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BEDFORDSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



# REPORT

of the

Principal

SCHOOL MEDICAL OFFICER

for the Year ended

31st December, 1960



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TO THE CHAIRMAN AND MEMBERS OF THE  
BEDFORDSHIRE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the School Health Service for the year 1960.

During the year Dr. C.A. Harvey retired after 23 years' service with the Authority. It was quite clear from the tributes paid to him on his retirement that his departure was much regretted by members of the Authority and colleagues alike. He had given sterling service. Dr. H.S. Bury was promoted to fill the vacancy. There were further resignations from the staff of the School Dental Service, the work of which had to be curtailed accordingly.

146 out of the 157 schools in the County were fully inspected in 1960 and the other 11 early in 1961. The state of the children's health on the whole is very good.

There were no cases of poliomyelitis (paralytic or non-paralytic) or of diphtheria notified during the year, but there was a rise in the number of cases of pulmonary tuberculosis. Comment on this fact is made in the text of the report.

A notable event was the preparation and subsequent operation of a comprehensive scheme to ensure the early diagnosis and treatment of deaf and partially-deaf children.

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

To the members of the Education Committee I desire to tender, on behalf of the School Health Department, our most grateful thanks for their continued support and encouragement.

I have the honour to be

Your obedient servant,

W.C.V. BROTHWOOD,

Principal School Medical Officer.

Health Department,  
Phoenix Chambers,  
High Street,  
Bedford.

April, 1961.

STAFF 1960Principal School Medical Officer

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

Deputy Principal School Medical Officer

C.A. Harvey, M.B., Ch.B., D.P.H. (retired 31.10.60)  
H.S. Bury, M.R.C.S., L.R.C.P., D.P.H. (appointed 1.11.60)

School Medical Officers

Brenda N. Akeroyd, M.R.C.S., L.R.C.P.  
H.S. Bury, M.R.C.S., L.R.C.P., D.P.H. (resigned 31.10.60)  
A.R. Darlow, T.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
D.C.H., D.T.M.&H.  
Dora S. James, M.B., B.S., D.Obst.R.C.O.G.  
Irene E. Sandford, M.R.C.S., L.R.C.P., D.P.H.  
G. Slocombe, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
Cicely Steer, M.B., B.S., D.C.H.

Principal School Dental Officer

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

School Dental Officers

A.P. Atkins, L.D.S. (part-time) (resigned 31.3.60)  
F. Brabington-Perry, L.D.S.R.C.S. (part-time)  
A.A. Gardner, B.Dent.Sc.  
Frances D. Morris, L.D.S., R.F.P.S. (part-time)  
H.H. Revill, L.D.S.R.C.S. (resigned 30.6.60)

Psychiatrists (part-time)

Dorothea Norman Jones, M.A., M.B., B.Chir., D.P.H., D.P.M.  
Judith Waterlow, M.B., B.S.

Educational Psychologist

Mary P. Joyce, B.Sc., (resigned 29.2.60)  
J.H.G. Hewlett, B.Sc., Ph.D., Dip. Psych., (appointed 27.2.60)  
(resigned 30.11.60)

Psychiatric Social Workers

Gillian Corsellis  
Margery Lovell (part-time) (appointed 30.5.60)  
Valerie J. Carman (trainee) (appointed 19.9.60)

Orthoptist

(Post vacant since 1.4.59)

Speech Therapist

Monica H. Bell (née Field), L.C.S.T.



GENERAL STATISTICS

The area of the Administrative County of Bedford is 302,940 acres. Schemes of Divisional Administration operate in the Boroughs of Bedford and Luton.

The Registrar General's estimated home populations of the Administrative County and these Boroughs at the 30th June, 1960, were as follows :-

County Area	...	...	...	176,060
Bedford Borough	...	...	...	61,190
Luton Borough	...	...	...	122,880
Administrative County	...	...	...	<u>360,130</u>

The following statement shows the number of schools in the County, excluding Bedford and Luton, on the 31st December, 1960, and the number of children on the rolls :-

<u>Type of School</u>	<u>No. of Schools</u>	<u>No. on Rolls</u>
Nursery	2	112
Primary	132	16,993
Secondary	17	7,404
Technical and Grammar	5	2,538
Special	1	104
Totals	<u>157</u>	<u>27,151</u>

MEDICAL INSPECTION AND TREATMENT

146 schools were fully inspected during the year out of a total of 157. The number of children examined was 10,264. The remaining 11 schools were inspected early in 1961.

Throughout the County the teachers have, as in other years, given every help to the School Medical Officers in the conduct of medical inspections. Their work in this connection is very much appreciated by the Department.

School Nursing Service

In some parts of the County the School Nursing Service is carried out by Health Visitor/School Nurses. In Bedford and Dunstable full-time School Nurses, two part-time and one full-time Clinic Nurses, are employed to assist at School Clinics, Immunisation Clinics, School Medical Inspections and Hygiene Surveys.

The School Nurse carries out at the beginning of each term a survey of the children attending school. The object of this survey is primarily concerned with the detection at an early stage of deviations from normal health. Observations are made of posture, gait, skin conditions, unusual pallor, listlessness, anxiety, as well as suitability of clothing and footwear and general cleanliness.

This routine survey is also used to promote health education; it provides opportunities for informal health teaching to individuals and to groups.

The School Nurse attends at the periodic school medical inspections, assisting the doctor by her knowledge of the home circumstances, and helping the mother to understand any instructions given to her. She visits the homes when necessary to help the mother by advising her on preventive measures or the means of obtaining any necessary treatment in co-operation with the family doctor. She acts as a link between the teaching staff and the homes of the children, and the mutual understanding that ensues is of benefit in dealing with the special needs of any individual child.

#### MEDICAL INSPECTION RETURNS

The following statement gives details of the age groups inspected and the number of pupils examined in each :-

Entrants ... ..	3,132
Second age group ... ..	2,611
Third age group ... ..	1,803
	7,546
No. of special inspections	2,718
	10,264

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

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
1956 and later	112	111	99.11	1	0.89
1955	1,248	1,178	94.39	70	5.61
1954	1,372	1,266	92.27	106	7.73
1953	249	235	94.38	14	5.62
1952	96	90	93.75	6	6.25
1951	55	55	100.00	--	--
1950	741	740	99.86	1	0.13
1949	1,088	1,071	98.44	17	1.56
1948	512	506	98.83	6	1.17
1947	270	270	100.00	--	--
1946	838	837	99.88	1	0.12
1945 and earlier	965	958	99.27	7	0.73
Totals	7,546	7,317	96.97	229	3.03

TABLE II -- NUMBER OF DEFECTS FOUND TO REQUIRE TREATMENT OR OBSERVATION AT MEDICAL INSPECTIONS DURING 1960

## A -- PERIODIC INSPECTIONS

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ... ..	7	39	3	88	5	42	15	169
Eyes --								
(a) Vision ...	145	128	260	42	343	95	748	265
(b) Squint ...	74	20	15	3	36	9	125	32
(c) Other ...	1	7	2	2	3	8	6	17
Ears --								
(a) Hearing ...	10	89	5	16	5	34	20	139
(b) Otitis Media	1	37	2	11	--	10	3	58
(c) Other ...	1	22	--	13	--	15	1	50
Nose and Throat	70	338	5	18	24	85	99	441
Speech ... ..	18	86	5	6	6	11	29	103
Lymphatic Glands	9	231	--	--	1	74	10	305
Heart ... ..	4	22	3	25	2	24	9	71
Lungs ... ..	8	77	4	9	14	36	26	122
Developmental --								
(a) Hernia ...	3	5	--	--	--	1	3	6
(b) Other ...	1	68	5	29	6	86	12	183
Orthopaedic --								
(a) Posture ...	1	17	2	17	3	19	6	53
(b) Feet ...	6	81	6	30	7	60	19	171
(c) Other ...	11	117	5	21	6	42	22	180
Nervous System --								
(a) Epilepsy	--	6	--	2	1	6	1	14
(b) Other ...	--	4	--	2	--	5	--	11
Psychological --								
(a) Development	3	32	--	5	6	27	9	64
(b) Stability	1	96	--	17	9	72	10	185
Abdomen ... ..	--	30	2	--	2	14	4	44
Other ... ..	1	6	--	4	4	2	5	12
Totals ... ..	375	1,558	324	360	483	777	1,182	2,695

TABLE II (Continued)

## B -- SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin ... ..	4	50
Eyes --		
(a) Vision ... ..	544	140
(b) Squint ... ..	91	19
(c) Other ... ..	5	6
Ears --		
(a) Hearing ... ..	15	60
(b) Otitis Media ... ..	3	12
(c) Other ... ..	1	11
Nose and Throat ... ..	59	210
Speech ... ..	28	53
Lymphatic Glands ... ..	5	132
Heart ... ..	9	17
Lungs ... ..	19	84
Developmental --		
(a) Hernia ... ..	1	8
(b) Other ... ..	7	80
Orthopaedic --		
(a) Posture ... ..	1	26
(b) Feet ... ..	11	77
(c) Other ... ..	13	44
Nervous System --		
(a) Epilepsy ... ..	4	8
(b) Other ... ..	--	9
Psychological --		
(a) Development ... ..	32	79
(b) Stability ... ..	17	124
Abdomen ... ..	2	12
Other ... ..	6	6
Totals ... ..	877	1,267

The number of individual children found to require treatment at periodic and special inspections was 1,818.

CLEANLINESS OF HEAD AND BODY

The incidence of verminous conditions is low in the County. The percentage of individual pupils found to be infested in England and Wales in 1959 was 3.18. As will be seen in the following table, in 1960 the percentage of individual pupils found to be infested in Bedfordshire, excluding the Boroughs of Bedford and Luton, was 0.2

The following table gives details of the Cleanliness Inspections carried out by the School Nurses during the years 1958 to 1960.

