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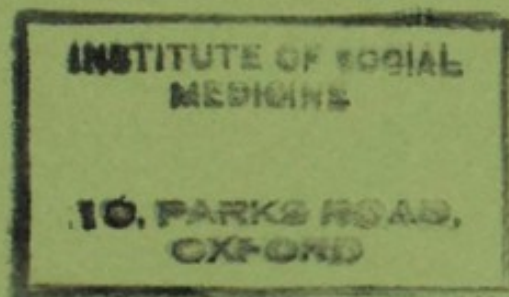
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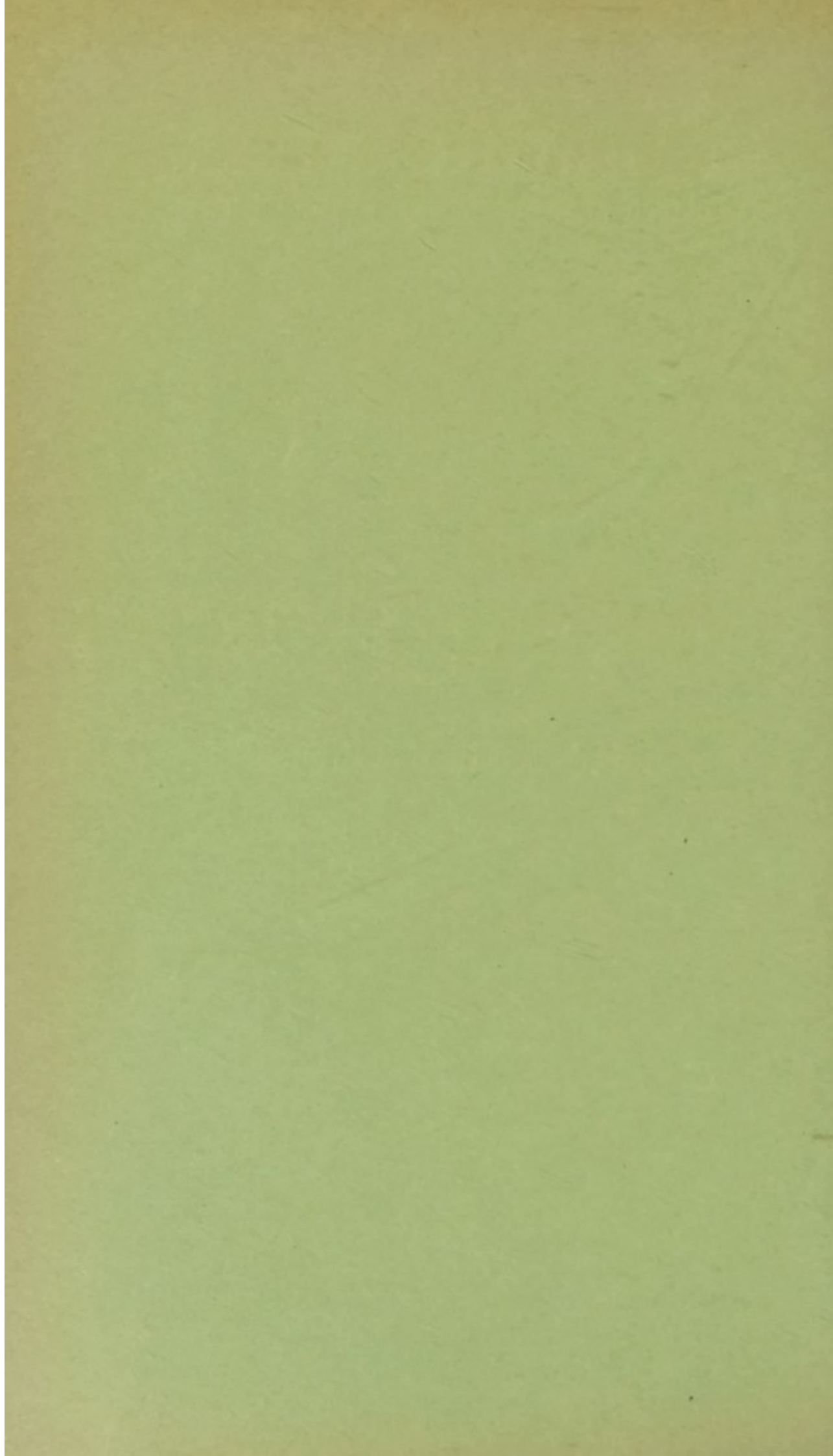


ANNUAL REPORT

OF THE

School Medical Officer

for the Year 1951



CAMBRIDGESHIRE
EDUCATION COMMITTEE

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Introduction

At the end of 1951 there were 121 Primary Schools (including one Nursery School), 5 Secondary Modern Schools and Soham Grammar School in the rural area of the Local Education Authority. Of the Primary Schools, 56 were County Schools and 65 Voluntary Schools.

