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CAMBRIDGESHIRE
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

Principal School Medical Officer

For the Year 1956

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INDEX

Introduction

At the end of 1956 there were 114 Primary Schools (including one Nursery School), 6 Secondary Modern Schools (two with grammar school streams) and Soham Grammar School in the rural area of the Local Education Authority. Of the Primary Schools, 55 were County Schools and 59 Voluntary Schools.

In January, 1957, the number of children on the registers of the Primary and Secondary Modern Schools was 11,503. There were also 359 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., *Principal School Medical Officer and Medical Officer of Health.*
P. A. Tyser, M.D., B.S., D.P.H., *Deputy do.* (*Part-time*).
Eileen M. Brereton, M.A., M.B., Ch. B., *School Medical Officer.*
Anna R. Wade, M.A., M.B., Ch.B., *Ophthalmic Surgeon.*
W. B. Grandison, F.D.S., L.D.S., *Principal Dental Officer* (*Part-time*).
Rosa B. Schmeltzer, D.M.D. (Berlin), L.D.S., *School Dental Surgeon.*
J. R. Toller, M.Sc.D., Northwestern U., U.S.A., L.D.S., *do.*
Olive Foulds, L.D.S., *do.* (*Part-time*) (*until January 17th*).
Sonia Sheldon, L.D.S., *do.* (*Part-time*) (*from April 27th*).
Sarah Mee, S.R.N., S.C.M., *Superintendent of Nurses and Health Visitors.*
M. Bowyer, *Enquiry Officer under the Mental Deficiency Acts.*
H. J. Sadler, *Chief Clerk.*

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., *Principal School Medical Officer and Medical Officer of Health.*
Hildegard P. Broda, M.D. (Vienna), *School Medical Officer.*
Dorothy Davey, M.B., Ch.B., *do.* (*Part-time*).
Isobel Nicholls, M.B., Ch.B., D.P.H., *do.* (*Part-time*).
W. B. Grandison, F.D.S., L.D.S., *Principal Dental Officer* (*Part-time*).
Marjorie E. C. Page, L.D.S., *School Dental Surgeon.*
E. Burn, L.D.S., *School Dental Surgeon.*
R. Alsop, L.D.S., *School Dental Surgeon* (*Part-time*).
Jessie M. Pountain, L.D.S., *School Dental Surgeon* (*Part-time*).
Wendy M. Jones, L.D.S., *School Dental Surgeon* (*Part-time*).

SONIA SHELDON, L.D.S., *School Dental Surgeon (from April 24th).*
G. F. WRIGHT, M.A., M.B., B.CHIR., D.O.M.S., *Ophthalmic Surgeon.*

Speech Therapy Staff for whole area:

HEATHER G. HRAMTSOV (nee Melvill), L.C.S.T., *Speech Therapist.*
OLIVE ABOTOMEY, L.C.S.T., *Speech Therapist.*
MAVIS POYSER, L.C.S.T., *Speech Therapist.*

Hygenic Condition of Premises

It is pleasing to be able to record that the work of improvements in the hygienic condition of schools noted as having commenced in 1955 was continued in 1956. It is an unfortunate fact that the conversion of conservancy systems of sewage disposal to water carriage systems has not been possible in many instances but elsan closets have been substituted for pail closets at Arrington, Bourn, Dry Drayton, East Hatley, Heydon, Little Eversden, Toft and Whaddon and while this does not go as far as might be desired, it does represent a great improvement. At Quy the pail closets were converted to water closets. The work of converting the pail closets to water closets at Soham Infants' School was begun and additional water closets were provided at Gamlingay. At Cheveley a complete rebuilding of the sanitary block was undertaken.

The extra class rooms which were noted in the 1955 Report as having been begun at Melbourn, Stapleford and Willingham were completed in 1956 and at Harston two new class rooms with a sanitary annexe were provided.

The building of a new school at Bourn was begun as were the second instalment of the new school at Girton, three additional class rooms and modern sanitary accommodation at Isleham, the second instalment of the building programme at Soham Infants' School following the completion of a class room extension and two new class rooms and new sanitary accommodation at Sawston Junior School where a new heating apparatus was also put into operation.

This list together with minor improvements at other schools constitutes steady progress and it may be hoped that in the foreseeable future the state of all the schools will have been brought to such a level as will satisfy modern requirements.

Medical Inspection

There is no change to report in the arrangements for medical inspection during the year, Dr. Brereton continuing to work full time and Dr. Tyser part time as detailed in previous reports.

The following figures show the number of inspections carried out in 1956:—

Routine inspections	4,975
Special inspections (including interviews of leavers) ..	355
Re-inspections	4,567

The number of routine inspections in the previous year was 4,668 and the number of re-inspections 4,204. The number of special inspections was 337.

It will be noted from the above figures that there has been an increase in the number of children seen in all three groups. As far as routine examinations are concerned, the considerable increase in the number of entrants examined is accounted for by the fact that children newly admitted to school were examined at the routine inspection or re-inspection following admission instead of waiting until the following year if the routine inspection immediately following entry had been missed. Apart from any actual increase in the number of entrants which may take place, this should involve a corresponding decrease in the year 1957.

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

Nutrition.—Of the 4,975 examined, 4,943 or 99.36 per cent were considered to be of satisfactory nutrition, as against 99.83 per cent considered to be of good or fair nutrition in the previous year. Poor nutrition was found in 32 children, or 0.64 per cent, as against 0.17 per cent in the previous year. This rise is mainly accounted for by a considerable increase in the number of cases of unsatisfactory nutrition in the Entrants group. If this turns out to be a permanent feature of the figures relating to nutrition it will be a matter for some disquiet. How far it is possible that the rise in all groups is connected with the fact that children have now to be placed in one of two groups, whereas formerly they were divided into three groups, is problematical and it remains to be seen whether the trend continues in subsequent years.

Visual Defect.—The total number of cases of visual defect, including squint, found at routine and special inspections was 933 as against 870 in the previous year, of which 276 required treatment as against 275 in the previous year, and 657 required observation only as against 595 in the previous year.

Nose and Throat Defects.—Three hundred and three cases of nose and throat defects were discovered as against 300 in the previous year, but the number of cases requiring treatment was found to have decreased from 53 to 42.

Orthopaedic and Postural Defects.—The total number of orthopaedic and postural defects discovered was 351 as against 339 in the

previous year. The number of instances of foot deformity was 83 comprising mainly those which would have been included under the heading " flat foot " in the previous year. The figure then recorded was 69.

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

1.	*Visits to Schools:—*	
	(a) Assistance with medical inspections	399
	(b) Special—Verminous..	469
	(c) Other Purposes	554
2.	*Visits to homes of scholars:—*	
	(a) Follow up to secure treatment ..	3,132
	(b) Special enquiries into infectious or contagious disease	502
	(c) Other purposes	566

Arrangements for Treatment

School Clinics.—The clinic arrangements detailed in the 1955 Report continued to operate during 1956 there being a fixed dental clinic in the Shire Hall Grounds and two travelling dental clinics which were set up as required at individual schools.

Malnutrition.—Cod liver oil and malt was authorised for 34 children and in 55 cases supply was discontinued or the children had left school resulting in a total of 157 children in receipt of this facility at the end of the year. This compares with 178 children in receipt of cod liver oil and malt at the end of 1955.

