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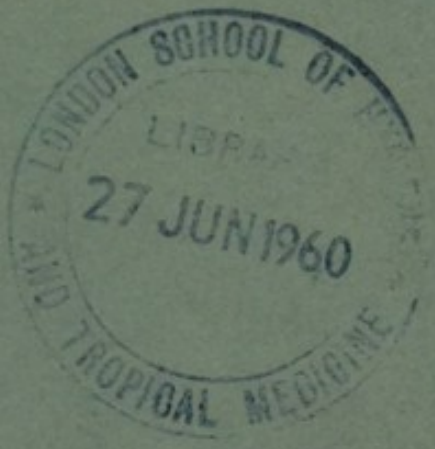

ANNUAL REPORT

OF THE

Principal School Medical Officer

For the Year 1959

CAMBRIDGESHIRE
EDUCATION COMMITTEE

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To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

The following report on the health of the school children in the rural area during 1959 is submitted in accordance with Section 92 of the Education Act of 1944. The population of the Administrative County is fairly equally divided as between rural and urban areas. The City of Cambridge is an excepted district under the Education Act, 1944. The type of service which can be provided in a scattered rural community with no centre of population over 5,000 persons must differ materially from that which can be developed in an urban area when minor ailment clinics and specialist clinics, for example, can be easily organised. In this report details of the service in the rural area are given and commented upon. Figures for the results of the service in the City are given as an appendix (both rural and urban area figures are consolidated for forwarding to the Ministry), but comment upon the details of the City service are usually given as a part of the Annual Report of the City Medical Officer of Health.

Dr. R. French retired on March 6th, 1959, after 24 years service with the Council. I would like to take this opportunity of placing on record my thanks to him for having made so easy the handing over of his office. Having had the privilege of working for nearly eight years as his deputy it is my pleasure to record also the good wishes of his many friends on the Education Committee, in the Education Department and the schools, and of his own staff for a long and enjoyable retirement.

The report this year is a combined operation as will be seen from the various sections where personal reports from the specialists working in those fields have been included. I am particularly grateful to the Chief Education Officer to be able to include a report on Physical Education, an activity to which I attach very particular importance. I greatly appreciate the help I have received from the many other contributors to this document.

Though great strides have been made over the years to improve the condition of many of the primary schools it is a fact that lack of availability of finance is seriously hampering urgent sanitary improvements in a number of schools.

The introduction of B.C.G. vaccination and the commencement of pure-tone audiometric testing of children's hearing are two most satisfactory advances in the service.

In the section on Medical Inspection and treatment mention is made of the department's endeavours, on the one hand to bring the School Health Service more into line with present day needs and on the other, to strive not only for a greater integration with the schools, but also to be able to offer a service which can be of ready assistance to them. It is opportune here to record the gratitude of my colleagues and myself to all Heads of schools and their staffs for their help and co-operation during the year.

The state of the children's teeth is one which gives occasion for serious anxiety. That nationally every five year old child has on an average five or six decayed, missing or filled teeth, and that only one child in 100 at age eleven can be described as dentally fit, is most serious. The problem is a national one, but local circumstances can make matters worse. For instance the beneficial effects of a proper level of fluorine in the public water supplies is well known, hence areas where the water is deficient in this naturally occurring substance will experience a higher decay rate than other more fortunate areas; the County of Cambridge is an area deficient in fluorine. In the rural area, in the School Dental Service, against an establishment of 3½ dentists we have only the services of half Mr. Toller's time, which is equivalent to one dentist to 24,000 schoolchildren compared with the Ministry's recommendation of 1 to 3,000. This is due to a national shortage of dentists. I should like here to record my thanks for the very real support and help received from local dental practitioners in trying to meet the children's dental needs.

Lastly there is the question of the national sweet-eating habit. There is ample evidence to show the deleterious effect of sugar on teeth, yet people of all ages in the population can be seen eating sweets and other sugar containing substances during most hours of the day. Steps are being taken throughout the Administrative County to try to explain the evil of this habit with regard to dental decay and oral hygiene. The support of the Chairman of the Education Committee and the Chief Education Officer has been most stimulating and encouraging, and Mr. Toller, the Principal School Dental Officer, and I are grateful to them both.

There is little doubt that proper attention to oral and dental hygiene and a less irresponsible attitude to the consumption of sweets and sugar containing foods would greatly diminish the incidence of dental decay; if adjustment of the fluorine content of our water supplies could also be undertaken a very real preventive measure would have been instituted.

I should like to thank all staff concerned with the School Health Service for their help during the year.

I am conscious of the support and interest shown by the Education Committee in the service, and in particular I wish to mention my gratitude to Mr. G. D. Edwards, Chief Education Officer, for his very real enthusiasm and help in bringing about improvements in the service.

I am,

Your obedient Servant,

P. A. TYSER,

Principal School Medical Officer.

March, 1960.

CAMBRIDGESHIRE EDUCATION COMMITTEE
(Membership at January, 1960.)

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The Chairman of the Finance Committee

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One vacancy

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Members recommended by the Council of the Senate of the University of Cambridge

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Dr. R. H. Thouless
Mr. B. E. King

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Miss A. H. Skillicorn
Miss M. A. Wileman
Mr. E. T. Glendon*

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Primary Schools — Mr. B. V. Foot*
Secondary Modern Schools — Mr. P. S. Kenyon*
Secondary Grammar Schools — Mr. E. F. Holden
Further Education — Mr. J. L. Tennant

‡ *Chairman of the Education Committee.*
† *Chairman of the Welfare and Canteens Sub-Committee.*
* *Members of the Welfare and Canteens Sub-Committee.*

STAFF

Principal School Medical Officer and Medical Officer of Health

R. FRENCH, M.D., D.P.H.
(*until 6th March*)

P. A. TYSER, M.D., B.S., D.P.H.
(*from 1st March*)

RURAL AREA

School Medical Officers

J. DRUMMOND, M.B., CH.B., D.P.H., *Deputy Principal School Medical Officer and Medical Officer of Health* (*part-time*) (*from 1st April*).

EILEEN M. BRERETON, M.A., M.B., CH.B.

AMELIE BOYD, B.SC., M.B., CH.B. (*part-time*) (*from 2nd February*).

Ophthalmic Surgeon

ANNA R. WADE, M.A., M.B., CH.B.

School Dental Staff

J. R. TOLLER, M.SC.D., Northwestern U., U.S.A., L.D.S., *Principal School Dental Officer* (*part-time*).

County Nursing Officer

SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H. Admin. Cert.

Enquiry Officer under the Mental Deficiency Acts

M. BOWYER.

Chief Clerk

H. J. SADLER.

CITY OF CAMBRIDGE
(Excepted District)

School Medical Officers

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

MARGARET C. K. PATTERSON, M.B., CH.B., D.P.H., *Deputy City School Medical Officer and Medical Officer of Health.*

HILDEGARD P. BRODA, M.D. (Vienna).

DOROTHY DAVEY, M.B., CH.B. (*part-time*).

ISOBEL NICHOLLS, M.B., CH.B., D.P.H. (*part-time*).

AMELIE BOYD, B.SC., M.B., CH.B. (*part-time*).

Ophthalmic Surgeon

G. F. WRIGHT, M.A., M.B., CH.B., D.O.M.S.

School Dental Staff

J. R. TOLLER, M.SC.D., Northwestern U., U.S.A., L.D.S., *Principal School Dental Officer* (*part-time*).

MARJORIE, E. C. PAGE, L.D.S.

E. BURN, L.D.S.

JESSIE M. POUNTAIN, L.D.S. (*part-time*).

A. J. HAINES, M.B., CH.B., *Dental Anaesthetist* (*part-time*) (*from 2nd June*).

Speech Therapy Staff for whole of Administrative County

HEATHER G. HRAMTSOV, L.C.S.T.

ANNA DUTT, L.C.S.T.

SUSAN POWELL, L.C.S.T. (*from 1st September* 1959).

Educational Psychologist for whole of Administrative County

VALERIE M. W. JAMES, M.A.

Organisers of Physical Education for whole of Administrative County

H. PAYNE (*until 31st December*).

UNA M. J. TROTT, London Diploma of Physical Education.

CHILD PSYCHIATRIC SERVICE

(United Cambridge Hospitals and East Anglian Regional Hospital Board.)

Consultant Child Psychiatrist	R. E. GLENNIE, M.D., D.C.H., D.P.M.
Assistant Child Psychiatrist	B. F. WHITEHEAD, M.A., M.B., B.CHIR., D.P.M.
Clinical Psychologist	MISS J. B. CONOCHIE, M.A. (Hons), Dip. Ed.
Social Worker and Psychologist	MRS. S. ABRAMS, B.A. (Psychology), Certificate of Social Studies (Oxon)
Secretaries	MISS B. W. HAZZARD. MISS V. LING.

GENERAL

At the end of 1959 there were 105 Primary Schools (including one Nursery School), 9 Secondary Modern Schools (one with Grammar School stream), and Soham Grammar School, in the rural area of the Local Education Authority. Of the Primary Schools, 50 were County Schools and 55 Voluntary Schools.

