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Bedfordshire County Council

Education Committee

REPORT

of the

School Medical Officer

for the year ended

31st December 1952



BEDFORD
HENRY BURT & SON LTD.

TO THE CHAIRMAN AND MEMBERS OF THE
BEDFORDSHIRE EDUCATION COMMITTEE.

I beg to submit the Annual Report on the School Health Service for the year 1952.

During the year there were several staff changes. Dr. M. J. Pleydell left to become the Deputy County Medical Officer of Northamptonshire. He was succeeded by Dr. H. S. Bury. There was an increase in dental staff. Miss H. M. Jaks took up a whole-time appointment and Mr. A. L. Costigan a part-time one. Miss Joan Tallyn resigned her appointment as Orthoptist on securing a similar position in the United States. She was succeeded by Miss E. C. Wild.

The work of medical inspection of school children was well maintained during the year. Inspections were carried out at 140 of the 149 schools in the County area. It is good to be able to report that the general condition of the children was again found to be satisfactory.

Reference has been made in a previous paragraph to the increase in the dental staff. This was very welcome, and the position at the time of writing is still improving. There can be no doubt that the operation of a properly organised school dental service is one of the main factors in the promotion of the public health.

A report of the work of the Child Guidance service commences on page 13. There is no sign of any decreased demand for the service. This is in striking contrast to the demand for the treatment of Minor Ailments at School Clinics. This has fallen tremendously, and as a result it has been possible to reduce the scale of provision.

I desire to thank my professional colleagues, the teachers, and the clerical staff for their most helpful co-operation.

To the members of the Education Committee I desire to tender, on behalf of the School Health Department, our most grateful thanks for their sympathetic administration.

I have the honour to be,

Your obedient Servant,

W. C. V. BROTHWOOD,

School Medical Officer.

SHIRE HALL,
BEDFORD.

April, 1953.

STAFF

(as at 31st December, 1952)

County School Medical Officer

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

Deputy School Medical Officer

C. A. HARVEY, M.B., Ch.B., D.P.H.

Assistant School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

ELIZABETH E. BROWN, M.B., Ch.B., B.Hy., D.P.H.

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H. (Appointed 14.11.52).

DORA S. JAMES, M.B., B.S., D.Obst.R.C.O.G.

M. J. PLEYDELL, M.C., M.D., D.P.H. (Resigned 30.9.52.)

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.C.H.

Senior Dental Officer

R. B. T. DINSDALE, L.D.S.

Assistant Dental Officers

A. P. ATKINS, L.D.S.

GLADYS M. BASFORD, L.D.S. (part-time)

A. L. COSTIGAN, L.D.S. (part-time). (Appointed 1.4.52).

A. A. GARDNER, B.D.S.

HELLA M. JAKS, L.D.S., R.C.S. (Appointed 8.9.52)

Psychiatrist

S. P. CASTELL, M.B., M.R.C.S., L.R.C.P. (part-time)

Psychiatric Social Worker

MARGARET MILLINGTON, M.A.

Orthopist

JOAN M. TALLYN, D.B.O.S. (Resigned 31.3.52)

ELIZABETH C. WILD, D.B.O.S. (Appointed 1.8.52)

Speech Therapist

BARBARA D. BARTON, L.C.S.T.

GENERAL STATISTICS

The area of the Administrative County of Bedford is 302,942 acres. Schemes of Divisional Administration operated in the Boroughs of Bedford and Luton.

According to the Registrar General, the estimated home and child populations of the Administrative County and these Boroughs at the 30th June, 1951, were as follows:—

		<i>All ages</i>	<i>Under 15 years</i>
County Area	... ..	155,280	31,680
Bedford Borough	...	54,120	11,885
Luton Borough	... ..	109,600	25,145
		<hr/>	<hr/>
Administrative County	...	319,000	68,710
		<hr/>	<hr/>

The following table shows the number of schools in the County, excluding Bedford and Luton, on 31st December, 1952, and the number of children on the rolls.

<i>Type of School</i>		<i>No. of Schools</i>	<i>No. on Rolls</i>
Nursery	... ..	2	111
Primary	... ..	131	14,972
Secondary	... ..	12	3,038
Grammar	... ..	3	1,053
Special	... ..	1	110
		<hr/>	<hr/>
TOTALS	... ..	149	19,284
		<hr/>	<hr/>

MEDICAL INSPECTION

Medical Inspection is carried out in the schools. Children examined fall into three main divisions:—

- (a) "Entrants"—those who enter upon school life for the first time and whose ages are usually from 5-6 years.
- (b) "Intermediates"—all children who are in their last year at a primary school, or in the case of Full-Range Schools, those children who are at the age of 10-11 years.
- (c) "Leavers"—pupils attending a Secondary Modern or Primary Full-Range School in their last year, i.e., at the age of 14-15 years.

In addition, children are specially presented for examination by teachers, school enquiry officers, parents and others because some defect is present or is suspected. Sometimes they are discovered by the Medical

Officer or nurse in a general inspection of the school. All children who at a previous examination were found to have some defect or who required observation are also seen.

Parents are encouraged to attend the medical inspection and 67 per cent attended in 1952.

The number of children inspected in the periodic age groups was 6,342. The number of special inspections was 1,158. One hundred and forty schools were inspected during the year.

All the pupils at the St. Margaret's School are examined each year by one of the School Medical Officers. The School Medical Officer also examines those pupils who are in their last year at the school, and who, in the opinion of the Headmaster, may require supervision after leaving school.

TABLE I.—NUMBER OF DEFECTS FOUND TO REQUIRE TREATMENT
OR OBSERVATION AT MEDICAL INSPECTIONS DURING 1952.

Defect or Disease	No. of Defects			
	For Treatment		For Observation	
	Periodic Inspection	Special Inspection	Periodic Inspection	Special Inspection
Skin	9	1	47	12
Eyes—				
(a) Vision ...	357	100	398	70
(b) Squint ...	28	18	56	17
(c) Other ...	7	3	13	11
Ears—				
(a) Hearing ...	21	5	72	15
(b) Otitis Media ...	6	2	48	14
(c) Other ...	2	1	10	—
Nose or Throat ...	163	63	566	117
Speech	17	5	49	17
Cervical Glands ...	21	2	353	47
Heart and Circulation	3	1	51	7
Lungs	17	6	166	41
Developmental—				
(a) Hernia ...	6	—	17	5
(b) Other ...	3	1	87	10
Orthopaedic—				
(a) Posture ...	16	3	63	14
(b) Flat foot ...	18	2	137	21
(c) Other ...	55	13	338	48
Nervous System—				
(a) Epilepsy ...	—	—	5	3
(b) Other ...	2	2	45	12
Psychological—				
(a) Development ...	12	7	42	18
(b) Stability ...	12	8	114	45
Other	13	3	45	7
TOTALS ...	788	246	2,722	551

The number of individual children found to require treatment at periodic and special inspections was 955.