As in the previous year, no children were sent to open air schools on account of malnutrition.

Uncleanliness.—School Nurses made 469 visits to schools for the detection of verminous children as against 483 in the previous year, or an average of 3.94 per school. The total number of children examined was 39,518 and the number of individual children found unclean was 41. In addition 4,975 children were examined by the School Medical Officers of whom 7 were found to be unclean, making the total for the year 48. The total number found unclean in the previous year was 67. The fall in this figure which has been mentioned as continuing in previous years has therefore been somewhat accelerated during 1956 and it may be hoped that the day when it will wipe out this unpleasant condition entirely is not far distant.

There was a slight fall in the number of children examined by school nurses (39,605 in 1955; 39,518 in 1956). It should be noted, however, that visits to Sawston Village College for this purpose were discontinued during 1956, and in fact only two visits were paid early

in the year. This represents a loss of over 900 in the total number examined and the figure at the remaining schools is somewhat higher than that of last year.

The reason for the omission of visits to Sawston Village College is that the School Welfare Sub-Committee resolved that at Secondary Modern Schools at which there had been three years' complete freedom from verminous conditions no routine verminous inspections should be carried out.

Visual Defects.—The number of cases known to have had refraction carried out during the year was 758, as against 712 in 1955, of which 566 were examined by Dr. Wade and 192 in other places (mainly hospitals). Dr. Wade prescribed glasses for 327, and of the 192 otherwise examined, 96 were found to require them, a total of 423 (357 in 1955).

Minor Ailments.—There was an unexplained increase in the incidence of scabies during 1956, the number of cases being 27 as against 2 in the previous year. All were treated through arrangements other than those provided by the Authority.

The number of cases of impetigo was virtually the same in the two years (42 in 1956 and 40 in 1955).

There were 13 cases of body ringworm (13 in 1955) and one case of ringworm of the scalp which fortunately gave rise to no spread. As a matter of fact enquiry from the Consultant Physician treating the case showed that it was not the troublesome type of scalp ringworm which gave rise to so much difficulty in schools in times past.

Ear, Nose and Throat Defects.—One hundred and ninety eight cases of adenoids and chronic tonsillitis were known to have received operative treatment during the year, 104 more than the figure for the previous year in which there had been a considerable fall.

Two of these cases had been referred through the School Medical Department as against 4 in the previous year. Of the two cases, one was on the waiting list at the end of 1955. The total number of cases referred during 1956 was 5, 4 less than the figure for the previous year. Two required no treatment, one received operative treatment and two received other forms of treatment.

Seven cases received operative treatment for other nose and throat conditions, and one for disease of the ear. One hundred and fifteen cases of ear, nose and throat conditions received non-operative treatment, nine being dealt with under the Department's own arrangements.

Dental Treatment.—Dental treatment at the schools in the rural area was carried out by two full time School Dental Surgeons, one of whom was on sick leave for the greater part of the fourth quarter and was still absent from duty at the end of the year.

The part-time Dental Surgeon, Mrs. O. Foulds, left on January 17th, and was replaced by Mrs. S. Sheldon, who commenced working for the Education Committee on April 27th for the same number of sessions (three per week).

In 1956, 9,404 children were inspected as against 9,066 in 1955. Of these 7,432 were found to require treatment, or 79.03 per cent as against 82.61 per cent in the previous year.

Of the 7,432 requiring treatment, 2,451 received it or 32.98 per cent as against 37.67 per cent in 1955. The considerable fall in the percentage treated which was noticed in 1955 was considered to be due to the fact that treatment was offered to a smaller proportion of those requiring treatment than in 1954. As shown above there has been a further fall in the percentage treated, but this would not appear to be for the same reason as that of last year. Treatment was offered in 1956 to approximately the same percentage of those requiring treatment as in 1955 (73.05 per cent in 1956, 74.72 per cent in 1955). There was however a fall in the acceptance rate. Of those offered treatment, 45.14 per cent were treated as against 52.19 per cent in 1955. The number treated was 470 less than in the previous year.

There were 1,684 extractions done by the staff of the rural area as against 1,925 in the previous year of which 355 were of permanent teeth (378 in 1955) and 1,329 of temporary teeth.

The following is a note made by Mr. Toller:—

" At inspections of those requiring treatment 342 were found to be well cared for by N.H.S. or private practitioners. These were not referred for treatment; of those found dentally fit 531 were found to have been made dentally fit by N.H.S. or private practitioners.

Thus 873 children are well cared for dentally by agencies other than the school dental service.

If this number 873 is added to the number made fit by me—1,355 —we have the number that really care about dentistry and keep dentally healthy—2,228.

Inspected	5,538	
Fit	2,228	40 per cent (approx.)"

Orthopaedic Treatment.—Five cases were referred to Addenbrooke's Hospital and Newmarket General Hospital during the year, of which 4 were found to require treatment. Returns from the hospitals show, however, that a total of 40 children of the area received orthopaedic treatment at outpatient clinics.

Other Forms of Special Educational Treatment or Institutional Treatment.—The three maladjusted children mentioned as being at residential schools at the end of 1955 remained there at the end of 1956. One new child was admitted to a special school for maladjusted boys in 1956 making the total number at the end of the year 4.

The two children in hostels for maladjusted children at the end of 1955 left during 1956.

The girl mentioned as being in a special school for asthmatic children at the end of 1955 remained there at the end of 1956.

Tuberculosis.—Three new cases, all non-pulmonary, were admitted to institutions during the year making with the one pulmonary case remaining at the end of 1955 a total of four cases in institutions at some time during the year. The pulmonary case and two of the non-pulmonary cases were discharged, leaving on January 1st, 1957, one non-pulmonary case still in an institution.

Other Defects Treated.—75 cases were referred to Addenbrooke's hospital or Newmarket General Hospital, 5 for ear, nose and throat defects, 5 for orthopaedic defects, 54 for visual defects, including squint, 3 for skin defects, 5 for enuresis, 1 for fits and 2 for suspected organic nervous disease.

Neglect.—8 families were referred to the N.S.P.C.C., of which 3 were on account of general neglect, 2 for failure to obtain dental treatment, 1 for failure to consult own doctor re enlarged tonsils and 2 for failure to have spectacles repaired.

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	10
Diphtheria	Nil
Measles	28
German measles	12
Chickenpox	35
Whooping cough	17
Mumps	19

Provision of Milk and Meals

The arrangements for the supply of milk in schools have continued as before and the following are the figures as to types:—

Tuberculin Tested	1
Pasteurised	109
Tuberculin Tested Pasteurised	12
Accredited	Nil
Ordinary	Nil

On 26th September, 1956, there were 9,201 children receiving milk or 80.63 per cent of the total in attendance. Of those in attendance

at the Nursery School 100 per cent received it, at Primary Schools 88.57 per cent and at Secondary Schools 57.22 per cent.

Cooked mid-day meals were available at all schools and a total of 7,120 children or 62.39 per cent received them. At the Nursery School 83.33 per cent took the meals, at Primary Schools 54.10 per cent and at Secondary Schools 86.38 per cent.

The number of children receiving free meals on a scale of means approved by the Education Committee was 370.