In January 1960 the number of children on the registers of Primary and Secondary Schools was 11,626. There were also 396 boys on the register at Soham Grammar School who form part of the total number under consideration in the paragraphs which follow.

HYGIENIC CONDITION OF PREMISES

Melbourn and Comberton Village Colleges were completed in 1959.

The first instalment of Babraham Endd C. of E. School was completed, and work on a new school at Burwell started.

Additional accommodation was provided at Barrington, Sawston and Histon, the first two including new sanitary accommodation.

Schemes involving new sanitary accommodation were started at Burrough Green, Dullingham and Fen Ditton, and completed at Haslingfield.

Mains water was provided at Hinxton, Ickleton and Odsey, and mains electricity at Soham Fen.

To date some two-thirds of the primary schools have benefitted by alteration or improvement. Despite this important achievement there remain a number of schools desperately needing help, but it is appreciated that some of these are small one-teacher schools which are due for closure in accordance with the Development Plan.

In this connection it is to be noted that the improvement of sanitary circumstances is financed under Minor Capital Works; the amount of improvement achieved in any year is dependant upon the amount of money allowed by the Ministry of Education to be spent under the heading of Minor Capital Works. That some schools today offer sanitary amenities well below those of the houses in which the children attending them live is mainly attributable to the fact that the Ministry has not always been able to see its way to meet the Authority's financial requirements.

MEDICAL INSPECTION AND TREATMENT

In the early part of the year Dr. A. Boyd was appointed to carry out four sessions per week to tide over the period of hand-over between the Principal School Medical Officers and the arrival of the new Deputy Principal School Medical Officer.

With the changing pattern of the School Health Service it was found necessary to maintain these sessions throughout the year.

Now that the County Council has increased the establishment of the Health Department by one additional full-time Assistant Medical Officer it will be possible to augment further the amount of medical time given to the School Health Service.

At the meeting of the Education Committee held on December 15th the following notes on the School Health Service were discussed and the principles agreed:

" When the school health service was started over 50 years ago it was primarily concerned with the detection and treatment of illness amongst school children, particularly those diseases associated with malnutrition and infection. Today, as gross malnutrition is a rarity and the incidence of disabling infectious illness is lessening, this narrow concept is giving way to a much wider field of activity in which the child is considered in relation to all the factors which affect his development both physical and mental, at home and at school, at work and at play. If the school health service is going to help the child to develop its full potential the school doctor must interest himself or herself in all aspects of the child's environment and build up a close relationship with the school so that the doctor can fully play his part in the team with parent, teacher and health visitor.

The routine medical examination which traditionally forms the backbone of the school health service is still recognised as being of prime importance. The Education Act of 1944 and subsequent regulations lay down that children should be examined on entry to school and before leaving and at some time in between, but other than that, and within certain standards of efficiency, leaves each Authority to order its own house and develop its own school health service to meet local needs. Another most important duty laid on the Authority is the ascertainment of handicapped pupils from age *two* years so that, if necessary, special education can be started when it is needed by the child and not have to wait until compulsory school age is reached.

In Cambridgeshire children are examined on entry to school, at eight years old, at age eleven years and before leaving. As the leaver's examination often has to be carried out a year before the child actually leaves school an endeavour is made to see again all leavers during their last term. Any child who is discovered at any time to have a condition which requires treatment or observation is kept under supervision and is seen as frequently as necessary. The paramount importance of the examination on entry and before leaving is obvious, but it has been shown that the examination of eight year olds is of even greater value, particularly with regard to assessing backwardness, emotional development and general physical progress. The formal routine examination at age eleven years has not proved to be, however, of such vital importance. It could well be dispensed with to enable the school medical officer to form a closer link with the schools by more frequent and less formal visits, and thus become a full playing member of the educational team. By such a change it would be hoped that each school would be visited at least twice each term instead of twice every thirteen months as

t present, and although fewer children would be presented for examination by rote greater opportunity would be given to teachers, nurses and parents to bring forward any child about whom they had worries and doubts. At the same time the doctors would have greater opportunity to study the children at work and at play, and concern themselves with the physical environment of the schools.

Early in the summer of this year my colleagues started making informal visits to other schools in the area of the school they were visiting for routine medical inspections. I believe that these visits have not only been welcomed by the teaching staffs, but have also greatly improved the service to the children. The recommendation I now make is the logical development of this experiment.

At the same time it is also desirable that the school nurse visit the schools more frequently—as often as once per week in some instances. From investigations in other counties the importance of an annual eye test for the early detection of visual defects has been well demonstrated. This examination might well be carried out by the school nurse in the first instance and any cases of doubt referred to the medical officer at the time of the next visit.

I wish to recommend:

(1) that the routine examination of all children at age eleven be discontinued,

(2) that arrangements be made for the school medical officers to visit each school in the County at least twice each term,

(3) that an annual eye test for each child from age 9 onwards be carried out,

(4) that after a sufficient trial a full report on the working of the above recommendations be submitted for the Sub-Committee's consideration.

It is obvious that if the school health service is to remain, in the future, the positive force contributing to the development of a healthy school population it must be ready to adapt itself to changing needs and changing circumstances."

It is not expected that the new arrangements will be able to be put into operation before the Summer Term or possibly the Autumn Term, 1960.

The following figures show the number of inspections carried out in 1959, with figures in parenthesis for 1958:

Routine inspections	4,584	(5,509)
Special inspections (including 296 leavers interviews)	534	(499)
Re-inspections	4,517	(5,281)

Detailed figures relating to school medical inspections are set out in the form required by the Ministry of Education and are shown at the end of the Report.

Attendance of parents

The following table shows the proportion of parents attending routine medical inspection:

Year of birth	Number of children examined	Number of parents attending	% of parents attending
1955 and later	72	59	81.9
1954	892	748	83.8
1953	340	267	78.1
1952	197	136	69.0
1951	753	487	64.4
1950	242	165	68.2
1949	239	143	59.3
1948	641	325	50.7
1947	285	110	38.6
1946	103	14	13.6
1945	560	53	9.4
1944 and earlier	260	23	8.8
TOTAL	4584	2530	55.2

It will be noted that the greatest fall in parent attendance is after the age of twelve years. This can be accounted for largely by the fact that secondary modern education is provided in schools serving groups of villages and the change from primary to secondary school takes place at age 11.

Proportion of Children requiring Treatment

The following table shows the proportion of children found to require treatment for defects other than dental disease or vermin at routine medical inspection over the last ten years:

1950	19.8%	1955	14.6%
1951	19.3%	1956	12.4%
1952	13.9%	1957	12.4%
1953	12.1%	1958	12.4%
1954	13.7%	1959	14.7%

These figures show a satisfactory decline over the period considered.

Physical Condition

A. The following table compares the proportion found to have unsatisfactory physical condition in 1959, with previous years:

Year	Number of periodic inspections	Unsatisfactory physical condition	%
1950	4258	87	2.04
1951	4010	68	1.69
1952	4316	25	.58
1953	4166	7	.17
1954	4225	9	.21
1955	4668	8	.17
1956	4975	32	.64
1957	5115	24	.47
1958	5509	20	.36
1959	4584	57	1.25

The assessment of children's nutritional state, or general condition, is a matter requiring careful interpretation. Firstly, there have been changes over the years in the purpose of the assessment, from one of purely nutritional state to one of general physical condition. Furthermore the number of categories used in this classification of each child has been reduced from four nutritional categories to two of general condition, satisfactory and unsatisfactory. In addition to these changes it must always be borne in mind that it is well known that different observers will not all agree on the category of any particular child (observer error). There is no real poverty today, and there is very little true malnutrition. The position in the County can be said to be satisfactory. Generally, children in this country are growing faster and maturing earlier.

B. Supply of cod liver oil and malt:

Children receiving cod liver oil and malt, January 1959	83
Supply discontinued during the year, or children left school	26
Supply authorised during the year	84
Children receiving cod liver oil and malt at end of 1959	141

The supply of cod liver oil and malt in needy cases has been of great use over the years. There are, however, nowadays more pleasant ways of achieving the same increased intake of dietary supplements, and the Education Committee has now widened the range of preparations available.

C. Four children were sent to a recuperative holiday home for a fortnight's stay.

Skin Conditions

A. Skin conditions found at periodic medical inspections during last ten years:

Year	Number of periodic inspections 1	Found to require treatment 2	For observation only 3	Total 4	Col. 4 as percentage of Col. 1
1950	4258	68	102	170	4.0
1951	4010	57	173	230	5.7
1952	4316	37	115	152	3.5
1953	4166	80	90	170	4.1
1954	4225	64	125	189	4.5
1955	4668	77	123	200	4.3
1956	4975	55	87	142	2.8
1957	5115	54	108	162	3.2
1958	5509	45	83	128	2.3
1959	4584	59	107	166	3.6

B. 73 children are known to have received treatment for skin conditions during the year.

The School Health Service referred one child to Addenbrooke's Hospital for a skin condition.

