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INSTITUTE OF SOCIAL MEDICINE

10. PARKS ROAD, OXFORD

WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

THE YEAR 1945



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10. PARKS ROAD. OXFORD

MEMBERS OF THE MEDICAL INSPECTION SUB-COMMITTEE

Chairman: Dr. J. L. COCHRANE

Miss I. M. ALLEN

Mr. C. E. ARMSTRONG

Mr. H. BRAITHWAITE

Mr. F. A. CAPSTICK

Miss CRAMPTON

Mr. K. DOBELL

Mr. T. H. DOBIE

Mr. G. DUGUID

Miss GILSON

Miss C. JEFFERYS

Mr. G. N. PATTINSON

The Rev. W. KING

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Mr. H. I. TURNER

Mr. G. H. WALKER

Mr. H. C. WILSON

Mr. H. L. GROVES

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STAFF OF THE SCHOOL MEDICAL SERVICE

School Medical Officer—J. Wright, L.R.C.P. & S.Edin., L.R.F.P. & S.Glas. D.P.H.

Assistant School Medical Officers (Temporary—part-time)—
Enid Byrd, M.R.C.S. Eng.
Mary Ainscow, M.A., M.B., Ch.B.
Isobel Fraser, M.B., Ch.B.

School Dental Officer-J. Irvine, L.D.S.

Assistant School Dental Officer (Temporary)— E. A. Weaver, L.D.S.

Orthopaedic Nurse-Mrs. D. Williams, S.R.N.

Social Worker-E. C. Woodall, M.A.

Educational Psychologist-L. Scobbie (appointed June, 1945).

Consultants.

Diseases of the Eye—S. Sumner, Hon. Surgeon, Preston Royal Infirmary.

Diseases of the Ear, Nose and Throat—Mr. Smalley, Hon. Surgeon, Westmorland County Hospital.

Diseases of the Chest—Dr. Munro Campbell, County Tuberculosis Officer.

Consulting Psychiatrist-Dr. Muriel Barton Hall.

Speech Therapist-Miss Neesham (part-time).

REPORT OF THE SCHOOL MEDICAL OFFICER

to the

Chairman and Members of the MEDICAL INSPECTION SUB-COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report on the work of the School Medical Service for the year 1945.

Evacuation.

The Scheme for this was officially terminated this year by the Ministry of Health and the remaining evacuees consisted mainly of residual children retained for special reasons in hostels controlled by the Ministry and administered by the Local District Authorities.

Immunisation Against Diphtheria.

This has now been made a regular part of the Health Service, carried out each term at the schools or at some convenient centre. Pre-school children are included in the scheme which is planned to immunise the child in its first year of life, again at the age of five when it enters school, and again at the age of 10 or 11.

The District Health Visitors are responsible for bringing in the infants in their area to the clinics and the teachers arrange for the attendance of the school age groups.

Very few parents now withhold consent for the treatment and this scheme, in time, should eliminate, in so far as it is possible to do so, the incidence of diphtheria in our child population.

Nutrition.

There are no definite signs that a lower standard of physical fitness or development exists in the children examined at school inspections.

The approved method of assessment varies with the standard regarded as normal by the individual examining doctor, but taken together, the results show a generally high standard of nutrition in spite of six years of rationed war-time food.

There is little doubt that the Milk in Schools Scheme and the school canteens have been strong factors in maintaining the children's physique.

School Milk Scheme.

As will be seen from the accompanying table, some of our schools are still supplied with milk which is neither Tuberculin Tested nor Pasteurised, and I look forward to the time when a guaranteed safe milk supply will be available to every school.

This state of affairs could only be said to exist when the entire school milk supply is Tuberculin Tested, Pasteurised or Dried.

At present Dried Milk is not available for schools which are able to obtain milk in the Accredited or Undesignated categories.

In some areas T.T. or Pasteurised Milk is not available.

Table of School Milk Supplies.

Number of schools taking part in the Scheme—104. Category:—

Attested			5
Tuberculin Tested	ave we have been		46
Pasteurised	daren altendia	10	24
Accredited			4
Undesignated			21
Dried Milk (Proprietar	y Preparation)		4
			104

Number of elementary schools where no Milk Scheme is in operation—17.

