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DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1958

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.

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(As at 31st December, 1958)

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Co-opted Members

MRS. E. E. ARMSTRONG
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R. A. KIRKMAN, ESQ.
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A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December 1958, its membership was as follows :—

Representing the County Health Committee :

ALD. MRS. E. HARRISON *(Chairman)*
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON
COUN. N. B. BANKS

Representing the Education Committee :

ALD. MRS. G. BUXTON, C.B.E.
ALD. MRS. O. EDEN
ALD. F. A. GENT
ALD. J. B. HANCOCK

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1958.

To the Chairman and Members of the Derbyshire Education Committee

Ladies and Gentlemen,

I have the honour to present my fifteenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

I have commented in the last two Annual Reports on the increase in the incidence of defective vision. You are referred to page 17, where figures are provided which indicate the upward trend continuing in the year under review. It is to be hoped that it will turn downwards before long because the present position gives cause for disquiet. Obviously there is an inter-play of many factors, including more use of the eyes for close work at school or at home, better ascertainment, better lighting and more television viewing ; and while some of the factors are advantageous others are disadvantageous to the eyes, the over-all effect producing apparently an increased incidence of visual defect, although the whole human-being in health and enjoyment may have benefited considerably.

Your attention is drawn to (i) page 53 where details are given of the schemes for administering preventive inoculations against diphtheria, tetanus and whooping cough ; (ii) page 55, concerning vaccination against poliomyelitis ; and (iii) page 56 relating to B.C.G. vaccination against tuberculosis. These procedures made in-roads into the time available for school medical inspection, but the effect was and will be lessened by the recruitment of further medical staff (see page 15).

Much thought was given during the year to try and improve the Authority's dental service, but I regret to say with very little success (see page 28).

Recruits to the Health Visiting service continue in short supply. What might be regarded as "scholarships" are awarded by the County Health Committee, which amount to 75% of the minimum salary of the Health Visitor, to try and attract state registered nurses with Part I of the certificate of the Central Midwives Board to embark on a Health Visitor's course. In order that the Health Visitors on the staff can use their knowledge and time to the best advantage they have been relieved of certain duties, which have been taken over by a limited number of School Nurses or Untrained Attendants who help a Medical Officer while he is conducting a School Medical Inspection or working at a Clinic.

The staffing position for Speech Therapy has deteriorated in the year under review, but if you will turn to page 50, you will see that the Principal Medical Officer of the Ministry of Education in considering the national position thinks there is no shortage of candidates, but there is "high wastage" possibly "through marriage, either before or after starting professional work."

In order to meet the needs of an increasing population in the area of the administrative County (see school population on page 10), and to improve the facilities in the light of modern ideas, the Authority has during the past few years approved a programme for (i) building new clinic premises ; (ii) extensions to certain existing clinic buildings ; and (iii) the provision of up-to-date equipment (particularly dental apparatus) and furniture, where this was desirable. The programme—which will necessarily take some time to implement—can be said to have got under way in September, 1955, when Clowne Clinic was opened. In August, 1957, a new clinic came into operation at Hackenthorpe. In September, 1958, new premises were completed in Derby to provide under one roof services which were formerly carried out in three buildings. At the time of writing, a start is about to be made on the erection of a new clinic at Eckington. It is hoped in the not-too-distant-future to provide additional clinics at Chaddesden and Ripley, and to replace the existing clinics at Buxton, Glossop and Swadlincote with modern premises. Major improvements or extensions to existing clinics are envisaged at Chesterfield (Brimington Road), Bolsover and Staveley. At all of these clinics, local health authority services (e.g., ante-natal clinics, infant welfare centres and immunisation sessions) will be available as well as those for the education authority.

It has been said that the social evolution of a country can be assessed most easily by enquiring what provision has been made in its legislation for the young, the aged, the sick and the handicapped. In backward communities, like those of the Esquimaux, whenever food is in short supply, these are the very categories that are left behind in the "igloos" to fend for themselves.

In this country, particularly since the end of the war, there has been a considerable amount of legislation for dealing precisely with these categories, for example, the Education, Children, National Assistance, National Health Service and Disabled Persons (Employment) Acts.

The Education Committee of this Authority, in association with its Special Services Sub-Committee, has been most sympathetic in dealing with the educational needs of handicapped pupils, and while it sometimes sends these children at considerable expense to appropriate special schools run by other local education authorities or voluntary bodies, it has a number of special schools of its own (see page 9), which is a measure of its enlightened attitude particularly towards the educationally subnormal, the maladjusted and the cerebral palsied.

Having observed the provision made for handicapped pupils over some years, I have come to the conclusion that as far as the staff is concerned the vocational spirit is of more importance than theoretical qualifications, although when both occur in the same person the effect is profound.

I should like to take this opportunity of thanking (i) Ald. F. A. Gent (the Chairman of the Education Committee and its Special Services Sub-Committee) and Ald. Mrs. E. Harrison (the Chairman of the Joint Medical Services Sub-Committee), both of whom, with the members of the Committees mentioned, have responsibilities for certain aspects of the School Health Service, for their understanding and support ; (ii) Mr. J. L. Longland (the Director of Education) and his staff for their co-operation ; and (iii) the staff of the School Health Section of the Health Department, but particularly Dr. V. J. Woodward (my Deputy) and Mr. E. Dilks (Chief Clerk) for their assistance during a heavy year due to a number of changes and developments.

Your obedient Servant,

J. B. S. MORGAN,
Principal School Medical Officer.

County Offices,
Matlock.

31*st March*, 1959.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1958 ..	139,030	225,470	360,100	724,600

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers		Average No. on Registers	
North-west	Primary ..	80	8,891	14,180
	Secondary ..	15	5,289	
North-east	Primary ..	118	21,984	34,649
	Secondary ..	34	12,665	
Mid-Derbyshire ..	Primary ..	81	10,773	17,926
	Secondary ..	18	7,153	
South-east	Primary ..	65	11,185	19,058
	Secondary ..	16	7,873	
South	Primary ..	102	13,437	21,275
	Secondary ..	18	7,838	
Chesterfield ..	Primary ..	26	6,474	12,704
	Secondary ..	13	6,230	
Total — Whole Administrative County	Primary ..	472	72,744	119,792
	Secondary ..	114	47,048	

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes		Approx. No. on Registers
North-west ..	Schools ..	1	40
	Classes ..	1	22
North-east ..	Schools ..	1	40
	Classes ..	6	147
South-east ..	Classes ..	2	64
Chesterfield ..	Classes ..	9	324

Special Schools.

	Approx. No. on Registers
Brambling House Open Air School and Children's Centre, Chesterfield	120
Bretby Orthopaedic Hospital Special School, Bretby	40
John Duncan (E.S.N. Girls') School, Buxton ..	40
Overseal Manor (E.S.N. Boys') School	40
Talbot House, Glossop (Cerebral Palsy) ..	19
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	100

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	12
Stretton House, Stretton	20

New Schools.

The following new schools were opened during the year :—

North-West Division	*Date of Opening*
Hope Valley College	9th September.
North-East Division	
Elmton Creswell, Markland County Secondary	2nd June.
Mid-Derbyshire Division	
Allestree County Infants	1st September.
South East Division	
Breaston Western Mere County Secondary	24th February.
South Division	
Mickleover County Junior	6th January.
Chesterfield	
Edwin Swale County Secondary ..	17th April.

Schools Closed during the year.

North-East Division	*Date of Closure*
Unstone Handley County J.M. & I. ..	25th July.
Chesterfield	
New Whittington County Secondary ..	16th April.
Mary Swanwick County Secondary ..	16th April.

Births and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946	..	82,895	1953	..	109,099
1947	..	87,107	1954	..	112,021
1948	..	91,875	1955	..	114,744
1949	..	95,595	1956	..	116,699
1950	..	97,511	1957	..	118,761
1951	..	100,973	1958	..	119,792
1952	..	106,323			

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940	..	9,898	1950	..	10,799
1941	..	10,078	1951	..	10,440
1942	..	11,032	1952	..	10,425
1943	..	11,724	1953	..	10,663
1944	..	13,149	1954	..	10,417
1945	..	11,393	1955	..	10,329
1946	..	12,710	1956	..	11,011
1947	..	13,714	1957	..	11,428
1948	..	12,152	1958	..	11,560
1949	..	11,534			

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is in an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1958, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer .. .. J. B. S. Morgan
Principal School Dental Officer .. .. .. H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(*a*) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	29	14.75
(iii) General Practitioners working part-time in the School Health Service ..	—	—
(*b*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	2	1.40
(ii) Speech Therapists ..	4	2.80
(*c*) (i) School Nurses	62	20.0
(ii) No. of above who hold a Health Visitor's Certificate	57	
(*d*) Nursing Assistants	13	8.50

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(*e*) Dental Staff:				
(i) Principal School Dental Officer ..	1	0.90	—	—
(ii) Dental Officers ..	8	5.84	—	—
(iii) Orthodontists (if not already included in (*e*) (i) or (*e*) (ii) above ..	—	—	—	—
Total ..	9	6.74	—	—

	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants ..	10	8.70

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	40%	60%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H. (Commenced 3/11/58)	55%	45%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Frances G. Brill, B.A., M.B., B.Ch., B.A.O., (Commenced 21/7/58)	70%	30%
Mary F. Cooney, M.B., B.Ch., B.A.O., D.C.H., D.P.H.	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	75%	25%
J. Duthie, M.B., Ch.B.	70%	30%
Anna L. Frenkiel, M.R.C.S., L.R.C.P., D.R.C.O.G.	70%	30%
B. H. Gooch, B.Ch., M.B., L.M.S.A.A., (Left 31/3/58)	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H. ..	70%	30%
Dorothea Koffman, M.D., D.P.H.	70%	30%
Margarete Kuttner, M.D.	65%	35%
D. M. McCarthy, L.R.C.S.I., L.R.C.P.I. ..	70%	30%
Meiner Morris, M.R.C.S., L.R.C.P. (Left 6/6/58)	75%	25%
Margaret J. Nettleship, M.B., B.Ch., D.P.H. (Commenced 1/9/58)	70%	30%
G. J. O'Connor, M.B., B.Ch., B.A.O. (Commenced 15/9/58)	70%	30%
M. D. Reilly, M.B., B.Ch., B.A.O., D.P.H. (From 18/1/58 to 28/7/58)..	70%	30%
Teisi Urtson, Med-Dip., Univ. of Taru (Commenced 15/9/58	70%	30%
Mary T. Vass, L.R.C.P.I., L.R.C.S.I., L.M. .. (Five vacancies).	70%	30%
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
G. Cochrane, M.A., M.B., Ch.B., D.P.H. (Retired 31/7/58)	25%	75%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	33%	67%
F. D. F. Steede, M.B., B.Ch., D.P.H. (Commenced 1/8/58)	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District)—		
J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H. ..	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. ..	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRIST—		
D. J. Salfield, B.Sc., M.D., D.P.M. (9/11ths of Salary paid by Regional Hospital Board) .. (One vacancy).	80%	10%
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	27%	—
Miriam S. Flint, B.A.	27%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
D. Young, B.Sc. (Left 31/5/58)	27%	—
PSYCHIATRIC SOCIAL WORKERS—		
Stella Hollingworth, B.A. .. .. (One vacancy).	90%	10%
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) .. (One-and-half vacancies).	50%	—
SPEECH THERAPISTS		
Ena Adams, L.C.S.T. (Left 12/9/58)	90%	10%
Ann Burgess, L.C.S.T. (Left 31/10/58)	90%	10%
Ann Creed, L.C.S.T. (Left 30/9/58)	90%	10%
Edna Curry, L.C.S.T.	95%	5%
Margaret R. Marsh, L.C.S.T. (6/11ths)	50%	5%
Mary E. Smith, L.C.S.T. (4/11ths)	33%	3%
Hazel Winter, L.C.S.T. (Left 31/1/58)	90%	10%
Helen Wright, L.C.S.T. (Chesterfield Excepted District) .. .. (Eight vacancies)	100%	—
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
J. C. Bowman, B.Ch.D., L.D.S. (Left 17/2/58)	90%	10%
G. H. Freeman (Dentist, 1921)	90%	10%
J. E. Minton, L.D.S. (Left 31/1/58)	90%	10%
F. E. Welton, L.D.S. (From 3/1/58)	90%	10%
PART-TIME DENTAL OFFICERS—		
Wilma Drury, L.D.S. (10/11ths)	80%	11%
Flora M. Jackson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths)	50%	5%
Ilse B. Mann, L.D.S. (4/11ths) (From 7/1/58) (7 and7/11ths vacancies).	33%	3%
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
Annie Kean, L.D.S. .. .. (One vacancy).	100%	—

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers ; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9. Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who will act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which have already been established. It will be seen from the foregoing schedules of staff that at the end of 1958 we had the equivalent of (approximately) 14.75 school medical officers, with five combined posts of Assistant Maternal and Child Welfare Medical Officers/School Medical Officer to be filled.

GENERAL CONDITION OF PUPILS

Three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at the routine medical inspections totalled 30,520, which may be compared with 28,385 in 1957, 27,734 in 1956 and 29,982 in 1955. It will be borne in mind that since 1956 the Medical Officers have been devoting a proportion of their time to the scheme which was then introduced for vaccinating certain groups against poliomyelitis. The impact of this scheme has, however, been to some extent lessened by a small increase in the number of medical officers employed, as already mentioned.

In the course of examining the 30,520 children at routine inspections, the School Medical Officers found 5,773 children who required treatment for a variety of conditions (18.9% of those examined), but they classified only 783 children as being in an "unsatisfactory physical condition" (2.57% of the total number examined).

The percentage requiring treatment in 1958 (18.9%) may be compared with the following Derbyshire figures for successive years starting with 1953 :— 18.4 ; 17.3 ; 19.5 ; 18.1 and 16.8. The last published figure for England and Wales (year 1957) was 14.98%.

The number whose "physical condition" was considered to be "unsatisfactory" (2.57%) is slightly higher than the last published average for the country as a whole (which was 2.47% in 1956 and 1.72% in 1957). The percentages for Derbyshire for successive years starting with 1956 (when this classification was introduced) are :— 2.72 ; 3.88 ; and 2.57%.

The figures for 1958 for the various Divisional Executive areas were "broken down" and produced slight variations, but it would be a mistake to draw firm conclusions from them :—

Divisional Executive	*Physical Condition*	
	Satisfactory	*Unsatisfactory*
North-west	97.73%	2.27%
North-east	96.37%	3.63%
Mid-Derbyshire	98.58%	1.42%
South-east	96.86%	3.14%
South	99.01%	0.99%
Chesterfield	96.38%	3.62%
Whole administrative County ..	97.43%	2.57%

The reason why over 97% of the children were regarded as having a "satisfactory" physical condition even though nearly 19% were thought to require treatment is, of course, that the defects recorded as requiring treatment cover a wide range (including skin conditions, speech defects, and psychological difficulties) and, of course, defects are found of varying degrees of severity. It is not surprising, therefore, that the presence of a defect—even one needing treatment—does not always result in a child being classified as of "unsatisfactory physical condition." To some extent the classification is subjective and different standards must be expected where a personal element enters into the assessment.