In January 1952 the number of children on the registers of the Primary and Secondary Modern Schools was 9,423. There were also 313 boys on the register at Soham Grammar School who form part of the total number under consideration in the paragraphs which follow.

Staff

Services in connection with school medical work in the rural area were rendered by the following :—

R. FRENCH, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

P. A. TYSER, M.D., B.S., D.P.H., *Deputy do. (Part-time) (from July 1951).*

EILEEN M. BRERETON, M.A., M.B., Ch.B., *Assistant do.*

ANNA R. WADE, M.A., M.B., B.Ch., *Part Time do. and Ophthalmic Surgeon.*

BARBARA F. SANDELL, M.B., Ch.B., *Part Time Assistant School Medical Officer.*

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer (half-time).*

ROSA B. SCHMELTZER, D.M.D. (Berlin), L.D.S., *School Dental Surgeon.*

J. K. WENBORN, *Superintendent of Nurses and Health Visitors.*

G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts.*

In the City of Cambridge which is an Excepted District, the following is the school medical staff :—

C. G. EASTWOOD, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

J. V. L. FARQUHAR, M.R.C.S., L.R.C.P., D.P.H., *Deputy School Medical Officer.*

HILDEGARD P. BRODA, M.D. (Vienna), *Assistant School Medical Officer.*

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer (half-time).*

MARJORIE E. C. PAGE, L.D.S., *School Dental Surgeon.*

E. BURN, L.D.S., *School Dental Surgeon.*

G. F. WRIGHT, M.A., M.B., B.Chir., D.O.M.S., *Ophthalmic Surgeon.*

Child Guidance Staff for whole area :

H. BANISTER, Ph.D., *Director.*

ROSEMARY PRITCHARD, M.R.C.S., L.R.C.P., *Psychiatrist.*

MARJORIE SISSON, M.A., *Psychotherapist*.
ERNA POPPER, B.A., *Psychotherapist*.
DOROTHEA M. HUTCHINSON, M.A., *Psychiatric Social Worker*.
MABEL V. BISHOP, B.Sc., *do.* (from December 1951).
MARY PHILLIPS, Mental Health Cert., *Psychiatric Social Worker*
(Resigned August, 1951)
NANCY SALAMAN, B.A., Dip.Psych., *Educational Psychologist*.
HEATHER G. HRAMTSOV (née MELVILL), L.C.S.T., *Speech Therapist*.
ROSEMARY PATON PHILIP, L.C.S.T., *Speech Therapist*.
SHIRLEY LONGMUIR, L.C.S.T., *Speech Therapist*.
MARY W. BURRIDGE, L.C.S.T., *Speech Therapist* (from April 1951).

Hygienic Condition of Premises

This section which appeared regularly before the war was omitted during the war when reports were abbreviated as much as possible and has not been re-inserted hitherto. It is appreciated that improvements to schools have proceeded steadily since the war but it is not too much to say that many of them still leave much to be desired.

It is easy to go into almost any school in a critical mood and find fault with some detail of structure or management but it is not proposed to give a list of schools and describe every defect which can be found. Nevertheless, it cannot be too strongly emphasised that the school medical service is fundamentally preventive in principle and that to go into each school to prescribe treatment for defects discovered in the children without considering conditions which may have contributed towards their making does not represent an adequate discharge of its functions. Moreover to educate children in surroundings of poor hygienic nature and conducive to bad habits is to remove from them much of the incentive to desire in later life improvements in their own homes and better ways of living there.