Mentally Retarded Children.

Under the Education Act, 1944, these children are now to be classified as Handicapped Children and the above heading becomes obsolete.

It now becomes an obligation of the Local Authority to provide suitable educational and training facilities (in the shape of special classes or special schools) for such children in its area according to their mental capacity.

A survey to ascertain the numbers and location of such children is being carried out by the Educational Psychologist, Mr. Scobbie, and Miss Woodall, the Social Worker, and when the position has been assessed provision will be made in the general Education Plan. The problem is a difficult one in rural areas where the numbers do not warrant special classes, and the position is complicated by the lack of teachers with special training for this type of education.

Meantime there is no alternative but to retain these handicapped children in the ordinary schools, except in the Kendal Borough Schools, where, owing to the greater numbers dealt with, it has been possible to establish special classes.

Psychiatric Clinic.

This useful branch of the School Health Service continues to deal with maladjusted children from the whole area, at the Stramongate Clinic in Kendal.

The clinic is in the charge of Dr. Muriel Barton Hall, whose valuable services as consultant psychiatrist we are fortunate in retaining for the regular monthly clinic sessions. She is ably assisted by our Social Worker, Miss Woodall, and our Psychologist, Mr. Scobbie.

To complete this very efficient unit we have our Speech Therapy classes held in the same premises twice a week now by Miss Neesham, our Speech Therapist. A close liaison is maintained between these two clinics, where a great deal of very valuable work is being done.

Psychiatric Clinic.				
No. of attendances			47	
No. of children attending			38	
Speech Therapy Classes.				
No. of attendances			636	
No. of children attending			41	
Cases referred to the Social Worker				80
Visits paid				210
These 80 cases comprised :-				
Preparation and follow-up	work for	psychiati	ric and	
speech clinics				72
Background enquiries for I	A.D. ascert	ainment		1
Arising from School Medical In	spection:-	-11000000		
Special School Enquiries				2
Investigation of home back	grounds			5
				-
				80
				-

Detailed statistics of the work of the School Medical Service may be found in the following tables.

My thanks are again due to all the members of the staff of the School Health Service, both professional and clerical, and once again to Dr. Cockill, District and Borough Medical Officer of Health, for his continued generous and voluntary assistance with School Medical Inspection.

I am,

Your obedient servant,

JESSIE WRIGHT,

Acting School Medical Officer.

THE EDUCATION AREA.

THE EDUCATION ANEA.			
County of Westmorland (including Kendal):-			
Area		504,903	acres
Population (estimated)		65,408	3
Estimated product of 1d. Rate for Educ	eation		
1945-46		£1,767	7
Number of Schools (Primary)		111	1
(Secondary Modern)		2	
(Grammar)		9)
SUMMARY OF WORK DONE IN	1945.		
Medical Inspection (children inspected) .			5,299
Dental Inspection (children inspected)			6,324
			2,523
Special Eye Examination (children examine		etett, ja	290
School Nurse's visits :—		10000	200
			1 100
			1,106
			898
	**	a	23,328
Children resident in the Ethel Hedley		paedic	
Hospital School in 1945			
No. of school children who attended Orthopa	edic (Clinics	148
	10.00	Helphy	
SCHOOL CLOSURES AND INFECTIOUS	DISE	ASES.	
During 1945, 12 school closure certificates we	ere iss	sued in 1	respect
of 6 schools.			
Cause.	No.	of Certi	ficates.
Whooping Cough		3	
Measles		3	
Whooping Cough and severe weather			
conditions		2	
Whooping Cough, Measles, Colds and o	ther		
conditions		3	
Weather conditions—faulty heating appar	atus	1	
THE RESERVE THE PROPERTY OF TH			Code
21 low attendance certificates (Rule 23, Scheo	dule 1	v of the	Code)
were issued in respect of 11 schools.			
Cause.	No.	of Certi	ncates.
Chickenpox		6	
Mumps		2	
Chickenpox, Scarlet Fever		1	
Measles		11	
Measles and Whooping Cough		1	

Cleanliness.