TABLE II.—NUMBERS INSPECTED IN THE ROUTINE AGE GROUPS
IN 1952, DIVIDED ACCORDING TO GENERAL CONDITION.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3,064	678	22.1	2,297	75.0	89	2.9
Second Age Group	2,211	550	24.9	1,600	72.4	61	2.7
Third Age Group ...	1,067	386	36.2	649	60.8	32	3.0
TOTALS	6,342	1,614	25.4	4,546	71.7	182	2.9

It must be borne in mind that the figures are composite, being derived from those of a number of examining medical officers. It would be difficult to evaluate them precisely, but at the very least, it appears justifiable to conclude that the general condition of the school children is quite satisfactory.

UNCLEANLINESS

TABLE III

The following table shows details of cleanliness inspections carried out by the school nurses during the years 1950 to 1952:—

	No. of visits to schools																							
	No. of instances of uncleanliness						No. of unclean children who were excluded			% of the children examined found unclean			1st inspections			2nd inspections			All inspections					
	1950		1951		1952		1950		1951		1952		1950		1951		1952		1950		1951		1952	
March ...	21,030	16,254	17,409	160	99	88	23	18	15	0.76	0.61	0.50	143	140	135	66	16	15	209	156	150			
June ...	17,418	17,216	17,555	208	128	110	57	30	40	1.19	0.74	0.62	143	137	136	31	15	21	174	152	157			
Sept. ...	15,509	15,163	16,260	141	124	99	26	16	21	0.91	0.82	0.60	136	130	119	17	5	15	153	135	134			
Dec. ...	13,571	12,031	14,014	87	73	71	12	11	8	0.64	0.61	0.50	117	89	114	13	8	7	130	97	121			
TOTALS	67,528	60,664	65,238	596	424	368	118	75	84	0.88	0.70	0.56	539	496	504	127	44	58	666	540	562			

Total number of Individual Pupils found unclean ... 1950 1951 1952
 Percentage of Individual Pupils found unclean of Total School Population ... 414 269 270
 2.4 1.5 1.4

The following table sets out for England and Wales and for Bedfordshire County Area the percentage of the school population infested in the years 1949, 1950 and 1951:—

	England and Wales			Bedfordshire County Area		
	1949	1950	1951	1949	1950	1951
Percentage of School Population infested ...	8	7	6	3.1	2.4	1.5

The figure for 1952 for the County Area is 1.4 per cent.

In his report for the years 1950 and 1951 the Chief Medical Officer of the Ministry of Education refers to the first report issued—that for the year 1908—when the records showed that approximately one half of the girls examined in urban areas were verminous; in rural areas the figure was about one quarter.

In Bedfordshire the report for the year 1908 showed that of 656 boys and girls examined in the urban areas, 100 were dirty, i.e., 15 per cent, and in the rural areas 2,024 boys and girls were examined and 292 were dirty, i.e., 14 per cent.

The number of children found to be verminous declined between 1908 and 1939 but during the war, with the influx of children from evacuated areas, it rose.

The number of individual children found to be verminous in 1952 was 270. The majority of these are “regulars”. After cleansing they soon become re-infested, very often from contact with adults in the family who are verminous. It seems likely that the system of inspection has much to do with the comparatively satisfactory position in Bedfordshire.

No cleansing notices under Section 54(2) and (3) of the Education Act, 1944, were issued. There are facilities for cleansing children at the school clinics.

INFECTIOUS DISEASES

TABLE IV.—TABLE SHOWING NUMBER OF CASES OF INFECTIOUS DISEASE IN CHILDREN AGED 5-14 YEARS NOTIFIED AND CONFIRMED DURING 1952.

	Bedford Borough	Luton Borough	Remainder of County	Totals
Scarlet Fever	61	81	56	198
Whooping Cough	26	147	111	284
Poliomyelitis	3	2	1	6
Measles	33	486	574	1,093
Diphtheria	—	—	—	—
Acute Pneumonia	4	4	9	17
Erysipelas	—	—	1	1
Dysentery	—	2	10	12
Enteric or Typhoid Fever ...	—	1	—	1
Paratyphoid	—	6	3	9
Meningococcal Infection ...	1	—	—	1
Food poisoning	—	3	1	4
TOTALS	128	732	766	1,626

Four of the confirmed cases of poliomyelitis were notified as being of the paralytic type.

This information has been extracted from the Quarterly Returns submitted by the District Medical Officers.

DIPHTHERIA IMMUNISATION

During 1952, the number of schoolchildren immunised for the first time was 665. The number of children who received booster injections was 4,910. These figures refer to the whole Administrative County.

No case of diphtheria occurred during the year in Bedfordshire.

TUBERCULOSIS

Notifications of Tuberculosis

TABLE V.—NUMBER OF CHILDREN AGED 0-14 YEARS ON THE
TUBERCULOSIS REGISTER AT 31.12.52.

District	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
Bedford Borough ...	17	20	37	9	3	12
Luton Borough ...	60	36	96	13	25	38
Remainder of County	24	36	60	32	45	77
TOTALS ...	101	92	193	54	73	127

TABLE VI.—NUMBER OF CHILDREN AGED 0-14 YEARS NOTIFIED
DURING 1952 AS SUFFERING FROM TUBERCULOSIS, RESPIRATORY
AND NON-RESPIRATORY.

District	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
Bedford Borough ...	2	5	7	1	1	2
Luton Borough ...	10	8	18	1	3	4
Remainder of County	5	8	13	3	8	11
TOTALS ...	17	21	38	5	12	17

These cases are also included in Table V.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

On the 28th March, 1952, the Ministry of Education issued to Local Education Authorities Circular 248 which dealt with precautionary measures to be taken to protect organised groups of children against the risk of infection by adults suffering from tuberculosis. The precautions

which should be taken in the schools are based on the recommendations of the Joint Tuberculosis Council which are given below:—

- (1) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. Any candidate for such employment should therefore not be engaged without a medical examination, including an X-ray examination of the chest.
- (2) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.
- (3) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained—both certificates being based on X-ray and bacteriological, as well as clinical, investigation. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.
- (d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children a full investigation of the staff employed should at once be undertaken.

These recommendations are being implemented as far as practicable. Use is made of Mass Radiography Units when they are available. Otherwise individuals are X-rayed at the Chest Clinics.

Mass X-Ray

The Mass Radiography Unit of the North West Metropolitan Regional Hospital Board visited Bedford, Luton, Dunstable and Leighton Buzzard during 1952. It was felt that children who would shortly leave school should be encouraged to make use of the service and arrangements were therefore made for the Unit to X-ray school children over the age of 14 years from schools in the areas.

The Head Teachers co-operated by obtaining the consent and ensuring the attendance of the children.

The following table shows the numbers X-rayed, the numbers recalled for large films and the disposal of cases recalled:—

	Number X-rayed			Recalled for Large Films			Further Investigation	
	Male	Female	Total	Male	Female	Total	No Further action	Further Investigation
Bedford ...	1,094	1,087	2,181	26	25	51	41	10
Luton ...	1,010	898	1,908	14	16	30	24	6
Dunstable ...	270	117	387	6	1	7	6	1
Leighton Buzzard	139	146	285	1	2	3	2	1
TOTALS ...	2,513	2,248	4,761	47	44	91	73	18

Of the eighteen referred for further investigation 3 were found to have tuberculosis.

