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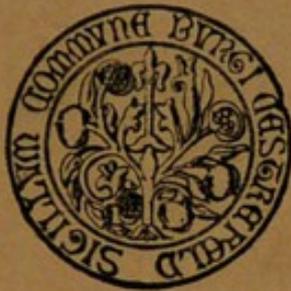
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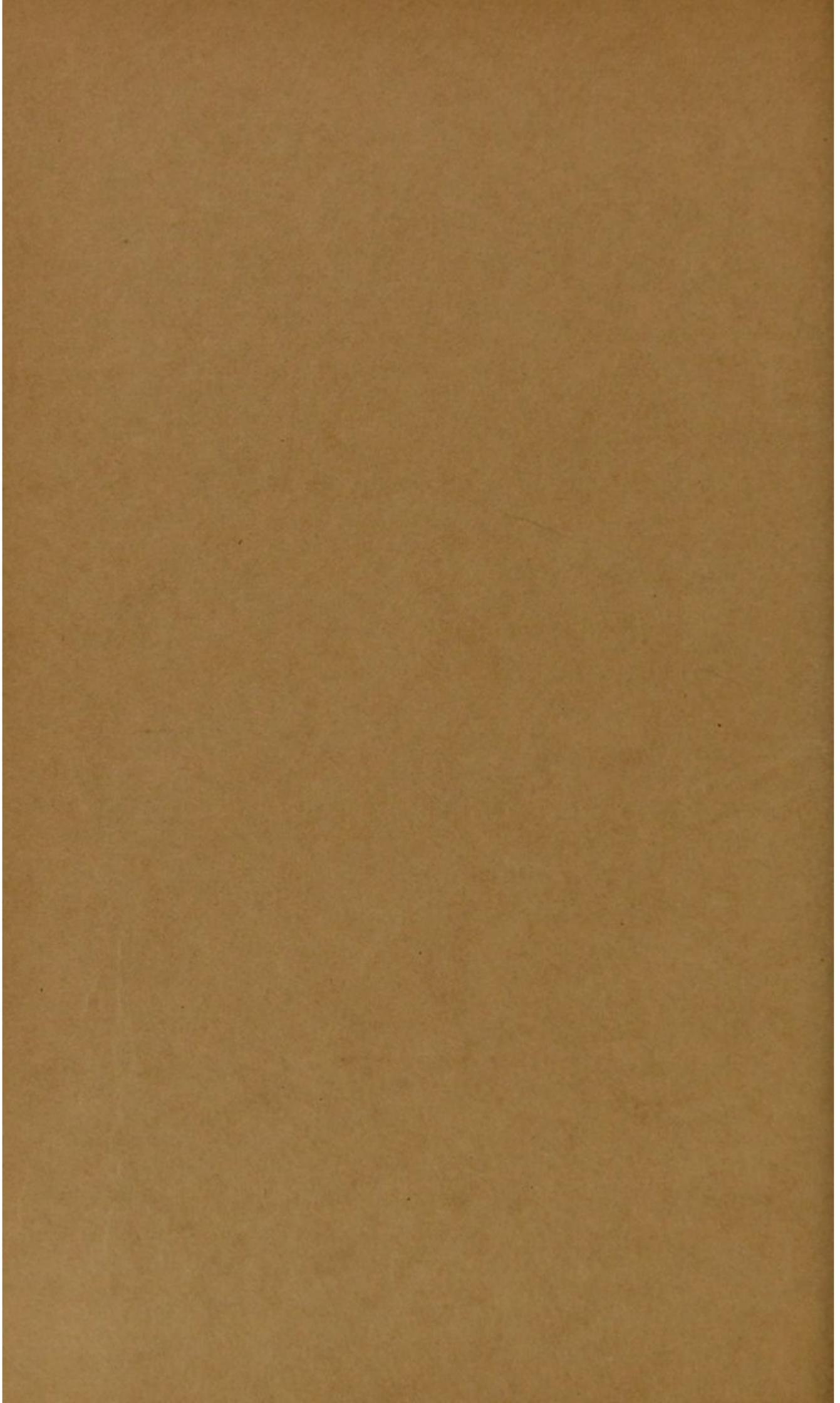
ANNUAL REPORT

OF THE

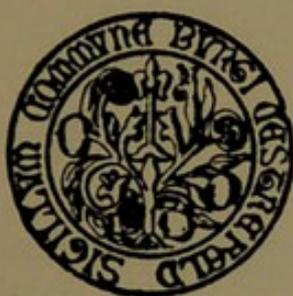
School Medical Officer

For the Year, 1939.

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.,
SCHOOL MEDICAL OFFICER.