TABLE III -- DETAILS OF CLEANLINESS INSPECTIONS CARRIED OUT BY THE SCHOOL NURSES DURING THE YEARS 1958 TO 1960

	1958	1959	1960
Number of examinations ... ..	65,568	56,159	59,016
Number of instances of uncleanness ...	169	174	79
Number of individual pupils found unclean	119	137	60
Percentage of individual pupils found unclean of total school population ...	0.5	0.5	0.2
Number of visits to schools by school nurses for cleanliness inspections ...	415	417	424

INFECTIOUS DISEASES

TABLE IV -- NUMBER OF CASES OF INFECTIOUS DISEASE IN CHILDREN AGED 5 - 14 YEARS NOTIFIED AND CONFIRMED DURING 1960

Disease	Bedford Borough		Luton Borough		Remainder of County		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
Scarlet Fever ... ..	23	28	5	9	24	27	52	64
Whooping Cough ... ..	9	5	6	10	27	35	42	50
Acute Poliomyelitis --								
Paralytic ... ..	--	--	--	--	--	--	--	--
Non-paralytic ... ..	--	--	--	--	--	--	--	--
Measles ... ..	64	62	85	102	225	193	374	357
Diphtheria ... ..	--	--	--	--	--	--	--	--
Acute Pneumonia ... ..	1	3	--	--	1	5	2	8
Erysipelas ... ..	--	--	--	--	--	--	--	--
Acute Infective Encephalitis ... ..	--	--	--	--	--	--	--	--
Dysentery ... ..	34	23	10	14	45	45	89	82
Enteric or Typhoid Fever	1	--	--	--	--	--	1	--
Paratyphoid Fevers ...	--	--	--	1	--	1	--	2
Meningococcal Infection	--	--	--	--	--	--	--	--
Food Poisoning ... ..	--	--	1	--	--	--	1	--

### Acute Anterior Poliomyelitis

There were no cases of paralytic or non-paralytic poliomyelitis notified amongst schoolchildren during 1960.

### Immunisation against Anterior Poliomyelitis

The value of immunisation against Anterior Poliomyelitis is now very widely accepted. The fall in incidence since immunisation was introduced is as follows :-

1956	...	...	11
1957	...	...	5
1958	...	...	5
1959	...	...	1
1960	...	...	0

The total number of schoolchildren at risk has risen steadily throughout these years.

### Diphtheria

Once again there were no cases of diphtheria. To some extent this can be attributed to the state of immunity in the community, but this is not completely satisfactory, and efforts are being made to improve it. The recent outbreaks in London and Birmingham, which resulted in a few deaths, have emphasised once again the importance of persuading all parents to accept protection for their children which immunisation offers. Most babies seen at the Child Welfare Clinics are, in fact, inoculated by the clinic doctor or their family doctors. But soon after the outbreaks mentioned above one was struck by the number of children brought forward at school medical inspections for primary immunisation. The effort on the part of public health staffs must be continuous.

### Whooping Cough

The number of cases of whooping cough notified remains low. There was a small increase in 1960 over 1959 but this does not seem significant.

1954	...	...	437
1955	...	...	200
1956	...	...	364
1957	...	...	257
1958	...	...	177
1959	...	...	80
1960	...	...	92

### Scarlet Fever

There was a fall in the total cases notified from 220 in 1959 to 116 in 1960. The disease continues to be relatively mild.

### Tuberculosis

There has been an increase in the number of children notified as suffering from pulmonary tuberculosis.

This matter has been discussed with the Consultant Chest Physicians, and it is felt that for the present judgment as to the

significance of this should be suspended. In the first place the numbers are small, and with such small numbers it is not unusual to find a relatively large fluctuation. Moreover, at the present time it seems that a very few adult cases may be responsible for quite a large amount of primary pulmonary tuberculosis. Thus, one adult case in a rural area of North Bedfordshire led to five notifications of primary tuberculosis in children, and in Luton, 12 of the newly-notified children were contacts.

The B.C.G. scheme continues in operation.

TABLE V -- NUMBER OF CHILDREN UNDER THE AGE OF 15 YEARS NOTIFIED FOR THE FIRST TIME DURING 1960 AS SUFFERING FROM TUBERCULOSIS, RESPIRATORY AND NON-RESPIRATORY

District	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
Bedford Borough ...	2	4	6	1	--	1
Luton Borough ...	7	5	12	1	4	5
Remainder of County	9	13	22	1	2	3
Totals ...	18	22	40	3	6	9

TABLE VI -- NUMBER OF CHILDREN UNDER THE AGE OF 15 YEARS ON THE TUBERCULOSIS REGISTER AT 31st DECEMBER, 1960

District	Respiratory			Non-Respiratory		
	Boys	Girls	Total	Boys	Girls	Total
Bedford Borough ...	12	17	29	2	4	6
Luton Borough ...	32	18	50	3	6	9
Remainder of County	27	30	57	8	11	19
Totals ...	71	65	136	13	21	34

#### TREATMENT OF DEFECTS

##### Minor Ailments

There are Clinics at Biggleswade, Dunstable and Leighton Buzzard where treatment for minor ailments is carried out. The number of children who attend these clinics continues to decline. However, the facilities at these clinics are used by the school medical officers in their work. Sessions are held for poliomyelitis vaccination and diphtheria immunisation. Special examinations of children referred by the magistrates of Juvenile Courts, examinations of children who are employed out of school hours, examinations under Sections 34 and 57 of the Education Act, 1944, and examinations of teachers and students are carried out at these clinics.

### Ophthalmic Treatment

During the year, 882 appointments were made through the School Health Service for schoolchildren in the County area to be examined by the Ophthalmic Surgeons for errors of refraction, squints and other eye conditions. The following statement, which is for the whole Administrative County, gives details of the number of cases known to have been dealt with.

	<u>Number of cases seen by Ophthalmic Surgeons</u>
Errors of refraction, including squint ... ..	1,758
Number of pupils for whom spectacles were prescribed ...	1,399

### Orthoptic Treatment

It was not possible to recruit an Orthoptist during 1960 but the Service was partly maintained from April through the good offices of the Luton Committee for Education and the Principal School Medical Officer for Luton, Dr. R.M. Dykes, who allowed the Luton Orthoptist, Miss Olive Cairns, to give two sessions a week at the St. Peter's Clinic for County area and Borough of Bedford children. The following statement on the work of the Service has been contributed by Miss Cairns.

" The Orthoptic Department deals with all anomalies of the eye muscles and cases of children with defective sight in one eye for no pathological reason. Results vary according to the co-operation of the child and the parents in attending and doing home exercises regularly and correctly. Prognosis depends on the age of onset of the squint and the probable cause, hereditary factors, and the time which elapsed from the time of onset to the first visit to the ophthalmic surgeon.

" The aim of treatment is to develop equal sight in the two eyes, and to educate the eyes to work together and maintain single vision without effort for near and distant objects. Perception of depth is also developed where possible. Small degrees of squint can usually be cured by exercises alone, but for larger angles operation is recommended once any defect in the vision has been treated. A complete cure is not always possible and with these patients the eyes are put as near straight as the surgeon is able by operation with the hope that they will maintain this position despite the fact that they are being used independently of each other.

" Once parents, doctors and health visitors seek early treatment for every child with a squint the number of complete cures will be much higher. Every week of neglect affects the prognosis for the worse. Once referred it is then the responsibility of the parent to see that the child attends as requested.

" The Department re-opened in April after twelve months without an orthoptist. Only two sessions per week are worked so that treatment is mostly given by home exercises unless weekly treatment is definitely essential. All children likely to benefit from further orthoptic training are now being seen at regular intervals when progress is noted and advice given. The two Ophthalmic Surgeons who refer the cases initially see patients at six-monthly intervals and an orthoptic report is supplied on each occasion. When operation is indicated pre- and post-operative measurements are taken for the surgeon. Attendance is quite good despite the long journeys to be undertaken in some instances. The area served by the clinic includes North



Bedfordshire, and one or two cases from Northamptonshire."

Miss Cairns attended for 68 sessions. She saw 56 new patients, reviewed 274 old cases and discharged 39.

### Speech Therapy

Mrs. Monica M. Bell, the Speech Therapist, contributes the following :-

" The Speech Therapy Clinics in Bedford, Biggleswade and Dunstable have been held weekly during 1960 and many children have been interviewed and treated. The children have been referred by School Medical Officers, Head Teachers, Health Visitors, School Nurses and occasionally by parents. All children referred are put on the waiting list and seen as soon as possible.

" The Biggleswade and Dunstable Clinics now have no waiting list but the Bedford Clinic has a waiting list of 40 children, which results in a delay of approximately nine months before treatment can be started, although urgent cases are given priority.

" The Speech Clinic does not attempt to eliminate local dialect and only admits children with a definite speech defect such as sound substitution. For example :-

- (i) s for t so that sea-side becomes tea-tide.
- (ii) f for p so that fire becomes pire.

" Such children are often unable to correct the defect without specialised help and are not lazy as so many people believe. Other defects treated include stammering, lispings, cleft palate speech and delayed speech. The children admitted vary in intelligence and range from above average to well below. Mental defectives, however, are generally not suitable for treatment as they lack the necessary concentration. There have been exceptions to this rule but usually they are not admitted and instead parents are advised on how to encourage speech development at home.

" Parents' reaction on hearing that their children have been referred for speech therapy has been interesting to notice. There has been less wrath at "pickin' on the kids", and much more interest and co-operation. Some, of course, know all the answers and one even attended the clinic for two weeks and then decided to carry on the treatment herself having "got the hang of the speech therapy business".

" It becomes apparent that many defects could be eliminated during the early years before school age if only parents would listen critically to their children's speech and correct any specific mistakes such as calling a spoon a 'poon, or a cow a tow. Acceptance of poor speech gives no incentive for improvement, and often the child is found to be quite capable of imitating correctly but is completely unaware of his mistakes. Parents become used to defective speech and often are surprised when told of the defect. As a general rule parents should attempt to teach their children to speak correctly but if this proves impossible or distresses the child all correction should stop and the parents should seek advice. Stammering is an exception and should be ignored; if it does not disappear guidance should be sought and treatment may be necessary.

" Treatment takes the form of a weekly half-hour visit to the Clinic followed up by regular home practice and correction in which parental co-operation is essential.

