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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1959

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COUNTY OF NORTHUMBERLAND.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1959.

To the CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the health of the school children of Northumberland for the year 1959.

The school population was the largest recorded for the county, though it is of interest to note that the increase over the previous year was the smallest for eight years. The physical condition of the children of the county remains exceedingly good.

The review of the condition of the children's teeth which is included in the report shows that there has been a slight improvement over the last five years, though the position is still appreciably worse than it was in 1948. This Authority has been particularly fortunate in being able to maintain an almost complete establishment of dental officers and the fact that 61,000 attendances were made at dental clinics reflects the large amount of work which the dental service carries out.

The two special schools for educationally subnormal children have proved to be of the greatest possible value and the needs for the education of handicapped children are kept constantly under review. There is a considerable need for additional child guidance facilities but the problem of obtaining suitably trained staff is a very great one and it does not seem that there can be any immediate expansion of this service. It is encouraging to note that the full establishment of speech therapists was employed by the end of the year as the treatment given by this service is of the greatest possible help with the educational progress of many children.

The school doctors have carried out a considerable amount of work during the year, none of which could have been possible without the close co-operation of the teachers of the county. I should like to express our thanks to the Director of Education and to his staff for all the help that we have received throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN B. TILLEY,
Principal School Medical Officer.

COUNTY HALL,
NEWCASTLE UPON TYNE, 1.

GENERAL INFORMATION.

Staff.

The medical staff of the Service at the end of 1958 was one below establishment, and it was not until 1st June,1959, that an appointment was made to fill the vacancy. The establishment is 14 doctors, devoting time to the Service, but the number in terms of full-time officers was 9·4, the remainder of their time being devoted to the maternity and child welfare and other services.

Dr E. T. Everdell, who came on to the staff in December 1940, unfortunately had to resign through ill-health in April 1959. Dr. R. B. Smith was appointed to fill this vacancy.

Assisting the doctors at school medical inspections are 85 school nurses and 25 nursing assistants. In terms of full-time staff the numbers are 17·0 and 4·3 respectively. Eighty-one of the school nurses hold a Health Visitor's Certificate and the nursing assistants are State Registered.

School population.

Table I gives comparative figures of school premises and population.

From this table it will be seen that there are two less primary schools and an additional seven secondary schools. It will also be noted that a technical school was opened during the year. This is situated in Wallsend and will give a valuable type of education to the children, with a technical bias.

Table II shows that, although the school population has again shown an increase, the figure of 965 is the smallest rise shown over the last 8 years.

Medical Inspection.

The General Medical Inspection was again carried out at the following periods:—

(1) On entrance to the Primary School (5 years of age).

(2) In the Junior School (9 years of age).

(3) During last year at school.

In addition a sight test is carried out by the school nurses on the eight year old children.

During the year, 22,132 pupils were examined at Periodic Medical Inspection. The number examined in 1958 was 22,162, which means 30 less children were seen this year.

TABLE I.

TYPES OF SCHOOLS IN NORTHUMBERLAND.

Type of School.	Premises. January 1959	Premises. January 1960.
Grammar	13	13
Secondary	49	56
Technical	—	1
Primary	327	325
Hospital	2	2
Special	2	2
	393	399

TABLE II.

SCHOOL POPULATION AT JANUARY, 1959 AND JANUARY, 1960.

Type of School.	Population January 1959. Male.	Female.	Total.	Population January 1960. Male.	Female.	Total.
Grammar ..	2,485	2,474	4,959	2,766	2,711	5,477
Secondary ..	9,321	8,806	18,127	10,228	9,803	20,031
Technical ..	—	—	—	121	133	254
Primary ..	26,305	25,002	51,307	25,513	24,050	49,563
Hospital ..	110	90	200	124	108	232
Special ..	102	50	152	102	51	153
	38,323	36,422	74,745	38,854	36,856	75,710

Sixteen thousand two hundred and thirty children, found at Periodic Medical Inspection to have defects, were re-examined. This was 1,967 more than were re-inspected in the previous year. In addition to these examinations, 5,570 children were brought to the notice of the school doctors as requiring special examination.

The total number of examinations carried out during the year was, therefore, 43,932. This was 2,600 less than in 1958. This was only to be expected, the Service being short of one doctor for the first five months of the year, in addition to which, Dr. Everdell was absent through illness at the beginning of the year.

All parents are invited to attend with children at the Periodic Medical Inspection, and, of course, it is to the advantage of both parent and doctor if they are present. Many of the parents did attend, especially in the two lower age groups, but there was a considerable number who did not. The main reason for this was that many of the mothers were unable to attend because they were working. In the older group, especially among the boys, the parents were persuaded not to attend by the children, who have assumed a feeling of independence. The percentage who attended was 64·3, which was comparable with the previous year, when the figure was 64·5.

HEALTH OF THE SCHOOL CHILD IN NORTHUMBERLAND.

PHYSICAL HEALTH.

(1) *General condition.*

The physical condition of the school children in the county improved slightly, the percentage shown as unsatisfactory being 2·2 as against 2·8 last year.

Table III shows the physical condition of each age group.

In 2·2 per cent. of the children examined, it was considered that their physical health was unsatisfactory. The physical defect or defects were such that the examining doctor considered they would prevent the child making full use of his opportunities at school.

(2) *Defects.*

Defects requiring treatment were found in 4,713 of the 22,132 pupils examined at Periodic Medical Inspection.

Table IV shows the number of defects found in 1949, 1954, 1955, 1956, 1957, 1958, and 1959.

TABLE III.

PHYSICAL CONDITION OF PUPILS INSPECTED.

Age Group inspected (by year of birth).	Physical Condition of Pupils Inspected. 1958. Satisfactory.	1958. Unsatisfactory.	1959. Satisfactory.	1959. Unsatisfactory.
	%	%	%	%
1955 and later ..	—	—	100	—
1954 ,, ,, ..	100	—	—	—
1954 ..	—	—	98·1	1·9
1953 ..	97·0	3·0	97·5	2·5
1952 ..	96·7	3·3	94·1	5·9
1951 ..	96·0	4·0	97·8	2·2
1950 ..	95·0	5·0	97·9	2·1
1949 ..	95·7	4·3	97·7	2·3
1948 ..	96·9	3·1	97·2	2·8
1947 ..	98·1	1·9	98·0	2·0
1946 ..	98·2	1·8	97·5	2·5
1945 ..	98·4	1·6	98·2	1·8
1944 ..	97·9	2·1	98·2	1·8
1943 and earlier	98·5	1·5	—	—
	97·2	2·8	97·8	2·2

TABLE IV.

DEFECTS REQUIRING TREATMENT PER 10,000 CHILDREN EXAMINED AT PERIODIC MEDICAL INSPECTION.

	1949.	1954.	1955.	1956.	1957.	1958.	1959.
No. of children examined	18,466	13,518	17,585	23,278	24,729	22,162	22,132
Disease or Defect.							
Skin	172	178	139	138	230	242	192
Eyes—							
(a) Vision	562	492	609	716	722	759	879
(b) Squint	131	155	187	165	195	189	239
(c) Other	54	44	65	46	58	51	54
Ears—							
(a) Hearing	35	45	32	27	34	32	39
(b) Otitis Media ...	40	61	39	27	34	40	44
(c) Other	10	18	15	9	12	14	20
Nose and Throat ...	390	276	179	157	154	186	166
Speech	24	62	38	51	43	48	67
Cervical Glands... ...	15	13	10	—	—	—	—
Lymphatic Glands ...	—	—	—	13	7	14	5
Heart	26	25	11	7	13	17	41
Lungs	70	87	65	56	72	102	60
Developmental—							
(a) Hernia	18	17	11	14	17	25	15
(b) Other	19	16	23	14	33	29	36
Orthopaedic—							
(a) Posture	48	23	30	24	46	53	33
(b) Feet	102	79	83	87	159	194	175
(c) Other	129	138	108	79	74	106	148
Nervous System—							
(a) Epilepsy	5	6	8	—	10	16	15
(b) Other	5	18	10	14	16	21	11
Psychological—							
(a) Development ...	3	5	5	6	32	31	67
(b) Stability	3	2	7	9	12	14	17
Abdomen...	—	—	—	74	47	82	24
Other	146	98	89	11	28	32	57
Total Defects per 10,000 examined	2,007	1,858	1,763	1,744	2,048	2,297	2,404

Over the past 10 years, the number of defects requiring treatment have slowly increased. However, when comparing the 1949 with the 1959 figures, the increase in these defects occurred mainly in two groups, the groups of visual defects and the groups of defects appertaining to psychological development and stability. Conditions of the nose and throat, referred for treatment, have decreased considerably since 1949.

Table V shows how, in 1959, the visual defects increased in number with the age of the school child, whereas all the other types of defect decreased in number as the child got older.

In the future, it is anticipated that more attention will be paid to the children suffering from defective psychological development and stability, and that the number of cases in this group will continue to increase.

(3) *Uncleanliness.*

The practice of the schools being visited by the school nurses was continued, and the majority of the children in the primary and secondary schools were examined for infestation with vermin. It was not considered necessary to carry this out as a routine in the grammar schools, but at one the girls were examined. However, all were found to be clean.

The total number of examinations carried out during the year was 140,523. The number of individual pupils examined was 72,025, and of these, 2,772 were found to be infested. This gives a figure of 3·8 per cent., which was 1 per cent. less than recorded last year, and is the lowest figure recorded since the inception of the School Health Service in 1908. Even though this percentage is the lowest recorded, with a concentrated effort in the larger urban areas, the figure could be further reduced, as it is there that a hard core of infestation exists.

(4) *School attendance.*

Table VI shows that the over-all attendance for 1959 was 90·5 per cent. of the maximum possible attendance. In 1958 this figure was 92·0 per cent. Generally the figures for each month in 1959 were lower than in 1958. In February 1959, there was an outbreak of influenza in many of the schools, which caused a drop in attendance.

TABLE V.

PERCENTAGE OF PUPILS WITH DEFECTS REQUIRING TREATMENT FOUND AT PERIODIC MEDICAL INSPECTION DURING 1959.

Year of birth.	Number Inspected.	Percentage found to have defects requiring treatment. Vision.	Other.	All Defects.
1955	9	—	33·3	33·3
1954	3,438	1·3	16·0	16·9
1953	2,596	2·3	18·1	20·1
1952	392	2·3	22·4	24·2
1951	126	11·9	16·7	23·4
1950	2,668	9·6	13·0	20·8
1949	2,320	9·7	13·2	21·0
1948	1,017	10·6	14·8	23·7
1947	901	13·3	14·6	25·1
1946	554	14·4	14·9	25·4
1945	1,734	10·8	12·1	21·6
1944	2,624	12·3	14·4	24·9
1943 and earlier ..	573	16·2	11·8	26·5
Total ..	18,952	8·7	14·3	21·4

TABLE VI.

SCHOOL ATTENDANCE FOR 1958 AND 1959 SHOWN AS A PERCENTAGE OF THE MAXIMUM POSSIBLE ATTENDANCE.

	Percentage. 1958.	1959.
January	90·0	88·7
February	89·6	81·5
March	91·2	89·3
April	94·6	93·9
May	93·2	92·7
June	92·5	91·9
July	89·4	88·8
September	94·4	93·8
October	93·7	93·5
November	92·0	91·2
December	90·6	91·2
	92·0	90·5

(5) *Notification of infectious diseases.*

Scarlet Fever.—Less than 3 children per thousand were notified as suffering from this disease during the year. The illness was generally mild and cases occurred sporadically.

Whooping Cough.—Sporadic cases occurred throughout the county, but 20 per cent. of all notified cases came from the Newburn area.

Measles.—The north of the county missed the measles epidemic this year, whereas the south, from the coast to Hexham, had a moderately severe measles outbreak.

Dysentery.—This was notified more in the rural districts than in the urban areas. The cases were sporadic and there was no large outbreak of this disease.

Tuberculosis.—**There were 19 cases of tuberculosis notified in children between the ages of 5 and 14. This was a relatively high figure, especially as the disease is preventable.** Almost half of the notified cases in the county came from Blyth Borough.

(6) *Deaths.*

Table VII shows the cause of deaths in children between the ages of 5 and 14. **The table shows that 20 per cent. of these deaths occurred due to motor vehicle accidents, and another 20 per cent. to other accidents.** Apart from the deaths already mentioned, only one death occurred due to a condition which we regard at the present moment as preventable (tuberculosis non-respiratory).

