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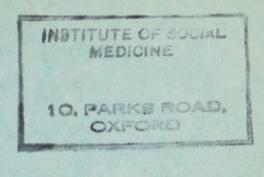
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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

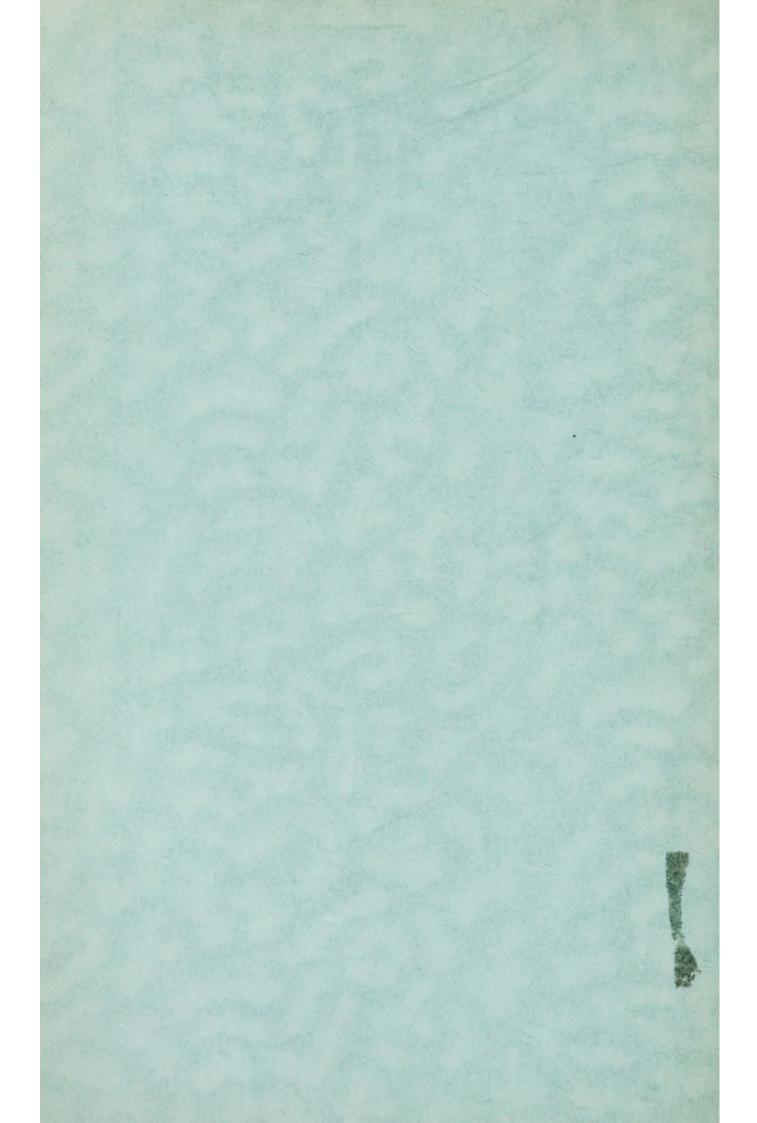
ANNUAL REPORT

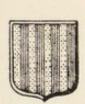
of the

SCHOOL MEDICAL OFFICER

for the

YEAR 1948





INSTITUTE OF SOCIAL MEDICINE

10. PARKS ROAD, OXFORD

COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

for the

YEAR 1948

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COUNTY OF NORTHUMBERLAND.

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1948.

To the Chairman and Members of the Northumberland Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service for 1948. I am again indebted to Dr. Pierce who has been largely responsible for the preparation of the greater part of the report.

With the introduction of the National Health Service during the year, hospital treatment became freely available to all children and the Education Authority, in consequence, were relieved of financial responsibility for this. The Minister of Health became responsible for the provision of hospital and specialist services, including the attendance of a specialist at any clinics arranged by the Education Authority which fitted into the overall plan of the Regional Hospital Boards. In the County the Board agreed to be responsible for the specialist services at the special skin clinic and all the orthopaedic clinics which this Authority had maintained prior to July, 1948. The change-over was carried out smoothly and the clinics continued with success throughout the year. The transfer of responsibility for hospital treatment reduced such control as the School Health Service had over the admission of pupils, but few difficulties arose in this connection. It should be noted, however, that information about the treatment of school children in hospital which had hitherto been made available to me and entered in each child's medical records was not always so available after July, though it is hoped that this difficulty may be largely overcome in the near future.

Under the new arrangements, part of the responsibility of the Authority was taken over by a second body. The Executive Council became responsible for the testing of eyesight and the provision of spectacles. The arrangements made for the examination of school children's eyes were allowed to continue, the Authority paying the ophthalmologist and receiving a payment from the Executive Council for each child tested. These arrangements were made under the Supplementary Ophthalmic Services, through which the Executive Council also provided the spectacles. The great demand from the adult population for spectacles resulted in considerable delays for all members of the community, including school children, owing to difficulties in the manufacture of lenses. In some instances a child's eyesight might be adversely affected to an appreciable degree by such delays and the question of evolving some priority for such cases needed consideration.

The other effect of the introduction of the National Health Service was not generally expected. The enormous response to the scheme for dental treatment under the Act resulted in a very considerable disparity between the salary of the School Dentists and the income of their colleagues in general dental practice. All over the country there was a drift from the dental side of the School Health Service and the effect was felt in Northumberland as elsewhere. Three dentists left the staff and it proved impossible to replace them. If the valuable work of the School Dentists over the past years is to be maintained, some adjustments must be made to maintain recruitment and in this connection it may be noted that the Education Authority later agreed to a temporary increase in the dentists' salaries.

The report indicates that despite difficulties the School Health Service was maintained satisfactorily during the year, and that there were considerable extensions of the work in many instances. The number of children receiving orthopaedic treatment again nearly doubled; twice as many children were treated by speech therapy as in 1947; seven hundred more pupils had their eyesight examined. Many more handicapped pupils were examined than in the previous year, and twice as many children were subsequently referred for child guidance. These facts indicate the increased volume of work carried out by the Department. The benefit to the school children of the treatment arranged is a measure of the value of the service.

The lack of accommodation in special schools continues to prove a matter of considerable concern, and a large number of children who had been recommended for education in special schools owing to their physical or mental handicaps had to continue in their ordinary attendance at school.

My Department assisted during the year in an investigation into the incidence of dental caries started by the Ministry of Education. The findings which are of considerable interest showed that the County approximates to the national level in this respect. The value of the continued work of the dentists is shown by the increase in the percentage of children found to be dentally fit above the record high level of 1947. This is well shown by the graph on page 24. A further matter of interest is the rapid increase in the use of general anaesthesia in the dental service, an advance which is shown by the graph on page 27.

The report again makes it clear that about ten per cent. of the school population have lice or nits in their hair. The figures show that this level is being maintained, and that it is higher than it was before the war. There does not seem to have been any marked deterioration in the home conditions of the County school children, and indeed economic circumstances have improved for them in many instances compared with the pre-war years. Some large part of the recorded increase is probably due to greater attention given to this condition by the Health Visitors during and after the war. It does seem, however, that the possibilities for re-infestation in the home have increased and that lousiness of the hair is disregarded by a large number of adolescent and adult women. A recent Ministry of Health investigation shows that generally infestation is less severe than in 1940, but that improvement is less marked for children from the ages of 9-18 years and in adult women. This is an unpleasant dirty condition which is preventable. The D.D.T. preparations in school are of great value, but as long as the school child can be re-infested at home little permanent progress can be made. A great effort is needed to improve conditions in the general population.

The staff of the Department worked wholeheartedly during the year for the success of the service, and I would record my great appreciation of the help I have received from Dr. Pierce, Mr. Robinson and Miss Graham. I would also express the thanks of the Department to the Committee and the Director of Education for their support throughout the year.

> I am, Mr. Chairman, Ladies and Gentlemen, Your obedient Servant,

> > JOHN B. TILLEY, School Medical Officer.

COUNTY HALL, NEWCASTLE UPON TYNE, 1. 16th August, 1949.

STAFF.

