them. Those which attract attention at school are frequently more severe or chronic with structural changes in the lungs. Where wheezing occurs they tend to be wrongly termed Asthma.



**3. Heart Conditions.** These consist of 52 primary cases and 4 cases which have been seen previously at the Cardiovascular Clinic and were in need of review. With the exception of one or two cases no diagnosis was made, since the vast majority were sent for that purpose.

None of the children were experiencing any physical disability, and in every case except two, abnormal heart sounds only were found. The types of these added sounds have been summarised in the Table below :—

**CHARACTERISTICS OF ABNORMAL HEART SOUNDS**

SITE		Intensity			Time		Pitch		Character		Conducted
		Grade			Syst.	Diast.	High	Low	Harsh	Soft	
		1	2	3							
Pulmonary	6	4			5	1	1	1	1		
Mitral	25	6		2	17	1	1	1	4	3	6
Mortic	5	1			5			1			2
Praecordial	2			1	1						1
Unspecified	15	2	2		13		1	1	1	3	
Sub Totals	53	13	2	3	41	2	3	4	6	6	9

It can be deduced from the information available that about half of the murmurs are of no clinical significance, and are picked up at the first Medical Inspection. About one-third of the children are found to have a structural abnormality, and have a shortened expectation of life. For a proportion of these operative treatment improves their prospects.

**4. Skin Conditions.** Of 627 cases referred to the Skin Clinics the following conditions were separated out :—

Ringworm — Scalp ..	..	3
Body ..	..	3
Plantar Warts ..	..	285
Other Skins ..	..	336

Among the latter, bites from insects and arthropods on demolition sites predominate (see Page 40).

The following cases were referred to hospital :—

Sebaceous Cyst ..	..	1
Psoriasis ..	..	1
Scars for Cosmetic Surgery ..	..	4
Warts ..	..	6
Pigmented Mole ..	..	1
Haemangionia ..	..	1
Alopecia Arieta ..	..	1

**5. Genital Conditions** referred were :—

(a) For Circumcision .. ..	6
Hypospadias .. ..	1
Infantile for Investigation ..	1
(b) Testes : Undescended .. ..	26
Varicocele .. ..	10
Communicating Hydrocele .. ..	1
Epididymo-Orchitis .. ..	3
Atrophy .. ..	2
Haematoma Testes .. ..	2

**6. Hernia.** Of 20 cases referred, 19 were boys and 1 girl. The types of Hernia were as follows :—

<i>Boys</i>			<i>Girls</i>		
Inguinal .. ..	17		Umbilical .. ..	1	
Femoral .. ..	1				
Umbilical .. ..	1				

**7. Orthopaedic Conditions.** Of 514 children referred the following conditions were noted :—

(a) Faulty Posture : Spinal Curvature .. ..	7
Lordosis .. ..	10
Kyphosis .. ..	8
Kypho-Lordosis .. ..	5
Unspecified .. ..	55
(b) Abnormal Gait : Intoeing .. ..	25
Clumsy .. ..	38
Throwing out Foot .. ..	14
Unsteady (Hydrocephalic) .. ..	1
Unspecified .. ..	1
(c) Knee Conditions : Genu Valgum .. ..	54
Knock Knee .. ..	45
(d) Foot Defects : Achilles Bursa .. ..	4
Valgoid Ankles .. ..	101
Flat Foot .. ..	136
Cavus Foot .. ..	2
Hallux Valgus .. ..	36
Crooked Toes .. ..	27
Hammer Toes .. ..	3



(e) Miscellaneous :	Funnel Chest	..	..	..	..	4
	Pigeon Chest	..	..	..	..	1
	Unequal Legs	..	..	..	..	3
	Absence of Arm	..	..	..	..	1
	Hydrocephalus	..	..	..	..	1
	Syndactyly	..	..	..	..	1
	Osteogenesis Imperfecta	..	..	..	..	1
	Schlatter's Disease	..	..	..	..	1
	Perthes Hip	..	..	..	..	1
	Accessory Auricle	..	..	..	..	1
	Bowed Leg	..	..	..	..	1
	Burn Contractures	..	..	..	..	1
	Callosities	..	..	..	..	1

**8. Paralysis.** These included :—

Spastic Paralysis	..	..	..	..	..	3
Talipes	..	..	..	..	..	3
Muscular Wasting	..	..	..	..	..	3

**9. External Eye Conditions.** These included :—

Conjunctivitis	..	..	..	..	..	2
Nystagmus	..	..	..	..	..	1
Blocked Tear Duct	..	..	..	..	..	1

**10. Miscellaneous.** These included :—

Chorea, Vertigo (Labyrinthine), Haematuria, Hepatomegaly, Splenic Anaemia, Thyroid Enlargement, Abdominal Pain, Deformity of Teeth and Palate.

This rather haphazard catalogue of medical conditions speaks for itself. Rather more than half were hidden beneath clothing. A considerable number give rise to little in the way of pain, discomfort or disability : for example : of 514 children referred on account of Orthopaedic defects only 89 complained of foot, calf or other discomfort. Neither should it be thought that the defects disclosed are of less significance on that account, e.g. the Heart cases. The fact remains that, in spite of the facilities available to them, these children either because the existence of the defects was not suspected, or because the need for treatment was not appreciated, were not receiving attention. This, in itself, is a vindication of the system of Inspection.

## *Part Four*

### **SPECIAL ARRANGEMENTS IN THE KENTON AREA, 1963**

The Kenton Scheme continued as in 1962 except for the introduction of :—

1. A pilot scheme of pre-school medical examinations at Hillsvew and Mountfield Schools.
2. Modification of the selection procedure at 9 years of age by the introduction of a questionnaire and screening.
3. The inauguration of a Co-ordinating Committee of Social Services.
4. Heaf testing of infants in the term of entry.
5. Ascertainment of physically and mentally handicapped children in their own homes.

### **Work Done**

#### **1. School Medical Inspections**

#### **CHILDREN EXAMINED IN 1963 (1962 FIGURES IN BRACKETS)**

<i>Group</i>	<i>Number</i>	<i>% Accompanied by Parents</i>	
Pre-School ..	147	(—)	98.2
Infants ..	363	(296)	95.1
Juniors ..	65	(662)	61.6
Seniors ..	168	(185)	9.5
<hr/>			
TOTAL ..	743	(1,143)	—

The larger number of juniors examined in 1962 was due to the examination of both selected children and their control group. Selected juniors born in 1954 will be examined during 1964.



*(a) Pre-school Medical Examinations*

The purpose of the pre-school medical examination is :

- (1) to give Head teachers information and guidance on emotionally disturbed and physically handicapped children in order to enable them to make any necessary adjustments ;
- (2) to enable Health Visitors to enter into the early care of the school child by discussing any problem with the Head Teacher, since the Health Visitor will have known the majority of these children during the previous five years.

Parents of infants (age approximately  $4\frac{3}{4}$  years) due to enter Hillview and Mountfield Schools were invited to bring their children for examination at school during the term prior to school entry. The examination was voluntary and replaced the statutory entrance medical examination. Children whose parents did not accept were examined in the normal way.

Health Visitors visited parents to explain the scheme and completed the necessary documents, which included a detailed questionnaire. At the examination — which took place in school — Health Visitors and School Nurses discussed any problems with the parents and the child was introduced to the classroom and teachers. Any problems related to education were discussed with the Head Teacher.

## **Results**

The lists submitted by Educational Welfare Officers were amended by 37.9 %. Acceptance was 100 % and 98 % of children were accompanied by an adult (average for Infant School Medical 95.1 %). A whole year's intake, 137 children, have been examined, 131 at school, three at Infant Welfare Clinics and three after entering school. The attendance rate of 84.7 was higher than that of school children (80.9 %) and co-operation was as good as that of children already in school with the parents present.

47 children (34.3 %) had defects which either :

- (a) had a direct relationship to education and
- (b) necessitated action being taken before school entry or
- (c) required placement in a special school (one child).

The scheme was well accepted by Head Teachers and the Health Team. All other Head Teachers of infant schools in the area have asked for the scheme to be extended to include their schools.



(b) *Selection of Juniors — (children born in 1954)*

The Selection procedure was modified by (1) requesting Head Teachers and Educational Welfare Officers to select children who in their opinion would benefit from a medical examination and (2) requesting parents to complete a questionnaire about their child's health (and state of immunology) (3) the school medical and infant welfare records were scrutinised by school nurses who selected children for examination (4) finally, the Medical Officer scrutinised the records of those children selected by the School Nurses. The Medical Officer scrutinised the medical records of those children selected by head teachers because in some instances the reason for selection was a condition about which full details were already available. It was decided to ask parents of children who were not selected if there was any reason why their child should be examined.

Children who were not selected will have their vision and hearing tested, and will be screened for orthopaedic defects. All boys will be examined for hernia and undescended testicle.

Out of 513 children 91 have been selected by the health team, 52 by head teachers alone and 10 by Educational Welfare Officers.

COMPARISON OF SELECTION IN 1960/61/62  
WITH SELECTION IN 1963

Year of Selection	Year of Birth	Percentage of total selected by				% to be Examined
		Health Team	Head Teachers	Parents	E.W.O's	
1960	1951	41.8	14.2	13.2	0	56.6
1961	1952					
1962	1953					
1963	1954	17.6	14.0	—	1.9	—

Head teachers and health team may select a child for the same reason. In 1960-62 only 1.5% of children were selected by Head Teachers alone, this increased in 1963 to 10%, bearing in mind the increase in consultation and visits to school, and the fact that children are only selected if their problem has not been dealt with, head teachers are selecting a greater percentage. Educational Welfare Officers were asked to select for the first time in 1963.



There is a marked preventive aspect developing in selection and referrals.

The lower percentage selected by the Health Team in 1963 was due to :

- (a) detailed information being obtained on the questionnaire ;
- (b) frequent consultation between health team, head teachers and educational welfare officers, which resulted in diminished need for selection ;
- (c) improvement of school records subsequent to (b) i.e. reports had been obtained from specialists, etc. prior to selection ;
- (d) increased knowledge of families in the area due to permanence of staff ;
- (e) closer co-operation with general practitioners.