MENTAL AND EMOTIONAL HEALTH OF THE SCHOOL CHILD

Although we have no method of measuring the physical health of a child, we assume that a child is physically healthy if there are no detectable defects present.

At the present time, the physical health so measured of our school children is good. More time and more attention must, in the future, be turned from the physical to the mental and emotional aspects of their health. What is being done by the School Health Service to lay a foundation for sound mental health during the 10 years in which the children are under our care? Daily, teachers and head teachers are themselves diagnosing, treating and curing upsets in the emotional and mental health in their pupils. The School Health Service must

Table VII.

CAUSES OF DEATH FOR CHILDREN AGED 5 TO 14 YEARS (INCLUSIVE) DURING 1959.

Cause of Death.	Urban Districts.			Rural Districts.			Total.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Tuberculosis (non-respiratory) ...	—	1	1	—	—	—	—	1	1
Infective and Parasitic Diseases	1	—	1	1	—	1	2	—	2
Malignant and Lymphatic Neoplasms	1	1	2	—	—	—	1	1	2
Vascular lesions of nervous system	2	—	2	—	—	—	2	—	2
Circulatory Disease ...	1	—	1	—	—	—	1	—	1
Pneumonia	1	—	1	—	—	—	1	—	1
Nephritis and Nephrosis ...	1	—	1	1	—	1	2	—	2
Congenital malformations	—	2	2	—	—	—	—	2	2
Other defined and ill-defined diseases	—	2	2	—	—	—	—	2	2
Motor vehicle accidents ...	3	—	3	2	—	2	5	—	5
Other accidents	4	—	4	1	—	1	5	—	5
Totals ...	14	6	20	5	—	5	19	6	25

be present to help and advise on these problems. **It must also have its therapeutic tools; smaller classes in certain schools, where attention can be given to those children who require it; special school places, where the child finds that no longer does he have always to fight a losing battle with his physical and mental superiors.**

Table VIII compares Northumberland with 14 other counties and 5 county boroughs regarding places for the Educationally Subnormal child, and its waiting list and the number of children seen at child guidance clinics. **There are about four times as many children referred for child guidance opinion in these counties as in Northumberland, and, on an average for a similar population, there are 250 Educationally Subnormal places available and 170 children awaiting such places, compared with Northumberland's 192 places and 254 children awaiting places.*** Of the 192 places available to Northumberland children, 126 are available in the county. Thus, to our knowledge, less than half the Educationally Subnormal children in Northumberland are receiving schooling suitable to their needs.

* These figures were taken from Annual Reports up to and including 1958.

TABLE VIII.

COMPARISON OF COUNTY BOROUGHS, COUNTY COUNCILS, AND NORTHUMBERLAND COUNTY COUNCIL, ON THE FOLLOWING MATTERS.

(i) Places available for educationally subnormal pupils.

(ii) Number of educationally subnormal pupils awaiting places.

(iii) Number of school children seen at child guidance clinics.

	Rate of educationally subnormal places per 100,000 school children.	Rate per 100,000 school children awaiting educationally subnormal places.	Rate per 100,000 school children seen at Child Guidance Clinics.
*County Boroughs	556	84	439
†County Councils	345	234	590
Northumberland	258	338	160

* *County Boroughs.*

Blackburn.
Carlisle.
Huddersfield.
Rotherham.

† *County Councils.*

Breconshire.
Cambridgeshire.
County of Lincoln.
Derbyshire.
East Suffolk.
East Sussex.
Flintshire.
Glamorgan.
Hertfordshire.
Isle of Ely.
Nottinghamshire.
Shropshire.
Staffordshire.
Yorkshire North Riding.

DETECTION AND PREVENTION OF DISEASE BY IMMUNOLOGICAL PROCEDURES.

(1) *Tuberculosis.*

During the year, 4,123 school entrants at 148 schools were skin-tested by the Heaf Multiple Puncture test,and of these 91 were found to react. However, of these reactors, it was discovered that 24 had had B.C.G. vaccination, which brought the number of newly found reactors to 67, giving a percentage of 1·6. This is the lowest figure recorded since the scheme was initiated in 1953.

Table IX shows the number of children tested.

TABLE IX.

RESULTS OF THE TUBERCULIN TESTING SCHEME FOR SCHOOL ENTRANTS.

County Districts.	No. of Schools in which test was carried out.	No. of children tested.	No. of reactors.	Percentage of reactors.
Boroughs.				
Berwick	—	—	—	—
Blyth	2	111	5	4·5
Morpeth	2	112	—	—
Wallsend	11	697	8	1·1
Whitley Bay	5	227	11	4·8
Urban Districts.				
Alnwick	2	91	4	4·4
Amble	—	—	—	—
Ashington	—	—	—	—
Bedlingtonshire ..	3	166	4	2·4
Gosforth	2	131	3	2·3
Hexham	2	108	2	1·8
Longbenton	13	679	10	1·5
Newbiggin-by-the-Sea	3	106	1	0·9
Newburn	10	537	20	3·6
Prudhoe	5	127	3	2·3
Seaton Valley ..	9	193	2	1·0
Rural Districts.				
Alnwick	—	—	—	—
Belford	—	—	—	—
Bellingham	11	84	1	1·2
Castle Ward	12	202	1	0·5
Haltwhistle	7	72	1	1·4
Hexham	24	202	10	4·9
Morpeth	14	226	5	2·2
Norham & Islandshires	—	—	—	—
Rothbury	11	52	—	—

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

Since 1955, parents of 13 year old children have been offered B.C.G. vaccination for their children. Circular 7/59 (Ministry of Health) extended the scheme to children of 14 years of age and upwards, who are attending school, and also students attending universities, teacher training colleges, technical colleges, or other establishments of further education. B.C.G. vaccination has been offered to these groups during the year.

It is noted that, of the 7,203 to whom it was offered, 5,803 accepted, or 80 per cent. However, 1,050 children in the north of the county were not offered B.C.G. vaccination because there was no school medical officer for that area, so actually 8,253 children were eligible, but due to absence only 5,362 of those accepting were given a skin test. Thus 65 per cent. of the total eligible in the county were skin-tested. Four thousand two hundred and fifty-three were found eligible for B.C.G. vaccination and 4,224 were vaccinated.

It is hoped to be able to offer B.C.G. vaccination to all children of 13 years of age and over in the county.

Tables X and Xa give analyses of the work carried out.

Table X.

B.C.G.—VACCINATION.

Period from 1st January to 31st December, 1959.

SCHOOL CHILDREN SCHEME (Circulars 22/53 and 7/59).

(School children under 14 years of age).

(i) No. of children eligible for B.C.G. vaccination	8,253
(ii) No. of children offered B.C.G. vaccination ..	7,203
(iii) No. skin tested	4,976
(iv) No. found positive	820
(v) No. found negative	3,964
(vi) No. vaccinated	3,936

Period from 1st May to 31st December, 1959.

OLDER SCHOOL CHILDREN SCHEME (Circular 7/59).

(School children of 14 years and upwards).

(i) No. skin tested	386
(ii) No. found positive	89
(iii) No. found negative	289
(iv) No. vaccinated	288

STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS (Circular 7/59).

(i) No. skin tested	123
(ii) No. found positive	65
(iii) No. found negative	52
(iv) No. vaccinated	51

Table Xa.

RESULTS OF THE B.C.G. SCHEME.

County Districts.	No. of Leavers.	No. Refused.	No. T.B. Tested.	No. Positive.	No. Negative.	No. B.C.G. Vaccinated.
Boroughs.						
Berwick	—	—	—	—	—	—
Blyth	552	167	361	56	269	267
Morpeth	287	22	214	55	152	144
Wallsend	2,064	564	1,378	142	1,219	1,218
Whitley Bay	478	89	352	67	283	279
Urban Districts.						
Alnwick	196	2	194	52	119	119
Amble	—	—	—	—	—	—
Ashington	264	49	201	27	174	174
Bedlingtonshire ...	484	118	318	68	250	250
Gosforth	352	64	285	50	234	233
Hexham	210	21	177	36	136	136
Longbenton	823	108	664	07	518	518
Newbiggin-by-the-Sea	155	19	118	41	68	65
Newburn	124	28	90	11	73	73
Prudhoe	110	12	98	10	84	84
Seaton Valley	347	62	296	35	250	247
Rural Districts.						
Alnwick	—	—	—	—	—	—
Belford...	—	—	—	—	—	—
Bellingham	112	18	77	19	57	57
Castle Ward	80	8	72	8	61	61
Glendale	—	—	—	—	—	—
Haltwhistle	72	18	48	6	40	40
Hexham	139	8	122	27	84	84
Morpeth	164	9	119	47	63	57
Norham and Islandshires	—	—	—	—	—	—
Rothbury	20	1	18	4	14	14
Marton Camp School, Cheshire	52	5	44	6	37	37
Further Education Colleges	164	40	123	65	52	51
Training Schools ...	89	5	84	23	48	48
Mental Hospitals ...	28	—	28	11	17	16
Occupation Centres ...	7	3	4	1	3	3

(3) *Poliomyelitis vaccination.*

By the end of the year under review, 103,031 children had received two injections. This includes pre-school as well as school children.

The percentage of eligible children vaccinated at the end of the year was 87.

(4) *Immunisation against Diphtheria.*

One thousand two hundred and eighty children between the ages of 5 and 14 completed a full course of primary immunisation against diphtheria. Five thousand one hundred and forty-nine children received a reinforcing injection during the year. This compares favourably with 1958, when 443 children received an initial, and 2,174 received a reinforcing injection.

From Table XI it can be seen that relatively greater numbers of school children living in urban areas received these injections than those children living in rural, less populated, northern and western parts of the county.

The school medical officers helped the area medical officers to carry out this immunisation scheme, and it is expected that, in the future, more use will be made of the school medical officer in this aspect, in order that all school children may be given a reinforcing injection against diphtheria.

TABLE XI.

NUMBER OF SCHOOL CHILDREN, BY AREAS, WHO RECEIVED INITIAL AND REINFORCING DOSES OF DIPHTHERIA VACCINATION DURING 1959.

Sub-Committee Area.	Number of school children who completed their initial immunisation against diphtheria in 1959.	Number of school children who received a secondary (reinforcing) injection against diphtheria in 1959.
North No. 1 ..	3	147
North No. 2 ..	22	187
Central	133	907
East	401	1,874
South	35	593
South East ..	271	646
West	41	110
Wallsend ..	374	685
Totals ..	1,280	5,149
1958 Totals for Comparison ..	443	2,174

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS.

(1) *Handicapped children.*

In order to trace the handicapped child, the health visitors, who come across any children of two years of age and upwards, who either have a physical defect or show signs of backwardness mentally, send their names, addresses and history to the Principal School Medical Officer, in order that these children may be seen by the school medical officers, and, if necessary, ascertained as handicapped. It is only in cases of gross handicap that a child is ascertained immediately. In the majority of cases, the child is kept under observation and given a trial at school. If it is then found that special educational treatment is required, every effort is made to have the child placed in an appropriate school.

The categories of handicapped children, and details, are shown in Table XII.

TABLE XII.

CATEGORIES OF HANDICAPPED PUPILS SHOWING NEWLY ASCERTAINED CASES AND NUMBERS ACTUALLY PLACED IN SPECIAL SCHOOLS.

Category.	New Cases ascertained.	Cases placed in Special Schools.	Attending Special Schools.	Requiring places.
Blind	1	—	8	—
Partially Sighted ..	3	1	12	8
Deaf	5	6	37	3
Partially Deaf	3	1	17	—
Educationally subnormal	59	23	198	219
Epileptic	1	3	10	1
Maladjusted	5	4	6	10
Physically Handicapped	4	8	23	3
Delicate	10	10	14	—
	91	56	325	244

In addition, 27 children received education whilst in hospital, 88 were on the register of hospital special schools, and 36 were provided with tuition at home.

Thirty-two children were notified to the Local Health Authority under Section 57 (3) of the Education Act, 1944, as being incapable of receiving education at school. Wherever possible (if thought suitable for training) the child's name is then placed on the waiting list of one of the occupation centres which are provided by the Health Committee at Ashington, Bedlington, Berwick, Prudhoe, and Wallsend. The waiting list is not usually very long, and children are soon found places. For those whose residence is too far distant from a centre to warrant transport, instruction is provided by visiting home teachers.