County School M	edical Officer		JOHN B. TILLEY, M.D., B.Hy., D.P.H.
Deputy County 8	school Medica	d Office	er WILLIAM J. PIERCE, M.B., Ch.B., D.P.H.
Assistant County	School Medica	al Office	ar WILLIAM W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.
	Do.		MARY W. DEWELL, M.B., B.S.
	Do.		EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
	Do.		†ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
	Do.		ANNA M. REID, M.B., Ch.B., D.P.H.
	Do.		*ALFRED G. NEWELL, M.D., C.M., L.M., D.P.H.
Ophthalmologist		222	*HENRY H. AITCHISON, M.R.C.S.
Do.			*JOSEPH D. MILNE, L.R.C.P., L.R.C.S., D.O.M.S.
Do.			*ARTHUR T. PATERSON, M.D., F.R.C.S.
Do.			*ROLAND J. S. SMITH, F.R.C.S.
Consultant Derm	atologist		*SYDNEY THOMPSON, M.D.
Orthopaedic Surg	eon		*WILLIAM MACKENZIE, M.D., F.R.C.S.
Aural Surgeon			*JOHN I. MUNRO BLACK, M.D., M.S., F.R.C.S.
Speech Therapist			*MURIEL E. MORLEY, F.C.S.T.
County Superinte	ndent Health	Visito	r ANN A. GRAHAM, S.R.N., S.C.M.
Senior County De	ntal Officer		ARNOLD E. ROBINSON, L.D.S.
County Dental Of	ficer		CATHERINE M. ANDERSON, L.D.S.
Do.			OSWALD S. BENNETT, L.D.S.
Do.		***	JAMES K. CHRISTIE, L.D.S.
Do.			FREDERICK J. GILBERTSON, L.D.S.
Do.		***	THOMAS A. IRELAND, L.D.S.
Do.	***	***	WILLIAM J. IRVINE, L.D.S.
Do.	***	***	MARGARET I. LAMB, L.D.S.
Do.	***		MARION J. MICKLER, L.D.S. (Appointed 1st December, 1948).
Do.			WALTER P. NEILSON, L.D.S.
Do.			ERNEST L. PICKERING, L.D.S. (Appointed 1st November, 1948).
Do.			ERNEST M. PICKERING, L.D.S.
Do.			WILLIAM ROBSON, L.D.S.
Do.			ROLAND M. SMITHSON, B.D.S.
Do.			JOHN STEWART, L.D.S.
Do.			KENNETH WAKE, L.D.S.
Do.	***	***	JOAN WEYMAN, B.D.S.
Wallsend Division	al Executive-	_	
School Medical	Officer		OSWALD H. SIUNG, B.Sc., M.B., Ch.B., D.P.H.
Assistant Schoo	l Medical Of	ficer	†ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.

^{*} Part-time.

[†] One-fifth of time allocated to County, four-fifths of time allocated to Wallsend.

SCHOOL MEDICAL INSPECTION.

The age groups of children medically inspected were in accordance with the requirements of the Ministry of Education, viz.:—

- Upon admission to a Primary School—at the age of 5 years;
- (2) In the last year of attendance in the Junior School at the age of 10 years;
- (3) In the final year at the Modern Secondary School at the age of 14 years; and at the Grammar School at the age of 15 years.

The number of children examined at periodic medical nspection in the age groups mentioned above, together with those examined at other periodic inspections, was 16,896, an increase of 3,498 compared with the previous year. In addition, 21,883 children were examined as special cases or re-examined on account of a defect having been noted at the previous medical inspection; this number shows an increase of 1,416 when compared with last year's total of 20,467.

The number of parents who attended on the day arranged for the medical inspection of their children was very satisfactory, the percentage being 64.1, a slight increase compared with 63.8 in the previous year.

THE FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

Independent of the periodic medical inspection, the Health Visitors carried out at least three examinations during the year of all the children attending school without previous notice being given to ascertain their condition as regards infestation with vermin. The total examinations for this purpose were 121,086 and concerned 52,007 children. The number of individual children who were found to be infested with either vermin or nits of the scalp was 5,138, which gives a percentage of 9.8, a slight decrease compared with the previous year when the figure was 10.5.

The percentage of uncleanliness is still high and remains well above the pre-war level, as is shown by the following table:—

Year.	Percentage.	Year.	Percentage.
1936	5.6	1943	10.6
1937	5.8	1944	10.8
1938	6.1	1945	9.9
1939	8.6	1946	10.9
1940	6.2	1947	10.5
1941	6.6	1948	9.8
1942	9.4		

The Health Visitors continue to use a lethane preparation and D.D.T. emulsion preparations in the course of their work to eradicate this condition.

Ringworm.

One hundred and twenty-two children were found to be suffering from ringworm, compared with 146 in 1947.

Scabies.

The treatment of scabies by benzyl benzoate has enabled children suffering from this infestation to return to school much more quickly than in the past. This method of treatment has played a considerable part in the reduction of the incidence of the disease, though other factors are involved. The reduction is shown by the following table:—

Year.	Number of cases.
1942	1,837
1943	1,299
1944	988
1945	884
1946	594
1947	342
1948	217

Impetigo.

The total of 358 cases of impetigo in 1948 was 29 less than in 1947. There was a steady decline from 1942 to 1946 in the numbers of these cases. No simple explanation can be given for the large increase in the number of cases in 1947, but it is to be hoped that the year under review showed the beginning of a progressive decline.

Tonsils and Adenoids.

One hundred and thirty-one children had chronic tonsillitis, 17 were suffering from adenoids and 398 from both defects. All these children required treatment. Five hundred and ninety-five children with enlarged tonsils, 25 with adenoids and 434 with both defects were referred for further observation. The percentage of children suffering from these conditions was 10.6 compared with 9.1 during the previous year.

Ear Diseases.

Seventy-three pupils suffering from otitis media were referred for treatment and 82 for observation. Fifty-one children required treatment for defective hearing and 124 were kept under observation. The percentage of 2.1 shows an increase compared with 1.5 in the previous year.

External Eye Diseases.

Eighty-six children found to have external eye diseases were referred for treatment and 68 for observation. The percentage of 1 is identical with that of the previous year.

Vision.

Nine hundred and thirteen children required treatment for visual defects, while 737 were kept under observation. One hundred and seventy-eight children with squint were referred for treatment and 220 for observation. The percentage suffering from visual defects was 13.5, a slight increase compared with 12.5 in the previous year.

Tuberculosis.

In the course of periodic medical inspection, eight children were referred for treatment for definite pulmonary tuberculosis, 23 for suspected pulmonary tuberculosis and there were nine non-pulmonary cases. The following children were kept under observation:—

11 on account of definite pulmonary tuberculosis;

21 on account of suspected pulmonary tuberculosis;

89 on account of non-pulmonary tuberculosis.

The percentage of cases of definite pulmonary tuberculosis was higher than in 1947, being 0.12 compared with 0.05. The percentage in respect of suspected pulmonary tuberculosis was slightly higher, being 0.3 compared with 0.2 last year. The percentage of cases of non-pulmonary tuberculosis was also higher, being 0.6 as against 0.2 in 1947.

MEDICAL TREATMENT.

During the first six months of 1948, the medical treatment of school children was carried out under the provisions of the Education Act, 1944, and the Local Education Authority was responsible for the provision of comprehensive free medical treatment for all children attending schools maintained by the Authority.

On 5th July the National Health Service came into force and, under this Act, the provision of free hospital treatment became the responsibility of the Minister of Health acting through Regional Hospital Boards and Boards of Governors of teaching hospitals, while free domiciliary treatment became universally available through the general practitioners in contract with the Executive Councils.

Under the new arrangements, the Newcastle upon Tyne Regional Hospital Board accepted responsibility for the provision of specialists at all the orthopaedic clinics and the skin clinic arranged by the Education Authority.

SKIN DISEASES.

The County School Skin Clinic was held at Gosforth as in the previous year and was attended by Dr. Sydney Thompson, the Consultant Dermatologist of the Royal Victoria Infirmary, Newcastle upon Tyne. School children from all parts of the County attended this Clinic, although the number of children from the more remote Northern and Western parts of the County was very small. The total number of children seen by Dr. Thompson was 204. The following list enumerates the types of skin conditions which were seen at the Clinic:—

Ringworm				30
Dermatitis	***			1
Seborrhoea Dermatit	tis			7
Seborrhoea of Scalp				1
Urticaria Papulosa				3
Naevus				4
Naevus Linea				2
Naevus Pigmentosus				1
Stellate Naevus				1
Alopecia Areata				2
Psoriasis				5
Scabies				1
Xeroderma				2
Pityriasis Rosea				1
Plantar Warts				2
Eczema				16
Acne Vulgaris				6
Tinea Circinata	***			4
Impetigo of Scalp	***			2
Voummone		- 1		16
Mole		***		2
Other Skin Conditio	ne.	***	***	9
Other Skill Collettio	113			0

The number of children was less than in the previous year and this was mainly due to the diminution of the cases of ringworm; only 30 children were referred in 1948 compared with 64 children in 1947.

Neither the Royal Victoria Infirmary nor the Newcastle General Hospital had X-ray apparatus available for the general treatment of County school children suffering from ringworm of the scalp, but it was possible to arrange for 11 County children and 5 Wallsend children to attend the consulting rooms of Dr. Donald Ramage for X-ray epilation of the scalp hair.