#### ORDER OF SELECTION (1963)

SELECTED BY			
<i>Order</i>	<i>Doctor</i>	<i>Head Teacher</i>	<i>E.W.O.</i>
1	Nose and Throat	Psychological	Abdominal
2	Ears	Ears	Psychological
3	Psychological	Speech	Orthopaedic
4	Orthopaedic	Developmental	Lungs
5	Abdominal	Lungs	Ears
6	Speech	Nose and Throat	—

It is interesting to note the importance of psychological and ear defects noted by all groups, and the fact that most groups of defects are related to education.

If questionnaires were either 'incomplete' or not returned, these children were selected in addition to the above.

#### 3. Reinspections.

529 (1962 — 284) reinspections took place in school. Others required an appointment at which a parent could attend. These were performed at the clinic or at home and are recorded as consultations or visits.

#### 4. Consultations (1962 — 305)

413 consultations were held in the clinic, 97.2% of children were accompanied by parents or relatives. This increase is mainly due to children referred for either hearing or psychological defects.

In addition 53 consultations were held at home and 197 children were discussed with head teachers at school.

#### 5. Heaf (Tuberculin) Testing and B.C.G. Vaccination

Routine testing and vaccination continued as in other areas of the City until the Autumn Term when testing of infants in the term of entry was started and is to continue.



## 6. Immunology

### (a) *Comprehensive Permission (Infants)*

Number offered comprehensive cover	..	408	
Number who accepted	..	387	(94.8%)
Number who refused	..	21	(5.2%)

Of the 21 refusing the offer, nine preferred to attend their family doctor and 12 "don't believe in immunology."

This latter 12 mask the true result, since acceptance of the scheme is only related to those who accept immunology *per se* 408 — 12 = 396.

The corrected acceptance rate then becomes 97.7% which can be regarded as the measure of parental acceptance.

### (b) *Juniors — born in 1954*

The consent form was modified and included in the questionnaire 81.2% (1962 — 89%) accepted diphtheria, 70% (1962 — 35%) accepted Tetanus protection. The increase in tetanus protection is a direct result of the modified questionnaire.

## DIPHTHERIA, TETANUS IMMUNISATION : JUNIORS AND INFANTS, 1963

	Dose	Diphtheria	Tetanus
Infants	Final	85	87
	Booster	111	96
Juniors	Final	182	72
	Booster	109	28

Only with the co-operation of head teachers has this progress been possible. The health team have had to visit each school at monthly intervals for immunology sessions, and this extra work has been greatly expedited by the willingness of teaching staff to organise the flow of children.

### (d) *Poliomyelitis*

Total number of doses given in 1963, 1,179 (1962, 2,153)

### (e) *Further modifications in Immunology procedure*

At the pre-school medical examinations parents were consulted about the state of *family* immunology and arrangements made for the necessary doses to be given. At the intermediate examination mothers were questioned about their own immunisation against poliomyelitis and were offered doses through the infant welfare or school clinics.

## 7. Minor Ailments

(a) At school — 3,250 (1962, 1,621) conditions were treated.

(b) At the clinic — 1,987 (1962, 373) conditions were treated.

The numbers treated in school is twice the previous year's figures due to the greater number referred by teachers. Five times as many ailments as the previous year were treated at the clinic, which is due to its exemplary siting and the growing awareness of the population of the whole service in Kenton.



## 8. Other Examination

132 (1962, 228) children were examined for various reasons.

## 9. Hygiene Inspections

11,634 (1962, 8,612) examinations were carried out — 2.6% of children were found to have 'nits' in their hair ; 0.2% were excluded with vermin — where possible all the family were treated.

## 10. Co-ordinating Committee

At the request of social worker in the area a committee was inaugurated to discuss problems under the chairmanship of the School Medical Officer. The Committee consists of Health Visitors, School Nurses, Head Teacher Representatives (2), Mental Welfare Officer, Children's Officer, Probation Officer, W.V.S. representative, Housing Officer, Lady Almoner, Educational Welfare Officers, Youth Club leaders, Officer of N.S.P.C.C.

Five meetings were held, the average attendance being 17 social workers — 13 cases were dealt with involving 32 case discussions, 9 cases have been discharged.

### Examples of Action Taken

<i>Description</i>	<i>No. of Families</i>
Election of one social worker to the case .. ..	9
Special Reports requested of a member .. ..	6
Holidays Arranged .. ..	4
Action to be taken by Educational Welfare Officer ..	3
Health Visitor liaised between teachers and parents ..	3
Support only .. ..	3
Decreasing charity, i.e. supply of goods or clothes ..	3

In addition, Head Teachers were informed of problems — one child was ascertained as maladjusted ; one was referred to a specialist ; a uniform grant was made and a Home Advisor provided ; an escort to hospital was provided for a child and a consultation with psychiatrist about another took place.

### Benefit

Social workers were introduced to one another and learned of each others duties and problems, resulting in :

- (1) Pooling of information.
- (2) Prevention of over-visiting.
- (3) Prevention of too generous charity.
- (4) Realisation of lack of group information (hence the 9 special reports requested of workers).

So far problem families have been the interest mainly in relation to school attendance, behaviour and neglect of children.

The Committee is to continue to meet in the coming year.



### **Future Plans**

1. The extension of pre-school medical examinations to all schools in the Kenton area and another area of the City.
2. Selection of Juniors each term to eliminate the period between selection and examination.
3. A "Mock" selection of school leavers.
4. Analysis of the reasons for selection.
5. Analysis of defects found at the pre-school examination in relation to defects noted by Health Visitors.
6. Extension of Health Education in Kenton Secondary, i.e. 11 and 12 years old girls are to be taught about female hygiene and menstruation by a Health Visitor.
7. Commencement of Health Education in St. Thomas More Secondary School to follow the same syllabuses in Kenton Secondary School.

### **TREATMENT — MEDICAL**

School Clinics continue to be well maintained in repair, decoration, furnishing and equipment.

The trend continues for minor medical treatment to be given in schools rather than in Clinics. This has been an advantage in that children are saved a journey to the Clinic during school working hours, and teachers are relieved of anxiety for the safety of pupils on the roads in transit. Nevertheless there is an increasing difficulty to induce parents to attend School Clinics with their children during the term and in holiday periods. One reason for this is that an increasing number of mothers are undertaking work outside the home in order to implement the family income. In other cases the mother is just indifferent to the responsibilities of parenthood, or so mismanages her domestic duties that she never finds time to reach a Clinic on time. Whilst a minority need to work to support the family, a greater proportion appear to remain in employment for short periods only, and one suspects that they give their full interest neither to the home nor to their employment, but use each as a temporary distraction from the other. Neither is proper provision made for the children when the mother is at work : all too often children attend the Clinic accompanied by a neighbour, or not accompanied at all, so that important information which only the parent can give is not forthcoming and the visit is wasted.

These tendencies, which have been known for a long time within the School Health Service, are now being felt in the Hospital Out-patient Departments, and we are receiving complaints from Consultants and Almoners concerning children referred for consultant opinion, who either omit to keep an appointment without giving notice or reason, or are brought by someone other than the parent who has very little knowledge of the child. An increasing amount of the school nurses' time is being given to home visits arising out of Hospital appointments which have not been kept — as Dr. Rowbotham wrote concerning one case 'It is not possible to do productive psychiatric work in such circumstances.'

It might be supposed that the evening surgery of general practitioners might afford a suitable alternative to parents who are prevented from obtaining medical treatment or advice during the day, but there is evidence that they too are working at a disadvantage and are called upon to prescribe large quantities of drugs for long intervals without having an opportunity



to see the child. Moreover, general practice, in spite of the genuine interest which many practitioners have for the families on their lists, is not geared to that systematic oversight which the School Health Service has been organised to provide.

There is a real danger in these days of social and economic prosperity for parents to seek the best of both worlds and for children to get the worst of the bargain.

#### A. ATTENDANCES AT CLINICS

The numbers of pupils seen by the Medical Officer or Nurse in Clinics were as follows :—

(i) <i>School Clinics</i>						
Atkinson Road	..	..	..	..	..	1,949
Bentinck	..	..	..	..	..	808
Blakelaw	..	..	..	..	..	683
Central	..	..	..	..	..	351
East End	..	..	..	..	..	1,969
Kenton	..	..	..	..	..	2,059
Middle Street	..	..	..	..	..	1,236
(ii) <i>Accessory Clinics</i>						
Ashfield House	..	..	..	..	..	290
Brinkburn Street	..	..	..	..	..	363
(iii) <i>Clinics on School Premises</i>						
Number of Clinics	..	..	..	..	..	18
Total Sessions per week	..	..	..	..	..	34
Total Pupils Attending — 1963	..	..	..	..	..	11,688

#### B. THE WORK IN SCHOOL CLINICS

(i) <i>Consultations by Medical Officers</i>						
Ashfield House	..	..	..	..	..	130
Atkinson Road	..	..	..	..	..	470
Bentinck	..	..	..	..	..	348
Blakelaw	..	..	..	..	..	251
Central	..	..	..	..	..	286
East End	..	..	..	..	..	861
Kenton	..	..	..	..	..	222
Middle Street	..	..	..	..	..	421

# RETURN OF WORK IN SCHOOL CLINICS BY SCHOOL NURSES

<i>Defect or Service</i>	<i>Number of Children</i>	<i>Total Treatments</i>
Skin — Septic .. .. .	3,403	9,098
Scabies .. .. .	68	136
Ringworm .. .. .	17	40
Other .. .. .	1,833	4,464
Ear Conditions —		
Wax in Ears .. .. .	67	106
Discharging Ears .. .. .	62	943
Eye Conditions —		
Conjunctivitis .. .. .	84	365
Other External Eye Conditions .. .. .	372	657
Spectacles .. .. .	477	148
Vision Tests .. .. .	408	121
Tonsillitis .. .. .	60	33
Acute Infectious Fevers .. .. .	8	5
Injuries .. .. .	1,808	2,623
Malaise .. .. .	234	191
Follow-up Inspections .. .. .	1,522	154
Head Inspections .. .. .	248	208
Cleansing .. .. .	323	1,249
F.F.I's and Manual Workers .. .. .	1,774	245
Miscellaneous .. .. .	2,786	1,910
TOTAL .. .. .	15,554	22,696