The difficulties associated with the sanitary arrangements of rural schools are well known and are chiefly due in most instances to the necessity of tolerating a conservancy system of some sort. In actual fact no great fault can be found with a conservancy system provided it is properly constructed and managed but this desirable state of affairs is not easy to attain. It may be said at once, however, that there is no shadow of excuse for the old fashioned pit closet and this very primitive condition of things is still in existence at a few schools. Well managed pail closets are reasonably satisfactory but it cannot be denied that they have many unpleasant aspects and that in these days of shortage of labour it is difficult to secure such a standard of upkeep as to make them free from objection. It is also a fact that it is increasingly hard to find ground for the proper disposal of their contents. There are many instances of schools using conservancy systems of a more or less satisfactory type where

conversion to a water-carriage system is not beyond the bounds of possibility and it is urged that consideration should be given to the acceleration of the programme in this respect. In those instances where it is clear that such a possibility cannot materialise for a very long time the installation of modern chemical closets should be contemplated. There are some schools now in which a partial provision of this kind has been made, chemical closets existing along with the old fashioned type of pail, and it seems a pity that a more thoroughgoing conversion could not have been made in such cases.

Washing and washing-up facilities constitute another item which requires mention. There are schools in which main water supplies exist at a very short distance away and yet no water supply has been brought into the school. Others again have a water supply within the school but inadequate washing arrangements while yet others have very poor arrangements for the disposal of waste water, especially of waste water resulting from washing-up after school meals. It must be very difficult to educate children in proper habits of washing before meals and after use of the lavatory under such circumstances. It is doubtless too much to hope that an extension of washing facilities might involve a general installation of hot water systems but some way of providing that each child shall have a personal towel is of considerable importance.

Other matters such as poor lighting and overcrowding are less obtrusive but in one school there is no artificial lighting which renders teaching by visual methods impossible after 3.30 p.m. in the winter months and at other schools some of the classrooms appear to be overcrowded, an outstanding example in this respect being Isleham school.

Some attention was given during the year to the arrangements for the disposal of sanitary towels in schools attended by senior girls. They were found to be somewhat haphazard in many instances, but it is hoped that the enquiry and the advice given as a result of it will have had the effect of ensuring better provision.

Medical Inspection

In 1951 the same four routine age groups of children were inspected as in the previous year so that the figures for that year and the previous one can properly be compared with each other except in so far as a variation in the observers concerned can be held to affect the results.

In the first half of the year Drs. Brereton, Sandell and Wade continued to work on the basis described in the 1950 report, but rather lengthy periods of illness suffered by Drs. Brereton and Wade were responsible for gaps in their work later on. The loss of time was made up to some extent by the employment of Dr. A. H. Rider for a brief period for eight sessions per week and by the working of an extra session per week by Dr. Sandell.

On July 23rd, Dr. P. A. Tyser commenced work as Deputy County Medical Officer and School Medical Officer (part time). It had been anticipated that the school medical inspection sessions worked by him would be an immediate and complete substitute for those worked by Drs. Sandell and Wade but owing to the absences due to illness mentioned above it was found that there would be arrears of work if this assumption were accepted. The services of Dr. Sandell and Dr. Wade were therefore continued until the end of the year. The result was that the planned programme for the year was virtually complete at the end of it.

The following figures show the number of inspections carried out in 1951 :

Routine inspections	..	..	4,010
Special inspections	..	..	101
Re-inspections	..	..	4,434

The number of routine inspections in the previous year was 4,258 and the number of re-inspections 2,613.

The number of children found to require treatment was 771 or 71 less than in the previous year. Some of these children had more than one defect.

Details as to certain of the conditions discovered are in the following paragraphs.

Nutrition.—Of the 4,010 children examined, 1,323, or 33.0 per cent, were considered to be of good nutrition as against 28.61 per cent in the previous year. The 1951 value of this figure is almost identical with that of 1949.

Fair nutrition was found in 2,619 children, or 65.31 per cent, as against 69.35 per cent in the previous year.

Poor nutrition was found in 68 children, or 1.69 per cent, as against 2.04 per cent in the previous year.

For what they are worth, these figures represent a definite improvement over those of 1950, there having been an increase in the number of children of good nutrition at the expense of both the other two classes. The figures have previously shown such an inexplicable tendency to oscillate from year to year, however, that it would be unwise to stress the improvement too much.

Visual Defect.—The total number of cases of visual defect, including squint, found at routine and special inspections was 753 as against 725 in the previous year of which 246 required treatment as against 254 in the previous year and 507 required observation only as against 471 in the previous year. The amount of variation as between the two years is remarkably small.