One County child, who was awaiting admission to the Newcastle General Hospital for the investigation of another condition, received X-ray treatment at that Hospital so that her admission to Hospital could be expedited.

It is satisfactory to report that only three children with scabies and impetigo were referred to Dr. Thompson. The Clinic continued to be of the greatest value to the School Health Service.

OPHTHALMIC TREATMENT.

Children found to have defects of vision or other eye conditions at school medical inspection, or brought to the notice of the doctor by the parents or teachers, were referred to the Ophthalmic Clinics which were held in the County. During the year under review Clinics were held at Alnwick, Amble, Ashington, Backworth, Belford, Berwick, Blyth, Choppington, Cramlington, Dudley, Forest Hall, Gosforth, Haltwhistle, Hexham, Monkseaton, Morpeth, Newburn, Otterburn, Ponteland, Prudhoe, Rothbury, Seahouses, Seaton Burn, Seaton Delaval, Seghill, Shiremoor, Wallsend, Whitley Bay and Wooler.

Prior to 5th July, the Education Authority was financially responsible for the conduct of these clinics including the attendance of the ophthalmologists, all of whom hold specialist appointments in Eye Hospitals or the Eye Departments of teaching hospitals. On the introduction of the National Health Service, however, arrangements for refraction and the provision of spectacles were undertaken as part of the Supplementary Ophthalmic Services. In consequence, the Northumberland Executive Council became responsible for the provision of spectacles, but the Education Authority continued to pay sessional fees to the ophthalmologists, receiving a fee from the Executive Council in respect of each child refracted.

The number of children examined was 2,950; of these 2,922 were refracted for defects of vision. Spectacles were prescribed in the case of 2,161 children. In common with the rest of the population, great difficulty has been experienced in obtaining spectacles; of the 2,161 prescribed, only 1,604 children had obtained their spectacles by the end of the year as far as could be ascertained. This gives a percentage of 74.2 spectacles supplied compared with 96% last year. The Clinic for the North of the County at Berwick is attended by Dr. R. J. S. Smith from Edinburgh

Royal Infirmary, but there are only three ophthalmologists from the Newcastle hospitals who are able to visit the other County Clinics and it is difficult for them to cover the whole County including Wallsend. Unfortunately, the list of children awaiting refraction is a very long one.

The Ministers of Health and Education have decided that the Ophthalmic work carried out at School Ophthalmic Clinics should be transferred eventually to the Regional Hospital Board and incorporated in the Hospital and Specialist Services, but, pending this transfer, the Education Authority will continue to arrange the Clinics.

Orthoptic Treatment.

The arrangement with the Newcastle Eye Hospital whereby children suffering from squint and other eye defects attend the Hospital for treatment was continued. Children suffering from squint are given orthoptic treatment at the Eye Hospital and, if this is not found successful, operative treatment is undertaken. The number of children who received orthoptic treatment up to the 5th July was 225 and for this treatment they made 1,020 attendances. Unfortunately, it is not possible to give the figures for the whole year nor to state the number of pupils who had operative treatment.

DISEASES OF THE EAR, NOSE AND THROAT.

In the first half of the year children, who at school medical inspection were found to have defects of the throat, nose or ear which required operative treatment, were referred through the School Health Service to the various hospitals and arrangements were made for these children to be admitted direct for this treatment. In many cases children were referred for a Consultant's opinion before treatment was undertaken. With the introduction of the National Health Service Act, the Hospital Authorities requested that children should first be referred for examination by a Con-If he recommended operative treatment, the names of the children would be placed on the waiting list at the Hospital and subsequent arrangements for their admission made by the Hospital Authorities. It was possible, however, to arrange for the children on the direct admission waiting list to be admitted for treatment in accordance with the arrangements operative prior to the 5th July.

The number of school children, referred from all sources, who received operative treatment was 1,204. This treatment was carried out at the following Hospitals:—

Hospital.	imber of perations.
Hospital for Sick Children (Fleming Memorial)	 312
Thomas Knight Memorial Hospital, Blyth	 71
Throat, Nose and Ear Hospital, Newcastle	 565
War Memorial Hospital, Haltwhistle	 18
War Memorial Hospital, Hexham	 100
Sir G. B. Hunter Memorial Hospital, Wallsend	 112
Tynemouth Victoria Jubilee Infirmary	 13
Newcastle Royal Victoria Infirmary	 9
Hexham General Hospital	 4
Total	 1,204

In view of the new procedure regarding hospital treatment, the School Health Service is unable to exercise control over operative treatment as formerly, but it is known that the children are still admitted for at least one night prior to the operation and retained for not less than two nights following the operation and longer if the Surgeon considers it necessary.

Twenty-seven children received operative treatment for mastoid disease, 25 for otitis media and 48 for other pathological conditions of the ear, nose or throat.

ORTHOPAEDICS.

The work of the Orthopaedic Service was considerably increased in the year under review. Orthopaedic Clinics were held at Alnwick, Ashington, Blyth, Cramlington, Gosforth, Hexham, Morpeth, Newburn, Prudhoe, Rothbury, Shiremoor, Tweedmouth and Wallsend. The total number of children who attended the Orthopaedic Clinics was 1,722. The Orthopaedic Surgeon examined 473 new cases compared with 272 in 1947. This very marked increase in the work was matched by the total number of children examined during the year which increased to 1,701 compared with 936 in the previous year. The increase in the work during 1948 was even greater than in 1947, due to a large extent to the continued employment of a second Physiotherapist, who was able to attend additional sessions at Gosforth and extend the scope of other Clinics in the South of the County.

The following table shows the number of sessions devoted to Consultation and Treatment and the number of attendances made by school children:—

			ber of ions:	Number of new cases	Total number
Clinic.		Ortho-	Ortho-	examined	of
		paedic	paedic	by Ortho- a	ttendances
		Surgeon	Sister	paedic	by
		for con-		Surgeon.	patients.
		sultation.	ment.		
Alnwick		10	34	40	364
Ashington	٠	11	32	81	961
Blyth		11	32	33	438
Cramlington		4	11	6 -	34
Gosforth		13	28	64	514
Hexham		10 -	33	57	579
Morpeth		6	13	14	137
Newburn		5	14	31	181
Prudhoe		6	14	31	273
Rothbury		4	6	10	102
Shiremoor		8	13	29	214
Tweedmouth		6	16	19	186
Wallsend		10	32	58	1,003
		104	278	473	4,986
		Statement	Name and Address of the Owner, where the Owner, which is the Ow	-	-

In-patient treatment in the first half of the year was the entire responsibility of the Education Committee and this was carried out at the W. J. Sanderson Orthopaedic Hospital for Children at Gosforth. In the second half of the year, the children were admitted as previously but the financial responsibility was undertaken by the Regional Hospital Board, the Education Committee being responsible for the educational side of this Residential Special School. During the year 45 children were admitted and 43 discharged and there remained in hospital at the end of the year 25 County school children. One boy from Tweedmouth received treatment in the Princess Margaret Rose Hospital for Crippled Children, Edinburgh.

ULTRA VIOLET LIGHT THERAPY.

Ultra Violet Light treatment was available at various Clinics in the County and the record of the number of attendances for treatment showed an increase of more than 2,000

when compared with the previous year's total of 3,707. Details of the attendances are given in the following table:—

Clinic	s.		A	ttendances
Ashington		 		843
T3 - 111		 ***	***	990
Blyth		 		410
Dudley		 		519
Forest Hall		 		1,072
Gosforth		 		240
Seaton Dela	val	 		421
Throckley		 		. 379
Shiremoor		 		763
Whitley Bay	7	 		132
				5,769

The increase in the numbers of cases referred for this type of treatment necessitates a careful assessment of its value. A survey of the results of treatment must be made before any further expansion is undertaken.

SPEECH THERAPY.

The facilities for the treatment of children suffering from defects of speech available at the Royal Victoria Infirmary and the Hospital for Sick Children (Fleming Memorial), Newcastle, still proved inadequate for children resident in the Northern and Western parts of the County and Speech Clinics were, therefore, continued at Alnwick and Hexham for one half-day session each week. These Clinics were attended by Miss M. E. Morley, F.C.S.T., who is in charge of the Speech Clinics at the Royal Victoria Infirmary and Fleming Memorial Hospital.

It is satisfactory to report that there was a marked increase in the number of children who received treatment for speech defects during the year. In 1947 treatment was received by only 63 children, but 115 were treated during the year under review. Of these, 20 were treated at the Alnwick Clinic and made 316 attendances, while 25 were treated at the Hexham Clinic and made 308 attendances. Fifty-four County children and 16 Wallsend children received treatment at the Fleming Memorial Hospital. The results of speech therapy are so satisfactory that it is a pity that more time cannot be devoted to this therapeutic measure. It is suggested, however, that, in the near future, a whole-time speech therapist may be appointed to the School Health Service.