BOROUGH OF CHESTERFIELD



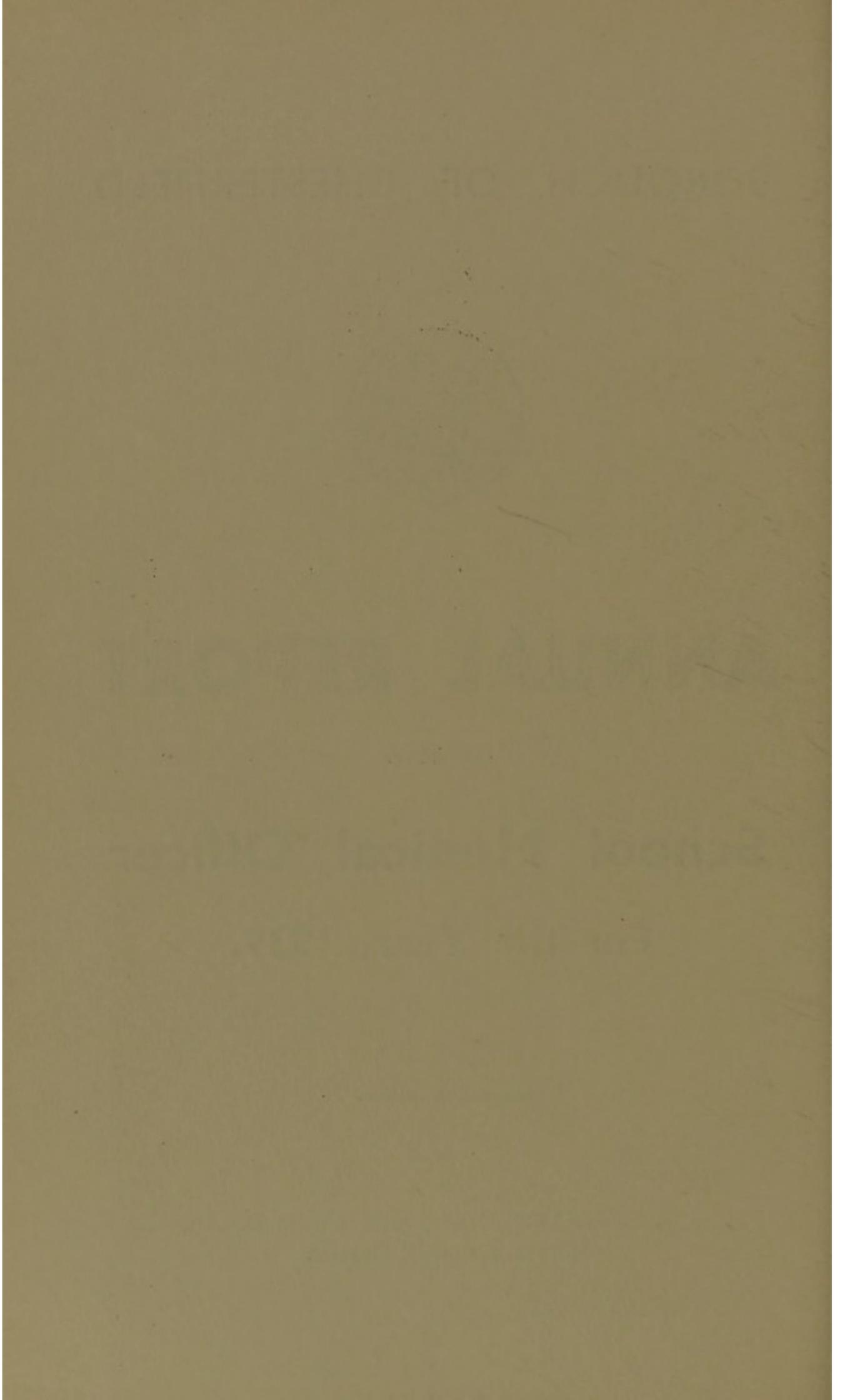
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BOROUGH OF CHESTERFIELD.

Education Committee, 1939-40.

THE MAYOR (Councillor J. W. Thompson, C.C.)

Chairman :

ALDERMAN H. CROPPER, J.P.

Vice-Chairman :

COUNCILLOR J. P. DAVIE, M.D.

Members :

ALDERMAN SHORT.

ALDERMAN WICKS, J.P.

COUNCILLOR BENTON.

COUNCILLOR BIRD.

COUNCILLOR BRADLEY.

COUNCILLOR CORNER.

COUNCILLOR HEATHCOTE.

COUNCILLOR OAKLEY.

COUNCILLOR F. ROBINSON, J.P.

COUNCILLOR V. O. ROBINSON, M.C., T.D., J.P.

COUNCILLOR WILKINSON.

Co-opted Members :

COUNCILLOR PARKIN.

COUNCILLOR WARNER.

ALDERMAN SPENCER, J.P.

MR. H. W. HODSON, B.ENG.

MR. C. MIDDLETON, B.Sc.

MISS K. RICH, B.A.

MR. J. L. SMEALL, M.A.

Staff of the School Medical Service

School Medical Officer and Medical Officer of Health :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

Assistant School Medical Officers and Assistant Medical Officers of Health :

J. R. BYARS, M.B., Ch.B., D.P.H.

BELL C. MACKAY, M.B., Ch.B., D.P.H.

Ophthalmic Surgeon :

WM. M. MUIRHEAD, M.B., Ch.B., D.O.M.S., R.C.P.S.

Orthopaedic Surgeon (Part time) :

ELIZABETH GRIERSON, M.B., Ch.B.

School Dental Officer :

A. ROYDEN LITTLAR, L.D.S.

Assistant School Dental Officer :

ALLEN WM. SMITH, L.D.S.*

Speech Therapist (Part time) :

RANDAL KEANE, M.A., A.S.S.T.

School Nurses and Health Visitors :

MRS. E. A. JOHNSON.

MISS O. M. PARKER.

MISS E. E. PASSEY.

MISS F. SMITH.

MISS C. H. MOORE.

MISS R. HANCOCK.

MISS A. PARKINSON.

Orthopaedic Nurse (Part time) :

MISS E. TAYLOR.

Clerical Staff :

G. S. BROWN.

MISS E. M. ELLIOTT.

MISS N. GILL.

MISS E. REYNOLDS.

MISS A. PIKE.

MISS B. FISHER.†

*Commenced 1/9/39.

†Commenced 28/8/39.

Staff of the Children's Centre

Psychiatrist :

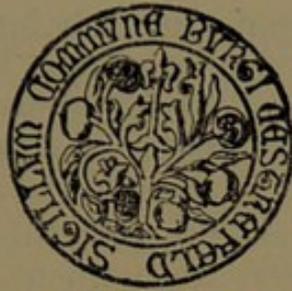
HUGH S. BRYAN, M.R.C.S., L.R.C.P.

Psychologist :

MR. N. E. WHILDE.

Play Therapist :

MISS P. M. TRAILL, M.A.