Eight pupils were notified to the Local Health Authority under Section 57 (5) of the Education Act, 1944, as requiring supervision after leaving school.

(2) *Special Schools.*

The Education Committee now have two special educationally subnormal schools which they maintain. The first to be opened was Gallowhill Residential Special School, which was opened in 1955, and in January of this year, the second, Cleaswell Hill Day Special School, was opened.

Gallowhill Residential Special School.

When the school opened, 19 boys were admitted as a nucleus, their ages ranging from 12 to 13 years. During the next term, a younger group, i.e. 10 plus, were admitted, the reason for this being that the older ones were then established and could care for and guide the younger ones.

The school continues to cater for the educationally subnormal boy. Fifty-four boys attend and great benefit has been derived by these pupils. Included in their education is pottery, rug making, and other crafts. The school is situated in a rural setting, and the three R's are taught by practical experience, gained in caring for the livestock. **All the 18 boys who left the school from April 1957 to April 1959 have obtained employment of varying types of a manual nature,** at rates of between £2 9s. 6d. and £5 0s. 0d. per week.

Cleaswell Hill Day Special School.

This school opened in January of this year with 97 pupils, a further child being admitted during the year. More children would be attending but for the shortage of staff. There is accommodation for 140 children, and it is hoped to recruit staff in order to use the school to its full capacity.

In addition to these special schools provided by the Education Committee, there is also situated in the county the Percy Hedley School for Spastic Children, which is administered by a voluntary body, and is recognised by the Ministry of Education. The school has been functioning for the past six years, and has grown until now it accommodates 72 children, with severe physical disabilities, who are of normal intelligence, ranging in age from 2 to 16 years. Thirty-two are day pupils and 40 live in two boarding houses at the school. By September of this year, the school was able to admit all known children with cerebral palsy, suitable for admission, living in the five northern counties. At the end of the year, there were 12 county children as pupils in the school, 6 being day and 6 residential.

(3) *Hospital Schools.*

The Education Committee provide education at the two following hospitals:—

Stannington Children's Hospital School.

As was stated in the report of last year, this hospital, due to the decline in tuberculosis, caters more for the delicate child than for those with tuberculosis. In fact, this can be seen from the following details:—

Admissions—19 children with a tubercular condition.
54 children with other defects.

Discharges —17 children with a tubercular condition.
62 children with other defects.

W. J. Sanderson Orthopaedic Hospital School.

Children recommended by the orthopaedic surgeons for operative treatment were admitted to the W. J. Sanderson Orthopaedic Hospital, and their education continued whilst there. Seventy-two children were admitted during the year, and at the end of the year there were 31 remaining in hospital.

HEALTH EDUCATION.

It has been said that the school medical officer will, in the future, be required to spend more time on health education or health counselling.

Although health education is increasing in importance, still not a lot is known about it. There is a danger that it may fall quickly into disrepute if the message it gives is not a true statement of fact, and if the medium in which the message is conveyed is not a suitable one. Therefore, the essential part of all new health education schemes is to convey a message, and at the same time, they must also, if possible, be self evaluating.

During 1959, all school medical officers spoke to individual children on such matters during medical inspections. The following subjects were dealt with:—

(i) General hygiene, and the suitability of clothing and footwear.

(ii) The presence of chronic dirt, its dangers and its cure.

(iii) The advantages of injections against tuberculosis, poliomyelitis, whooping cough, diphtheria and smallpox.

(iv) Road drill and matters concerning home accidents.

(v) Smoking and lung cancer.

Dr. Deegan writes: "In my experience, parents and children of all ages are interested in such topics, particularly if they arise from some point raised in the clinical examination, and if they are discussed in non-medical, homely language that they can understand, their value is increased."

Health education, in the form of group discussion and lectures, was carried out as follows:—

Talks on mothercraft, sex education, and the hygiene of menstruation, were given by health visitors to the older girls.

Dr. Deegan gave talks to groups of parents on the B.C.G. vaccination programme, and held group discussions with senior children on the importance of immunisation and vaccination, lung cancer, and accidents in the home and on the roads—a field where health education should play an important part.

Dr. Cubie gave two talks to sixth form grammar school girls about public health and infectious diseases; the girls study hygiene as part of biology for the G.C.E. These talks were given at the request of the grammar school headmaster.

Dr. Dewell gave a talk on B.C.G. vaccination at the College of Further Education, Whitley Bay, a talk to the Townswomen's Guild, Whitley Bay, on the care of the handicapped in the county of Northumberland, and a talk on tuberculosis and B.C.G. vaccination to the students at Kirkley Hall Farm Institute.

Two of the school medical officers noted a reluctance in older children to accept advice, and often the portrayal of boredom and impatience on their faces when such advice was given. All the school medical officers have experienced this. However, as stated previously, if the contents of the message are a true statement of fact, and the wrappings are suitable, i.e. the medium in which they are presented, then much of this boredom will be replaced by interest.

REPORT ON ACCIDENTS.

Twenty-five school children in Northumberland died in 1959. Five of these deaths were due to road accidents, and five to other types of accidents. Nineteen of the 25 deaths occurred in boys, and the 10 deaths due to accidents all occurred in boys.

Over half the deaths in schoolboys in this county were due to road and other accidents. There were 341 injuries to school children due to accidents on the road.

Table XVI gives deaths and injuries from road accidents occurring in Northumberland school children over the last three years. Deaths have decreased, but injuries have increased, and the over-all total of deaths and injuries have increased with each year.

TABLE XVI.

DEATHS AND INJURIES FROM ROAD ACCIDENTS OCCURRING IN NORTHUMBERLAND SCHOOL CHILDREN FOR THE YEARS 1957, 1958 AND 1959.

	1957.	1958.	1959.
Killed	9	7	5
Injured	299	335	341

GALLOWHILL SCHOOL

An Art Lesson at Gallowhill School

Recreation at Gallowhill School

INDIVIDUAL REPORTS OF THE SCHOOL MEDICAL OFFICERS.

East Central Area.

The health of school children in Bedlington and Ashington in 1959 proved satisfactory. Measles was the only outbreak of importance. Nutrition was also satisfactory, only 2·3 per cent. being classified as unsatisfactory. Many who were so designated, were treated by ultra violet light, or recommended to special schools, or followed up at re-inspections. Major defects were relatively rare, but, even so, all defects found produced the figures of 54 per cent. defective in some way, among infants, 57 per cent. among juniors, and 49 per cent. among seniors. Most of the defects were of the upper respiratory tract in origin. **Much of the catarrh found could have been ameliorated by the proper use of a handkerchief, sadly lacking in many cases.**

Thin children were mostly found to belong to a thin family, but it was disturbing to find so many obese pupils, especially among the girls. Rarely was a pituitary cause found. **Parents still seemed to think that fatness meant health, and were loathe to diet their offspring. It was often amusing, during infant school playtime, to see mothers pressing biscuits or sweets to their children through the bars, as if they were animals in a zoo.** The pupils, themselves, seemed to lack willpower to diet and at re-inspections their weight continued to soar, and they admitted excessive eating.

The proportion of defective vision varied greatly from school to school, and yet differences in lighting could not explain the phenomenon. It was aggravating to find so many pupils without their glasses—as many as 80 per cent. in some schools were so found. This was an example of bad parental management, another example being the lack of control over the footwear of adolescent girls. Even if court or other fancy shoes were worn, they did not fit properly round the heels and rims.

It was again gratifying to find children with speech defects improving under treatment, but the great problem has been the need for psychiatric advice. Whether it was due to overcrowded home conditions, or due to some psychological maladjustment in themselves, many parents seemed unable to control their children. For example, they even asked their children whether they would attend hospital, if dental or otological advice was suggested.

Immunisation sessions were held in the schools in Ashington, and B.C.G. vaccination continued as usual. So few reactions at 5 years old to the tuberculin test were found (1·5 per cent.) that the test was discontinued at this age in 1959.

Examination of part-time employees, teacher trainees and county employees were carried out as required.

Visits to Children's Homes were made from time to time, and foster children examined.

Parents have attended inspections in good numbers, especially at the first and second examinations and seemed pleased at the opportunity of attending.

The work proceeded smoothly, in no small way due to the devoted help of health visitors, school nurses and teachers.

East Area.

During 1959, periodic medical inspections proceeded as usual. As in previous years, the proportion of parents attending was highest in the infants', and to a lesser extent, the junior schools. The percentage dropped in the secondary and grammar schools—in many cases the parents were dissuaded from attending by their children.

The proportion of children, examined at periodic medical inspections, exhibiting smallpox vaccination scars remained unsatisfactory as in previous years. A satisfactory percentage of children examined had undergone poliomyelitis vaccination, but this figure could be improved upon.

The most common defects noted at periodic medical inspections were visual ones. These were mainly dealt with by the bi-weekly school refraction clinic in Blyth.

The next most common defects noted were orthopaedic, poor posture, short legs, and flat feet accounting for most of these. Girls in the secondary schools still persist in wearing slip-on and casual shoes, which offer little or no support to feet whatsoever.

At the infants' school inspections, it was noted that very few of the children were able to dress and undress themselves.

B.C.G. vaccination was carried out during the winter term. It was interesting to compare the results of vaccination with freeze-dried vaccine with those of vaccination with liquid vaccine. Generally speaking, the conversion rate with freeze-dried vaccine is not as high as that with liquid vaccine. The vaccination marks, however, were generally smaller, and sometimes non-existent, with freeze-dried vaccine.

In some cases, tuberculin tests carried out two months after vaccination gave a positive result, which reverted to negative when re-tested one year after vaccination. Of 514 children offered B.C.G. vaccination during 1959, there were 163 refusals, i.e. approximately 32 per cent.

Foster children were examined during 1959, and were found to be healthy and well-cared for.

All the entrants to teachers' training colleges, examined during 1959, were passed fit for training.

South-East Area.

The general health of the children remains very good. Physically, the children are very well cared for. In my opinion, the two main problems concern the educationally subnormal children, and those with behaviour problems. In this area of the county, there is, as yet, no provision for non-residential schooling of the subnormal children, and this is a crying need, and would make a real contribution towards solving the problem of delinquency.

Many behaviour problems, due to parental stresses, show themselves in physical symptoms, such as pains, feeling faint, nervous vomiting, etc. Other problems are the familiar anti-social traits of stealing, lying, etc.

There is, in my opinion, urgent need for the extension of the child psychiatry service, and also in the special schools available to the emotionally disturbed or maladjusted children.

As regards the detection and prevention of tuberculosis, tuberculin testing of 5 year olds was continued, and among 770 children tested, 7 reacted. These were all examined at hospital, and two children were found to be suffering from tuberculosis, and needing treatment and supervision. Follow-up of the contacts revealed one adult needing treatment for tuberculosis, hitherto unsuspected. It seems clear that this work still remains important.

B.C.G. was offered to 13 year olds. They are more ready to accept when the reactions do not interfere with swimming, so this work will, in future, be arranged in the winter.

Protection against Diphtheria.—This is now being offered to children at school, who have not taken advantage of the pre-school injections. The response is quite good.

Protection against poliomyelitis was continued, and injections given to 949 children.

South Area.

Medical examinations during the year 1959 have shown that the children generally are of excellent physique. It might be expected that this would be associated with fewer defects found and a lessened need for routine examination. It was interesting, however, to note in infant and junior schools, the high percentage of attendance of parents as shown by the following analysis of examinations carried out during the autumn term:—

	Infants' Departments.			
School.	Boys.	Parents.	Girls.	Parents.
Gosforth C.P. ..	31	26	29	27
South Gosforth C.P.	23	22	21	21
Gosforth C. of E. ..	7	7	11	11
Langley Avenue C.P.	29	29	25	25
	90	84=93%	86	84=97%

	Junior Departments.			
	Boys.	Parents.	Girls.	Parents.
Gosforth C.P. ..	31	27	29	22
South Gosforth C.P.	16	10	24	24
Gosforth C. of E. ..	10	10	13	11
Whitley Park C.P. ..	44	40	40	37
Whitley South C.P. ..	26	20	31	24
	127	107=84%	137	118=86%

The school leaver prefers to be without a parent, and this is shown by the low percentage of parents at two schools in the Whitley area:—

School.	Leavers.	
	Girls.	Parents.
Whitley Bay County Secondary ..	53	4
Monkseaton County Secondary ..	15	4
	68	8=10%

That the intermediate examination at the nine year old level supplies a need was confirmed by the interest shown by the parents in the discussion of problems relating to health or behaviour. Whether or not previously undetected defects are discovered at the examination, the interview gives an opportunity to discuss with the parent such matters as prophylaxis against disease, remedial exercises, and other subjects relative to physical and mental health.