### C. THE WORK IN CLINICS ON SCHOOL PREMISES

#### RETURN OF WORK PERFORMED IN CLINICS ON SCHOOL PREMISES BY SCHOOL NURSES

<i>Defect or Service</i>	<i>Number of Children</i>	<i>Total Treatments</i>
Skin — Septic .. .. .	3,502	6,321
Scabies .. .. .	2	7
Ringworm .. .. .	3	2
Other .. .. .	2,314	3,994
Ear Conditions —		
Wax in Ears .. .. .	40	51
Discharging Ears .. .. .	52	143
Eye Conditions —		
Conjunctivitis .. .. .	38	43
Other External Eye Conditions .. .. .	306	434
Spectacles .. .. .	32	12
Vision Tests .. .. .	328	232
Tonsillitis .. .. .	15	8
Acute Infectious Fevers .. .. .	5	3
Injuries .. .. .	1,053	1,690
Malaise .. .. .	40	48
Follow-up Inspections .. .. .	2,108	493
Head Inspections .. .. .	634	253
Cleansing .. .. .	48	665
F.F.I's and Manual Workers .. .. .	2	8
Miscellaneous .. .. .	1,166	1,029
<b>TOTAL .. .. .</b>	<b>11,688</b>	<b>15,436</b>

### D. DUTIES PERFORMED BY SCHOOL NURSES OUTSIDE CLINICS

#### *Home Visits :*

For Hospital .. .. .	11
For Inspection of Home .. .. .	61
For Other Reasons .. .. .	1,263
Children Escorted to Clinics or Hospitals .. .. .	224
Children Escorted to and from Residential Schools .. .. .	128

## SPECIAL CLINICS

**1. Ophthalmic.** The Ophthalmic Clinics have continued to work on the same lines as in previous years. Three Ophthalmic Medical Practitioners devote among them, five sessions per week — four at the Central School Clinic and one at Middle Street. One School Medical Officer continues to undertake refraction work at Middle Street and one at Bentinck.

(i) The number of children who received a full ophthalmic examination was :—	
New Cases .. .. .	637
Old Cases .. .. .	935
The number for whom glasses were prescribed	987
The number referred to hospital following examination .. .. .	92
The number on the waiting list at the end of the year .. .. .	473

In addition, children were examined outside the Service as follows :—

Number Examined at Hospital .. .. .	167
Number Examined by Ophthalmic Opticians	200

(ii) <i>The Dispensing of Spectacles</i>	
The number of children who obtained Spectacles .. .. .	1,289
The number of Spectacles repaired or replaced	1,066

During the year the Supplementary Ophthalmic Services Committee was approached with a request that Form O.S.C.10, authorising an optician to proceed with the replacement or repair of spectacles, might be signed on behalf of the Education Authority by a Medical Officer, School Nurse or Head Teacher. This was done in order to save some parents a journey to a School Clinic for this purpose. The scheme throws some responsibility upon school staffs, and experience has so far shown that they have not as yet acquired the finer points of procedure.

A sum of £290 3s. 1d. was charged to this Authority in respect of spectacles which, in the view of the Supplementary Ophthalmic Services Committee, required repair or replacement as a result of negligence.



## 2. Hearing Assessment. BY DR. B. BUCKLEY

During 1963 the work of the Hearing Assessment Clinic was maintained on the lines of the previous years. Extra sessions enabled assessment and reviewing to be carried out more promptly, and the waiting list was kept to a minimum.

The following statistical summary of the past three years' work tells its own story :—

		1961	1962	1963
A.	Number of Audiometer Tests ..	322	337	288
	(a) New Cases .. ..	224	143	211
	(b) Reviews .. ..	98	195	77
B.	<i>New Cases attending Clinic</i>			
	(a) Cases Reviewed :—			
	In Special Schools .. ..	11	8	8
	In Ordinary Schools .. ..	112	172	77
	(b) Cases Discharged .. ..	93	221	169
C.	Number of Cases Referred to :—			
	(a) Hospital or General Practitioner	25	151	132
	(b) Speech Therapist .. ..	4	14	1
D.	<i>Handicapped Pupils</i>			
	(a) Ascertained .. ..	4	5	5
	(b) Reveiwed .. ..	4	3	4
E.	Number of Pupils on Register issued			
	with Hearing Aids .. ..	38	50	39
	Number followed-up and reported on	26	26	23
F.	Number of Hearing Aids issued (not			
	on Register) .. ..	—	14	—
G.	Number followed-up after leaving			
	school .. ..	3	1	—

During the routine sessions training in Audiometry was given to Nurses Hope and Tomlinson.

Owing to the difficulty experienced in obtaining a qualified teacher for the Senior Hard of Hearing Unit at Cowgate School, it was regrettable that the Class had to be disbanded and the equipment put in storage.

At the end of the year the Committee kindly supplied a new Peter's Audiometer, which is proving very successful.

The recently appointed Headmaster of the Northern Counties School for the Deaf, Mr. F. W. Hockenhall, took the opportunity to show me around the School and discuss matters relating to liaison.

## **AUDIOMETRY AND THE FOLLOW-UP OF HEARING AIDS**

*By* NURSE T. CHESTERTON

Hearing Assessment Clinics in 1963 were on the whole well attended.

Seven children have been issued with Hearing Aids during the year, and six children have had them withdrawn.

The pupils from the Hard of Hearing Class at Cowgate School have had Audiograms done.

All Hearing Aids have been followed-up and reports sent to Mr. Munro-Black.

Nurses Hope and Tomlinson have been trained in Audiometry and have since assisted at Hearing Assessment Clinics.

## **SPECIAL CLASS FOR HARD OF HEARING**

*By* MISS A. M. MALTBY

### **The Primary Partially Deaf Unit**

The Unit has had its full quota of pupils again this year. The attendance continues to be excellent. All the children have made some progress.

The Group Hearing Aid has been most beneficial to the children who have great loss of hearing.

As a whole the speech in the Unit is greatly improved.

### **3. Orthopaedic. By MR. C. C. MICHAEL JAMES**

From the clinical point of view there has been no change in the last few years. The same complaints occur from the surgeon's points of view about footwear. The Department is better off because there is an additional Consultant Surgeon available to do one clinic a week, but unfortunately there are too few physiotherapists to carry out the necessary treatment.



## STATISTICS FOR THE YEAR 1963

1. <i>Attendances</i>					
New Patients —	} Boys 462 Girls 378	.. .. .	.. .. .	.. .. .	840
—					
Total number of attendances at Surgeons' Clinics					2,220
Waiting List		.. .. .	.. .. .	.. .. .	—
2. <i>Discharges</i> .. .. .					
Admissions to Sanderson Orthopaedic Hospital		.. .. .	.. .. .	.. .. .	691
3. <i>Physiotherapy</i>					
Total number of attendances at Physiotherapy clinics		.. .. .	.. .. .	.. .. .	12,048
Special Therapies given at Orthopaedic Clinics		.. .. .	.. .. .	.. .. .	6,881
Massage		.. .. .	.. .. .	.. .. .	33
Manipulations		.. .. .	.. .. .	.. .. .	1,230
Medical Electricity		.. .. .	.. .. .	.. .. .	2,578
Radiant Heat		.. .. .	.. .. .	.. .. .	73
Ultra Violet Light		.. .. .	.. .. .	.. .. .	264
Plasters		.. .. .	.. .. .	.. .. .	—
Home Visits (manipulations for congenital foot deformities)		.. .. .	.. .. .	.. .. .	—
<i>Non-Orthopaedic Chest Conditions</i>					
Asthma	} Patients	.. .. .	.. .. .	.. .. .	95
Bronchitis					
Bronchiectasis					
	Treatments	.. .. .	.. .. .	.. .. .	719
4. <i>Other Information</i>					
Number of Children requiring X-ray		.. .. .	.. .. .	.. .. .	43
Photographs		.. .. .	.. .. .	.. .. .	13
Number of surgical appliances (supplied and maintained)		.. .. .	.. .. .	.. .. .	2,721

### 4. *The Skin Clinics.* By DR. H. M. DIXON

Skin cases continue to be seen on two sessions per week, one at the Central and one at the East End Clinics.

Ringworm no longer presents a problem and indeed, under the present arrangements, we should never again experience epidemics on the scale of those between 1943 and 1952.

Fewer Plantar Warts were seen, but I am not convinced that this drop in the figures really reflects a true decline in incidence.

Athletes Foot is prevalent and the use of foot powder containing undecylenic acid appears to be a satisfactory remedy. Obviously more attention to foot hygiene would pay dividends, as would a return to wool or cotton socks. It is now common to find the feet of two-year old toddlers moist and odoriferous from fouled sweat produced by the wearing of socks made from synthetic fibres.

Skin lesions produced by the bites of Mites form the greatest problem at present. These consist often of a mass of papules vesicles and scratch marks, which become impetiginous. In other countries, these arthropods and insects are recognised

victors of disease and constitute a potential danger. Their present spread arises from the demolition of old property, the Mites tending to migrate from their natural habitat to become parasitic among children playing on the demolition sites.