HOSPITAL TREATMENT.

Until 5th July, when the Regional Hospital Board undertook the management of the Hospitals, the Education Committee continued the arrangements for the treatment of school children in hospital under Section 48 (3) of the Education Act, 1944. The Hospitals co-operating in the scheme were:—

Alnwick Infirmary.
Ashington Hospital.
Berwick Infirmary.
Blyth, Thomas Knight Memorial Hospital.
Haltwhistle and District War Memorial Hospital.
Hexham War Memorial Hospital.
Morpeth Cottage Hospital.
Newcastle Eye Hospital.
Newcastle Royal Victoria Infirmary.
Newcastle Throat, Nose and Ear Hospital.
Hospital for Sick Children (Fleming Memorial), Newcastle.
Tynemouth Victoria Jubilee Infirmary.
Wallsend, Sir G. B. Hunter Memorial Hospital.

The Education Committee also accepted financial responsibility for children undergoing treatment in the Newcastle General Hospital, Hexham General Hospital and Shotley Bridge Hospital. At that time, school children admitted to hospital became the financial responsibility of the Education Committee and a reciprocal arrangement was made with other Education Authorities in the Northern part of the country for the hospital treatment of school children. After 5th July all this treatment was undertaken by the Regional Hospital Board and children were admitted direct to hospital under arrangements made by their own private doctors. Children were also referred to hospital through the School Health Service and the arrangement whereby children were referred from school medical inspection or school clinics to hospital has worked satisfactorily. When the Education Committee was financially responsible for the cost of school children's treatment, certain hospital authorities rendered returns to the Central Office, while others stated in their accounts the full details of treatment given, so that this information could be extracted and entered on the medical record cards of the children concerned.

These records were of service in compiling statistics and it is hoped that the various Hospital Management Committees will be able to continue to supply similar information to the School Health Service.

Appended hereunder is a table giving details of the medical treatment of school children carried out in the first half of the year under the provisions of the Education Act of 1944.

Details of the defects treated are shown in the following table:—

	MEDICAL TREATMENT OF SCHOOL CHILDREN UNDER SECTION 48 (3), EDUCATION ACT, 1944 (During the period from the 1st January to the 4th July, 1948).	Throat, etc.) itis, etc.) itis, etc.) tism,	(Squint) otti, fetc.), Tonsils, Cervical Lungs Asthma Pulm. Pulm. Pulm. Pulm. Pulm. Pulm. Pulm. Actronal Actron	8	- 8 74 27 - 2 2 41	- 20 164 3 - - 3 - 1	13 22 9 8 — 6 4 6 29	13 310		11.		255 71 812 47 — 8 11 15 211	
Afring uring skin. Skin. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MENT		Skin.	-	10	4	00	03 10	1-	1	111	35	1

HANDICAPPED PUPILS.

The ascertainment of handicapped children, in accordance with the Education Act, 1944, was continued as in 1947.

Officer by school teachers, health visitors and school attendance officers, and it is the duty of the School Medical Officer on receiving such intimation to arrange for the child to be medically examined and the cause of handicap ascertained, providing that the child has attained the age of two years.

The categories of handicapped pupils as determined by the Minister of Education were fully described in the Annual Report for 1946 and remain unchanged.

The Assistant School Medical Officers may examine these children in school, but more often the examinations are carried out at the child's home since many are unable to attend an ordinary school. Handicapped pupils who require special educational treatment are, in the majority of cases, recommended for admission to Residential or Day Special Schools. It is to be regretted that the inadequacy of vacancies in this type of school still remains. The Assistant School Medical Officer's interview with the parents at the time of the examination often raises the hope that the child will be placed in a Special School and the parents are naturally disappointed when it is found that the recommendations cannot be implemented. One of the results of this scarcity of vacancies is that many such children attend ordinary schools where they receive sympathetic treatment from the teaching staff, but this does not compensate for the better facilities provided at Special Schools. There are no Special Schools in this County, except the W. J. Sanderson Orthopaedic Hospital School to which children with orthopaedic defects requiring in-patient treatment are admitted.

The number of handicapped pupils maintained in Special Schools at some time during the year 1948 is given below :—

Special School.	Boys.	Girls.
W. J. Sanderson Orthopaedic Hospital School,	28	40
Newcastle	20	40
and Dumb, Newcastle	14	16
Royal Victoria School for the Blind, Newcastle St. John's Institution for the Deaf and Dumb,	1	4
Boston Spa	1	2
Yorkshire School for the Blind, York	1	+
Carried forward	45	62

Brought forward 45 62 Preston School for the Partially-sighted, Preston	Special School.	Boys.	Girls.
Sunshine House, Haydon Bridge	Brought forward	45	62
Sunshine House, Haydon Bridge 1 — Royal Eastern Counties Institution for the Mentally Defective 2 — Besford Court Mental Welfare Hospital, Besford 4 — Beacon Residential School, Lichfield 2 — National Children's Home and Orphanage, Chipping Norton 1 — Wolsingham Hostel for Maladjusted Children, Durham 1 — Dinsdale Park Special School, Durham 1 — Bradstock Lockett Hospital School, Southport — 1 Etherington Hall Special School, Tunbridge Wells	Preston School for the Partially-sighted, Preston	2	_
Mentally Defective	Sunshine House, Haydon Bridge	1	-
Besford	Royal Eastern Counties Institution for the Mentally Defective	2	-
Beacon Residential School, Lichfield 1 — Epileptic Colony, Lingfield 2 — National Children's Home and Orphanage, Chipping Norton 1 — Wolsingham Hostel for Maladjusted Children, Durham 1 — Dinsdale Park Special School, Durham 1 — Bradstock Lockett Hospital School, Southport — 1 Etherington Hall Special School, Tunbridge Wells — 1 Liverpool Open Air Hospital for Children, Leasowe 1 — Stanmore Cripples' Training College, Stanmore 1 — Pontville R.C. Special School, Ormskirk, Lancs 1 —	Besford Court Mental Welfare Hospital,		
Epileptic Colony, Lingfield			-
National Children's Home and Orphanage, Chipping Norton		1	-
Chipping Norton	Epileptic Colony, Lingfield	2	-
Wolsingham Hostel for Maladjusted Children, Durham	National Children's Home and Orphanage, Chipping Norton	1	_
Dinsdale Park Special School, Durham 1 — Bradstock Lockett Hospital School, Southport — 1 Etherington Hall Special School, Tunbridge Wells — 1 Liverpool Open Air Hospital for Children, Leasowe 1 — Stanmore Cripples' Training College, Stanmore 1 — Pontville R.C. Special School, Ormskirk, Lancs 1 —	Wolsingham Hostel for Maladjusted Children,		
Bradstock Lockett Hospital School, Southport – 1 Etherington Hall Special School, Tunbridge Wells – 1 Liverpool Open Air Hospital for Children, Leasowe 1 – Stanmore Cripples' Training College, Stanmore 1 – Pontville R.C. Special School, Ormskirk, Lancs 1 –	Durham	1	-
Etherington Hall Special School, Tunbridge Wells 1 Liverpool Open Air Hospital for Children, Leasowe 1 - Stanmore Cripples' Training College, Stanmore 1 - Pontville R.C. Special School, Ormskirk, Lancs 1 -	Dinsdale Park Special School, Durham	1	-
Etherington Hall Special School, Tunbridge Wells 1 Liverpool Open Air Hospital for Children, Leasowe 1 - Stanmore Cripples' Training College, Stanmore 1 - Pontville R.C. Special School, Ormskirk, Lancs 1 -	Bradstock Lockett Hospital School, Southport	-	1
Liverpool Open Air Hospital for Children, Leasowe 1 Stanmore Cripples' Training College, Stanmore 1 Pontville R.C. Special School, Ormskirk, Lancs 1	Etherington Hall Special School, Tunbridge	-	1
Stanmore Cripples' Training College, Stanmore Pontville R.C. Special School, Ormskirk, Lancs 1 -	Liverpool Open Air Hospital for Children,		
Pontville R.C. Special School, Ormskirk, Lancs 1 -	Leasowe	1	
Lancs 1 -	Stanmore Cripples' Training College, Stanmore	1	
C4 Vincent's Outhernalis Henrital Dinner		1	-
St. vincent's Orthopaedic Hospital, Pinner 1	St. Vincent's Orthopaedic Hospital, Pinner	-	1
St. John's Open Air School, Chigwell 1 -	St. John's Open Air School, Chigwell	1	-
T-1-1	T-4-1	0.1	0.5
Total 64 65	Total	04	69

Two hundred and twenty ascertainments were carried out by the Assistant School Medical Officers during the year 1948 compared with 129 in 1947. Details of the number of children placed in each category are as follows:—

	Category.		*	Number of Children.
(a)	Blind			 1
(b)	Partially Sighted			 4
(c)	Deaf			 8
(d)	Partially Deaf			 2
(e)	Delicate			 4
(f)	Diabetic			 1
(g)	Educationally Sub-ne	ormal		 173
(h)	Epileptic			 1
(i)	Maladjusted			 5
(j)	Physically Handicap	ped		 8
(k)	Defective Speech			 -

There were also thirteen children found to have dual handicaps as stated below:—

C

umber of hildren.	Categories.
1	Blind and Physically Handicapped.
1	Partially Deaf and Partially Sighted.
1	Educationally Sub-normal and Partially Deaf.
1	Educationally Sub-normal and Epileptic.
6	Educationally Sub-normal and Physically Handicapped.
3	Educationally Sub-normal and Defective Speech.