Skin conditions. Over the past few years the numbers thought to require treatment have been around 15 per 1,000 examined. In 1955 the figure rose to 21.7, but during the following two years it dropped to 16 ; the figure for the year now being reviewed is 19.9

Vision. I referred last year to an increase in the incidence of defective vision which had been recorded at routine inspections during the post-war years. The upward trend has continued in 1958, as shown below :—

Year	*Children referred for treatment of defective vision per* 1,000 *examined*
1947	47.8
1948	49.0
1949	66.0
1950	69.9
1951	62.9
1952	69.9
1953	87.4
1954	84.5
1955	87.2
1956	88.7
1957	90.1
1958	96.9

Squint. In 1952, cases of squint, which had previously been between 9 and 10 per 1,000 inspections, rose to 13.3. During the last six years the figures have been as follows :—

1953	15.9
1954	16.6
1955	16.9
1956	10.9
1957	9.8
1958	13.6

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects has varied during the past few years from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. During the examinations at schools the School Medical Officers have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1958 were as follows :—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	11,652	508	4.3
Second age group..	9,899	1,483	14.9
Leavers	8,969	1,600	17.8

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Public Health Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. These visits are "advisory" in nature ; the County Public Health Inspector gives advice on small matters directly to the teachers but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid in this connection to the rural schools. Work has been, and is still being, continued under the programme (which was mentioned in my Annual Report for 1954) for carrying out improvements to the sanitary arrangements where this is desirable at some of the older schools in various parts of the County.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County for which the Education Authority itself is responsible ; this is the open air bath at Ashbourne.

This bath is provided with a modern treatment plant. Pupils from many schools in the area use it, and the facilities have been extended to youth and similar organisations as well as to members of the public.

From a health point of view the standards attained at this bath are almost wholly admirable ; there have been extremely few unsatisfactory samples, and then only in abnormal circumstances. The treatment plant has proved reliable and of adequate capacity. Much credit for the successful operation of the bath must go to the attendant in charge who, from the inception of the undertaking, has shown keen interest and understanding of the problems which inevitably arise from time to time.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The information given in Table "A" is in respect of milk and meals consumption on a day in October, 1958. The percentage provision remained fairly constant throughout the year although the termly fluctuations in demand were again evidenced.

It is again worth noting that the Training Kitchen has continued on successful lines ; indeed, one newly certificated entrant came from a Scottish Authority.

The programme of Kitchen and Scullery modernisation continued during the year at about the same level as in previous years. The purpose of these schemes is to improve the hygienic standards of the premises and at the same time to plan them in a way which makes for the most efficient working ; the speed at which they are completed is governed by the allocation of national funds for the purpose.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course.

Canteen milk supplies have been subjected to the same procedure.

The following table combines figures in respect of both classes of milk :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised ..	12	—	—	—	12
Tuberculin Tested..	—	—	12	—	12
Ungraded ..	—	—	1	—	1

TABLE A

MEALS and MILK PROVIDED on a day in October, 1958

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Numbers present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	7,968	4,983	3,775	3,387	47.4	68.0	7,320	3,643	91.9	73.1
North-east ..	19,953	11,842	8,925	6,257	44.1	52.8	18,785	8,217	94.1	69.4
Mid-Derbyshire	9,932	6,786	3,263	3,755	32.9	55.3	8,888	4,723	89.5	69.6
South-east ..	10,391	7,162	2,724	2,481	26.2	34.6	9,818	4,810	94.5	67.2
South	12,543	7,353	4,869	3,902	38.8	53.1	11,522	4,998	91.9	68.0
Chesterfield ..	5,904	5,914	2,262	2,814	38.3	47.6	5,544	3,718	93.9	62.9
TOTALS—Whole Administrative County	66,691	44,040	25,818	22,596	38.7	51.3	61,877	30,109	92.8	68.3

The following Table shows the number of schools, including independent schools, supplied with milk on the 31st December, 1958. The Education Committee endeavour at all times to obtain the highest grades of milk and it is encouraging to know that of 646 establishments, 638 receive pasteurised milk.

Type of Milk	Divisional Executive												Totals—Whole Administrative County	
	North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	106	98.15	162	100.0	107	99.07	86	100.0	132	96.35	45	100.0	638	98.76
Tuberculin Tested..	2	1.85	—	—	1	0.93	—	—	4	2.92	—	—	7	1.08
Ungraded	—	—	—	—	—	—	—	—	1	0.73	—	—	1	0.16
Totals ..	108	100.0	162	100.0	108	100.0	86	100.0	137	100.0	45	100.0	646	100.0

At the beginning of 1959 the one ungraded milk supply was replaced by pasteurised milk and thus all Schools now receive designated grades of milk.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis :—

(i) *Teachers :* An X-ray examination is enjoined for teachers entering the profession ; students completing training are X-rayed and the results made available to the College Medical Officer ; teachers entering service otherwise than from College are X-rayed as part of their medical examination on appointment ; and the attention of the teachers on the staff of the Authority has been drawn to the advisability of their taking advantage of the facilities provided by mass radiography units from time to time.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

(ii) *Staff other than teachers :* The Committee decided that full-time staff in the categories mentioned below should be required to undergo an X-ray examination on appointment ; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them ; and that their attention be drawn to the desirability of being X-rayed annually :—

Residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free X-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

Mass Miniature Radiography.

The mass radiography service organised by Regional Hospital Boards enables large numbers of people to have their chests X-rayed expeditiously at convenient centres. It is a valuable aid to preventive medicine, aimed particularly at the early detection of cases of pulmonary tuberculosis (although other conditions may also be discovered).

Normally four mass radiography units operate in the County—the Nottingham Area No. 2 Unit, based on Nottingham (Medical Director, Dr. W. Guthrie) ; the South Yorkshire Area Unit based on Doncaster (Dr. V. Sherburn) ; the Sheffield Area Unit, based on Sheffield (Dr. W. J. Wilson) ; and the Manchester No. 3 Unit, based on Stockport (Dr. J. Rimmington).

The Ministry of Health in Circular H.M. 57/94 stated that "chest radiography of schoolchildren yields a very poor return and is justified only as part of a special survey of a school where active cases have occurred of pupils or staff." Nevertheless when units are operating in the County it is customary to provide facilities at public sessions for schoolchildren of thirteen years and over being examined, subject to parental consent, and the Service has been used when, on the advice of Chest Physicians investigations have been carried out at schools where a case of tuberculosis has occurred.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are generally examined by the School Medical Officer of the area in which they live. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside (which will often be the area in which they attended school).

The Minister of Education has said that it is not practicable to require an X-ray examination of the chest of all entrants to training (although, of course, an X-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the school Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an X-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College ; students completing training are X-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	215
Entrants to the teaching profession	111
X-ray examinations of entrants to the teaching profession and temporary teachers	142

INFESTATION WITH VERMIN

In his latest Report on "*The Health of the School Child*" the Chief Medical Officer of the Ministry has commented that nationally "about a quarter of a million children—4% of the total—are still found verminous at school ; ten years ago, however, twice as many were found." The 227,842 examinations and re-examinations of Derbyshire school children which were carried out during 1958 revealed 2,519 individual children infested. This is just over 2% of the school enrolment, and approximately the same as last year. Ten years ago the Derbyshire figure was about 7%. The Health Visitors and Teachers continue to strive to bring about a reduction in this unpleasant and preventable condition. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, the children being infested and re-infested by adults, and "lice will be eradicated only when all families recognise that to be verminous is a cause for shame."

(The Authority's scheme for cleanliness inspections was last described in my Annual Report for 1953, and remains unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1958 ; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	29

II. TYPE OF EXAMINATION AND/OR TREATMENT

provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (*i.e.*, premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor Ailment and other non-specialist examination or treatment	26	—
B. Dental	23	—
C. Ophthalmic*	3	18
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic†	—	16
F. Paediatric‡	—	—
G. Speech Therapy ..	7	—
H. Others (specify):— Sunray ..	1	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Six of these 16 clinics were closed by the Regional Hospital Board on 31/12/58.

‡—Clinics for Children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—12.

(2) Staff of Clinics :—

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.8
Educational Psychologists ..	4*	1.54
Psychiatric Social Workers ..	1	0.9
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify):— Social Worker	1	0.5

*—A fifth Educational Psychologist took up duty on 1/1/59.

Minor Ailments.

Table 'B' shows the clinics at which facilities are provided for the treatment of minor ailments. Altogether, 1,109 children made 3,429 attendances (compared with 1,607 children who made 5,092 attendances in 1957). The numbers attending for treatment of minor ailments have shown a continuing decline during the post-war years. Most of the work took place in the four relatively compact municipal boroughs. Most of the sessions for treatment are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

Minor Ailments

TABLE B

Return of Minor Ailments treated at Clinics—Year ended 31st December, 1958

Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			No. of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive							Divisional Executive						
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street ..	Wednesday, a.m.	57	–	–	25	–	–	–	25	–	–	25	–	–	–	25
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	16	–	2	–	–	–	–	2	–	4	–	–	–	–	4
Buxton. Bridge Street ..	Daily	141	48	–	–	–	–	–	48	98	–	–	–	–	–	98
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	—	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. Monday and Thursday p.m.	370	–	–	–	–	–	479	479	–	–	–	–	–	1753	1,753
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	30	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Clay Cross High Street ..	Saturday, a.m. ..	35	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Creswell Road ..	3rd Saturday, a.m.	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Derby. Cathedral Road* ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dronfield. The Grange ..	Saturday, a.m. ..	31	–	20	–	–	–	–	20	–	40	–	–	–	–	40	
Frecheville, Fox Lane	Saturday, a.m. ..	42	–	118	–	–	–	–	118	–	130	–	–	–	–	130	
Glossop. Municipal Bldgs.	Daily, a.m. ..	241	278	–	–	–	–	–	278	1159	–	–	–	–	–	1,159	
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	21	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	38	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Ilkeston, Albert Street	Daily, a.m. ..	96	–	–	–	115	–	–	115	–	–	–	182	–	–	182	
Long Eaton. 4, Nottingham Rd.	Saturday, a.m. ..	48	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Matlock. Causeway Lane ..	Saturday, a.m. ..	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Melbourne. Penn Lane ..	Wednesday, a.m. ..	13	–	–	–	–	5	–	5	–	–	–	–	11	–	11	
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Ripley. Infants' C. School	3rd Thursday, a.m.	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Shirebrook. Cliff House ..	Wednesday, a.m. ..	56	–	8	–	–	–	–	8	–	12	–	–	–	–	12	
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	71	–	–	–	–	11	–	11	–	–	–	–	15	–	15	
Totals	.. .. ..	1,422	326	148	25	115	16	479	1,109	1257	186	25	182	26	1753	3,429	

* New clinic premises opened 29/9/58

Dental Work.

A statistical report appears in Part IV of the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

"The efficiency and comprehensiveness of the school dental service depend upon the number of full-time staff. In the 1957 annual report, it was stated that the staffing position, although about 75% below the requirement, had been the best for about ten years. Unfortunately, this improvement was not bettered or maintained in 1958. Two young whole-time officers left in January and February to engage in general practice. The loss was only partially made good by the appointment of one whole-time and one part-time officer (working four half days per week) who commenced duty in January. Throughout the year there were no further changes and there was an equivalent of 7 4/11 whole-time staff, comprised of five whole-time and four part-time officers.

The Staff is essentially an elderly one, the average age being well over fifty, with two members of about thirty in the reckoning.

The Authority gave much consideration to ways and means of improving the service. With one or two exceptions all the clinics have now been modernised and up-to-date equipment installed. This has made working conditions as congenial as possible and contributed much to greater efficiency. In areas where clinics were unstaffed, the District Councils were asked to consider helping in the matter of housing so that this incentive could be incorporated in the advertisements. Four Councils, Heanor Urban, Ilkeston Borough, Long Eaton Urban and Swadlincote Urban Districts agreed to do so.

Through the agency of the Health Service Local Dental Committee, all the general dental practitioners in the County were contacted with a view to obtaining some assistance on a sessional basis of one or more half days per week, especially in the areas where there were no services at all.

Nothing resulted from this and the responses showed that the general practitioners could not do so, as they were already unable to meet all the demands made upon them. There are less than a hundred general dental practitioners in the whole County, which now has a population estimated at well over 700,000. This inquiry revealed that many of these dentists devoted between 1/7th and 1/5th of their time to the treatment of children. Arrangements have been made for the release of children from school so that they may receive treatment from general dental practitioners. The shortage of dental manpower is no local one as is evidenced by the hundreds of Local Authority advertisements appearing over and over again in the professional press. The root cause of present shortage of dentists and the sad state of the school dental service in particular is that recruitment to the profession is barely making good the wastage and new licentiates or graduates turn to the greater financial attractions of general practice.

In an endeavour to induce recruitment, opportunities were taken to have talks with likely pupils on dentistry as a career. Little enthusiasm was forthcoming. Dentistry was generally thought to be unattractive and few relished the prospect of undertaking the minimum of five years study and training entailed.

From consideration of these facts, the conclusion may be drawn that well into the future there can be little hope of appreciable improvement in the school dental service. The less that is done for school children means the more that has to be done by the general practitioners later. The logical method to redress this putting of the cart before the horse would be an adjustment of the financial relationship between public health work and general practice, so that there is a balance between the two and a much better chance of dealing with the problem of dental disease in the early stages.

The transfer of the County Offices from Derby to Matlock necessitated the construction of new clinic premises in Derby. These came into use in the autumn. The dental section is a separate suite comprising two surgeries, recovery room, small laboratory and dark room. Of modern structure, well lighted, tastefully decorated and furnished, and equipped with up-to-date installations and apparatus, including an X-ray unit, this new clinic may be claimed to be one of the finest of its type in the country.

At Ashbourne a dental suite was incorporated in the alterations carried out by the Derby Number 1 Hospital Management Committee at St. Oswalds' Hospital. Although small, this is a first-class modern clinic with congenial working conditions and set in agreeable surroundings.

The extent and availability of the service depended largely upon the distribution and residence of the staff. Of the nine officers, eight resided in the north of the county and one in the south. Full-time services were run at the two clinics in Chesterfield Borough and at Staveley, but only part-time at the Bolsover, Clowne, Chesterfield (Brimington Road), Dronfield, Frecheville, Hackenthorpe and Shirebrook Clinics. All these clinics (with the exception of Chesterfield Borough) are situated in the North East Divisional Executive area, which with more than 34,000 children has by far the greatest school enrolment of the educational divisional executive areas. Only half of them received inspections as the staff equivalent amount to no more than 4 and 4/11 whole-time officers, whereas to have covered the area completely would have required a dental officer children ratio of 1 to 3,000.

In the south, one whole-time officer based at the Derby Clinic also operated skeleton services at the Ashbourne and Ilkeston clinics. In this instance, the dental officer/children ratio was 1 to 40,000.

Services were thus given at thirteen of the twenty-three dental centres.