C. Contagious diseases in schoolchildren were notified as follows:

	1959	1958	1957
Scabies	4	5	—
Impetigo	23	15	23
Ringworm (body)	8	2	5

Nose and Throat Defects

A. Nose and throat defects found at periodic medical inspections during last ten years:

Year	Number of periodic inspections 1	Found to require treatment 2	For observation only 3	Total 4	Col. 4 as percentage of Col. 1
1950	4258	66	406	472	11.1
1951	4010	52	398	450	11.2
1952	4316	50	297	347	8.0
1953	4166	44	275	319	7.6
1954	4225	35	216	251	5.9
1955	4668	50	245	295	6.3
1956	4975	40	258	298	6.0
1957	5115	38	174	212	4.1
1958	5509	35	272	307	5.6
1959	4584	60	352	412	8.9

B. The following table relates to the number of children noted at routine medical inspection during 1959 to have undergone tonsillectomy:

Boys				Girls			
Year of birth	No. Examined	No. had tonsillectomy	%	Year of birth	No. Examined	No. had tonsillectomy	%
1955 and later	34	1	2.9	1955 and later	38	—	—
1954	459	8	1.7	1954	433	9	2.1
1953	165	9	5.5	1953	175	6	3.4
1952	107	5	4.7	1952	90	6	6.7
1951	398	46	11.6	1951	355	37	10.4
1950	121	22	18.2	1950	121	14	11.6
1949	129	22	17.1	1949	110	9	8.2
1948	327	54	16.5	1948	314	44	14.0
1947	176	29	16.5	1947	109	19	17.5
1946	66	15	22.7	1946	37	8	21.6
1945	317	55	17.3	1945	243	49	20.2
1944 and earlier	173	40	23.1	1944 and earlier	87	23	26.4
Totals	2472	306	12.4	Totals	2112	224	10.6

Comparison with past years cannot be effected exactly owing to some alteration in the compilation of the figures. The following table however indicates that an overall figure of 12.5% for boys and 10.5% for girls is a reasonable assessment for the area.

Boys				Girls			
Year of Examination	No. Examined	No. had tonsillectomy	%	Year of examination	No. Examined	No. had tonsillectomy	%
1956	2679	370	13.8	1956	2296	273	11.9
1957	2706	335	12.4	1957	2409	283	11.7
1958	2954	401	13.6	1958	2555	298	11.7
1959	2472	306	12.4	1959	2112	224	10.6

C. Number of children known to have received treatment during the year:

		1958	1957
Operative treatment:			
Tonsillectomy	178	(122)	(72)
Other nose and throat conditions	4	(2)	(7)
Ear conditions	6	(1)	(3)
Non-operative treatment	47	(80)	(72)

The School Health Service referred 18 children to E.N.T. clinics during the year.

Hearing

A. The following table relates to the number of cases of defective hearing found at routine medical inspection in the last ten years.

Year	Number of periodic inspections 1	Requiring treatment 2	For observation only 3	Total 4	Col. 4 as percentage of Col. 1
1950	4258	14	60	74	1.7
1951	4010	11	50	61	1.5
1952	4316	8	33	41	.95
1953	4166	8	40	48	1.2
1954	4225	12	40	52	1.2
1955	4668	6	39	45	.96
1956	4975	14	53	67	1.3
1957	5115	12	39	51	1.0
1958	5509	12	66	78	1.4
1959	4584	23	65	88	1.9

B. The importance of early ascertainment of deafness in children cannot be over-emphasised. Loss of hearing can be detected by tests from the age of seven months, and it is also at this period that special training should be begun if a hearing loss is present. Five health visitors in the rural area (and a similar number in the City) have been trained in the early detection of deafness. This represents but a small start in the programme to counteract this defect. The results of the work in 1959 are shown in the table below.

Year of Birth	Number of children tested			No. with hearing defect	
	Boys	Girls	Total	Boys	Girls
1959	33	18	51	—	—
1958	39	49	88	—	—
1957	4	4	8	—	—
1956	2	1	3	1	—
1955	—	1	1	—	—
1954	1	1	2	—	—
Totals	79	74	153	1	—

C. During the year audiometric testing of schoolchildren's hearing was begun using an Amplex TB10 Transistorised Audiometer. To begin with the following groups of children are being examined—children aged seven, those specially referred by doctors, teachers, speech therapists and others, and children thought to be educationally subnormal.

The following tables record the results of the work done so far. The rather high failure rate is attributable, in part, to difficulty in

always obtaining suitable accommodation for testing the children. With all the good will in the world it is impossible in some schools to obtain sufficient quiet to test satisfactorily.

(I) Routine testing of seven year olds.

Year of Birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1952	93	99	72	84	4	6	7	1	10	8
1951	20	6	17	4	1	0	0	0	2	2
Totals	113	105	89	88	5	6	7	1	12	10

(II) Tests specially requested (referred by Head Teachers, S.M.O's, etc., and including E.S.N. survey children).

Year of Birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1954	3	1	3	1	—	—	—	—	—	—
1953	9	2	3	—	1	1	1	—	4	1
1952	13	4	8	3	1	—	1	—	3	1
1951	31	15	22	4	—	—	1	2	8	9
1950	45	11	20	8	6	1	1	—	18	2
1949	44	19	28	12	3	1	2	—	11	6
1948	15	6	13	5	—	—	1	—	1	1
1947	1	1	1	—	—	—	—	1	—	—
1946	2	2	1	2	—	—	—	—	1	—
1945	1	—	—	—	—	—	—	—	1	—
Totals	164	61	99	35	11	3	7	3	47	20

(III) Re-tests of children failing on first examination.

Year of Birth	Number of children tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1952	14	12	8	8	1	—	2	1	3	3
1951	5	2	—	1	—	—	1	—	4	1
1950	3	1	3	—	—	—	—	—	—	1
1949	4	4	2	1	—	1	1	—	1	2
1948	1	—	1	—	—	—	—	—	—	—
1947	—	—	—	—	—	—	—	—	—	—
1946	1	—	—	—	—	—	—	—	1	—
1945	1	—	—	—	—	—	—	—	1	—
Totals	29	19	14	10	1	1	4	1	10	7

In making a start on dealing with the problem of deafness in children I should like to pay tribute to the interest, encouragement and help Mr. A. Walford and Mr. K. Wilsdon, Consultant Ear, Nose and Throat Surgeons at Addenbrooke's Hospital, have given to the department. Mr. D. Bailey of the Audiology Unit, Addenbrooke's Hospital, has been most kind in training the nurse in the use of the audiometer. Without this generous help the furtherance of such schemes as I have described would be rendered abortive.

Defective Vision and Squint

A. The following table shows the number of cases of defective vision (excluding squint) found at periodic medical inspection for past ten years:

Year	Number of periodic inspections 1	Requiring Treatment 2	For observation only 3	Total 4	Col. 4 as percentage of col. 1
1950	4258	227	389	616	14.5
1951	4010	210	435	645	16.1
1952	4316	184	548	732	16.9
1953	4166	170	465	635	15.2
1954	4225	186	470	656	15.8
1955	4668	236	513	749	16.1
1956	4975	250	565	815	16.4
1957	5115	245	609	854	16.7
1958	5509	293	679	972	17.6
1959	4584	162	571	733	16.0

B. Cases of squint found at periodic medical inspection during last ten years:

Year	Number of periodic inspections 1	Requiring treatment 2	For observation only 3	Total 4	Col. 4 as percentage of Col. 1
1950	4258	21	77	98	2.3
1951	4010	26	70	96	2.4
1952	4316	11	65	76	1.8
1953	4166	1	70	71	1.7
1954	4225	7	78	85	2.0
1955	4668	25	80	105	2.3
1956	4975	16	86	102	2.1
1957	5115	17	84	101	2.0
1958	5509	15	113	128	2.3
1959	4584	19	83	102	2.2

C. The following table relates to children who have had refraction in 1959.

	No. Examined	Glasses prescribed	Not prescribed
Examined by Dr. Wade (referred via School Health Service)	605	329	276
Examined otherwise (hospitals, opticians, etc.)	211	135	76
TOTAL	816	464	352

In addition to cases referred to Dr. Wade, the School Health Service referred 61 children to the eye clinics at Addenbrooke's Hospital, Newmarket General Hospital, and the Ely Eye Clinic.

Orthopaedic Defects

21 children are known to have attended hospital orthopaedic clinics during the year (23 in 1958, 53 in 1957).

The School Health Service referred two children to Addenbrooke's Hospital orthopaedic clinic.

Tuberculosis

A. One non-pulmonary case remained in an institution at the end of 1958, and three cases of pulmonary and one of non-pulmonary tuberculosis were admitted during 1959. All these children were discharged before the end of the year.