A high standard of cleanliness exists among the children, all of whom are examined for cleanliness at least once each term by the School Nurse.

Tuberculosis.

In 1945, 6 school children were admitted to the Westmorland Sanatorium, Meathop, Grange-over-Sands. Three children with tuberculosis of bones or joints were treated at the Ethel Hedley Orthopaedic Hospital, Windermere.

Crippling Defects.

In 1945, 11 County children received residential treatment at the Ethel Hedley Orthopaedic Hospital, Windermere. The conditions treated were as follows:—

Disease or Defect.					No. Treated.		
Poliomyelitis					2		
Osteomyelitis					1		
Hemiplegia					1		
Diplegia					1		
Congenital ma	alformat	ions of fo	ot or hand		3		
T.B. Hip					2		
T.B. Knee			15		1		

DIPHTHERIA IMMUNISATION.

No. of children immunised during the year 1945.

		0-4	5—14	To	otal under
Area.		years.	years.	1	5 years.
Appleby		36	 71		107
Lakes		70	 145		215
Windermere		47	 121		168
North Westmorland		253	 483		736
South Westmorland		189	 451		640
Borough of Kendal	10	169	 344		513

SPECIAL EYE EXAMINATIONS AND REFRACTION IN PRIMARY AND SECONDARY SCHOOLS.

	Primary.						
	County.	Kendal.	S	secondary.			
Total No. examined	132	86		72			
Glasses prescribed	95	68		52			
An analysis of the defects found is given below:—							
(a) Refractive Errors	125	81		68			
Hypermetropia (longsight)-	THE WALL						
Simple	33	14		5			
Simple astigmatism	23	13		11			
Compound astigmatism	38	31		19			
Emmetropia (incipient							
short sight in the child)	-	1		2			
Myopia (shortsight)—							
Simple	7	7		15			
Simple astigmatism	1	No -		2			
Compound astigmatism	9	4		9			
High Myopia	4	1		_			
Mixed astigmatism	10	10		5			
(b) Defects other than Re-							
fractive Errors (some-							
times occurring con-							
currently with refrac- tive errors)—							
Squint Cases	28	28					
			•••	_			
Other Defects	18	5		6			

10 cases were referred for specialist examination and treatment.

One child was referred for treatment at the Lancaster Orthoptic Clinic.

Of the 215 who had new glasses prescribed in 1945, it has been ascertained that 178 had obtained them at the end of that year.

ROUTINE MEDICAL INSPECCTION IN PRIMARY AND SECONDARY MODERN SCHOOLS.

		Numbe	r	NUTRITI	ON.	
Age group.		seen.	A.	B.	C.	D.
Entrants		1013	511	466	34	2
2nd age group		791	331	430	26	4
3rd age group		720	359	338	22	1
Others	***	213	74	127	12	-
		-		-	-	-
		2737	1275 46.6%	1361 49.7%	94 3.4%	7 0.3%
			-	-	- 21949	-
Specials		989				

The commonest defects were as follows:-

Skin-Scabies and skin diseases.

Eye-Mainly defective vision and squint.

Ear, Nose and Throat—Deafness and enlarged tonsils and adenoids.

Glands, heart defects and chest conditions were also observed.

MEDICAL INSPECTION IN GRAMMAR SCHOOLS.

Total number of schools:—

Westmorland Schools 9

Total pupils on roll 1790

Total number of inspections carried out in

Grammar Schools 29

Total number of pupils inspected ... 1573

The number inspected, their ages, the number requiring treatment and the nutrition were as follows:—

ALL SECONDARY SCHOOLS.

Nutrition.

		Nutrition.						
Age.	No. Inspected.	Excellent.	Normal. B.	Slightly Sub- normal. C.	Bad. D.			
	Moderate about the	No.	No.	No.	No.			
5	18	10	7	1	F H - 1000			
6	20	5	13	2	elv/			
7	18	7	11		-			
8	22	5	16	1	(11 <u>22</u> (100)			
9.	24	17	6	1	M. self-hoods			
10	83	24	54	4	1			
11	229	78	143	8	W =0			
12	258	115	129	14	-			
13	258	107	145	6	Letonological			
14	248	97	142	9	ncincations			
15	206	77	117	12	olan - noa			
16	125	55	57	13				
17	51	27	20	4	(a - 000)			
18	12	6	5	1				
19	discon 1 or a	W ST PROF	1	d) agrants	en la terre			
Total .	. 1573	630 40.1%	866 55.1%	76 4.8%	.06%			

Defects found in Grammar Schools:- 282.