TREATMENT OF DEFECTS

Minor Ailments

During the year clinics were held at Dunstable, Biggleswade, Leighton Buzzard and Houghton Regis. The Dunstable, Biggleswade and Leighton Buzzard Clinics opened on two mornings a week with a doctor attending on one of the mornings.

The Clinics are also used as places to carry out special examinations, e.g., children examined at the request of the Courts, examinations of children who are employed out of school hours and examinations under Section 34 of the Act.

TABLE VII.—TREATMENT OF MINOR AILMENTS AT SCHOOL CLINICS DURING 1952.

Defect								Number Treated
Skin—								
Ringworm (body) ...	...	...	...	...	...	...	...	—
Scabies ...	...	...	...	...	...	...	...	—
Impetigo ...	...	...	...	...	...	...	...	19
Other Skin diseases	...	...	...	...	...	...	...	—
Eye Diseases—								
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	...	...	...	...	...	...	...	32
Ear Defects ...	...	...	...	...	...	...	...	12
Miscellaneous—								
(e.g., minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	...	...	...	590
TOTAL ...	...	...	...	...	...	...	...	653
Total number of attendances	...	...	...	...	...	...	...	1,252

Cases of ringworm of the scalp are referred to hospital for treatment.

Ringworm

During the year a number of children in the Thurleigh and Keysoe area were treated at the Bedford General Hospital, South Wing for ringworm of the scalp. The School Health Service co-operated with the Skin Clinic and the schools affected were visited on several occasions by one of the School Medical Officers who examined all the children present under a Woods Lamp. At these inspections two new cases were discovered.

At the end of the year there were two children still under treatment and excluded from school.

Child Guidance

1. STAFFING

At the end of 1952, the staff was as it had been throughout the year—a part-time Psychiatrist, giving four sessions a week to County clinics and two to Luton, and a whole-time Psychiatric Social Worker. Efforts to recruit a lay Psycho-therapist had been unsuccessful and there was no Educational Psychologist. Moreover, the Psychiatrist had indicated that he could no longer continue in the Service.

The County Clinics are in Bedford and Dunstable. During the year, the Clinic at Dunstable was open two sessions a week for treatment and the Bedford Clinic was open two sessions a week for consultations and treatment of milder cases. It is expected that the new Clinic at St. Peter's will open early in 1953. There will be facilities both for treatment and consultations.

2. INCIDENCE OF MALADJUSTMENT

The Ministry of Education estimate that about one per cent of registered pupils will require special educational treatment in some way for maladjustment. The number of children referred to the child guidance service in the County (excluding the Borough of Luton) is about 0.4 per cent of registered pupils. The number of children who, after being referred to the Service, have been ascertained as maladjusted and requiring education in special residential schools and hostels, is 40, being 0.16 per cent of the total school population.

3. HEATHWOOD HOSTEL

Throughout the school year there were fifteen children from the Administrative County of Bedford in Heathwood, this being the number approved by the Ministry of Education. Details are given below of the children who were discharged during the year.

Age	Date of Admission	Date of Discharge	Reason for admission.	Condition at discharge
Girls— 14	April, 1951	July, 1952	Fear of school and of other children. Tendency to "romance". Skin complaint with psychological basis. Retarded at school.	Discharged at parents request. Considerable improvement

Age	Date of Admission	Date of Discharge	Reason for admission.	Condition at discharge
12	April, 1951	Dec. 1952	Behaviour difficulties at home and school. Fantastic lying. Retarded	Discharged Dec. 1952. Considerably improved
10	May, 1951	July, 1952	Persistent enuresis Difficult behaviour at home and school.	Discharged at parents request. Minor improvement
16	June, 1951	July, 1952	Beyond control of father and step-mother — pilfering, lying, running away. Very immature. Retarded at school. Hysterical outbursts	Discharged after an extra year at school. Much improved
13	May, 1952	Dec. 1952	Beyond control of parents. Epileptiform attacks. Accident prone	Discharged after limited improvement because too difficult and found to be an epileptic
Boys— 15	May, 1951	July, 1952	Persistent enuresis. Lack of confidence	Discharged on reaching school-leaving age. Considerable improvement
14	May, 1951	May, 1952	Temper outbursts. Very retarded at school	Discharged after some improvement because too old. Since placed in a Special School
11	May, 1951	July, 1952	Severe stammer. Behaviour difficulties at home. Lack of confidence	Discharged at parents request. Limited improvement. Still attending Clinic
11	May, 1951	Dec. 1952	Behaviour difficulties at home. Restless, no concentration, unable to settle to learn at school	Discharged after some improvement
8	June, 1951	Feb. 1952	Pilfering, lying, very aggressive to other children. Soiling and enuresis. Unable to learn	After some improvement admitted to a Special School as he was considered unsuitable to attend ordinary school

A number of applications were received from Education Authorities for the admission of children from other areas. As there were Bedfordshire children awaiting vacancies, these applications were not considered.

The staff employed during the year comprised—Warden, Matron and domestic staff. It was not found possible to recruit a Deputy Warden.

TABLE VIII.—NUMBER OF NEW CASES SEEN BY CHILD GUIDANCE SERVICE FOR VARIOUS REASONS IN 1952, SUB-DIVIDED ACCORDING TO ACTION TAKEN.

Reason	Total No. seen	No. Treated	No. Awaiting Treatment	Psychiatric Social Worker Consultations	Psychiatrist Consultations
Delinquency ...	14	3	—	—	11
Difficult behaviour ...	45	20	4	2	19
Educational difficulties	16	5	2	4	5
Anxiety ...	5	1	2	1	1
Psychosomatic ...	11	4	4	2	1
TOTALS ...	91	33	12	9	37

TABLE IX.—THE RELATIONSHIP BETWEEN INTELLIGENCE AND THE REASON FOR WHICH NEW CASES WERE SEEN AT THE CHILD GUIDANCE CLINICS IN 1952.

Reason for Examination	Total No. of children seen	Intelligence Quotient				
		—80	80–99	100–119	120 plus	Not tested
Delinquency ...	14	1	7	5	1	—
Difficult behaviour ...	45	4	21	13	4	3
Educational difficulties	16	1	7	5	3	—
Anxiety ...	5	1	1	2	1	—
Psychosomatic ...	11	—	2	4	4	1
TOTALS ...	91	7	38	29	13	4

TABLE X.—RESULTS AND DISPOSAL OF ALL CASES TREATED
AT CHILD GUIDANCE CLINICS IN 1952.

Result and Disposal	Number
Improved	21
Unco-operative	1
Some improvement but unco-operative to further treatment ...	10
Still under treatment	19
Supervision by Psychiatric Social Worker	2
Transferred to supervision by Mental Health Service	1
To special schools	5
To "Heathwood"	2
Awaiting admission to Special Schools	2
TOTAL number of children treated during the year	63

Orthoptic Treatment

Miss J. M. Tallyn resigned on the 31st March, 1952, and the Clinic was closed pending the appointment of a new orthoptist. Miss E. C. Wild was appointed from the 1st August, 1952. The work increased so much that from the 26th November, 1952, the number of sessions held at the Bedford Clinic was increased from four to six a week. For children in the South of the County, excluding the Borough of Luton, one session a week was held at the Dallow Road Clinic, Luton.