B. Incidence of tuberculosis in children aged 5-15:

Year of notification	Pulmonary	Non-pulmonary	Total
1950	5	7	12
1951	3	8	11
1952	1	4	5
1953	7	3	10
1954	1	8	9
1955	1	2	3
1956	1	4	5
1957	6	1	7
1958	1	2	3
1959	4	—	4

C. During the year the Council accepted a scheme under Section 28 of the National Health Service Act, 1946, for offering protection against tuberculosis by means of B.C.G. vaccination to all children aged 13 years and over attending school. The procedure entailed a

simple skin test to determine whether a child had had a previous infection by the germs of tuberculosis followed by, in those persons who had not, an injection of B.C.G. vaccine.

Dr. M. J. Greenberg, Consultant Chest Physician, has given great assistance in enabling the scheme to be put into operation swiftly and effectively, and I am grateful to him and his staff for their ready help and willing co-operation.

From time to time children attending secondary schools in the rural area have been offered Mass X-ray examination. The last occasion when this was done was some three years ago. In view of the B.C.G. programme, and the desirability for children with positive Mantoux tests to be X-rayed, arrangements were made for the Mass X-ray Unit of the East Anglian Regional Hospital Board to visit schools during December. I should like to acknowledge my gratitude to Dr. D. Smith, the Director of the Unit, and her colleagues for enabling this work to be done.

The following are the results of the work of the B.C.G. team in the rural area:

No. accepted skin test and vaccination	No. accepted skin test only	Skin test carried out	Result of Skin Test		No. vaccinated
			Positive	Negative	
1,436	47	1,390	236	1,087	1,054

Skin test and vaccination were refused in the cases of 289 children.

In addition to the above, 95 children of school age (from both City and County) were vaccinated at the Chest Clinic under the contacts scheme.

Neglect

Eight families were referred to the N.S.P.C.C. for the following reasons:

Failure to keep appointment at eye clinic ..	1
Failure to obtain spectacles	1
Failure to obtain dental treatment	4
General neglect	2

Other Defects

In addition to the above, the following treatments are known to have been received:

Appendicectomy	18
Orchidopexy	5
Herniotomy	4
Minor ailments	105

The School Health Service referred children to hospital clinics as follows:

Enuresis	7
Obesity	3
Heart conditions	2
Petit mal	1
Hay fever	1
Undescended testicle	1
Onychogryphosis	1

SCHOOL DENTAL SERVICE

The shortage of dental staff reported in the last Report continued so far as the rural area was concerned throughout 1959. The only dental surgeon working in the rural area was Mr. Toller, the Principal School Dental Officer for the Administrative County, and he worked in the Shire Hall Dental Clinic for one session per week for emergency work and for the remaining mornings in the mobile dental clinic at schools. He also saw some children from the rural area at Auckland Road Clinic as emergency cases. It follows that the number of children inspected in 1959 was considerably lower than that for the previous year (2,479 in 1959, 5,024 in 1958). 2082 required treatment, or 75.7% as against 64.6% in 1958.

Treatment was offered to 1,327 children or 63.7% of those requiring it (49% in 1958).

Of those offered treatment 1,055, or 79.5%, were actually treated (70.5% in 1958). The improvement in the ratio—offered treatment : received treatment—was noted in the last Report and is attributed to the fact that treatment is only offered in those cases which have not persistently refused treatment in the past.

Detailed figures of the work of the School Dental Service in the rural area appear at the end of the Report.

Report of the Principal School Dental Officer.

I am indebted to Mr. Toller for the following report:

" In spite of our efforts to increase the dental staff during the past year it still only consists of your Principal Dental Officer, half of whose time is devoted to the City of Cambridge. The rural area of the county with a population of over 12,000 children has therefore the equivalent of one dentist to 24,000 children; I know of no other authority in England and Wales with a similar ratio. The Ministry of Education regard one dentist to 3,000 children as the ratio for a Local Education Authority adequately to fulfil its statutory obligations.

At local level we can do little to increase the total number of dentists in the country though we can, and do, try to increase our dental staff.

It is clear that as far in the future as can be foreseen, our energies must be devoted to controlling dental disease by its *prevention* if only because we lack the agencies to try to control it by treatment. Our

appalling toleration of dental disease has traditionally sanctioned its major control by treatment and only pious lip service has been paid to efforts at prevention.

Two facts stare us in the face, firstly the strength of the dental profession is stationary and will, in the immediate future, decline (though the population is increasing)! Secondly the incidence of dental caries in children is rapidly increasing and has approximately doubled in the last ten years. If this rate of increase continues it is difficult to foresee the end.

I shall perhaps be forgiven if I do not repeat here what I have already said in my first annual report to the School Medical Officer of Cambridge regarding the necessity for a more serious regard for the possibility of preventing a substantial amount of dental disease.

Pending the adjustment of the fluorine content of our public domestic water supplies, which in Cambridgeshire contain virtually no fluorine, much can be done to prevent dental disease by better feeding habits and oral hygiene. When we are able to adjust the fluorine content of our water supply we can confidently expect a reduction of 50% in the caries rate in our children. It is interesting to note however that in a few areas in the U.S.A. where the fluorine content of the water has been adjusted to the optimum level of one part per million the expected reduction in the caries rate has not taken place simply because the people regarded it as licence to indulge their desire for refined carbohydrate foods *ad libitum*. It is, therefore, very important not to rely for a reduction of caries entirely upon this necessary accessory food factor even where and when it is sufficiently provided to ensure the optimal development in the child of caries resisting teeth.

Clearly where there is fluoridation, education in eating habits and oral hygiene is necessary and it is the only means of preventing caries available to us where fluoridation is not done. Since bad eating habits and bad oral hygiene are a principal cause of both caries and gum disease we can achieve most by the education of parents in this field, for ultimately it is a parental responsibility. It is our duty to impart the facts, which is relatively easy, and then try to bridge the gap between knowledge and established habits, which is extremely difficult even in children, let alone their parents, whom children naturally imitate.

Fortunately we are in a position to influence children and try to modify favourably their dental habits. In all humility as a non-teacher untrained to teach at any age or intelligence, I am not sure that the teaching of dental hygiene in schools is tackled in the most economic way as regards time and results. A broad biological approach would interest children more than the usual clinical approach. It is basically sounder and might yield better results.

Firstly these should be shown a series of coloured slides showing certain animals and reptiles in their natural environment. These slides should include ones of each subject's dental apparatus. Of the mammals, a carnivore, an omnivore and a herbivore, should be

included. As the structure of each animal's dental apparatus is shown its dental function should be discussed. Suitably to their age and intelligence the relation of the structure and function of dental apparatus should be made obvious. Secondly without naming the species, several slides of the normal dental apparatus of man should be shown and the question asked, " And what food should this animal deal with?" This should lead to a general discussion on what its function should be and what in fact it is. The compromise between the necessities of our civilised social life and dental health should be discussed and finally the practical methods of prevention, firstly by making the structure stronger (vitamin D, fluoridation, etc.) and secondly by better function (feeding habits and oral hygiene). The obvious analogy of a tool should be used: scissors made of good steel resist wear and tear better than if made of poor steel; if they are used as scissors they last longer than if they are used, for example, as can openers. The important difference between a biological tool and a man made tool can be pointed out, stressing that biological tools are self-repairing.

It should be made obvious that when biological structures and functions are closely related to each other they are self cleansing but when they become un-related they become dirty and disease results. Among the more intelligent older children this could lead to discussion on what cleanliness is and the relation of personal and social cleanliness. Just as the disharmonies in the structure and function of our societies, our homes, villages, towns, makes them dirty and in need of artificial cleaning, hence the public health laws and services generally.

I have prepared a syllabus, with suitable slides, for instruction in dental hygiene, upon biological lines, for the use of teachers and it is available to any teacher interested. I am also trying to interest film makers in the making of a film on dental hygiene on these general lines for use in schools. The films available on dental hygiene appear to me to be unsuitable for our sophisticated children reared on " westerns " and " thrillers " in their homes.

Since we cannot get at parents or their pre-school children very easily I think we must be patient and aim at the parents of ten years hence, the children at secondary schools: not principally because it is hoped to effect any great change in their habits, though this would be regarded as a welcome bonus, but because it is hoped to effect changes for the better in their children ".

J. R. TOLLER.

HANDICAPPED CHILDREN

Of all the handicapped children placement of educationally subnormal boys is the most difficult. The completion of the new day school for educationally subnormal children in the City of Cambridge during 1960 will increase our places from ten to twenty.

There has always been difficulty in providing special education for educationally subnormal children in the rural area owing on the one

hand to the natural reluctance of parents to send their children to boarding school, and on the other to the difficulty of providing transport to centres in the City. A survey is now being undertaken to endeavour to ascertain the size of the problem in the rural area and to make recommendations for the special educational treatment of the children concerned.

Children ascertained as handicapped

The following table shows the number of children who have been ascertained as handicapped:

	1. Blind 2. Partially Blind		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically Handicapped		7. Educationally subnormal 8. Maladjusted		Epileptic	Totals
	1	2	3	4	5	6	7	8	9	1-9
Newly ascertained in 1959	1	1	—	—	3	9	24	2	—	40
Total ascertained as handicapped	5	3	8	1	3	21	115	4	—	160

Special Schools

The following table relates to children attending special schools, or on the waiting list for admission to special schools.