CHILD GUIDANCE.

The treatment of children having behaviour difficulties or maladjustment was continued at the Sunderland Child Guidance Centre and there was a marked increase in the numbers.

Thirty-five children were referred to the Centre during the year, compared with 19 in 1947, but, owing to the waiting list and the area which this Centre serves, it was possible for only 20 County children and 7 Wallsend children to receive treatment.

In many cases the cause of the maladjustment and difficult behaviour is attributable to home circumstances and broken relationships between the parents which cannot be easily rectified by a Psychiatrist or Psychiatric Social Worker, a change of influence and environment being fundamental to a complete cure. Parents are encouraged to accompany their children to the Centre so that they may supply the information regarding home conditions which is required by the Psychiatrist and receive advice where necessary. The results of treatment at the Child Guidance Centre were most gratifying, particularly in respect of children suffering from enuresis.

Several boys who had been brought before the Juvenile Court and remanded to the Southgate Remand Home at Morpeth pending a Psychiatrist's report were examined by Dr. R. E. Illingworth at the Morpeth Cottage Hospital. This is a most convenient arrangement as it expedites the examination and eliminates the long and rather tedious journey to Sunderland. Dr. Illingworth does not undertake at Morpeth the psychiatric treatment of schoolchildren, so, if this treatment is required, he recommends that the children concerned should attend the Sunderland Child Guidance Centre.

MINOR AILMENTS.

Clinics were held at Alnwick, Ashington, Blyth, Cramlington, Dudley, Forest Hall, Gosforth, Guide Post, Halt-whistle, Hexham and Morpeth during the year under review.

The Assistant School Medical Officers visited these Clinics at fixed intervals for consultation, but the main treatment was carried out by the Health Visitors who were in attendance much more frequently. At the larger Clinics at Blyth and Gosforth the Health Visitors attended each morning of the week. The total attendances showed a decrease on the previous year and this may be due in some measure to the fact that treatment can now be obtained elsewhere under the National Health Service Act, 1946, and many parents prefer to visit the nearest Hospital. The Clinics serve a very useful purpose as through them a contact can be maintained between Assistant School Medical Officers and children who require treatment. The Minister of Education has emphasised their usefulness and recommends their continuance and extension.

The following table shows the number of attendances and consultations at the Clinics:—

		Attendances.	Consultations by Assistant School Medical Officers.
Alnwick	 	32	4
Ashington	 	88	
Blyth	 	4,723	614
Cramlington	 	356	31
Dudley	 	832	73
Forest Hall	 	37	THE REPORT OF
Gosforth	 	803	240
Guide Post	 	39	11
Haltwhistle	 	5	_
Hexham	 	211	-
Morpeth	 	89	-
		7,215	973
			-

INFECTIOUS DISEASES.

The School Health Service continued to co-operate in the control of infectious diseases amongst school children. Visits to schools affected by an outbreak of infectious disease were made by the Assistant School Medical Officers who advised the teachers of the early symptoms of the disease and the steps which could be taken to minimise the spread of infection. Towards the end of 1948 there was an outbreak of scarlet fever at the Brown Rigg Camp School, Bellingham. Twenty-one children were diagnosed as suffering from this infectious disease, but, in addition, there were many children who had sore throats which may have been due to the same infection. All these children were examined by the visiting Medical Officer and those diagnosed as suffering from the disease were isolated and precautionary measures taken; this outbreak necessitated the Camp being placed in quarantine. Arrangements were subsequently made for the examination of throat and nose swabs from all pupils on entering the School.

The records of children examined at periodic medical inspection regarding their immunisation against diphtheria or vaccination against smallpox showed that 13,694 children had already been immunised and 4,858 vaccinated. The percentage of children already immunised was slightly higher than last year, being 90.7 as compared with 89.8. The aim is to achieve a still higher percentage and a campaign has been launched with the object of persuading parents that their children should be immunised in their first year and have a 'boosting' dose either just before or soon after admission to school, particular emphasis being laid on this point in respect of children in the rural areas.

The percentage of children already vaccinated was 32.2. Now that vaccination is voluntary, however, it is not unlikely that the percentage will improve, but it is doubtful whether it will reach the high percentage of immunisation against diphtheria which has always been voluntary.

The ratio of fillings to extractions for the years 1947 and 1948 was as follows:—

	1947.	1948.
Fillings (permanent teeth)	10,760	11,850
Extractions (permanent teeth)	2,807	2,991
Ratio	3.83	3.96

The County portable X-ray unit and the fixed unit at Wallsend again provided invaluable service, 131 children attending for 177 radiographs.

Ministry of Education Survey.

During the year the Ministry of Education instituted an investigation into the 'Incidence of Dental Caries' and a number of Senior Dental Officers throughout the country were asked to arrange for the necessary dental examinations to be carried out in their own areas. An investigation of this nature was carried out in Northumberland on behalf of the Ministry.

The difference between this investigation and a routine dental inspection should be explained. The primary object of the routine examination is to ascertain whether or not a child requires dental treatment and the number of children found to be dentally fit at these examinations gives no indication as to the incidence of caries, since many of the children are dentally fit as a result of previous dental treatment.

The investigation into the incidence of dental caries in the County was carried out on the following lines which were standardised throughout the country:—

- Two age groups were included in the investigation, viz., 5 years and 12 years.
- (2) Each officer who took part in the investigation examined approximately 500 children in each age group.
- (3) A variety of schools was chosen, in order to obtain a true cross-section of the school population.
- (4) The findings were expressed as :—
 - (a) average number of DMF deciduous teeth per 5 year old child inspected, and

(b) percentage of children showing no DMF deciduous teeth.

(D-Decayed. M-Missing. F-Filled.)

(5) In the case of the 12 year old age group, the average number of permanent DMF teeth was recorded.

3,882 children in the 5 year old age group from representative areas throughout the County were included in the investigation. The average DMF per child proved to be 4.2. The percentage of children who had not been affected by dental caries was 20.6.

In the 12 year old age group, 3,986 children were examined, again from scattered areas throughout the County. The average DMF per child was 2.4 and the percentage free from dental caries 19.8.

These figures are of considerable interest since a similar investigation was carried out by one of the Ministry's Officers in a few selected areas in the country. The differences in the incidence of caries which he found in different areas are not great, and his aggregated figures show an average of 4 DMF deciduous teeth per child aged 5 years, and rather more than 20% of children of that age group free from caries. No figures are yet available for comparison with the 12 year old age group in the County. It will be seen from this that the incidence of dental caries in the County is about the same as that found by the Officer of the Ministry of Education in his investigations in other parts of the country. When the information obtained in this investigation is finally correlated and reported on by the Ministry of Education, very valuable information on the true incidence of dental caries in school children throughout the country will be available for the first time.

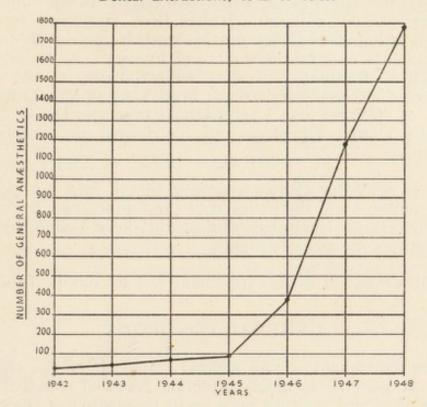
General Anaesthesia.

An additional gas and oxygen anaesthetic unit was obtained in the early part of the year and the use of general anaesthesia further extended. 1,791 cases received treatment under general anaesthesia as compared with 1,185 in the previous year. The increase since 1942 is shown in the accompanying graph.

SCHOOL HEALTH SERVICE.

DENTAL TREATMENT.

Graph showing increased use of General Anaesthesia for Dental Extractions, 1942 to 1948.



Orthodontics.