Borough of Chesterfield.

School Medical Officer's Report for 1939.

*To the Chairman and Members of the Education Committee
of the Borough of Chesterfield.*

Mr. Chairman, Ladies and Gentlemen.

I have the honour as School Medical Officer, to submit my eleventh Annual Report on the School Medical Inspection and Treatment of school children in the Borough during the year ended December 31st, 1939.

The Report has been prepared in accordance with the requirements of the Board of Education.

During the year under review, Mr. A. W. Smith has been appointed Assistant School Dental Officer, and in connection with the Children's Centre at Brambling House, Dr. H. S. Bryan, has been appointed Psychiatrist, and Miss P. M. Traill, Play Therapist.

The year has again proved a notable one in the progress of the School Medical Service, as during this period, Brambling House Open-Air School and Children's Centre have been opened, and in this connection I would refer you to Dr. H. S. Bryan's excellent report on the work of the Children's Centre, which will be found in the body of the Report. The new Edmund Street Clinic has also been opened and is doing excellent work.

The outbreak of war unfortunately interfered with the working of the School Medical Service for a time, but the inevitable difficulties have been overcome, and I am pleased to say that the normal working of the Service has now been resumed in full.

I would like to express my grateful thanks to Dr. Stead and the Staff of the Education Department, and the Head Teachers of the various schools for the great help they have given us under very difficult conditions, and to Dr. Byars, Dr. Mackay, and the other members of the staff of the School Medical Service for the loyal support they have given me, and for the willing and cheerful way in which they have adapted themselves to the trying circumstances which have been experienced since September.

I would also like to express to you, Mr. Chairman, Ladies and Gentlemen, my grateful thanks for your continued interest and support which I have greatly appreciated.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. A. STIRLING,

School Medical Officer.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health, while the School Nurses are also Health Visitors, and thus the closest co-ordination exists between all the health services of the Borough.

The care of debilitated children under school age is undertaken by the Maternity and Child Welfare Committee.

SCHOOL HYGIENE.

The general health of the school children has been good throughout the year, and there is no doubt that the modern type of school buildings in the Borough designed as they are to admit fresh air and sunlight, are a highly important contributory factor in the maintenance of this good standard.

MEDICAL INSPECTION.

The general arrangements for Medical Inspection remain as set out in last year's report. At each School the three code groups, i.e., "Entrants," "Intermediates," and "Leavers," have been examined, in addition to the "Specials" and "Re-examinations." Particulars under this heading will be found in Table I.

UNCLEANLINESS.

The schools are visited at frequent intervals during the year by the School Nurses, who inspect the children for the presence of verminous or unhealthy conditions, subsequently following up any cases found in an unsatisfactory condition.

During the period under review, 32,560 children were examined in the schools, and of this number 569 were found unclean.

INFECTIOUS DISEASE.

The arrangements under this heading remain as before, and have again worked very satisfactorily during the year.

It is gratifying to be able to report a low prevalence of Infectious Disease amongst the Borough school children during the year. No school closures were necessary during the year.

A summary of the incidence of infectious disease is given below :—

	1939	1938
Scarlet Fever	122	83
Diphtheria	21	93
Pneumonia	6	30
Erysipelas	2	—
	<hr/>	<hr/>
	151	206
	<hr/>	<hr/>

FOLLOWING UP.

The work of the School Nurses during the year is shown in the following analysis :—

(1) Visits to Schools	1515
(a) For Infectious Disease	—
(b) Other Visits	1361
(c) For Verminous Surveys	154
(2) Visits to Homes of School Children	935

Reason of Visit.	No. of Visits.
Verminous Children	103
Scabies	13
Ringworm.....	2
Eye Diseases and Eye Defects	190
Enlarged Tonsils and Adenoids	94
Other Medical Defects	400
Infectious Disease	62
Other Visits and Re-visits	71

MEDICAL TREATMENT.

That the Minor Ailments Clinics still continue their sphere of usefulness is evidenced by the fact that 2,122 children made 8,552 attendances at the clinics during the year.

The following table shows the complaints for which the children were treated.

	No. of Visits.
Skin Diseases :—	
Scabies	94
Impetigo	173
Ringworm (Scalp)	18
Ringworm (Body)	18
Other Skin Diseases	123
Eye Diseases :—	
Blepharitis	36
Conjunctivitis	23
Corneal Ulcer	1
Other Eye Diseases	86
Ear Diseases :—	
Otorrhoea	70
Wax	27
Other Ear Diseases	23
Diseases of the Nose and Throat :—	
Enlarged Tonsils and Adenoids	68
Other Conditions	139
Verminous Heads and Bodies	70
Septic Sores and Abrasions	888
General Examinations	262
Dental Diseases	19
All other Diseases	624

TONSILS AND ADENOIDS.

The scheme which came into force with the Royal Hospital towards the end of 1933 has worked smoothly and satisfactorily during the year under review.

Action taken during 1939 in dealing with cases of enlarged tonsils and adenoids will be found in Table IV. Group 3, at the end of this Report.

TUBERCULOSIS.

I wish to express my grateful thanks to Dr. Robertson for his continued and valuable help and co-operation during the year.

No cases of Tuberculosis were discovered at routine medical inspection, but during the year 4 cases of Pulmonary, and 8 of Non-Pulmonary Tuberculosis in children of school age were notified in the Borough.

SKIN DISEASES.

The majority of the cases of Skin Diseases occurring amongst the school population are treated at the School Clinics and fuller particulars under this heading will be found in Table 4, Group I., at the end of the report.

VERMINOUS AND DIRTY CHILDREN.

No proceedings were taken during the year under either the Education Act, 1921, or under the School Attendance Byelaws.

EXTERNAL EYE DISEASES.