Inspection. The school population continued to rise and there were over 119,700 pupils in attendance at 586 primary and secondary schools. Inspections were carried out at 117 schools (a fifth) and over 22,000 children were examined at the periodical inspections. In addition, 6,000 special inspections were made at the clinics. These were for children who had not been examined at school and whose parents sought treatment or advice. (This number has remained constant for the past eight years).

Thus a total of about 28,000 were inspected or approximately one out of every five. 24,000 had defects and offers of treatment were given to 20,000. The acceptances rates ranged between 60% and over 80% for the majority of the schools inspected, but in the secondary schools, they were disappointingly low. Ten of these schools were inspected and an average of 60% of the parents refused the offers of treatment. In two instances it was as high as 80%. This indifference has been noted time and time again in the older age groups. That they do not obtain treatment elsewhere is evidenced from the long-standing state of neglect found in many of them.

Although it was not possible to inspect the whole school population, the children in the Special Schools received inspections and attention, as did those in attendance at the Occupation or Training Centres and also the children in the care of the Authority resident in the Children's Homes.

Attendances and Treatment. 24,482 attendances were made by 13,300 children who received treatment. This was about 600 fewer treated than the previous year, but the amount of conservative work done was approximately the same, viz 9,000 fillings. The extraction work remained heavy and a total of 22,000 teeth were removed. This was 3,500 fewer than a year ago, but a relatively greater number of children had conservative treatment, which was a progressive step compared with preceding years. Of the teeth extracted, 6,182 were unmoveable prominent teeth and 678 sound prominent teeth, removed to relieve overcrowding, irregularity and for purposes of symmetry in order to bring about a balanced dentition in both jaws.

General anaesthetics were much used and this often enabled treatment to be completed at one operation which would otherwise have required two or more visits, and made more time available for other patients and for conservative work. The general anaesthetic used was 'gas,' a mixture of nitrous oxide and oxygen. The school medical officers were the anaesthetists and each patient was medically examined prior to the administration. 6,898 general anaesthetics were given compared with 7,113 in 1957, when the first big effort to increase the efficiency in extraction work was achieved, following the installation of 'fixed' as opposed to 'transportable' general anaesthetic apparatus in each clinic.

Miscellaneous operations numbered 4,300 and consisted of silver nitrate treatment, dressings, root fillings, scalings, adjustments to orthodontic appliances and several minor oral surgical operations.

Orthodontia. This is a special branch of dentistry which deals with the correction of abnormalities of position of the teeth and jaws. In many cases, as well as restoring function, it is a kind of beauty treatment aimed at enhancing the appearance. Much experience and no small amount of manipulative dexterity are required and treatment is time consuming and often lengthy, some cases taking up to a year and more, before the desired result or improvement is obtained. There was a three fold increase in this work, largely due to the enthusiasm of a retired general practitioner who embraced school dental work for the joy of doing something. He was responsible for over a third of all the patients treated.

117 new cases were begun with twenty-one carried forward from 1957, and sixty-two were completed. Eleven failed to continue with treatment. Apart from the wasted effort and the extra expense involved in the construction of the corrective appliances, the wasted time through parental indifference could have been used to benefit other children. The following Table gives the details of the work:—

	County	*Chesterfield Borough*	*Total*
Cases begun during the year	105	12	117
Cases carried forward from 1957	17	4	21
Cases completed	54	8	62
Cases failed to continue with treatment	10	1	11
Pupils treated with appliances	74	7	81
Removeable appliances fitted	78	7	85
Attendances	498	49	547

The statistics of the orthodontic work relate only to those children treated with some type of appliance fitted in the mouth.

In quite a number of cases, judicious extractions were sufficient to achieve improvement and satisfy both parent and patient. Much was done too, in the way of 'preventive orthodontia' by the timely removal of roots and dead teeth, which if allowed to remain would have caused new teeth to grow into the wrong positions, and in no small number of cases, remedial exercises were very successful. The patients practised these at home while reading or watching television.

Denture Work. The number of children fitted with artificial teeth has increased steadily in the last few years and last year ninety had dentures supplied, the majority to replace front teeth lost through caries, others to make up for teeth smashed or knocked out in accidents.

The steady increase in the severity of dental disease is causing more and more children to lose their teeth and already there are children in the older age groups of schools who are toothless and wear full sets of dentures, while hundreds more will be in a similar

condition in a year or two after leaving school. The great consumption of sweets and sugary foods, which is now a confirmed habit and widely instilled through the constant plugging of alluring advertisements, is undoubtedly the chief cause. Children receive an excess of sweets from an early age. In one infant school of over 200 pupils, almost every child had sixpence a day for sweets. That diet plays a great part is shown by the exceptionally fine teeth possessed by the children who have been long resident in the Authority's Homes. They have a studied and balanced diet with sweets in moderation, but not between meals. Very few of them ever require attention and that only of a very minor nature.

Whenever opportunity arose the principal dental officer continued the survey on the incidence of caries in children aged five on the lines recommended by the Ministry of Education. The number inspected in this particular age group was not large, but nevertheless it is thought worth while to set out the findings for 1957 and 1958 which show that only 19% of these children were free of dental disease and that on average, there were 5.3 decayed teeth per child.

Derbyshire	Number of children aged five examined	Number of decayed missing or filled teeth	Number with no defects	Percentage with no defects	Average Number of D.M.F. teeth per child
1957 and 1958 ..	717	4,658	147	19%	5.3

Visual Defects.

Table 'C' shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Eighteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Sunray Clinics.

During the year, 208 children made 2,575 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield. Fifty sessions were held.

Orthopaedic and Postural Defects.

Throughout 1958 the orthopaedic sessions conducted at County Council clinic premises continued to be visited by Orthopaedic Specialists employed by Regional Hospital Boards. Table 'D' indicates the attendances made by school children, 958 of whom made 4,357 attendances. These figures may be compared with 956 and 5,643 respectively in 1957.

Towards the end of 1958 the Sheffield Regional Hospital Board decided to discontinue the orthopaedic sessions at six clinics in the north-east of the County (namely Bolsover, Chesterfield (both Brimington Road and the Town Hall), Clay Cross, Shirebrook and Staveley) and to provide treatment instead at the Chesterfield Royal Hospital or the Mansfield and District General Hospital as appropriate. This change took effect on 1st January, 1959.

Orthopaedic sessions continue to be held at ten of the County Council's clinics as indicated in Table 'D.'

Consideration was consequently given to a re-deployment of the services of the two Orthopaedic Physiotherapists employed by the County Council. It was thought that they could make a valuable contribution at the Special Schools administered by the Education Committee (particularly Talbot House Residential Special School, Glossop, for children with cerebral palsy), and also at the Training Centres conducted by the Mental Health Sub-Committee of the County Health Committee, as well as in visiting the homes of appropriate patients. It was also decided to arrange for both those Officers to attend in 1959 a special three-months' course of post-certificate training in the treatment of cerebral palsy.

TABLE C

Annual Return of work at Eye Clinics—Year ended 31st December, 1958

Eye Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			Number of Individual Children Treated							Total Number of Attendances						
			Divisional Executive							Divisional Executive						
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street (*c*) ..	1st, 2nd, 3rd & 4th Wednesday, p.m...	39	–	17	374	–	–	–	391	–	17	444	–	–	–	461
Belper. Field Lane ..(*c*) ..	3rd Tuesday, a.m.	8	–	–	78	–	–	–	78	–	–	93	–	–	–	93
Bolsover. Welbeck Road (*f*) ..	1st and 3rd Wednesday, a.m...	7	–	68	–	–	–	–	68	–	74	–	–	–	–	74
Buxton. Bridge Street (*e*) ..	Each Monday a.m.	40	373	–	–	–	–	–	373	462	–	–	–	–	–	462
Chesterfield. Brimington Rd. (*f*)	2nd and 4th Friday a.m. ..	18	–	226	–	–	–	–	226	–	230	–	–	–	–	230
Chesterfield Excepted District. Town Hall ..(*d*) ..	Wednesday and Thursday, a.m. ..	74	–	–	–	–	–	791	791	–	–	–	–	–	1336	1,336
Clowne. Creswell Road (*f*) ..	2nd and 4th Wednesday, p.m...	17	–	152	–	–	–	–	152	–	175	–	–	–	–	175
Derby. Cathedral Road* (*b*)	Each Monday, a.m.	42	–	–	–	7	485	–	492	–	–	–	7	521	–	528

Dronfield. The Grange (*f*) ..	2nd and 4th Friday, p.m. ..	13	–	100	–	–	–	–	100	–	103	–	–	–	–	103
Frecheville. Fox Lane ..(*f*) ..	2nd and 4th Wednesday, a.m. ..	15	–	113	–	–	–	–	113	–	126	–	–	–	–	126
Glossop. Municipal Bldgs. (*a*)	1st, 3rd and 5th Saturday, a.m. ..	9	134	–	–	–	–	–	134	153	–	–	–	–	–	153
Hackenthorpe. Main Street ..	3rd Wednesday, p.m.	10	–	73	–	–	–	–	73	–	92	–	–	–	–	92
Heanor. Wilmot Street (*c*) ..	5th Wed. p.m. and 1st Tuesday, a.m. ..	13	–	–	–	134	–	–	134	–	–	–	149	–	–	149
Ilkeston. Albert Street (*b*) ..	1st and 3rd Friday, a.m. ..	21	–	–	–	239	–	–	239	–	–	–	301	–	–	301
Killamarsh. Sec. Mod. School (*f*)	1st and 3rd Friday, p.m.	10	–	72	–	–	–	–	72	–	85	–	–	–	–	85
Long Eaton. Grange School (*b*) ..	2nd and 4th Tuesday, a.m. ..	19	–	–	–	201	–	–	201	–	–	–	246	–	–	246
Matlock. Dean Hill House, Causeway Lane (*c*)	2nd and 4th Friday, a.m. ..	19	7	4	196	–	–	–	207	7	4	218	–	–	–	229
New Mills. High Lea Hall (*e*) ..	4th Tuesday, a.m.	9	62	–	–	–	–	–	62	84	–	–	–	–	–	84
Shirebrook. Cliff House (*f*) ..	1st and 3rd Friday, p.m. ..	16	–	131	–	–	–	–	131	–	144	–	–	–	–	144
Staveley. Lime Avenue (*f*) ..	1st Wednesday, p.m. ..	9	–	94	–	–	–	–	94	–	107	–	–	–	–	107
Swadlincote. Alexandra Road (*b*)	2nd and 4th Thursday, p.m. ..	19	–	–	–	–	206	–	206	–	–	–	–	243	–	243
Totals	.. .. ..	427	576	1050	648	581	691	791	4,337	706	1157	755	703	764	1336	5,421

Medical Officer Conducting Clinic :— (*a*) Dr. B. Boas ; (*b*) Dr. J. E. Coates ; (*c*) Dr. D. B. H. Dawson; (*d*) Dr. W. T. C. Lumley and Dr. H. C. Muirhead (*e*) Dr. N. Warwick (*f*) Dr. W. T. C. Lumley.

*New clinic premises opened 29/9/58.

TABLE D

Annual Return of Orthopaedic Work—Year ended 31st December, 1958

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			Number of Individual Children who attended during the year							Total Number of Attendances during the year						
			Divisional Executive							Divisional Executive						
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	95	–	31	54	–	–	–	85	–	178	360	–	–	–	538
Bolsover. Welbeck Road* ..		45	–	34	–	–	–	–	34	–	109	–	–	–	–	109
Buxton. Bridge Street ..	4th Friday, alt. months	2	14	–	–	–	–	–	14	14	–	–	–	–	–	14
Chesterfield. Brimington Road* ..		57	–	31	–	–	–	–	31	–	54	–	–	–	–	54
Chesterfield Excepted District. Town Hall* ..		133	–	–	–	–	–	111	111	–	–	–	–	–	696	696

Clay Cross. High Street* ..		57	–	42	–	–	–	–	42	–	138	–	–	–	–	138
Derby. Cathedral Road† ..	Thursday, a.m. and p.m.	96	–	–	8	1	179	–	188	–	–	22	4	725	–	751
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	38	51	–	–	–	–	–	51	137	–	–	–	–	–	137
Heanor. Wilmot Street ..	Friday, p.m. ..	45	–	–	–	63	–	–	63	–	–	–	284	–	–	284
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	94	–	–	–	69	–	–	69	–	–	–	370	–	–	370
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	45	–	–	–	65	–	–	65	–	–	–	418	–	–	418
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	92	6	–	35	–	11	–	52	10	–	133	–	116	–	259
New Mills. High Lea Hall ..	2nd and 4th Monday a.m. and p.m.	44	30	–	–	–	–	–	30	75	–	–	–	–	–	75
Shirebrook. Cliff House* ..		45	–	16	–	–	–	–	16	–	34	–	–	–	–	34
Staveley. Lime Avenue* ..		53	–	35	–	–	–	1	36	–	152	–	–	–	3	155
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	52	–	–	–	–	71	–	71	–	–	–	–	325	–	325
Totals	.. .. ..	993	101	189	97	198	261	112	958	236	665	515	1076	1166	699	4,357

* Closed by the Sheffield Regional Hospital Board on 31/12/58.
† New clinic premises opened 29/9/58.

HANDICAPPED PUPILS.

The following is a copy of a return made to the Ministry relating to Handicapped Children for the Whole Administrative County—Year 1958.

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped pupils newly placed in Special Schools or Boarding Homes ..	1	2	8	1	41	15	50	20	1	139
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	2	3	10	2	47	17	65	20	1	167
On or about 31st January, 1959 :—										
C. Number of Handicapped Pupils :—										
(i) On the registers of special schools as—										
(*a*) Day Pupils ..	–	1	14	1	75	1	102	38	–	232
(*b*) Boarding Pupils ..	11	10	51	10	28	31	96	15	12	264
(ii) On the registers of Independent Schools under arrangements made by the Authority	–	–	–	–	1	8	23	7	–	39
(iii) boarded in Homes and not already included under (i) or (ii) ..	–	–	–	–	–	–	–	11	–	11
Total (C)	11	11	65	11	104	40	221	71	12	546
On or about 31st January, 1959 :—										
D. Number of Handicapped Pupils receiving education under arrangements made under Section 56 of the Education Act, 1944:—										
(i) In hospitals	–	–	15	–	–	–	–	–	–	15
(ii) In other groups ..	–	–	–	–	–	–	–	–	–	–
(iii) At home	1	3	–	3	39	3	–	–	1	50
On or about 31st January, 1959 :—										
E. Number of Handicapped Pupils who were requiring places in special schools—										
(i) Total—										
(*a*) Day	–	–	–	–	–	1	163	–	–	164
(*b*) Boarding	4	8	5	1	11	7	52	1	1	90

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
Included in the above totals :—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(ii) Handicapped Pupils who had not reached the age of five—										
(*a*) awaiting day places	1	–	2	1	1	–	–	–	–	5
(*b*) awaiting boarding places	1	–	2	1	1	–	–	–	–	5
(iii) Handicapped Pupils who had reached the age of five but whose parents had refused to give consent to their admission to a special school :—										
(*a*) awaiting day places	–	–	–	–	–	–	4	–	–	4
(*b*) awaiting boarding places	–	2	–	–	–	1	4	1	–	8

During the financial year ended 31st March, 1958, the amount spent on arrangements under Section 56 of the Education Act, 1944 for the education of handicapped pupils otherwise than at school, was £7,121/19/3d.