The number of children who received treatment for irregularities of the teeth was 318. Of these 166 were treated by removable appliances and the remainder by extraction. As in the previous year, a number of children showing gross irregularities were referred to the Newcastle upon Tyne Dental Hospital.

Equipment.

New equipment was installed in several of the dental clinics during the year.

Owing to the impossibility of finding suitable premises for a second dental clinic in the Wallsend area, the Committee decided to purchase a mobile dental trailer fitted with modern electrical equipment. Two dentists were thus engaged in the Wallsend area. This is the first time that a trailer has been used in an urban area of the County and the experiment has proved successful. Dental Propaganda.

A colour film illustrating the work of the County's Dental Services was produced during the year. The film shows the work of the service in the rural and urban areas of the County and deals with the treatment of children throughout school life. The film also deals with the treatment of mothers and pre-school children. It has been very well received, and it is hoped to follow up this work by producing leaflets for parents and teachers on oral hygiene. A consid rable quantity of literature dealing with the care of the teeth, correct diet, etc., worded and illustrated to appeal to children of different ages was obtained from the Dental Board of the United Kingdom and distributed in schools and clinics.

It is a matter of some anxiety that it was not possible to examine all of the children in the County and to provide the necessary treatment during the year owing to staff difficulties already mentioned.

Full details of dental treatment are set out in Table IV.

GENERAL CONDITION.

The assessment of the general condition of the children seen at periodic medical inspection revealed a satisfactory state of affairs. Only a very small proportion of the pupils in the Schools of the County were found to be of poor general condition. The findings may be shown as follows:—

Category.		Percentage.	
A	(Good)	50.6	
В	(Fair)	46.5	
C	(Poor)	2.9	

These figures are closely comparable with those of the previous year. There can be little doubt of the satisfactory general condition of the school children, as the number found to be of poor general condition or nutrition has been low for some years now. The expansion of the school meals service is doing much to ensure the steady improvement of these conditions.

PROVISION OF MEALS.

The Director of Education has kindly sent the following report relative to the provision of meals in schools:—

SCHOOL MEALS SERVICE.

Year ending 31st December, 1948.

The School Meals Service was extended to a further 27 schools during the year 1948. Twenty-four of these schools have independent kitchens.

There are now 278 schools serving a mid-day meal, with an average total of 29,150 meals daily.

There are still 66 schools without facilities for serving meals; of these, 14 have kitchens that are almost completed, 27 have kitchens under construction and it is hoped that dates for starting the building of the kitchens to serve the remaining 25 schools will be obtained within the next year.

Progress is being made with provision of independent facilities at 18 schools that are at present served by Cooking Depots. It is possible that these kitchens and dining rooms will be under construction by the end of 1949.

PHYSICAL EDUCATION.

The report on Physical Education has been prepared by the County Organisers for this subject. The co-operation between the Organisers and the School Health Service staff continued to mutual advantage throughout the year under review.

REPORT ON PHYSICAL EDUCATION FOR 1948.

Boys.

The year has been one of progress in many of the spheres of Physical Education for boys. Men teachers are naturally more conservative in their outlook on Physical Education than women and the difficulties of converting them to the "new look" are undoubtedly greater. Nevertheless, the conversion is being made with gratifying results. Slowly but surely, the traditional team lines are disappearing, and

an appreciation of the freer, more individual work, calling for more personal initiative on the part of the child, is becoming more and more apparent.

Two sessional courses, each of six weeks' duration, have been held during the year. The first during the Winter Term was held at Blyth; 26 teachers enrolled and the attendance maintained throughout was most encouraging. The first three sessions of the course were devoted to Junior work and the final three to Senior work. A portion of the Senior work was devoted to athletic training. A similar course was held at Guide Post County Modern School during the Spring term, calling for the men teachers of the Bedlington and Ashington area. Forty-three teachers attended and the standard of work attained was gratifying.

Perhaps the most spectacular advance during the year has been made in the field of Athletics. At an inaugural meeting at the Gosforth Grammar School in February of this year, it was decided to form a Northumberland County Athletic Association, and to affiliate to the English Schools Athletic Association. The County has been divided into ten areas, Tynemouth included, and the majority of these areas have arranged their own inter-school area meetings during the Summer term. Enthusiasm has been high, as will be seen from the attendance, which went into the thousands, at many of these meetings. The first Annual Inter-Area County Meeting is being held at Gosforth on 9th July, where about 300 competitors from all parts of the County will compete for the County Championships. A representative team will be chosen at this meeting to represent Northumberland in the Inter-County Meeting at Carshalton, Surrey, on 23rd July. It does not really matter how well the competitors do at these, their first, County and Inter-County meetings, but it is felt that the general standard of athletics in the County will be undoubtedly raised by their participation in these competitions. It is the endeavour to break away from the "Gymkhana," and run really good school Sports Meetings, including such technical events as discus, javelin, shot and hurdles. In this respect, the efforts made by many areas to improvise hurdles have been most commendable. Another feature which is worthy of note is the wholehearted way in which the Grammar Schools have participated with the Modern Schools in the organisation and running of these competitions.

Swimming, on the whole, has been successful where facilities have been available. In addition to the centres which were mentioned in the last report, well over a hundred boys and girls from Whitley Grammar School go regularly to the Tynemouth Open Air Swimming Pool and are very profitably utilising the time at their disposal.

Boxing as a healthy sport for boys is being encouraged and more and more schools are taking it up as part of the School's curriculum of Physical Education. In several cases, out-of-school classes have been successfully running during the Winter months.

Forty-one evening classes for men have functioned in the County this year. One interesting feature was that a number of these actually increased in membership as the season progressed. This, apart from being a healthy sign, was a most unusual one. The classes have catered for varying tastes from the purely gymnastic and athletic classes, to ballroom dancing. The standard of instruction has greatly improved.

Schools "Soccer" flourishes. Most sporting inter-School and inter-Association games have been played throughout the County. The game, on a more competitive basis, is being firmly established in the Junior schools, and the intelligent play of these young scholars makes their games wholly enjoyable to teachers and scholars. The County Charity Cup, competed for by all the Associations in the County, was again won by East Northumberland, and the Blake Cup, for the Individual Schools Championship, was won by Hirst East County Modern School. The latter school was honoured when one of their scholars, James Jackson, was selected to represent England in the four internationals played. Jackson captained the English XI versus Scotland at St. James' Park, Newcastle. Nothing but praise is due to the many teachers who devote such time and energy to schoolboy games, and nothing but good can come from games played in the spirit shown in the past season.

Cricket has never been really a game of intense interest to the Northumbrian boy. This year, there has been a marked interest and positive enthusiasm in the game shown in a great number of schools. It is felt that this is a good sign, as a broadening interest, even in games, is most desirable. In this connection, the provision of concrete wickets by the Education Committee will be an invaluable contribution to this good old English game.

GIRLS.

Nineteen forty-eight has shown a year full of physical activities due to a better understanding amongst teachers of the broader aspects of physical education. A great number of emergency trained teachers are settling in with varying degrees of success, though with unquestioned enthusiasm. It is to be regretted that a number of these teachers have been trained in college on the old stereotype methods and are finding considerable difficulty in grasping the indirect method.

In the secondary schools, the work is organised by twoyear trained teachers, and it is a matter for regret that there is now only one secondary school, Blyth Grammar, with a three-year trained Gymnast. Conditions for indoor work are considerably better in the secondary modern schools than in the grammar schools, only seven of the latter, out of twelve, being able to enjoy equipped gymnasia. It is hoped to have all the gymnastic equipment overhauled in 1949.

The same amount of clothing and sandshoes has been issued by the Committee, for use in all types of schools, though now that the situation has improved, children are being encouraged to provide these necessities themselves. It is felt that much more could be achieved on the score of personal hygiene—in the encouragement of children's own towels for daily use. Stripping for the lesson amongst the girls is becoming more generally popular, but very often lack of suitable changing accommodation in the older schools is a deterrent. Infants enjoy and benefit from taking off clothes, but their recognised lesson of twenty minutes duration gives little opportunity to take full advantage of this. A thirty minute lesson would overcome this difficulty.

The appointment of area groundsmen, under the immediate control of the Playing Fields Officer and the purchase of more up-to-date equipment, has led to better surfaces for games.

Inter-school games and rallies in netball, hockey, tennis and rounders continue enthusiastically. The year has seen the beginning of hockey in modern and all-standard schools, culminating in a successful rally. It is hoped to join these schools to the grammar schools in future in co-operation with the Northumberland Women's Hockey Association. Schools had the opportunity to see, in Durham, the U.S.A. Hockey XI well beaten by the North XI. An outstanding event also was the defeat of a South Scottish Grammar Schools XI by the Schools County XI. In co-operation with the Women's Hockey Association, schools had the opportunity of being coached by the All-England Hockey coach.