" School visits have been carried out every Tuesday morning usually

in an attempt to see children referred by Head Teachers, and to ask for the teacher's help in correcting specific sounds. It must be pointed out here that they are never asked to teach a child to speak correctly only to insist that the improved standard of speech is maintained during ordinary conversation in class and when reading aloud. Speech improvement has often become very marked after a school visit incorporating the help of the class teacher, and it has been noticed how delighted children are to be able to report that "teacher says I'm talking much better now". This is particularly encouraging for the child with many defective sounds, for to an undiscriminating ear his speech will not seem to improve until he has attended the Clinic for several months, but the listener who knows what sounds have been worked on will hear the gradual improvement, and a word of praise will make the child feel his efforts are worthwhile.

" All the schools in the County have not yet been visited, as Tuesday mornings are the only time set aside for this purpose. However, a school will always be visited if this is requested by the Head Teacher, and any child will be seen for an opinion. "Th" seems to be common among the slight defects, e.g. f<sup>u</sup>ab for th<sup>u</sup>ab, and schools doing any general speech lessons could help by pointing out this sound and showing the class how to make it correctly, i.e. put your tongue out between your teeth and blow. It could then be practised in general rhymes such as I have heard teachers using in school. Perhaps this one would be useful :-

When I say th  
Do you think it pops out well?  
I think I'll get my looking glass  
So I can look and tell.  
This thing, that thing  
This thing, that thing.  
Yes it pops out very well.

Minor defects of this kind would then not appear on the Clinic waiting lists as they have done in the past.

" Good speech as our main means of communication and of expressing ourselves is vitally important, and speech defects, if left, are often not outgrown."

#### Diseases and Defects of the Ear, Nose and Throat

The following statement gives details of the number of children of school age in the County who received operative treatment for diseases and defects of the Ear, Nose and Throat at the Bedford and Luton General Hospitals during 1960.

	<u>Bedford</u> <u>Hospital</u>	<u>Luton and</u> <u>Dunstable</u> <u>Hospital</u>
Received operative treatment :-		
(a) for diseases of the ear ... ..	11	5
(b) for adenoids and chronic tonsillitis ... ..	419	555
(c) for other nose and throat conditions ... ..	18	98
Received other forms of treatment ...	18	56
Totals ...	<u>466</u>	<u>714</u>

School Clinics

Particulars are given below of Clinics held for children in the County, excluding the Boroughs of Bedford and Luton.

Name and Address	Type of Treatment Provided	Frequency of Session
St. Peter's Clinic, 3 St. Peter's Street, Bedford	Child Guidance Dental (2 surgeries)* Orthoptic <sup>b</sup> Speech Therapy Sunlight	4 sessions weekly Sessions as required 2 sessions weekly 4 sessions weekly By arrangement
The Health Centre, The Lawns, The Baulk, Biggleswade	Dental * Speech Therapy	Sessions as required 2 sessions weekly
The Health Centre, Kingsway, Dunstable	Child Guidance Dental * Minor Ailments Speech Therapy	2 sessions weekly Sessions as required 1 session fortnightly 2 sessions weekly
1 Grovebury Road, Leighton Buzzard (Closed 13.12.60)	Dental * Minor Ailments	Sessions as required 1 session fortnightly
Health Centre, Bassett Road, Leighton Buzzard (Opened 14.12.60)	Dental * Minor Ailments Routine School Medical Inspection (Where school facilities are poor)	Sessions as required 1 session fortnightly Sessions as required

\* In addition to the sessions held at the fixed Clinics, the School Dental Surgeons inspect children at the schools, and in rural areas mobile dental units are used for treating the children.

<sup>b</sup> The post of Orthoptist was vacant from the 1st April, 1959 to the 6th March, 1961 when Miss P. Holmes took up duty.

Child GuidanceBedford St. Peter's Child Guidance Clinic

Dr. Dorothea Norman Jones, the Consultant Psychiatrist for the North of the County, contributes the following :-

" The waiting-list at the beginning of the year was extremely formidable, but at the end of the year was in a much better state. 95 new cases had then been seen. Thanks are due to the School Medical Officers for their very careful screening, and referral of well-

selected cases, which benefitted everybody because it meant that the cases referred could be seen more quickly.

" The waiting-list now is between 20 and 30, and the delay in seeing the new cases three to four months. All urgent cases have been seen within one month.

" The treatment waiting-list is in a much worse state, the waiting time being at least six months, except for very urgent cases. This is partly due to lack of a psychotherapist, and partly to shortage of psychiatric time.

#### "Changes in Staffing

" Miss Kelly left to get married after 18 months of extremely valuable service. Mrs. Ward has filled the new post of secretary-receptionist admirably. In September, Miss V. Carman came as a trainee psychiatric social worker, and thus this Clinic became the first in the country to have a trainee in Child Guidance.

" Dr. Hewlett replaced Miss Joyce in March as Educational Psychologist, and was able to stay with us until the end of November.

" It might be of interest to note that of the 95 new cases 47 live in the Borough of Bedford, and 48 in North Bedfordshire, and 64 were boys and 31 girls.

" Analysing these new cases, the reasons for referral were as follows :-

	<u>No.</u>
Behaviour disorder ...	27
Anxiety state ... ..	18
Educational difficulties	16
Delinquency ... ..	4
Refusal to attend school	6
Bedwetting and/or soiling	15
Psychosomatic ... ..	3
Speech disorder ... ..	3
Depression ... ..	3
	<hr/>
Total ...	95
	<hr/> <hr/>

" Of the new cases seen during 1960, the sources of referral were :-

	<u>No.</u>
School Medical Officers	52
Hospital Specialists ...	10
Family doctors ... ..	14
Juvenile Courts ... ..	2
Probation Officers ...	1
Speech Therapist ... ..	3
Educational Psychologist	5
Mother ... ..	1
Children's Department ...	3
Mental Health ... ..	2
Private School ... ..	1
Police ... ..	1
	<hr/>
Total ...	95
	<hr/> <hr/>

" The outcome of these cases was as follows :-

	<u>No.</u>
Consultation and advice only ... ..	18
Taken on for treatment ... ..	11
Taken on for supervision ... ..	25
Recommended for residential placement ...	8
Recommended for treatment when available	23
Referred to Educational Psychologist ...	10
	—
Total ...	95
	=

#### Dunstable Health Centre Child Guidance Clinic

Dr. Judith Waterlow, the Consultant Psychiatrist for Luton and the South of the County, contributes the following in respect of the Dunstable Clinic :-

" The Dunstable Child Guidance Clinic worked under considerable difficulties during 1960, because the psychiatric time available was not sufficient both to deal adequately with the administration and supervision of an enlarged Child Guidance team, and also to see a sufficient number of new cases, while carrying on with cases in psychotherapy. Also, it was necessary to devote two sessions a month to the psychiatric needs of Heathwood Hostel. On the positive side, however, the addition to the team of Mrs. Lovell as part-time Psychiatric Social Worker was extremely welcome. The present staffing situation could open up new perspectives in the Clinic's work, if only more psychiatric time were available.

" Ten new cases were seen during the year. They can be analysed as follows :-

	<u>No.</u>
Behaviour disorder ...	5
Educational difficulties	1
Delinquency ... ..	3
Refusal to attend school	1
	—
Total ...	10
	=

" The sources of referral of these cases were :-

	<u>No.</u>
School Medical Officers	3
Hospital Specialists ...	1
Family Doctors ... ..	1
Director of Education and staff	2
Probation Officers ...	2
Transfer from other County	1
	—
Total ...	10
	=

" The outcome of these cases was as follows :-

	<u>No.</u>
Consultation and advice only	1
Taken on for treatment ...	1
Taken on for supervision	5
Recommended for residential placement ... ..	1
Recommended change of school	2
	—
Total ...	10
	=

" In addition to these figures, 59 children are under continual and sometimes frequent supervision, a proportion of them under active psychotherapy. (The actual dividing line is a little hard to define). This part of the work is the least impressive from the statistical point of view, but from the point of view of the individual children and the difference that their clinic attendance is likely to make to their whole future lives, one can say that it is perhaps the most important aspect of a Child Guidance Clinic's work. It goes without saying that these particular children have been selected with great care as likely to prove responsive to the time and trouble spent on them."

#### Heathwood Hostel, Leighton Buzzard

This Hostel was established in 1950 to accommodate 15 children, girls aged 5 to 15 years of age and boys aged 5 to 11 years. Children admitted are usually of normal intelligence, who are emotionally disturbed by reason of some adverse home conditions. They attend the local schools.

Psychiatric supervision is provided by the Child Guidance Consultants, ordinary medical needs are met by a general medical practitioner, and a Senior Assistant Medical Officer visits regularly. This system, together with the work done by the Warden and Matron, affords an opportunity for the children to adjust themselves during their stay at the Hostel.

Most of the children are from Bedfordshire but a few from other counties, e.g. Middlesex and Buckinghamshire, have been accommodated.

During the year 19 children were admitted and 11 discharged.

There was a difficulty in obtaining resident staff and for eight months of the year there was no resident Assistant Warden. As far as possible deficiencies of whole-time staff are met by the employment of part-time staff.

With the approval of the Chairman of the Committee and at the request of the London School of Economics, some students from the London School of Economics spend part of their training period at Heathwood.

Every effort is made to associate the children with activities outside the Hostel, e.g. Scouts, Girl Guides.

#### ENURESIS -- A SURVEY

Dr. G. Slocombe contributes the following :-

" In the course of school medical inspections one is impressed by enuresis being one of the most common disorders of childhood. One can only guess at the amount of anxiety and unhappiness which it brings in its train. The doctor and nurse must accept the responsibility to do all that is possible to help the parents and child in this condition.

" A survey was conducted of all the schoolchildren examined by me in my area of the County during the school year 1959/60, with a view to finding the age and sex incidence of enuresis.

" Only those seen at the routine inspections were included in the survey. Cases which had been discovered at previous inspections and had been brought forward for review were excluded, as otherwise they would have given too high a percentage in the final result. The population of schoolchildren was therefore unselected, as every child seen, whether with or without a parent, was asked if they suffered from bed-wetting. While there was room for an evasive answer it was not felt the number would be high, as most parents attended at the entrant and intermediate examinations, and they never seemed reluctant to discuss the matter.

" Only cases of persistent severity were included in the survey and referred for observation or treatment. That is to say those who had more wet nights than dry ones. Those who were only occasionally troubled, e.g. during a respiratory infection, were ignored.