Every child is examined each year in Grammar Schools, and defects requiring treatment were found to be present in 13.2%.

The defects were mainly defective sight, flat feet, enlarged tonsils and heart conditions.

REPORT OF SENIOR DENTAL OFFICER FOR THE YEAR 1945.

Ladies and Gentlemen.

I have the honour to submit the Annual Report on dental inspection and treatment of primary and secondary school children in the County of Westmorland. The total figures will be found on page 18.

Staff.

Mr. D. H. Watson, L.D.S., joined the staff on 1st November, and Messrs. Fisher and Bray, our part-time dental officers in Kendal, resigned on 31st October. I am glad to report that Mr. Morton, who has been in the R.A.F. since May, 1943, is now released and resumes duty with us on 1st February, 1946. Mr. Weaver, who has been temporary dental officer for North Westmorland since September, 1942, retires on 31st January.

I have further to report that Nurse Petersen, who has been school nurse and dental attendant with both Kendal Borough and the County for 27 years, retired on 1st December. Mrs. Weaver, who was temporary dental attendant to her husband in North Westmorland, also resigned on 31st December. These two vacancies have now been filled by Miss R. Chadwick and Miss E. Procter.

Refugees.

On V.J. Night, 300 Jewish refugee children from concentration camps in occupied Europe arrived by plane in Windermere, having flown from Prague. I was immediately called upon to give emergency treatment for some of these children who were suffering with severe toothache. The Committee agreed that I should inspect all the children and report on their dental condition. Examination revealed much gross caries and sepsis—87% of the children required some form of treatment. As this treatment was considered to be first-class priority, the Committee very generously agreed that I should devote whatever time was necessary to treating these children while they remained at Windermere.

As dispersal to other hostels in various parts of the country commenced soon after their arrival here, it was not possible to complete all the necessary treatment. However, all cases of gross sepsis and gingivitis were cleared up and dentures were provided for some children whose teeth had been knocked out by blows from S.S. guards.

The attitude of these children to dentistry was quite different from that of British children. Extractions were only done after long explanations had been given as to the reason for their necessity. Invariably they wished all teeth to be saved, by pulp extirpation, root treatment and bridges, even in the case of the most unsaveable teeth.

These children were all touchingly grateful for anything that was done for them and I am grateful to the Committee for permitting me to do this work for these children who had suffered so much.

Primary and Secondary Schools.

The routine work has gone on satisfactorily during the year, but, as was anticipated, the inclusion of the treatment for the refugee children made it impossible to complete treatment at all our own schools this year. Again, Mr. Watson, who was appointed in April, did not commence duty nearly so soon as we had hoped and we had to cope with the increased work with only part-time staff until November 1st.

A total of 6,590 were inspected during the year and 2,688 were treated. The number requiring treatment included two large schools in Kendal, where treatment had only just been started at the end of December.

The new consent forms continue to bring in a high percentage of acceptance of complete treatment throughout school life both in primary and secondary schools.

Treatment at secondary schools is behind time this year, but it is expected that with a return to normal staffing conditions in 1946 all the work should be brought up to date.

Orthodontic Treatment.

There has been a further expansion of this branch during 1945 and a total of 60 new appliances were provided. These new cases varied from simple appliances which might be expected to complete the case in a month or two to more complicated appliances where treatment is extended over some months or even a year or two. There were still 30 cases on treatment at the end of the year and 61 under observation.

The important thing in orthodontic treatment is to start the cases at as early an age as possible, e.g., a child of 7 or 8 years may have an irregularity corrected in 4 to 6 weeks, whereas a child of 12-14 might require from 6 months' to a year's treatment to correct the same irregularity.