The number of pupils on the registers of Hospital Special Schools on or about 31st January, 1959 was 22.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

The following is an analysis of the preceding Table in Divisional Executive Areas :

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-west	A	1	–	–	1	2	1	4	1	–	10
	B	–	–	–	1	4	–	4	1	–	10
	C (i) (*a*) ..	–	–	–	–	–	1	–	–	–	1
	C (i) (*b*) ..	3	1	3	1	4	1	14	–	–	27
	C (ii)	–	–	–	–	1	–	3	1	–	5
	C (iii) ..	–	–	–	–	–	–	–	3	–	3
	Total (C) ..	3	1	3	1	5	2	17	4	–	36
	D (i)	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	6	2	–	–	8
	E (i) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (i) (*b*) ..	–	–	–	–	3	1	10	–	–	14
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	–	–	–	–	–	1	–	–	1
North-east	A	–	1	3	–	9	3	4	7	–	27
	B	–	1	4	1	14	6	18	7	–	51
	C (i) (*a*) ..	–	1	4	–	6	–	3	–	–	14
	C (i) (*b*) ..	4	3	25	2	11	10	26	7	4	92
	C (ii)	–	–	–	–	–	12	6	–	–	8
	C (iii) ..	–	–	–	–	–	–	–	5	–	5
	Total (C) ..	4	4	29	2	17	22	35	12	4	119

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-east	D (i)	–	–	–	–	10	–	–	–	–	10
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	1	–	–	–	14	1	–	–	16
	E (i) (*a*) ..	–	–	–	–	–	1	136	–	–	137
	E (i) (*b*) ..	2	1	3	1	5	3	7	–	1	23
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	2	1	–	–	–	–	–	3
	E (iii) (*a*) ..	–	–	–	–	–	–	2	–	–	2
	E (iii) (*b*) ..	–	–	–	–	–	–	1	–	–	1
Mid-Derbyshire	A	–	–	1	–	2	2	9	3	–	17
	B	1	–	2	–	3	1	7	3	–	17
	C (i) (*a*) ..	–	–	–	–	–	–	19	–	–	19
	C (i) (*b*) ..	1	1	9	3	2	2	25	5	1	49
	C (ii)	–	–	–	–	–	3	4	2	–	9
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	1	9	3	2	5	48	7	1	77
	D (i)	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	1	–	–	–	–	3	–	–	–	4
	E (i) (*a*) ..	–	–	–	–	–	–	8	–	–	8
	E (i) (*b*) ..	1	1	1	–	1	1	18	–	–	22
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	1	–	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	1	–	–	–	–	–	–	–	1
South-east	A	–	–	–	–	1	4	17	2	–	24
	B	–	2	–	–	2	5	15	1	–	25
	C (i) (*a*) ..	–	–	3	1	1	–	61	–	–	66
	C (i) (*b*) ..	1	2	1	–	2	5	11	–	1	23
	C (ii)	–	–	–	–	–	1	1	2	–	4
	C (iii) ..	–	–	–	–	–	–	–	3	–	3
	Total (C) ..	1	2	4	1	3	6	73	5	1	96
	D (i)	–	–	–	–	5	–	–	–	–	5
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	1	–	–	–	4	–	–	–	5
	E (i) (*a*) ..	–	–	–	–	–	–	16	–	–	16
	E (i) (*b*) ..	–	4	–	–	2	1	3	–	–	10
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	1	–	–	1
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
South	A	–	1	3	–	8	5	14	2	–	33
	B	–	–	3	–	7	5	19	2	–	36
	C (i) (*a*) ..	–	–	7	–	1	–	19	–	–	27
	C (i) (*b*) ..	2	2	10	3	9	10	17	–	1	54
	C (ii)	–	–	–	–	–	2	3	2	–	7
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	2	2	17	3	10	12	39	2	1	88
	D (i)	–	–	–	–	–	–	–	–	–	–
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	–	–	–	–	11	–	–	1	12
	E (i) (*a*) ..	–	–	–	–	–	–	3	–	–	3
	E (i) (*b*) ..	–	–	1	–	–	–	11	–	–	12
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*a*) ..	–	–	–	–	–	–	1	–	–	1
	E (iii) (*b*) ..	–	–	–	–	–	–	–	–	–	–
Chesterfield	A	–	–	1	–	19	–	2	5	1	28
	B	1	–	1	–	17	–	2	6	1	28
	C (i) (*a*) ..	–	–	–	–	67	–	–	38	–	105
	C (i) (*b*) ..	–	–	3	1	–	3	3	3	5	19
	C (ii)	–	–	–	–	–	–	6	–	–	6
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	–	–	3	1	67	3	9	41	5	130
	D (i)	–	–	–	–	10	–	–	–	–	10
	D (ii)	–	–	–	–	–	–	–	–	–	–
	D (iii) ..	–	1	–	–	3	1	–	–	–	5
	E (i) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (i) (*b*) ..	1	2	–	–	–	2	3	1	–	9
	E (ii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (ii) (*b*) ..	1	–	–	–	–	–	–	–	–	1
	E (iii) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	E (iii) (*b*) ..	–	1	–	–	–	1	2	1	–	5

For the purpose of comparison the main figures for 1957 and 1958 are set out below :—

		1957		1958	
A.	Handicapped Pupils newly placed ..	162		139	
B.	Handicapped Pupils newly assessed as requiring education at Special Schools	151		167	
C.	(i) (*a*) Attending Special Day Schools	249		232	
	(*b*) Attending Special Boarding Schools	239		264	
	(ii) Attending Independent Schools	38		39	
	(iii) Boarded in Homes	19		11	
D.	Education under Section 56—hospitals	49		15	
	Education under Section 56—home tuition	40		50	
E.	Awaiting admission—day schools ..	218	311	164	254
	Awaiting admission—boarding schools	93		90	

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the figures relating to Handicapped Pupils :—

"A *and* B.—*Pupils newly placed and newly assessed.*—The number of children who were newly assessed during the year has risen slightly from 151 in 1957 to 167 in 1959 and the number actually placed in special schools has fallen from 162 to 139. The waiting list is therefore longer than it was at this time last year. These figures might cause some concern if they meant that places were becoming more difficult to find but in fact they seem largely attributable to the number of children found to need special schooling towards the end of the year who will be placed quite quickly. The general position remains fairly satisfactory.

C.—*Pupils attending Special Schools.*—The number of children attending day schools has fallen from 249 to 232. This is almost completely accounted for by a temporary fall in numbers at Brambling House School.

The number in boarding schools has risen from 239 to 264. This is mainly accounted for by an increase of twelve physically handicapped children, whom it has been possible to place (three of them at Talbot House and six of them (non-spastics) at Thieves Wood—a new school maintained by the Nottinghamshire Authority), and of maladjusted children whom it has been necessary to place outside the County.

The number of children in 'boarding homes' (i.e. hostels for the maladjusted) has fallen from nineteen to eleven. This figure is misleading in that it excludes children already included in the figures immediately above because they are attending Brambling House Special Schooi from the hostels, and also excludes out-county children. There are in fact twenty boys at Stretton House.

D.—*Hospitals and Home Tuition*—The fall from forty-nine to fifteen of the number of children in hospital special schools is also misleading. As many children as possible are now discharged from Bretby Orthopaedic Hospital at Christmas : the average number over the year remains at between forty and fifty.

Home tuition cases have increased by ten. At one time we were forced to provide home tuition because there were not enough special schools : we now provide it because it seems the right thing to do.

E.—*Waiting Lists.*—There is an apparent decrease in the size of the waiting lists : there has been a detailed review of cases during the year and seventy-seven names of E.S.N. children have been removed from the list ; many of them are now making reasonably satisfactory progress in the ordinary schools.

The majority of the children on the waiting lists are educationally subnormal children who will be placed either on the opening of the new special school in Chesterfield after Easter, 1959, or when the additional day and boarding places, to be built as part of the 1959-60 school building programme, are ready for occupation."

Special Reports.

(1) *Overseal Manor (E.S.N. Boys') Special Residential School.*—The following report has been provided by Dr. Malcolm Allan who regularly visits this school :—

"The school was inspected each term and at other necessary times. From my own observation, it was clear that quite a number of the children improve mentally and physically. The atmosphere of the school resembles that of a large happy family, and this despite many staff difficulties."

(2) *John Duncan (E.S.N. Girls') Special Residential School.*—Dr. Kuttner has commented as follows :—

"John Duncan School for E.S.N. girls, in Buxton has only recently been included in my area, and it is somewhat early to report on my findings there other than that, whenever I visit the school I am impressed by its happy atmosphere and unity of purpose and find the pupils extremely well behaved and well cared for."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

"Many visits have been paid to Talbot House School for Spastics, and two routine medical inspections have been carried out.

Three small outbreaks of infectious disease occurred, one in each of the first three terms.

Towards the end of February an influenza-like illness attacked thirteen of the sixteen resident children. The incubation period was short and the onset sudden with general malaise, sore throat, cough, and moderately high fever. The acute stage lasted two to three days and was followed by four days convalescence. None of the children was affected during the autumn epidemic of 1957.

Three children contracted measles in April and May. Fortunately it was mild in type and not followed by any complications.

In September and October there was an outbreak of mumps. A child returned to school after the summer holidays incubating the infection which developed sixteen days later and spread to eight other people.

Two boys, both badly disabled, reached school leaving age and were discharged home. One is awaiting a vacancy in a sheltered workshop and the other admission to Coombe Farm Training Centre.

The thoughtful consideration which is given to the comfort and care of the children at Talbot House is shown by their obvious enjoyment and happiness. They are taught to help themselves and to become, as far as possible within the limits of their physical handicaps, self dependent members of the community."

Miss Curry, the Speech Therapist who treats the children at Talbot House School, has reported that :—

"During 1958, Speech Therapy was provided daily (seven sessions weekly) at Talbot House until 1st October when this was reduced to six sessions. This alteration was made because the most seriously handicapped speech case had left in the summer, and two less seriously handicapped children had left in the Spring. Of the new children at School only two required a little help with their speech. Therefore, the demand for Speech Therapy became :—

2 serious cases.
3 fairly serious cases.
5 less serious cases.

Since 1st October the weekly Time-table has been :—

Monday, a.m., p.m. ; Tuesday, p.m. ; Thursday, a.m., p.m. ; Friday, p.m.

The progress made by those receiving therapy is very encouraging and in most cases co-operation is good. The main problem is removing the habit factor and establishing a 'carry-over' from the Speech Therapy room to everyday situations."

(4) *Stretton House Hostel.*—Dr. Nettleship has commented that:—

"These boys are very well looked after and soon enter into the 'Family' atmosphere of the hostel. At Christmas, I saw them perform in a play and solo carol singing which they did uninhibitedly and with a lack of self consciousness that one would not expect in a maladjusted child."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have

a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which should prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, besides the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

During 1958, twenty-two patients were entered on the cardiac register for Derbyshire. All of these pupils are attending ordinary schools. These twenty-two cases consisted of two children with rheumatic heart disease, and twenty with congenital heart disease. In eleven of the latter twenty cases a closer diagnosis was available ; particulars appear below :—

Patent ductus—ligated	2
Interventricular septal defect	5
Interventricular septal defect with partial bundle branch block	1
Pulmonary stenosis	1
Co-arctation of aorta	1
Patent foramen avale	1

Cases reported to Local Health Authority.

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), and as requiring supervision after leaving school, by reason of a disability of mind (section 57 (5), Education Act, 1944) :—

Divisional Executive	Under section 57 (3) of the Education Act, 1944		Under section 57 (5) of the Education Act, 1944	
	Boys	Girls	Boys	Girls
North-west	4	3	—	1
North-east	7	8	3	—
Mid-Derbyshire	8	4	1	—
South-east	4	6	2	2
South	9	5	2	1
Chesterfield	–	2	3	—
Totals ..	32	28	11	4

Maladjusted Pupils

The establishment authorises the appointment of a whole-time and a part-time Children's Psychiatrist. The Sheffield Regional Hospital Board, in consultation with the County Council, has appointed Dr. D. J. Salfield to act as Consultant Children's Psychiatrist in the part of the administrative County which lies within the area of the Board ; he devotes the majority of his time to the treatment of maladjusted children. As regards the part of Derbyshire within the area of the Manchester Regional Hospital Board, a few cases are referred from time to time to the Psychiatrist for that Region for treatment.

The establishment for Educational Psychologists was five. These Officers serve part-time in the Child Guidance Service and the aggregate amount of time is equal to approximately 1.8 whole-time staff.

For many years it has proved impossible to obtain the services of sufficient qualified Psychiatric Social Workers, but throughout 1958 we had the services of one such Officer, as well as a Social Worker (half-time) at Chesterfield.

The following report has been received from Dr. D. J. Salfield :—

"A great improvement in the Child Guidance facilities has been the opening of the new clinic at Cathedral Road, Derby ; the regular and traditional routine of Child Guidance investigation has now become possible since the latter part of the year. The scope of the work has been maintained, although due to the large area covered the Psychologists have found it opportune to do more educational work at the schools, including Child Guidance cases with rather educational than psychiatric or psychological problems.

The Authority's hostel for maladjusted boys has been visited regularly. The liaison with the Paediatric and School Medical Service has been maintained and regular case conferences with our paediatric colleagues are to start shortly.

A further development we are particularly looking forward to is the increase of the clinic staff, especially on the therapeutic side for which plans are being actively made, and further badly needed clerical staff.

Following requests which have been coming forth in the north east part of the county, regular clinics are projected for Hackenthorpe. The reasons for this are the special needs and interests of the clinic staff there and the long distances covered by infrequent public transport which makes attendance at the Chesterfield Clinic irksome for patients living in the Hackenthorpe area.

The chronic shortage of the Psychiatrist's time persists as he has to cover practically the whole county which involves a great deal of travelling and requests for further medical staff have not been met. Equally the Psychiatric Social Worker's capacity for dealing with the great number of cases that need intensive case work approach is limited by the wide flung area which is covered and the travelling involved.

We hope that the interest shown by all people concerned in the Child Guidance work will also gradually lead to further extension of the facilities, especially the increase in workers.