Blind, Deaf, Defective and Epileptic Children

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

Remaining	*Educationally Retarded*	*Partially Sighted*	*Blind*	*Deaf*	*Epileptic*	*Physically Defective*
Dec. 31st, 1955	42	7	2	10	3	4
Admitted in 1956	5	2†	—	—	—	1
Discharged in 1956	6†	1	—	1	2	—
Remaining Dec. 31st, 1956	38*	8*	2	9	1	6*

*Variations in total figures are accounted for by transfers from other Authorities and to other Authorities as follows:—

Educationally retarded.	Three transferred to other areas.
Partially sighted.	One transferred to another area and one transferred from another area.
Physically defective.	One transferred from another area.

†One child was discharged from a school for educationally subnormal children and admitted to a school for partially sighted children.

Educational Retardation.—Twenty nine cases of educational retardation were brought to the notice of the Education Committee during the year. Four of these were later reported to the Mental Health Sub-Committee of the Health Committee as ineducable and were placed under Statutory Supervision. Another child who was also reported to the School Welfare Sub-Committee as ineducable died before the report was made to the Mental Health Sub-Committee. Of the remainder, 4 were approved for admission to residential schools and two were approved to attend as day pupils. Of the latter, one was admitted to the City of Cambridge Day Special School and one to Orton Hall. Of the four children approved for admission to residential schools, one was admitted to the Greenwood School, Halstead.

Of the five on the waiting list at the end of 1955, four were admitted to Littleton House Special School and the other child's name was removed from the waiting list owing to parental opposition to his admission. There were therefore 3 names on the waiting list at the end of the year. Although this does not represent a large waiting list,

it is a fact that vacancies for boys are exceedingly difficult to obtain and application to numerous special schools in the country as a whole have been unsuccessful. The fact that the list is so short is connected with the amount of parental opposition to the sending of children to boarding special schools and were this to be overcome at any time the pressure on vacancies would be very considerable.

In addition to the 29 cases mentioned above, 14 cases which had originally been reported to the School Welfare Sub-Committee in earlier years were considered again by the Sub-Committee and reported to the Mental Health Sub-Committee as being in need of supervision after leaving school.

Child Guidance

There was no change in the arrangements detailed in the Report on the year 1955. The Child Guidance Clinic continued to be managed by the Regional Hospital Board and the Educational Psychologist endeavoured to keep in close touch with the Clinic and in particular with cases referred there by Officers of the Authority.

There were 8 such references during 1956, 6 of the cases being constituted by behaviour disorders, using the term in a fairly broad sense, and the other two being instances of the refusal of children to attend school.

In actual fact, however, it is known that 89 children from the rural part of the County received treatment either at the Child Psychiatric Clinic at Chesterton Hall or at Addenbrooke's Hospital. Of these, 41 were newly referred during 1956 and 48 remained under observation from the previous year.

The long waiting period for treatment continued during 1956 but at the end of that year a second Child Psychiatrist was appointed to begin duties early in 1957 and it is hoped that this will bring the waiting list to a more manageable level.

Many cases of minor disturbance in children have continued to be investigated by the Educational Psychologist but he also is becoming very pressed by the number of cases referred to him.

The arrangements for Speech Therapy continued unchanged, three Speech Therapists serving the needs of the City of Cambridge and of the rural area.

The number of cases referred in 1956 was 412, 11 less than in the previous year. This represents a fall of 7 cases in the City of Cambridge and of 4 in the rural area. 432 children received treatment as against 424 in the previous year and 127 were discharged. At the end of the year there were 305 cases under treatment, 167 awaiting treatment and 7 cases awaiting examination.

Dyslalia was again the most common defect requiring treatment. The number of cases of stammer was slightly higher in the City than in the County, and the total number fell slightly.

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:

	Male	*Female*	
Number of routine inspections	43	80	
Principal Defects Discovered	*Male*	*Female*	*Total*
Subnormal nutrition ..	—	—	—
Defective vision:			
For Observation ..	10	16	26
For treatment	1	3	4
Nose and Throat defects:			
For observation	—	1	1
For treatment	—	—	—
Hearing	1	1	2
Orthopaedic	4	16	20
Circulatory	—	—	—
Skin	2	1	3
Other conditions	1	2	3

All pupils examined were found to be of satisfactory nutrition.

The fall in numbers examined can be attributed to the fact that in 1956 only entrants to the College in that year were seen compulsorily. Other pupils were given the opportunity of attending voluntarily. There were no volunteers and therefore the above figures relate to new entrants only.

Survey of Progress

As it is now fifty years since the passing of the Education Act which brought about the institution of the School Medical Service, it has been thought fitting to include a survey of the progress which has been made since its beginning. Dr. Tyser has very kindly perused all the Annual Reports which have been written and has abstracted from them appropriate information which he has collated in the account which follows. As it proceeds from year to year it may be felt that no spectacular fact emerges but if it is perused carefully, it will be seen that from the beginning the record is one of steady and almost uninterrupted progress.

The School Health Service—Cambridgeshire 1909—1957

At the turn of the century the country had been shocked at the physical state of young men joining the fighting forces and Parliament eventually decided something should be done about it.

The School Medical Service, as it was originally called, was created by the Education (Administrative Provisions) Act which received Roya

Assent in 1907: 1957 marks therefore the Jubilee of this valuable and important Service.

In the county of Cambridgeshire the appointments of county medical officer of health and school medical officer were considered together by the Council during the year 1908 which resulted in Dr. Frank Robinson taking up his duties in both capacities on January 1st, 1909. He made his first report as School Medical Officer to the Education Committee about the activities of the service at the end of that year. Dr. Robinson was assisted in this work by Dr. Eva McCall. In his first report he noted that there were 130 parishes with 135 schools; 35 of which were provided and 100 non-provided. There were 14,719 children on the school registers with an average attendance of 13,992. Subsequent changes in the boundary of the then Borough of Cambridge in relation to the county districts have affected these figures from time to time and comparisons with later figures should take this into account. In Circular 596 of the Board of Education there was detailed the information which the Board specifically required comment upon by School Medical Officers—

(a) The hygienic conditions prevalent in the schools.
(b) The arrangements made for the co-relation of the School Medical Service with the Public Health Service. The organisation and supervision of medical inspection and methods of inspection.
(c) The extent and scope of inspection.
(d) The facts disclosed by medical inspection.
(e) The relation of home circumstances and social and industrial conditions to the health and physical condition of the children.
(f) Methods for treatment of defects.
(g) Detection and prevention of the spread of infectious disease.
(h) Methods for dealing with blind, deaf, mentally or physically defective and epileptic children.
(i) Instruction in personal hygiene and temperance, physical or breathing exercises and arrangements for Open-Air schools.
(j) Miscellaneous work.