The number of cases handled during the year was as follows: —

Total Attendance at the Clinics	..	..	..	809
New Cases — Ringworm — Scalp	..	..	..	3
Body	..	..	..	3
Plantar Warts	..	..	..	285
Other Cases	..	..	..	336
Number of Cases under Treatment, December 1963				43

#### 5. The Asthma Clinic. By DR. H. S. K. SAINSBURY

During the year Dr. Mary Taylor ceased to visit Pendower Hall and advise on chronic Chest Infections. These, in the main are now seen by Dr. J. H. Walker, but a number from other schools which have been ordered physiotherapy are now seen at the Asthma Clinic. Mr. C. Cree, who initiated Spirometry in the Physiotherapy Department and gave valuable service in the treatment of Asthmatic children, also left to take up an appointment as Lecturer at the College of Further Education.

The approach to the child who suffers from asthmatical symptoms has remained unchanged, and has been described in previous Reports.

Details of the work accomplished during the year were as follows:—

Number of Cases under Supervision	..	..	45
New Cases seen in 1963	..	..	7
Cases Discharged	..	..	10
Total Attendances	..	..	110
Cases were referred for medical investigation and treatment:—			
Orthopaedic Surgeons	..	..	3
Ear, Nose and Throat Surgeon	..	..	2
Hearing Assessment	..	..	2
General Practitioner	..	..	1
Chest Physician	..	..	1
Cases were recommended special Educational treatment:—			
Residential Open Air School	..	..	1
Residential Hospital School	..	..	1
Day Open Air School	..	..	1
The condition of children on discharge was as follows:—			
Asymptomatic	..	..	4
Improved	..	..	1
Unchanged	..	..	3
Deteriorated and admitted to Hospital	..	..	1
Died	..	..	1
Children were discharged from Special Schools as follows:—			
Day Open Air School	..	..	4
Residential Maladjusted School	..	..	1



## **TREATMENT — DENTAL**

### **Staff**

Several resignations were received from the part-time professional staff during the year but only one full-time officer, Mr. Foster, resigned his appointment. He was replaced by Mr. Dixon and a further full-time dentist, Miss Day, was appointed towards the end of the year. Two other officers were engaged on a sessional basis so that the work of the service was little affected over the year.

An innovation was the appointment of a Dental Auxiliary worker, Miss Pace. Her duties are both clinical and instructive on matters of dental hygiene and her novel methods of teaching and approach to the younger children made a considerable impression in the Infant Departments, where her visits were illustrated by films and working models.

### **Dental Inspections**

Some 40,000 children were dentally examined during the year, at school and in the clinics and half this number was found to be in need of treatment. Nearly all schools were visited by an examining dental officer in the course of the year and the few that could not be inspected will be seen early in the new year.

### **Treatment**

Figures for conservation of both dentitions were up by more than 10% on those for the previous year, and more important, the ratio of permanent teeth filled to teeth extracted rose from approximately 1 to 1 for 1962 to 3 to 1 for the present year.

Some credit for this improvement must be given to the installation of air-turbine drills in some of the clinics and their provision in all clinics should not be delayed.

Extractions were carried out mostly under general anaesthesia and the daily 'Gas Session' at the Central Clinic for emergency extractions was well attended.

Some 100 children were fitted with artificial dentures but in nearly every case these were for the replacement of only one or two teeth and no children needed to be supplied with full dentures.

Over 2,000 children received orthodontic treatment during the year, of whom about 350 new cases required to be fitted with regulating appliances. This work was carried out mainly at the Central Clinic.

X-ray diagnosis and other work requiring laboratory facilities was undertaken at the Central Clinic and arrangements for consultant advice and treatment where necessary at the Sutherland Dental Hospital were satisfactory.

# **DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER 1963**

## *(a) Dental and Orthodontic Work*

I	Number of pupils inspected by the Authority's Dental Officers :—	
	(i) At Periodic Inspections 36,154	Total I .. 39,029
	(ii) As Specials 2,875	
II	Number found to require treatment	21,607
III	Number offered treatment	7,031
IV	Number actually treated	5,061

## *(b) Dental work (other than Orthodontics) (Note : Figures relating to orthodontics should not be included in Section (b)).*

I	Number of attendances made by pupils for treatment, excluding those recorded at (c)I below —	17,454
II	Half days devoted to : (i) Periodic (School) Inspections	409
	(ii) Treatment .. .. .	3,947
	Total II ..	4,356
III	Fillings : (i) Permanent Teeth .. .. .	8,709
	(ii) Temporary Teeth .. .. .	1,985
	Total III ..	10,694
IV	Number of Teeth Filled : (i) Permanent Teeth .. .. .	7,365
	(ii) Temporary Teeth .. .. .	1,896
	Total IV ..	9,261
V	Extractions : (i) Permanent Teeth .. .. .	2,614
	(ii) Temporary Teeth .. .. .	6,540
	Total V ..	9,154
VI	(i) Number of general anaesthetics given for extractions ..	4,067
	(ii) Number of half days devoted to the administration of general anaesthetics by :	
	A. Dentists .. .. .	630
	B. Medical Practitioners .. .. .	630
	Total VI ..	5,327
VII	Number of pupils supplied with artificial teeth .. .. .	95
VIII	Other operations : (i) Crowns .. .. .	9
	(ii) Inlays .. .. .	1
	(iii) Other Treatment .. .. .	4,592
	Total VIII ..	4,602

*(other operations on temporary and permanent teeth)*

## *(c) Orthodontics*

(i)	Number of attendances made by pupils for orthodontic treatment .. .. .	1,983
(ii)	Half days devoted to orthodontic treatment .. .. .	487
(iii)	Cases commenced during the year .. .. .	145
(iv)	Cases brought forward from the previous year .. .. .	1,922
(v)	Cases completed during the year .. .. .	37
(vi)	Cases discontinued during the year .. .. .	12
(vii)	Number of pupils treated by means of appliances .. .. .	339
(viii)	Number of removable appliances fitted .. .. .	334
(ix)	Number of fixed appliances fitted .. .. .	5
(x)	Cases referred to and treated by Hospital Orthodontists ..	0



### **TREATMENT — EDUCATIONAL**

Arrangements for the provision of Educational treatment have been the same as those of previous years with three exceptions, namely :—

1. The Senior Class for Partial Hearing pupils was closed.
2. Remedial Classes were increased from two to four — additional classes being provided in Hilton and Ravenswood.
3. Headlam Junior Day E.S.N. School for Boys was provided with more up to date accommodation at Hilton Primary School.

More recently there has been a marked increase in the numbers of children reported to the Department by Schools who are retarded scholastically, but of average or near average ability. Reading is usually the primary learning difficulty and boys predominate. The salient features of these cases was given in my Report for 1960 (Part 4)\*. It is becoming realised that the employment of modern teaching methods designed to facilitate rapid assimilation of the rudiments of basic subjects, is not without some inherent risk. Should the child fail in his first expedition into the art of Reading the way ahead becomes long and difficult. There are other factors concerned. In the near recent times it became realised that children need the full development of certain mental skills before they are 'Ready to learn to Read'† and, in fact, children do enter school exhibiting a wide range of mental development, which raises the question : whether the age of school entry is not being too rigidly maintained. This is one of the many matters being considered by the recently reconstituted Central Advisory Council for Education, to which the School Health Service Group of the Society of Medical Officers of Health has been invited to submit evidence.

These children came from one of the sub-cultural districts of the City, and among them were a number of overseas immigrants.

\* Annual Report 1960. Part 4. 'Educationally Subnormal Pupils in Ordinary Schools.'

† Standish E. J. 1959. *Journal Educational Research*, 11. 1. Page 9.



All were English speaking, but two presented language difficulties on entry to school. This aspect of the matter has been well dealt with in a recent Ministry Pamphlet\* and will have to be watched. The numbers of children concerned were rather more than could be conveniently catered for by existing Remedial Classes. The matter has been looked into by the recently appointed Senior Educational Psychologist who found the Medical Officers findings substantially correct.

A topic of current interest has been the question of provision for the Handicapped School Leaver†. During the year discussions were held between the Principal School Medical Officer, the Senior School Medical Officer, the Chief Welfare Officer and the Youth Employment Officer to find ways by which handicapped young people might be informed of the facilities available to them by the Welfare Section of the Health and Social Services Department. It appeared in the course of discussion that young people were well served in matters relating to employment, that well tried arrangements for the supervision of former Educationally Subnormal pupils by the Mental Health Section existed, as did also machinery for the Blind Welfare Section to take over blind persons after leaving school. There remained, however, a small section of pupils, permanently and substantially handicapped, who were entitled to care by the Welfare Section. A difficulty arose as to how the parents of these pupils might be approached without giving affront, for the Service is voluntary. More recently, the Senior School Medical Officer and the Senior Medical Officer to the Social Services, have been engaged in working out a procedure which shows promise.

The employment of four Medical Officers, recognised by the Ministry of Education for the Ascertainment of Handicapped Pupils, has been maintained by the training of Dr. M. R. Mellor for this work. On 1st November Dr. L. F. Mills was appointed Senior Educational Psychologist to initiate the Child and Family Psychological Service described in my Report of last year.

The following statistical summary of the work of the Service takes the form of preceding years. Tables, as previously, take no account of multiple handicaps, cases being allocated to the primary handicap.

\* English for Immigrants. M.O.E. Pamphlet 43, 1963.

† The Handicapped School Leaver. British Council for Rehabilitation of Disabled. 1963.



Ed. Act  
Sect 34(i)

## 1. Ascertainment

### Pupils Examined and Classified

Category	No. of Pupils Examined	No. of Pupils Classified
Blind .. .. .	1	1
Partially Sighted .. .. .	4	4
Deaf .. .. .	3	3
Partial Hearing .. .. .	2	2
Educationally Subnormal .. .. .	270	198
Epileptic .. .. .	3	3
Maladjusted .. .. .	10	9
Physically Handicapped .. .. .	24	22
Delicate .. .. .	18	16
Pupils otherwise reported upon were :—		
(i) Decision Deferred .. .. .	38	
(ii) Not recommended as needing special education .. .. .	41	
(iii) Responsibility accepted for pupils Ascertained by Other Authorities .. .. .	3	

Ed. Act  
Sect. 33

## 2. Special Educational Treatment Recommended

The Local Authority ascertained that the following pupils required special educational treatment and directed that it be provided :—

Special School — Day .. .. .	96
— Residential .. .. .	22
Ordinary Schools — Remedial Classes .. .. .	96
Home Teaching .. .. .	5
Further Education .. .. .	1

Ed. Act  
Sect.