We are very much aware of the maintained interest of the School Medical staff and are especially grateful to the consideration shown to our needs by the Principal School Medical Officer."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(1) Cases Closed during 1958 :—						
(i) Adjusted	1	3	3	12	5	24
(ii) Improving	–	3	3	8	4	18
(iii) Unadjusted	–	3	1	6	1	11
(iv) Miscellaneous	–	1	1	1	1	4
(v) Diagnostic and advice only	–	1	3	4	1	9
Totals	1	11	11	31	12	66
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(*a*) Psychiatrist—						
(i) Making satisfactory progress	4	10	9	11	12	46
(ii) Some improvement ..	–	–	–	–	1	1
(iii) No improvement	–	–	1	–	5	6
Totals	4	10	10	11	18	53
(*b*) Educational Psychologists :—						
(i) Making satisfactory progress	4	–	3	1	1	9
(ii) Some improvement ..	1	–	4	2	2	9
(iii) No Improvement	1	–	–	–	1	2
Totals	6	–	7	3	4	20
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	9	4	30	22	18	83
(ii) Some improvement ..	3	2	6	16	10	37
(iii) No improvement	–	–	1	1	3	5
(iv) Diagnostic and Other ..	9	2	12	6	7	36
Totals	21	8	49	45	38	161
(4) Cases Recently Opened ..	–	1	5	3	2	11
(5) SUMMARY :—						
(i) Number of "current cases"	31	18	66	59	60	234
(ii) Number of "closed cases"	1	11	11	31	12	66
Total Number of Cases dealt with during 1958 ..	32	29	77	90	72	300
(6) Number of Cases on Waiting List for first interview as at 31st December, 1958 ..	–	–	2	4	6	12

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(7) Psychiatrist's Interviews with Patients	1	37	63	122	98	321
Psychiatrist's Interviews with Parents	1	24	54	116	97	292
Psychiatrists' Visits :—						
(i) to Schools	–	–	1	–	–	1
(ii) to Homes	2	–	3	–	2	7
(iii) to Institutions	2	33	2	–	5	42
Total number of siblings of patients seen	–	–	3	6	5	14
Number of Interviews with Probation Officers, Social Workers, etc.	–	–	2	–	–	2
Number of Reports to Magistrates						11
(8) Educational Psychologists' Visits :—						
(i) to Schools	22	10	51	11	24	118
(ii) to Homes	29	10	42	23	22	126
Number of Child Guidance Cases tested	35	14	32	48	75	204

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	25
Private Doctors	26
Hospitals	5
Teachers	18
Courts and/or Probation Officers	2
Others	16

Speech Therapy

The establishment permits the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). At the beginning of the year the numbers actually employed were six whole-time and two part-time officers. Unfortunately, during the year, resignations reduced the numbers to two whole-time and two part-time officers (working the equivalent of just under three whole-time officers). It is hoped that it will prove possible to fill the vacant posts, but it may be mentioned that in October, 1958, the Principal Medical Officer of the Ministry of Education wrote to Principal School Medical Officers seeking information about the vacancies for Speech Therapists, because a number of Authorities were unable to recruit them despite repeated advertisements and direct approach to the speech therapy training schools. (It has been our practice to use both methods). It was pointed out by the Ministry's Principal Medical Officer that "there is, however, no shortage of suitable candidates for training and the training schools are always full . . . There is obviously a very high wastage. It looks as if many women are lost through marriage, either before or after starting professional work." (Two of our four resignations followed marriage). It has been suggested that the present general shortage of Speech Therapists (assuming the current rate of expansion) may be made good in about four years.

The following are particulars of the Speech Therapy Clinics held at present :—

Clinic	*Held on*	*Speech Therapist*
Derby	Tuesdays, Thursdays and Fridays	Mrs. Marsh
Frecheville ..	Thursdays	Mrs. Smith
Glossop	1st, 3rd and 5th Tuesdays p.m. and Fridays a.m. ..	Miss Curry
Hackenthorpe ..	Mondays	Mrs. Smith
New Mills ..	Wednesdays	Miss Curry

NOTE :—Speech therapy sessions are also conducted, by Miss Wright, at clinics in Chesterfield Borough for children resident in the Borough.

I asked the Speech Therapists to let me have their comments on the work in their areas during the year, and the following reports have been received :—

Miss CURRY :

"Throughout 1958, work at Glossop and New Mills clinics has been most interesting.

It has proved a great advantage to spend an extra session weekly (since 1st October) at New Mills, where Speech Therapy is now provided during the whole of Wednesday. Thus the waiting list has been reduced considerably.

At Glossop where Speech Therapy is now given during the morning of every Friday and 1st, 3rd and 5th Tuesday, the results of treatment are good, several cases having been suspended to be

recalled in 1959 with a view to final discharge. The waiting list is not unreasonable, being partially lightened by treatment sessions held, in the mornings of 2nd and 4th Tuesdays, at Whitfield School, where the Staff are patient and helpful.

Parents too, in the majority of cases, have co-operated well, and their encouragement has helped the children to benefit from the guidance which the Speech Therapist aims to provide."

Mrs. MARSH :

"Clinics have been held as usual in Derby on three days weekly. Results of treatment have been good, and work has proceeded smoothly. The transfer of the Clinic to new premises in Cathedral Road has provided better conditions for treatment.

The attendance figures are higher than those of last year, indicating that less clinical time has been wasted by absentees. This is one of the most important factors in treatment, as little can be done where the Mother fails to bring her child regularly.

There is now a waiting list, mainly of children from other areas, for whom there is no Therapist available."

Mrs. SMITH :

"The beginning of the year proved that there was indeed justification in holding two sessions per week at Hackenthorpe Clinic. Four cases were transferred from Frecheville to Hackenthorpe and the remainder were new cases from the area. Unfortunately, of the new cases, several were mentally dull and home co-operation was nil. These children are still being treated but progress is slow. In other cases home co-operation has been excellent, and defects have been corrected very quickly. Out of four cases who were also eneuretic, the eneuresis cleared up in three cases after speech treatment and was greatly improved in the fourth case.

The Headteachers and Teachers of all the schools remain most helpful.

Attendance at Frecheville Clinic was poor at the beginning of the year because of the bad weather and the long distance travelled by many of the children. Other parents found the journey too tiring and these children had to be discharged because their attendance became spasmodic. This resulted in an amount of wasted time. However, gradually the attendances improved and the co-operation of the remaining cases was good.

There is only one eneuretic child receiving speech treatment at Frecheville at the moment and this condition has improved simultaneously with the speech.

In this area school staff are still most co-operative.

In some cases children have been ascertained for speech therapy when the defect has been due to dental malocclusion and these cases have been re-directed to the appropriate department.

It has been found that in some cases the defects correct themselves while the child is awaiting treatment and speech therapy is no longer required."

SPEECH THERAPY	Divisional Executive		
	North-west	North-east	South
(1) Number of Patients who received Treatment during the year :—			
New Cases—			
Stammerers	4	3	3
Articulation Defects ..	14	16	19
Other Speech Disorders ..	2	2	4
Old Cases—			
Stammerers	14	7	9
Articulation Defects ..	31	23	36
Other Speech Disorders ..	7	4	4
Total Number of Individual Patients	72	55	75
Total Attendances for Treatment	774	871	1033
(2) Results of Treatment of Cases seen during 1958 :—			
Cases Closed :—			
Stammerers—			
Cured	7	1	1
Improved	1	1	6
Not improved	–	–	–
Discontinued for various reasons	3	2	1
Articulation Defects—			
Cured	20	9	11
Improved	–	1	12
Not improved	–	–	–
Discontinued for various reasons	2	2	12
Other Speech Disorders—			
Cured	–	3	–
Improved	1	–	–
Not improved	–	–	–
Discontinued for various reasons	1	–	–
Total number of Cases Closed	35	19	43
Cases Still Under Treatment—			
Stammerers	11	6	8
Articulation Defects ..	37	27	41
Other Speech Disorders ..	6	3	8
Cases seen once for initial examination and advice only.. ..	30	13	19
Total Number of Cases already seen, Carried Forward to 1959	84	36	76

SPEECH THERAPY	Divisional Executive		
	North-west	North-east	South
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1958	–	45	5
(4) Visits :—			
To Schools	17	–	–
To Homes	–	–	–
(5) Number of Interviews with Parents	80	68	169
(6) Total Number of Sessions conducted at Clinics	121	168	274

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 537 pupils desiring to undertake part-time employment. Certificates of fitness were given in 536 instances, and in only one case was it decided that the suggested employment would be prejudicial to the health or physical development of the child.

PREVENTIVE INOCULATIONS

In my Annual Report as County Medical Officer of Health details are given of schemes for providing preventive inoculations against a variety of diseases. School children, of course, benefit from them, along with other members of the community, so that although they are the responsibility of the County Health Committee under the National Health Service Act, it is appropriate to refer to them in this Report.

In particular, the value of the assistance and co-operation of the Teachers should not pass unrecorded.

Immunisation against diphtheria, tetanus and whooping cough.

Children should be immunised against diphtheria shortly before reaching their first birthday, and it is desirable that a reinforcing dose be given when school life begins. The arrangements for providing this form of prophylaxis are on the same lines as in previous years.

On 31st July, 1957, the Minister of Health gave formal authority to the Derbyshire County Council "to include in its approved arrangements under Section 26 of the Act, arrangements for offering to persons in its area, (*a*) immunisation against whooping cough ; (*b*) immunisation against tetanus." (As noted above, the County Council already had an approved scheme for immunisation against diphtheria).

The following is a copy of a letter addressed by the Ministry of Health to the Clerk of the County Council, dated 31st July, 1957, which accompanied the formal authority mentioned above :—

"Sir,

National Health Service Act, 1946

Section 26. Vaccination and Immunisation.

I am directed by the Minister of Health to refer to your letter of 22nd January, 1957, and to forward his formal authority for the provision by the Council of immunisation against whooping cough and tetanus.

The Minister assumes that the County Medical Officer of Health will be responsible for deciding what antigen(s) are to be used and that the antigen(s) will be made available to general practitioners on request and, also, that when making arrangements for offering immunisation against whooping cough and tetanus consideration will be given to the views contained in the Minister's circular letter to local health authorities of 4th July, 1957 (Circular 8/57). The Authority should make its own arrangements for the purchase of suitable vaccines."

The following are relevant excerpts from Circular 8/57 :—

"1. I am directed by the Minister of Health to state that he has received advice from the Central Health Services Council on the procedure which can be recommended for immunisation against diphtheria and whooping cough under the National Health Service Act. This advice has been given following the publication of a Report by the Committee of the Medical Research Council on inoculation procedures and neurological lesions (*Lancet* 1956 ii 1223).

2. The Medical Research Council Report, which is based on statistical evidence, shows that inoculation with certain of the prophylactics used against diphtheria or whooping cough involves some risk of provoking paralysis due to poliomyelitis. The risk varies according to the time of year and the type of prophylactic used, being greatest in the second and third quarters of the year and when a combined alum precipitated diphtheria and whooping cough vaccine is used. The risk is less at other times of the year and minimal when an alum free diphtheria toxoid or a plain whooping cough vaccine is used singly. The advice which the Minister has received from the Central Health Services Council is in the following terms :

(i) Non alum precipitated antigens should be recommended for use by local health authorities and practitioners against diphtheria.

(ii) There is a risk of provoking poliomyelitis in using antigens in combination. Some of these risks have been measured, others such as might occur in using combined whooping cough and tetanus antigens or combined diphtheria and tetanus antigens have not yet been measured. Antigens should, in general, preferably be used separately though the advantages of this must be weighed against the psychological dangers of giving frequent injections to the child.

(iii) If non alum precipitated antigens are used singly they may be used throughout the year, subject to the discretion of the medical officer of health. . ."

Combined antigens.

6. Supplies of combined antigens have not been issued to local health authorities, but most authorities have proposals approved by the Minister which enable them to make arrangements for combined immunisation against diphtheria and whooping cough and sometimes also tetanus under Section 26 of the Act. Materials for the purpose are obtained by the authorities from the manufacturers. In view of the advice which he has now received, the Minister recommends that where a local health authority consider it expedient to use non alum-containing combined diphtheria and whooping cough antigens, they should pay special regard to the prevalence of poliomyelitis infection in the locality and to the period of highest risk of provocation as demonstrated in the report of the Medical Research Council and mentioned in paragraph 2 above.

7. It is not at this stage possible, in advance of further knowledge, to give any guidance on the use of tetanus antigens in combination with diphtheria or whooping cough antigens . . ."

In view of the responsibility placed upon me as County Medical Officer of Health in the Ministry of Health's letter of approval, where it is indicated that I have to give consideration to the views expressed in the Ministry's Circular 8/57, I feel that as far as the medical staff who work directly under me are concerned, it will be expedient that antigens be given singly at County Council Clinics, rather than in combination, and it would have the merit that they could be used throughout the year (unless there were very special circumstances).

In view of the comments made by certain School Medical Officers regarding smallpox vaccination and diphtheria immunisation, I think it is interesting to study the figures given in the table below shewing the number of primary vaccinations and re-vaccinations and the number of primary and booster diphtheria immunisations carried out during the years 1950 to 1958.

	Diphtheria Immunisation		*Smallpox Vaccination*	
	Primary	*Booster*	*Primary vaccination*	*Revaccination*
1950 ..	6,159	4,452	1,595	520
1951 ..	8,098	6,847	1,891	812
1952 ..	7,488	6,748	1,612	729
1953 ..	6,730	4,727	1,939	795
1954 ..	7,531	5,062	1,815	568
1955 ..	7,677	8,028	1,816	476
1956 ..	8,314	5,831	2,276	564
1957 ..	8,577	6,570	2,833	656
1958 ..	8,973	4,536	3,541	715

Poliomyelitis.

The programme for vaccination against poliomyelitis which was instituted in this country in 1956 has been a gradually expanding one. Originally vaccination was offered to children born between 1947 and 1954 inclusive ; the only vaccine to be used was of British manufacture; and only two injections were to be given. The scheme now provides for three injections being given to each patient, and vaccination is available for children and young persons between the ages of six months and twenty-five years, and expectant mothers, as well as general medical practitioners, ambulance and hospital staffs and the families of the last three groups. The supplies of British vaccine are now supplemented by Salk vaccine made in Canada and the U.S.A.

Commenting on the fact that "the number of children eligible has been increased" the Chief Medical Officer of the Ministry of Education in his latest Report on "*The Health of the School Child*" remarks that "it may be assumed that the medical officers of the local authorities will be busily engaged on this work during the early part of 1958 at the sacrifice of a certain amount of inspection of school children. Vaccination must clearly have priority." On 19th November, 1957, the Ministry of Education issued Administrative Memorandum No. 561 in which it was stated that the Minister of Education was confident that local education authorities would co-operate closely with local health authorities in the arrangements for school children, as well as in respect of any measures for giving priority to the work of vaccination, if necessary, by deferring some of the less urgent work of the School health Service. The Derbyshire Education Authority has always been mindful of the health and welfare of the children under its care and always co-operates readily in promoting measures designed to lessen the incidence of disease.

Up to 31st December, 1958, the number of children and others in Derbyshire who had received two injections was 66,231.

B.C.G. Vaccination against Tuberculosis.