" The table on page 19 shows the results of 1,759 children examined (952 boys and 807 girls). The examinations are grouped into entrants, intermediates and leavers. The small number of 7, 8, 9 and 12-year olds were probably new entrants which the teachers had brought forward. There are slightly more boys affected than girls at all ages, and, as was expected, the percentage of both sexes combined in the three main groups fell with increasing age; 7.24 per cent in entrants, 2.48 per cent in intermediates, and 0.6 per cent in school leavers. The first figure can be compared with the 8.9 per cent found by the Newcastle team in their "Thousand Family" survey.<sup>(1)</sup>

" 26 boys of all ages were affected out of the 952, i.e.  
2.73 per cent.  
20 girls of all ages were affected out of the 827, i.e.  
2.42 per cent.  
The standard error of the difference is 0.76 per cent.

" As the observed difference between the samples is 0.31 per cent, i.e. less than twice the standard error, it is concluded that such a sex difference, although it may be a real one, might have occurred by chance only.

#### Treatment

" As enuresis is a symptom, the question of deciding which form of treatment to suggest depends first on the taking of a detailed history and physical examination, to understand the cause.

" D. Hubble<sup>(2)</sup> emphasised the importance of three steps in the physical examination to exclude disease: Make certain (i) that the child is not suffering from dribbling incontinence; (ii) that the bladder cannot be palpated in the suprapubic region after the child has micturated, and (iii) that there are no pus cells in the child's urine.

" Modern treatment falls under three heads -- psychological methods, electric buzzers, and drugs.

" In a recent paper, I.G. Wickes<sup>(3)</sup> describes the successful use of the buzzer in his hands. He studied 100 children aged 7 to 17 years. Those with enuresis of moderate severity (50 - 75 per cent wet nights) responded best, for 89 per cent became dry during the third month of treatment. Those who benefitted showed striking emotional improvement.

" Among drugs which have tended in recent years to supersede Belladonna and Ephedrine are Propantheline and Meprobamate.

" A recent leading article in the British Medical Journal stated: 'It would seem, therefore, that primary enuresis is due to a combina-

tion of factors -- immaturity of the nervous system, with genetic and environmental factors interacting with the personality of the child. Acquired enuresis is nearly always psychological in origin, and related to stress and insecurity, such as emotional deprivation, though in a child who has recently acquired control enuresis can develop as a result of infection of the urinary tract, of polyuria or frequency from any cause.' (4)

Age-Sex Incidence of Enuresis in Schoolchildren

Type	Age	Male	Female	Enuretic Total	Total Seen	Percentage Entrants etc. Affected
Entrants	4-	1	1	2	51	) 7.24
	5-	11	8	19	278	
	6-	3	4	7	58	
	7-	1	--	1	22	)
	8-	2	--	2	8	
	9-	--	--	--	19	
Intermediate	10-	1	1	2	255	) 2.48
	11-	4	3	7	108	
	12-	--	1	1	123	
Leavers	13-	--	--	--	220	) 0.6
	14-	3	2	5	276	
	15-	--	--	--	341	
Totals		26	20	46	1759	

Boys: 952 (54%)  
Girls: 807 (46%)

" Explanation and encouragement to the parents are therefore indicated. In the course of taking histories on the present series of cases, few parents admitted to scolding the child. Many had tried lifting the child in the late evening or restricting the fluids, but without success. This, of course, does not say that these methods had not been successful in other cases which did not come to the doctor's attention.

" The Health Department has a small stock of buzzers available for loan to necessitous cases. Usually these are older children who are discovered at school medical inspections and who may or may not have been referred to the Child Guidance Clinic. The school doctor will normally not proceed without the agreement of the child's general practitioner; and the school nurse or health visitor can be of great help in explaining the use of the buzzer. It is important that the instructions supplied with the buzzer are followed exactly, and the full co-operation of the parent and child is required.

" References:

- (1) Miller, Court, Walton and Knox. "Growing up in Newcastle-upon-Tyne". O.U.P. 1960.
- (2) Hubble, D. "Refresher Course for General Practitioners". Vol.I. p.413. B.M.A. 1952.
- (3) Wicks, I.G. Arch. Dis. Child, 1958, 33,160.
- (4) Brit. Med. J1. 1960, 1,1416.



## HANDICAPPED PUPILS

During 1960, 202 children thought to require special education were examined by School Medical Officers.

The Handicapped Pupils and School Health Service Regulations, 1953, list ten categories of defects in children which require special educational treatment. The following information relates to the progress made during the year in ascertaining and making provision for children who come within the scope of the Regulations.

Category (a) Blind Pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Category (b) Partially-Sighted Pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Children who are blind or partially-sighted are ascertained by Consultant Ophthalmologists at an early age, so that suitable arrangements for their education can be made. During the year one partially-sighted child was reported and recommended for education in a special school for partially-sighted pupils. There is no particular difficulty in obtaining places in special schools for these children.

The schools which Blind and Partially-Sighted pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
Dorton House School, Seal, Sevenoaks, Kent	--	1
Chorley Wood College for Blind Girls, Herts.	--	1
Exhall Grange School, Exhall, Coventry ...	1	1
Sunshine House School, Leamington Spa, Warwickshire ... ..	--	1

In addition to the above, two partially-sighted children were attending an ordinary school with special aids, i.e. desk magnifiers and writing frames.

Category (c) Deaf Pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Category (d) Partially-Deaf Pupils, that is to say, pupils who have some naturally acquired speech and language, but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

### Deafness in Children

In September, 1960, a memorandum prepared by Dr. H.S. Bury on new techniques in the ascertainment and treatment of children with defective hearing was put before the Committee. The report was received and the Principal School Medical Officer was instructed to prepare a scheme.

In November a scheme for the Early Detection of Loss of Hearing in Childhood, and for ensuring proper medical treatment and educational aid was submitted to the Education Committee. The scheme was accepted by the Committee and approval was given to the training of medical officers, health visitors and school nurses in the early detection of deafness in young children and to the appointment of a fully-trained teacher of the deaf and an audiometrician.

The scheme approved by the Committee is set out below :-

The early detection of deafness is a continuous process, starting at about the age of seven months, when gross forms of deafness will be detectable, and continuing throughout the child's life until the age of about eight years, when a full audiometric examination can be made of the child's hearing ability.

(1) DETECTION:

(a) In Infancy

Health Visitors will apply a routine hearing test to all infants when they reach the age of approximately seven months. These will be repeated any time there is a suspicion of delayed speech or deafness in the infant, and will be repeated at intervals in the cases of children in the "At Risk" group.

The "At Risk" group are children in whom the risk of deafness is greater than normal, i.e. :-

- (i) Children with cerebral palsy.
- (ii) Children with a family history of deafness.
- (iii) Children who were premature.
- (iv) Children with a history of abnormality in the ante-natal period, e.g. virus infection of the mother during pregnancy.
- (v) Children with a history of peri-natal abnormality, i.e. asphyxia, neonatorum, haemolytic disease, etc.
- (vi) Children who have had severe illness, e.g. meningitis.
- (vii) Children who are not speaking well by the age of two and children aged two to five with speech defects.
- (viii) Children with a history of otitis media or chronic upper respiratory tract infection.
- (ix) Children with congenital abnormality other than any mentioned above.

(b) At School

On entry to school, at the first school medical inspection, the children's hearing will be tested as a routine by the picture method, which can be applied by the school nurse, and later, at the age of about eight, when the child is able to co-operate in a full pure-tone audiometric test, a complete assessment will be made of the hearing of all children who were in the previous "At Risk" list, and those who have at any time been found to be suffering from the following :-

- (i) Earache or ear discharge;
- (ii) Nasal catarrh;

- (iii) Speech defect;
- (iv) Educational backwardness;
- (v) Emotional maladjustment;

will be seen by an audiometrician for a more exact assessment of hearing capacity, and then referred to the clinic or school medical officer.

(2) TREATMENT:

(a) Temporary Loss of Hearing

Children found to have a loss of hearing will all be examined by a medical officer, and in the majority of cases it is expected that the condition will be treatable by ordinary medical or surgical methods, and the child will be referred to the general practitioner or to the hospital specialist for the necessary treatment. These children will be followed up to ensure that treatment has been successful, and that relapse does not occur.

(b) Permanent Loss of Hearing

In a small proportion of cases, types of deafness due to a defect in the ear or in the auditory nerve will be found, which are not amenable to treatment. Most of these cases will, after a period of careful assessment, be fitted with a hearing-aid at the hospital, to improve the hearing as much as possible, and then will be referred to the teacher of the deaf for auditory training. This is aimed at ensuring that the child makes full use of what hearing it has, develops normal speech, and is given educational assistance to overcome the handicap the child will suffer in the educational situation.

(3) TRAINING OF STAFF:

In order to carry out this programme it will be necessary to arrange a special training course for all health visitors and medical officers.

(4) ADDITIONAL STAFF NEEDED:

A fully-trained peripatetic teacher of the deaf will be essential to assist with the detection of hearing loss and to carry out the auditory training and educational aid needed by the children detected.

There are at the moment in the County 21 children (in Bedford 10) ascertained as partially-deaf and in need of special education. Eleven of these, (3 in Bedford) are in special residential schools for partially-deaf pupils; four (1 in Bedford) are awaiting admission to such schools, and six (1 in Bedford) are attending ordinary schools, but require special help. Two children are attending the Unit for Partially-Deaf Children at Hitchin Road School, Luton. There are other children known to be hard of hearing who are not yet of school age. Other children are under treatment or observation for defects of hearing, but it is not yet known if they are permanently handicapped.

Routine audiometry, especially in schoolchildren in the special categories mentioned above, will take up a great deal of time, and it is considered that a full-time audiometrician could usefully be employed in the County if Bedford Borough were included in the scheme.

From our previous records we estimate that the number of first tests needed to be carried out in schoolchildren each year will be 1,500. At ten tests per session, this might take up 150 sessions. In many cases retests will have to be carried out to check progress while treatment is being given, and where permanent deafness is found, periodic checks will be necessary throughout the educational life of the child, and this work will probably account for a further 150 audiometric sessions. Health visitors and school nurses will be applying screening tests to infants and schoolchildren, and further suspected cases will be referred for more detailed examination. It can be anticipated, therefore, that audiometric testing alone could take up the whole of one person's time. It is recommended, therefore, that a full-time audiometrician be appointed and trained.