It has been noted that the onset of menstruation has been advanced one and a half to two years on an average. Associated with this is an earlier onset of the temperamental manifestations which are liable to occur during the period of puberty. The most common symptoms encountered are moodiness and rebellion against authority, usually parental. In several instances, advice was sought and a greater understanding brought about between child and parent when the cause of the defiance was explained. That children have an early knowledge of sex matters and are emotionally interested in the opposite sex is now a problem to be faced at an earlier level during the school life.

Footwear is deplorable. Leather soles are rarely seen and the universal wearing of casuals undermines our efforts to prevent flat foot. **The present fashion of the pointed toe is being rapidly adopted by the teenager and, if not checked, will probably result in a female population suffering from bunions,** and many hospital beds being utilised for operative treatment of the deformity. Very few children are able to abduct the big toe by voluntary movement and exercises to prevent valgoid deformity should be taught at an early age. **Several teenage girls have been found to require operative treatment for painful bunions and hammer toes.** Circulatory disorders of the legs and feet, including chilblains, have been noted, and in one department a veto against wearing stockings came to light. Ankle socks, while suitable in summer, do not give adequate protection against intense cold in the winter. I noted that the gymnastic teacher was well protected by a track suit.

There has been an excellent response to poliomyelitis and B.C.G. vaccinations. Efforts are being made to reduce the hard core of refusals and to bring in those who missed the opportunity previously. Health visitors have co-operated in following up this latter group. The use of freeze-dried B.C.G. vaccine produces a lesion which usually causes little trouble. This helps to promote more acceptances. Diphtheria immunisations have been carried out in schools in the Gosforth area, with a very satisfactory acceptance rate.

Among the special cases an unusual type of speech disorder, caused by auditory imperception, was brought forward for special examination, and recommended for education in a special school for speech defects. The child has an outstanding high level of intelligence, as ascertained by pure performance tests, but was failing to make adequate progress at school.

Several cases of exceptional emotional disturbance required psychiatric treatment:—

A teenage girl, with suicidal impulses due to depression, had to be discharged on this account from Stannington Hospital School.

A very agressive, intelligent boy, who suffered from haemophilia, and whose home background lacked security and affection, was recommended for education in a special school.

Another teenage girl gave vent to her feelings by destroying clothing belonging to other girls.

An eight year old boy, whose mother had had a nervous breakdown, developed a phobia against germs, which caused him to be repeatedly washing his hands. This case was dealt with by interviews in school and clinic with satisfactory results.

Three cases of rheumatic fever occurred. All children responded to treatment and are free from permanent damage.

Temporary home teaching was recommended for a diabetic girl, who was having operative treatment for cataracts.

A boy living some distance from school, who suffered from congenital heart disease and recurrent chest colds, was admitted to Stannington Hospital School. He was overprotected at home and his mother was at first very reluctant for him to go away.

Handicapped children, who had left school, were followed up where possible, and where there was a need. A recommendation was made for a girl who suffered from multiple congenital deformities to go to a residential place for training in shorthand and typewriting.

South-West Area.

Medical inspections and re-inspections have been carried out in all the schools of the Castle Ward and bordering districts in my area. Children have been seen from a mixture of industrial and rural homes. The general health of children is good, and there is frequently a 100 per cent. attendance of parents invited to the periodic medical inspection in the

infant and junior age groups. Parents of older children are more often unable to attend, as they are employed out of the home. Children of families settled into new estates for some time show fewer defects.

The area has been enlarged to include schools in the Longbenton and Prudhoe areas. One new secondary school has opened at Ponteland, and children are travelling in from more remote rural districts for their secondary education.

There have been no major outbreaks of infectious disease, and interruption of medical inspection on this account was negligible.

Vaccination with B.C.G. has been carried out in the schools of this area for all eligible children, and diphtheria booster inoculations have commenced. There are few refusals of vaccination, but some confusion exists among parents as to the nature and purpose of the different inoculations offered. A high percentage of children was found at periodic medical examination to have had poliomyelits vaccination, whereas relatively few were vaccinated against smallpox.

Medical examinations were performed on entrants to teachers' training colleges and school groundsmen.

Boarded-out children were given a yearly examination, and those with a positive tuberculin test referred for chest x-ray when applicable.

West Area.

My time has been limited this year, due to my part-time employment with this authority, whilst taking my Diploma in Public Health, but I have carried out routine medical examinations in all the schools in my area, and covered all the entrants and leavers.

In the intermediate 9 year old group, head teachers were asked to put forward the names of any children about whom they were particularly concerned, and these I also examined.

Tuberculin skin-testing has been offered to all children in the entrants' and 13 year old groups—the latter prior to B.C.G. vaccination.

The response of parents of entrants has been most gratifying, and they are to be congratulated. Almost without exception they have given their consent willingly. The refusals form the hard core—almost the irreducibe minimum.

Despite the fact that there were few positive reactors in this group, I feel there is still need to continue with this routine testing, so that we can identify, and if need be, treat those who are tuberculin positive; find the infectors by investigating their families; confirm that children previously vaccinated with B.C.G. remain positive; and determine and compare the incidence of tuberculous infection from year to year.

The response has not been the same in the 13 year old group. I carried out a small survey in a four-stream entry secondary modern school, and the table below compares the results between the first and fourth streams:—

Stream.	Number offered B.C.G.	Number of consents obtained.	Per-centage.	Number of positive reactors.	Per-centage.
First ..	68	54	79·4%	9	16·7%
Fourth ..	67	29	43·3%	8	27·6%

The numbers are small, but the results show that the consents obtained in the first stream were almost double, and the positive reactors nearly half, those of the corresponding fourth stream entry.

This would seem to indicate the group of children (and parents) to whom the health education programme must be directed.

B.C.G. vaccination was also given to the students in the Northern Counties Domestic Science College in Hexham.

The poliomyelitis vaccination programme was extended to adults, and all teachers in my area who so elected were vaccinated.

The number of children referred to me by parents and teachers for behaviour problems continues to increase. Unfortunately, there is a six months' waiting list at the Child Psychiatry Unit at Tiverlands, and this would indicate a growing demand for such treatment, which can only be met by increasing the number of units in the region.

To conclude, I would like to thank, not necessarily in order of importance, all those consultants, family doctors, head and class teachers, health visitors, the physiotherapists and speech therapists, and my clerk—all of whom, by their willing co-operation, have made my work so much easier.

Central Area.

During the year, medical inspections and re-inspections were carried out in the Morpeth, Morpeth Rural, Newbiggin, Ashington and Rothbury schools.

Mumps, measles and chicken-pox were present in the schools during the first few months of the year. The 'dysentery' which had been present in Newbiggin and Ashington the previous year, spread to the Morpeth rural area in the New Year, and lasted through the summer, in some cases reaching epidemic proportions, e.g. Longhorsley. This epidemic was characterised by a very wide range of symptoms—'flu'-like illness with stiff neck, sore throats, severe headache, 'streaming' nose (in some cases epistaxis), abdominal pain, diarrhoea and vomiting—one or all symptoms might have been present. This was fully investigated by the Public Health Laboratory and the new Department of Virology, and it was thought that there were two types, one a true dysentery and one a virus infection. Sonne organisms were isolated in some cases, but no virus was ever demonstrated.

In March, a case of tuberculosis was reported from Bedlington Grammar School, but there have been no further cases reported.

In spite of the good summer since school was resumed in September, there has been a fairly high incidence of colds, coughs and sore throats, and nearly all the children seen at a recent medical inspection appeared to have a cold. There has also been an epidemic of chicken-pox in the Rothbury school.

This year there seems to have been a higher proportion of school entrants (both boys and girls) who have some degree of speech defect, varying from a continuation of 'baby' speech to a true dyslalia. Most of these children improve with attendance at school, but some require speech therapy.

There are two schools in my area, namely Pegswood and Newbiggin East Junior, in which eye defects appear to be more common than in any other school, and yet neither the building nor the lighting appears to be at fault.

Throughout the year, B.C.G. vaccination was carried out in the schools, and the poliomyelitis vaccination drive continued, including "open" sessions in Morpeth Town Hall. Diphtheria immunisation has been hampered by the poliomyelitis vaccination, but arrangements have been made for 5 and 9 year boosters at the beginning of next term.

The physical condition of the children remained good, and on the whole, they were well fed and clothed, but, they appear to have a much later bedtime now and even the little ones sit up watching television.

During the year, routine visits were paid to the Children's Homes in Morpeth and the Occupation Centre, Ashington, and B.C.G. vaccination was carried out at Northgate Hospital at Dr. Millman's request.

REPORT ON THE SCHOOL HEALTH SERVICE FOR WALLSEND, 1959.

There was a considerable increase in the number of routine inspections carried out during 1959 compared with 1958. Altogether 3,180 children were examined: the figure for 1958 was 2,057 and this lower figure was entirely due to the time involved in the large number of poliomyelitis injections given to school children in that year. The high standards of general health and cleanliness, noted in the years since the war, were maintained.

Associated with the school inspections, facilities were offered as in previous years for tuberculin skin-testing, and immunisation against diphtheria and poliomyelitis; also B.C.G. vaccination for those aged 13 years and over. **The high rate of attendance of parents particularly in the case of entrants continued to prove invaluable from the aspect of securing consent to immunisation against diphtheria and poliomyelitis.** The number of children giving a positive response to the tuberculin skin test continued to fall and at 6 out of 11 infant schools no positive reactors were found. Altogether 697 children were tested and there were 8 positive reactors.

During 1958 a class for backward children began at the Hadrian Secondary Modern School. This class was in addition to the one which had already proved successful at the Bewicke Junior School. It is to be hoped that it will be found possible to increase the number of special classes of this kind.

Ringworm of the scalp made an unwelcome return to Wallsend in the autumn. The first child found to be infected (a boy aged 8) was examined by a dermatologist who considered that the infection had been present for at least three months. For six weeks of this time the schools had been on holiday, but, even so, the chances of many other children having been infected seemed considerable. The infecting agent was identified as microsporon audouini. As soon as possible all children attending the school were examined under a portable Wood's Light but only one additional infected child was found in September, one in October and two in November. At a further 7 schools between September and the end of November altogether 18 children were found to be infected: there was also one pre-school child. Four Infant Schools were involved, the total cases being 8 (3, 2, 2, 1). Three Junior Schools accounted for another 8 cases (5, 2, 1) and at one Senior School 2 cases were found. Of 19 children, 13 were boys.

The measures taken in an attempt to control further spread were to examine as quickly as possible all children in every school class concerned and then the whole school. Once the original 4 Infant and 3 Junior Schools had been examined, visits were paid to the other 8 Infant and 8 Junior Schools. At first the intention had been to proceed to the Senior Schools, but as it was December before the last Junior School had been examined, it was considered preferable to pay return visits to the 8 schools in which cases had been found: no further cases were discovered at the second visits which were completed in the early weeks of 1960: and the same absence of new cases was the result when third and final visits were paid to the school classes from which the cases had come.

The method of spread of the infection remained unsolved. It would appear that the outbreak stopped before the end of 1959, but in view of the obvious and inevitable delay before this kind of infection is discovered and contacts can be examined, it is surprising that the total number of cases was not larger considering that the 18 cases were spread over 8 different schools. The portable Wood's Light was used for approximately 8,000 examinations: the health visitors and nurses, who carried out the work, undertook the painstaking task with commendable enthusiasm. Perhaps the most encouraging features of the episode were firstly the success of the new chemotherapy (in contrast to the unpleasant x-ray epilation previously employed), and secondly the willing co-operation of family doctors and dermatologists.

REPORT ON THE OPHTHALMIC SERVICE.