		1. Blind 2. Partially Blind		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically handicapped		7. Educationally subnormal 8. Maladjusted		Epileptic	Totals
		1	2	3	4	5	6	7	8	9	1-9
Admitted to Special Schools during 1959	*	—	—	—	—	—	8	3	1	—	12
	†	1	1	—	—	2	—	8	1	—	13
Discharged from Special Schools during 1959	*	—	—	—	—	—	—	2	—	—	2
	†	—	2	2	—	1	1	11	—	—	17
In Special Schools at end of 1959	*	—	—	—	—	—	15	11	1	—	27
	†	5	3	5	1	2	4	36	3	—	59
On waiting list for admission at end of 1959	*	—	—	—	—	—	2	7	—	—	9
	†	—	—	—	—	1	—	10	—	—	11

* Day. † Boarding.

Section 57 of the Education Act, 1944

Cases reported to the Local Health Authority under Section 57(3) as being incapable of receiving education at school .. 11

Cases reported to the Local Health Authority under Section 57(5) as requiring supervision after leaving school 18

CHILD PSYCHIATRIC SERVICE

A. The following cases were referred to the Child Psychiatric Clinic by the School Health Service staff.

Type of case	Boys	Girls	Total
Behaviour disorders	3	4	7
Habit disorders	4	—	4
Nervous disorders	6	1	7
Educational failure	2	—	2
Totals	15	5	20

B. I am indebted to Dr. R. E. Glennie, Consultant Child Psychiatrist, for the following report.

" Children and their parents from the City and County of Cambridge are seen at either the Child Psychiatry Department at Addenbrooke's Hospital, or at the Child Psychiatric Clinic, Chesterton Hall, Cambridge. The total area served by the Service is greater than this, and covers the Isle of Ely, Huntingdonshire, the Saffron Walden area of Essex, and the Newmarket area of Suffolk.

A steady and increasing demand for the Service exists, and in addition to the referral of children of school age, the younger pre-school child is now more frequently seen indicating, particularly on the part of the general practitioner, an awareness of the need to tackle emotional difficulties at an early age and when they are most amenable to treatment. Facilities are also offered to adolescents, so that there is no break in continuity of treatment when school-leaving age is reached. Closer links with other related medical and social services have been developed, for example with general practitioners, paediatricians, adult psychiatrists, Children's Departments and Homes, to bring about a unified and comprehensive approach.

The help we have received from members of the School Health Department and the Education Department in the discovery and screening of children requiring psychiatric help is most appreciated, as well as the subsequent observation and support which they continue in the school setting.

It is hoped that the Educational Psychologist may be able to fill the role of liaison officer between the clinic and schools, and schools and clinic, to help individual children attending for treatment. Towards

CAMBRIDGE COUNTY CHILDREN
New cases referred and examined in 1959

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	16	16	School Medical Officer's Dept.	2	2
Private doctors, consultants	9	4	Private doctors, consultants	17	7
Juvenile Court Magistrates	3	2	Speech therapists	2	1
Others	3	1			
	31	23		21	10
Number of new cases taken on for treatment:		21	Number of new cases taken on for treatment:		16

Total number of new cases examined: 52
Number of new cases taken on for treatment: 37

Cases under observation and treatment 1959

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	12	12	School Medical Officer's Dept.	—	—
Private doctors, consultants	14	12	Private doctors, consultants	14	10
Magistrates	1	—			
Others	4	3			
	31	27		14	10

Number of old cases under observation and treatment: 45
Total number of cases from the County of Cambridge under observation and treatment (including those seen for the first time in 1959): 82

CAMBRIDGE CITY CHILDREN
New cases referred and examined in 1959

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	10	10	School Medical Officer's Dept.	1	1
Maternity and Child Welfare	3	—	Private doctors, consultants	21	6
Private doctors, consultants	17	9	Others	1	—
Juvenile Court Magistrates	8	—			
Others	9	3			
	47	22		23	7
Number of new cases taken on for treatment:		32	Number of new cases taken on for treatment:		17

Total number of new cases examined: 70
Number of new cases taken on for treatment: 49

Cases under observation and treatment 1959

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	16	16	School Medical Officer's Dept.	—	—
Maternity and Child Welfare	1	—	Private doctors, consultants	18	7
Private doctors, consultants	22	11			
Magistrates	8	3			
Others	10	8			
	57	38		18	7

Number of old cases under observation and treatment: 75
Total number of cases from the City of Cambridge under observation and treatment (including those seen for the first time in 1959): 124

this end a room has been made available at the Chesterton Clinic for the Educational Psychologist on one day per week.

There are indications that it is beginning to be more widely recognised that children can present as scholastic failures as a result of severe emotional difficulties as well as from inherent limitations due to diminished mental endowment. Miss Conochie, the Clinical Psychologist, has, with the co-operation of the schools, taken on for individual remedial help several of the most disturbed of these children. It seems to be more than probable, however, that many children of normal intelligence are in need of more specialised support and teaching, and I am delighted to know that steps are being taken to discover the extent of this problem, so that it can be tackled more efficiently.

As the demand for child psychiatry is increasing, it is quite apparent that extra staff will be required to meet this need. The clinics in Cambridge have now become totally inadequate to house even our present staff, which is not up to full strength. It is hoped that in the near future provision will be made for suitable premises to make up this deficiency, and to allow for necessary expansion."

R. E. GLENNIE.

EDUCATIONAL PSYCHOLOGIST

A. Number of cases referred to Educational Psychologist by School Health Service Staff:

Boys	Girls	Total
69	22	91

B. Number of cases referred by School Health Service staff for assessment as to suitability for Remedial Reading Teacher:

Boys	Girls	Total
12	1	13

C. I am indebted to Miss V. James for the following report on her work for the year ended December 31st, 1959.

" During 1959 the necessary close contact between the Educational Psychologist and the medical department, already established during Mr. R. A. Dare's term of service, has been maintained. The Educational Psychologist particularly appreciates the full information given by School Medical Officers when they refer children for psychological examination.

A closer relationship with the Child Psychiatric Clinic is being established so that the Educational Psychologist can provide the essential link with the school while a child is receiving treatment at the

clinic. Dr. Glennie has kindly made available a room for the Psychologist's use, and both he and Dr. Whitehead have been generous in giving their time for advice or discussion.

An interesting development this year has been the appointment in September of a Remedial Teacher, Miss D. Birchall, to tackle the problem of reading retardation in the primary schools. Her initial programme covers eleven schools, where she works with small groups of children of at least average intelligence. This programme will be revised in 1960, when the information gained in the medical department's survey of backwardness in the County can be taken into account. At present 39 children are being seen, the majority for two 45-minute sessions a week. The first term's results already indicate that this has been a valuable appointment, some children having made more than a year's reading progress in three months. Since Miss Birchall's appointment 37 children have been referred by the School Medical Officers for remedial reading help."

V. M. W. JAMES.

SPEECH THERAPY

This service is provided by a joint staff for both the rural area and the City of Cambridge. For the first nine months of the year only two speech therapists were available assisted by one part-time therapist. From September 1st the full establishment of three speech therapists was working.

One speech therapist gives four sessions to the City Open Air School where there is a special unit for spastic children.

The following tables relate to the work of the speech therapists during 1959.

A. Cases

	Rural Area		City		Total	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Number referred for Speech Therapy	76	38	41	16	117	54
(ii) Number of (i) found to require treatment	65	30	38	16	103	46
(iii) Total number treated	154	59	124	64	278	123
(iv) Number discharged	58	23	37	22	95	45
(v) Number under treatment at end of 1959	96	36	87	42	183	78
(vi) Number on waiting list at end of 1959	61	26	31	12	92	38
(vii) Number not examined at end of 1959	11	4	8	1	19	5

B. **Speech Defects of children examined** (section A (ii) above).

	Rural Area		City		Total	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Cleft Palate	—	—	1	1	1	1
(ii) Sigmatism	8	10	1	5	9	15
(iii) Other defects of articulation and language	43	12	27	8	70	20
(iv) Stammer	10	3	9	2	19	5
(v) Voice disorders	1	—	—	—	1	—
(vi) Other defects	3	5	—	—	3	5
Totals	65	30	38	16	103	46

C. Cases closed during 1959 (Section A (iv) above).

1. After Treatment.

	Rural Area		City		Total	
	Boys	Girls	Boys	Girls	Boys	Girls
(a) Speech Normal	26	9	18	6	44	15
(b) Speech Improved						
(i) Speech satisfactory	10	8	9	5	19	13
(ii) Left school or district	14	4	5	6	19	10
(iii) Unsuitable for further treatment	3	—	1	—	4	—
(iv) Parents refuse further treatment	1	1	—	1	1	2
(v) Referred elsewhere	3	—	3	2	6	2
(c) No Improvement						
(i) Left school or district	1	1	1	—	2	1
(ii) Unsuitable for further treatment	—	—	—	1	—	1
(iii) Parents refuse treatment	—	—	—	—	—	—
(iv) Referred elsewhere	—	—	—	1	—	1
Totals	58	23	37	22	95	45

2. Removed from waiting list.

	Rural Area		City		Total	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Left School or District	5	10	3	2	8	12
(ii) Spontaneous recovery after advice	11	2	7	1	18	3
(iii) Treatment refused	2	—	1	—	3	—
Totals	18	12	11	3	29	15

The Speech Therapists have submitted the following report on their work.