At a later date it is anticipated that there will be about 12 partially-deaf children in and around the Borough of Bedford who will need regular teaching by a teacher of the deaf, and small special classes within the Borough will need to be established on similar lines to the one at Hitchin Road School in Luton.

#### SUMMARY:

It is proposed that all health visitor/school nurses be trained in the early detection of deafness, and that a teacher of the deaf and an audiometrician be employed by the Authority.

There are 17 deaf or partially-deaf children in residential schools, and there are 13 pupils with hearing aids who are attending ordinary schools.

The schools which Deaf and Partially-Deaf pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
Nursery School for Deaf Children, Woodford Green, Essex ... ..	--	1
Elmete Hall School for the Partially-Deaf, Leeds ... ..	1	1
Royal School for Deaf Children, Margate, Kent ... ..	1	2
Donnington Lodge School, Newbury, Berks.	--	3
Royal Cross School for the Deaf, Preston, Lancs. ... ..	1	--
Mary Hare Grammar School for the Deaf, Newbury, Berks. ... ..	1	--
Tewin Water School, Herts. ... ..	1	1
St. John's School for the Deaf, Boston Spa, Yorks. ... ..	1	--
Summerfield House School, Malvern, Worcs.	1	1
Miss Perkins' School, Bedford ... ..	--	1

Category (e) Educationally Subnormal Pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

There are no day special schools in the County area for this largest category of handicapped pupils, but the Authority has its own

residential special school at St. Margaret's, Great Gaddesden, which is just outside the County boundary in Hertfordshire.

When children are reported to the School Medical Officer as having educational difficulties, they are examined with a view to ascertaining the cause, which may be (a) some physical defect which interferes with their ability to learn, such as partial deafness, poor vision or chronic ill-health; (b) emotional maladjustment, which may interfere with the child's ability to learn; (c) limited intelligence as measured by one of the usual tests of intelligence. Occasionally there is a combination of two or more of these factors, and a solution is then sometimes difficult to find.

The schools which Educationally Subnormal Pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
Farmhill House, Stroud, Glos. ... ..	3	1
Knotty Green School, Beaconsfield, Bucks.	--	1
St. Margaret's School, Great Gaddesden, Herts. ... ..	50	15
Hilton Grange, Bramhope, Yorks. ... ..	1	--
Besford Court School, Worcester ... ..	1	--
Rudolf Steiner School, Camphill, Aberdeen	--	1
The Sheilings School, Ringwood, Hants. ...	2	3
Richmond Hill Special School, Luton, Beds.	2	1
Orton Hall School, Orton Longueville, Hunts.	--	1
Miss Perkins' School, Bedford ... ..	1	--
Field Heath House Roman Catholic School, Hillington, Mddlx. ... ..	--	1
St. Christopher's School, Bristol, Glos.	1	1
Thornbury Park School, Bristol, Glos. ...	2	1
Potterspury Lodge, Towcester, Northants.	--	1
Wendover House School, Wendover, Bucks. ...	1	--
Broxbournebury School, Broxbourne, Herts.	--	2

Category (f) Epileptic Pupils, that is to say, pupils who, by reason of epilepsy, cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Children who suffer from epilepsy are ascertained at as early an age as possible, so that suitable education may be provided if they prove unsuitable for education in an ordinary school. No child is labelled an epileptic without a period of observation, and, in doubtful cases, the help of the diagnostic department of the Hospital Service is sought.

Epileptic children are assessed at school leaving age, with particular regard to suitability for employment. At this stage there is a close liaison with the Youth Employment Service and the Welfare Department.

One epileptic child was ascertained during 1960, and at the end of the year in the County, excluding Luton, three epileptic school-children were receiving special educational treatment in a boarding special school. A further 27 children known to suffer from fits of an epileptiform type were attending ordinary schools.

The school which Epileptic Pupils from Bedfordshire, excluding Luton, are attending is :-

	<u>Boys</u>	<u>Girls</u>
Lingfield School for Epileptics, Surrey ...	2	1

Category (g) Maladjusted Pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.

When the Child Guidance Service recommends that a child needs special educational treatment a suitable school is found for him. Recognised schools of this type are few, and most of these children are placed in carefully selected independent schools, the Ministry of Education being informed annually of the placements.

Eighteen children in this category were ascertained during the year.

The schools and hostels which Maladjusted Pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
St. Peter's School, Horbury, Yorks. ...	--	1
The New School, King's Langley, Herts.	1	--
Red Hill School, East Sutton, Kent ...	1	--
Mulberry Bush School, Standlake, Oxon ...	1	--
Badby Vicarage School, near Daventry, Northants ... ..	1	--
St. Joseph's School, East Finchley, London	--	1
Heathwood Hostel, Leighton Buzzard, Beds.	4	3
Morley Hall Hostel, Wymondham, Norfolk	2	--
The Caldecott Community School, Mersham-le- Hatch, Ashford, Kent ... ..	1	--
Cicely Haughton School, Wetley Rocks, Staffs. ... ..	1	--
Chaigeley School, Thelwall, Cheshire ...	1	--

Category (h) Physically-Handicapped Pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

For the ordinary crippling defects, facilities are now adequate. The only problem in placement has been with children suffering from cerebral palsy, particularly in those cases where a physical handicap is combined with a mental handicap. The great interest shown in this particular defect in recent years has resulted in better provision being made.

Two children were ascertained during the year in this category and recommended for special schools.

In the County, excluding Luton, the names of 44 children were on the register of physically-handicapped children at the end of 1960. They may be grouped as follows :-

Tuberculosis ...	1
Cerebral Palsy ...	15
Post-Polio Paresis ...	3
Other Orthopaedic Conditions ... ..	6

Heart and Circulation	9
Congenital Abnormalities	8
Diseases of the Nervous System	1
Skin Diseases	1
Total	<u>44</u>

The special schools and hospital special schools which Physically-Handicapped Pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
Heritage Craft Schools and Hospitals, Chailey, East Sussex	1	--
The Wilfred Pickles School (National Spastics Society), Tixover Grange, Duddington, Stamford, Lincs.	1	--
Elmfield School, Harpenden, Herts.	1	1
The John Greenwood Shipman Home, Northampton	1	--
Penhurst Residential Special School, Chipping Norton, Oxon.	1	1
Hurst Lea School for Crippled Boys, Whiteness Manor, Kingsgate, Kent	1	--
St. Margaret's School for Spastic Children, Croydon, Surrey	1	--
Sutherlands School, Leighton Buzzard, Beds.	--	1

Category (i) Pupils suffering from Speech Defects, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

One child was ascertained during the year as requiring education in a special school for pupils with speech defects.

The special school which pupils suffering from Speech Defects from Bedfordshire, excluding Luton, are attending is :-

	<u>Boys</u>	<u>Girls</u>
The John Horniman School, Worthing, Sussex	--	2

Category (j) Delicate Pupils, that is to say, pupils not falling under any other category, in these Regulations, who by reason of impaired physical condition need a change of environment or cannot, without risk, be educated under the normal regime of ordinary schools.

Most of these pupils need relatively short periods away from home. They are sent to special schools and convalescent homes, usually on the South and East coasts. Eighteen children were ascertained as Delicate in 1960.

The schools or homes which Delicate Pupils from Bedfordshire, excluding Luton, are attending are :-

	<u>Boys</u>	<u>Girls</u>
Laleham House School, Margate, Kent ...	1	--
St. Catherine's Home, Ventnor, Isle-of-Wight ... ..	6	--
Wood Lane School, Shepherds Bush, London	--	1
Eden Hall School, Bacton-on-Sea, Norfolk	1	--

Changes in Procedure involving Children Unsuitable for  
Education at School -- Mental Health Act, 1959

The following notes were prepared by the Clerk of the Council. They are reproduced so that as many as possible may be aware of the changes involved.

The Mental Health Act, 1959, by repealing Section 57 of the Education Act, 1944 as from 1st November, 1960, and by replacing it with new Sections 57 57A and 57B, has made changes in the law and the procedure relating to children who suffer from some disability of mind which are based mainly on the recommendations of the Royal Commission on the Law relating to Mental Illness. The Minister of Education has therefore issued an explanatory circular containing consequential recommendations.

Children are no longer to be termed "ineducable". The repealed Section referred to children who were suffering from a disability of mind of such a nature as to make them "incapable of receiving education at school". The new Section uses the words "unsuitable for education at school".

Many of the children in this category, having been referred to the Local Health Authority, will probably receive training in a Training Centre and the Royal Commission felt the term "incapable" to be inappropriate.

The Minister of Education urges Local Education authorities not to assume that the new wording excludes children from the educational system simply because they are not suitable for education at school; Authorities should always bear in mind their powers of providing education otherwise than at school, e.g. home tuition.

The Authority may now delegate to officers the power of initiating Section 57 proceedings by issuing a notice requiring a child to be submitted for medical examination. (This brings this part of the procedure into line with that under Section 34 for the ascertainment of children requiring special educational treatment).

Formerly, the possibility that a child might be "ineducable" was reported to the Committee who alone could authorise the sending of a notice calling for medical examination. The new procedure will ensure that unnecessary delays are avoided.

It will be necessary for the Committee to delegate to specific officers the authority to issue these notices. The Minister recommends that this authority should not be delegated to the Medical Officers who will themselves conduct the examinations, so as to avoid parents getting the impression that the final decision (whether the child is unsuitable or not) rests with the Medical Officer, whereas in fact it must continue to be a decision for the Committee.

The Committee may feel that the Minister's recommendation would be met if the County Medical Officer himself were the only officer authorised to issue these notices, or alternatively, that the Clerk should be authorised to issue them with the advice of the Medical Officer.



Before recording a decision that a child is unsuitable for education in a school the parent must be given an opportunity of referring the matter to the Minister. This is unchanged but the period in which he can do so has now been extended from fourteen to twenty-one days from his being notified of the decision. The Minister suggests in his circular that the Authority should suspend administrative action for a further seven days (making twenty-eight in all) so as to allow the Minister's decision on late references to be communicated.

The parent now has a further right to have the position reviewed. At any time after the expiry of twelve months (and thereafter at no more frequent intervals than twelve months) he may require the Local Education Authority to review their decision and he has a further right on these occasions to refer the matter to the Minister if he disagrees with the Authority.