These headings give a very good idea of the scope intended for the service then and remain as a blue print for its purposes today. In this first report Dr. Robinson dealt with the matters as they stood in Cambridgeshire under the headings referred to. He reported that a sanitary survey of the schools was contemplated under the headings of heat, light, ventilation, cloakrooms, lavatory accommodation, washing facilities, and the general cleanliness of school premises. He pointed out that co-relation between the School Medical Service and the Public Health Service had been achieved by his holding the appointment both of County Medical Officer of Health and School Medical Officer. He also discussed the question of co-operation with the medical officers of health of the sanitary districts, particularly with regard to the control of infectious disease. In this, the first year of routine examination of school children it was decided that the age groups, 5, 7 and 13 should be examined. Of the children examined

35 per cent had their parents in attendance; from the start every endeavour was made to make them welcome and as knowledge of the service grew they requested special examination of their children which may be taken as an indication of their appreciation of the service. However, the parents of one out of three of the children scheduled for inspection refused to permit the examination. The School Medical Officer carrying out the examination was greatly assisted by the head teacher, no nurses at that time having been appointed to assist. In the first year of routine medical inspections 38 per cent of the children inspected required medical attention. Of the 3,589 children who were routinely inspected 21 per cent were of poor nutrition, 14 per cent were verminous, and 1 per cent had body lice. Dental decay was found in 67 per cent and 33.5 per cent had enlarged glands of neck. Some 6 per cent had disease of the circulatory system and 24 per cent had enlarged tonsils. Nearly 2 per cent had rickets, a disease brought about by malnutrition.

The Board of Education, also in Circular 596, indicated various lines along which remedial measures were to be taken including the improvement of the school arrangements, exercise of powers under special Acts relating to school children, co-operation with the sanitary authorities, advice or direction to the parent, use of school nurses, the provision of spectacles, contributions to hospitals, dispensaries, nursing and children care associations and the establishment of school clinics. The Education Committee decided to take no action in this matter until they had more facts before them.

In the following year it was decided to include the ten-year age group for inspection and also to institute a scheme of re-inspection of those previously found with a defect. In order to follow up children found with a defect needing treatment the assistance of the School Managers was enlisted. It was noted that Addenbrooke's Hospital, Cambridge, had found an increase in the number of children attending for treatment following the introduction of routine medical inspection and the Education Committee decided to make a contribution of 50 guineas a year to that hospital. They also agreed to make payment of the whole or part of the cost of spectacles provided for school children. Dr. Robinson discussed the problem of providing suitable education for the feeble minded (a group which today would include both the educationally sub-normal and the higher grade mental defectives) in the schools in the rural areas. In order to help in the control of infectious disease in the schools the Education Committee agreed to incur expenditure for the examination of swabs by Dr. Graham Smith of the University Laboratories.

In 1911 in order to improve the cleanliness of school premises a trial of the use of a dust allaying application on school floors was agreed. This year also the Education Committee gave consideration to the employment of school nurses, particularly to assist in the following up of the children at home to see that they obtained the treatment recommended. It was intended that this should be done through the

District Nursing Associations though it was realised that these did not cover the whole of the rural area. In the Stapleford/Shelford area a voluntary dental clinic was started with good success by Mr. Gant.

From the sanitary surveys of schools it was noted in the 1912 Report that only thirteen schools had a supply of water from piped public supplies. 57 schools had no supply on the school or schoolhouse premises. During this year the use of the dustless oil preparation for the school floors was extended to all schools. It was noted that of the children examined 80 per cent had evidence of dental decay.

In the following year a scheme was evolved for the examination and treatment of eye defects by eye specialists in Cambridge and also at clinics to be opened at Soham and in the Royston area. With regard to school hygiene Dr. Robinson was urging the introduction of pail closets throughout for the schools. He also discussed the problem of the disposal of waste water. Describing the cleanliness of schools the assistance provided by an asphalt playground was stressed. During this year Dr. Eva McCall retired from the service and was replaced by Dr. Jessie Gellatly who was appointed both to do school medical and eye work. Dr. Robinson remarked upon the great help obtained from the teachers in the conduct of routine medical inspections and detailed the duties assigned to them:—

1. To start a medical record card for each child on admission and to take charge of all record cards.
2. To inform the School Medical Officer of the numbers of children awaiting routine inspection and to notify parents of the date of inspection.
3. To obtain information as to the previous medical history of the children and to enter it on their record cards prior to inspection.
4. To weigh and measure the height of children and enter on their record card.
5. To notify refusals of inspections to the School Correspondent.
6. To make preliminary arrangements for and assist generally during inspections.
7. To draw the attention of the Medical Inspector to the children regarded as physically or mentally defective.
8. To distribute remedial notices to parents.
9. To notify cases of infectious diseases occurring amongst scholars.
10. To exclude infected children and contacts in accordance with the regulations.

The School Nursing Service also began to take shape during this year. Where District Nursing Associations were in existence and were willing their District Nurses assisted in following up children and were also welcomed at the inspection. Dr. Robinson recommended the extension of the scope of the School Nursing Service and suggested the possibility of specially appointed Health Visitors undertaking the work. The composition, in ages, of the entrant group (5-year old),

at this time is not without interest:—

5-year old age group—aged	3	202	children
,,	4	369	,,
,,	5	457	,,
,,	6	467	,,

This year the Education Committee decided to appoint a School Dental Officer, Mr. Evered.

In the 1914 report mention was made of the part the County Council's Tuberculosis Officer would play in the care of the school child. It was noted, however, that the Tuberculosis Officer had to go to the war and that Dr. Varrier Jones was to act in his stead. Dr. Varrier Jones as he was then will be remembered as the founder of the Papworth Village Settlement. During the year the School Nursing Service continued to expand. The problem of providing houses for the head teachers was discussed. It is noted that 10 per cent of the children examined were found to have flea bitten bodies and 14 per cent had unclean heads. When this figure was broken down into sexes it was found that the girls' heads were found unclean three to four times more commonly than the boys'. In about 20 per cent of the children examined nutrition was below normal and only 20 per cent of the children had all their teeth sound. Evidence of rickets was still detected in 2 per cent of the children. The Education (Provision of Meals) Act 1914 was mentioned, but the Education Committee did not contemplate any plans. It was noted, however, that at Bassingbourn school meals were provided under a scheme initiated and assisted by Lord Knutsford. At some of the other schools a meal was provided on that day in the week when cookery instruction was given. At other schools arrangements were made for the supply of hot cocoa to accompany the meal which the children brought with them. Dr. Robinson noted in retrospect that in " the face of difficulties peculiar to a scattered rural area the Committee have, during six years, gradually developed a scheme for the remedy of physical defects amongst school children. In no year has greater progress been made than in 1914 when a scheme of dental treatment was inaugurated, that of school nursing greatly extended, and the initial stages of a scheme for dealing with mental defect entered upon. Such schemes are, of course, a profitable investment from an educational point of view as they place the children in a position to derive the fullest benefit from the instruction given, but at this present crisis, (i.e. the first world war), one would lay stress on the service that can be rendered to the nation by far-sighted education authorities who, by well considered schemes for the improvement of the child physique can, while attaining their own immediate ends, do much to repair in the early future the waste of life due to the war ".

Dr. Gellatly was called up in 1916 which left Dr. Robinson and the School Nurse to do the best they could. At Shepreth School voluntary school dinners were started. Further details were given about the Bassingbourn scheme where it was noted that the Head Teacher

partook of and supervised the meals, as did the staff by rotation. Much of the success of this scheme was due to the enthusiasm of the Head Teacher and his wife. The fact that children disliked cooked cheese was remarked upon and it is interesting to note that the same is true of children today. Dr. Robinson found a notable decrease in the incidence of dental caries and wondered to what extent it was due to the reduction of sweets and sugar in the diet brought about by the war and rationing.