A most successful Teachers' Tennis Course, taken by Major Applethwaite, an all-England L.T.A. "A" coach, culminated in an examination, successfully taken by nine teachers from Modern and Grammar Schools. It is hoped to extend tennis to the modern school curriculum and to include the boys. It is to be noted that a most happy relationship exists between the county schools and senior organisations—such as the Women's Hockey Association.

Plans are going ahead for the launching of a county Athletic Meeting in 1949. Events will include 100 and 150 yard sprints, hurdles, long jump, high jump and javelin throwing. The importance of sandpits becomes increasingly obvious amongst teachers, as does systematic athletic training throughout the year, in the daily lesson.

Swimming has again been encouraged to the full in Ashington, Berwick, Wallsend and in individual schools such as Newbiggin Modern, Bedlington Grammar, Gosforth and Whitley Bay Grammar Schools. Swimming had to be curtailed for a short time during the infantile paralysis period.

Teachers' Courses in Alnwick, Berwick, Prudhoe, Blyth and Wallsend have included dancing, athletics, games with special reference to mixed and rural groups of children. It is interesting to note the increasing interest in, and effort to further, traditional Border dancing in schools and youth groups.

The traditional Easter Course at Whitley Bay gave ample scope for discussion of problems, material for the daily lesson in infant groups and rural schools hockey for secondary schools, athletic training and standards, and remedials given by the County Medical Staff. This latter Course aroused tremendous interest and appetite for more. It is hoped to develop this interest in future courses, particularly with regard to teachers in secondary schools. It is felt that this remedial knowledge could be further interpreted in the classroom than is at present. Too often it is confined purely to the gymnastic lesson.

Recreational evening classes have included folk dancing (mainly traditional border dances), Keep Fit (to music), Ballet, recreational apparatus work, and games of every kind. At the request of the Youth Organiser athletics and games were the main features of a week-end course given to a very enthusiastic group of Youth Leaders. Many of these leaders are keen to develop games and athletics in their clubs, but are baffled by conditions.

Teachers throughout the County are enthusiastic over the informal method of teaching, often so enthusiastic as to be apt to overlook the fundamental aims of physical education, which remain unchanged, e.g. posture training. It is generally recognised also that not every girl will make a gymnast, because of the heavier physical build at the age of 15–17. So an experiment is being carried out at the Duchess's School, Alnwick—the daily lesson for the Fifth and Sixth Forms has now become "Music and Movement" instead of pure gymnastics. The experiment shows every indication of success. This may be a pointer to future policy in secondary schools—that of a girl being given the opportunity to pursue her own choice of physical activity.

MISCELLANEOUS.

In addition to periodic medical inspection and the work which has already been reported, the Assistant School Medical Officers attend some of the Child Welfare Centres situated in the areas for which they are responsible on behalf of the Maternity and Child Welfare Sub-Committee. This function has a definite advantage in that it enables the doctors to become familiar with the children who will eventually attend schools which the doctors visit and thereby establishes continuity.

The Assistant School Medical Officers also examined children referred by the Director of Education under the Children and Young Persons Acts with a view to determining whether or not they were suitable for admission to an Approved School. Children who had been committed to the care of the Education Committee were also examined.

During the year, four boys and nineteen girls, on whose behalf application had been made for them to take part in entertainments, were referred by the Director of Education and examined by the School Health Service Staff. The Officers of the National Society for the Prevention of Cruelty to Children continued to render considerable assistance during 1948. The results of their visits to homes where alleged neglect of children, in the majority of cases due to ignorance or carelessness on the part of the parents, had been reported were most satisfactory. It is a tribute to the tact and sympathy of these Officers that invariably they bring about an improvement in the home conditions without resorting to legal action.

Thanks are expressed to the Head Teachers, their staffs and the School Attendance Officers for their willing cooperation with the staff of the School Health Service in carrying out the many and varied duties in connection with the health of school children.

MEDICAL INSPECTION RETURNS. YEAR ENDED 31st DECEMBER, 1948.

NORTHUMBERLAND.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A .- Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :-

Entrants			***	 5,179
Second Age Group				 4,751
Third Age Group				 2,892
	To	otal		 12,822
Number of other Periodic In	spections			 2,261
	Gı	and T	otal	 15,083
B.—Other Inspections.				
Number of Special Inspection	ıs			 10,112
Number of Re-Inspections				 10,504
	To	otal		 20,616

C .- Pupils found to require Treatment.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils.
Entrants	48	846	866
Second Age Group Third Age Group	425 249	555 322	940 554
Total (prescribed Groups)	722	1,723	2,360
Other Periodic Inspections	191	387	532
GRAND TOTAL	913	2,110	2,892

TABLE II.

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

		Periodic :	Inspections.	SPECIAL 1	INSPECTIONS.		
		No. of	Defects.	No. of Defects.			
Defect Code No.	Defect or Disease.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept unde observation, but not requiring treatment.		
	(1)	(2)	(3)	(4)	(5)		
	Cl.:	005	151	105	.:		
5	Skin Eyes—	225	151	135	. 44		
0	(a) Vision	913	737	614	201		
	(b) Squint	178	220	111	39		
	(c) Other	86	68	45	20		
6	Ears— (a) Hearing	51	124	57	37		
	I III OLILI- ME Ji-	73	82	63	26		
	(a) Others	17	11	8	7		
7	Nose or Throat	660	1,203	608	274		
8	Speech	46	155	45	43		
9	Cervical Glands	13	141	3	42		
10	Heart and Circulation	95	379	46	72		
11	Lungs	190	380	63	58		
12	Developmental-						
	(a) Hernia	25	46	11	6		
	(b) Other	71	202	21	24		
13	Orthopaedic—						
	(a) Posture	77	91	32	11		
	(b) Flat Foot	143	70	30	32		
	(c) Other	162	151	61	37		
14	Nervous System—	_	10	_	10		
	(a) Epilepsy	7	19	5 5	12		
15	(b) Other	8	36	9	19		
15	Psychological—	4	133	73	124		
	(a) Development (b) Stability	6	23	13	18		
16	Oil -	300,000	0.000				
16	Other	185	397	111	138		

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	No. of Pupils	(Go	od).	(Fa	B ir).		C oor).
(1)	Inspected. (2)	No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2 (8)
Entrants Second Age Group Third Age Group Other Periodic Inspections	4,751 2,892	2,600 2,203 1,731 1,103	50.2 46.3 60.0 48.8	2,429 2,407 1,099 1,083	46.9 50.7 38.0 47.9	150 141 62 75	2.9 3.0 2.0 3.3
Total	15,083	7,637	50.6	7,018	46.5	428	2.9

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

					o. of Defe	
					ated, or usatment, du	
(a) Skin :				CIC	the year.	Time
Ringworm—Scalp—					the year.	
(i) X-Ray tre					12	
(ii) Other trea				***	37	
Ringworm—Body		***			26	
C. All.					141	
Townsties		***	****	***	251	
Other skin diseases					122	
The This can be a second or the second of the second or th					137	
Post Defeate					164	
Miscellaneous (e.g., m	inor injuri	oe bru	icoc e	orec	104	
abilible in a stall		cs, Dit			1,328	
chimbianis, etc.)					1,020	
	То	tal			2,218	
(b) Total number of		s at.	Author	ity's	2 222	
Minor Ailment	s Clinics				7,215	
GROUP II	-Defectiv	E VISI	ON AN	D Soun	NT	
(excluding Eye Disc				-		
(excluding Lyc Dis	doc treatec	1 00 1111	HOI ZXI			4
				11	o. of defer	
Towns of softwarting (in	aludina anu	(Acri			dealt with	
Errors of refraction (in				1	2,809	
Other defect or disease		s (excit		nose	110	
recorded in Group	1)				113	
	TD.				2.022	
	То	tai			2,922	
N		-1			-	
Number of pupils for w		actes w	rere—		0.101	
					2,161	
(b) Obtained				***	1,604	

Orthoptic Department at the Newcastle Eye Hospital. Since July, 1948, we have been able to issue Forms O.S.C.10 with respect to repairs and replacement of damaged spectacles belonging to school children. This innovation is accepted with appreciation by parents and there has been no evidence of abuse of this service.

With the inception of the National Health Service, Mr. J. I. Munro Black, who was attached to the Sir G. B. Hunter Memorial Hospital, The Green, Wallsend, relinquished his appointment; the work was then carried out by Mr. MacMurray, a general surgeon with considerable experience of ear, nose and throat conditions. The Regional Hospital Board promised to appoint an Ear, Nose and Throat Surgeon to replace Mr. Munro Black, but the end of 1948 saw this appointment still vacant. I am pleased to state that Mr. Munro Black still sees special cases referred by this Department at the Fleming Memorial Hospital. The waiting list of children requiring treatment for ear, nose and throat complaints now stands at 190.