Also new is the requirement that the notice by which they are told of the decision that their child is unsuitable must be accompanied by a statement of the functions of the Local Health Authority (to whom the decision, once recorded, is communicated) with respect to the treatment, care or training of a child in whose case a decision under Section 57 is recorded, and, if these are known, a statement of the arrangements the Health Authority proposes to make in the particular case.

In many areas these steps have been taken administratively for some time but they have not hitherto been a statutory requirement.

There is no re-enactment of the words of the repealed section by which a child was deemed to fall within the Section not only if he was incapable of receiving education at school but also if his disabilities of mind were such as to make it inexpedient that he should be educated in association with other children either in his own interests or in theirs.

The issue of a statutory report to the Local Health Authority that a child may need supervision after leaving school has also gone. Nevertheless, the Minister feels it desirable that Education Authorities should continue to pass to the Local Health Authority information on school leavers who may need care or guidance, and inform parents accordingly, but this would be an informal rather than a statutory step and would therefore not require a Committee resolution in each case.

The new Section and the Minister's circular makes further provision for administrative details. For example, the notification to the Local Health Authority of a decision on a "Section 57" child must now be accompanied by copies of any written advice, report or information considered by the Local Education Authority in coming to their decision. This has hitherto been administrative practice rather than statutory requirement.

The Minister has also advised that the notice calling for the examination of a child should contain or be accompanied by an explanation of Section 57, and, if possible, should be delivered by someone familiar with the case. Such a procedure, which helps to mitigate the parents' distress and avoids misunderstandings which might lead to unnecessary appeals to the Minister, has been the practice in this County for many years.

Children reported to the Local Health Authority under Section 57(3) prior to 1.11.1960	...	...	3
Children reported to the Local Health Authority under Section 51(5) prior to 1.11.1960	...	...	8

### Further Education and Training

On reaching school leaving age handicapped pupils are treated as far as possible as normal young people with emphasis on their abilities rather than on their limitations. The following extract from the Annual Report of the Youth Employment Service gives details of what is done for handicapped pupils when they are old enough to leave school. The sympathy and co-operation of employers which enables the Service to place the majority of these children is very much appreciated.

" The usual arrangements for the interviewing of handicapped pupils were carried out. Boys and girls due to leave St. Margaret's Residential Special School were interviewed in the term before they were due to leave school and again during their last school holiday. In this way 20 boys and girls were interviewed and their records passed to the appropriate home Youth Employment Bureaux. Children attending residential schools outside the county were invited to the bureaux with their parents, before they left school.

" At Richmond Hill School, Luton, a day special school for the educationally sub-normal, 13 boys and girls were interviewed during the term in which they were due to leave.

" Not all handicapped young people are registered under the Disabled Persons (Employment) Act, 1948 but during the year 8 boys and girls did so. The number of Registered Disabled Persons in the County on 30th September, 1960 was 18."

TABLE X -- NUMBER OF HANDICAPPED PUPILS IN THE COUNTY, EXCLUDING LUTON, WHO IN 1960 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 HOMES.

Category	No. of Handicapped Pupils who in 1960 were :-	
	Newly placed	Newly ascertained
Blind ... ..	--	--
Partially-Sighted ... ..	1	2
Deaf ... ..	1	--
Partially-Deaf ... ..	4	3
Delicate ... ..	16	18
Physically-Handicapped ... ..	1	2
Educationally Subnormal ... ..	27	41
Maladjusted ... ..	16	18
Epileptic ... ..	1	1
Speech Defects ... ..	1	1
Totals ...	68	86

TABLE XI -- EDUCATIONAL ARRANGEMENTS FOR HANDICAPPED PUPILS IN THE COUNTY, EXCLUDING LUTON, 1960

Category	(A) Attending Boarding 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 ... ..	3	--	--	3	--	1
Partially Sighted	3	--	--	3	2	2
Deaf ... ..	8	--	--	8	--	--
Partially Deaf	5	--	4	9	--	1
Delicate ...	8	--	1	9	--	2
Physically Handicapped ...	7	--	2	9	9	2
Educationally Subnormal ...	80	--	17	97	--	54
Maladjusted ...	7	9	2	18	--	--
Epileptic ...	3	--	--	3	--	--
Speech Defects	2	--	--	2	--	--
Totals ...	126	9	26	161	11	62

Note: Children suffering from multiple disabilities are classed under the major disability.

### Section 59

Every child proposed 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.

302 children were examined during 1960 and certificates of fitness were granted in all cases.

### Examination of Candidates for Admission to Courses of Training for Teachers and to the Teaching Profession

In accordance with Ministry of Education Circular 249, students and teachers entering the profession for the first time are medically examined. The following statement shows the number of medical examinations carried out during 1960 :-

Entrants to Training Colleges (Form 4 RTC)	51
Employment as teachers by the Bedfordshire Education Committee (Form 28RQ) ... ..	41
	<hr/>
Total ... ..	92
	<hr/>

### MILK IN SCHOOLS SCHEME

Under the Milk in Schools Scheme all pupils attending schools are entitled to receive one-third of a pint of milk free of charge. At the end of 1960, all the 157 schools received heat-treated milk. Approximately 80.25 per cent of schoolchildren take milk in school.

Under the Welfare Foods Service children between the ages of 5 and 16 who are unable, by reason of disability of mind or body, to become registered pupils of a primary or secondary school or Special School may apply for a certificate authorising them to receive one pint of milk a day at a reduced price.

EDUCATION OF PATIENTS IN HOSPITALS

Table XII gives details of Bedfordshire children for whom education was provided in Hospitals, Hospital Special Schools and Convalescent Homes. Appropriate hospitals in Bedfordshire have been asked to notify the Director of Education of the admission of any child who is likely to remain in hospital and be well enough for some teaching.

TABLE XII -- EDUCATION PROVIDED UNDER SECTION (6) OF THE EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948

Name of Authority providing Education	Name of Hospital, Hospital Special School or Convalescent Home	Number of children for whom education was provided in 1960
Bucks.	Canadian Red Cross Memorial Hospital Special School ... ..	1
"	Stoke Mandeville Hospital Special School ... ..	8
Cambs.	Addenbrookes Hospital, Cambridge ...	1
Essex	London Hospital Annexe, Brentwood	1
Herts.	Lister Hospital, Hitchin ... ..	1
"	Hill End Hospital, St. Albans ...	1
Middx.	Royal National Orthopaedic Hospital School, Stanmore ... ..	11
"	Clare Hall Hospital Special School	11
"	Winifred House Hospital Special School ... ..	10
"	Harefield Hospital Special School	3
"	Mount Vernon Hospital Special School	2
Northampton C.B.	Manfield Hospital Special School, Northampton ... ..	7
"	John Greenwood Shipman Hospital Special School ... ..	1
Surrey	Tadworth Court Hospital Special School ... ..	7
"	Queen Mary's Hospital Special School	2
"	St. Ebba's Hospital Special School	1
Wilts.	Marlborough Children's Convalescent Hospital ... ..	11
	Total ...	79

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

It is with unflinching regularity that the Dental Officer's report contains nothing but pessimistic statements and prophecies of future disappointments. This report is but a repetition of the previous reports.

Staff shortage, closure of clinics and storage of mobiles are now regular factors. Mr. Revill left in June and in spite of advertising no replacement has been obtained. This necessitated the complete closure of the Biggleswade Dental Clinic with the further reduction in the number of schools receiving routine inspection and treatment.

Mrs. Morris, who is in charge at Leighton Buzzard, has increased the number of part-time sessions and is now able to give a proper routine inspection and treatment service to all the schools in this area.

The old building at Leighton Buzzard in Grovebury Road has now been closed and the Dental Clinic has been moved along with the other departments to new modern premises in Bassett Road. The new dental department consists of a self-contained suite of rooms, a surgery and waiting room, workshop and laboratory and recovery room. This is a great improvement on the old accommodation and with the old equipment supplemented with an X-ray unit the clinic is now complete.

Routine inspection and treatment still continue in areas where staff is available and emergency treatment can be obtained at any of the functioning clinics by appointment. It is regretted that a complete service cannot be given by this Authority but as was mentioned in my last report more parents are taking their children to the private practitioner for treatment under the National Health Service which, with the exception of the provision of dentures, is completely free. At one senior school over 80 children out of 300 had received extensive treatment under the National Health Service.

Orthodontic sessions are still being held when old cases are reviewed and any new cases are considered. Advantage is taken of the Hospital Service in certain cases where prolonged and more complicated treatment is required.

Attention is given to Dental Health Education. Films and lectures can be arranged when required. These are more directed to Health Education as opposed to pure Dental Propaganda.

REGINALD B.T. DINSDALE,  
Principal Dental Officer.

Details of the work of the dental surgeons during 1960 are given below :-

Pupils inspected --						
Periodic age groups	...	...	...	...	...	14,966
Specials	...	...	...	...	...	1,192
					Total	<u>16,158</u>
Number found to require treatment ... .. 7,095						
Number offered treatment ... .. 6,425						
Number actually treated ... .. 3,724						
Attendances made by pupils for treatment						
(including orthodontics) ... .. 6,606						
Half-days devoted to --						
Inspection	...	...	...	...	...	139
Treatment	...	...	...	...	...	1,002
					Total	<u>1,141</u>
Fillings --						
Permanent Teeth	...	...	...	...	...	3,844
Temporary Teeth	...	...	...	...	...	700
					Total	<u>4,544</u>
Number of teeth filled --						
Permanent	...	...	...	...	...	3,530
Temporary	...	...	...	...	...	689
					Total	<u>4,219</u>
Extractions --						
Permanent Teeth	...	...	...	...	...	1,285
Temporary Teeth	...	...	...	...	...	2,421
					Total	<u>3,706</u>
Administration of general anaesthetics for						
extraction	...	...	...	...	...	1,939
Orthodontics --						
Cases commenced during the year	...	...	...	...	...	47
Cases carried forward from previous year	...	...	...	...	...	39
Cases completed during the year	...	...	...	...	...	34
Cases discontinued during the year	...	...	...	...	...	1
Pupils treated with appliances	...	...	...	...	...	53
Removable appliances fitted	...	...	...	...	...	56
Fixed appliances fitted	...	...	...	...	...	--
Total attendances	...	...	...	...	...	366
Number of pupils supplied with artificial teeth						39
Other operations --						
Permanent Teeth	...	...	...	...	...	1,328
Temporary Teeth	...	...	...	...	...	285
					Total	<u>1,613</u>

ANNUAL REPORT  
on the work of the  
SCHOOL HEALTH SERVICE  
in the  
BOROUGH OF BEDFORD  
for the year 1960

This report covers the period 1st January to the 31st October, 1960 (during which the service was the responsibility of the Bedford Divisional Executive of the County Education Committee), and the period 1st November to the 31st December (on delegation of the Education Service by the Bedfordshire County Council to the Bedford Borough Council).