1918 saw the setting up under new legislation of the Maternal and Child Welfare Committee to organise maternal and child welfare work. In noting this Dr. Robinson hoped that it would help to improve the health of the pre-school child. In the routine medical examination of children it was found that the proportion of acceptances to refusals was in the order of three to two. The efforts of the school nurses in trying to persuade parents to permit conservative dentistry were discussed. Some forty years later be it noted they still spend much time on the same quest. Mr. Evered, the School Dentist, continued his work using a small tradesman's van to transport his equipment. In the post-war influenza pandemic, which took its toll in Cambridgeshire as elsewhere, 34 children under the age of 14 died.

At this time the provision of treatment for the children was summarised as follows:—

1. Contribution to hospital for treatment of diseases of nose and throat, x-ray treatment of ringworm, for other general medical and surgical work.
2. Travelling dental clinic.
3. Clinics for defective vision, provision of spectacles.
4. Assistance with travelling expenses for treatment.
5. Sanatorium treatment for tuberculosis by the Public Health Committee.

Dr. Gellatly was not back from Military Service by 1919 and the resumption of routine medical inspection was further deferred until 1920. A scheme for intelligence testing of children who were two years or more backward in class was described and mention made of Littleton House School (a residential school for backward children under the management of the Darwin Trustees) having moved to larger premises at Girton. The difficulty of finding places for backward girls, there being no school for them in the county, was discussed. In all the reports it is interesting to note the amount of time the medical staff expended in visiting schools on account of epidemics of scarlet fever, diphtheria, measles, etc. During the war years reports on school sanitation were in abeyance. It was noted in this year that the Papworth Everard School was to be reconstructed on open air lines on account of the setting up of the Cambridgeshire Tuberculosis Colony there. In this report Dr. Robinson laid some stress on giving the children instruction in personal hygiene at school. At the end of the war and after the resumption of the full School Medical Service programme the following facts were noted in the reports for 1920,

1921, and 1922. It was found that the uncleanliness of heads in children examined had fallen from about 14 per cent in 1914 to 7 per cent. In 1914 some 80 per cent of the children examined were found to have dental decay; in 1922 the figure was 60 per cent. Similarly the percentage of malnutrition was about halved, i.e. 19.4 per cent in 1914 to 10.6 per cent in 1922. The age groups of the children being examined were ' Entrants ' (about 5 years old), an Intermediate 8-year old age group and ' Leavers ' aged 12 or upwards. Examinations of children specially presented were also carried out, together with re-examination of children previously regarded as requiring treatment or further observation. Schools were visited twice a year. Interesting comment was made upon the treatment of children with defects of their nose and throat and the use of breathing exercises was recommended in which teachers were asked to help. It was suggested that in infant schools five minutes each morning and afternoon should be devoted to breathing exercises and handkerchief drill. It was believed that if this were followed assiduously great benefit would be derived by the children. The Education Committee authorised expenditure on the issue of cod liver oil and malt on a limited scale to necessitous children. It was reported that great help and co-operation was given by the teachers. A typical case where cod liver oil and malt was prescribed is as follows:—' Girl aged 5. Father a smallholder and jobbing gardener, average earnings less than 25/- a week—four dependent children. At age 3 years and 8 months when first seen this child only weighed 26 lbs., the average weight of a child of two years. She was put on malt and oil in October 1922, being then very little more, and her total increase for the year has been 6 lbs., the average annual increase for her age being 3 lbs. General health very much improved'.

There was also included a report on children sent to Open Air Schools and the benefit they derived from such treatment.

At secondary schools only a limited medical service was given and the question was raised as to whether there should be an extension.

On the subject of ' Preventive Dentistry ' the 1924 report states " the deeply rooted idea that the object of dentistry is not the preservation of teeth but their extraction is very difficult to eradicate and indeed a preference for extraction against filling is not infrequently expressed in the form of a direction from the parents to the dentist ". This same attitude is still only too frequently encountered today. The Board of Education issued a new pamphlet on physical training in which the importance of breathing exercises was stressed. Dr. Robinson considered also that physical training was important in counteracting the bad housing conditions experienced by many of the children. In dealing with the problem of the backward children the Education Committee were considering the arrangement of special classes for such children, particularly at Soham and elsewhere. At Burwell School the Education Committee started daily school meals. Commenting on the hygienic conditions of school premises Dr. Robinson had the following remarks to make. " Latterly public opinion

throughout the country generally has been increasingly directed to the unsatisfactory hygienic conditions of school premises and with just cause as the general standard falls far short of what may reasonably be required. As young growing children are aggregated closely together under indoor conditions in schools for a great part of the day the sanitary condition of their surroundings must have a very direct influence for good or ill upon their development, both physical and mental, and it is clearly right that every effort should be made to secure for them the best conditions practicable. I would strongly advocate the principle that the hygienic conditions should be an object lesson for the children as to what should exist in their own homes both present and future."

In the years 1926-1928 no great change in the programme and facilities available took place. Mid-day meals were started at Soham Boys' School, with the Headmaster's wife undertaking the cooking; at Castle Camps, again with the Headmaster's wife undertaking the cooking; and at Isleham. The Education Committee was reported as following a policy of group schools which would mean children coming some distance from their homes and not being able to go back at lunchtime; thus the necessity for a policy for mid-day meals in these schools had to be seriously considered. The importance of physical training in the school programme was stressed and a plea entered for more assistance for the teachers in this subject. In discussing the crippling defects suffered by children Dr. Robinson reported that although there was no special orthopaedic scheme in the county such as existed in some areas, the facilities at Addenbrooke's Hospital were made use of and financial assistance provided to parents to take children to London for the provision of appliances.

By 1929 the School Medical Service had been in existence in the county for 20 years. There were 130 public elementary schools under the control of the Cambridgeshire Education Committee of which 49 were classed as ' provided ' and 81 ' non-provided '. There were 132 separate departments with 9,578 children on the roll, having an average attendance of 8,838. Ten years had passed since the setting up of the Maternal and Child Welfare Committee with its services for the children under five. As previously reported co-ordination of the local authority services was achieved by the County Medical Officer of Health being also the School Medical Officer and the fact that arrangements for the interchange of information existed between the County Authority and the District Councils and their Medical Officers of Health. At this time about 3,500 children a year were seen for routine medical inspection, a further 300 were brought forward for special examination, and some 6,000 re-inspected. It was noted that medical inspection was rarely refused by parents. At the turn of this decade the uncleanliness rate was about 4 per cent as opposed to 14 per cent in 1914. In 1931 it was down to about 2½ per cent. With regard to malnutrition some 10 per cent of the children examined were so classified as against 20 per cent in 1914. It was noted that the figure immediately after the

war, when broken down for different areas in the county, varied quite considerably. These variations it was thought were connected with the varying degrees of prosperity in the county stemming from the war. A general improvement was noted with regard to the incidence of tuberculosis amongst the school children, both of pulmonary and non-pulmonary type. It is unfortunately not easy to draw comparisons from one decade to another as there are so many variables which make exact comparison difficult. In referring to skin diseases it was reported that ringworm of the scalp had now almost vanished whereas formerly it caused much loss of school attendance. Scabies was not often encountered. On the other hand impetigo was giving rise to a lot of trouble, there being 300 cases reported in 1930 and 400 in the previous year. During 1930 the school nurses paid 11,500 visits in connection with the following up of defects in school children found in routine medical inspection. Generally speaking the same arrangements for the treatment of school children continued and reference was made in this, as in other reports, to the great assistance enjoyed from the voluntary societies such as the N.S.P.C.C., Invalid Children's Aid Association, Cambridge Mental Welfare Association, etc. Reference was made to the report of the departmental committee on mental deficiency, particularly as it might affect the county. Consideration of the appointment of a Physical Training Organiser was mentioned. There was also a note that the building of Sawston Village College had begun.