" Throughout the year treatment has been given at Auckland Road Clinic, Romsey Health Centre, at various schools in the County and City, and at a few homes, after school hours where conditions have been suitable. Some schools are able to provide adequate facilities for treatment, but at others, in spite of the fact that the Head Teacher makes every effort to provide the best accommodation possible suitable rooms are just not available. Out of 58 schools in which treatment has been given 34 can be regarded as having available adequate accommodation, i.e. a suitable room for the speech therapist's use, which does not entail interrupting the normal routine of the school; in 24 schools no spare room is available and facilities are inadequate, i.e. a class must be taken outside for physical education to leave a room free (weather permitting), or treatment must be given at the back of the classroom, in a cloakroom, a very small kitchen, the Head Teacher's own house, or the Head Teachers office, which means that neither the Head Teacher nor the secretary is able to work in the room while the speech therapist is there, and the session is constantly interrupted by the telephone. Nevertheless, it seems that very few of the children now treated at school would be able to attend weekly at the Clinic in Cambridge and even if this could be arranged, a great deal of the child's school time would be wasted in travelling, therefore treatment at school is the only practicable solution.

The total number of children on the treatment register in 1959 was 401. In the spastic group there were 7 boys and 12 girls—a ratio of approximately 1 : 2; the rest were divided into 271 boys and 111 girls giving a ratio of more than 2 : 1.

When considering the statistics given, it should perhaps be taken into account that in the vicinity of the aerodromes and some industries families are constantly being moved, and the children therefore have to be discharged before treatment is completed.

This year monthly discussions have been held at the Child Psychiatric Clinic, Chesterton Hall, which have proved immensely stimulating. It has also been very helpful to be able to refer doubtful cases of hearing loss for preliminary testing by the school nurse with the pure-tone audiometer.

During the course of a year two doctors, one from India and one from a local Air Force Station, visited one of the Clinics for observation and discussion on speech therapy."

H. HRAMTSOV
A. DUTT
S. POWELL

THE SCHOOL NURSING SERVICE

A. The County Nursing Officer has the following observations to make.

" The pattern of the nursing service to schools has seen two developments during the year.

Owing to staff shortages some method had to be devised of freeing those existing nurses who combine Health Visiting in all its aspects with Midwifery and Home Nursing from some part of their duties. One method which presented itself was to appoint a full time school nurse to take over School Medical and Hygiene Inspections in those areas where the pressure of work was overwhelming the Health Visitor/Nurse/Midwife. This scheme was adopted and following a few " teething troubles " during the first six months ran smoothly and has proved its value; an important contributing factor being the keenness, interest and helpfulness of the nurse concerned.

The introduction of the scheme produced a need for the Health Visitor/Nurse/Midwife on the spot to be kept informed of the activities of the School Health Service in her area. This was achieved by sending her notice well in advance of visits to schools in her area so that she could attend some time during the inspection to discuss cases, bring forward information and learn of any important matters relating to schoolchildren in her district. This liaison has worked out very well.

Time not spent by the School Nurse on actual inspections was, after some experience with a Health Visitor in an observer capacity, used for home follow-up visits. A report form with carbon copy is used so that the results of these visits can be sent to the permanent Health Visitor/Nurse/Midwife as well as to the central office.

So successful has this departure been that a second nurse is envisaged in a part time capacity.

The acquisition of a pure tone audiometer led to the need for two nurses to be trained in its use. Mr. Bailey of the Audiology Clinic at Addenbrooke's Hospital kindly undertook this task.

Health Education

Cambridgeshire is predominantly rural in character and health education is for the most part directed to individual teaching of children and parents in school and at home. Wherever Heads of schools request classes, these are arranged and given by the Health Visitors. When requested, talks are also given to groups of parents as part of the adult education programme of the Village Colleges.

Home Visiting and Hygiene Inspections are now so established a part of the service in schools as to need no comment other than to remark on the still remaining apathy with which a certain section of parents apparently view their responsibilities towards their children's welfare. These people require all the time and attention which the Health Visitor can give and frequent home visiting is often necessary in order to maintain a reasonable standard of care.

In the field of prophylactic immunisation and vaccination, the introduction of B.C.G. in the Autumn term gave a new and added interest to those nurses taking part in the programme.

The trend towards an integrated child health service has been greatly assisted by the increase in the number of infant welfare centres accommodated in Village Colleges.

Those participating in school nursing activities look forward to the developments envisaged for the future and in particular to even closer links with the Heads of schools and their staffs."

S. MEE.

B. The following figures relate to the work of nurses in connection with the School Health Service.

(i) *Visits to Schools*

(a) Sessions of medical inspection attended ..	361
(b) Number of children prepared for medical inspection	6,192
(c) For hygiene inspections	350
(d) Other purposes	460

(ii) *Visits to Homes of Scholars*

(a) Follow-up to secure treatment	2,995
(b) Special enquiries into infectious or contagious disease	260
(c) Other purposes	291

C. **Verminous inspections**

School Groups	No. of children examined			No. of *Individual* children found to be infested			No. of visits to Schools by School Nurses
	by School Nurses	by School Medical Officers	Total	At School Nurse Exam.	At S.M.O. Examination	Total	
Village Colleges & Secondary Modern Schools	8515	813	9328	7	—	7	25
Primary & Full Range Schools	22748	3771	26519	30	1	31	325
Totals	31263	4584	35847	37	1	38	350

The total number of children infested—38—compares with 41 in 1958 and 38 in 1957. The number of children inspected is, however, less (45,492 in 1958 and 39,713 in 1957) mainly due to the fact that an inspection once a term is being carried out now as opposed to four inspections a year. It is to be stressed that whereas from the point of view of statistical requirements by the Ministry these visits by the school nurses are classified under the heading of verminous inspections, in point of fact the nurse's visit is one of general hygiene when the general condition of the children is observed, the question of presence or absence of vermin being only a part of the inspection.

INFECTIOUS DISEASES

Notifiable infectious diseases for the past six years, children aged 5-14.

	1954	1955	1956	1957	1958	1959
Diphtheria	—	—	—	—	—	—
Dysentery	4	5	16	6	43	18
Encephalitis, Acute	—	1	1	1	—	—
Erysipelas	1	—	1	—	—	1
Food Poisoning	7	2	1	8	10	2
Measles	65	741	364	462	374	1,715
Meningococcal infection	—	—	—	1	—	—
Paratyphoid	—	—	—	1	—	—
Pneumonia	11	2	2	6	3	2
Poliomyelitis, paralytic	—	1	6	4	—	—
Non-paralytic	2	1	2	—	—	—
Scarlet Fever	84	51	44	30	87	139
Tuberculosis, Pulmonary	1	1	1	6	1	4
Non-Pulmonary	8	2	4	1	2	—
Whooping cough	180	133	93	210	13	80

Non-notifiable infectious diseases reported by Head Teachers, last six years.

	1954	1955	1956	1957	1958	1959
German measles	18	9	15	18	44	32
Mumps	208	279	73	295	342	237
Chickenpox	510	296	203	190	150	602

VACCINATION AND IMMUNISATION

A. **Immunisation against diphtheria, whooping cough and tetanus**

The following table shows the number of school children in the rural area immunised during 1959 against diphtheria, pertussis and tetanus.

Age Groups	Diphtheria Only		Pertussis Only		Tetanus Only	
	Primary	Booster	Primary	Booster	Primary	Booster
5-9	10	152	10	20	3	4
10-14	—	5	—	—	2	—
Totals	10	157	10	20	5	4
Age Groups	Diphtheria & Tetanus		Diphtheria & Pertussis		Triple Antigen	
	Primary	Booster	Primary	Booster	Primary	Booster
5-9	2	—	7	74	9	67
10-14	—	—	—	2	1	5
Totals	2	—	7	76	10	72

B. Vaccination against Poliomyelitis

The following table relates to children, in both City and rural area, vaccinated against poliomyelitis in 1959.

Year of birth	First two doses			Third dose		
	Boys	Girls	Total	Boys	Girls	Total
1954	329	327	656	696	708	1404
1953	343	328	671	758	734	1492
1952	288	302	590	715	718	1433
1951	346	302	648	768	705	1473
1950	278	309	587	763	725	1488
1949	331	294	625	735	741	1476
1948	378	362	740	768	776	1544
1947	394	383	777	869	849	1718
1946	464	459	923	726	694	1420
1945	382	433	815	554	575	1129
1944	451	429	880	557	588	1145
TOTALS	3984	3918	7902	7909	7813	15722

PROVISION OF MILK AND MEALS 1959

The arrangements for the supply of Milk in Schools have continued as before and in September 1959 there were 9,656 children receiving it, or 82.32 per cent of the total in attendance. Of those in attendance at the Nursery School 100 per cent received it, at Primary Schools 92.34 per cent and at Secondary Schools 64.05 per cent.