STAFF

School Medical Officer

C.L. Sharp, M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer

R.G. Hendry, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.  
(resigned 30.6.1960)  
P. Lavis, M.B., Ch.B., D.P.H.  
(commenced 1.7.1960)

School Nurse

Mrs. D. Davidson, S.R.N.

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During the year, two private doctors were engaged for work in the School Health Service on a sessional basis.

The services of two nurses as part-time school nurses, who were appointed in the latter part of 1957, were retained during the year.



GENERAL STATISTICS

The following table shows the number of children attending the 24 school departments in the area of the Borough of Bedford at the beginning of January, 1961.

<u>Type of School</u>	<u>Number of Schools</u>	<u>Number on Roll</u>
Nursery ... ..	1	44
Infant ... ..	8	1,594
Primary Junior Mixed ... ..	6	2,225
Primary Junior Mixed and Infant ...	3	1,548
* Secondary Modern ... ..	6	2,581
	<hr style="width: 100%;"/>	
	24	7,992
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
* Mixed ... ..	4	
Boys ... ..	1	
Girls ... ..	1	

It will be noted that the number of children in the schools has increased from 7,480 at the beginning of January, 1960 to 7,992 at the beginning of 1961.

The number of foreign children in attendance at Borough schools at week ended, the 11th December, 1959 was 763 and 1,014 in 1960 at the 18th December.

SCOPE OF MEDICAL INSPECTION

The following figures show the numbers inspected during the year under review as compared with the previous year.

	<u>1959</u>	<u>1960</u>
Inspections in prescribed groups ... ..	2,698	2,213
Special inspections at schools ... ..	14	203
Special inspections at clinics ... ..	155	182
Re-inspections ... ..	400	377

There has been little change in the numbers attending for special purposes at the clinics, and these attendances are mainly limited to special services such as investigations for educational subnormality or child guidance.

MEDICAL TREATMENT

General arrangements continued as in previous years.

There are still two school clinics for the general use of children attending schools in the Borough, namely 30 Bromham Road for the schools north of the river, and 29 Barford Avenue for schools south of the river; and for certain purposes, children in the Borough also attend the clinic at 3 St. Peter's Street. The work carried out at these clinics may be given in summary form as follows :-

Location of Clinic	Time of Session	Work Carried Out
30 Bromham Road	Tuesdays and Thursdays in term time. 9.0 a.m. to 9.30 a.m. Friday afternoons at 2.30 p.m. Approximately eight sessions weekly. As required. As required. As required.	Treatment of minor ailments by School Nurse. Consultations by School Medical Officer. Treatment by School Dental Officer. Diphtheria immunisation. Poliomyelitis vaccination. B.C.G. vaccination.
29 Barford Avenue	Tuesdays and Thursdays in term time. 9.0 a.m. to 9.30 a.m. Tuesday morning at 10.15 a.m. As required. As required. As required. Tuesday and Friday afternoons. Tuesday afternoons weekly.	Treatment of minor ailments by School Nurse. Consultations by School Medical Officer. Diphtheria immunisation. Poliomyelitis vaccination. B.C.G. vaccination. Ultra violet light treatment. Speech Therapy.
3 St. Peter's Street	Mondays and Wednesdays.	Speech Therapy.

Borough children are treated with County children for orthoptic treatment and child guidance.

Children with defective vision are referred by arrangement to Dr. H. Bentley, Ophthalmic Surgeon.

#### CONDITIONS FOUND ON INSPECTION

##### GENERAL

The general health of the schoolchildren remained satisfactory. The parents as a whole were eager to seek advice whether from the family doctor or from the School Health Service.

#### NUTRITION AND GENERAL PHYSIQUE

The generally good standard of nutrition and physique 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 receiving milk	Number receiving meals	Number (included in previous column) receiving meals free of charge	Percentage receiving meals
October 1960	5,901	82.68	3,969	248	55.61
October 1959 (for comparison)	5,957	84.27	3,471	205	49.11

#### UNCLEANLINESS

The number of children found unclean, that is with nits or lice in their hair, was 134 in 1959, and 117 in 1960.

All too often the same families are the source of infection, and in some cases this reflects the poor standards of home care coupled with an inability or unwillingness to co-operate in the necessary measures of control.

#### MINOR AILMENTS

##### GENERAL

The following statement shows the number of attendances at the school clinics.

	<u>1959</u>	<u>1960</u>
Attendances ... ..	91	134
Number of individual children attending ...	63	92

##### RINGWORM

No cases of ringworms were discovered.

##### SCABIES

No cases were discovered.

##### IMPETIGO

This contagious and troublesome disease, which causes yellow crusts usually on the face, caused 21 cases. Lack of proper care and treatment was probably responsible for some of the spreading of this

disease as there are effective treatments available, if the parents apply that prescribed.

## 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 and children may be sent to such institutions at the expense of the local education authority.

### TONSILS AND ADENOIDS AND ALLIED CONDITIONS

During the year, 12 children were referred for consultation on these conditions to the Ear, Nose and Throat Department of the Bedford General Hospital. In a number of other cases arrangements for treatment had already been made before entry to school, or after entry, independently of the School Health Service. 81 children had treatment during the year of whom 77 were referred for treatment before 1960.

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

As before, children are kept under periodic review when it is thought that the condition may settle down in time without the necessity of hospital treatment.

The possibility of risk in connection with tonsillectomy during the prevalence of poliomyelitis in the area is borne in mind and necessary steps are taken against this if the occasion arises.

## INFECTIOUS DISEASES

### MEASLES

During the year, 126 children of school age were notified as suffering from this disease.

### SCARLET FEVER

It is known that 51 cases occurred amongst schoolchildren during the year.

### DIPHTHERIA

No case of diphtheria occurred amongst schoolchildren in the area.

### ACUTE ANTERIOR POLIOMYELITIS

Not one case of poliomyelitis was notified during the year in a child of school age.

DIPHTHERIA IMMUNISATION

The scheme relating to diphtheria immunisation generally works well. It depends for its efficient working on the co-operation of the Head Teachers.

The following table shows the number of children of 5 to 15 years of age who were immunised during 1960.

		<u>Received</u> <u>full</u> <u>course</u>	<u>Received</u> <u>"booster"</u> <u>dose</u>
First quarter	...	82	209
Second quarter	...	52	60
Third quarter	...	22	79
Fourth quarter	...	159	519

It is estimated that 70 per cent of all children of school age have received a full course or re-inforcing injections.

POLIOMYELITIS VACCINATION

The vaccination of children continued during the year, and many received a third injection, in accordance with the recommendation of the Ministry of Health, approximately seven months after the second injection was given.

The following figures show the extent of vaccination undertaken in Bedford in children born between 1943 and 1959 inclusive (the figure is that returned to the Ministry of Health for 1960, and is the nearest one to the school age which is readily accessible).

Number of persons who had received  
a third injection during the year ... 1,937

Number of persons who had received two  
injections ... .. 993

(Note: some of these will have  
received a third injection during  
the year and may also be included  
in the above figure).



SPECIAL FORMS OF TREATMENT

ULTRA VIOLET LIGHT TREATMENT

Sessions for ultra violet light treatment recommenced in January, 1960 at the clinic at 29 Barford Avenue, and children from schools both sides of the river now attend there for treatment.

The following tables show the number of children treated at the clinic and the conditions treated :-

No. of individual children treated ...	24
No. of attendances made by children for treatment ... ..	363
No. of sessions held ... ..	55

<u>Condition for which treatment was given</u>	<u>No. of children treated</u>
Diseases of the ear, nose and throat ...	6
General debility and miscellaneous conditions ... ..	18

ORTHOPAEDIC AND POSTURAL DEFECTS

Treatment for such minor conditions as bad posture, flat feet and knock knee of slight degree is undertaken at the Bedford College of Physical Education. During the year, 40 children were referred for treatment.

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

SPEECH THERAPY

During the year, 40 children received treatment from the Speech Therapist.

HANDICAPPED CHILDREN

Children from the area of the Borough 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 are included in the figures given by the Principal School Medical Officer.

DISABILITY OF MIND

During the year, 72 children were examined from the Borough schools, including private schools, and diagnosis and recommendations are shown in the following table :-

Educationally subnormal ... ..	32
Educationally subnormal and maladjusted ...	2
Maladjusted ... ..	30
E.S.N. decision deferred ... ..	1

For re-examination later. Formal decision deferred 2  
 No disability of mind ... .. 5

These children were referred for examination as follows :-

Examined at request of Head Teacher ... ..	42
Family Doctor ... ..	6
Parent ... ..	11
School Welfare Officer	5
Probation Officer ...	2
School Medical Officer	3
Health Visitor ... ..	1
School Worker ... ..	2

At the end of the year, 20 children were resident at St. Margaret's School, Great Gaddesden, which is under the control of the Bedfordshire County Council and is for educationally subnormal children.

Maladjusted children are usually referred to the Child Guidance Clinic, and details are given in the report of the Principal School Medical Officer. Two children received treatment during the year at the Hostel for Maladjusted Children, "Heathwood," Leighton Buzzard, and three at other institutions.

#### TREATMENT IN CONVALESCENT HOMES AND OTHER INSTITUTIONS

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.

One girl of 11 was sent away for four weeks for debility.

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

Sex	Age	Disease	Period of treatment
Female	12	Bronchiectasis	Admitted 25.11.59. Not discharged.
Female	10	Eczema	Admitted June 1959. Discharged July 1960.
Female	9	Incontinent of urine and faeces; also backward.	Admitted 27.2.58. Not discharged.