Under this heading 146 children were treated at the minor ailments Clinics, this number being mainly made up of children suffering from Blepharitis or Conjunctivitis.

VISION.

The following is a summary of the year's work at the Ophthalmic Clinic :—

Number of attendances	1899
Number of new cases who attended and were tested under atropine	196
Number of new cases who attended and were tested without atropine	47
Number of prescriptions given for glasses	126
Number who obtained glasses	116
Number who required no glasses	86
Number found wearing correct glasses	2
Number of cases referred to Hospital	18
Number of cases in which treatment was not completed	10
Number of cases who have left town and school	1
Number of old cases who attended and were re-examined under atropine	156
Number of old cases who attended and were re-examined without atropine	499
Number of old cases in which new glasses were ordered after re-testing	148
Number of old cases who obtained glasses	130
Number of cases for whom glasses were prescribed in 1938 and did not obtain them until 1939	38
Number of cases in which prescriptions were repeated in respect of broken glasses	20

Number of necessitous cases for whom glasses were obtained by the Local Authority :—

Free	.....	.....	.....	.....	1
Part Payment	.....	.....	.....	.....	84
Full Payment	.....	.....	.....	.....	223

Number of cases referred to Ophthalmic Surgeon from the Minor Ailments Clinics during the year 36

The following gives an analysis of the cases treated :—

Hypermetropia	.....	.....	.....	.....	125
Hypermetropic Astigmatism	.....	.....	.....	.....	367
Myopia	.....	.....	.....	.....	66
High Myopia	.....	.....	.....	.....	9
Myopic Astigmatism	.....	.....	.....	.....	63
Mixed Astigmatism	.....	.....	.....	.....	23
Concomitant Strabismus	.....	.....	.....	.....	83
Divergent Strabismus	.....	.....	.....	.....	2
Nebulae	.....	.....	.....	.....	10
Nystagmus	.....	.....	.....	.....	3
Conjunctivitis	.....	.....	.....	.....	25
Phlyctenular Conjunctivitis	.....	.....	.....	.....	8
Blepharitis	.....	.....	.....	.....	11
Corneal Ulcer	.....	.....	.....	.....	3
Styes, Abscess, etc.	.....	.....	.....	.....	11
Emmetropia	.....	.....	.....	.....	15
Asthenopia	.....	.....	.....	.....	6
Anisometropia	.....	.....	.....	.....	45
Epicanthus	.....	.....	.....	.....	2
Epiphora	.....	.....	.....	.....	1
Paresis of Accommodation	.....	.....	.....	.....	2
Ptosis	.....	.....	.....	.....	3
Medical	.....	.....	.....	.....	1
Coloboma	.....	.....	.....	.....	1
Choroiditis	.....	.....	.....	.....	1
Sub-conjunctival Haemorrhage	.....	.....	.....	.....	1
Keratitis	.....	.....	.....	.....	2
Meibomean Cyst	.....	.....	.....	.....	5
Dislocated Lenses	.....	.....	.....	.....	1
Adherent Leucoma	.....	.....	.....	.....	1
Photophobia	.....	.....	.....	.....	1
Papilloma	.....	.....	.....	.....	1

DENTAL DEFECTS.

6335 children were examined by the School Dental Officer during the year ended December 31st, 1939, and of this number, 3459 were found to require treatment, and 3024 were actually treated.

Mr. Littlar, the School Dental Officer, gives the following report on the School Dental Inspections and Treatment.

Mr. A. W. Smith, L.D.S., was appointed assistant School Dental Officer, dating from September 1st, 1939, and is in attendance at the new School Clinic at Edmund Street. His appointment means that the Dental work will be greatly enhanced. School Inspections will be more frequent, caries will be checked in its early stages, more conservative work can be undertaken and consequently the number of permanent teeth requiring extraction will be considerably reduced. The School Dental work was considerably upset at the outbreak of hostilities owing to the dislocation in the schools. Nevertheless, mainly thanks to Mr. Smith's appointment, 1109 more children were examined than in 1938, and 570 more children received treatment, and 455 more permanent teeth were made serviceable.

The work undertaken has been of a similar nature to that of previous years namely fillings and extractions, no denture or orthodontic appliances being undertaken. Very little conservative work has been done on the temporary dentition, all efforts being concentrated on maintaining the mouth free from sepsis, and conserving the permanent dentition, each child being treated as an individual case, every care being taken to make every operation as painless as possible.

It is gratifying to note the increasing number of parents who are taking more interest in their children's teeth and who come up for advice.

I wish to thank the teaching staff for the work they have done in teaching the children Dental Hygiene, also for urging the parents and children to take advantage of the treatment provided at the Clinic.

The Maternity and Child Welfare Clinic for children of pre-school age is doing useful work.

CRIPPLING DEFECTS AND ORTHOPAEDICS.

The Orthopaedic Clinic which was opened in October, 1938, a brief survey of which was outlined in my report for 1938 has worked smoothly and efficiently during the period under review.

During the year, 1,260 attendances have been made at the Orthopaedic Clinic and the classification of the patients on the register is as follows :—

Tuberculosis Bones and Joints	.....	.....	6
Infantile Paralysis	.....	.....	20
Congenital deformities	.....	.....	12
Rickets	.....	.....	17
Flat Feet	.....	.....	19
Postural Deformities	.....	.....	33
Miscellaneous	.....	.....	23
Spastic Conditions	.....	.....	4
Total	.....	.....	<u>134</u>

BRAMBLING HOUSE OPEN AIR SCHOOL.

This School was officially opened by The Right Hon. Earl De La Warr, P.C., J.P. (President of the Board of Education), on the 27th April, 1939.

The School which is situated in delightfully health giving surroundings, is already proving its value in the work of restoring to full health the delicate children of the Borough, and is undoubtedly a splendid acquisition to the School Medical Service.

BRAMBLING HOUSE CHILDREN'S CENTRE.