## 3. Treatment Provided

34(iv)

### A. Children Placed in Special Schools — 1963

Category	Day	Residential
Blind .. .. .	—	2
Partially Sighted .. .. .	2	—
Deaf .. .. .	2	1
Partial Hearing .. .. .	2	—
Educationally Subnormal .. .. .	48	16
Epileptic .. .. .	—	1
Maladjusted .. .. .	2	6
Physically Handicapped .. .. .	15	3
Delicate .. .. .	15	1

**B. Numbers of Pupils being educated in Special Schools —  
December, 1963**

<i>Category</i>	<i>Nursery</i>	<i>Day</i>	<i>Residential</i>	<i>Grammar</i>
Blind .. ..	1	1	4	2
Partially Sighted .. ..	—	15	1	—
Deaf .. ..	6	24	5	1
Partial Hearing .. ..	—	10	1	—
Educationally Subnormal ..	—	308	57	—
Epileptic .. ..	—	3	6	—
Maladjusted .. ..	—	14	17	—
Physically Handicapped ..	3	78	5	1
Delicate .. ..	—	49	6	—
Multiple Handicaps ..	—	—	1	—

Four pupils are being educated on medical recommendation in Residential Schools of Grammar School status, as normal pupils. A grant in aid has been made by this Authority in respect of each.

*Ed. Act  
Sect. 80*

The numbers of pupils awaiting admission to Special Schools at the end of the year were :—

Day Special Schools ..	45	A firm offer for admission has been secured for ten.
Residential .. ..	27	
Remedial Classes ..	49	

**4. Periodical Review of Handicapped Pupils**

**Number of Pupils Re-examined prior to the ultimate year in  
School — 1963**

<i>Category</i>	<i>Number Reviewed</i>
Blind .. ..	6
Partially Sighted .. ..	5
Deaf .. ..	1
Partial Hearing .. ..	3
Educationally Subnormal ..	154
Epileptic .. ..	17
Maladjusted .. ..	51
Physically Handicapped ..	217
Delicate .. ..	219



—As a result of these re-examinations recommendation was adjusted as follows :—

<i>Ed. Act Sect. 57</i>	Change of School .. .. .	12
	Return to Ordinary School .. .. .	22
	Notified to Local Health Authority as Unsuitable for Education in School ..	11
	Decision Unaltered .. .. .	528

## 5. Final Examinations

### Pupils Examined on reaching statutory school leaving age — 1963

	<i>Category</i>	<i>Requiring Supervision</i>	<i>Not Requiring Supervision</i>
<i>Mental Health Act Sect. 11</i>	Blind .. .. .	1	—
	Deaf .. .. .	1	—
	Partial Hearing .. .. .	1	—
	Educationally Subnormal ..	30	22
	Maladjusted .. .. .	—	3
	Physically Handicapped ..	—	1
	Delicate .. .. .	—	9
	Children notified to Local Health Authority as unsuitable for education in school prior to age of entry .. .. .		22

### Residential Schools Visited during the year

Royal Victoria School for the Blind, Newcastle upon Tyne.  
 Northern Counties School for the Deaf, Newcastle upon Tyne.  
 Hindley Hall Residential E.S.N., Stocksfield.  
 St. Joseph's Residential E.S.N., Cranleigh, Surrey.  
 Besford Court Residential E.S.N., Worcester.  
 St. John's School, Brighton.  
 Farney Close, Bolney, Haywards Heath, Sussex.  
 St. John's Residential Open Air, Woodford Bridge, Essex.  
 Edward Rudolph Memorial School, East Dulwich.  
 All Souls R.C. Residential E.S.N., Hillingdon, Middlesex.  
 Chorleywood College for Blind Girls.  
 Mary Hare Grammar School for the Deaf.  
 The Beacon Residential E.S.N., Lichfield, Staffs.  
 Lingfield Hospital School for Epileptics, Surrey.  
 East Hill House School, Colchester.

## EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE

By MISS B. G. CALDERWOOD, M.A.

There were 99 leavers from special schools, 33 more than the previous year. As usual, however, there were a number of pupils in the normal schools with some kind of health defect who were put on the Special Case Register at the Bureau, for special care and attention when placing in employment. There were 466 boys and girls on the register at the end of September, and the following table is an analysis of those on the Special Case Register :—

<i>Disability</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Educationally sub-normal ..	60	42	102
Defective vision .. ..	47	40	87
Defective hearing .. ..	18	25	43
Epilepsy .. ..	9	10	19
Physically handicapped .. ..	23	39	62
Pulmonary tuberculosis .. ..	—	6	6
Tuberculosis (other than chest) ..	4	3	7
Chest ailments (other than T.B.)	32	29	61
Defective speech .. ..	1	6	7
Heart trouble .. ..	5	13	18
Spastic .. ..	2	5	7
Maladjusted .. ..	1	3	4
Other cases .. ..	14	29	43
	<hr/> 216	<hr/> 250	<hr/> 466

During the year 184 were placed in employment, some in more than one job. However, the general unemployment in the area has inevitably affected the handicapped boys and girls. Although many have found employment those who were unsuccessful tended to remain out of work for long periods. At the end of September, 1963, 128 were out of work, compared with 80 at the same time in the previous year. Many were those who had left school at the end of the Summer term who, because of keen competition for jobs, had not found work ; others had been unable to retain their jobs, and were paid off as unsuitable.

Our thanks go to those employers who have been prepared to accept these less fortunate young people, in spite of the temptation to take advantage of the more able who were readily available. Probably the greatest difficulty in placing was with the mentally backward boys and girls, whose lack of concentration always creates problems in maintaining employment : 41 of the 128 unemployed were in this category. Unfortunately the increase in mechanisation is tending to take many jobs they could previously manage, out of the scope of their abilities.



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

<i>Disability</i>	<i>First job</i>		<i>Second job</i>		<i>Three or more jobs</i>		<i>In first job more than 1 year</i>	
	B	G	B	G	B	G	B	G
Educationally sub-normal	26	10	10	4	4	7	7	3
Defective vision .. ..	33	14	8	8	6	5	13	8
Defective hearing .. ..	12	14	—	2	3	5	7	12
Epilepsy .. ..	4	5	2	1	—	1	3	4
Physically handicapped ..	6	22	2	5	4	5	7	10
Pulmonary tuberculosis ..	—	3	—	—	—	2	—	3
T.B. (other than chest) ..	2	2	1	—	1	—	2	1
Chest ailments (other than T.B.) .. ..	17	10	2	3	6	3	8	7
Defective speech .. ..	—	3	—	1	1	1	—	3
Heart trouble .. ..	3	7	2	1	—	1	1	7
Spastic .. ..	—	4	1	—	—	—	—	3
Maladjusted .. ..	—	2	1	1	—	—	—	1
Other cases .. ..	7	10	1	6	1	4	3	5
	110	106	30	32	26	34	51	67

In the case of 28 boys and 38 girls, it would appear that the changes were due to their disability and the difficulty of coping with the work.

During the year, 20 boys and 2 girls were recommended for courses of rehabilitation. One boy applied for a course of training at Queen Elizabeth College ; one has been accepted at the Lord Mayor Treloar College and two partially sighted boys were accepted at Heathersett Centre for Blind Adolescents and have commenced their courses.

**6. Speech Therapy.** Throughout the year the staff of Speech Therapists has been seriously depleted. Of a complement of one Senior and two Single-handed Therapists, the staff available was :—

- Mrs. B. Strong — Senior Therapist. Full-time, 1st January to 28th February, 1963.  
 Mrs. S. M. Gilmour — Single-handed Therapist. Five sessions per week — 1st May to 31st December, 1963.

This shortage is on a national scale and may be due to insufficient recruitment, training facilities, and considerable loss of therapists after qualification.\*

During the period in which Mrs. Strong was available the numbers of children who received treatment were :—

Number of Treatments given .. ..	331
New Cases .. ..	12
Cases Discharged .. ..	27
Appointments not kept .. ..	145

Mrs. Gilmour was employed exclusively in the Special Schools of the City where the need for Therapy is greatest. The work which she accomplished was as follows :—

Number of Treatments given .. ..	873
New Cases .. ..	21

The conditions treated were :—

Dyslalia .. ..	416 Treatments
Retarded Speech .. ..	294
Cleft Palate .. ..	42
Stammer .. ..	32
Other Defects .. ..	142

\*Of 1,600 members included in the Register of the College published in April, 1963, it appears that only about 36% are practising in the School Health and Hospital Services, and about 50% are not practising in this Country. An analysis of a sample of 300 entries showed the following :—

Practising in School Health Service .. ..	85	} 110	36.54%
Mixed School Health and Hospital Service .. ..	20		
Special Schools .. ..	5		
Hospital Service .. ..	22	} 29	9.66%
Teaching staff of Training Colleges .. ..	7		
Not Practising and Retired .. ..	71	} 150	49.82%
Partially Retired — Private .. ..	41		
Abroad .. ..	38		
Unknown .. ..	12	12	3.98%



## THE CHILD AND FAMILY GUIDANCE SERVICE

By DR. L. F. MILLS (Senior Educational Psychologist)

The first appointment to this new Service was that of the Senior Educational Psychologist, Dr. L. F. Mills, who commenced duty on 1st November, 1963.

Some difficulty has been experienced so far in attracting suitable candidates for the vacant post of Senior Psychiatric Social Worker, and at the end of the year the position remained unfilled. The case work, however, is not remaining uncatered for as two ladies, qualified as Social Workers and with Child Guidance Clinic experience, proffered part-time service early in November and both were appointed. Mrs. H. M. Stephenson commenced duty on 18th November, 1963, and Mrs. A. E. Marshall will commence on 1st February, 1964.