Nose and Throat Defects.—The number discovered shows little change as compared with the figure for the previous year, 457 as against 480, but the number considered to require treatment again fell, the figure being 55 as against the previous year's 70.

Orthopaedic and Postural Defects.—The number discovered was 567 as against 615 in the previous year. Of these, 166 were cases of so-called flat foot, the corresponding figure in 1950 being exactly the same. Of the total, 194 were considered to require treatment, or 39 fewer than in the previous year.

Following up.—The following figures relate to the work of the nurses acting as school nurses :—

1.	<i>Visits to Schools :—</i>	
	(a) Routine Medical Inspections	365
	(b) Special—Verminous	498
	(c) Other purposes	724
2.	<i>Visits to Homes of Scholars :—</i>	
	(a) Follow up to secure treatment	3,544
	(b) Special enquiries into infectious or contagious disease	650
	(c) Other purposes	328

Arrangements for Treatment

Malnutrition.—Cod liver oil and malt continued to be provided in school for those children thought likely to benefit from it but it was not found necessary to send any children to residential open air schools during the year. The need for this has very much diminished since the war and the total number admitted since the arrangement started remained at 208 at the end of the year.

Uncleanliness.—The total number of visits to the schools for the detection of verminous children was 498 as against 502 in the previous year, an average of 3.91 per school. The total number of children examined was 32,022 and the number of individual children found unclean was 82. In addition 4,010 children were examined by the assistant school medical officers of whom 9 were found to be unclean making the total for the year 91. The previous year's figure was 123 and, while the rate of improvement leaves something to be desired, the steady fall in this figure of recent years can be regarded with some satisfaction.

Visual Defects.—Dr. A. R. Wade continued the work of dealing with visual defects throughout 1951 except during the period of her absence owing to illness which has been mentioned earlier in the report. During that time Dr. Perrers Taylor saw the more urgent cases and thanks are due to her for filling the breach to that extent in spite of her many other commitments.

The number of cases referred for refraction during the year was 616 of which 523 were examined by Dr. Wade or Dr. Perrers Taylor and 93 at other places. Dr. Wade or Dr. Perrers Taylor prescribed glasses for 337 and of the 93 seen otherwise 44 were found to require

them, a total of 381. Of this total 364 had received their spectacles by the end of the year indicating that the time lag between prescription and provision has now fallen to an insignificant level.

There was an increase in the number of cases referred of 105 as compared with the figure of the previous year and the number for whom glasses were necessary rose by 70. It is difficult to say whether this has any special significance but there is no great likelihood that it has.

Minor Ailments.—Ten cases of scabies were reported in 1951 as against 8 in 1950. All were treated through arrangements other than those provided by the Authority.

The number of cases of impetigo again fell, the figure for 1951 being 16 as against 24 in 1950. As compared with those of comparatively recent times, these figures are almost unbelievably small and indicate the virtual disappearance of what was once a serious problem in school children.

Nose and Throat Defects.—Sixty-two cases of adenoids and chronic tonsillitis were known to have received operative treatment during the year of which 7 were actually referred from the School Medical Department (4 of these were on the waiting list at the end of 1950). A total of 15 cases was referred during 1951 of which 6 required no treatment, 3 received operative treatment, 2 other forms of treatment and 4 remained on the waiting list for operative treatment at the end of the year. One case of another nose and throat condition received operative treatment and 78 cases received non-operative treatment for ear, nose and throat conditions, 3 being dealt with under the Department's own arrangements.

Dental Treatment.—There was little change of moment in the facilities available during the year. Dr. R. B. Schmeltzer continued her single handed effort to cope with the whole of the work of the rural area except that for a period of six weeks in the summer a dentist with other commitments agreed to work in the Shire Hall clinic for one session per week, payment being made on a sessional basis. The cases he treated were mainly of an emergency type and unfortunately the arrangement was short-lived. The travelling dental clinic proved to be so superior to the accommodation available in any school that it was universally used throughout the year, though certain improvements such as the installation of a more adequate electric fire and an immersion heater in the water tank were necessary to enable extremes of weather conditions to be combated.

In 1951 a total of 2,253 children was inspected as against 2,352 in 1950. Of these, 2,007 were found to require treatment or 89.1 per cent as against 87.2 per cent in the previous year.