TABLE XI.—DETAILS OF CASES SEEN AT THE ORTHOPTIC
CLINICS IN 1952.

No. of Tests	...	...	...	...	380
New cases	...	...	...	...	81
No. treated	...	...	...	...	163
Total number of attendances	...	...	...	...	918
Discharged—					
Cured or improved	...	...	...	...	24
Nothing abnormal discovered	...	...	...	...	2
No progress	...	...	...	...	6
Unwilling for occlusion	...	...	...	...	1
Moved from district	...	...	...	...	1
					34

Speech Therapy

During 1952 five sessions were held each week for County Area children at the Bedford Bromham Road Clinic and two sessions a week at the Dunstable Health Centre. The total number of attendances was 1,581. The Speech Therapist also visited schools to discuss individual children with teachers, and to advise on speech defects.

TABLE XII.—NUMBER OF CHILDREN TREATED FOR SPEECH DEFECTS DURING 1952, TOGETHER WITH RESULTS OF TREATMENT.

Condition	No. Treated	Total No. Discharged	Condition on Discharge		
			Cured	Improved	No Change
Dyslalia with no mental retardation	82	55	35	15	5
Dyslalia with accompanying mental retardation	19	5	—	3	2
Cleft Palate	2	2	—	1	1
Partial deafness—for lip reading also	1	—	—	—	—
Physical defect	3	1	—	1	—
Stammer	24	15	9	4	2
TOTALS	131	78	44	24	10

Sunlight Treatment

Five children attended Dunstable Health Centre in 1952 for Ultra Violet Light treatment. There were 121 attendances. The defects for which treatment was given were:—

Bronchitis	2
Debility	2
Asthma	1

Ophthalmic Treatment

During the year appointments were made for 617 schoolchildren to be examined by Ophthalmic Surgeons for refractions, squints and other eye conditions.

Hospital Treatment

Where children need special investigation (other than ophthalmic examinations) they are referred to hospital out-patient departments only after prior consultation with the family doctor, upon whom rests the responsibility for general medical care. During the year, 215 children were referred to hospitals in the area through the School Health Service.

TABLE XIII. THE FOLLOWING TABLE GIVES DETAILS OF THE HOSPITALS AND CLINICS TO WHICH CHILDREN WERE REFERRED.

Name of Hospital	E.N.T. Clinic	Orthopaedic Clinic	Miscellaneous Clinics
Bedford General	44	26	9
Luton and Dunstable ...	42	34	9
North Herts. and South Beds.	13	4	—
Royal Buckinghamshire ...	—	1	—
West Herts.	13	6	1
Addenbrookes	9	—	3
Huntingdon Hospital ...	1	—	—
TOTALS	122	71	22

Tonsils and Adenoids

Towards the end of the year it was considered advisable to postpone operative treatment for tonsils and adenoids at the Bedford Hospital for a period because of the occurrence of cases of poliomyelitis in the Bedford area.

EXAMINATIONS UNDER SECTIONS 34, 57 AND 59

Section 34

This section of the Education Act, 1944 places a duty on Local Education Authorities to ascertain those children in their area who require special educational treatment.

During 1952, 163 children thought to require special educational treatment were examined and the following recommendations made:—

Diabetic	Ordinary school	1
Delicate	Convalescence at Open-Air Schools	3
	Holiday Homes	4
Educationally Sub-normal ...	Special School	30
	Special educational treatment in ordinary school	18
	Home tuition	1
Maladjusted	Child Guidance Service ...	46
Epileptic	Private school	1

Multiple Disability	...	...	Special School	...	...	1
Physically Handicapped	...	...	Special School	...	...	1
			Ordinary school	...	...	1
			Home tuition	...	...	1
To be re-examined later	...	...	...	...	...	14
Re-examinations	...	...	...	...	...	14
No action necessary	...	...	...	...	...	6
Reports to Local Health Authority—						
Section 57(3)	...	...	...	...	...	7
Section 57(4)	...	...	...	...	...	1
Section 57(5)	...	...	...	...	...	13

In addition, 22 children were examined at the request of magistrates of Juvenile Courts.

Section 57 (3)

In the County, excluding the Borough of Luton, 8 children were found to be suffering from a disability of mind of such a nature or to such an extent as to make them incapable of receiving education at school.

In each case a report to this effect was issued to the Local Health Authority.

Section 57 (4).

A pupil is reported to the Local Health Authority under this Section of the Act, not only if the nature and extent of his disability are such as to make him incapable of receiving education, but also if they are such as to make it inexpedient that he should be educated in association with other children either in his own interests or theirs.

One child was reported under this Section during 1952.

Section 57 (5)

Under this Section of the Act, 16 children suffering from a disability of mind of such a nature or to such an extent as to require supervision after leaving school were reported to the Local Health Authority.

Section 59

Every child to be employed must be medically examined to ensure that the employment will not be prejudicial to his health or physical development and will not render him unfit to obtain proper benefit from his education.

173 children were examined during 1952 and certificates of fitness were granted in all cases.

TABLE XIV.—NUMBER OF HANDICAPPED PUPILS WHO IN 1952 WERE EITHER NEWLY PLACED BY THE AUTHORITY IN BOARDING OR HOSPITAL SPECIAL SCHOOLS OR HOMES; OR NEWLY ASCERTAINED AS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN HOMES.

Category	No. of Handicapped Pupils who in 1952 were:—	
	(a) Newly placed	(b) Newly ascertained
Blind	2	2
Partially Sighted	—	—
Deaf	1	1
Partially Deaf	1	2
Delicate	23	23
Physically Handicapped	4	8
Educationally Sub-Normal	34	39
Maladjusted	14	19
Epileptic	1	1
TOTALS	80	95

In addition to the children listed, arrangements were made through the hospital service for the admission of 57 children to Hospital Special Schools. The cost of educating these children is borne by the Authority.

TABLE XV.—SHOWING THE POSITION IN REGARD TO HANDICAPPED PUPILS AS AT 1ST DECEMBER, 1952.

Category	Number of Handicapped Pupils who on 1st December, 1952, were:—					
	(A) Attending Boarding or Hospital Special Schools	(B) Boarded in Homes	(C) Attending Independent Schools under arrangements made by the Authority	(D) Totals of (A) (B) and (C)	(E) Receiving education at home under Section 56 of The Education Act, 1944	(F) Requiring places in Special Schools, including those unplaced children who were receiving home tuition
Blind	4	—	—	4	—	—
Partially Sighted	3	—	—	3	—	—
Deaf	9	—	1	10	—	—
Partially Deaf	4	—	—	4	—	2
Delicate	9	—	1	10	—	—
Physically Handicapped	6	—	7	13	8	3
Educationally Sub-normal	81	—	5	86	1	81
Maladjusted	3	14	14	31	1	5
Epileptic	6	—	—	6	—	—
TOTALS	125	14	28	167	10	91

Children suffering from multiple disabilities are classified under the major disability.

MILK IN SCHOOLS SCHEME

Development of the Scheme

The first milk in schools scheme was started in 1923 as a result of the endeavours of the National Milk Publicity Council who arranged for milk to be provided for school children in one-third of a pint bottles at a charge to the parents of one penny.