These first two months of the new Service have naturally been occupied largely in survey and in laying plans for future development, nevertheless it has been possible to see and treat a number of children and parents.

## CHILDREN WHO SUFFER FROM FITS

The Report of the Chief Medical Officer to the Ministry of Education for 1961 contains an excellent chapter on 'Epilepsy in School Life' and, indeed, this is the third occasion on which the subject has been referred to at length in these Reports since the War. Accordingly, one was prompted to look into the problem as it exists in this City and, in doing so, there emerged an intimate picture of the working of the School Health Service and the needs of the children.

As it was not possible personally to handle the enquiry, it became necessary to construct terms of reference which were formulated as follows :—

'To take stock of the situation of pupils attending schools maintained by this Authority who suffer from Epilepsy in any of its forms, so far as information is available in the records of the Service, or readily available to the staff. In particular, to ascertain the numbers of children, the nature and degree of their disability, what medical attention they receive and what educational facilities they require and receive.'

The immediate problem was to locate the children. This was done by compiling a list of those reported by Medical Officers at Periodic Inspections to require treatment or observation for Epilepsy. This information was readily obtained from the summary sheets of the First and Second Inspections during the past five years. The numbers were as follows :—

### Number of Children Reported as Epileptic, 1959-63

	ENTRANTS		INTERMEDIATES		Total Reported
	Total Inspected	Number Reported	Total Inspected	Number Reported	
1959	3,597	14	3,861	6	20
1960	4,264	20	3,639	17	37
1961	3,703	12	3,329	7	19
1962	3,695	13	3,572	5	18
1963	5,558	8	3,008	13	21
Total 1959-63		67		48	115



Tracing Medical Records which are kept in area Clinics however proved a formidable task, for, in the interval of five years, children had changed school two or three times and home nearly as frequently. Some had transferred to Independent Schools, some had moved out of the City and others had moved in from outside areas. The extent of the necessary adjustment is given below to illustrate the fluidity of the present school population.

Total children on initial list	..	..	..	115
Number left City	..	..	..	13
Number transferred to Independent Schools				2
Clerical Error in Recording	..	..	..	2
New Cases from outside the City	..	..	..	15
Total children on final list	..	..	..	113

Children attending Special Schools were treated differently. Here pilot cards gave more definite information and the numbers of cards were more manageable.

From these sources a list of children who were in School during 1963, and who it was believed had suffered from Fits at one time or another, was compiled and copies were sent to each Clinic where the Medical Officer conducted a preliminary screening, as a result of which 16 names were removed. This then is the material upon which this enquiry is based and it might be interesting to note how children are distributed in the various types of schools in the City.

#### Types of Schools attended by Pupils

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Out of Total Population</i>
Selective Secondary	..	..	2	7	9	6,500
County Secondary	..	..	12	17	29	7,500
Primary	..	..	35	24	59	2,500
Special Schools	..	..	22	14	36	550
Junior Training Centre	..	..	..	18		
Approved School	..	..	..	1		

The notes found in individual Record Cards varies considerably, what they lacked in uniformity they gained in individuality. However, for the proper surveillance of children certain information should be found in all records.

### The General Features of the Group

It was early apparent that the records contained two classes of children, namely, those who had previously had convulsions usually in infancy but no Fits recently, and those who were still having Fits. These two groups, as will be seen, are difficult to separate since one can never be sure that, even after an interval of several years, the Fits will not recur. The numbers of children in these two classes were as follows :—

<i>Number of Children</i>		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
With past history of Fits	..	35	23	38
Still having Fits	..	32	36	68
Indeterminate*	..	4	3	7

In the majority of cases the Fits first occurred in infancy, usually accompanied by a febrile illness. There was a slight difference between boys and girls in the age of onset. In the latter it was somewhat more frequently between 10 and 15 years.

The majority of families were inconspicuous : some were among our best but, as was to be expected, the familiar feature of the condition was in evidence. There was also an element of mental subnormality among parents illustrated by the following figures :—

Total number of families for which information was available	..	109
Number of families with a history of Epilepsy	..	27
Number of families with a history of subnormality	..	10

Relatives suffering from Epilepsy were as follows :—

Grandparents	..	3
Parents	..	13
Siblings	..	12
Aunts and Uncles	..	9
Cousins	..	1

The extent of subnormality in families was :—

Parent in Mental Hospital	..	6
Not in Hospital but mentally dull	..	2
Not in Hospital but mentally unstable	..	2

\*These are children in which there is conflicting evidence as to the date of the last Fit.





It is not unusual to find other serious handicaps coexisting with Epilepsy which add considerably to the disability of the child. In this body of 133 children the following conditions were encountered :—

Mental Retardation ..	34
Defective Speech ..	18 (Including one of Aphasia)
Partially Sighted ..	5
Deaf ..	6
Congenital Abnormalities ..	6
Neurological Conditions ..	4

### Children with past history of Fits

The parents of this group optimistically believe the children to be permanently free from Fits, and the children regard themselves as unexceptional. In the majority of cases the School has no knowledge of the fact that the child has ever suffered from Fits, yet the family history and E.E.G. findings suggest that a strong Epilpetic element is present.

Their ages, as might be expected, are evenly distributed. The period during which they have been free of Fits varies from 2 to 9 years. In five cases the Fits appeared after commencing at school and in 23 were continuing during the years 6 to 12. Detailed information is given below :—

### Past history of Children who in 1963 had been free from Fits for over two years

	<i>No. of Records Available</i>	YEARS														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Age of Children	58					3	6	2	4	9	7	6	4	6	3	8
Age of Onset ..	57	12	25	12	2	1	1	—	2	2						
Age at last Fit ..	53		7	11	7	5	5	4	6	0	4	3	1			
Interval of Freedom ..	53			21	8	9	4	5	4	2						

The severity of the Fits varied and from the information available they were classified as follows :—

Major Fits ..	20 children
Minor Fits ..	14 children
Unclassified ..	20 children

Of the 20 cases in which Fits were not classified, 15 were described as Febrile Convulsions. Among the difficulties of collecting information of this nature is that with the passage of time, observations become very imperfect. In one case the Fits were believed to be temper tantrums. In another, which was the only seizure observed and that in school, it appeared to be a



Vasovagal attack. However, the boy had long been under observation with an E.E.G. and personality strongly suspicious of Psychomotor Epilepsy. In seven cases Status Epilepticus was recorded and, in two, it marked the onset of Fits. In five cases Fits were followed by one-sided weakness or, in one case, Ataxia.

#### Children at present having Fits

In the case of the 68 children known to have had a Fit or Fits within the last two years, the following conditions were recognised :—

A. Epilepsy					
Idiopathic	..	..	..	..	56 children
Symptomatic: Brain Damage	..	..	..	..	3 children
Psychomotor	..	..	..	..	1 child
B. Other Conditions :					
Emotional	..	..	..	..	2 children
Vasovagal Attacks	..	..	..	..	1 child
C. Indeterminate	..	..	..	..	5 children

As the results of E.E.G. examinations were known in a proportion of cases only, no attempt has been made to distinguish between major and minor Epilepsy. Clinically the Fits were classified as, minor in which the child does not actually fall, major and mixed. They were separated as follows :—

Major attacks	..	..	..	..	34 children
Minor attacks	..	..	..	..	15 children
Mixed attacks	..	..	..	..	13 children
Indeterminate	..	..	..	..	5 children

(In one case believed to be psychomotor there was no loss of consciousness).

Seven children had been in Status Epilepticus. Nine children sustained minor injuries during an attack, but no cases of permanent injury came to light.

In two children Fits had marked psychomotor features.

The frequency of the Fits was often hard to determine since the pattern was irregular and, in some cases, the total Fits to date was only one or two. The following is an approximate digest of the information to hand :—

<i>Frequency of Fits</i>	<i>No. of Children</i>
Once a day or more .. ..	5
Once a week .. ..	10
Once in two weeks .. ..	4
Once a month .. ..	3
Once in two months .. ..	7
Once in three months .. ..	3
Once in six months .. ..	3
Once a year or more .. ..	9

Information concerning the duration of individual seizures, as given by parents, appeared to be exaggerated in many cases, and is not given. The majority of the Fits were reported to have taken place during the day, but it is probable that a number occur at night and are unknown to the parents. In this connection four of the children are recorded as enuretic. The occurrence of the Fits as reported was as follows :—

Number of children who suffered from Fits by day only ..	23
Number of children who suffered from Fits by night only ..	5
Number of children who suffered from Fits both day and night .. .. .	25
Number of children for whom there was no definite information .. .. .	14

### The Medical Care of Children

The Medical Practitioner was not recorded on the main Medical Record Card of ten children. Of these, there was reason to believe that at least six of them had a private doctor. In two cases this was in doubt, and in two cases families had not as yet registered with a local practitioner, having recently moved into the City. In one of these cases the child should definitely have been on sedation. All the information available went to show that practitioners conscientiously prescribed for the children, usually as recommended by the consultant at hospital, provided the parent attended the surgery for it. One is less clear whether the child is always brought to the surgery and surveillance very close. The extent to which children in the second group were getting treatment was as follows :—

Number believed to require treatment .. .. .	60
Number actually receiving treatment .. .. .	43
Number not receiving treatment .. .. .	12
Number unknown .. .. .	7

On those who were not receiving treatment, 11 had previously been under treatment which became discontinued as follows :—

Lapsed by Parent .. .. .	4
Discontinued on Medical authority .. .. .	4
Unknown .. .. .	3

Children have attended one or more of the local hospitals as follows :—

Number of children known to have been investigated at Local Hospital .. .. .	107
Number of children known to have been investigated at other Hospitals .. .. .	6
Number of children never investigated but treated by General Practitioner .. .. .	4

Those who attended Hospital appear to have received a full investigation including an E.E.G. and X-ray of Skull.