This Children's Centre was opened at the same time as the Open Air School, and its worth can be best appreciated by a study of the following report on its activities, a report for which I am indebted to the Psychiatrist, Dr. H. S. Bryan.

In the growing child, three processes are going on side by side, namely physical development, intellectual development and emotional development; and to ensure that the child shall grow into a completely mature and efficient adult it is essential that all three processes should proceed along normal lines.

It is the function of the doctor to watch over physical development and deal with defects and deviations; it is the function of the school to stimulate and encourage intellectual development. Until recently, however, emotional development has been left very largely to look after itself. We are just beginning to realise what a serious mistake this is, since emotional disorders can just as surely interfere with a child's general well-being, check his educational progress and threaten his future as can the more generally recognised intellectual defects and physical disorders. It was for this reason that the Children's Centre was brought into being; that the emotional development of the children of Chesterfield might receive the same careful attention as was already being accorded to their physical and intellectual development. The Children's Centre is by no means the first psychological clinic for children to be established in this country, but it has one unique feature, and that is its association with the Open Air School. In this school the physical defective and the child with emotional difficulties sit side by side, whilst in the adjoining Clinic the school doctor, the psychiatrist, the educational psychologist and the play therapist are to be found all working together and in close collaboration with the Staff of the Open Air School. This happy arrangement makes it possible to do away with the usual distinction between the delinquent child, the nervous child, the retarded child, and the ill child, and to regard all such varied conditions as nervousness, chronic headache, stealing, rheumatic pains, temper tantrums, bed wetting, shyness, asthma, lassitude, school failure, etc., merely as symptoms that something is going wrong with *the child*, and to pursue investigations along three lines simultaneously to discover whether that something is physical, intellectual, emotional, or, as is so often the case, a combination of all three. When the condition has been diagnosed, it also makes it possible for treatment to be carried out simultaneously along any or all of the three lines.

The procedure at the Centre is as follows: Any child who is causing anxiety to his parents or teachers, or whose symptoms attract the attention of the School Medical Officer, can be referred to the Centre. The child is first medically examined and if any physical disorder is discovered arrangements are made for its appropriate treatment. The psychologist next tests the child to determine the degree of his intelligence. If the intelligence is

found to fall below a certain level, the child is not accepted for treatment, as the Centre does not deal with mental defectives. Further tests are given to discover whether the child's educational attainments are on a level with his intelligence. If this is found not to be the case, investigations are carried out to discover whether his failure is due to gaps in early education, special disabilities or other causes. When the trouble has been definitely diagnosed, special steps are taken in conjunction with the child's teachers to remedy the defect disclosed and help the child to recover lost ground.

The emotional development of the child is then investigated by the psychiatrist by means of talks with the child and his parents. If emotional difficulties are brought to light, the psychiatrist decides whether those difficulties are of such a nature as can be dealt with by psychiatric interviews, and the adjustment of the child's environment, or whether a neurosis is present which calls for more prolonged and specialised investigation and treatment. In the latter case, he refers the child to the Play Therapist who by her special technique in the play-room is able to investigate the deeper levels of the child's mind and deal with the situation which is revealed. In these cases it is often of the greatest advantage to have the child temporarily transferred to the Open Air School. This not only renders him easily available for treatment when required, but it also enables observation to be kept on his behaviour in the classroom and the playground, and facilitates the very valuable collaboration between the Centre and his teachers with regard to any remedial treatment which may be necessary.

Since its inception, the Centre has dealt with 73 cases. Although it would be premature at this stage to talk about cures or make any attempt to tabulate results, it can be definitely stated that in quite a number of cases the symptoms for which the child was referred to the Centre have either entirely disappeared or have ceased to cause anxiety.

The great majority of cases have come from inside the Borough, but a few have—by special arrangement—come from outside, some of these travelling as much as fifty miles to attend for treatment.

It had been hoped that the staff at the Centre which at present consists of a psychiatrist who attends one day a week, a whole time play-therapist, a part time psychologist, and a part time clerk, would have been completed by the addition of a psychiatric social worker. Unfortunately, the War has made this impossible. Her duties, which mainly consist in maintaining contact with the

child's home, have been undertaken by the Play-Therapist in addition to her other duties. This arrangement has worked quite well, but owing to the time involved, it has limited the number of cases which could be accepted for play-therapy.

It is impossible in the space at our disposal to give detailed information about all the work undertaken, but a short description of three cases is given to illustrate the three different types of treatment which is available at the Centre.

In the first case the root of the trouble proved to be intellectual and the treatment was, therefore, left in the hands of the educational psychologist.

Tommy, a boy aged 12, was referred for his unfounded fears of school. A preliminary interview showed that the fears centred round a particular teacher, his dread having once caused him to run away during a school session. Further investigation revealed the following facts. His intelligence was quite good (mental age over a year more than his actual age). His knowledge of arithmetical processes was even better than his mental age would warrant, but his skill on the mechanical side was deficient, being more than two years behind his mental age. Since he was working in an "a" class it became clear that his fear of the teacher arose out of his own maladjustment to the class in this respect. For example, many of the basic addition combinations were not known and had to be built up, e.g., $9 + 6 = 9 + 3 = 12 + 3 = 15$. The consequent loss in speed and accuracy, which on the face of it was slackness and carelessness, was then seen in its true light. Coaching was arranged and six months later it was reported that the boy was well on the way to becoming top in the form in maths.

In the second case, the difficulties were emotional, but of such a nature that the psychiatrist was able to deal with them by psychiatric interviews and without having to have recourse to play therapy.