In 1930 the Education Committee agreed to assist in an Orthopaedic Scheme put up to them by the British Red Cross Society, to whom a grant of £100 a year was to be made, together with assistance in travelling expenses. The central feature was the provision of a trained and experienced Orthopaedic sister to attend Addenbrooke's Orthopaedic Clinic and also an experimental clinic at Newmarket. Discussing crippling defects it was noted that rickets was very rarely encountered. A further extension to the school nurses' work was that of assisting the school dentist when treatment was being carried out. Following the publication of the Wood Report Dr. Robinson envisaged the possibility of what we would now call educationally sub-normal children being taught in special classes in the group schools. With the growth of scientific knowledge in the field of nutrition together with the appreciation of the value of milk as a food, there had started in some schools in other areas Milk Clubs where milk was provided in third-of-a-pint bottles on a basis of repayment by the children. Dr. Robinson discussed this in the hope that some similar schemes might be started in the county. Comment was also made about the future programme of central schools and the importance of the teaching of hygiene in schools. Finally, reference was made to the opening by H.R.H. the Prince of Wales of Sawston Village College, the first college of its kind to be erected in the country.

During 1931 a Dental Exhibition was shown in twelve of the larger schools in the hopes of encouraging a more enlightened attitude

towards dental care. The Education Committee was reported as being prepared to look benevolently upon the setting up of any Milk Clubs at schools in the county provided they could be satisfied about the safety of the supply. Once again the teaching of hygiene in schools was referred to, it being pointed out that the Board of Education's Handbook of Suggestions on Health Education and the Syllabus on the Hygiene of Food and Drink had been issued to all teachers. It was hoped that opportunity would be made for periods of health education for the children in order to afford guidance in the art of living. At the 64th Annual Health Congress of the Royal Society of Health this year (1957) this very suggestion of Dr. Robinson's was put forward on two occasions as being a principle of vital importance in the health of the adolescent.

Mention was made in the 1932 report of the depression which had followed the economic crisis and this was blamed for the fact that no Physical Training Organiser had yet been appointed. The percentage of children suffering from malnutrition at routine medical inspection was 7.5 which compared favourably with 9.6 in 1931 and with 11.4 per cent as a five-year average for 1923/27, to say nothing of 23.1 per cent recorded in 1910, the first complete year of medical inspection. Immediately after the war the figure was 9.3 per cent which may have shown, apart from other factors, the influence of rationing in the war years. Fordham school had now begun a mid-day meal. Further discussion had taken place over the appointment of a Physical Training Organiser and it had been decided that the Borough of Cambridge, the Isle of Ely, and the County of Cambridge should together appoint two Organisers, a man and a woman. Further activity took place in the field of health education with addresses being given by the School Medical Officers to teachers, nurses and Women's Institutes on the subject of ill nourished children.

In 1934 mention was made of building the Papworth school on open air lines in view of its location at the Village Settlement. The installation of electric light in schools was referred to. Dr. Robinson thought that the instruction the children received through the school gardens would be of importance in arousing their interest in this work so that ultimately cottage gardens would be better used in providing fresh vegetables etc. Plans for the building of Bottisham Village College were referred to—the classrooms were to be of the open air type, and shower baths would be installed together with facilities for drying wet clothing, and cloakrooms. A generous donation from the Halley Stewart Trust would enable the building of a Welfare Centre with clinic facilities contiguous with the infant and junior department of the school. Under the terms of the Board of Education's Circular 1437, 1934, the Milk in Schools scheme was inaugurated. This year the Physical Training Organisers started their work.

In 1935 staff changes took place, Dr. Robinson retired on March 31st and was succeeded by Dr. R. French. On June 30th Dr. Gellatly died and Dr. Robinson kindly agreed to carry on with her work until

a successor was appointed. In the event Dr. T. H. Harrison took up his duties on February 1st, 1936. The question of the best time at which the milk in schools should be consumed was discussed, with the conclusion that probably mid-morning was the most satisfactory. Out of the 110 supplies made to schools only eight were pasteurised and one tuberculin tested. The Education Committee during the year agreed to the appointment of a second dentist and two dental attendants to assist them. Two lecturers were provided for a fortnight by the Dental Board of the United Kingdom to give lectures in elementary and secondary schools on dental hygiene; they also had with them suitable exhibits. The advantages and importance of diphtheria immunisation were referred to. More comprehensive arrangements for medical examination of children in secondary and technical schools were detailed.

Linton Village College was completed in 1937. This fact was reported together with the usual details of improvements in other schools. The grades of the milk supplied to schools were recorded as being 11 tuberculin tested, 11 pasteurised, 57 accredited and 37 ordinary. The arrival of the second dentist had enabled more careful surveys to be carried out, and of the children inspected during the year 67 per cent were found to require treatment. Only 63 per cent of these, however, accepted it. During the year another fortnight's dental hygiene campaign was organised. School meals were being served at Bassingbourn, Bottisham Village College, Burwell Senior School, Fordham, Isleham, Linton Village College, Sawston Village College, and Soham Senior Girls. Dr. French referred to the facilities for diphtheria immunisation in the county, mentioning that the Chesterton Rural District Council had a scheme for providing material for children under five years of age, but that no scheme existed in the other two rural districts, At the end of the year Dr. Harrison left the Council's service. In this, the 1938 report, there was included a report from the Physical Training Organisers, which is extremely useful and interesting. Unfortunately, it appears to have been dropped in 1939 and does not now form part of the Principal School Medical Officer's Report. In 1938 the uncleanliness rate was noted as 1.1 per cent.

In August 1939 war was declared and from then until 1945 difficulties were experienced in the maintenance of both medical and dental staff, many changes taking place and both medical and dental officers being taken on in temporary and part-time capacities in order to keep the services going. There were as well the added difficulties of a fluctuating population of evacuated children, together with the many other problems inherent in a country at war. In 1939 Impington Village College was completed. During the 1930's there was continued reference to the installation of public water supplies and electric light in the schools, together with improvement in the sanitary conveniences and repairs to the structure of the schools. In the middle thirties the method of recording the nutritional state of the children for the Board

of Education's returns was altered. This fact, plus many changes in the medical staff, together with the recognition of the occurrence of observer error (i.e. because there are no scientific criteria for nutritional standards it is likely that two medical officers may categorise the same child differently) was referred to as making year by year or decade by decade comparisons of the nutritional state difficult. An example of this is given in the 1939 report where interesting comment was made on the fact that a special nutritional survey carried out produced figures quite different from those obtained from the routine medical inspections although the same medical officers performed both. In 1939 it was thought that there was a decline in nutritional standards of school children, but in 1940 and 1941 there was no evidence of a continued downward trend; indeed the position seemed to have improved. I think it can be taken generally that apart from certain unexplained downward trends the general tendency was for a gradual improvement.

In 1940 there were 109 schools operating a milk scheme and milk was spoken of as being the greatest weapon against malnutrition.