The part played by the School Health Service is a difficult one. It should, as a first essential, discover which children suffer from Fits. Cases came to light as a result of :—

Periodic Inspection — First	..	..	..	77 cases
Second	..	..	..	11 cases
Third	..	..	..	4 cases
Special Inspections ..	..	..	..	9 cases
Statutory Examinations (Section 34, Education Act)	..	..	..	5 cases
Review of Handicapped Pupils	..	..	..	1 case
Reported by Education Welfare Officer	..	..	..	4 cases
Reported by Head Teacher ..	..	..	..	4 cases
Reported by Senior Child Welfare Officer	..	..	..	4 cases
Reported by Duly Authorised Officer	..	..	..	1 case
Reported by Hospital letter	..	..	..	8 cases

It is then necessary to select those children who require surveillance. It appears from the records that there is insufficient liaison with the Hospitals to afford Medical Officers a clear indication as to which cases should be followed-up, and for how long. The main source of contact is by means of Hospital letters which are copies of letters sent by the consultant to the general practitioner and are primarily concerned with treatment. It may be that School Medical Officers are in verbal contact with Consultants and General Practitioners, but such procedures leave no record, and it is difficult to know to what extent effective intervention has occurred to promote or re-establish treatment. In this body of cases children were reviewed 267 times in 35 years at risk, which suggests that intervals between review are too long for effective surveillance.

The results of the part played by the School Health Service in the ascertainment of Handicapped Pupils are referred to in the next Section and appear creditable.

The Service has a final role to play in the issue of a medical report on children about to leave school to the Youth Employment Department, in order to facilitate their placing in suitable employment. The report is made on Form Y9, which is completed in the course of the final medical inspection in school. The two types of industry usually contra-indicated are those involving working near machinery and working at a height. Only those children still suffering from Fits are reported upon and those, in the main, are suitable for placing in open industry. Children leaving Special Schools are reported upon on a modified Form Y9. Eight leavers were reported on Form Y9 in 1963 and none on the special form. A re-check on all Forms Y9 and Epileptic leavers, confirmed that this had been efficiently done.



### Educational Arrangements

It is our policy to keep a child who suffers from Fits in an ordinary school, and to deal with difficulties as they arise. In the majority of cases no difficulties arise : where they do, advice to the Head Teacher may be sufficient. In others the normal procedure is adopted to determine what special Educational Treatment may be required and to provide it.

The attitude of our teachers is always sympathetic, but a minority are apprehensive. Experience of educating pupils in day schools is shown in the findings of 129 pupils reported upon.

Number who have had Fits in School	..	..	..	20
Number with Behaviour difficulties	..	..	..	7
Number who have sustained minor injury during a Fit in School	..	..	..	1
Number whose progress has been affected by :				
Sedation	..	..	..	1
Fits	..	..	..	1
Irregular attendance possibly due to Fits	..	..	..	1
Parents of other children have complained	..	..	..	1

Schools vary in their capacity to deal with the problems presented, which are three, namely :—

1. The handling of Fits in School.
2. Retardation.
3. Behaviour Disorders.

Experienced teachers are less worried about the Fits than the behaviour disorders and have, on occasion, been the first to suspect a child of Fits, even though none have been observed in School or are known to the School Medical Officer. Transfer to a Special School is indicated where Fits are becoming more numerous in spite of treatment, where they occur in the street, where there is doubt as to whether the child is receiving regular treatment as prescribed, or where the child has an additional handicap which requires special educational treatment. Indeed, the choice of the type of Special School is made upon a consideration of the child as a whole. Wherever possible the school should be a day school rather than residential, and Pendower Hall has been found useful in catering for such children since treatment is provided and a nurse is retained on the premises throughout the day. Thus it is possible to see that Tablets are taken regularly in School.



Children are provided with special Educational Treatment as follows :—

**Types of Special Schools attended by  
Children who suffer from Fits**

				<i>Boys</i>	<i>Girls</i>
<b>Day Schools</b>					
Educationally Subnormal	..	..	..	11	8
Pendower Hall —					
Physically Handicapped	..	..	..	1	1
Delicate	..	..	..	2	—
Maladjusted	..	..	..	1	—
Epileptic	..	..	..	3	—
Northern Counties School for the Deaf	..	..	..	—	2
<b>Residential Schools</b>					
Educationally Subnormal	..	..	..	—	1
Epileptic	..	..	..	4	2

Children have been selected for special observation, management and training in Epileptic Schools, where Fits are frequent and home conditions inadequate. Where the Epileptic condition is not the main consideration, but a Residential Special School is indicated on other grounds, a suitable school other than an Epileptic school is recommended. Children are held in these schools only so long as the severity of their handicap demands. Two children, now attending ordinary schools (one now free of Fits) spent periods in Epileptic schools, and one child now awaiting admission to a Residential E.S.N. School was at one period at Pendower Hall. These Schools are visited annually by the Senior School Medical Officer, and cases discussed with the Medical Superintendent. Endeavour is also made to effect the child's attendance at the parent hospital during the school holidays. This is sometimes difficult since hospital staffs tend to be away on holidays at such times.

**After Leaving School**

The point of departure of children from our Schools has to be watched lest the Social Services 'leak at the seams.' Three statutory and one voluntary body are involved in the welfare of Epileptic leavers, namely :—

- The Youth Employment Bureau.
- The Mental Health Authority.
- The Welfare Authority.
- The British Epileptic Association.



The Youth Employment Service is provided in this City by the Education Authority and is in close contact with the School Health Service. This Department has provided a Specialist Advisory Officer to deal with the special needs of ex-Handicapped Pupils for whom a Register is kept. Those who suffer from Fits prove the most difficult to place and retain in industry. Moreover, during the years 15 to 18, a number of young persons show evidence of Epilepsy for the first time. Since acceptance of the facilities offered by the Service is voluntary, it becomes difficult to keep account of all who need help.

Number of Epileptics on Register .. ..	18
Number in Employment .. ..	10
Number Registered as Disabled Persons ..	2

The reasons for eight young people losing their jobs were as follows :—

Having Fits whilst at work .. ..	3
Redundant (too slow ; unsuitable ; did not like the work or working conditions) ..	5

The Welfare Service became amalgamated with the Health and other Social Services Department in 1962, and thus there was made more readily available a wider range of medical and social facilities for the Handicapped. Until recently liaison with the School Health Service was limited to the Blind. Information is now passed to the Welfare Service concerning young people with additional handicaps.

Pupils classified under Section 34 of the Education Act as Educationally Subnormal on reaching school leaving age are notified to the Mental Health Authority where there is need for supervision. In 1963, 25 were so notified but none suffered from Epilepsy. In addition, children who are seriously retarded, are notified at any age over two years, under Section 57 of the Education Act as unsuitable for education in school. In 1963, 32 were so notified, of whom 5 suffered from Fits.

The Mental Health Authority provides domiciliary care, training and residential care. The Senior Training Centre functions as a sheltered workshop. The numbers of Epileptic children attending the Training Centres are :—

Junior Training Centre .. ..	15
Senior Training Centre (15-18 years) ..	5

A local Branch of the British Epileptic Association was formed in 1959. This Society deals solely with the welfare of Epileptics and, being a voluntary body, is not tied by statutory duties or permissive powers so that it is enabled to fill the gap between the Social Services. The Association has so far not attempted provision for school children beyond providing a summer holiday. There is, however, contact between the Youth Employment Bureau and the Association, which runs a Social Club.



## **Conclusion**

This review of the situation of certain of our children makes no pretence to more than a domestic stock-taking in the Annual Report of a Northern City. It tells of what we have been doing, and shows what we ought to be doing.

It seems that if we are to avoid losing sight of children, a centrally maintained Epileptic Register is essential.

Of equal importance is the selection of a Medical Officer, with a reasonable expectation of service before him, who will be responsible for maintaining the Register, and who will direct the periodic follow-up of individual children.

The interchange of information between the Service and hospitals generally, satisfactory as it is, might yet be reviewed in order to ensure that information of the right type effectively moves in both directions. There is scope for more active assistance on the part of the School Health Service to the Youth Employment Bureau, and a Medical Officer charged with the oversight of Epileptic children in school might, with profit to all concerned, find a wider sphere of interest in the working lives of young persons.

There is need to establish a closer association with the local Branch of the British Epilepsy Association and to explore the possibilities of medical support and assistance.

It is important that developments on these lines, once established, shall not be allowed to become complicated by frequent revision, or to fall into disuse as enthusiasm wanes in the light of another new project.

## CROWD DISEASE AND ITS PREVENTION

### 1. General Review

With the exception of the usual biennial increase in cases of Measles, there were no serious outbreaks of Infectious Disease among children of the City during the year. Looking through Reports of the past ten years, an outbreak of Influenza during the latter part of the Autumn term, was once an annual event. The last such outbreak of any consequence was in 1957, and the last six years of freedom is highly significant. The reasons are obscure. Progress in rehousing, and the building of new schools which afford more space, ventilation and light, has no doubt played a part in the low-lying riverside areas of the City. Reduction in atmospheric pollution may also have contributed, but conclusive evidence is not available. The continued fall of upper respiratory infections among children, possibly contributed to by the liberal employment of antibiotics, may also have had an indirect effect by the reduction of commensal organisms in the throats of children.

Further afield an outbreak of Typhoid Fever at Zermatt on the Swiss border had some local repercussions. Although no cases or contacts attracted attention within the City, parties of school children visiting the Continent had to be watched and protected against infection.

Current trends in juvenile social behaviour continues to give rise to anxiety on account of venereally contracted infections of the genital tract usually non-specific. It is doubtful whether the factors underlying these changes are fully understood, and consequently specific educational counter measures directed at root causes have not as yet been forthcoming.

In order to complete a general picture two other problems should be mentioned, namely, emotional disorders and injuries. Both have become conspicuous in a changing pattern of disease as it occurs in childhood. The increase in the former may be more apparent than real, whilst the latter has fallen less rapidly than other diseases and may, with an improvement in the general health and vitality of children, render them more liable to injury. Indeed, these two problems become combined in the accident prone child.