#### OTHER EDUCATIONAL TREATMENT

Seven children, for whom this treatment seemed best, received education at a private school at the Local Education Authority's expense.

Details are given in the following table :-



Sex	Age	Condition	Period of attendance
Male	16	Epileptic	Admitted September, 1958. Date left July, 1960.
Male	13	Hydrocephalus	Financial responsibility accepted July, 1956. Still in attendance.
Male	11	Ectopia vesicae	Admitted January, 1956. Left town April, 1960.
Male	9	Maladjusted	Financial responsibility accepted September, 1957. Still in attendance.
Female	8	Cooley's anaemia	Readmitted October, 1960. Still in attendance.
Male	6	Cooley's anaemia	Readmitted September, 1960. Still in attendance.
Female	10	Maladjusted	Admitted September, 1960. Still in attendance.

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION  
TO TRAINING COLLEGES AND TO THE TEACHING PROFESSION

During the year, 24 students applying for admission to Training Colleges were medically examined. An x-ray examination of the chest is arranged where it is considered desirable.

Fifteen candidates for entrance to the teaching profession were examined. Of this number, two examinations were undertaken at the request of other authorities. An x-ray examination of the chest is required in all these cases.

DENTAL TREATMENT

The arrangements for dental treatment remained the same. Mr. F. Brabington-Perry, School Dental Surgeon, gives approximately eight sessions a week to the inspection and treatment of Borough children. A number of children, it must be remembered, receive treatment under the provisions of the National Health Service Act independently of the School Health Service.

EMPLOYMENT OF CHILDREN BY LAWS

243 children were medically examined in 1960. Of this number, one child was not granted a certificate on medical grounds.

## BED WETTING

Many children suffer from this distressing condition and in the past have had a variety of forms of treatment, which have been attended with a modicum of success. In general most of them have no illness to account for the condition and it is a failure in the development of control. Quite often there is a family history of slowness in gaining control.

Sometimes nervousness and bad management have delayed this process and these cases respond rapidly to suggestion, or, in some cases, the combination of suggestion with varying forms of drug treatment and advice on management to the parent. Punishment is, of course, useless in such cases and does harm by making the child more nervous.

More recently, an electrical device, which wakes the child up with a loud buzzer immediately he passes a drop of urine, has been tried out and despite considerable doubt expressed by various people as to its efficiency and mode of action, it has been possible to clear up a number of long standing cases of enuresis with this apparatus when other methods had failed.

It should, however, be used with discretion, as a child's bed wetting may be symptomatic of bad management and problems within the home setting. Each case should be carefully reviewed to eliminate other factors before the apparatus is utilised.

At present there is a waiting list, which is tending to get longer as more cases come to our notice.

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## CONCLUSION

There is no material change to report in the general work of the School Health Service, and the physical health of the children is generally well maintained.

My thanks are due to the members of former Bedford Divisional Executive, to the members of the Committee for Education of the Borough of Bedford, for their help and sympathy in the work, and to all members of the staffs concerned, to the staff of the County School 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  
in the  
BOROUGH OF BEDFORD  
for the year 1960

Note: For the purposes of comparison figures relating to previous years are given.

TABLE I -- MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS )

A -- Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1956 and later	125	124	99.2	1	0.8
1955	624	623	99.8	1	0.2
1954	248	247	99.6	1	0.4
1953	48	48	100.0	--	--
1952	9	9	100.0	--	--
1951	2	2	100.0	--	--
1950	58	58	100.0	--	--
1949	514	514	100.0	--	--
1948	241	241	100.0	--	--
1947	--	--	--	--	--
1946	15	15	100.0	--	--
1945 and earlier	269	269	100.0	--	--
Totals	2,213	2,210	99.9	3	0.1

B -- Other Inspections

	1958	1959	1960
Number of Special Inspections ...	151	169	385
Number of Re-Inspections ...	196	400	377
Totals ...	347	569	762

C -- Pupils Found to Require Treatment

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

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any other conditions recorded in Table III	Total individual pupils
1956 and later	--	16	16
1955	17	94	109
1954	8	35	41
1953	--	4	4
1952	--	--	--
1951	--	1	1
1950	6	12	15
1949	61	75	123
1948	26	34	55
1947	--	--	--
1946	4	--	4
1945 and earlier	43	39	71
Totals	165	310	439

TABLE II -- INFESTATION WITH VERMIN

	1958	1959	1960
(1) Total number of individual examinations in schools by school nurses ... ..	18,453	17,304	19,394
(2) Total number of individual pupils found to be infested	132	134	117
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	--	--	--
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	--	--	--

TABLE III -- NUMBER OF DEFECTS FOUND TO REQUIRE TREATMENT OR OBSERVATION AT MEDICAL INSPECTIONS DURING 1960

## A -- PERIODIC INSPECTIONS

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin ... ..	13	9	7	2	12	7	32	18
Eyes --								
(a) Vision ...	25	20	47	2	93	13	165	55
(b) Squint ...	19	5	6	1	15	1	40	7
(c) Other ...	5	2	2	2	4	12	11	16
Ears --								
(a) Hearing ...	14	9	3	1	8	--	25	10
(b) Otitis Media	6	5	--	--	1	--	7	5
(c) Other ...	4	2	--	--	5	1	9	3
Nose and Throat	30	45	2	2	6	6	38	53
Speech ... ..	13	11	--	--	4	1	17	12
Lymphatic Glands	5	15	2	--	--	--	7	15
Heart ... ..	3	16	--	3	3	2	6	21
Lungs ... ..	18	17	4	1	4	2	26	20
Developmental --								
(a) Hernia ...	1	1	--	--	--	--	1	1
(b) Other ...	2	16	2	4	10	7	14	27
Orthopaedic --								
(a) Posture ...	1	8	--	--	15	10	16	18
(b) Feet ...	16	32	--	1	20	12	36	45
(c) Other ...	13	31	8	3	13	2	34	36
Nervous System --								
(a) Epilepsy	--	--	1	--	3	1	4	1
(b) Other ...	--	2	--	--	3	2	3	4
Psychological --								
(a) Development	--	3	--	--	--	2	--	5
(b) Stability	7	13	2	1	2	2	11	16
Abdomen ... ..	2	4	--	--	1	2	3	6
Other ... ..	5	10	4	2	2	3	11	15
Totals ... ..	202	276	90	25	224	88	516	389

## B -- SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin ... ..	11	2
Eyes --		
(a) Vision ... ..	48	24
(b) Squint ... ..	5	1
(c) Other ... ..	2	--
Ears --		
(a) Hearing ... ..	3	1
(b) Otitis Media ... ..	1	--
(c) Other ... ..	--	1
Nose and Throat ... ..	7	4
Speech ... ..	6	1
Lymphatic Glands ... ..	2	6
Heart ... ..	--	1
Lungs ... ..	4	4
Developmental --		
(a) Hernia ... ..	2	--
(b) Other ... ..	2	1
Orthopaedic --		
(a) Posture ... ..	3	1
(b) Feet ... ..	2	--
(c) Other ... ..	4	3
Nervous System --		
(a) Epilepsy ... ..	--	--
(b) Other ... ..	5	1
Psychological --		
(a) Development ... ..	29	17
(b) Stability ... ..	22	7
Abdomen ... ..	1	--
Other ... ..	21	17

TABLE IV -- TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Group 1 -- Eye Diseases, Defective Vision and Squint

	Number of cases dealt with by the Authority		
	1958	1959	1960
External and other, excluding errors of refraction and squint	8	9	6
Errors of refraction (including squint) ... ..	165	223	290
Totals ...	173	232	296
Number of pupils for whom spectacles were prescribed ...	75	114	130

Group 2 -- Diseases and Defects of Ear, Nose and Throat

	No. of cases known to have been dealt with		
	1958	1959	1960
Received operative treatment --			
(a) for diseases of the ear ...	--	--	--
(b) for adenoids and chronic tonsillitis ... ..	5	13	81
(c) for other nose and throat conditions ... ..	--	--	--
Received other forms of treatment	3	13	6
Totals ...	8	26	87

Group 3 -- Orthopaedic and Postural Defects

	1958	1959	1960
Number of pupils known to have been treated at clinics or out-patient departments ... ..	21	81	42

Group 4 -- Diseases of the Skin (excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority		
	1958	1959	1960
Ringworm --			
(a) Scalp     ...     ...     ...	--	--	--
(b) Body     ...     ...     ...	--	--	--
Scabies     ...     ...     ...     ...	--	--	--
Impetigo     ...     ...     ...     ...	4	1	21
Other skin diseases     ...     ...	24	2	14
Totals     ...	28	3	35

Group 5 -- Speech Therapy

	Number of cases treated by the Authority		
	1958	1959	1960
Number of pupils treated by Speech Therapist     ...     ...	46	33	40

Group 6 -- Other Treatment Given

	Number of cases treated by the Authority		
	1958	1959	1960
Pupils with minor ailments     ...	61	49	92



TABLE V -- DENTAL INSPECTION AND TREATMENT

	1960
Number of pupils inspected by the Dental Officer --	
(a) at Periodic Inspections ... ..	4,334
(b) a Specials ... ..	431
Total ...	<u>4,328</u>
Number found to require treatment ... ..	2,613
Number offered treatment ... ..	2,613
Number actually treated ... ..	1,012
Number of attendances made by pupils for treatment (including orthodontics) ... ..	1,746
Half-days devoted to --	
(a) Inspection ... ..	31
(b) Treatment ... ..	253
Total ...	<u>284</u>
Fillings --	
(a) Permanent Teeth ... ..	557
(b) Temporary Teeth ... ..	418
Total ...	<u>975</u>
Number of Teeth filled --	
(a) Permanent ... ..	527
(b) Temporary ... ..	394
Total ...	<u>921</u>
Extractions --	
(a) Permanent Teeth ... ..	115
(b) Temporary Teeth ... ..	1,173
Total ...	<u>1,288</u>
Administration of general anaesthetics for extraction ...	60
Number of pupils supplied with artificial teeth ... ..	6
Other operations --	
(a) Permanent Teeth ... ..	277
(b) Temporary Teeth ... ..	54
Total ...	<u>331</u>