This treatment takes up a very considerable proportion of one's time as, in many of the cases, regular visits are essential for adjustments. Actually, over 700 visits were paid by children this year for orthodontic treatment; these figures are included under other operations. Generally speaking, parents are highly appreciative of this form of treatment and I feel sure that the inclusion of orthodontics in our dental service is doing much to increase the general rate of acceptance of treatment.

During the year 8 dentures were provided for school children.

Maternity and Child Welfare.

The number of cases referred for treatment continues to increase yearly and during the year 61 sessions were devoted to this branch of the dental service.

Clinics.

It has now been found possible to acquire permanent premises for fixed clinics at Ambleside and Kirkby Lonsdale and steps are being taken to have these equipped for use as soon as possible. The Committee, in conjunction with the Maternity and Child Welfare Committee, has agreed to the purchase of a Mobile Dental Surgery to supply the needs of the outlying schools.

In conclusion, I should like to take this opportunity of thanking all members of the dental staff for their work and co-operation this year. I am very grateful to Mr. Weaver, Mr. Bray and Mr. Fisher for the services they have given temporarily over the last few years and we take leave of them with regret. I am particularly sorry to part with the faithful services of Nurse Petersen. Her conscientious performance of duty, her long-standing knowledge of the children and her kindly handling of them made her services invaluable to all the officers whom she has assisted over her long period of service.

I have the honour to be,
Your obedient servant,
J. IRVINE,
Senior Dental Officer.

DENTAL INSPECTION AND TREATMENT OF JEWISH REFUGEE CHILDREN FROM CONCENTRATION CAMPS IN NAZI-OCCUPIED EUROPE.

(1) No.	inspected in age	groups fro	m 3	to 18			266
(2) No.	found to require	treatment		. de	010		230
(3) Act	ually treated						165
(4) Fill	ings		en.	· ibritis			136
(5) Ext	ractions	0 1					237
(6) Ger	neral Anaesthetic	Administra	tion	s	227	LA TRACE	51
(7) Oth	er operations :-						
	Scalings			45			
	Scalings Dressings	Stollwegen.		56			
	832			I DESCRIPTION OF THE PERSON OF			
	Dressings			56			
	Dressings Bridge cemented	baaro		56	Total	doubl	140
	Dressings Bridge cemented Root treatments	baaro		56 1 8	Total	dmuld ghi	140
	Dressings Bridge cemented Root treatments Septic Socket tres	baaro		56 1 8 16	Total	dmuld Sumbl	140

(8) Sessions devoted to: Inspection 3, Treatment 53; total 56.

In the first month of treatment there was a considerable amount of sepsis following extractions under both local and general anaesthetics and thereafter sulphanilamide suppositories were used as a routine pack in all sockets, with highly successful results. At the Sick Bay in the Camp nicotinic acid was used as a prophylactic and for treatment in all gingivitis cases. Large doses of Vitamin C were also given.

THE BOARD'S STATISTICAL TABLES.

TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number	of	Inspections	in	the	prescribed	Groups
--------	----	-------------	----	-----	------------	--------

Entrants				bearing and	 1054	(15)
2nd age gr	oup				 1115	(34)
3rd age gr	oup				 1459	(420)
Total					 3628	(469)
Number of	other	Routine	Insp	ections	 213	-
				Grand Total	 3841	(469)

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections... 989

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

No. of Children Inspected	A (Excel- lent)		B (Normal)		(Slightly sub- normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
3841	1726	44.9	1951	50.8	156	4.1	8	.2
(469)	(179)	38.2	(276)	58.8	(14)	2.9	-	-

N.B.—Figures in brackets are in respect of Inspections in Secondary Schools between 1-1-45 and 31-3-45.

TABLE III.