The following are the figures as to schools:

Tuberculin tested	11
Pasteurised	104
Tuberculin Tested Pasteurised	5
	120

Cooked mid-day meals were available for all schools, and a total of 7,132, or 62.38 per cent, received them. At the Nursery School 75.86 per cent took the meals, at Primary Schools 53.24 per cent and at Secondary Schools 80.06 per cent.

The number of children receiving free meals on a scale of means approved by the Education Committee was 448.

PHYSICAL EDUCATION

I am particularly grateful for the following report of the Organisers of Physical Education. Physical education is an integral part of the programme for the promotion of the health of the school child.

" Throughout 1959 Physical Education in the Secondary and Primary Schools and in Further Education Centres has been vigorous and of good quality. The teachers are working on modern lines, stiff formality giving way to wide schemes of physical activity.

Primary Schools

The Organisers have made regular visits to the schools to give help and encouragement and, where necessary, have taken demonstration lessons. Nearly every teacher has attended one of the Teachers' Courses which have been arranged in various areas during the last two years. The success of these courses is revealed in the variety of the work and in the increased skill of the teachers.

In a number of schools it is still difficult to have regular lessons in the winter because of lack of accommodation.

Secondary Schools

During 1959 Cambridgeshire, in common with all Authorities, felt the full impact of the national shortage of women teachers of Physical Education, and in not a few instances full-time vacancies have had to be filled by temporary and by part-time appointments.

So far as boys were concerned, the staffing problem was much less acute and, through the appointment of young, enthusiastic teachers, it was possible to take full advantage of the exceptionally favourable weather for field activities.

Training Courses

1. A course for teachers of older boys on " Facets of Physical Education " was held in the Spring Term 1959. Practical demonstrations and films were followed by lively discussions.
2. A special session for coaching selected school athletes was taken by Lionel Pugh (National Coach, Amateur Athletic Association) at Coleridge School.
3. A course for women physical education teachers has been planned for the Spring Term 1960.

Opportunities for Adventure and Outdoor Pursuits

1. Many children have taken part in school journeys and school camps; some going as far afield as Wales and the Lake District.
2. In 1958 four boys were enabled to attend the Outward Bound Courses: this year the number was increased to eight and in 1960 two places will be taken for girls.
3. Most Secondary Schools are now taking part in the Duke of Edinburgh's Award Scheme and awards have been gained. It is perhaps worth mentioning that, in connection with this new undertaking, Sir John Hunt spent several days during the summer visiting these schools.

Swimming

Swimming is, of course, an important part of physical education and during the year all schools received instruction at Cambridge, Royston, Newmarket or Saffron Walden Baths.

During the year two Primary Schools, Gamlingay and Girton Glebe, with the co-operation of Parent-Teacher Associations and friends, built their own pools in the school grounds. In the near future a filter plant and changing accommodation will be added at the former. Other Primary and Secondary Schools intend to follow their excellent example.

Remedial Teaching

A booklet is being prepared to help teachers and, through them, the parents, to give specialised exercises to children in need of remedial treatment.

Every Physical Education lesson includes strengthening exercises and postural training. Women teachers who have had a three year training in physical education are qualified to take school remedial exercises. With their co-operation in 1960, some demonstration of remedial exercises will be given to Primary School teachers and parents so that help can be given to those children requiring more treatment than the ordinary physical education lesson.

Further Education

As a continuation of the girls' physical education in school, there are numerous Keep Fit classes for adults throughout the County. Thirteen classes have been well attended in the Spring and Autumn terms. In the Summer term outdoor activities such as tennis took the place of formal classes.

There have been evening sessions for men in gymnastics, football, cricket and basketball training."

U. TROTT
H. PAYNE

MEDICAL EXAMINATION OF TECHNICAL COLLEGE PUPILS

Medical examination of entrants to the Technical College was, as usual, carried out at the Shire Hall during the summer holidays, and the following is a summary of the results:

		Boys	Girls	Total
Number of pupils examined		72	92	164
Defects Discovered:—				
Defective vision				
	For observation	13	26	39
	For treatment	2	8	10
Nose and Throat Defects				
	For observation	—	2	2
	For treatment	—	—	—
Hearing		—	—	—
Orthopaedic		3	10	13
Circulatory		—	—	—
Skin		2	—	2
Other Conditions		—	5	5

No cases of unsatisfactory physical condition were noted.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TEACHERS TRAINING COLLEGES

Members of the Health Department carry out medical examinations of entrants to the teaching profession and applicants for admission to training colleges.

Sex	Entrants to Teaching Profession			Entrants to Training Colleges			Total
	A1	A2	B1	A1	A2	B1	
Males	4	3	1	3	5	—	16
Females	—	2	1	2	4	—	9
Total	4	5	2	5	9	—	25

DEATHS OF SCHOOL CHILDREN

Boys

Age	Causes of Death
7	Neuroblastoma of spine.
7	Gastro enteritis.
7	Toxaemia and peritonitis following perforated appendix.
14	Head injuries when involved in a motor accident as a passenger.
15	Fracture of skull due to jumping from a moving omnibus and striking head on road.

Girls

Age	Causes of Death
8	Tumour of Kidney.
9	Cerebellar astrocytoma.
11	Multiple injuries from collision with motor car on road.
15	Leukaemia.

It is interesting to note that of the nine deaths of school children in 1959, in one third motor vehicles played a part either actively or passively and that of the others four were caused by malignant disease of one kind or another. Gastro enteritis is considered to be a mild disease of little or no significance and, although this is often so, the occasional fulminating and fatal case arises even in the young and healthy.

APPENDIX I

RURAL AREA

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

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of pupils inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	72	71	98.61	1	1.39
1954	892	870	97.53	22	2.47
1953	340	335	98.53	5	1.47
1952	197	191	96.95	6	3.05
1951	753	739	98.14	14	1.86
1950	242	240	99.17	2	0.83
1949	239	238	99.58	1	0.42
1948	641	640	99.84	1	0.16
1947	285	282	98.95	3	1.05
1946	103	103	100.00	—	—
1945	560	558	99.64	2	0.36
1944 and earlier	260	260	100.00	—	—
TOTAL	4584	4527	98.75	57	1.25

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.
(excluding dental diseases and infestation with vermin)

Age Groups inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1955 and later	1	10	6
1954	16	139	127
1953	2	77	58
1952	10	40	42
1951	28	114	131
1950	14	24	34
1949	17	49	58
1948	34	78	98
1947	10	29	34
1946	6	14	15
1945	18	32	43
1944 and earlier	6	30	27
TOTAL	162	636	673

TABLE C.—OTHER INSPECTIONS.

Number of special inspections	534
Number of re-inspections	4517
Total	5051

TABLE D.—INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	35,847
(b)	Total number of individual pupils found to be infested ..	38
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	nil

Part II. Defects Found by Medical Inspection During the Year.

Table A.—Periodic Inspections.

Defect Code No.	Defect or Disease	Periodic Inspections									
		Entrants		Eight years old		Intermediates		Leavers		Total	
		Requiring treatment	For observation	Requiring treatment	For observation	Requiring treatment	For observation	Requiring treatment	For observation	Requiring treatment	For observation
4	Skin	18	46	12	18	18	30	11	13	59	107
5	Eyes—										
	a. Vision	19	176	53	134	60	136	30	125	162	571
	b. Squint	13	35	4	26	1	14	1	8	19	83
	c. Other	7	12	8	15	6	12	2	9	23	48
6	Ears—										
	a. Hearing	9	17	7	23	2	11	5	14	23	65
	b. Otitis media	8	35	3	17	1	8	4	4	16	64
	c. Other	—	12	2	11	3	8	2	1	7	32
7	Nose & throat	28	167	17	102	11	58	4	25	60	352
8	Speech	22	43	17	33	2	10	2	5	43	91
9	Lymphatic glands	11	91	5	21	1	14	2	4	19	130
10	Heart	3	20	—	9	1	8	—	13	4	50
11	Lungs	7	39	5	20	4	17	—	10	16	86
12	Developmental										
	a. Hernia	1	8	1	7	—	2	—	1	2	18
	b. Other	3	38	5	33	3	27	2	6	13	104
13	Orthopaedic—										
	a. Posture	—	4	5	9	7	28	1	28	13	69
	b. Feet	29	36	27	16	25	26	6	11	87	89
	c. Other	20	29	8	22	22	28	3	25	53	104
14	Nervous system—										
	a. Epilepsy	—	5	1	2	1	3	—	3	2	13
	b. Other	6	14	4	15	5	8	—	4	15	41
15	Psychological—										
	a. Development	4	28	4	46	7	29	2	16	17	119
	b. Stability	8	42	7	46	8	36	1	17	24	141
16	Abdomen	1	6	2	7	5	2	1	2	9	17
17	Other	28	22	42	37	30	36	12	23	112	118