1942 saw further expansion in the School Meals Service since use was able to be made of the emergency cooking centre at Over, which was set up under Civil Defence arrangements. 17 schools were able to be served from this Centre and 11 others had their own arrangements. 1942 was a memorable year in that a Child Guidance Clinic, together with Speech Therapy facilities was set up as a combined effort between the Isle of Ely, the Borough of Cambridge, and the County of Cambridgeshire. Shortly after it started, however, the Isle of Ely withdrew.

In 1944 there was a further extension in the availability of school meals and the Child Guidance Clinic was expanding in its work. There was also noted evidence showing a significant drop in the number of under-nourished children as compared with that of 1941.

The great Education Act of 1944, parts of which came into force on April 1st, 1945, is reported on in the 1945 Report. A re-classification of schools took place together with a re-allocation in connection with the Borough of Cambridge. Plans were made by the Education Committee for the provision of School Meals in all schools. It also became statutory for parents to present their children for medical inspection.

In 1946, when things had settled down into their new form, it was recorded that there were 120 primary schools, including one nursery school, and six secondary schools in the rural area of the Cambridgeshire Local Education Authority. Of the primary schools 53 were county schools and 67 voluntary. The average number of children on the registers at the primary and secondary modern schools was 7,583 with an average attendance of 7,088. At this time sub-normal nutrition was at about 3.3 per cent of the children examined. Of the milk supplies at the schools 27 were tuberculin tested, 25 pasteurised, 28 accredited and 41 ordinary. During this year the free school milk

scheme started, each child attending school being entitled to one-third of a pint of milk. The uncleanliness rate was in the region of 1 per cent. Once again two dentists were at work full time during the year catching up on the arrears which were manifest in the rather high percentage of those requiring treatment, namely 82 per cent.

In 1947 the Ministry of Education's new Medical Record Card was introduced, and the administration of the Schools Meals Service was transferred from the School Medical Officer's department to the Education department, since now it was largely a matter of finance. At the Child Guidance Clinic an Educational Psychologist was appointed, an appointment which had long been advocated by the Director, Dr. Banister.

The National Health Service Act came into force in 1948 and brought about further changes in the running of the School Health Service as it was now called. It also brought about a recrudescence of the difficulties in maintaining a full strength dental staff.

1949 represented a year in which the School Health Service had been in existence for thirty years. It was marked also by the introduction of routine medical inspection of the 8-year age group again so that there were four age groups being examined—entrants, 8-year olds, 11-year olds and leavers. It was found necessary, in order to accomplish the work, that one assistant school medical officer should become a full time appointment, some part-time being given by another medical officer who was also engaged on eye work. Sub-normal nutrition was found in about 1.9 per cent of the children examined. School nurses were making an average of four visits a year to the schools for cleanliness inspections and uncleanliness had been reduced to the small figure of 0.6 per cent. Since the coming into being of the National Health Service Act comment was made upon the long wait between glasses being prescribed for children and the children actually getting them; periods of up to six months being not infrequent. It was noted that there were 31 cases of impetigo during the year but that no cases of ringworm of head had been noted for many years. Further improvement was noted in the safety of the milk supplies to the schools, 58 being tuberculin tested, 52 pasteurised, 11 accredited and 7 ordinary. 83 per cent of the children in primary schools took milk and 61 per cent in the secondary modern schools. 76 per cent of the children had a school meal. This year the Child Guidance Clinic moved to new quarters in Chesterton Hall.

A further part-time assistant medical officer was employed in 1950 to accomplish the work entailed. At this time some 4,258 routines, 66 special examinations, and 2,613 re-inspections were being done annually. Of the children routinely inspected about 20 per cent required treatment. A new modern electrically equipped dental caravan was purchased for the use of the one remaining dentist. For some years the County and the Borough had shared the service of an Orthodontist, but this year he too resigned.

In 1951 a Deputy County and School Medical Officer was appointed

on a part-time basis, the remainder of his time being engaged with the work of Medical Officer of Health to the three Cambridgeshire Rural Districts, and in 1952 further re-organisation provided a medical staff of School Medical Officer, a Deputy on a part-time basis and a full-time Assistant. In the 1951 Report the section on Hygiene of School Premises was re-introduced. There was an appraisal of the present position, and stress of the necessity to provide adequate hygienic and sanitary conditions in the schools as a background to education. The Rural District Councils were making more and more available public main water supplies in their villages and in some villages sewerage schemes had been or were in the process of being introduced; all factors facilitating the improvement in hygiene in the schools.

From 1952 onwards there is no great change in the picture, some 4,300 routines being done each year, together with 70 specials, and nearly 6,000 re-inspections. The uncleanliness rate is down to 0.2 per cent. In 1952 a further dental officer was appointed and quite naturally with the increased dental facilities once again a high rate of need for treatment was found, namely 80 per cent.

In 1954 the Child Guidance Clinic was taken over by the East Anglian Regional Hospital Board and the Cambridgeshire Education Committee appointed an Educational Psychologist. Of the 122 milk supplies 120 were pasteurised and two tuberculin tested. This year saw the opening near Peterborough of the Orton Hall School for educationally sub-normal girls, a residential school sponsored by the Cambridgeshire, Huntingdonshire, Isle of Ely and Peterborough Education Committees.

For the year 1956 11,503 children were on the registers of the 114 Primary (55 County and 59 Voluntary) and 6 Secondary Modern Schools (2 with Grammar School Streams). There were also 359 boys at Soham Grammar School.

Nearly 5,000 children were routinely inspected and about the same number re-inspected, together with 355 special examinations which includes ' leavers interviews ', i.e. as far as possible a child leaving school is offered an interview (and examination if required) in his last term in addition to the ordinary leavers examination often performed a year prior to actual school leaving. In the Primary schools over 65 per cent of parents attended the routine examinations. As the Secondary schools were conducted on the group system it is not possible for many parents to attend owing to lack of inter village transport. Unsatisfactory nutrition was found in 0.64 per cent and uncleanliness in 0.01 per cent. Defects of the eyes and of the ear, nose and throat together form the biggest group requiring treatment or observation. Orthopaedic defects form another sizeable group but the majority of cases reported on are connected with deformities of the feet. 80 per cent of the children receive school milk (88.5 per cent in Primary Schools and 57 per cent in Secondary). 62.4 per cent of the children have school meals (54 per cent Primary, 86.4 per cent Secondary).

The dental staff remained under establishment. Nearly 80 per cent of the children inspected required treatment and only 33 per cent of those requiring treatment actually received it. One dentist reports that of the children inspected by him only 40 per cent could be considered to be keeping themselves dentally fit either by use of the National Health Service or School Dental Service.

Comment on the changed picture of infectious disease in schools is a *sine qua non.* The disappearance of diphtheria and the mildness of scarlet fever have completely changed the pattern. Measles and whooping cough continue to occur but the severity and incidence ot the latter will be affected by the whooping cough immunisation Campaign started in 1955. In 1956 the Ministry of Health began the release of a vaccine against poliomyelitis and some school children in the county received it.

Little has been said in the various annual abstracts about the handicapped children. Apart from some places in the special day school under the control of the City Education Committee handicapped children in the county have to go away to residential schools unless they can be catered for in the ordinary schools.