Bearing in mind certain advice which has been given by the Ministry of Health, the County Health Committee agreed towards the end of 1956 to introduce a gradually expanding scheme for vaccinating, with B.C.G., children between their thirteenth and fourteenth birthdays, as the necessary staff and equipment become available. (This age has been chosen because it enables children to be vaccinated in their penultimate year at school and to leave school with such protection as the vaccine affords). Arrangements have been made by which School Medical Officers are trained in the necessary techniques required for tuberculin testing and vaccination. As I mentioned last year, the Authority agreed that six additional Medical Officers be appointed to enable this extra work to be carried out without detriment to the established services. The heavy demands made by the poliomyelitis vaccination scheme exercised a retarding effect on the development of the B.C.G. scheme, and it was not practicable to make a start with B.C.G. vaccinations until towards the end of 1957, when 442 children in four schools were tuberculin tested, and of 330 for whom vaccination was advised, 329 were vaccinated.

During 1958 the scope of the B.C.G. scheme has been extended, and the facilities for vaccination were offered to 3,098 children at twenty-nine Schools. The following table shows the results :—

Number of children offered facilities for vaccination ..	3,098
Number whose parents desired to take advantage of these facilities and who were Mantoux tested	2,065
Number of children found to be Mantoux positive ..	416
Number of children found to be Mantoux negative ..	1,564
Number of children vaccinated with B.C.G.	1,542

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers :—

Dr. M. SUTCLIFFE (Part of N.W. Division) :

"(1) *General health and well-being of the children :* With the maintained improvement in social and economic conditions, the standard of general health and well-being of the children is most satisfactory. They are, with a few exceptions, well clothed and fed, high-spirited, energetic and resourceful.

(2) *The physical condition of the children :* There has been a steady improvement in the general physical condition of the pupils during the last few years but there is no corresponding improvement in the condition of the teeth. Dental decay, which is widespread at all ages, is probably associated with the increased consumption of sugar and sweets. Only 1.4% of the children were placed in the unsatisfactory category compared with 2.6% in 1957. Apart from dental caries, the orthopaedic and visual groups showed the largest number of defects.

(3) *The cleanliness of the pupils :* A great deal of time has been spent by the Health Visitors and School Nurse in advising parents on methods of eradicating the head louse, but the response has been disappointing and with an infestation rate of 7.5% the desired end is still to be attained. The incidence of impetigo has shown a marked decline compared with 1957, particularly in the winter months. One case of scabies was treated at the clinic, the first since 1954.

(4) *School meals : the milk-in-schools scheme :* On a given day in October, 34.8% of pupils in attendance in the schools had school dinners. The meals, which are nutritious and varied, are enjoyed by a large majority of the children although in some of the older schools they are not served in attractive surroundings. The Schools Meals Service is an indispensible one for the children of the many mothers who are fully employed in commerce and industry.

On a given day in October 76.5% of pupils participated in the milk-in-schools scheme. Milk varies in popularity ; in two primary schools there is a 100% acceptance, but the demand falls to 19.7% in one of the secondary schools.

(5) *The hygienic conditions of schools :* The hygienic conditions in schools are improving each year. Ventilation, lighting and heating are on the whole reasonable, and washing facilities are satisfactory except in three schools which have no hot water supply to the washbasins.

During 1958 the sanitary blocks and cloakrooms at one of the primary schools were entirely reconstructed and modernised, and there remains in the Borough only one school with antiquated, insanitary trough closets. Improvements were also effected in some of the playgrounds : five were resurfaced, thereby greatly reducing the risk of accidents, and useless air-raid shelters were demolished.

In a few of the older schools there is a need for better premises for school canteens but these are impossible to provide in the overcrowded conditions which exist.

Facilities for school medical inspections and cleanliness surveys are generally inadequate.

(6) *Infectious Diseases :* Judging from the notifications received from the schools there has been a lull in infectious diseases in 1958 ; the most prevalent was rubella which accounted for forty-five of the 138 infections reported. No cases were notified from secondary schools.

(7) *Special interests :* During the routine medical inspections of entrants to primary schools I have noted the low smallpox vaccination rate, only 24% being protected against a disease which can appear without warning as a direct result of the speed of modern travel from endemic centres abroad.

It is difficult to understand the lack of interest which exists when it is known that scattered outbreaks of smallpox have occurred in this country during the past few years, one as recently as April and May this year when six cases were diagnosed in an adjoining county. Little importance is attached to the fact that the infection can be imported in the incubation period and spread to many contacts before the diagnosis is made.

Parents are urged by the public health staff to have their children protected against so serious a disease during the first year of life when complications are rare. They are also reminded that primary vaccination in early adult life when their children enter the Armed Forces is not without risk, which could be avoided by vaccination in early infancy.

(8) *Immunisation procedures :*

(i) *Diphtheria immunisation :* Most of the parents willingly accept primary immunisation against diphtheria for their children, either by the general practitioners or at the clinics, but many are apathetic and indifferent when the time comes four years later for a re-inforcing dose to maintain the immunity.

(ii) *Whooping cough vaccination* : Whooping cough vaccination started in October, 1958. The three doses for the primary course are recommended at three, four and five months of age as the disease is most serious and lethal in young children. The mothers have shown a keen interest and the response has been good though many, in order to reduce the number of injections given to their children, prefer the combined diphtheria and whooping cough immunisation which is not available at the clinics. (See note on page 53 setting out excerpts from Circular 8/57 which includes advice received from the Central Health Services Council).

(iii) *Poliomyelitis vaccination :* During the first ten months of the year when poliomyelitis vaccination sessions were held weekly, the number of children medically examined in the schools was considerably reduced and other duties such as inspection of school premises and canteens had to be deferred until later.

The acceptance rate for vaccination in 1958 has been disappointingly low, particularly in the latest group to become eligible, i.e. those born between 1933 and 1942, inclusive. As there is a shortage of British vaccine and there may be a long delay before it is obtained, all persons registering are advised to accept any vaccine available. A campaign is being undertaken to increase registration in all groups.

(9) '*Medical stresses of Examinations*' : There has been a little evidence of post-examination stress. The great disappointment shown by a few of the ambitious parents in those who do not succeed in passing the eleven-plus examination can cause a depressing feeling of failure in sensitive children. No cases of examination stress in Grammar School children were brought to my notice.

(10) *The inter-relationship between the National Health Service and the School Health Service :* There is friendly co-operation between the School Health Service and the general practitioners who refer their patients to the Ophthalmic, Orthopaedic and Speech clinics provided by the Local Health Authority. Continuity of treatment can be provided for those children who need hospital care when the clinic specialist is also on the staff of the local hospitals."

Dr. F. D. F. STEEDE (Part of N.W. Division) :

"(1) *General health and well-being of the children :* The general health of the school population continues to be good with a high standard of child care prevailing throughout the Borough. One is reminded of this at a routine medical inspection session in an infant school when a child seen in the absence of its mother and occasionally father, is a rare occurrence. Attendance of parents in the second age group is also good, but although in the third age group some parents make long journeys in order to be present, many unfortunately for a variety of reasons do not attend and thus very much reduce the value of the examination.

(2) *Physical condition of the children :* The physical condition appears to be quite good. The dental state generally, in spite of many instances of excellent work by local general dental practitioners, in the absence of a School Dental Officer over a number of years past, leaves a good deal to be desired, and in particular in children in families, often the larger ones, where the standard of child care is below the average.

(3) *Cleanliness of pupils :* Satisfactory. Incidence of pediculosis (six cases) and impetigo (six cases) was low and there were no cases of either scabies or ringworm.

(4) *School meals ; milk-in-schools scheme :* The percentage of children partaking of school meals is estimated to be 51.59%. There are 78.65% taking school milk, and satisfactory though this figure is, one would like to see it even higher. All milk consumed is pasteurised.

(5) *Hygienic conditions of schools :* There is no cause for complacency with regard to the sanitary conditions of the older schools, and I place the necessity for the provision of hot water for hand washing on a very high priority. All towels now in use for pupils are of the disposable type which assists materially in reducing the risk of cross infection. Classrooms in some cases show a considerable degree of over-crowding and in spite of every effort by the Head Teacher concerned and especially in bad weather conditions, it is not possible to provide the necessary accommodation where medical inspections can be efficiently carried out under reasonable conditions of quiet and privacy.

(6) *Infectious Diseases :* There was a minor outbreak of poliomyelitis, during the period September to November ; measles occurred in epidemic form in November and December ; otherwise notification of infectious diseases were minimized.

(7) *Immunisation procedures* : Immunisation procedures recently have, I understand, been largely in the hands of the local general medical practitioners. I feel that routine booster injections against diphtheria, which one was reluctant to do while the poliomyelitis vaccination campaign was getting under way, should be resumed in schools at an early date. A rough and ready census of the school vaccination state taken in September in respect of poliomyelitis with the co-operation of all the head teachers concerned, revealed a serious deficiency, especially in the third age groups, and immediate and effective remedial steps were taken, which were assisted by the impact of the minor outbreak of poliomyelitis. In this instance one had the valued co-operation of the local press in helping to break down the resistance of parents to the acceptance of other than the British Vaccine."

Dr. G. KUTTNER (Part of N.W. Division) :

"(1) *The general health and well-being of the children :* The general health of school children remains good. Since my area was extended this year, I have seen more 'problem families' than before, where there is overcrowding, poverty and lack of intelligent parental care. Yet, even the children of these families are, on the whole, well fed and, with few exceptions, physically fit and none of them had to be classified as unsatisfactory in health.

I am somewhat concerned about the increasing number of children found during school medical inspections to look and feel unusually tired in the morning. This applies mainly to children of the junior age-group. Teachers confirm this fact and are equally concerned about it. Without doubt, television is to blame for this symptom which keeps young children up beyond their bed-time watching programmes beyond their understanding.

(2) *The Cleanliness of the pupils :* I have seen no scabies, and isolated cases of impetigo and tinea circinata only. Lack of personal cleanliness and head infestations are not as uncommon in one district as they are in all other parts of my area. This applies, however, to a well-known, comparatively small number of families who will remain constant offenders in spite of all efforts made on their behalf.

(3) *School Meals and Milk :* A large number of children enjoy their school meals and derive much nutritional benefit from their mid-morning milk.

(4) *Infectious diseases :* At the time of writing there is a fairly widespread outbreak of measles and chickenpox in the two districts; while symptoms of measles and its complications seem to have increased in the last few years, whooping-cough appears to become less severe. I would be interested to know if this impression of mine can be confirmed elsewhere and wonder whether it is due to the effects of whooping-cough immunisation or lower virulence ?

(5) *Immunisation procedures :* There has been some considerable confusion amongst parents of school children regarding poliomyelitis vaccination and diphtheria immunisation. I have, therefore, restricted diphtheria immunisations in schools, for I have experienced it more than once that parents, assuming that I was vaccinating against poliomyelitis in school, took their children to their private Doctor, almost at the same time, for their diphtheria immunisation. There is, though, a much better response lately to diphtheria and whooping-cough immunisations at Infant Welfare Centres, thanks to the fact that the majority of general practitioners have now given up the method of combined immunisation. (See note on page 53 setting out excerpts from Circular 8/57 which includes advice received from the Central Health Services Council).

(6) *The inter-relationship between the N.H.S. and the S.H.S. :* Co-operation of general practitioners in my area is most satisfactory and helpful."

Dr. W. GOW (Part of N.W. and N.E. Divisions) :

"(1) *General health, well-being and physical condition* remains uniformly good except in cases of illness or problem families.

(2) *Cleanliness :* Mostly very good, particularly among younger children. Older children sometimes unwashed at medical inspection. Very few cases of impetigo seen, no scabies and very little pediculosis.

(3) *School meals, milk-in-schools :* Meals are good almost without exception. Milk taken by many, always a few who really dislike it.

(4) *Hygienic conditions :* Mostly very good, canteen facilities improving—less meals being eaten in classrooms.

(5) *Diphtheria immunisation :* Fewer done than last year because of polio' vaccinations expanded programme and the danger of unknowingly immunising against diphtheria too soon after a polio injection or vice versa.

Poliomyelitis vaccination : Now accepted by most as a harmless procedure.

(6) Much gratitude is due to staff of all the schools who have been most helpful and kind in co-operating over medical inspections and all kinds of matters from offers of transport to administering medicines at school when necessary. A great interest is shown by the staff in the health of their pupils particularly in the Infant, Junior

and Secondary Schools. I become more convinced of the value of examining younger children (school entrants) in an unhurried way and taking time to gain their confidence and to test their vision ; nearly all five-year-olds co-operate with a little coaxing. Of all physical defects, I think those of vision are least often noticed by the parents and of course family Doctors are far too busy to test children's vision as a routine. A second routine inspection at seven years would be very valuable."

Dr. F. BRILL (Part of N.E. Division) :

"(1) *The general health and well-being of the school children* is satisfactory all round—only four were found to be unsatisfactory during the period under review.

(2) *Physical condition :* The main defects found during inspections were :—

(*a*) *Enlarged tonsils and adenoids* often associated with enlarged cervical glands and minor speech defects due to nasal obstruction. The waiting list for tonsillectomy is from 12-18 months, and children are therefore often not referred in the hope that they may outgrow the condition. This policy would appear to be justified by the number of cases where the enlargement of the tonsils and adenoids regresses, but several children have nevertheless paid a high price in the shape of nephritis (one case), rheumatic fever, and scarlet fever, as well as a number suffering from more or less chronic malaise due to too frequent sore throats, heavy colds, chronic catarrh, and the disruption of their education caused by frequent absences from school.

(*b*) *Enuresis :* This condition has been met with very frequently. It appears to be mostly associated with emotional difficulties and not a few cases turn up in the 'problem families.'

(*c*) *Phimosis :* Re-inspection of boys in various age groups have shown that this condition cleared up spontaneously in all symptom-free cases, and in my opinion should not be listed as a defect unless the child complains.

(*d*) *Emotional Stability :* Numbers of children have come to my notice who would appear to be suitable for child guidance. Their emotional difficulties lie mostly in the home background.

(*e*) *Foot defects :* These were mostly commonly found in girls, due in the main to the wearing of unsuitable footwear.

(*f*) *Eye defects :* I have found that it was not rewarding to test the vision of the Infants' entrants in the mass, but rather to concentrate on those reported by parents or teachers to have apparently defective vision, and to defer a general examination of vision to the seven year age group.

The frames of the spectacles provided are in my opinion not completely satisfactory, in so far that they are fairly easily bent out of shape, and their appearance is so unattractive that there is a marked reluctance among older girls to wear the glasses.

(*g*) *Speech Defects :* A number of entrants in the Infants' Schools have been presented with speech defect, but I have referred them back for observation for at least one year, as attendance at school tends to cure these cases. Those children attending the speech therapist benefit considerably, but the waiting list is unfortunately a long one.

(*h*) *Dental Decay :* Since commencing my duties in the North-East Division, I have been shocked at the number of children in all age groups showing dental decay, and the resulting amount of extraction work necessary at the dental gas sessions. There is still a marked reluctance to accept conservative dentistry, particularly in the case of young children, and I have been struck by the complaisance of the parents in the face of their children's unwillingness to practice dental hygiene or accept dental treatment. Poor oral hygiene is the rule rather than the exception, and this generally unsatisfactory state of affairs is perpetuated by the vast amount of sweets and soft carbohydrate foods consumed.