Dick and Jim were brothers of thirteen and twelve respectively. The elder was referred to the Clinic for asthma, and the younger because he was disagreeable and quarrellsome, wet the bed, and had been guilty of theft. Investigation revealed the following situation. The elder boy had his tonsils and adenoids removed at the age of $2\frac{1}{2}$ years. He was done at home without previous explanation. As he did not stop crying from the moment he went into the room until he was carried out, it is probable that the operation was a most painful and frightening experience for him. It may have made him distrustful of his Mother's love, with a consequent feeling of insecurity. It may have had even deeper unconscious significance for him. At any rate, he became very nervous afterwards, was terrified of doctors, and soon began to have asthmatic attacks at night. These attacks aroused intense anxiety in his Mother and caused her to give constant attention during the night. In between attacks he developed a harsh dry cough which served the same purpose of arousing maternal solicitude. The younger boy, who slept on the other side of the bed, soon became aware of this state of affairs, and entered the battle for his Mother's attention. The weapons he chose, however, were different. At night he compelled his Mother's attention by wetting the bed, whilst by day he fought for what he wanted by generally aggressive behaviour. At meal times, both boys exhibited capricious appetites so that

their Mother had to be continually coaxing first one to eat and then the other. As time went on the struggle intensified, the younger boy demanding everything his brother received, even medical treatment, and the home was made unhappy by the constant scenes between the boys. It was significant however, that they only quarrelled in the presence of their Mother. Alone by themselves they played happily together, and neither boy gave his Mother any trouble in the absence of the other. Significant also was the younger boy's first theft, in which he stole something which his Mother valued and later gave it to a policeman, saying he had found it.

In psychiatric interviews with both boys and their parents, the whole situation was thoroughly gone into. Although it was felt, particularly with regard to the elder boy, that play therapy might prove necessary, both boys improved so rapidly that this was not required. Four months after the first interview, the parents reported that the elder boy had been entirely free from asthma since attending the Clinic, and that the younger had ceased to wet the bed and was showing a great all-round improvement in his behaviour.

In the third case there were deep seated emotional difficulties which necessitated a course of play therapy.

Cyril, aged 9, was referred to us on account of his nervous mannerisms which consisted of blinking and twitching of eyes, and his inability to mix with other children. He had always been nervous, wept easily when he was scolded, and his mother reported that "something seemed to hold him back from playing with other children." At school he lacked emotional control and would start crying for no apparent reason, otherwise his behaviour was good and he worked well. The family were comfortably off. There was one other child, a girl 2 years younger than Cyril; she was healthy and full of life. During infancy, Cyril had had a bad time. Firstly, his Mother could not feed him and it was some time before she was able to find a food that suited him and was not too rich. He was continually sick until at three months he was a wreck. At four months he had boils on his neck which had to be drained. At six months he was operated on for an abscess in the throat. By thirteen months, however, he was a fine baby. From now his development was normal until he was three when he was found to be knock-kneed and his legs were put in irons for six months. From his point of view as a baby, therefore, he had been continually attacked, pain was always being inflicted on him and his activity curbed.

At 4½ he went to school. For the first three months his mother had to take him. He cried in school and whenever he was put into a new class he was upset and had spasms of twitching. Round about 6 he had whooping cough, mumps and measles. At 8½ he was treated for corea and had his tonsils and adenoids removed. At home he was made to be quiet and to play with construction toys, so that when not prevented by illness his impulses to run about and make a noise were prevented by Mother. On examination at the Children's Centre, he was found to be intelligent; his Intelligence Quotient was 129. In the playroom he made thirty-three attendances over a period of five months. During the first few interviews he was told why he came here and played and his play revealed the following four themes:—

- (1) In the sand tray he continually made scenes in which road traffic was held up at a level crossing by trains. That is, one form of movement was stopped by another form of movement. This was pointed out to him.

- (2) He staged fights in which (a) one side wanted the food that the others could get much more easily, and (b) one side was just fighting the other ; he was picturing a simple conflict.
- (3) He complained about the noise that other children made. His complaints, however, were couched in such aggressive terms that the dislike seemed to be false.
- (4) He wished to get on with other children.

Next he was asked what kind of things babies would want. He said that a baby would want to walk and to grow up. We then discussed the horrid time he had had as a baby, and how he would have felt that Mother was horrid, stopping him from doing what he wanted and hurting him. We also talked about hidden conflicts and how at times these hidden emotions would surge up and make him have feelings for which he could not account.

In order to get some light on his attitude to food, he was asked to make a story illustrating greed. He pictured it thus : a boy was walking along the road, he saw some food, he ate it all, grew very fat and died. This served as a basis to talk about his early food difficulties.

He was next asked to illustrate sadness. He pictured it in this way : a boy hit another boy, the others then refused to play with him and he was left alone crying. Cyril admitted that he had a temper sometimes. As his strong urges to walk, to strive to grow up, had been thwarted in early childhood, it would tend to make him feel that such urges were wrong. So at this point we talked about strong feelings of all kinds and discussed their goodness, how without them we would never do anything. We must let these feelings come out and then use them ; it was no use bottling them up and that—after all—sometimes people deserved to be hit.

He now began to let himself go. The next picture he made in the sand was a jungle with wild animals scattered all over. He had a messy time with sand and water, and storms played havoc with the objects on dry land. Soon he became very boisterous. He built brick structures and knocked them down ; he played very noisily with run-about toys and became violent with skittles. Any unwary person entering the water room got squirted with much joy. He drew a picture of a haunted house with ghosts lurking round the corners—these were to frighten Mother. This went on till he had let off much steam. After this he joined with another boy playing quietly with soldiers and forts, his main interest being in the building and lay out of the forts.

By now his Mother reported that he was a changed boy. He was boisterous at home, was occasionally aggressive to his sister, and played normally with other children. His twitching, too, had not been noticed for some time except when he had a bad cold and his nose was blocked. The school had forgotten that he was supposed to be a nervous child, and could not imagine why he was attending the Centre. In addition, his intelligence was re-tested and his Intelligence Quotient had gone up ten points.