Ophthalmic clinics, attended by part-time opthalmologists, who are mainly attached to the Eye Department of the Newcastle General Hospital, are held in schools, school clinics, and child welfare centres, throughout the county.

Children found at medical inspection to have defective vision are referred to the clinics for consultation, and, if found to require spectacles, these are prescribed and are supplied by the Ophthalmic Services Committee of the Executive Council. The ophthalmologist is remunerated by the county council, and the fee for each prescription is refunded by the Ophthalmic Services Committee.

During the year, 870 sessions have been held, at which 7,286 children were examined, and of these 4,465 were prescribed spectacles. In 1958, five more sessions were held, 14 less children were examined, and 74 fewer were prescribed spectacles.

Although it is the aim of the Service to have each child requiring examination seen by a specialist, many parents do not take advantage of these facilities, and it is known that 1,407 children had spectacles provided other than through the School Health Service, making a total of 5,872 children having had spectacles provided during the year. This was 682 more than in the previous year, when the total was 5,190.

Orthoptic treatment.

Orthoptic treatment is provided at the Eye Department of the Newcastle General Hospital for those children who may be referred from the school eye service clinics as requiring hospital treatment for correction of squint, and, if considered necessary, operative treatment. Four of the opthalmologists who attend the school clinics are consultants at the hospital, and are able to give a continuity of treatment.

Mr. J. D. Shepherd, the Hospital Secretary, has kindly supplied the following information:—

New cases	17
Discharged	102
Operations	98

Discharges in detail:—

Orthoptically satisfactory	30
Cosmetic result	42
Failed to report	23
Left district	1
Referred back to school clinic owing to travelling difficulties, etc.	6

It is regrettable to note that 23 of the discharges (22·5 per cent.) failed to report, and this after having been visited by a health visitor in the majority of cases, as the hospital usually enquire as to the reason for failure to attend.

REPORT ON THE ORTHOPAEDIC SERVICE.

The establishment of the service is four after-care sisters, and thoughout the year this has been maintained.

Four consultant orthopaedic surgeons, who are on the staff of the Regional Hospital Board, attend at 14 centres in the county, and advise the necessary treatment, which is carried out by the after-care sisters at 17 clinics.

During the year, there have been some alterations in the venue of the surgeon clinics, as follows. Cases seen previously at Bellingham, Prudhoe and Hexham clinics, now attend Hexham Hospital, and consideration is being given to holding clinics in hospitals where this would be convenient to the area.

Treatment continues in the authority's clinics.

The number of school children seen at the clinics is shown in Table XIII. The number of new cases seen during this year was 15 less than last year, when the figure was 632.

TABLE XIII.

WORK CARRIED OUT DURING 1959 BY THE ORTHOPAEDIC SERVICE.

Clinic.	Number of Sessions: Orthopaedic Surgeons for consultation.	Physiotherapists for treatment.	Number of new cases examined by Orthopaedic Surgeons.	Total number of attendances by patients.
Alnwick	31	57	63	250
Amble	1	89	25	221
Ashington ..	24	69	45	557
Bellingham ..	2	62	2	157
Berwick	26	42	35	93
Blyth	20	69	124	691
Gosforth ..	34	151	77	845
Guide Post ..	11	69	30	632
Haltwhistle ..	10	78	11	285
Hexham ..	18	88	38	630
Morpeth	10	78	35	444
Newburn.. ..	10	73	44	374
Prudhoe ..	4	62	16	297
Rothbury ..	8	—	7	19
Shiremoor ..	—	44	—	107
Whitley Bay ..	13	34	28	546
Wallsend ..	18	165	37	1,046
	240	1,230	617	7,194

In addition to the school children seen, the surgeons also examined 632 new pre-school cases and 317 new adult cases. Any treatment required was carried out by the after-care sisters, who also treat at home, when the patient is unable to attend the clinic. This is particularly so in the case of infants born with club feet, who are seen at the maternity hospital prior to discharge and are treated at home.

CAMP SCHOOLS.

The Education Committee administer two camp schools, one in the county, situated at Bellingham, and the other in Cheshire county, situated at Winsford.

Brown Rigg Camp School, Bellingham, has been open since 1945, and at present accommodates 100 boys and 70 girls.

Marton Camp School, Cheshire, was opened in 1955, and there are places for 80 boys and 80 girls.

Both these schools provide education for the normal child in the 13 to 15 age group, and are meant to develop a sense of responsibility and self-reliance, and to give a broader attitude to life in an open and healthy environment.

Each school, in addition to the teaching staff, has a hospital sister and a probationer nurse in the sick bay. The school medical officer examines each child on the day after admission, and visits the school at least once during the term. A general practitioner, practising in the vicinity of the school, attends to the pupils' medical treatment.

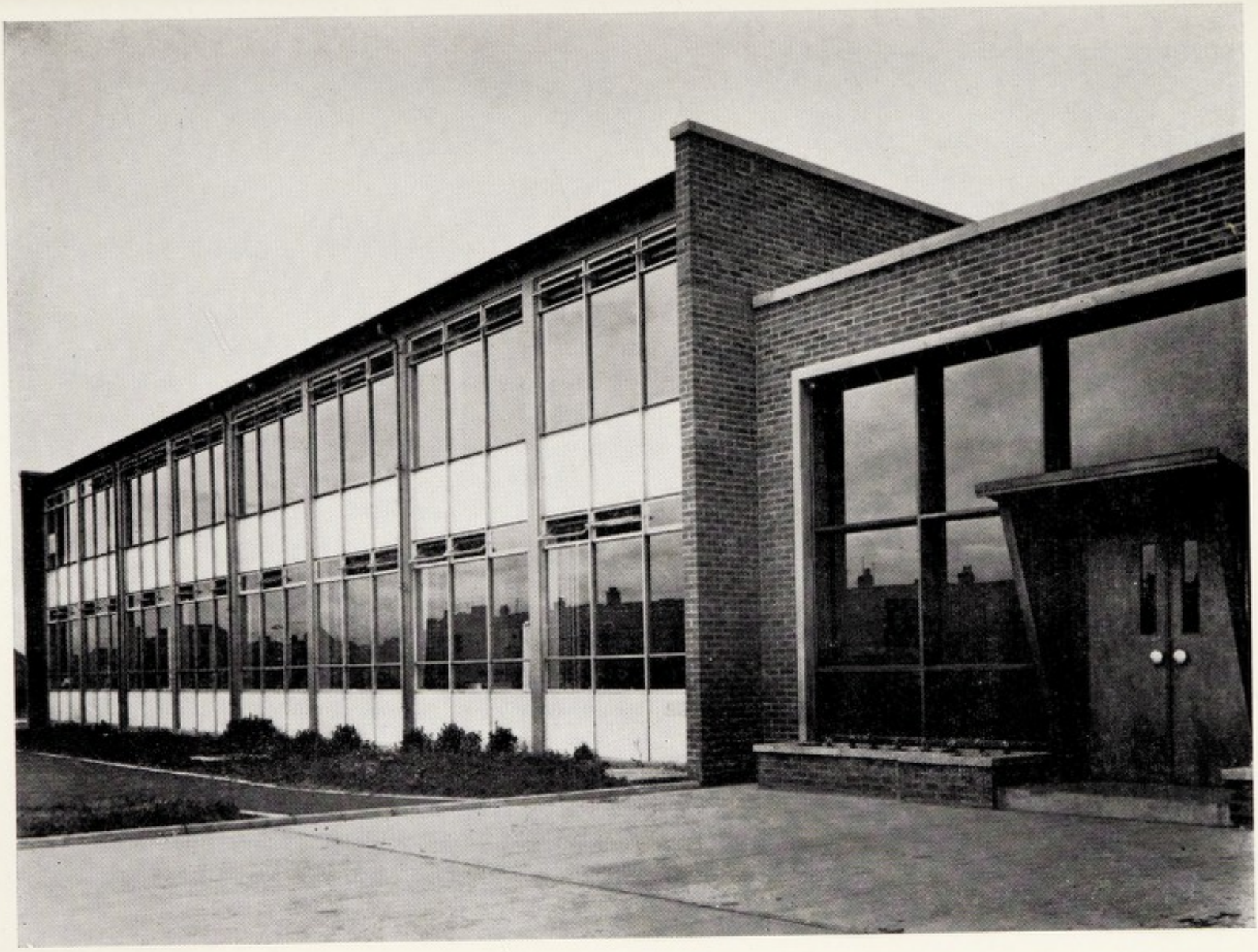
Many county children have benefited from these facilities, and the demand for places is constant.

REPORT ON THE CHILD GUIDANCE SERVICE.

Children found to be emotionally upset or maladjusted continue to be referred to the Child Psychiatry Unit at "Tiverlands," which is administered by the University of Durham and the Newcastle Regional Hospital Board. The children receive child guidance, and the parents receive valuable help from the psychiatrists, both with their own problems and the management of their children. The facilities available at this clinic are not adequate for the area served, as the waiting list is long and it is many months before children are given an appointment. A further difficulty which is experienced is in obtaining an immediate appointment for children, for whom the Juvenile Court has requested a psychiatric report.

It is not possible for "Tiverlands" to give us the actual number of children referred for child guidance. It is not known how many were referred to the clinic by the family doctors, but those referred by the school doctors were for the reasons given below:—

Anxiety state	1
Backwardness	1
Behaviour problems	13
Dementia	1
Encropieses and Vomiting	1
Enuresis	2
Insecurity	1
Larceny	9
Maladjustment	1
Schizophrenia	1
School phobia	3
Truanting	3



Cleaswell Hill School

Lessons in Small Groups at Cleaswell Hill School

Out of Doors Activities at Cleaswell Hill School

REPORT ON THE SPEECH THERAPY SERVICE.

From the beginning of the year, the service was staffed by two speech therapists until 1st September, when Miss B. Davison was appointed, making the full establishment. In view of this, it was possible to re-open clinics which had been closed owing to staff shortage, and devote more time in the clinics in the more populated areas.

New clinics were opened at Bellingham School and Cleaswell Hill Day Special School, and treatment was instituted at the occupation centres at Bedlington, Prudhoe and Wallsend.

Table XIV gives details of the clinics and attendances.

TABLE XIV.

WORK CARRIED OUT DURING 1959 BY THE SPEECH THERAPY SERVICE.

Clinic.	Number of treatment sessions.	Number of children who received treatment.	Number of children discharged.	Number of attendances made for treatment.
Alnwick ..	55	53	14	323
Ashington ..	109	114	45	590
Bellingham ..	13	16	4	146
Berwick ..	86	42	12	459
Blyth	107	95	42	562
Cleaswell Hill Special School	13	19	4	170
Gosforth ..	119	105	32	986
Hexham ..	71	49	31	284
Morpeth ..	89	79	30	509
Newburn ..	55	34	14	311
Prudhoe ..	23	17	5	87
Wallsend ..	96	108	30	1,119
Whitley Bay ..	88	78	24	603
	924	809	287	6,149

During this year, 281 additional sessions were held, 201 more children treated, and an increase of 1,631 attendances were made.

In addition to the children seen at county clinics, 231 were treated at the Royal Victoria Infirmary, and 27 at the Hospital for Sick Children, Newcastle upon Tyne. These children were referred direct to these hospitals by family doctors, the Children's Department and other hospital departments, for the treatment of conditions arising as a result of, or parallel to, the speech defects.

It was found that there was a need for speech therapy for children in the occupation centres. This service has greatly benefited the children who required this treatment and it has been of help to parents.

Thirty-one sessions were held and 33 children treated.

Miss B. Davison reports as follows:—

"In September new clinics were opened at Bedlington Occupation Centre, Bellingham School, Cleaswell Hill School and Prudhoe Occupation Centre, and the speech therapy sessions at Throckley, Prudhoe and Hexham were increased from twice a month to once a week.

The majority of therapy has been given in individual treatments except in the case of stammerers, who seem to gain confidence from the presence of other stammerers. Some group treatment of children with dyslalic difficulties has been tried where it was possible to form a group with similar ages and difficulties. The children seem to enjoy working in a group and are often stimulated to greater effort from a sense of competition, though it is necessary to ensure that no child is made to feel inferior.

The majority of patients seen had dyslalic difficulties in varying degrees. I have found that those children who appear to have simple difficulties often attend the clinic for the same length of time as those who appear to have severe difficulties, often because of lack of practice. I find that the parents of children with the most severe difficulties, especially of those children with dysarthria, are in general the most co-operative.