## 2. Numbers of children affected

- (i) *Notifiable Disease.* The numbers of cases notified to the Health Department during the year were :—

### Notifiable Diseases — 1963

Disease	5—9 years	10—14 years
Measles .. .. .	1,477	50
Rubella .. .. .	244	86
Scarlet Fever .. .. .	54	5
Pneumonia .. .. .	4	—
Acute Rheumatism .. .. .	2	1
Whooping Cough .. .. .	54	3
Dysentery .. .. .	12	3
Meningococcal Infections .. .. .	1	—
Food Poisoning .. .. .	1	—
Pulmonary Tuberculosis .. .. .	3	3
Other Forms Tuberculosis .. .. .	1	—

- (ii) *Contagious Skin Disease.* The numbers of pupils known to have suffered were as follows :—

Impetigo .. .. .	83
Scabies .. .. .	6
Ringworm — Scalp .. .. .	7
Body .. .. .	1

This represents a considerable fall from last year, although the same facilities for diagnosis and treatment of Skin disease were provided.

- (iii) *Venerably Acquired Infections.* The numbers of children of school age treated at the Newcastle General Hospital during the year were :—

BOYS — 1                      GIRLS — 2

- (iv) The numbers of injuries reported as taking place on School Premises during the year were : — 1515

## 3. Preventive Measures

- (i) *Poliomyelitis.* The numbers of pupils protected against Poliomyelitis were :—

	5—15 Years	Over 15 Years
Oral Polio Vaccine .. .. .	2,527	18

- (ii) *Diphtheria.* Pupils have been protected against Diphtheria as follows :—

	Primary	Booster
Diphtheria only .. .. .	16	1,735
Diphtheria and Tetanus .. .. .	860	1,274
Triple (Diphtheria, Whooping Cough and Tetanus) .. .. .	93	199

(iii) *Other Forms of Protection*

Tetanus	..	..	..	23
Yellow Fever	..	..	..	175

Towards the end of the year the scheme for protection of pupils against the more important infectious illnesses was reviewed and parents were asked to give a comprehensive consent for those forms of injection which are found from time to time to be required.

(iv) *Tuberculosis*

(a) *Tuberculin Testing*

	Age Groups		
	5 Years	10 Years	12 Years
Number of Parents to whom			
Circulars were sent .. ..	4,579	3,713	3,381
Number of Children for whom			
Consent was received .. ..	4,081	3,296	2,862
Number of Children Tested and			
Read .. .. .	3,412	2,850	2,288 ,
Grading of Reactions obtained :			
0	2,899	2,390	1,916
1	298	203	177
2	144	126	100
3	57	90	68
4	14	41	27

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

Pupils received B.C.G. Vaccination as follows :—

Numbers protected in :

Maintained Schools	..	..	2,022
Independent Schools	..	..	549

(c) *Periodic X-ray of Teaching Staff*

Number of Teaching Staff for whom an annual chest X-ray was arranged .. .. .	824
--	-----

(d) *X-ray of Teaching Staff on Appointment*

Number of X-ray examinations arranged for Teachers appointed to the staff .. .. .	206
---	-----

(v) *Injuries in Schools*

There are two ways in which the Service may contribute to the reduction of lasting disability arising out of injuries sustained in Schools.



The first is by improving the standard of initial treatment. For this purpose a standard First Aid Cabinet has been made available to all Schools, and a system evolved for the regular replacement of expendible items from it. This system is now working smoothly and from the indents it has been possible to deduce something of the numbers of injuries occurring in individual schools.

Recently, access has been obtained to the reports which Heads of School Departments make on each accident which occurs on school premises. These reports contain valuable information concerning the nature and causation of these occurrences from which it is hoped the Service will be able to contribute to their reduction.

#### **4. Health Education**

Quarterly Meetings with representatives of the Head Teachers were held throughout the year to discuss problems of Health Education in Schools. In May a Bulletin on Health Education was prepared for distribution, together with a hand list of leaflets, posters and films dealing with subjects in a way suitable for children of different ages. This material is available from the Health Department. Arising out of discussions, certain films on health topics were also added to the Film Library of the Education Department. The publication *Better Health* had formerly been distributed to Schools, but it was ascertained to have lapsed : arrangements were accordingly made for its redistribution.

The Health Department in the course of its publicity campaign selected four subjects for intensive treatment, each for a three month period. That concerning footwear was a particularly suitable subject for implementation in schools. A letter was prepared for distribution to parents of younger children during the Summer Term. During this period School Nurses, in the course of their Hygiene Inspections, paid particular attention to the footwear of children and issued the letter to each child inspected to take home. At the foot of the letter provision was made for comments of the Nurse on the child's footwear. Thus the approach became an individual one to each parent. Further details are given in Appendix A.



## APPENDIX A

### FOOTWEAR : An Exercise in Linked Projects

The distinctive feature of this exercise was a combination of three projects related in such a way as to afford an economical use of School Nursing Staff. The operations involved were School Hygiene Inspections, Mass Propaganda and a Survey of Footwear in School.

#### 1. Hygiene Inspections

These are among the most comprehensive and the most valuable of all Inspections undertaken in the School Health Service. The inspection includes an examination of the head for pediculosis and care of the hair, of the whole body for cleanliness, skin disease and visible physical defects, of clothing — its suitability, cleanliness, state of repair and adjustment. The inspections also provide an opportunity to follow-up defects noted in previous examinations. The examination of Footwear naturally forms part of the inspection.

#### 2. Propaganda

In the course of the inspections nurses normally advise individual children on a variety of matters concerned with their personal health. When, therefore, a campaign on Foot Health was undertaken by the Health Department, school nurses played their part by paying particular attention to footwear. However, important as it is to instil principles of health into the minds of children, it was felt that, in addition, a direct approach should be made to parents who are not present. Accordingly, a letter was prepared which might be given to each child examined to take home.

This letter was short, direct and simple, such as could be read with sustained interest in 2-3 minutes by a busy parent. General advice on footwear is difficult to give if controversial issues are to be avoided. This difficulty was overcome by restricting the issue of letters to children in Infant Departments, and confining the few remarks to those appropriate to children of that age. It was realised that the information being imparted was not necessarily new to the parent, but in the nature of a reminder. It must therefore have impact and to this end was made personal by appending a comment by the nurse herself on the shoes which the child was wearing in school on that day. The actual text of the letter was as follows :—

“Today nurse visited your child's school for the usual Hygiene Inspection, and I have asked her to pay particular attention to children's footwear. At the foot of this note you will find any comments which occur to her on the shoes your child is wearing. I hope they will be helpful.



Talking of shoes, might I remind you of just four points which are frequently forgotten :

1. Check the fit of your child's shoes frequently. It is surprising how quickly the foot of a five-year old grows, and shoes still in good condition have to be replaced or toes will become crooked.
2. A plain leather lace-up shoe is still the best for outdoor wear and, when you take your child to the shop to buy new shoes, see that his/her foot is measured and that the heel grips firmly.
3. At home shoes with heels are more comfortable and help to maintain a good arch.
4. In wet weather Wellington's are useful, but should be changed on reaching school."

### 3. Survey of Footwear

The aim of this project was to crystallise general impressions so that School Nurses may have a more precise and up to date knowledge of present trends in footwear, and speak with greater confidence when occasion arises for them to do so. At the end of each inspection the type of footwear was recorded on a prepared form, together with certain specific defects. A total of 2,286 children were reported on as follows :—

#### A. TYPES OF FOOTWEAR : These were classified as :—

Lace-up .. .. .	630	or 37.7%
Sandals .. .. .	1,092	„ 48.0%
Wellington's .. .. .	33	„ 0.9%
Other Types .. .. .	531	„ 23.4%

Some nurses further analysed specific types under the heading of 'Other.'

They were :—

Shoes with strap and button	125
Sandshoes .. .. .	138
Boots .. .. .	12
Loose-fitting Shoes .. .. .	5
Surgical Boots .. .. .	1
Baseball Boots .. .. .	1

Sandals were further divided into :—

(i) Leather .. .. .	886
(ii) Plastic .. .. .	206

#### B. DEFECTS : These were specified on the Return sheet as :—

	Children	%
Shoes too Short .. .. .	50	2.2
Shoes too Tight .. .. .	31	1.3
Nail in Shoe .. .. .	—	—
Heels worn down .. .. .	197	8.6
Other .. .. .	32	1.3

The extent to which these defects occurred in shoes of different types was as follows :—

<i>Type</i>			<i>No.</i>	
			<i>Unsatisfactory</i>	<i>%</i>
Lace-up	..	..	137	21.7
Sandals	..	..	119	10.9
Wellington's	..	..	11	33.3
Other	..	..	43	8.0

Detailed analysis of the Returns under Section B was :—

<i>Type</i>		<i>Shoes too Short</i>	<i>Shoes too Tight</i>	<i>Nail in Sole</i>	<i>Nail in Heel</i>	<i>Worn Heels</i>	<i>Other</i>
Lace-up	..	15	5	—	—	101	15
Sandals	..	27	21	—	—	62	9
Wellington's	..	—	—	—	—	7	4
Other	..	7	5	—	—	27	4

A copy of the above findings was given to each nurse for study and a meeting subsequently arranged at which they had an opportunity to discuss them and share their personal experiences. In the course of discussion a number of interesting points were raised notably in connection with the use of plastic materials in Footwear.



The results of the present study are in line with those of other workers who have found that the rate of growth of the embryo is not directly proportional to the rate of growth of the parent plant. It is suggested that the rate of growth of the embryo is determined by the rate of growth of the parent plant, but that the rate of growth of the parent plant is not directly proportional to the rate of growth of the embryo.

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Rate of growth of parent plant	Rate of growth of embryo
1.0	0.5
2.0	1.0
3.0	1.5
4.0	2.0
5.0	2.5
6.0	3.0
7.0	3.5
8.0	4.0
9.0	4.5
10.0	5.0