In 1934 the Government, through the Milk Marketing Board, financed a further scheme for supplying school children with milk at a halfpenny instead of a penny for a third of a pint.

The final stage was reached when in August, 1946 milk was provided free of charge to pupils in maintained and assisted schools.

Source and Quality of Supply

The source and quality of supply must be approved by the School Medical Officer. Wherever possible, designated milk is supplied, and of 149 schools, only six receive non-designated milk. Samples of the milk are taken regularly and any instances of unsatisfactory milk are dealt with immediately.

Quantity of Milk Supplied

The quantity of milk permitted for each child is determined by the supply position, subject to a maximum of two-thirds of a pint. At present it is one-third of a pint per child per day at Primary and Secondary Schools and two-thirds per child per day at Special Schools for delicate pupils and nursery schools.

Ordering and Prevention of Waste

The responsibility for ensuring careful ordering and preventing waste rests with the Authority. The milk is ordered by the Head Teachers who keep the suppliers informed of day to day variations in the quantity required. Where, despite careful ordering a surplus of milk occurs, it is given to children who seem most likely to benefit from it. Occasions on which any surplus milk cannot be disposed of in this way are rare, but in such cases the Head Teacher seeks the advice of the Local Food Office. Monthly returns, showing the disposal of surplus milk are sent in from all schools and these do not show any evidence of waste.

MILK IN SCHOOLS SCHEME.

All schools in the County area received milk under the Milk in Schools Scheme and every endeavour was made to secure a designated supply to each. This was not possible in all cases but out of a total of 149 maintained schools in the County area, only 6 were supplied with non-designated milk.

Each term during the year, a sample of milk was taken for bacteriological examination from every retailer supplying milk to the schools in the County area and the results of the examinations are set out below:—

TABLE XVI.—NUMBER OF SAMPLES OF MILK TAKEN FROM SCHOOLS AND SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING 1952.

Bacteriological Samples	Routine Samples			First Follow-up			Second Follow-up			Third Follow-up			Totals
	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	Sat.	Unsat.	Total	
Quarter ended—													
31st March, 1952 ...	81	6	87	3	1	4	1	—	1	—	—	—	92
30th June, 1952 ...	45	17	62	4	6	10	—	1	1	—	—	—	73
30th September, 1952 ...	37	17	54	5	3	8	2	2	4	—	—	—	66
31st December, 1952 ...	71	5	76	5	—	5	—	—	—	—	—	—	81
TOTALS ...	234	45	279	17	10	27	3	3	6	—	—	—	312

A return is made to the Ministry of Education every four months giving details of the number and percentages of pupils taking milk in relation to the total number present in the schools on the day selected for the return. The following table is based on this information, and for the purposes of comparison, the details for 1950 and 1951 are also given. The percentage of pupils taking milk declined during 1951, but has risen slightly during 1952.

TABLE XVII.—NUMBER AND PERCENTAGES OF PUPILS TAKING MILK IN RELATION TO THE TOTAL NUMBER OF PUPILS PRESENT.

	No. of pupils present			No. of pupils taking milk			Percentage of pupils taking milk		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
February ...	14,884	16,026	16,926	12,038	11,956	12,839	80.9	74.6	75.9
June ...	15,808	16,288	17,282	13,042	12,722	13,729	82.5	78.1	79.4
October ...	16,170	16,926	17,775	12,885	12,818	14,018	79.7	75.7	78.9

SCHOOL DENTAL REPORT FOR 1952

During the year there was an improvement in the staffing position. Mr. A. L. Costigan was appointed on the 1st April as a part-time officer on a sessional basis. The sessions were held at the Leighton Buzzard Clinic. As from the 8th September, Miss H. M. Jaks was appointed as a full-time officer in the Dunstable area. Mr. V. A. Vasey, the School Dental Surgeon in the Borough of Bedford retired on the 31st October. Until the end of the year he was, however, able to undertake occasional sessional work.

In June, the Ministries of Health and Education issued a joint circular which drew attention to the duty of Local Education and Health Authorities to provide free dental care for school children and expectant and nursing mothers and children under school age. It expressed the hope that the exceptional importance and the urgent needs of the priority dental services would encourage more dentists to work in these services. Their activities might be either full time or part time.

This Authority had for a long time tried to recruit part-time dental surgeons to reinforce a depleted whole-time staff, and at the time of the issue of the Circular there were three part-time dental surgeons employed. Renewed efforts were made to recruit others, but they were unsuccessful, notwithstanding the fact that at one stage 12 private dental practitioners had expressed themselves as interested.

Throughout the year one of the County area dental surgeons held two sessions a week in Luton to treat emergency cases.

12,443 children were inspected in 1952 and of these 7,773 were referred for treatment and 80 per cent received treatment. The number of individual children treated during 1952 was 6,227, an increase of 1,896 on the number treated in 1951.

The St. Peter's Dental Clinics in Bedford are expected to be ready very shortly. There will be two fully equipped dental surgeries. Children from schools near Bedford and also from those parts of the County with convenient public transport will be treated there.

TABLE XVIII.—NUMBER OF PUPILS INSPECTED AND TREATMENT
GIVEN BY DENTAL SURGEONS DURING 1952.

Pupils inspected—

Periodic age groups	...	...	...	...	...	...	9,130
Specials	...	...	...	...	...	...	3,313
TOTAL	...	...	...	...	...	...	12,443
Number found to require treatment	...	...	...	...	...	...	8,091
Number referred for treatment	...	...	...	...	...	...	7,773
Number actually treated	...	...	...	...	...	...	6,227
Attendances made by pupils for treatment	...	...	...	...	...	...	8,924

Half-days devoted to—							
Inspection	...	...	...	...	...	...	145
Treatment	...	...	...	...	...	...	1,197
Fillings—							
Permanent Teeth	...	...	...	...	...	...	3,547
Temporary Teeth	...	...	...	...	...	...	377
TOTAL	...	...	...	...	...	...	3,924
Number of Teeth filled—							
Permanent Teeth	...	...	...	...	...	...	3,356
Temporary Teeth	...	...	...	...	...	...	372
TOTAL	...	...	...	...	...	...	3,728
Extractions—							
Permanent Teeth	...	...	...	...	...	...	1,445
Temporary Teeth	...	...	...	...	...	...	6,304
TOTAL	...	...	...	...	...	...	7,749
Administration of general anaesthetics for extractions						...	3,578
Other operations—							
Permanent Teeth	...	...	...	...	...	...	1,841
Temporary Teeth	...	...	...	...	...	...	261
TOTAL	...	...	...	...	...	...	2,102

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER
of the
BEDFORD DIVISIONAL EXECUTIVE
for the Year 1952

STAFF

Divisional School Medical Officer

G. K. BOWES, M.A., M.D., M.R.C.P., D.P.H.

Assistant School Medical Officer

FRANCES ANNE WILLIAMS, M.B., B.S.(Lond.), M.R.C.S.,
L.R.C.P., D.P.H.(Vict.).

Divisional School Dental Officer

V. A. VASEY, L.D.S., R.C.S.Eng.

School Nurses

MRS. D. DAVIDSON, S.R.N.

MRS. I. COOMBS, S.R.N., S.C.M.