Early in 1948, the Mass Miniature Radiography Unit, then being controlled by the Northumberland County Council, visited and spent one month in our area. The following figures show the number of school children examined and re-examined:—

	Miniatures.	Large Films.	Referred to Dispensary.
Females Males	 429 444	8 15	Nil Nil
Total	 873	23	Nil
			1

I am pleased to report that no evidence of chest disease was discovered in any of these subjects.

During 1948 25 cases of ringworm of the scalp and 19 cases of ringworm of the body were diagnosed. Five cases of ringworm of the scalp received X-ray treatment from Dr. Ramage under an arrangement with the Education Authority.

I was pleased to attend a Course held in London in September, 1948, under the auspices of the Department of Extra-Mural Studies of the University of London, with respect to Educationally Sub-normal Children. This Course proved to be most instructive and dealt with the ascertainment of various types of abnormal pupils who may come under the supervision of the School Medical Officer. Visits paid to various schools, mental institutions and occupational centres proved to be most instructive.

Close co-operation exists between the School Medical Department and the Chest Clinic in Wallsend, where Dr. McMurray, who succeeded Dr. Beal, is in attendance.

Dr. William Mackenzie, who was attached to the W. J. Sanderson Orthopaedic Hospital School at Gosforth, visited at monthly intervals to see school children referred to him for examination and treatment. Dr. Mackenzie was assisted in this Department by Miss S. D. Casebourne, County Orthopaedic Nurse, who attended weekly. I am pleased to state that for this Department I have been able to acquire various articles of equipment, such as wall bars, balancing benches, examination plinth, footballs and skipping ropes. It is hoped, in the near future, to extend the range of apparatus which will be conducive to the better treatment of orthopaedic cases.

Recommendations were made to improve the sanitary appliances installed in certain schools in Wallsend, and I am pleased to state that some of this work was put in hand towards the end of 1948.

The number of children who received primary immunisation against diphtheria was 124 and the number who received re-inoculation was 2,414, making a total of 2,538. Attempts are being made to carry out as many re-inoculations as possible as children enter school for the first time. On account of the high percentage of children immunised before reaching school age, only a small number of school entrants receive primary immunisation. Only one case of diphtheria occurred in 1948 and I am pleased to state that this was not fatal.

Periodically, maladjusted children are referred to the Child Guidance Centre at Sunderland. Dr. W. Hinds, the Medical Officer in charge, has been most co-operative and helpful. The work Dr. Hinds has carried out is much appreciated.

The number of children who attended for U.V.L. treatment in 1948 was 152. This Department is well equipped in that it possesses a kromeyer lamp, a centrosol mercury vapour lamp and a duo-therapy apparatus. A Wood's glass filter can be adapted to the kromeyer lamp and is constantly in use for the diagnosis of ringworm of the scalp.

Miss E. C. McIntyre, employed in this Department as a School Nurse, has been absent as she was recommended to attend a full-time course for Health Visitors in Newcastle. I should like to take this opportunity of stating that my staff at the Health Centre have been most co-operative and have largely contributed to the successful working of the School Medical Department in 1948.

MEDICAL INSPECTION RETURNS.

YEAR, ENDED 31ST DECEMBER, 1948.

WALLSEND DIVISIONAL EXECUTIVE.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A .- Periodic Medical Inspections.

Number of I	nspections in	the prescribed	Groups-
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1	-			+		
Entrants		***				478
Second Age Group						551
Third Age Group						472
	То	tal				1,501
Number of other Periodic	Inspe	ections				312
	Gr	and To	otal			1,813
• (6.1)						
B.—Other Inspections.						
Number of Special Inspec						739
Number of Re-Inspection	s		***		***	528
	То	tal				1,267
						manufacture of the last of the

C .- Pupils found to require Treatment.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils.
Entrants Second Age Group	17 59	100 59	117 114
Third Age Group	49	63	107
Total (prescribed Groups) Other Periodic Inspections	125 20	222 46	338 66
Grand Total	145	268	404

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

TABLE II.

		Periodic Inspections.		SPECIAL INSPECTIONS.			
		No. of	No. of Defects.		Defects.		
Defect Code No.	Defect or Disease.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment. (5)		
4	Skin	 11	4	8	4		
5	Eyes—	145	101	101	40		
	(a) Vision (b) Squint	 145 19	181 14	131	43 10		
	(a) Officer	 15	1	7	7		
6	Ears—	 10			'		
	(a) Hearing	 3	9	8	7		
	(L) OLILIA MALLIA	 5	28	7	11		
	(c) Other	 5	1	_	_		
7	Nose or Throat	 78	158	87	88		
8	Speech	 4	20	8	8		
9	Cervical Glands	 1	51	_	_		
10	Heart and Circulation	 13	49	5	21		
11	Lungs	 11	28	4	21		
12	Developmental-						
	(a) Hernia	 3	4	1	2		
13	(b) Other	 2	20	_	19		
15	Orthopaedic— (a) Posture	11	21	19	9		
	(b) Flat Foot	 9	11	5	12		
	(c) Other	 24	33	14	24		
14	Nervous system—	 	00	14			
	(a) Epilepsy	 	3	100	6		
	(b) Other	 _	6	1	5		
15	Psychological—						
	(a) Development	 2	10		20		
	(b) Stability	 2 2	10	1 '	8		
16	Other	 126	100	. 26	71		

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Ago Croups	No. of	A (Good).			B uir).	C (Poor).	
Age Groups. (1)	Pupils Inspected.	No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2 (8)
Entrants Second Age Group Third Age Group Other Periodic Inspections	478 551 472 312	82 103 149 49	17.16 18.69 31.57 15.71	361 398 284 236	75.52 72.23 60.17 75.64	35 50 39 27	7.32 9.08 8.26 8.65
Total	1,813	383	21.12	1,279	70.55	151	8.33

TABLE III.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V).

No. of defects treated or under treatment during the year. (a) Skin-Ringworm—Scalp— (i) X-Ray treatment (ii) Other treatment 19 Ringworm-Body 19 Scabies 37 Impetigo ... 37 Other skin diseases 56 84 Eye Disease Ear Defects 83 Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) ... 421 Total 762 (b) Total number of attendances at Authority's Minor Ailments Clinics 4,724

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

	No. of defects dealt with.
Errors of refractions (including squint) Other defect or disease of the eyes (excluding those	344
recorded in Group I)	2
Total	346
Number of pupils for whom spectacles were—	
(a) Prescribed	274 274
(b) Obtained	214
GROUP III.—TREATMENT OF DEFECTS OF NOSE THROAT.	AND
Passived exertise treatment	Total No. treated.
Received operative treatment— (a) For adenoids and chronic tonsillitis	227
(b) For other nose and throat conditions	
Received other forms of treatment	36
Total	263
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFE	CTS.
(a) Number treated as in-patients in hospitals or hospital schools	4
(b) Number treated otherwise, e.g., in clinics or outpatient departments	113
GROUP V.—CHILD GUIDANCE TREATMENT AND	
Speech Therapy.	
Number of pupils treated—	_
(a) Under Child Guidance arrangements (b) Under Speech Therapy arrangements	7 16
TABLE IV.	
DENTAL INSPECTION AND TREATMENT	
(1) Number of pupils inspected by the Authority's Der Officers—	ntal
(a) Periodic age groups	1,353
(b) Specials	774
(c) Total (Periodic and Specials)	2,127

(2)	Number found to require	treatn	nent				1,491
(3)	Number actually treated						995
(4)	Attendances made by pup	oils for	treatn	nent			3,280
(5)	Half-days devoted to—						
	(a) Inspection						13
	(b) Treatment						427
		To	otal (a)	and (b)		440
(6)	Fillings-						
	Permanent teeth						733
	Temporary teeth						24
		To	otal				757
(7)	Extractions—						
	Permanent teeth						820
	Temporary teeth						2,729
		То	otal				3,549
(8)	Administration of general anaesthetics for extraction						599
(9)	Other operations—						
(0)	(a) Permanent teeth						880
	(b) Temporary teeth						506
		То	tal (a)	and (.,		1,386
	Total (a) and (b)						1,300
TABLE V.							
	INFESTATION WITH VERMIN.						
(i)	Total number of examinations in the schools by the school						0.061
(ii)	nurses or other authorised persons Total number of individual pupils found to be infested						9,961 944
	Number of individual pupils in respect of whom cleansing						011
(111)	notices were issued (Section 54 (2), Education Act, 1944)						
(iv)	Number of individual pupil	s in re	spect o	f whon	n cleans	sing	
(11)	orders were issued (Sec	ction	54 (3),	Educ	ation A	Act,	
	1944)		***				-