Of the 2,007 children requiring treatment 2,001 received it or almost 100 per cent, a reflection of the fact that only those children whose parents had previously indicated willingness for treatment

were inspected. The number treated was some 300 more than that of the previous year and reverses the fall noted then, but it should not be too readily assumed that the difference between those treated and those it would be desirable to treat has reached its highest level.

The number of fillings done was 3,606 as against 3,507 in the previous year and it is clear that something of this order is the maximum that can be expected from one dentist.

There were 853 extractions done by the staff of the rural area as against 751 in the previous year of which 238 were of permanent teeth (277 in 1950) and 615 of temporary teeth. It is satisfactory to be able to record even a slight fall in the number of extractions of permanent teeth but it should not be thought that the increase in the extractions of temporary teeth is of no moment, since their premature loss may have an unsatisfactory effect on the spacing of the permanent dentition.

The above figures and those published at the end of the report refer to the work of the staff of the rural area but it should be recorded with appreciation that the City dental staff did supplementary dental work for 507 rural children to the extent of 673 extractions and 279 fillings all of which figures represent slight increases over those of the previous year.

Orthopaedic Treatment.—Twenty three cases were referred to Addenbrooke's Hospital, White Lodge or the outlying clinics during the year of which 16 were found to require treatment. It is, however, known that a total of 69 children of the area received orthopaedic treatment in 1951, 2 as in-patients and 67 as out-patients.

Other Forms of Special Educational Treatment or Institutional Treatment.—The debilitated girl mentioned as remaining in an open air school at the end of 1950 was discharged during 1951. Three children with maladjustment in residential special schools became the responsibility of the Education Committee during the year, one of them, a girl at Odam Hill School, South Molton, Devon, being taken over from another Authority. The other two were both boys one of whom had also a major defect of sight and was admitted to Exhall Grange School, Warwickshire and the other of whom was admitted to Westhope Manor School, Shropshire.

Tuberculosis.—To the three cases recorded in last year's report as being in institutions on January 1st, 1951, were added 4 new cases (1 pulmonary and 3 non-pulmonary) admitted during the year. Five cases were discharged during the year leaving on January 1st, 1952, two non-pulmonary cases still in institutions.

Other Defects Treated.—Seventy-two cases were referred to Addenbrooke's Hospital or White Lodge, 15 for ear, nose and throat defects, 23 for orthopaedic defects, 20 for visual defects including

squint, 8 for skin defects, 2 for general medical conditions, 1 for a general surgical condition and 3 for enuresis.

Neglect.—Nine families were referred to the N.S.P.C.C. of which eight were on account of general neglect and one because of failure to obtain treatment for defective vision.

Infectious Diseases

The following table shows the number of schools from which notifications of infectious disease were sent by Head Teachers during the year :—

Scarlet Fever	..	..	..	6
Diphtheria ..	..	..	..	Nil
Measles ..	..	..	..	54
German Measles	..	..	..	15
Chickenpox	..	..	..	45
Whooping Cough	..	..	..	33
Mumps ..	..	..	..	38

As is usual, a year of low incidence has been followed by a year of comparatively high incidence and all the above figures except that for scarlet fever and diphtheria are higher than those of the previous year.

Provision of Meals

There has been no change in the arrangements for the supply of milk in school and the types of milk supplied are unaltered from those of last year. The figures published last year are repeated hereunder.

Tuberculin Tested	..	..	30
Pasteurised ..	..	..	87
Tuberculin Tested or Pasteurised			10
Accredited ..	..	..	Nil
Ordinary ..	..	..	1

On October 17th, 1951, there were 7,162 children receiving milk or 76.6 per cent of the total in attendance. Of those in attendance at the Nursery School 100 per cent received it, at Primary Schools 81.97 per cent and at Secondary Schools 56.6 per cent.

Cooked mid-day meals were available at all schools and a total of 6,405 children or 68.51 per cent received them, a somewhat smaller number than that on the corresponding date in the previous year. At the Nursery School 97.06 per cent took the meals, at Primary Schools 63.39 per cent and at Secondary Schools 86.75 per cent.

The number of children receiving free meals on a scale of means approved by the Education Committee was 515.