Unfortunately Mr. V. A. Vasey found it necessary on the grounds of ill health to give up his full time appointment as School Dental Officer in October, in the hope that he would be able to continue to give sessions on a part time basis. He has now found it necessary to retire completely from the Service. Mr. Vasey was appointed as the first full time dentist in October, 1934, and it would be no exaggeration to say that he entirely built up the School Dental Service in the Division as it existed before his resignation. It would in any case have been difficult to replace him after so

many years of devoted service, but it is a well known fact that the National Health Service Act has had the effect of breaking up the School Dental Service, not only in Bedfordshire, but in the country as a whole. In spite of efforts to obtain a full time dentist, the Division still remains without an adequate dental service, and at present has the services, for one or two sessions a week, of one of the dental surgeons normally employed in other parts of the county.

Mrs. I. Coombs, School Nurse, on account of domestic reasons gave up her full time appointment in May and since then has given rather more than half time to the duties of School Nurse. With the decrease in many ways of the work of the School Health Service, it has been possible to maintain the school nursing service adequately on this basis.

Apart from those mentioned, there has been no other important change in the staff of the School Health Service.

The services of those specialist members of the staff whose names are given in the report of the County School Medical Officer are available for the Division as well as the rest of the County.

GENERAL STATISTICS

The average school population for the year was 6,075, an increase on the figures for the previous year, namely 5,847. During the last few years the figures have shown a tendency to increase.

There are 19 school departments in the Borough area as follows:—

<i>Type of School</i>						<i>Number of Schools</i>	<i>Number on Roll</i>
Nursery	...	...	...	...	...	1	41
Infant	...	...	...	...	...	6	1,464
Primary Junior Mixed	...	...	...	...	...	5	1,862
Primary Junior Mixed and Infant	...	...	...	...	...	2	869
Primary Mixed, All Ages, 5-15 years	...	...	...	...	...	1	280
Secondary Modern*	...	...	...	...	...	4	1,559
						—	—
						19	6,075
						—	—

NOTE*

Mixed	...	...	...	...	2
Boys	...	...	...	...	1
Girls	...	...	...	...	1

The extensions, to which reference was made in my last report, at Goldington Green School were practically completed during the year.

SCOPE OF MEDICAL INSPECTION

The following figures show the numbers inspected during the year under review, with the figures for the previous year being given for comparison.

		1951	1952
Inspections in prescribed groups	...	1,709	1,819
Special inspections at schools	... ..	21	15
Special inspections at clinics	... ..	304	357
Re-inspections	... ..	874	684

The special inspections at the school clinics are little more than half what they were before the coming into force of the National Health Service Act. Many children who would formerly have attended the school clinic now attend their own doctor. There has at the same time been a considerable decrease on account of better health and better care generally in those conditions which were formerly the cause of a large number of attendances at the clinic, especially skin conditions such as impetigo and ear discharge. Many attendances are now made in order that children may obtain the benefit of those special services administered by the School Health Service, mainly ultra violet light.

MEDICAL TREATMENT

There was no change in the arrangements since the previous year.

CONDITIONS FOUND ON INSPECTIONS.

NUTRITION AND GENERAL PHYSIQUE

The generally good standard of nutrition of the post-war years has been maintained.

I am indebted to the Education Officer for the following figures relating to school milk and meals.

RETURNS MADE TO MINISTRY OF EDUCATION

Date of Return	MILK		MEALS		
	Number receiving milk	Percentage	Number receiving meals	Number (included in previous column) receiving meals free of charge	Percentage receiving meals
February 1952	4,821	% 86.3	2,856	180	% 51.1
June 1952	5,066	88.2	2,928	167	50.9
October 1952	5,100	88.4	3,099	186	53.8

It still remains true that some of the elder girls show signs of fatigue as revealed by pallor and habitual bad posture. This no doubt is largely due to conditions of modern life, including late nights and consequent lack of sleep. Girls show these effects more than the boys, probably because they do not get out of the house so much and lack fresh air and exercise which is more easily obtained by the boys.

UNCLEANLINESS

The number of children found unclean, that is with nits or lice in their hair, showed a reduction even below the very small numbers of the previous year, being, in 1952, 88 or 1.4 per cent, compared with 121 or 2.1 per cent in 1951 and in contrast with a percentage of 15.6 in 1941. It was decided no longer to use the Treatment Centre of the Borough of Bedford for treatment of verminous heads apart from quite exceptional cases. No doubt this policy had its usefulness, but even formerly difficult parents seem now much more alert to their responsibilities.

MINOR AILMENTS

GENERAL

The following table shows the attendances at the school clinics for the years from 1948.

			1948	1949	1950	1951	1952
Attendances	...	...	6,660	4,802	3,637	2,538	2,085
Number of individual children attending	...	...	1,147	1,026	984	769	645

The numbers continue to decline, partly no doubt on account of the continued effect of the National Health Service Act, partly on account of a real diminution in those diseases which formerly caused many attendances at the clinics and to which reference is made in an earlier section of the report.

RINGWORM

No cases of ringworm of the scalp were discovered, and only four of ringworm of the body.

SCABIES

No cases were discovered. After the high war-time prevalence scabies seems practically to have disappeared.

IMPETIGO

Only 4 children with this complaint received treatment during the year, a number very much smaller even than the low figure of 28 for the previous year, and a mere fraction of the number which received treatment some years ago. Most of the decline is due to a real diminution of cases on account of greater cleanliness and improved conditions of life, and not only to the fact that some children with this complaint receive treatment elsewhere.

HOSPITAL TREATMENT

GENERAL

Hospital treatment generally is the responsibility of the Regional Hospital Board. Some institutions which rank as schools or convalescent homes do not come under the hospital scheme

TONSILS AND ADENOIDS AND ALLIED CONDITIONS

19 children were referred for consultation on these conditions to the Ear, Nose and Throat Department at the Bedford General Hospital. Of course, in a number of cases arrangements for treatment were made before entry to school, or after entry quite independently of the School Health Service. 71 children were ascertained to have received treatment during the year, of whom 66 were referred for treatment before 1952.

Apart from those cases where deafness or ear disease appeared to be associated with diseased tonsils or adenoids, 8 children were referred to hospital for deafness or ear disease.

It is the policy, except when operative treatment appears obviously necessary, to keep children with enlarged tonsils and suspected adenoids under observation for a period before reference to hospital, and perhaps to try the effect of ultra violet light in improving the condition. In many cases children for whom the necessity of operation may be considered on entry to school at five improve spontaneously while kept under observation, though of course when this improvement does not take place or when other symptoms supervene operation may become necessary.

Tonsillectomy was stopped for some weeks on account of the prevalence of poliomyelitis.

INFECTIOUS DISEASES

MEASLES

33 cases only of measles occurred during the year among children of school age, not all of whom, however, attended schools of the Local Education Authority.

SCARLET FEVER

49 cases occurred in the schools of the Divisional Executive.

DIPHTHERIA

For several years in succession no cases of diphtheria have occurred, a result to be attributed to the success of the diphtheria immunisation campaign.

ACUTE ANTERIOR POLIOMYELITIS

Four confirmed cases occurred among school children of which the following are particulars.