Undoubtedly the children who progress most quickly are those whose parents help and encourage them."

Mrs. Ellis reports as follows:—

"The main types of defective speech in this area are dyslalia, stammer, retarded speech development, dysarthria (mainly associated with spasticity), and dyspraxia.

The high referral numbers have necessitated group treatment to a noticeable degree, but far from being detrimental to progress, it appears to have proved beneficial to stammerers and dyslalics alike.

Visits to schools have brought about a closer teacher-therapist-child relationship, to the benefit of the child. Although some such relationship is desirable, it is not always practical.

During the past few months, a regular treatment session has been held at the occupation centre."

Mrs. Wilson reports:—

"There was a decrease in the number of stammerers (10—15 age group) referred during 1959, but an increase in the 5—7 year group; fortunately the latter group responds more readily. I regret that there is such a long waiting list for psychiatric clinics, as I feel that several of the older children might be helped by psychiatric treatment.

I find an increase in the number of children referred for voice-conditions in the 13—18 age group. These children are particularly conscious of their disability and generally make good progress.

As usual, the largest group of speech defects may be embraced under the term dyslalia—these articulatory defects usually respond very well to treatment and make a satisfactory cure; unfortunately, however, in some cases, the patient makes very good progress but before reaching normality, the parents, apparently satisfied with the result, discontinue treatment although speech could have been improved.

The majority of parents are most co-operative but there are still many who regard speech therapy as something to be carried out only in the clinic. Home co-operation, continuity of treatment, are vital factors in the cure of speech defects.

There are several patients whose parents did not attend even for the initial interview.

I have made several home visits throughout the year and I find it most helpful to meet patients within their home environment and to discuss speech problems with the parents. The increased interest and improvement brought about by these visits is well worth the time involved.

Throughout the year, I have been greatly encouraged by the enthusiasm, tact and sympathy of all those concerned with my patients' welfare."

DISEASES OF THE EAR, NOSE AND THROAT IN SCHOOL CHILDREN.

Children found at medical inspection to require treatment for diseases of the ear, nose and throat, are referred, with the consent of their family doctor, by the school medical officers to the hospital nearest their homes, where they receive consultant advice and, if necessary, operative treatment.

As reports are received from the hospitals on all county children referred, Table XV includes those sent by family doctors as well as the School Health Service.

TABLE XV.

ADVICE AND TREATMENT GIVEN TO NORTHUMBERLAND SCHOOL CHILDREN SUFFERING FROM EAR, NOSE AND THROAT DEFECTS DURING 1959.

Hospital.	Consultations.
Ashington Hospital	1
Dryburn Hospital	1
E.N.T. Hospital, Newcastle	75
Hospital for Sick Children	102
Newcastle General Hospital	35
Preston Hospital, North Shields	19
Royal Victoria Infirmary	1
Thomas Knight Memorial Hospital	287
Walkergate Hospital	364
	885

Operations carried out	785
Other forms of treatment	40
Deferred for observation	1
Hearing aid issued	23
Hearing aid exchanged for transistor type	19
No treatment advised	13
Awaiting treatment at end of year	4
	885

MISCELLANEOUS.

(1) *Ultra violet light treatment.*

School children, recommended by the school doctors, made 2,456 attendances during the year for ultra violet light treatment.

The number of children attending for such treatment is slowly decreasing over the years, and it is expected that this service will continue to decline. The reason for this is that ultra violet light helps to manufacture vitamin D in the body. The Ministry of Health believes that children are receiving an adequate supply of this vitamin in their diet, and has, in fact, recently cut down the vitamin D content of many of its welfare foods, to ensure that children will not receive an overdose.

(2) *Other duties.*

The duties of the school medical officer are varied in that, in addition to the routine work detailed in the preceding pages of this report, other types of examination are undertaken. These include the inspection of school buildings from the medical standpoint, namely sanitation, toilet facilities, heating, etc. In addition, this year they have helped the area executive medical officers with the diphtheria immunisation school programme. Requests are received from the Youth Employment Officers of the Ministry of Labour and National Service to examine school leavers to ascertain the type of work which they are capable of undertaking. The examination of children is carried out under the county bye-law in connection with the employment of school pupils, and the examination of entrants to teacher training colleges, and those entering the teaching profession. All children in the care of the Children's Committee are examined yearly and tuberculin skin-tested. This includes those in the Committee's Homes and those boarded-out. Whenever possible, the school doctors also attend maternity and child welfare centres.

Details of these examinations are as follows:—

Examination of children for admission to Disabled Persons (Employment) Register	23
Examination of children for part-time employment	827
,, ,, boarded-out children	216
,, ,, staff (teachers etc.)	116
,, ,, entrants to training colleges ..	209
Number of sessions at infant welfare centres ..	148

In connection with the entrants to training colleges, it is of interest to note that of the 209 persons examined, the categories were as follows:—

A1	113
A2	93
B1	1
B2	2

DENTAL SERVICE.

(Report of the Principal School Dental Officer).

Staff.

Since 1956 I have been in the happy position of being able to report finishing the year with a full complement of dental officers.

Unfortunately this continuity was broken during 1959. Miss A. E. M. Brown left in April to get married and to take up residence in the south of England. Mr. C. D. Anderson resigned in August to take up a similar appointment in Surrey, and it was not possible to fill these vacancies during the year.

In addition to the loss of these two dental officers, we also lost the services of Mr. G. Steel, our full-time Orthodontist, who had been with us for nine months, during which time he proved himself to be a great asset to the County Dental Service. He resigned to take up an appointment at the Sutherland Dental School, Newcastle upon Tyne.

Mr. Steel left on the 28th February and we were indeed very fortunate to appoint Mr. G. W. Pettigrew, on the 1st December, who comes from Edinburgh Dental School, to fill this vacancy.

Of the 24 officers engaged in this work at the 31st December, 5 are female and 19 male and 67 per cent. are under the age of 40.

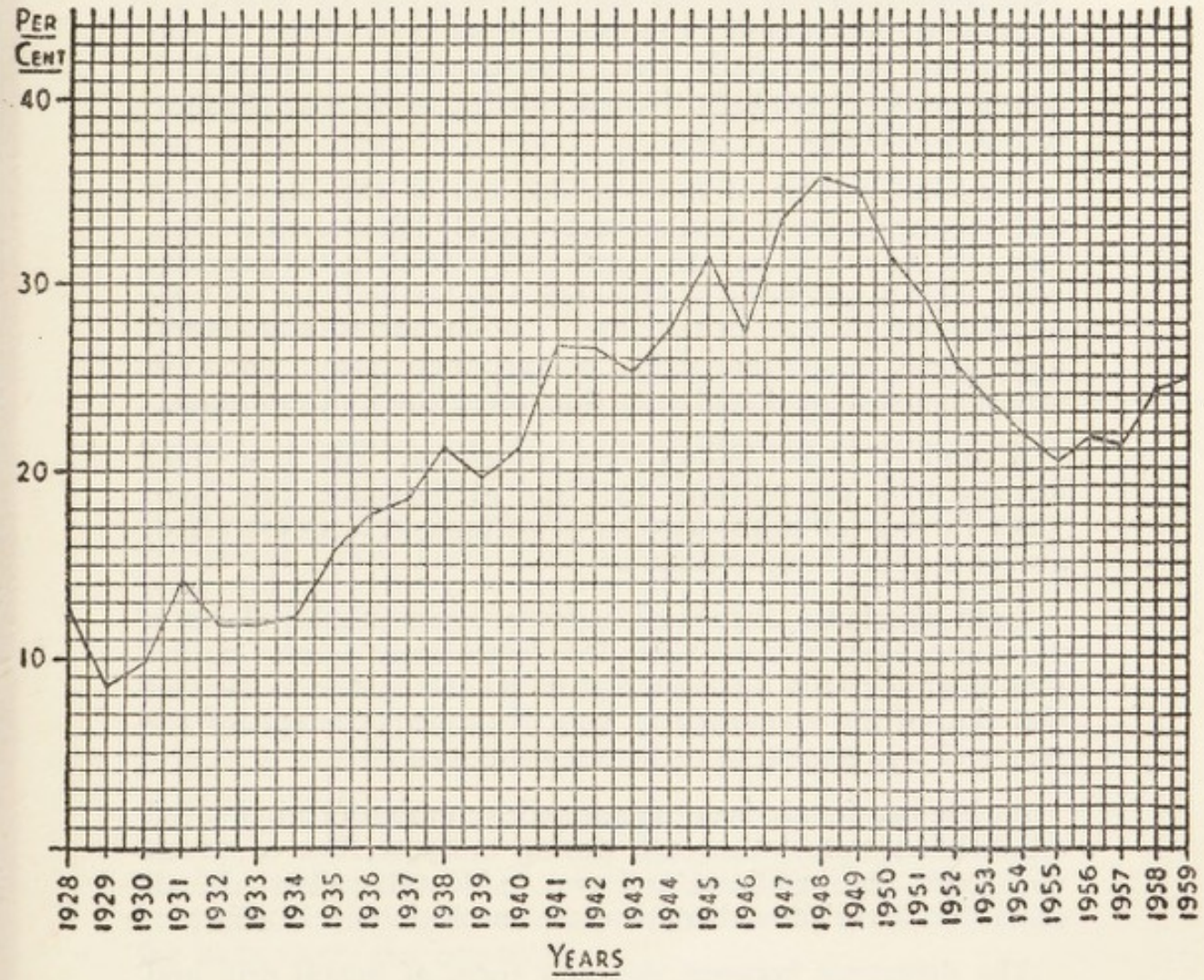
At the end of the year the following areas were in operation:—

	Area.	Dental Officer.
(1)	Alnwick I	Miss S. M. Crute, B.D.S.
(2)	Alnwick II	Mr. R. W. Whittingham, B.D.S.
(3)	Amble	Mr. J. W. Russell, L.D.S.
(4)	Ashington I	Mr. W. J. Irvine, L.D.S.
(5)	Ashington II	Mr. R. S. Ferrell, L.D.S.
(6)	Bedlington	Mr. R. M. Foulds, L.D.S.
(7)	Bedlington Station	Mr. A. K. Paterson, B.D.S.
(8)	Berwick	Mr. W. P. Neilson, L.D.S.
(9)	Blyth I	Mr. H. J. Coombes, L.D.S.
(10)	Blyth II	Miss N. S. Stewart. B.D.S.
(11)	Forest Hall	Vacant.
(12)	Gosforth	Miss M. I. Lamb, L.D.S.
(13)	Hexham Rural	Mr. T. A. Ireland, L.D.S.
(14)	Hexham Urban	Mr. R. S. Bodenham, B.D.S.
(15)	Morpeth	Mr. S. J. Smithson, L.D.S.
(16)	Newburn	Vacant.
(17)	Prudhoe	Miss S. E. Long, L.D.S.
(18)	Shiremoor	Mr. J. R. Porteous, B.D.S.
(19)	Seaton Valley I	Mr. W. Robson, L.D.S.
(20)	Seaton Valley II	Mr. T. M. Mahadervan, L.D.S.
(21)	Throckley	Miss H. C. Gent, B.D.S.
(22)	Wallsend I	Mr. J. F. Horseman, L.D.S.
(23)	Wallsend II	Mr. E. G. Stuart, B.D.S.
(24)	Whitley Bay	Mr. E. T. Cunnell, B.D.S.

There were 11 mobile units in use.

DENTAL TREATMENT

Graph showing percentage of children found to be Dentally Fit at routine dental inspections for the years 1928 to 1959 inclusive



General observations.

The general picture of dental health observed in the county children during the year was very similar to that noted in the last few years.

There was, however, a further slight improvement in the number of children who were found to be dentally fit on examination, this figure improving to 24·9 per cent. Whilst this is only a very slight improvement on last year, at least we appear to be holding our own against the ravages of dental decay. It should also be borne in mind that of these children who are dentally fit, a large number are in this state only as a result of the increased dental treatment which has been provided for them, only 8·9 per cent. of the 5 year old group are immune to dental caries and only 3·4 per cent. of the 12 year age group are similarly free. Consequently a tremendous amount of work has to be done in order to prevent a deterioration in conditions.