Blind, Deaf, Defective and Epileptic Children

The following table sets out the position with regard to the institutional or residential treatment of defective children :—

	<i>Educationally Retarded</i>	<i>Blind</i>	<i>Deaf</i>	<i>Epileptic</i>	<i>Physically Defective</i>
Remaining Dec. 31st, 1950	23	3	6	3	3
Admitted in 1951 ..	5	2	—	—	—
Discharged in 1951 ..	5	1	—	2	1
Remaining Dec. 31st, 1951	23	4	6	1	2

The columns relating to blind and deaf children include partially sighted and partially hearing children.

Educational Retardation.—Twenty eight cases of educational retardation were brought to the notice of the Education Committee during the year. Six of these were later reported to the Mental Health Sub-Committee of the Health Committee as ineducable. Three of the six were placed on the waiting list for admission to Mental Deficiency Institutions under Order on the occurrence of suitable vacancies and the other three were placed under Statutory Supervision. Of the remainder five were approved for admission to special schools of whom two were admitted during the year and three remained on the waiting list at the end of the year.

It may be remembered that there were six children on the waiting list for admission to special schools at the end of 1950. Of these two were admitted to residential schools during 1951 and one to the City Day Special School leaving one still on the waiting list for a residential school and two for the City Day Special School. With the three new cases put on the waiting list in 1951 therefore there was a total of six still on the waiting list at the end of it.

Child Guidance

There was a further change in staff during 1951 as a result of the resignation of Miss M. Phillips from her post of second psychiatric social worker, her place being taken by Miss M. V. Bishop in December. Miss Popper who had been appointed as temporary psychotherapist (part time) in the place of Mrs. Sisson who became ill at the end of 1950 also remained on the staff for some time after the latter's return in 1951.

During the year there were 185 new cases referred to the clinic, an increase of 10 over the figure for 1950. This increase was equally divided between the City and the rural area. At the end of the year there were 4 cases which had not been investigated as compared with 3 at the end of 1950.

About one third of the children were girls, the difference being caused largely by the much greater number of boys referred for excretory disorders and stealing.

There were 314 cases on the clinic registers during the year of which 195 were regarded as closed at the end of it. Eighty-eight cases remained under treatment and a further 27 cases had been examined and were awaiting treatment. Of the closed cases advice only had been required in 58 and 15 others had been referred for an estimation of their intelligence quotient. Fifty-three cases were actually treated of which 5 were much improved, 47 improved and 1 not improved. In 8 cases treatment was not sufficiently complete for an assessment of progress to be made.

The number of cases referred to the Speech Clinic in 1951 was somewhat lower than the number in 1950, 216 as against 241. This fall affected both the City and the rural area, but chiefly the former. 405 children received treatment as against 359 in the previous year and 127 were discharged. At the end of the year there were 278 cases still under treatment, 90 awaiting treatment and 11 awaiting examination.

Dyslalia was again the most common defect requiring treatment and there was little significant difference between the proportions of any defect when the City and the rural area were compared.

Further detailed figures will be found at the end of the report.

Medical Inspection at the Technical College

The following figures give details of the work done :—

			<i>Male</i>	<i>Female</i>	
Number of Routine Inspections			64	121	
<i>Principal Defects Discovered :</i>			<i>Male</i>	<i>Female</i>	<i>Total</i>
Subnormal Nutrition	..	..	1	—	1
Defective Vision :					
For observation	..	..	4	17	21
For treatment :	..	..	2	7	9
Nose and Throat Defects :					
For observation	..	..	—	—	—
For treatment	..	..	1	2	3
Hearing	..	..	—	2	2
Orthopaedic	..	..	6	32	38
Circulatory	..	..	1	11	12
Skin	..	..	4	9	13
Other conditions	..	..	5	21	26

The inspection of the Perse School for Boys, of which details used to be included with those relating to the Technical College, is now carried out by the City School Medical Officer.

The nutritional condition of the pupils of the Technical College can be further sub-divided as follows :—

					<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Boys	..	..	..	..	30	33	1
Girls	..	..	..	..	42	79	—

The percentages of good nutrition were 46.9 in boys and 34.7 in girls. The corresponding percentages in the previous year were 40.8 and 40.2. The observer in the case of the boys changed as between the two years while in the case of the girls it remained the same.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	1275
Second Age Group	819
Third Age Group	815
Total	2909

Number of other Periodic Inspections 1101

Grand Total 4010

B.—OTHER INSPECTIONS.