CONDITIONS FOR WHICH ADVICE WAS SOUGHT.

NERVOUS DISORDERS.

Fear of School	3
Abnormal shyness, Inability to mix with other children	5
Phobias (irrational fears)	2
Night terrors, and sleep walking	2
Persecutory delusions	1
Day Dreaming	1
Miscellaneous	6

BODILY DISORDERS.

Chronic headache	1
Fits	7
Enuresis (bed wetting)	20
Functional paralysis	1
Asthma	2
Habit spasm.....	1
Stammering	1
Chronic lassitude	1

BEHAVIOUR DISORDERS.

Exhibitionism	1
Bullying, spitefulness, aggressiveness	5
Destructiveness	1
Difficult to control	1
Sex difficulties	1
Stealing	8

EDUCATIONAL DIFFICULTIES.

Inability to concentrate	1
Backwardness	1

Total	<u>73</u>
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Waiting list on January 1st, 1940—12.

SOURCES OF REFERRAL :—

Parents, teachers, probation officers, welfare workers, private practitioners, Clergymen, magistrates, other Clinics.

PSYCHIATRIST :

Interviews with parents	135
Interviews with children	88
Interviews with adults	6

PLAY THERAPIST :

Home visits	64
School visits	39
Interviews with parents	136
Playroom attendances	671

PSYCHOLOGIST :

Intelligence Tests	62
Interviews with teachers	15
Interviews with children	51

OPEN AIR EDUCATION.

During the summer months, all schools in the Borough undertook school journeys, varying from afternoon walks which are a feature of Infants' School activities, to more ambitious projects in various parts of England and Wales undertaken by Senior Schools. In the latter case the school parties usually made use of Youth Hostels or Boarding Houses as their centres. In addition to projects of this kind planned by individual schools, nine school parties, chiefly from Junior Schools, stayed in turn at the Darley Dale Camp during the months of June and July. In spite of the adverse weather during the period, the life at the Camp undoubtedly had a beneficial effect on the children concerned.

The Darley Dale Camp was also used by the Speech Therapist for a party of children receiving a course of treatment under his guidance. This annual excursion for these children is rightly regarded by him as an important part of their treatment, since in the freedom and friendliness of camp life they shed many of the inhibitions which hamper their speech.

SWIMMING AND SCHOOL BATHS.

The Central Swimming Bath throughout the season was reserved for the use of the school children, and both in and out of school hours was well patronised. During school times, parties from all the senior schools in the Borough and from many of the junior schools attended for swimming instruction. In the evenings and on Saturdays, times were set apart for purely recreational purposes, for advanced swimming instruction, and for life-saving classes. These facilities have been enjoyed to the full by the children to their ultimate benefit.

PHYSICAL TRAINING.

During the year an arrangement was come to with the Mansfield and Ilkeston Education Authorities whereby two whole-time Physical Training Organisers were appointed for the three authorities. Mr. D. W. James and Miss G. K. Holthusen were appointed to these positions, and they devote half their time to the organisation of physical training in the Borough.

PROVISION OF MEALS.

In accordance with the Committee's scale, milk meals have been provided to school children during the year. In all 80,547 meals were provided, of these 74,960 were provided free to the children. The cost of this service to the Committee during the year was £156/3/4d.

Apart from the Committee's scheme, a voluntary scheme has been in operation in schools by which children could have a daily ration of one third of a pint of milk at a cost of a halfpenny. Under this scheme, more than 3,000 children have benefitted daily throughout the year.

CO-OPERATION OF PARENTS.

During the year a fair number of parents availed themselves of the opportunity of attending the routine medical examinations at the schools. The greater proportion of this number is comprised of the parents of children attending infant departments, the percentage of parents attending the examinations of children in the older age groups being small.

CO-OPERATION OF TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Reference has been made in previous reports to the whole-hearted assistance afforded by Teachers and Attendance Officers to the School Medical Staff of the Borough, without which the value of medical work in the schools would be seriously impaired.

CO-OPERATION OF VOLUNTARY BODIES.

The Borough Welfare Committee continued and extended its valuable assistance in dealing with crippled and ailing school children, and I would once again like to extend my grateful thanks to Miss Jones and her Staff for continued hearty co-operation.

Acknowledgment must also be made of the effective assistance rendered by the National Society for the Prevention of Cruelty to Children through its local Inspector, Mr. Wills, in procuring amelioration of conditions of ill-treatment or neglect which have adversely affected the health of the children.

SPEECH THERAPY.

A survey of the facilities available for the treatment of speech defectives and stammerers in the Borough Schools was included in my report for the year 1938, and the scheme has worked most successfully during the period under review.

The number of children who were treated by Mr. Keane, the Speech Therapist, for stammering and speech defects during 1939 was 112.

BLIND, DEAF AND DUMB, DEFECTIVE AND EPILEPTIC CHILDREN.

At the end of 1939 there were 7 children receiving care in special residential schools.

NURSERY SCHOOLS.

To the list of Nursery Classes maintained in the Borough, an addition was made by the formation of a Nursery Class at the St. Mary's (R.C.) Infant and Junior School. There have been, therefore, seven Nursery Classes functioning in the schools during the year. In the latter part of the year during the War period, some of these activities were curtailed, but gradually, as circumstances have permitted, the valuable services afforded by the Nursery Classes have been resumed.

SECONDARY SCHOOLS.

The arrangements under this heading remain as before.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

133 employment cards were issued during the year, and 2 applications were refused.

SCHOOL CLINICS.