It is difficult to produce clear cut evidence of the progress in children's health over the years since methods of recording and categorising have frequently changed. Undoubtedly the improving social conditions together with the facilities offered by the School Health Service have together produced a healthier, more robust child population in the county. I think such abstracts as have been made from the Reports indicate the steady drive that has been maintained to see that the country's most precious possession, its children, are given every care. 'None can but regret the serious effect of the intervention of the second world war and the recurring economic crises which have beggared the post war years in delaying the advances which would surely have come about much sooner had not this catastrophe and its aftermath occurred.

The character of the service has undergone much change. At the outset, despite its far sighted aims, not all yet realised, the work consisted mainly of inspections. In the late twenties and thirties detection of defects was closely followed by treatment, which remains a characteristic of the service today, it being embodied in the 1944 Act that the Education Authority is responsible for seeing that the school child receives treatment. Gone are the gross defects associated with malnutrition, tuberculosis and bad housing. In their stead, with the growing complexity of society, has come the importance of mental health. In the future, in the years leading towards its centenary, the School Health Service will continue its important work in the field of physical and mental health but it will also have the great responsibility, in conjunction with the Maternal and Child Welfare Service, of pioneering the fields of mental health education. The task for the years ahead is the establishment of a healthy and secure child population which can go firmly forwards to responsible and useful citizenship.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each:	
Entrants	1721
Second Age Group	1075
Third Age Group	1010
Total	3806
Additional Periodic Inspections ..	1169
Grand Total	4975

B.—OTHER INSPECTIONS.

Number of Special Inspections ..	355
Number of Re-inspections ..	4567
Total	4922

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.)

Age Groups Inspected	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	31	181	176
Second Age Group	83	95	152
Third Age Group	63	83	126
Total	177	359	454
Additional Periodic Inspections ..	73	118	163
Grand Total	250	477	617

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1721	1698	98.66	23	1.34
Second Age Group	1075	1073	98.81	2	.19
Third Age Group ..	1010	1006	99.61	4	.39
Additional Periodic Inspections ..	1169	1166	99.74	3	.26
Total	4975	4943	99.36	32	.64

Table II. Infestation with Vermin.

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	44493
(ii)	Total number of individual pupils found to be infested	48
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE III. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1956.

A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	Periodic Inspections				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	14	35	18	17	55	87
5	Eyes—						
	a. Vision ..	31	184	63	123	250	565
	b. Squint ..	5	40	7	6	16	86
	c. Other ..	16	23	3	6	32	56
6	Ears—						
	a. Hearing ..	6	22	—	9	14	53
	b. Otitis Media	5	24	1	3	9	42
	c. Other ..	1	1	—	1	7	4
7	Nose & Throat	20	159	2	19	40	258
8	Speech	16	31	—	7	27	71
9	Lymphatic Glands ..	—	21	—	4	—	47
10	Heart	—	9	1	11	1	38
11	Lungs	1	37	1	13	8	79
12	Developmental						
	a. Hernia ..	10	8	—	1	14	15
	b. Other ..	4	35	3	2	16	71
13	Orthopaedic—						
	a. Posture ..	4	6	5	11	24	40
	b. Feet ..	19	10	11	9	41	42
	c. Other ..	22	72	8	21	50	153
14	Nervous system						
	a. Epilepsy	1	3	—	3	1	15
	b. Other ..	4	22	—	—	9	40
15	Psychological—						
	a. Development	4	24	1	7	10	87
	b. Stability ..	3	34	—	12	7	101
16	Abdomen ..	2	2	—	1	2	4
17	Other	24	73	22	21	94	179

B.—Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	2	1
5	Eyes—a. Vision ..	10	4
	b. Squint ..	—	2
	c. Other ..	3	1
6	Ears—a. Hearing ..	1	1
	b. Otitis Media	—	—
	c. Other ..	—	—
7	Nose and Throat ..	2	3
8	Speech	—	—
9	Lymphatic Glands ..	—	—
10	Heart	—	—
11	Lungs	1	—
12	Developmental— ..		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	—	—
	b. Feet	—	—
	c. Other	1	—
14	Nervous system—		
	a. Epilepsy ..	—	1
	b. Other	1	—
15	Psychological—		
	a. Development ..	1	1
	b. Stability ..	—	2
16	Abdomen	—	—
17	Other	2	5

Table IV. Treatment of Pupils Attending Maintained Primary and Secondary Schools.

Group 1.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been treated	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	14	21
Errors of refraction (including squint)	552	171
Total ..	566	192
Number of pupils for whom spectacles were prescribed	327	96

Group 2.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(*a*) for diseases of the ear	—	2
(b) for adenoids and chronic tonsillitis ..	—	198
(*c*) for other nose and throat conditions ..	—	7
Received other forms of treatment	9	106
Total ..	9	313
Total number of pupils in schools who are known to have been provided with hearing aids		
(*a*) in 1956	—	2
(*b*) in previous years	—	12
Total ..	—	14

Group 3.—Orthopaedic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ..	—	40

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
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	—
Other skin diseases	5
Total ..	5

Group 5.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	12

Group 6.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	222

Group 7.—Other Treatment Given.

(*a*) Number of cases of miscellaneous minor ailments treated by the Authority	—
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination ..	66
(*d*) Other than (*a*) (*b*) and (*c*) above (specify)	
1. Herniotomy	18
2. Appendicectomy	33
3. Orchidopexy	5

TABLE V. DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(a) At Periodic Inspections		9140
	(b) As Specials		264
	Total (1)		9404
(2)	Number found to require treatment		7432
(3)	Number offered treatment		5429
(4)	Number actually treated		2451
(5)	Number of attendances made by pupils for treatment, *including* those recorded at heading 11(h) below		4057
(6)	Half days devoted to: Periodic (School) Inspection		97
	Treatment		775
	Total (6)		872
(7)	Fillings: Permanent Teeth		3412
	Temporary Teeth		668
	Total (7)		4080
(8)	Number of teeth filled: Permanent Teeth ..		2904
	Temporary Teeth ..		605
	Total (8)		3509
(9)	Extractions: Permanent Teeth		355
	Temporary Teeth		1329
	Total (9)		1684
(10)	Administration of general anaesthetics for extraction		2
(11)	Orthodontics:		
	(a) Cases commenced during the year ..		43
	(b) Cases carried forward from previous year		35
	(c) Cases completed during the year		49
	(d) Cases discontinued during the year ..		13
	(e) Pupils treated with appliances		41
	(f) Removable appliances fitted		66
	(g) Fixed appliances fitted		—
	(h) Total attendances		455

(12) Number of pupils supplied with artificial dentures		24
(13) Other operations:	Permanent teeth	449
	Temporary teeth	1436
	Total (13)	1885

SPEECH CLINIC—STATISTICS FOR YEAR ENDED DECEMBER, 1956.

Cases:	*City*	*County*	*Total*
Referred during the year	110	104	214
Number requiring treatment ..	104	97	201
Treated	210	222	432
Discharged	63	64	127
Under treatment, 31st December 1956	158	147	305
On waiting list, 31st December 1956	71	96	167
Not examined, 31st December 1956	2	5	7
Speech Defects of Children examined during the year:			
Stammer	24	20	44
Dyslalia	59	50	109
Sigmatism	17	17	34
Cleft Palate	4	10	14
Other defects	104	97	201