Sex	Date of Onset	Age	Type of Illness	Remarks
Male ...	2. 9.52	6	Paralytic ...	Paralysis of the palatine and pharyngeal muscles, occurring a few days after tonsillectomy. Recovery almost complete
Male ...	10.10.52	6½	Paralytic ...	Slight paralysis of muscles of one arm. Recovery almost complete
Male ...	31.10.52	4	Non-paralytic ...	
Male ...	4.11.52	7	Non-paralytic	

All the cases referred to occurred at the Goldington Road School and were part of an outbreak of 7 cases, which affected, in addition to the school children, 2 children of pre-school age and one adult of 21, and which occurred in the quarter of the town between High Street, de Parys Avenue, the river and the borough boundary. During the prevalence of this outbreak tonsillectomy at the hospital was stopped. No sufficient reason had arisen to advise stopping of tonsillectomy on the occurrence of the first case given in the table.

A group of three cases, children aged 3, 7 and 9, in the same family were notified from another area of the town, but here diagnosis was not confirmed and the disease appeared to have been due to an obscure infection which may at times produce symptoms resembling those of non-paralytic poliomyelitis.

DIPHTHERIA IMMUNISATION

The policy relating to diphtheria immunisation remains unchanged. The ideal now aimed at is that children should be immunised before the end of their first year, and during school life should receive reinforcing injections on school entry, at 8 and again at 12 years. Children of school age are mostly immunised at the clinics, though of course some receive treatment from the family doctor.

The following table shows the work carried out among school children from all types of schools.

				<i>Received full course</i>	<i>Received single reinforcing injections</i>
Age 3- 5 years	...	...	...	31	155
Age 5-10 years	...	...	...	82	466
Age 10-15 years	...	...	...	17	123
Age 15 years and over	...	...	...	1	—
TOTAL	...	...	...	131	744

It is estimated that 70 per cent of all children of school age have at some time or other received a full immunising course.

SPECIAL FORMS OF TREATMENT

ULTRA VIOLET LIGHT TREATMENT

The following table gives the number of children treated at the clinics.

			<i>Sessions held</i>	<i>Total treatments</i>	<i>Number of individual children treated</i>
3, Brereton Road	...	...	135	1,299	135
29, Barford Avenue	...	...	83	1,267	102

The following table shows the conditions treated.

<i>Condition for which treatment was given</i>					<i>Number of children treated</i>
Diseases of the ear, nose and throat	...	...	...	...	129
General debility	...	...	...	...	36
Bronchitis and other conditions of the lungs	...	...	...	...	30
External eye complaints	...	...	...	...	10
Diseases of the skin	...	...	...	...	8
Rheumatism	...	...	...	...	7
Poor appetite	...	...	...	...	3
Nervous illnesses	...	...	...	...	3
Enlarged cervical glands	...	...	...	...	2
Anaemia	...	...	...	...	1
Other defects and diseases	...	...	...	...	8

Among individual causes of treatment, the cause for which the greatest number of children is treated is catarrhal conditions of the nose and throat. Many children suffer from frequent colds, especially those children who come from sheltered homes, during the first few terms of

school life. In most cases great benefit is derived from a course of sun-light treatment, which may be continued throughout the winter. Septic infections of the skin which have not been improved by other methods of treatment often clear up rapidly with ultra violet light treatment. Other conditions which receive benefit are those indefinite conditions labelled as debility, anaemia and poor appetite.

ORTHOPAEDIC AND POSTURAL DEFECTS

Treatment is undertaken for children with minor defects at the Bedford Physical Training College. 15 children were referred during the year. These conditions include such defects as bad posture, flat feet and knock knee of slight degree.

Children requiring more special treatment or advice are referred to the Orthopaedic Department at the Bedford General Hospital. 5 children were so referred.

SPEECH THERAPY

45 children received treatment from the Speech Therapist during the year.

The following table gives details.

Number of individual children treated	...	...	45
Number of attendances	...	...	689
Results—			
Cured	...	...	11
Benefited	...	...	28
No improvement	...	...	6

HANDICAPPED CHILDREN

Children who require special educational treatment on account of some physical handicap, some defect in the sense organs, or mental retardation, are usually dealt with directly by the County Education Committee and the figures relating to such children, including children from Bedford Borough, are given in the report of the County School Medical Officer.

DISABILITY OF MIND

41 children were examined. The following table shows the diagnosis in accordance with which recommendations were made.

No disability of mind	...	...	2
Maladjusted	...	...	21
Educationally subnormal	...	...	9
Maladjusted and educationally subnormal	...	...	3
Incapable of receiving education at school	...	...	3
Opinion deferred. To be re-examined	...	...	3

18 children were resident at the end of the year at St. Margaret's School, Great Gaddesden, which is under the control of the Bedfordshire County Council and is for the treatment of educationally subnormal children.

Maladjusted children are usually referred to the Child Guidance Clinic and details are given in the report of the County School Medical Officer. 2 children received treatment during the year at the hostel for maladjusted children at Heathwood, Leighton Buzzard.

TREATMENT IN CONVALESCENT HOMES AND OTHER INSTITUTIONS

A number of children who suffer from more or less indefinite forms of ill health are sent to convalescent homes at the expense of the Local Education Authority for periods of usually a few weeks, and often receive great benefit from such treatment.

The number of children and the cause for which they were sent are as follows:—

Sex	Age	Cause	Period of treatment
Female ...	6	General debility	3½ weeks
Male ...	8	General condition very poor	7 weeks
Male ...	8	General debility	4 weeks
Female ...	8	General debility	12 weeks
Female ...	9	General debility	4 weeks

Other children received treatment for more definite diseases at special institutions, as follows:—

Sex	Age	Disease	Period of treatment
Male ...	6	Maladjusted due to home conditions, causing defective speech	19 weeks
Female ...	9	Asthma and eczema	Admitted on 29.5.52. Not discharged
Male ...	13	Asthma	Re-admitted on 3.12.51 for a period of 16 weeks
Female ...	15	Bronchiectasis	12 weeks

OTHER EDUCATIONAL TREATMENT

3 children suffering from conditions other than disability of mind, as such, received education at a private school at the Local Education Authority's expense.

These conditions were as follows:—

Sex		Age	Condition
Male	...	6	Spastic paraplegia (mild)
Male	...	10	Tuberculous right hip joint
Female	...	14	Educational retardation, due partly to interruption of education by pulmonary tuberculosis

DENTAL INSPECTION AND TREATMENT

Reference is made earlier in this report to the resignation of Mr. V. A. Vasey.

Up to his retirement it had been possible to maintain a reasonably complete and efficient dental service for the borough school children.

It is a matter of common knowledge that one effect of the National Health Service Act has been to cause a disintegration of the School Dental Service in many areas, and this has now taken place in Bedford.

The original intention of the School Health Service was to undertake regular inspection of the teeth of school children and to undertake treatment on the basis of these inspections. This treatment was designed to prevent by early filling the necessity of extraction of teeth. It is true that officers of the School Dental Service often found that they were in fact called upon to extract teeth as an emergency on account of toothache, due either to the decay of teeth of the primary dentition, which the School Health Service was largely unable to check, or in some cases to failure of parents to avail themselves of preventive treatment when this was offered. These parents preferred to wait until the children's teeth ached after becoming unsavable through advanced caries, and only then to demand treatment. This, however, was not regarded as the primary function of the School Dental Service. At the present time it has been possible to obtain the services of one of the dental officers working in another part of the county for the purpose of emergency dental treatment only. The future is uncertain.