The following is the programme of Clinics provided by the School Medical Service :—

- | | | |
|---------------------------|-------------------------------------|---|
| (1) Minor Ailments | | |
| Clinic |Town Hall |Daily 9-30—12-0
(noon). |
| | Edmund Street |Daily 2-30—4-0 p.m. |
| (2) Dental Clinic |Town Hall and
Edmund Street |Daily by appointment. |
| (3) Ophthalmic Clinic |Town Hall |Monday and Friday
mornings by
appointment. |
| (4) Doctor's Consultation | | |
| Clinic |Town Hall |Wednesday at 10 a.m.
Friday at 10-30 a.m. |
| | Edmund Street |Monday and Wednesday
at 2-30 p.m. |
| (5) Orthopaedic Clinic | Town Hall |Doctor in attendance
the 1st Tuesday
afternoon in every
month.
Nurse in attendance
every Tuesday
morning and after-
noon. |

GENERAL INFORMATION.

The number of children on the books of the Borough Schools at the end of December, 1939, was 8,979, and the average attendance for the year ending December, 1939, was 8363.

The following table shows the names of the Schools and the number of children on the register at the end of the year 1939.

<i>School.</i>	<i>No. on Register.</i>
Hipper Street Junior Mixed	171
Hipper Street Infants	71
St. Helen's Street Infant and Junior	305
Central Girls' Modern	217
Brampton Junior Mixed	375
Brampton Infants	210
Old Road Mixed Modern	354
Old Road Infant and Junior	465
Hasland Eyre Street Infants	152
Hasland Junior Mixed	259
Derby Road Girls' Modern	254
Derby Road Infants	300
Derby Road Junior Mixed.....	534
Cavendish Junior Girls	200
Cavendish Infants	127
" Gilbert Heathcote " Boys	226
New Whittington Mixed Modern	205
New Whittington Infant and Junior	289
" Mary Swanwick " Mixed Modern	196
" Mary Swanwick " Primary	270
Brushes Infant and Junior	199
" Peter Webster " Boys' Modern	333
Whittington Moor Infants	169
" Violet Markham " Girls' Modern	290
Highfield Hall Infant and Junior	482
William Rhodes Boys' Modern	401
William Rhodes Junior Mixed	279
William Rhodes Infants	154
Tapton House Selective	412
Hasland Hall Mixed Modern	205
Brambling House	212
Christ Church Infant and Junior	168
St. Mary's (R.C.) Senior	150
St. Mary's (R.C.) Infant and Junior	249
Newbold C. of E. Infant and Junior	96

TABLE I.
 MEDICAL INSPECTIONS OF CHILDREN ATTENDING
 PUBLIC ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	.....	.....	.....	.....	871
Second Age Group	.....	.....	.....	.....	796
Third Age Group	.....	.....	.....	.....	715
				Total	..... 2382

Number of other Routine Inspections —

Grand Total 2382

B.—OTHER INSPECTIONS.

Number of Special and Re-Inspections 2708

TABLE 2.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS
up to 31st August, 1939

Age-Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Sub-normal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	602	40	6.6	515	85.5	47	7.8	—	—
Second Age-Group ..	640	44	6.8	532	83.1	63	9.8	1	0.1
Third Age-Group ..	625	43	6.8	529	84.6	51	8.1	2	0.3
Other Routine Inspections..	—	—	—	—	—	—	—	—	—
TOTAL ..	1867	127	6.8	1576	84.4	161	8.6	3	0.1

TABLE IV.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI).

Disease or Defect (1)	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	18	—	18
Ringworm—Body	18	—	18
Scabies	94	—	94
Impetigo	173	—	173
Other Skin Diseases	123	—	123
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group 2)	146	—	146
<i>Minor Ear Defects</i>	120	—	120
<i>Miscellaneous</i> (e.g minor injuries, bruises, sores, chilblains, etc.) ..	2000	—	2000
TOTAL	2692	—	2692

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments, Group 1).

	No. of Defects Dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	836	26	862
Other Defect or disease of the eyes (excluding those recorded in Group I.)	61	1	62
Total	897	27	924

	Under the Authority's Scheme.	Otherwise.	Total.
	No. of Children for whom spectacles were :—		
(a) Prescribed	274	21	295
(b) Obtained	251	16	267

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)		
7	1	12	—	—	8	17	1	7	9	29	1	4	50

(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids. (4) Other Defects of the Nose and Throat.

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme, (1)			Otherwise, (2)		Total number treated	
	Residential treatment with education. (1)	Residential treatment without education. (2)	Non-residential treatment at an orthopaedic clinic. (3)	Residential treatment with education. (1)	Residential treatment without education. (3)		Non-residential treatment at an orthopaedic clinic. (3)
Number of Children treated ..	13	—	99	—	—	2	101

TABLE 5.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.							
(a) Routine age-groups :—							
Age	5	816	
	6	727	
	7	924	
	8	749	
	9	712	
	10	591	
	11	562	
	12	592	
	13	503	
	14	159	
Total						6335
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	(b) Specials	252	
	(c) Routines and Specials	6587	
(2)	Number found to require treatment	3459	
(3)	Number actually treated	.....	.....	.....	.....	3024
(4)	Attendances made by children for treatment	3281	
(5)	Half-days devoted to :—						
	Inspection	35	
	Treatment	458	
Total						493
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(6)	Fillings :—						
	Permanent Teeth	2007	
	Temporary Teeth	77	
Total						2084
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(7)	Extractions :—						
	Permanent Teeth	852	
	Temporary Teeth	3352	
Total						4204
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(8)	Administrations of General Anaesthetics for extractions	—	
(9)	Other Operations :—						
	Permanent Teeth	450	
	Temporary Teeth	394	
Total						844
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TABLE 6.—UNCLEANLINESS AND VERMINOUS CON-
DITIONS.

(1) Average number of visits per school made during the year by the School Nurses	4
(2) Total number of examinations of children in the Schools by the School Nurses	32560
(3) Number of Individual Children found unclean.....	569
(4) Number of Individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	—
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	—