(*i*) *Obesity :* This has been noted in the older age groups, and is in most cases connected with some kind of emotional inadequacy.

(3) *Cleanliness of Pupils :* This is good in the younger age groups, with the exception of certain well-known offenders from problem families, but deteriorates rapidly in the teen-age groups.

I have only served one exclusion notice : four other cases of infested heads, and one child with evidence of bug bites on his body were found on routine inspection. No cases of scabies were found, nor any cases of extensive impetigo.

(4) *The School meals service* appears to be run as well and efficiently as the costs permit. I have been personally satisfied with the quality and quantity of the meals I have sampled. The standard of cooking in those schools I have visited has been uniformly good.

Milk in Schools Scheme : This appears to work very well. I am left with the impression that a number of children most in need of milk and meals do not avail themselves of these facilities.

(5) *The hygienic condition of the schools* I have visited up to now is very satisfactory in the newer schools, but the older premises, although clean, have many undesirable features. Ventilation facilities are good, but depend on whether the staff believe in fresh air, or not.

Equipment : Such schools as I have inspected were well equipped. In spite of adequate desks in suitable sizes for the children, I have noted bad posture adopted when writing. This was most apparent in the remedial classes.

Sanitation : There was water borne sanitation in all the schools visited, the sanitary annexes were all clean, but in the older school premises they fell much below standard. Although the numbers of lavatories and urinals provided in the schools are to Ministry specification for the overall numbers attending the school they are quite inadequate in coping with the rush hour conditions during the school breaks.

(6) *Infectious diseases :* There have been no major outbreaks of infectious diseases, but cases of scarlet fever are cropping up every now and then.

(7) I am particularly interested in all methods of prevention of tuberculosis, and in the early diagnosis of primary tuberculosis in children, but owing to the number of schools in this area which had not been inspected for a long period, I have had to postpone the B.C.G. vaccination campaign. I hope to devote the summer term to this scheme, and also to diphtheria immunisation in the schools.

(8) *Immunisation procedures :*

(*a*) *Diphtheria* ; (*b*) *Whooping cough :* There is no great demand except from the mothers who are regular Clinic attenders. The combined injection offered by the General Practitioners also plays a part in this.

(*c*) *Poliomyelitis :* There is a steady and apparently increasing demand as a result of visits to schools in the area. The school medical inspections have suffered no disadvantage as a result of the polio' sessions, and I have found the vaccination sessions a welcome break from routine.

(9) *Medical stress of examinations :* I have found no evidence so far of children with stress ailments, except in a few cases where the parents have provided the driving force. All cases of nail-biting and enuresis in the older age groups were found on enquiry to have been well established for many years.

Finally I would like to record my thanks to the Headteachers and their staffs for their co-operation and courtesy extended to my attendant and myself, particularly in those schools where the numbers inspected necessitated visits extending over many weeks."

Dr. A. FRENKIEL (Part of N.E. Division) :

"During the year 1958 the high standard of general health of children was maintained. Less than one per cent were classified as unsatisfactory, in half of the cases the cause being history of organic disease, whilst the rest was obviously due to inadequate nourishment. Incidence of otitis media has risen following a suddenly occurring epidemic of scarlet fever. This epidemic noticed early in June continued till the end of September. Most of the children referred for treatment suffered from enlarged chronically infected tonsils, the criteria being the number and severity of acute infection and the degree of obstruction. Chronic middle ear infection, found in addition, was considered another indication.

The number of children affected by bronchial asthma seems to be higher this year than ever before.

A high standard of cleanliness and personal hygiene has been maintained throughout 1958. Only one case of impetigo was noticed, and this was already under treatment.

Milk consumption at School is quite good. It declines in the upper forms of Secondary Modern Schools, in girls, but at that stage I consider pressing its consumption quite unnecessary. In matters of Health Education I have found that we must be highly discriminative and selective. The more informed the method of Health Education, the more effective and fruitful it is.

School meals, although excellent in many ways, are still inadequate in some. Parents often count on the school meal as the main meal of the day, and they do not supplement it with an adequate evening tea or supper.

Hygienic conditions at schools are improving. In some of the older schools radical changes are still required. The rise in hygienic standards in many schools is due to teachers' efforts rather than technical improvement.

Lack of adequate room and over-crowding continues to be a problem in some schools. There are still many schools with no accommodation for medical examination, no teachers' staff-room or even Head-teacher's room.

Infectious Diseases : The usual childhood diseases, such as measles, whooping cough and mumps, followed each other in epidemic waves from April to August. Mumps was characterised by unusual severity, including generalized involvement of all salivary glands and often orchitis. Whooping cough on the other hand was very mild, and only a few cases were brought to my notice.

A wave of Chicken Pox started in September and there are still a few cases lingering on.

The previously mentioned epidemic of streptococcal throat infection with scarlet fever was rather severe and when not treated early often resulted in complications.

Among the special aspects of School Health Service which I have studied this year were : Health Education in Schools, smoking of cigarettes and its habit formation, and some problems connected with mental health of the school child. I have mentioned Health Education in schools before ; perhaps I could add that there is a definite need of this in schools and that I feel it could be arranged in form of discussion group consisting of older school-children and a doctor, preferably without teachers' direct patronage.

Investigation into smoking habits of school-children (age 11-15) through questionnaires given directly to groups of childen is still going on ; so far only 320 replies have been obtained.

Behaviour problems, psychological difficulties, adaption pains in children, have been observed in groups and studied individually within a given school situation.

A single case of school refusal in a child of five and a half years was observed. Here the mother seemed to be of immature personality and unable to separate her child from herself as much as the girl could not face a separate existence. The case strongly suggested an "Intrauterine Phase fixation" if I may be allowed to use the Freudian idiom.

Whilst a child's mental health and psychological welfare mainly depend on inherent and environmental factors operating in early childhood, I found that Primary schools play an important role and may greatly help in personality development, but occasionally may hamper it or even destroy some of its desirable qualities. In the school where "getting the child on" seems to be the great objective the less bright is relegated to the lower ranks and being considered a potentially unsuccessful candidate for the selection examination, loses or perhaps never develops self-confidence, and clearly seems destined to become one of the permanently depressed group. When the child comes to the Secondary Modern School it is often too late and the damage cannot be repaired. The teachers responsible are probably unaware of the ill effects of their educational approach.

Immunisation against Diphtheria was continued in Schools during Spring and Autumn months in 1958. School entrants and eleven-year-olds were immunized, but the poliomyelitis vaccination curtailed the numbers immunized against Diphtheria in schools. Whooping cough vaccination has been carried out in I.W.C. Poliomyelitis vaccination was continued in clinics and in schools. In 1958 I have given two doses of poliomyelitis vaccine to 4,175 children and 474 children received one injection only. No difficulty was encountered in using any available vaccine.

Vaccination campaign through schools helped considerably towards the high acceptance rate in some of our most difficult districts, (where I estimate this to be about 95% in school population). The heavy time-table of vaccination till July 1958 resulting from shortage of S.M.O. in the area has considerably affected the number of children seen at school."

Dr. D. McCARTHY (Part of N.E. Division) :

"(1) *The general health and well-being of the children* has maintained a very satisfactory standard. The children are, in the big majority of cases, well cared for and happy. The exceptions are problem families which are well-known to all concerned and as such are kept under observation.

The attendance of parents at the medical examination of the 'first age group' was excellent, but poor for other age groups.

Dental caries, enlarged tonsils and enlarged cervical glands are still the most common findings in the 'first age group.' Visual defects were the most common in the 'second age group'. In this age group and in the 'third age group' there were quite a large number of cases of cryptorchidism.

(2) *Physical Condition of the Children :* The percentage of unsatisfactory children found on examination was very low. Two cases that spring to mind in this category were of chronic nephritis in a ten year old boy, and Bronchiectasis which needed surgery in a seven year old.

(3) *Cleanliness of Pupils :* Very good. There were no cases of impetigo, scabies or pediculosis seen.

(4) *School Meals :* Satisfactory but lacking in variety. Helpings are lavish and in schools I visited second helpings were always provided if required. However the meals that are cooked at a Centre and transported a distance to the school suffer sorely by comparison with meals cooked on the school premises.

(5) *Hygienic Conditions :* These are on the whole satisfactory although the lack of hot water in some schools is to be deplored. School Canteen facilities are satisfactory except in one school.

(6) *Infectious Diseases :* There was no serious outbreak of infectious disease this year. One school had five cases of scarlet fever, three cases being in one class. There was no apparent source of infection. Mumps, measles and chicken pox paid their usual mild annual visit.

(7) *Vision :* With the help of a pictorial chart, the mothers' co-operation and a little coaxing it was possible to test the vision of approximately 97% of five year olds. These tests have been accurate enough to show whether there is any defect of vision serious enough to warrant further investigation.

(8) *Speech :* A large number of children were referred for Speech Therapy with very satisfactory results in the majority of cases. This is most gratifying as it is felt that children who have had their speech difficulties cured or bettered show a much better approach to their school work and subsequent work when they leave school. The dearth of speech Therapists is keenly felt.

(9) *Immunisations :*

(*a*) *Diphtheria :* This is routinely offered to all 'first age group' children through their parents. If they were done as babies a 'booster' dose is advised. A good number of parents still refuse but on questioning have no adequate excuse.

(*b*) *Poliomyelitis :* This programme has gradually gathered momentum and now most people are anxious to be immunized and to have their children done.

(10) I find the General Practitioners in my area most helpful and ready to discuss cases if the occasion arises."

Dr. M. COONEY (Part of N.E. Division) :

"(1) *The general health and well-being* of the children has continued to be satisfactory. They are alert and keen and, with few exceptions, appear happy at school.

(2) *Physical Condition :* On the whole their physical condition was excellent. In those cases classified as unsatisfactory there was usually some organic disease present or, on discussion with the Health Visitor, they were found to be members of 'problem families' receiving scant care and attention at home. Dental caries was still the most common defect in all age groups. Upper respiratory infections were prevalent in the infant schools during the Autumn term ; in association with this, enlarged tonsils and adenoids were most common in the entrants. Vision defects in leavers most frequently required treatment ; other defects were rare.

(3) *Milk in Schools : School Meals :* The majority of children avail themselves of school milk with beneficial results. Unfortunately school meals are not availed of to the same extent, approximately 50% remaining for these. If more children remained there would be fewer complaints of feeding problems from parents of entrants, though on examination their nutrition did not bear out the parents' statement that they 'eat nothing.' The meals are good, being well planned and served, though quite definitely those cooked on the premises are much more appetizing than those from the Central Canteen.

(4) *Cleanliness :* The standard of cleanliness was high. Due to the constant attention of the Health Visitors the incidence of Pediculosis has been kept down ; there are still the few persistent cases again from 'problem families.' One case of impetigo was seen.

(5) *Hygienic Condition of Schools :* Ventilation, heating and lighting were satisfactory in all schools. Most schools now have hot water, a few being brought up to date in this matter during the year. Every school had water carriage sanitation. Some of the older schools badly need re-decoration.

(6) *Infectious Diseases :* There was a sharp outbreak of whooping cough among the five year olds during the Autumn term in one area. A lot of school time was lost as a result.

(7) *Diphtheria Immunization :* About 60% of the entrants had primary immunizations as babies and were given booster doses. The remaining 40% had their primary injections, nearly all parents consented. In the Infant Welfare Clinics there was a poor response as parents prefer to have the triple antigen from their family doctors. (See note on page 53 setting out excerpts from Circular 8/57 which includes advice received from the Central Health Services Council).

As noted before *smallpox vaccination* has become a rarity. *B.C.G. vaccination* was initiated towards the end of the year ; thanks to the staff of the school there was a good response.

Polio vaccination : Most parents are anxious to have their children protected. In spite of advertisement, etc., quite a few still do not realise that the older age groups are now eligible for vaccination.

(8) *Speech Therapy :* Most speech defects in young children tend to improve spontaneously. There are, however some that require therapy. During the past year while we had a speech therapist, I have noticed that with correction of the defect the child's whole personality blossomed and behaviour also improved in a number of cases. I think speech therapy is a very good and necessary service for school children, and it is very much appreciated by parents."

Dr. G. O'CONNOR (Part of N.E. Division) :

"(1) The general health and well-being of the children is very good.

(2) The physical condition of the children is very good at all ages.

(3) The cleanliness of the pupils was very good when seen at routine inspection.

(4) The school meals were excellent, and I can say that from personal experience. I do not agree with the milk-in-school scheme, indeed it appears to be the cause of some children losing their appetite for the mid-day dinner.

(5) Hygienic conditions of schools continue to improve, and new wash basins with hot water have been supplied to several schools during the past year.

(6) *Immunisation procedures :* I was surprised to find that a great number of children at inspections were not vaccinated against small pox. The response to diphtheria immunisations was very good. The response to poliomyelitis vaccinations was satisfactory."

Dr. A. R. ROBERTSON (Part of N.E. Division) :

"(1) *General health and well-being :* I am pleased to say that these were satisfactory throughout the year.

(2) *Physical condition :* The vast majority of the children are in good physical condition and look likely to remain so. Defective vision is still common and during the year seventy-five children were referred for ophthalmic examination. When these children are fitted with glasses where necessary, their sight improves greatly and it is a very happy outcome for those mothers and children who co-operate. I am still surprised by the number of pupils who have fairly severe defects of vision on examination but who maintain that they have had no symptoms. Also, I must pay tribute to all teachers who bring children to my notice if they have any doubt at all about their vision.

(3) *Cleanliness :* The great majority of the children are very clean. However, there are still some cases of pediculosis and I feel that our main weapon here is still regular inspections.

(4) *School meals and School milk :* Milk is still very popular and the children drink it with great glee. School meals continue to be of very good standard especially when they are cooked on the premises. Unfortunately, the number of pupils taking school meals fell through the last year and I only hope that they are having as good a meal as they could have in school.

(6) *Infectious disease :* 1958 was a year in which there were few cases of infectious disease. Five boys and two girls had scarlet fever and I am pleased to say that these were all mild. One boy had pneumonia.

(9) *Immunisation procedures :*

1. *Diphtheria immunisation :* The Headteachers of the Infant Schools did their very best to encourage five year olds to be either immunised or 'boosted' against diphtheria. I am very grateful for their efforts. 2. *Poliomyelitis vaccination :* This continued throughout the year and many children received protection. However, it was my impression the number of older childern accepting was much less than in the younger age groups."

Dr. J. NETTLESHIP (Part of N.E. Division) :

"I started work in the School Health Service in September, 1958, so the following remarks relate only to the last three months of the year. A considerable backlog of routine examinations has had to be dealt with, and this has rather restricted the time I should like to have had available for examination of 'Special' cases. So far, 1,023 entrants and leavers have been examined.

(1) *General health and well-being of children :* This has been good on the whole. With regard to the entrants, one hears the same two remarks from many of the mothers of five-year olds : Firstly that the child is never free from colds and secondly that the child is tired in the evenings and shows signs of stress (e.g. nightmares, eneuresis) since starting school. This state of affairs has remedied itself by the time the child is seven or eight, when these parental complaints are rare. Perhaps the competitive atmosphere of a full day at school is more of a strain on the five-year old than is generally realized.