Number of Special Inspections	101
Number of Re-Inspections	4434
Total	4535

C.—PUPILS FOUND TO REQUIRE TREATMENT.

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

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	17	203	194
Second Age Group	52	149	178
Third Age Group	54	119	156
Total (prescribed groups)	123	471	528
Other Periodic Inspections	87	199	243
Grand Total	210	670	771

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	57	173	6	3
5	Eyes—				
	a. Vision	210	435	9	2
	b. Squint	26	70	1	—
	c. Other	35	70	1	1
6	Ears—				
	a. Hearing	11	50	2	2
	b. Otitis				
	Media	3	39	1	2
	c. Other	11	12	1	1
7	Nose or Throat	52	398	3	4
8	Speech	20	84	1	4
9	Cervical Glands	7	213	—	3
10	Heart and				
	Circulation	10	153	2	1
11	Lungs	10	114	—	3
12	Developmental—				
	a. Hernia ..	6	18	—	—
	b. Other ..	2	51	—	—
13	Orthopædic—				
	a. Posture	56	122	1	—
	b. Flat foot	72	93	1	—
	c. Other ..	63	155	1	3
14	Nervous system—				
	a. Epilepsy	—	12	—	1
	b. Other ..	1	9	—	—
15	Psychological—				
	a. Development	13	109	1	—
	b. Stability	26	135	—	1
16	Other	189	185	3	1

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

Age Groups	Number of Pupils Inspected	A (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1275	402	31.53	843	66.12	30	2.35
Second Age Group	819	273	33.34	539	65.81	7	0.85
Third Age Group	815	308	37.80	495	60.73	12	1.47
Other Periodic Inspections	1101	340	30.88	742	67.39	19	1.73
Total ..	4010	1323	33.00	2619	65.31	68	1.69

TABLE III.—INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	36.032
(ii)	Total number of <i>individual</i> pupils examined ..	9,736
(iii)	Total number of <i>individual</i> pupils found to be infested	91
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

						Number of cases treated or under treatment during the year	
						by the Authority	otherwise
Ringworm—(i)	Scalp ..	..	..	..	..	—	—
	(ii) Body ..	..	..	..	..	—	12
Scabies ..	..	..	..	..	..	—	10
Impetigo ..	..	..	..	..	..	6	10
Other skin diseases	..	..	..	..	..	10	42
Total ..						16	74

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	12	13
Errors of Refraction (including squint) ..	511	80
Total	523	93
Number of pupils for whom spectacles were		
(a) Prescribed	337	44
(b) Obtained	322	42

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

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	5
(b) for adenoids and chronic tonsillitis ..	—	62
(c) for other nose and throat conditions ..	—	1
Received other forms of treatment	3	75
Total	3	143

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	—	2
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments.. .. .	—	67

Group 5.—CHILD GUIDANCE TREATMENT.

	No. of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	100	—

Group 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	198	—

Group 7.—OTHER TREATMENT GIVEN.

					No. of cases treated	
					By the Authority	Otherwise
(a)	Miscellaneous minor ailments	..	..		13	55
(b)	Other than (a) above (specify)					
	1. Appendicitis	..	..	..	—	2
	2. Rheumatic heart	..	..	..	—	1
	3. Obesity	..	..	..	—	1
	4. Removal of Eye	..	..	..	—	1
	5. Hernia	..	..	..	—	3
Total					13	63

TABLE V.—DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a)	Periodic age groups	..	..	..	..	2076
(b)	Specials	..	..	..	..	177
Total						2253

(2)	Number found to require treatment	..	..	2007
(3)	Number referred for treatment	..	..	2007
(4)	Number actually treated	..	..	2001
(5)	Attendances made by pupils for treatment	..	..	2993

(6)	Half-days devoted to :	Inspection	..	}	490
		Treatment	..		
		Total	..	..	
(7)	Fillings :	Permanent Teeth	..	3148	
		Temporary Teeth	..	980	
		Total	..	..	4128
(8)	Number of teeth filled:	Permanent Teeth	..	2696	
		Temporary Teeth	..	910	
		Total	..	..	3606
(9)	Extractions :	Permanent Teeth	..	238	
		Temporary Teeth	..	615	
		Total	..	..	853
(10)	Administration of general anaesthetics for extraction				—
(11)	Other operations :	Permanent Teeth	..	355	
		Temporary Teeth	..	1006	
		Total	..	..	1361