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	For Observation
4	Skin	5	—
5	Eyes—		
	a. Vision	16	8
	b. Squint	—	1
	c. Other	1	2
6	Ears—		
	a. Hearing	4	8
	b. Otitis media	3	1
	c. Other	—	1
7	Nose and Throat	1	6
8	Speech	13	2
9	Lymphatic Glands	—	1
10	Heart	—	1
11	Lungs	2	3
12	Developmental—		
	a. Hernia	—	—
	b. Other	1	—
13	Orthopaedic—		
	a. Posture	1	—
	b. Feet	2	2
	c. Other	2	1
14	Nervous system—		
	a. Epilepsy	—	—
	b. Other	1	—
15	Psychological—		
	a. Development	6	33
	b. Stability	—	6
16	Abdomen	—	2
17	Other	17	12

PART III. TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	6
Errors of refraction (including squint)	810
Total	816
Number of pupils for whom spectacles were prescribed	464

Table B.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsillitis	178
(c) for other nose and throat conditions	4
Received other forms of treatment	47
Total	235
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	2
(b) in previous years	14

Table C.—Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	21
(b) Pupils treated at school for postural defects	—

Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm— (a) Scalp	—
(b) Body	8
Scabies	4
Impetigo	23
Other skin diseases	73
Total	108

Table E.—Child Guidance Treatment.

Pupils investigated or treated at Child Guidance Clinics	82

Table F.—Speech Therapy.

Pupils treated by speech therapists	213

TABLE G.—OTHER TREATMENT GIVEN.

(a) Pupils with minor ailments	105
(b) Pupils who received convalescent treatment under School Health Service arrangements	4
(c) Pupils who received B.C.G. vaccination	1149
(d) Other than (a), (b) and (c) above—	
Please specify	
Appendicectomy	18
Orchidopexy	5
Herniotomy	4
	1285

PART IV. DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
	(a) At periodic inspections	2171
	(b) As Specials	578
	Total (1)	2749
(2)	Number found to require treatment	2082
(3)	Number offered treatment	1327
(4)	Number actually treated	1055
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h) below ..	2338
(6)	Half-days devoted to:	
	(a) Inspection	14
	(b) Treatment	236
	Total (6)	250
(7)	Fillings:	
	(a) Permanent Teeth	940
	(b) Temporary teeth	26
	Total (7)	966
(8)	Number of teeth filled:	
	(a) Permanent teeth	910
	(b) Temporary teeth	22
	Total (8)	932
(9)	Extractions:	
	(a) Permanent teeth	403
	(b) Temporary teeth	602
	Total (9)	1005

(10) Administration of general anaesthetics for extraction	28
(11) Orthodontics:	
(a) Cases commenced during the year ..	31
(b) Cases carried forward from previous year	49
(c) Cases completed during the year	19
(d) Cases discontinued during the year ..	4
(e) Pupils treated with appliances	60
(f) Removable appliances fitted	67
(g) Fixed appliances fitted	3
(h) Total attendances	402
(12) Number of pupils supplied with artificial teeth ..	34
(13) Other operations:	
(a) Permanent teeth	80
(b) Temporary teeth	192
Total (13)	272

APPENDIX II

CITY OF CAMBRIDGE

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1960 13,187

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

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	502	497	99.1	5	0.9
1954	638	626	98.1	12	1.9
1953	103	101	98.1	2	1.9
1952	445	442	99.3	3	0.7
1951	450	440	97.8	10	2.2
1950	5	5	100.0	—	—
1949	713	702	98.5	11	1.5
1948	413	407	98.5	6	1.5
1947	51	50	98.0	1	2.0
1946	981	973	99.1	8	0.9
1945	68	67	98.5	1	1.5
1944 and earlier	56	56	100.0	—	—
TOTAL	4425	4366	98.7	59	1.3

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	79	71
1954	2	97	92
1953	1	18	12
1952	19	48	56
1951	20	52	65
1950	1	1	2
1949	41	75	115
1948	13	44	59
1947	5	6	11
1946	57	81	138
1945	3	6	8
1944 and earlier	1	6	7
TOTAL	163	513	636

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	446
Number of Re-inspections	1574
Total	2020

TABLE D.—INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	26,822
(b)	Total number of individual pupils found to be infested	64
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	48
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	nil

Part II. Defects Found by Medical Inspection During the Year.

Table A.—Periodic Inspections.

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(Requiring treatment)	(For observation)	(Requiring treatment)	(For observation)	(Requiring treatment)	(For observation)	(Requiring treatment)	(For observation)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	10	27	34	26	28	40	72	93
5	Eyes—								
	a. Vision	5	3	57	36	101	73	163	112
	b. Squint	27	28	2	1	10	17	39	46
	c. Other	3	11	6	4	22	10	31	25
6	Ears—								
	a. Hearing	9	18	1	—	5	25	15	43
	b. Otitis Media	9	26	—	—	4	15	13	41
	c. Other	—	—	—	—	1	4	1	4
7	Nose and Throat	34	127	6	26	27	115	67	268
8	Speech	7	9	2	2	6	23	15	34
9	Lymphatic Glands	1	38	—	1	—	15	1	54
10	Heart	—	5	1	6	4	13	5	24
11	Lungs	16	49	7	10	16	50	39	109
12	Developmental								
	a. Hernia	5	2	—	—	1	2	6	4
	b. Other	3	37	1	4	5	44	9	85
13	Orthopaedic—								
	a. Posture	11	8	15	21	48	25	74	54
	b. Feet	18	25	9	10	34	29	61	64
	c. Other	11	12	7	41	13	57	31	110
14	Nervous System—								
	a. Epilepsy	—	3	—	—	1	2	1	5
	b. Other	—	1	—	5	—	13	—	19
15	Psychological—								
	a. Development	—	9	1	15	1	30	2	54
	b. Stability	1	30	1	23	2	61	4	114
16	Abdomen	—	3	—	—	—	2	—	5
17	Other	7	54	5	27	14	76	26	157

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	15	5
5	Eyes—		
	a. Vision	59	13
	b. Squint	8	—
	c. Other	8	—
6	Ears—		
	a. Hearing	3	3
	b. Otitis Media	2	1
	c. Other	3	—
7	Nose and Throat	14	9
8	Speech	16	3
9	Lymphatic Glands	—	—
10	Heart	—	1
11	Lungs	7	7
12	Developmental		
	a. Hernia	—	—
	b. Other	5	2
13	Orthopaedic—		
	a. Posture	25	4
	b. Feet	18	1
	c. Other	10	2
14	Nervous System—		
	a Epilepsy	—	1
	b. Other	—	3
15	Psychological—		
	a. Development	12	6
	b. Stability	2	6
16	Abdomen	—	—
17	Other	13	13

PART III. TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	47
Errors of refraction (including squint)	546
Total	593
Number of pupils for whom spectacles were prescribed	450

Table B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	19
(b) for adenoids and chronic tonsillitis	328
(c) for other nose and throat conditions	18
Received other forms of treatment	—
Total	365
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	1
(b) in previous years	8

Table C.—Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	25
(b) Pupils treated at school for postural defects	343
Total	368

Table D.—Diseases of the Skin.

(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm— (a) Scalp	—
(b) Body	—
Scabies	4
Impetigo	3
Other skin diseases	48
Total	55

Table E.—Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	124

Table F.—Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	188

Table G.—Other Treatment Given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	791
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above— Please specify:	—
Total (a)-(d)	791

Part IV. Dental Inspection and Treatment Carried Out by the Authority.

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

(a) At Periodic Inspections	5891
(b) As Specials	2252
Total (1)	8143

(2)	Number found to require treatment	5719
(3)	Number offered treatment	4898
(4)	Number actually treated	3948
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)	5932
(6)	Half days devoted to:	
	(a) Periodic (School) Inspection	52
	(b) Treatment	1128
	Total (6)	1180
(7)	Fillings:	
	(a) Permanent Teeth	3086
	(b) Temporary Teeth	345
	Total (7)	3431
(8)	Number of Teeth filled:	
	(a) Permanent Teeth	2850
	(b) Temporary Teeth	340
	Total (8)	3190
(9)	Extractions:	
	(a) Permanent Teeth	679
	(b) Temporary Teeth	2345
	Total (9)	3024
(10)	Administration of general anaesthetics for extraction	422
(11)	Orthodontics:	
	(a) Cases commenced during the year ..	93
	(b) Cases brought forward from previous year	41
	(c) Cases completed during the year	41
	(d) Cases discontinued during the year ..	12
	(e) Pupils treated with appliances	133
	(f) Removable appliances fitted	178
	(g) Fixed appliances fitted	18
	(h) Total attendances	937

(12) Number of pupils supplied with artificial teeth ..	46
(13) Other operations:	
(a) Permanent Teeth	479
(b) Temporary Teeth	378
Total (13)	857