Group 1.—Treatment of Minor Allments (excluding und	cleanliness)
Total number of defects treated or under treatment during the year under the Authority's Scheme	
Group II.—Treatment of Defective Vision and Squint.	
	Under the Authority Scheme.
Errors in Refraction (including squint)	334
Other defect or disease of the eyes (excluding thos	se
recorded in Group I)	28
Tempomerced . 512 Total Van	362
No. of children for whom spectacles were:—	
(a) Prescribed	215
(b) Obtained	178
extless Temporary tests	go well of
Group III.—Treatment of Defects of Nose and Throat.	
Received operative treatment	155
Received other forms of treatment	
And Joseph and Market and the State of the S	155

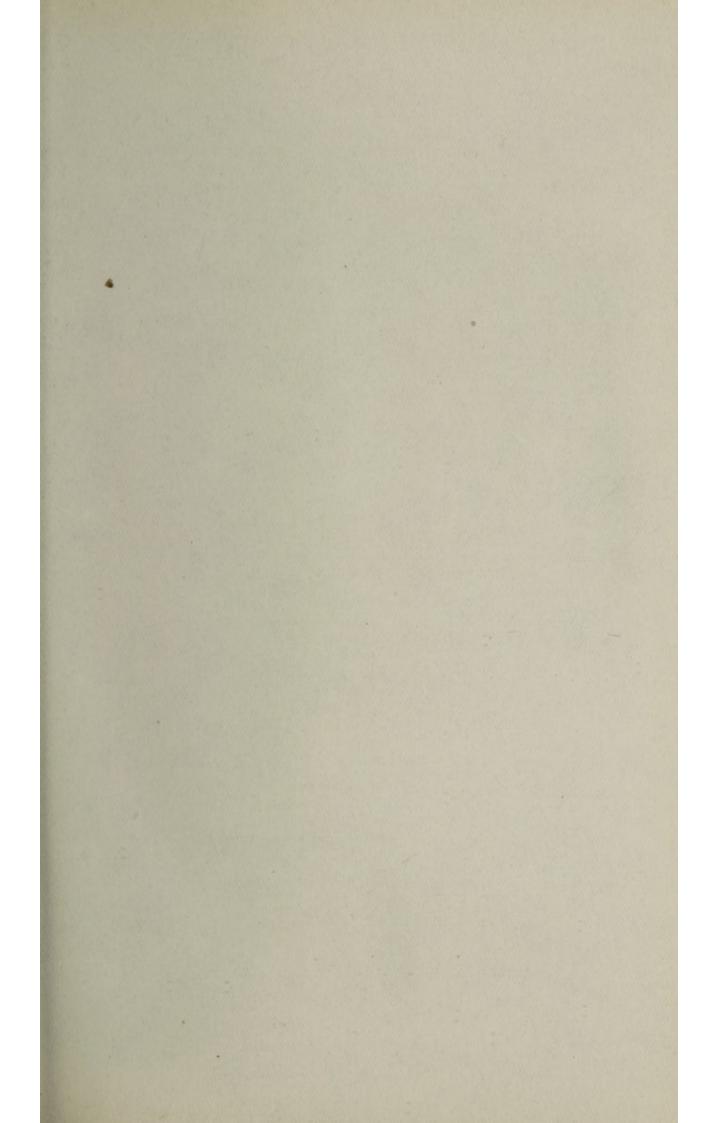
TABLE IV.-DENTAL INSPECTION AND TREATMENT.

(1)	Number of Childre	Number of Children who were						
	Inspected	by	the	Dental	Surgeons	:		

	(a) Routine Age Groups	6195
	(b) Specials	129
	(c) Total (Routine and Specials)	6324
	(2) Number Found to require treatment	3436
	(3) Number Actually treated	2523
(4)	Attendances made by children for treatment	3751
(5)	Half-days devoted to $\left\{\begin{array}{c} \text{Inspection112} \\ \text{Treatment} & 703 \end{array}\right\}$ Total	815
(6)	Fillings { Permanent teeth 1800 Total	2319
(7)	Extractions { Permanent teeth 571 } Total -	2085
(8)	Administration of general anæsthetics for extractions	127
(9)	Other operations { Permanent teeth 979 } Total	1109

Table V .- Uncleanliness and verminous conditions.

- (i) Average number of visits made during the year by each School Nurse, 8
- (ii) Total number of examinations of children in the Schools by School Nurses 29.210.
- (iii) Number of individual children found unclean, 708.



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