CAMBRIDGESHIRE CHILD GUIDANCE CLINIC

STATISTICS FOR THE YEAR ENDED DECEMBER, 1951

<i>Cases referred by :</i>	<i>City</i>	<i>County</i>	<i>Total</i>
School Medical Officer	22	24	46
Head Teacher	29	7	36
Parents	15	11	26
M. & C. W.	24	—	24
Magistrates and Probation Officer ..	19	1	20
Speech Therapist	1	6	7
Children's Officer	3	1	4
School Welfare Officer	3	2	5
Private Doctor	7	3	10
Other Agencies	2	5	7
	125	60	185

<i>Areas and Sexes :</i>					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
City	..	..	..	..	84	41	125
County	..	..	..	..	37	23	60
					121	64	185

Problems as Referred :

<i>Nervous Disorders :</i>					<i>City</i>	<i>County</i>	<i>Total</i>
Fears and Anxiety	..	..	..	..	15	5	20
Seclusiveness	..	..	..	..	3	—	3
Depression	..	..	..	..	3	1	4
Excitability	..	..	..	..	2	—	2
Apathy	..	..	..	..	2	—	2
							—31

Habit Disorders :

Speech..	..	..	..	..	1	2	3
Sleep	..	..	..	..	6	—	6
Movement	..	..	..	..	—	2	2
Excretory	..	..	..	..	20	5	25
Nervous Pains and Paralysis	..				2	3	5
							—41

Behaviour Disorders :

Unmanageable	..	..	..	..	8	11	19
Temper	..	..	..	..	9	5	14
Aggressiveness	..	..	..	..	4	7	11
Jealous Behaviour	..	..	..	..	1	1	2
Stealing	..	..	..	..	26	4	30
Lying and Romancing	..	..	..	..	—	1	1
Truancy	..	..	..	..	2	1	3
Sex Difficulties	..	..	..	..	5	1	6
							—86

Educational and Vocational Difficulties :

Backwardness	..	..	..	..	12	9	21
Inability to concentrate	..	..	..	..	2	1	3
Vocational guidance	..	..	..	..	2	1	3
							—27
					125	60	185

CASES CLOSED

<i>Examined at Clinic :</i>					<i>City</i>	<i>County</i>	<i>Total</i>
Examined and Advised	..	..	..	..	38	20	58
I.Q. only	..	..	..	..	13	2	15

Treated :

Much improved	..	..	..	..	5	—	5
Improved	..	..	..	..	36	11	47
Not improved	..	..	..	..	1	—	1

Treatment Incomplete :

Parents Unco-operative	..	..	5	—	5
Left District	..	..	2	1	3

Not Examined at Clinic (P.S.W. only) :

Adjusted	..	..	23	9	32
Examination unnecessary	..	..	7	4	11
Left District	..	..	3	2	5
Parents Unco-operative	..	..	5	3	8
Application withdrawn	..	..	4	1	5
			142	53	195

TOTAL NUMBER OF CASES

Under treatment in December 1950	..	..	87	Closed during 1951	..	195
On Waiting List in December 1950	..	..	39	Under treatment, December 1951	..	88
Not yet visited in December 1950	..	..	3	On Waiting List, December 1951	..	27
New cases 1951	..	..	185	Not yet visited	..	4
			314			314

SPEECH CLINIC—STATISTICS FOR YEAR ENDING DECEMBER 1951

Cases :

			<i>City</i>	<i>County</i>	<i>Total</i>
Referred during the year	..	..	110	106	216
Not requiring treatment	..	..	8	8	16
Treated	..	..	207	198	405
Discharged	..	..	57	70	127
Under treatment at close of year	..	..	150	128	278
On waiting list at close of year	..	..	36	54	90
Not examined at close of year	..	..	2	9	11

Speech Defects of Children referred during the year :

				<i>City</i>	<i>County</i>	<i>Total</i>
Dyslalia	..	..	..	58	50	108
Stammer	..	..	..	13	18	31
Sigmatism	..	..	..	24	20	44
Other defects	..	..	..	7	4	11
				102	92	194