The total volume of work carried out by the Department was once again the highest on record, 61,143 attendances being made at the clinics as compared with 60,092 in the previous year. This is gratifying having regard to the fact that we were understaffed for part of the year. The introduction of several high speed air-turbine drills proved their great worth in speeding up the work and more than offsetting staff shortages.

A total of 33,666 fillings were completed. This is a slight increase over the previous year and at the same time there was a further fall in the number of permanent teeth extracted, always a good thing to report.

Eight specialist anaesthetists were again employed on a part-time basis. There were 156 fewer cases treated under general anaesthesia during the year, this being due to the fact that one of the anaesthetists was ill towards the end of the year and was unable to carry out his duties.

As has previously been mentioned a number of high speed air turbines were introduced during the year, five of which were tried out in clinics and two in dental trailers. In all cases they have proved to be quite revolutionary in effect.

The difference between this new form of dental drill and the traditional one which has been used for many years is that whilst the old one is driven by an electric motor and attains a maximum speed of approximately 17,300 revolutions per minute, the new one is so designed that it has only one moving part, the turbine of which is driven by compressed air and attains a maximum speed of 250,000 revolutions per minute.

Travelling at such high speed, vibration, one of the chief factors in causing pain when cutting a cavity with the electric engine, is eliminated. Heat, which is another pain producing factor during cavity preparation is taken care of by a fine spray of water which emerges from the handpiece whilst the drill is revolving and sprays the area of the tooth which is being cut. These instruments have been received most enthusiastically by both patient and dentist as it enables the latter to carry out what can be a very difficult operation with a minimum of pain and in a fraction of the time taken with the older type of equipment. There is little doubt that the introduction of these new high speed air turbines into dental surgery is one of the most outstanding contributions of our time and one looks forward to the time in the near future when each of the clinics will have one as routine equipment.

Radiography.

This work continued on similar lines to previous years but was again curtailed as far as possible in case of radiation risks. 2,210 radiographs were taken for 1,162 children.

The corresponding figures for the previous year were 2,305 radiographs taken for 1,206 children.

Orthodontic Service.

As has previously been mentioned we were without the services of a full-time Orthodontist from February until the beginning of December, but in spite of this the volume of work carried out during the year was comparable with that of 1958; in fact there was an increase in the number of removable appliances fitted, 1,032 compared with 935 in the previous year, and the number of cases completed also showed a slight increase, which was very pleasing under the circumstances. The number of children seeking this form of treatment continues to increase and in this connection one is very happy to report the appointment on 1st December of Mr. G. W. Pettigrew as full-time Orthodontist.

Finally, I should once again like to thank my colleagues for their loyal support during the year and also the head teachers and staff of the county schools for their continued co-operation and help, without which it would not be possible for us to carry out our work.

HEALTH VISITOR SERVICE.

School Health Service.

The health visitor has continued to play her part as a member of the School Health team, both in the social and educational field. Her knowledge of the children and their home background gained during the pre-school years, is of value to both doctors and teachers as well as the children and she often is able to help in a variety of situations.

The standard of cleanliness has continued to improve and it was felt that the time had come to discontinue routine hygiene surveys and to undertake these surveys only where it is considered advisable in the opinion of the health visitor or head teacher. This arrangement does not, so far, appear to have resulted in any lowering of standards and does permit of more time being given to the hard core of this problem.

Talks on First Aid, Personal Hygiene and the Hygiene of Menstruation have been given in a number of schools and classes have been held in home nursing and first aid for the Junior Red Cross and St. John Cadets.

A course on "Health and Beauty" has been commenced by the health visitor in the area at the new technical college in Ashington and several health visitors have given talks at meetings of Parent-Teacher Associations.

Short courses on child care have continued and this year have been extended to an Approved School as an evening activity, where they have been much appreciated by the girls.

An increasing number of health visitors have undertaken the teaching of a more comprehensive course in child care for senior schoolgirls and this year, 170 girls have gained the certificate of the National Association for Maternal and Child Welfare—21 with distinction. This is a substantial increase in the number of girls taking the examination and points to the keen interest and enthusiasm shown by both girls and staff in this important subject.

MILK IN SCHOOLS SCHEME.

Set out below are details of the supply of milk under the above scheme to all schools, county and non-maintained, as at 31st December, 1959:—

Grade of Milk.	No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	338	86·7	97·3
Tuberculin Tested ..	40	10·3	2·4
Ungraded	4	1·0	0·1
No fresh milk	8	2·0	0·2

Fresh tenders were invited during the year for the supply of milk, and contracts were again placed for a three-year period. It is felt that in view of the capital outlay necessary for dairymen to purchase one-third pint bottles, crates, etc., it is unreasonable to make arrangements on a year-to-year basis, providing the supply is satisfactory. That this policy is appreciated by the trade was evidenced by the keen tendering which resulted in the more densely populated part of the county. In the rural districts the situation was not so fortunate, there being many schools in remote areas for which tenders are never received. In such cases firm contracts could not be placed and the supply continued to be a matter for local arrangement.

The number of schools receiving pasteurised milk again increased and only in some of the smaller country establishments was untreated milk being delivered. In only 4 of these was it impossible to obtain tuberculin tested milk, but the supplies accepted for these were at least known to be from attested herds. The number of cases where, in spite of repeated efforts, fresh milk could not be obtained at all remained at 8, all small isolated schools with only a few pupils. One of these made use of reconstituted dried milk and the remainder were receiving flavoured milk tablets.

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out. From the point of view of supervision of school milk arrangements, to ensure both continuity and safety, a disproportionate amount of time has to be spent on these smaller supplies.

A spot check made during October revealed that the proportion of school children making use of the service under the scheme was exactly the same as in 1958, namely 85·5 per cent.

SCHOOL MEALS SERVICE.

The estimated number of meals served in the financial year 1959-60 shows an increase of roughly a million meals over the total of the previous year. This is partly accounted for by the fact that there are more school days in the year, but there is also a substantial increase in the number of children taking meals.

A table is attached to show the amount of money spent on food, labour, and maintenance of premises and equipment, together with the number of meals produced and the kitchens from which the meals were served.

The table covers the last six years, and shows interesting comparisons.

SCHOOL MEALS SERVICE.

	Number of School Days.	Number of Meals Produced.	Average Daily No. of Meals.	Number of Schools Served.		Food Costs.		Wages and Overheads.		Total Cost.		No. of Schools without Meals facilities.
				From School Canteens.	From Central Kitchens.	Total	Cost Per Meal.	Total.	Cost Per Meal.	Total.	Cost Per Meal.	
						£	d.	£	d.	£	d.	
1953-54	197	6,489,016	32,939	216	117	222,051	8·21	256,257	9·48	478,308	17·69	16
1954-55	196	6,668,617	34,024	224	117	240,941	8·67	282,453	10·17	523,394	18·84	13
1955-56	191	7,098,281	37,164	233	109	280,226	9·47	316,389	10·70	596,615	20·17	13
1956-57	200	7,701,377	38,507	242	108	305,870	9·53	375,596	11·71	681,466	21·24	11
1957-58	197	7,002,055	35,543	246	105	286,153	9·81	397,851	13·64	684,004	23·45	10
1958-59	192	6,654,059	34,657	257	92	272,793	9·84	390,937	14·07	662,830	23·91	8
1959-60	206	*7,647,482	*37,124	279	84	*316,212	*10·27	*424,649	*13·79	*740,861	*24·06	2

* Estimated figures only.

NEW KITCHENS AND CHANGES MADE DURING THE YEAR.

School.	Particulars.
Cleaswell Hill	Canteen opened 6th January, 1959.
Berwick Springhill County Secondary	Canteen opened 6th April, 1959.
Morpeth, Chantry County Secondary	Canteen opened 6th April, 1959.
Lesbury Church of England Controlled	Canteen temporarily closed for remodelling from 5th June to 21st September, 1959.
Alnwick, St. Mary's Roman Catholic Secondary	Canteen opened 2nd September, 1959.
Coxlodge County Primary (Old)	School closed and meals from Wideopen Central Kitchen terminated 24th July, 1959.
Coxlodge County Primary (New)	Canteen opened 2nd September, 1959.
Nedderton County Infants'	School closed and meals from Nedderton County Junior School terminated 31st July, 1959.
Ponteland Coates Endowed Secondary	Canteen opened 2nd September, 1959.
Walbottle County Grammar	Canteen opened 22nd September, 1959.
Walbottle (No. 2) County Secondary	Canteen opened 8th September, 1959.
Morpeth Roman Catholic Aided	Meals from Pegswood Cooking Depot commenced 29th October, 1959.
Berwick Church of England Aided	Canteen opened 19th November, 1959.
Berwick Low Greens Schools Kitchen	Kitchen opened 30th November, 1959 and meals supplied to:— Berwick St. Mary's Church of England Aided School from 30th November, 1959. Berwick County Secondary School from 3rd December, 1959. Tweedmouth East County Primary School from 10th December, 1959.
Whitley Bay County Secondary	Canteen opened 30th November, 1959, and meals from Monkseaton Schools Canteen terminated 20th November, 1959.
Backworth Roman Catholic Aided	Meals from Backworth Central Kitchen terminated 20th November and meals supplied from Monkseaton Schools Canteen from 23rd November, 1959.
Holystone County Primary	Do.
Benton Square County Primary	Meals from Benton Square Central Kitchen terminated 20th November and meals supplied from Monkseaton Schools Canteen from 23rd November, 1959.

School.	Particulars.
Shiremoor County Primary	Meals from Backworth Central Kitchen terminated 4th December and meals supplied from South Wellfield School Canteen from 7th December.
Backworth County Primary	Meals from Backworth Central Kitchen terminated 4th December and meals supplied from Langley Avenue School Canteen from 7th December.
East Holywell County Primary	Do.
Longbenton Church of England Aided	Meals from Benton Square Central Kitchen terminated 4th December and meals supplied from Longbenton County Primary School Canteen from 7th December.
Backworth Central Kitchen	Kitchen closed 4th December, 1959.
Astley County Secondary ..	Canteen closed for re-modelling 18th December, 1959. Meals to be temporarily supplied from Seaton Delaval Central Kitchen.

Staff training.

District training courses for the staff of the School Meals Service were continued. Courses were held at Guide Post, North Sunderland, Seaton Burn, Walbottle, Haydon Bridge, and Whitley Bay.

Within twelve months 1,000 members of the staff have attended two sessional evening courses in their own district.

This speaks well for the interest and keenness of members of the service.

REPORT ON PHYSICAL EDUCATION FOR THE YEAR 1959.

The year 1958-59 has seen the inauguration of a County Badge scheme. Nine schools (2 grammar, 2 camp and 4 secondary and all-standard) volunteered to participate in a pilot scheme, and 120 boys and girls took the tests. The aim of the scheme, which comprises four sections (Fitness, Service to the Community, Hobbies, Adventure and Expedition) is to introduce boys and girls to leisure time activities, to develop character and physique, to encourage service to the community, and to provide incentives for the spirit of adventure. The scheme is a challenge to all boys and girls who are not in competition with each other, but are required to measure themselves against certain standards and to display powers of persistence over a period of not less than six months.

Teachers' courses during the year have included a week-end course in gymnastics for specialist women teachers at Bedlington Station Secondary School, and four sessional courses in physical education and dance, for infant, junior and rural teachers, at Hexham, Bedlington, Berwick and Gosforth. A week-end cricket coaching course was held at Seaton Burn Secondary School in all aspects of the game by Mr. H. P. Crabtree, Youth Coach Adviser to the M.C.C.

A film, running for 60 minutes, has been made on modern aspects of teaching physical education and dance, in infant, rural, junior and senior girls' work. This has been shown in 19 centres and has given every county teacher the opportunity to see it.

In the evening class field, an increase in the number of women's "Keep Fit" classes is shown, the rest being the usual recreations of gymnastics, games training, circuit training, folk dancing, ballroom dancing, fencing, judo and athletics.

Swimming continues in popularity, the results in improvement to style being particularly pleasing. All the Newcastle city baths are used by neighbouring county schools, and it is a matter for regret that these baths are now used to capacity. The appointment of a full-time instructor in Wallsend has made possible instruction for both primary pupils in the summer, and secondary in the winter. Approximately 90 per cent. of children attending all these baths have learned to swim.

Swimming certificates (3 grades) are shortly to be issued, and the scheme has included, for the first time, 30 of the older boys from Gallowhill Educationally Subnormal School.