EMPLOYMENT OF CHILDREN BYELAWS

288 children were medically examined in 1952. Of this number 40 were employed in entertainment. No reason was found to reject any of these children.

CONCLUSION

Apart from the breakdown of the School Dental Service, no material change has taken place in the health of the children or in the methods of the School Health Service.

My thanks are due to all members of the Staff of the Bedford Borough Divisional Executive, to the Staff of the County Health Department, and to the Heads of all schools in the Borough for their co-operation in the work.

STATISTICAL TABLES
 relating to the work of the
SCHOOL HEALTH SERVICE
 (Bedford Divisional Executive)
 for the Year 1952

For the purpose of comparison figures
 relating to previous years are given

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

Return of Children Inspected 1st January to 31st December, 1952.

A.—PERIODIC MEDICAL INSPECTIONS

No. of Inspections in the Prescribed Groups	1950	1951	1952
Entrants	784	864	932
Second Age Group	783	528	479
Third Age Group	472	317	408
TOTALS	2,039	1,709	1,819

B.—OTHER INSPECTIONS

	1950	1951	1952
Number of Special Inspections	305	325	372
Number of Re-Inspections	1,215	874	684
TOTALS	1,520	1,199	1,056

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)			For any of the conditions recorded in Table IIA (3)			Total individual pupils (4)		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
Entrants	2	3	3	165	174	208	167	177	211
Second Age Group ...	19	14	15	37	37	43	56	51	57
Third Age Group ...	24	16	19	15	10	20	38	26	39
TOTALS	45	33	37	217	221	271	261	254	307

TABLE II.—A RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1952.

Defect or Disease (1)	Periodic Inspections—No. of defects				Special Inspections—No. of defects			
	Requiring treatment (2)		Requiring to be kept under observation but not requiring treatment (3)		Requiring treatment (4)		Requiring to be kept under observation but not requiring treatment (5)	
	1951	1952	1951	1952	1951	1952	1951	1952
Skin ...	8	8	2	2	17	34	3	3
Eyes—								
(a) Vision ...	33	37	9	15	60	65	6	5
(b) Squint ...	11	17	8	2	4	10	—	1
(c) Other ...	7	6	4	4	6	8	1	3
Ears—								
(a) Hearing ...	13	6	5	4	13	6	—	—
(b) Otitis Media ...	4	4	3	1	2	11	—	—
(c) Other ...	—	1	3	1	4	12	1	6
Nose or Throat ...	128	171	94	89	50	44	4	5
Speech ...	3	6	1	6	7	2	1	3
Cervical Glands ...	—	1	1	4	—	—	2	4
Heart and Circulation ...	—	—	1	4	1	1	—	—
Lungs ...	17	16	9	10	14	12	1	—
Developmental—								
(a) Hernia ...	1	4	—	1	—	—	—	—
(b) Other ...	—	—	—	1	—	—	—	—
Orthopaedic—								
(a) Posture ...	2	9	18	13	4	6	—	—
(b) Flat foot ...	5	3	—	1	2	2	—	—
(c) Other ...	10	10	9	2	7	5	—	5
Nervous System—								
(a) Epilepsy ...	—	1	—	—	1	—	—	—
(b) Other ...	1	—	—	1	—	3	—	—
Psychological—								
(a) Development ...	—	—	2	1	7	14	—	2
(b) Stability ...	1	1	6	2	12	15	1	2
Other ...	28	16	39	24	68	46	26	27

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR 1952 IN THE AGE GROUPS.**

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	932	130	13.9	783	84.0	19	2.0
Second Age Group	479	140	29.2	331	69.1	8	1.7
Third Age Group ...	408	95	23.3	313	76.7	—	—
TOTALS	1,819	365	20.1	1,427	78.4	27	1.5

TABLE III.—INFESTATION

	1950	1951	1952
(1) Total number of examinations in the schools by the school nurses	16,671	17,017	17,165
(2) Total number of individual pupils examined ...	—	5,784	5,647
(3) Total number of individual pupils found to be infested	146	121	88
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—

TABLE IV.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanness, for
which see Table III).

	Number of cases treated or under treatment during the year					
	By the Authority			Otherwise		
	1950	1951	1952	1950	1951	1952
Ringworm—(1) Scalp	—	—	—	1	—	—
(2) Body	9	2	4	—	—	—
Scabies 	2	5	—	—	—	—
Impetigo 	14	28	4	—	—	—
Other skin diseases ...	19	6	6	—	—	—
TOTALS 	44	41	14	1	—	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with by the Authority		
	1950	1951	1952
External and other, excluding errors of refraction and squint 	25	30	39
Errors of Refraction (including squint) 	287	260	261
TOTALS 	312	290	300
Number of pupils for whom spectacles were—			
(a) Prescribed 	153	152	143
(b) Obtained 	111	Not known	Not known
TOTALS 	264	152	143

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated					
	By the Authority			Otherwise		
	1950	1951	1952	1950	1951	1952
Received operative treatment—						
(a) for diseases of the ear ...	—	—	—	—	—	—
(b) for adenoids and chronic tonsillitis	—	—	—	58	88	71
(c) for other nose and throat conditions	—	—	—	—	—	—
Received other forms of treatment	193	138	170	13	8	8
TOTALS	193	138	170	71	96	79

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

	1950	1951	1952
(a) Number treated as in-patients in hospitals ...	1	1	—
(b) Number treated otherwise, e.g., in clinics or out-patient departments	25	16	20

GROUP 5.—SPEECH THERAPY

	Number of cases treated by the Authority		
	1950	1951	1952
Number of pupils treated by Speech Therapists ...	38	45	45

GROUP 6.—OTHER TREATMENT GIVEN

	Number of cases treated by the Authority		
	1950	1951	1952
Miscellaneous minor ailments	857	660	539

TABLE V.—DENTAL INSPECTION AND TREATMENT

	1951	1952
(1) Number of pupils inspected by the Dental Officer—		
(a) Periodic age groups	3,208	2,710
(b) Specials	784	650
TOTALS (1)	3,992	3,360
(2) Number found to require treatment	2,474	2,061
(3) Number referred for treatment	1,827	1,518
(4) Number actually treated	1,588	1,324
(5) Attendances made by pupils for treatment	1,858	1,529
(6) Half-days devoted to—		
Inspection	29	17
Treatment	202	223
TOTALS (6)	231	240
(7) Fillings—		
Permanent Teeth	676	536
Temporary Teeth	—	—
TOTALS (7)	676	536
(8) Extractions—		
Permanent Teeth	224	331
Temporary Teeth	2,096	2,582
TOTALS (8)	2,320	2,913
(9) Administration of general anaesthetics for extraction ...	1,189	1,235
(10) Other operations—		
Permanent Teeth	205	115
Temporary Teeth	—	1
TOTALS (10)	205	116