More and more schools are looking beyond the four walls of the gymnasium and the confines of the playing field. Wider aspects of physical education are being developed, such as badminton, archery, canoeing, rock-climbing, lightweight camping, and dinghy sailing. In this connection, there is a growing interest in the construction at school of dinghies and canoes, and in the formation of clubs.

Out of school activities, other than school fixtures, include area rallies and a county rally in netball, rounders, hockey, and athletics. Approximately 216 teams take part in these events.

The cross-country section of athletics has flourished since the cross-country association was formed a year ago. Three county teams participated in the Northern Cross-country Championships, and did very well. This type of running during the winter months has certainly extended the scope of athletic training which, in the past, has only too often been confined to the summer term.

The Association Football coaching scheme operated most successfully during the year under review, and 38 schools received instruction from the county coach. Three boys from the county were selected to play in international trials and acquitted themselves very well indeed.

Four secondary modern schools took up Rugby football during the year, but as an additional game. This is most gratifying, as there is no doubt that it benefits a boy to be conversant with both codes.

In general, facilities for physical education continue to improve. Storage huts for the smaller schools ease congestion, and better floors facilitate more winter indoor work. The acquisition of a Redgra (hard surface) hockey pitch on the Walbottle campus site will, it is hoped, be a forerunner of more such pitches for new schools yet to be built.

PREMISES (OTHER THAN SCHOOLS) ACCOMMODATING CLINICS AT WHICH SCHOOL CHILDREN RECEIVED TREATMENT DURING 1959.

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.
ALNWICK—					
Child Welfare Centre, The Grange, Bondgate Without, Alnwick	Wednesday	Monthly	Thursday a.m. 2nd, 3rd and 4th Thursday— Surgeon Session	Wednesday	Monday and Thursday p.m.
The Infirmary, Alnwick					
AMBLE—					
Child Welfare Centre, 43, High Street, Amble	Daily	Do.	Wednesday		
ASHINGTON—					
Child Welfare Centre, South View, Ashington	Daily				Monday p.m. Thursday a.m.
Ashington Hospital			Tuesday		
School Clinic, Bolsover Street, Ashington		Wednesday		Monday and Friday	
BEDLINGTON—					
Child Welfare Centre, South Parade, Choppington	Daily	Tuesday (alternate)	Thursday		Monday a.m. Thursday p.m.
BEDLINGTON STATION—					
Child Welfare Centre, The Oval, Stead Lane Estate, Bedlington Station	Daily	Tuesday (alternate)			
BERWICK—					
The Infirmary, Berwick			Tuesday	Thursday	
Greenhaven, Berwick	Wednesday				
BLYTH—					
Child Welfare Centre, Waterloo Road, Blyth					Monday a.m. Thursday a.m.

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.
BLYTH—*cont.*					
School Clinic, Wellington House, Blyth	Daily	Tuesday, Wednesday and Friday	Monday	Thursday	
CRAMLINGTON—					
Child Welfare Centre, Cramlington Hostel	Friday	Monthly			
DUDLEY—					
Child Welfare Centre, Dudley	Thursday and Friday	Monthly			
FOREST HALL—					
Child Welfare Centre Forest Hall	Monday				Monday a.m. Wednesday a.m. Friday a.m. Saturday a.m.
GOSFORTH—					
Child Welfare Centre, Church Road, Gosforth	Daily	Monday (fortnightly)	Tuesday and Thursday	Friday	Monday a.m. Friday a.m.
HALTWHISTLE—					
Child Welfare Centre, Greencroft Avenue, Haltwhistle	Monday and Thursday	Monthly	Wednesday		
HEXHAM—					
Child Welfare Centre, Abbey House, Hexham	Tuesday, Wednesday and Friday	Monthly	Tuesday	Tuesday p.m.	
Hexham General Hospital			Friday (Surgeon session)		
MORPETH—					
The Health Centre, Gas House Lane, Morpeth	Monday and Thursday	Monthly	Friday	Tuesday	
NEWBURN—					
2a, Newburn Road, Newburn	Daily				

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.
PONTELAND—					
Child Welfare Centre, Emergency Hospital, Ponteland		Monthly			
PRUDHOE—					
Child Welfare Centre, Oakfield Terrace, Prudhoe	Monday and Thursday	Monthly	Thursday	Alternate Tuesdays a.m.	
ROTHBURY—					
Cottage Hospital, Rothbury			Friday (monthly)		
SEATON BURN—					
Child Welfare Centre, Front Street, Seaton Burn		Monthly			
SEATON DELAVAL—					
Child Welfare Centre, Seaton Delaval		Monthly			Monday p.m. Thursday a.m.
SHIREMOOR—					
Child Welfare Centre, nr. Anne Street, Shiremoor	Daily	Monthly	Friday a.m.		Monday a.m. Friday a.m.
THROCKLEY—					
Child Welfare Centre, Mayfield Avenue, Throckley	Daily	Fortnightly	Monday	Tuesday a.m. (alternate)	
WHITLEY BAY—					
Child Welfare Centre, Whitley Road, Whitley Bay	Daily	Monthly	Friday p.m.	Wednesday	Wednesday a.m. Saturday a.m.
WOOLER—					
Child Welfare Centre, West End Flats, Wooler		As required			
WALLSEND—					
Health Centre, The Green, Wallsend	Daily	Monday p.m. Tuesday	Monday and Wednesday	Monday	Monday a.m. Thursday a.m.
WILLINGTON QUAY—					
Child Welfare Centre, East End Park, Willington Quay	Daily				
					Clinics operate from October to March

SCHOOLS ACCOMMODATING CLINICS AT WHICH SCHOOL CHILDREN RECEIVED TREATMENT DURING 1959.

School.	Dental.	Ophthalmic.	Orthopaedic.	Speech.
Berwick County Secondary		As required		
Bellingham County Secondary	Tuesday	As required	Friday ..	Thursday p.m.
Longbenton County Secondary	Thursday and Friday	Weekly		
Cleaswell Hill Day Special				Friday a.m.

In addition there are 11 mobile dental clinics operating in the county.

MEDICAL INSPECTION AND TREATMENT RETURNS.

Year ended 31st December, 1959.

NORTHUMBERLAND.
(including Wallsend Divisional Executive).

PART I.

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

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		Satisfactory.		Unsatisfactory.	
		No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later ..	9	9	100	—	—
1954	3,956	3,882	98·1	74	1·9
1953	3,225	3,143	97·5	82	2·5
1952	425	400	94·1	25	5·9
1951	134	131	97·8	3	2·2
1950	2,668	2,612	97·9	56	2·1
1949	2,941	2,873	97·7	68	2·3
1948	1,309	1,272	97·2	37	2·8
1947	930	911	98·0	19	2·0
1946	554	540	97·5	14	2·5
1945	2,273	2,233	98·2	40	1·8
1944 and earlier ..	3,708	3,641	98·2	67	1·8
Total ..	22,132	21,647	97·8	485	2·2

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth). (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Part II. (3)	Total individual pupils. (4)
1955 and later ..	—	3	3
1954	55	622	656
1953	76	532	592
1952	10	103	91
1951	15	22	31
1950	258	348	556
1949	346	461	657
1948	150	182	314
1947	125	132	232
1946	80	83	142
1945	307	238	523
1944 and earlier ..	524	469	916
Total ..	1,946	3,195	4,713

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	5,570
Number of Re-inspections	16,230
Total ..	21,800

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	140,523
(b) Total number of individual pupils found to be infested	2,772
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.							
		Entrants.		Leavers.		Others.		Total.	
(1)	(2)	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	105	122	146	94	173	131	424	347
5	Eyes—								
	(a) Vision ..	147	246	835	329	964	518	1,946	1,093
	(b) Squint ..	249	67	84	31	195	55	528	153
	(c) Other ..	42	27	29	26	49	36	120	89
6	Ears—								
	(a) Hearing ..	38	79	26	23	23	83	87	185
	(b) Otitis Media	36	70	26	22	36	37	98	129
	(c) Other ..	21	59	11	12	12	34	44	105
7	Nose and Throat	234	513	29	64	105	250	368	827
8	Speech	113	182	7	18	28	49	148	249
9	Lymphatic Glands	6	135	1	19	3	72	10	226
10	Heart	69	134	10	57	12	59	91	250
11	Lungs	43	268	11	65	78	168	132	501
12	Developmental—								
	(a) Hernia ..	18	35	4	5	11	7	33	47
	(b) Other ..	10	194	24	57	46	189	80	440
13	Orthopaedic—								
	(a) Posture ..	21	79	21	90	32	146	74	315
	(b) Feet ..	184	214	79	170	125	259	388	643
	(c) Other ..	115	143	115	79	98	158	328	380
14	Nervous System—								
	(a) Epilepsy ..	12	10	11	8	11	12	34	30
	(b) Other ..	8	30	11	23	6	41	25	94
15	Psychological—								
	(a) Development	6	58	31	34	112	50	149	142
	(b) Stability ..	12	109	10	35	15	83	37	227
16	Abdomen ..	16	34	13	13	25	61	54	108
17	Other	46	77	31	53	49	92	126	222

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease. (2)	Special Inspections.	
		Pupils requiring Treatment. (3)	Pupils requiring Observation. (4)
4	Skin	215	186
5	Eyes—		
	(a) Vision	2,564	1,600
	(b) Squint	478	252
	(c) Other	126	57
6	Ears—		
	(a) Hearing	112	126
	(b) Otitis Media	45	60
	(c) Other	13	53
7	Nose and Throat	153	345
8	Speech	180	206
9	Lymphatic Glands	3	85
10	Heart	41	169
11	Lungs	95	252
12	Developmental—		
	(a) Hernia	22	42
	(b) Other	43	177
13	Orthopaedic—		
	(a) Posture	27	190
	(b) Feet	137	317
	(c) Other	145	196
14	Nervous System—		
	(a) Epilepsy	17	31
	(b) Other	21	82
15	Psychological—		
	(a) Development	22	120
	(b) Stability	33	155
16	Abdomen	38	58
17	Other	104	186

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	244
Errors of refraction (including squint)	8,694
Total ..	8,938
Number of pupils for whom spectacles were prescribed	5,872

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) For diseases of the ear	39
(b) For adenoids and chronic tonsillitis ..	673
(c) For other nose and throat conditions ..	73
Received other forms of treatment	241
Total ..	1,026
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1959	23
(b) In previous years	56

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patient departments	1,948
(b) Pupils treated at school for postural defects..	186
Total ..	2,134

TABLE D.—DISEASES OF THE SKIN.
(excluding Uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	23
(b) Body	15
Scabies	43
Impetigo	113
Other skin diseases	204
Total ..	398

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics ..	48

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	1,100

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	281
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination ..	4,275
Total (a) — (c) ..	4,556

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—			
	(a) At Periodic Inspections ..	37,214		
	(b) As Specials	4,771	Total (1)	41,985
(2)	Number found to require treatment			31,626
(3)	Number offered treatment			26,527
(4)	Number actually treated			18,316
(5)	Number of attendances made by pupils for treatment, including those recorded at (11) (h)			61,143
(6)	Half-days devoted to:—			
	(a) Periodic (School) Inspection	387		
	(b) Treatment	8,689	Total (6)	9,076
(7)	Fillings:—			
	(a) Permanent teeth	30,312		
	(b) Temporary teeth	3,354	Total (7)	33,666
(8)	Number of Teeth filled:—			
	(a) Permanent teeth	25,829		
	(b) Temporary teeth	2,969	Total (8)	28,798
(9)	Extractions:—			
	(a) Permanent teeth	6,657		
	(b) Temporary teeth	16,522	Total (9)	23,179
(10)	Administration of general anaesthetics for extraction ..			4,310
(11)	Orthodontics:—			
	(a) Cases commenced during the year			710
	(b) Cases brought forward from previous year ..			598
	(c) Cases completed during the year			448
	(d) Cases discontinued during the year			104
	(e) Pupils treated with appliances			876
	(f) Removable appliances fitted			1,032
	(g) Fixed appliances fitted			15
	(h) Total attendances			6,378
12)	Number of pupils supplied with artificial teeth ..			366
(13)	Other operations:—			
	(a) Permanent teeth	17,796		
	(b) Temporary teeth	3,907	Total (13)	21,703