The most common significant findings in those I have examined have been visual defects, chronic upper respiratory tract infections, skin diseases, eneuresis, chronic otorrhoea, cardiac bruits and bronchitis and asthma, in roughly that order of frequency.

I was rather surprised by the number of congenital defects that I have seen.

(2) *Physical conditions of pupils :* The vast majority fall under heading of 'Satisfactory.'

(3) *Cleanliness of pupils* : This has been reasonably satisfactory in most of my area, but in the main schools serving one particular rural district, I have been disturbed by the number of children who arrived dirty for medical examinations. These schools also have a high rate of infection from pediculosis ; 15% of children at the last two cleanliness inspections have been infested, compared with 1% or less of the children at all other schools in the whole of my area. I have personally seen fifteen children with impetigo, some of whom were not receiving treatment.

(4) *School Meals, Milk in Schools :* The meals have been good in general, and are always excellent when prepared on the premises by a cook with a sense of vocation. Milk is taken by nearly all children.

(5) *Hygiene etc. in school :* On the whole this is reasonable. Some schools are overcrowded, and I have had to carry out examinations in peculiar places, notably an airless partitioned-off corridor and in a classroom fully occupied already. Naturally when privacy is reduced parents are often unwilling to discuss any worries they might have and the value of the examination is lessened. One school still has inadequate gas lighting. A few rural schools have urinals which are unpleasant, sometimes structurally unsound, and lack privacy.

Immunisation procedures :

(*a*) *Diphtheria :* a full programme has not yet been carried out because of lack of time ;

(*b*) *Poliomyelitis :* These sessions have not curtailed my school inspections to any noticeable extent."

Dr. P. WEYMAN (Part of Mid-Derbyshire) :

"(1) The Schools allocated to me have had full and complete medical inspection. This has only been possible as a result of poliomyelitis sessions being carried out by other doctors.

(2) The *general health* and well-being of the children was considered good. The *physical condition* was also considered good.

(3) The worst feature—lack of dental inspection and treatment. A number of children received treatment by travelling considerable distances. Headteachers co-operate by going to considerable trouble to see that a child does not miss an appointment. Decayed teeth, septic mouths and crooked teeth, show lack of a most important service for children. The absence of orthodontic treatment means that children may have crooked and useless teeth all their lives or until they are provided with National Health dentures after removal of their decayed and neglected teeth.

(4) *Cleanliness :* Generally the children are tidy and clean. In a few cases the School Nurses and teachers have to work hard to maintain these conditions. No cases of pediculosis, impetigo or scabies have been seen by me.

(5) *School Meals, and the Milk in Schools Scheme :* No complaints have been received, and the situation seems to be generally satisfactory.

(6) *Hygienic Conditions of Schools :* The main problems are concerned with the use of old inadequate premises. Classrooms are too full and the spread of infectious disease, colds and influenza is facilitated. The teachers do all they can by trying to train children in proper hygiene, but lack of adequate facilities make the training difficult and less effective.

Infectious Disease : Apart from heavy colds and whooping cough there was little infectious disease during the year. At the end of the year there was a considerable outbreak of heavy prolonged catarrhal colds. Both adults and children were affected. Recovery was slow.

(7) *Immunisation Procedures :* Diphtheria booster injections and primary immunisations have been given. The low rate of diphtheria immunisation on admission to some schools gives rise to some concern.

(8) I have to record the pleasant relationship which exists between members of the National Health Service, General Practitioners and Consultants and this part of the School Health Service. Much of the information is one way, passed from the School Doctor to the General Practitioner. This is of necessity, as it is information arising from defects found at routine inspections.

(9) *Deafness :* The minor forms of deafness are the most troublesome. It is felt that more good might be done if children were allowed to try hearing aids more often and if they are of advantage should be allowed to retain it. After all this is an age when machines should help mankind and if a child makes better progress with an aid, who are we to say that the child should not have it merely because an audiogram or an opinion seems to show that it should not be necessary."

Dr. T. URTSON (Part of Mid-Derbyshire) :

"The following observations were made during the last three months of the year.

(1) *The general health and well-being* of children was good on the whole, very good in younger age group. 90% of parents attended at the routine examinations in the first and second age group, and I was surprised at the variety of questions and problems brought forward.

(2) The *physical condition* of the children was satisfactory on the whole. Upper respiratory infections were prevalent in the first age group, decreasing markedly in the older age groups. In the second age group a great number of children were found to have visual defects. In view of this, vision tests were carried out in four junior schools. Of the 482 pupils seen, twenty-two had visual defects requiring treatment.

(3) The cleanliness of pupils was satisfactory. Three cases of impetigo were seen. Few children had nits. No cases of scabies were seen.

(4) I found the *school meals* satisfactory.

(5) Of *infectious diseases*, there was a small outbreak of mumps in November, affecting mainly the new entrants ; three cases of poliomyelitis occurred in the Somercotes area, and immunisation against diphtheria was postponed for five weeks in this area.

(6) Response to the poliomyelitis vaccination scheme has been good. Demand for immunisation against diphtheria is smaller. Vaccinations have not interfered with my other duties.

(7) No after effects of eleven-plus examinations were noticed in entrants in the senior schools.

(8) The General Practitioners in my area have been most helpful."

Dr. J. DUTHIE (Part of Mid- and S.E. Divisions) :

"(1) *School Meals Service :* The working is satisfactory.

(2) *Milk in Schools Scheme :* To children receiving a normal varied diet milk given in this way is probably superfluous. This in itself is of no matter ; but what is more important is the fact that biscuits are available with the milk, thus establishing biscuit eating between meals or biscuits and milk before bed, as habits which are amongst the chief causes of dental decay.

(3) *Diphtheria Immunisation :* There are still about 10-30% of children entering school who have never had any protection against diphtheria. The first school medical inspection offers an excellent opportunity of catching up with this group. The untrained assistant, instituted in the past year, is in an admirable position to push immunisation. The question of polio' vaccination is broached at the same time and a considerable number of new registrations are obtained in this way.

(4) *School Medical Inspections :* Children are mostly well cared for but in one low lying district there is more chronic upper respiratory morbidity than in other parts of the area viz : sinusitis, post nasal catarrh, recurrent acute middle ear disease. Parents appear to be very sanguine about this last condition and tend to regard it as part of the normal evolution of the child, and in many cases neglect to seek advice even in the acute stages.

Respiratory catarrh is found in many children with the above conditions. Root causes are local dampness and atmospheric pollution. Measures for smoke abatement would confer some benefit. Parents are often heard to remark on how children's health improve after transfer to a Secondary Modern School which is more ideally situated.

The lack of facilities for the direct referral (with the consent of the private doctor) of children to specialists, is felt acutely in this area.

(5) *Personal Hygiene and Cleanliness :* Generally this is of high degree among young children of five to nine years of age but falls off from then till about school leaving age, particularly amongst boys. There would seem to be a place for more intensive instruction in personal hygiene in secondary modern schools."

Dr. W. J. MORRISSEY (Part of Mid-Derbyshire Division) :

"During the year 1958 my School Health area was re-organised and the number of schools reduced. This has allowed far more frequent visits to schools and more continuous follow up of cases.

The general health of the children has remained satisfactory. The number of children whose physical condition could be classed as unsatisfactory was extremely low, in no case could this be ascribed to inadequate nutrition.

The numbers of children taking school meals again show a tendancy to drop, but this trend is not marked in schools where meals are prepared on the premises. The hygienic standard in the canteens and serveries is on the whole satisfactory.

General cleanliness of pupils has been very good on the whole except for a few well-known problem families. Few cases of pediculosis or impetigo have been noted.

Diphtheria Immunisation : Booster doses and primary treatment are offered in school, and the acceptance rates are quite good, but considerable difficulty was caused by the poliomyelitis vaccination campaign especially due to the fact that in some cases poliomyelitis vaccine is being given by the family doctors at the same time.

Smallpox Vaccination : The number of children vaccinated against smallpox continues to be very low especially in those children attending the secondary modern schools. The absence of the disease in this district for so many years and the success of the Public Health Services in containing recent imports of the disease have perhaps made this inevitable. The General Practitioners and Health Visitors are continuing their efforts to improve the rate, but it seems to have no marked effect.

Poliomyelitis Vaccination : The initial enthusiasm amongst the population seems to have died down, perhaps partly due to the problems raised by so many different types of vaccine and the shortage of the British produced product which is accepted by the public here as the safest and best.

Vision : Attempts at testing the visual condition of school entrants have not proved very satisfactory ; several children thought to have defects have later proved to be normal. In secondary schools the incidence of visual defect is very high in the Grammar School."

Dr. A. M. HAMILTON (Part of S.E. Derbyshire) :

"(1) *The general health and well-being of the children* continues to be good ; their *physical condition* on the whole is also good.

Cleanliness is generally good. A few children have attended at routine school examinations with nits in the hair. One rather severe case of scabies was seen.

(2) *School Meals ; Milk-in-Schools :* The former scheme is appreciated by many of the mothers. The latter is now accepted as part of the normal routine of school.

(3) *Hygienic conditions etc. :* No substandard schools exist in this area. At present, however, the demolition of old property in the centre of the town and consequent movement of families to a housing estate, is leading to the County Infant School there becoming overfull, whilst the Infant Schools nearer the older areas have not had so many autumn entrants as usual.

(4) *Infectious Diseases :* None has reached epidemic form this year. For the first time in four years of medical inspections at Infant Schools, there has not once been a large section of the children absent on the inspection day through one or other of the usual infectious diseases of childhood.

(5) *Diphtheria Immunisation :* This continues to decline in this area, so far as the School Medical Officer is concerned. However, it is partly due to the fact that many mothers realise the danger of whooping cough and wish for immunisation against this as well, and so go to their own doctors where they obtain the combined injection. No mother has been willing for a child to have whooping cough and diphtheria immunisation separately. Another reason for the decline is the publicity given to the poliomyelitis vaccination campaign. There is undoubtedly in the minds of some of the public the confused idea that one injection does instead of another."

Dr. M. VASS (Part of S.E. Division) :

"(1) *The general health and well-being* of the children continues to be of a high standard.

(2) *Physical condition of the children :* On the whole this is very good. It is very rare to find a child who could be classed as 'unsatisfactory.'

(3) *Cleanliness of the pupils :* There appears to be a slight increase in the number of children with nits in their hair. Children are usually well-dressed and rarely dirty. Foot hygiene also appears to have improved. I have seen a few mild cases of impetigo and athlete's foot.

(4) *School meals and milk-in-school scheme :* These continue to provide a very valuable service. School meals may become monotonous for those partaking of them every day, but I am sure that they compare with, and often surpass, the meals these children would get if they went home for lunch. Many of the more nervous type of children eat a very small or no breakfast at all, before going to school. The mid-morning milk helps to bridge the gap until lunchtime.

(5) *Hygienic condition of schools :* One excellent new Secondary Modern School was opened in my area. Some minor improvements and additions were made to a few of the older schools.

(6) *Infectious diseases :* No severe epidemic took place during the year. Measles appears to have been the most prevalent disease, but only in one infant school had I to cancel an inspection due to this. The measles took a mild course, and the children were soon back at school.

(7) The response to the poliomyelitis vaccination scheme in my area has been good. B.C.G. vaccination was carried out during the year in the senior schools."

Dr. D. KOFFMAN (Part of S.E. and S. Divisions) :

"(1) *The general health and well-being of the children* appears to be mostly satisfactory, but as usual there have been marked fluctuations. These, in common with other years, are closely linked with the seasons and so the most numerous cases of respiratory infections have again occurred during the cold months of the year. I have commented on previous occasions on the deleterious effect these ailments have on the five-year old child. Infections of this kind spread like wildfire through a class and prevention and control are much handicapped by carriers. It is always surprising to me to find a pupil with obvious evidence of pharyngitis or tonsillitis, yet the child not only appears well, but is also quite free from any discomfort on swallowing. As I see it there is little immediate hope of preventing this state of affairs where a high percentage of childen is absent from school and most of those present are sniffling and coughing. A good oral 'cold' vaccine is urgently needed and would mean a short cut in the prevention of much ill-health. In its absence, I think the building up of natural resistence by all the best known methods would be worth a determined trial. At the present, I find

the majority of parents still sadly ignorant of the value of simple measures like well-balanced diet, warm clothing and warm rooms, yet plenty of fresh air. Bad habits still abound, particularly in the kitchen. Naturally, working mothers have to adopt the quickest ways in producing a meal but even so, there is no need to throw away valuable water soluble minerals and vitamins, day in day out as is done in the cooking of vegetables even in the homes of the more intelligent mothers. Many five-year olds are said to be very 'food faddy ;' indeed, it is one of the most frequent complaints heard on routine medical inspections. Yet on questioning we are told again and again how the child eats biscuits and sweets and ice-cream at any time of the day : 'At least I know she has had something, Doctor.' Much money is spent on vitamin supplements and 'tonics' even by parents who can ill afford this. How much more logical it would be to make use of these substances present in our daily food ? Better cooking and catering methods would most likely improve another scourge of our time—bad teeth. The incidence of caries is still as high as ever. Furthermore, the common abdominal upsets, pain and constipation would be prevented automatically. Health education has yet to show its worth—I am convinced that through this much misery and illness can be prevented. The great difficulty is, of course, to find the right channel of communication. I feel that only by constant repetition are we at all likely to succeed. Propaganda is a word that has an unpleasant taint, yet it is the weapon used with the surest signs of success whenever it is effectively employed. Too often it has been used as a means to an unworthy end. To improve our children's health, however, would more than justify its use.

The most obvious way to teach health education is of course by word of mouth and this is naturally the most frequently used means by which the Health Visitor, School Nurse and School Medical Officer attempt to improve bad habits. Apart from being too selective this method lacks the one important factor of repetition. Naturally, it is quite impossible to explain at length the intricacies of, say, balanced yet cheap diets to all parents present at routine medical inspections. The most that can be done here is to give guidance on certain points to those mothers in obvious need of instruction, i.e. the 'problem family.' To reach all members of our community other means should be employed and, I think, on a nation-wide scale appropriate to a matter of such importance : the popular press and, even more, television would be the instruments of choice for frequently repeated, yet constantly slightly varied health programmes perhaps even somewhat disguised.

Of more specific interest were this year's findings in a Grammar School—the impression gained in 1957 regarding the superior state of health of 'entrants' was not upheld in the current year. Physique appeared still better than that of the majority of children in the Secondary Modern School but I noted an unduly high incidence of allergic disorder. Some of these were of quite a severe nature. There was a fairly even distribution of the better known types, such as asthma, eczema (alone and concurrent) urticaria, and, perhaps higher than any of these, allergic rhinitis. It might be inferred that these were in fact stress responses, particularly as quite often the manifestations were of recent onset.

Of childhood infections, measles were very prevalent in some schools but on the whole the picture of other infections was much the same as in 1957.

School leavers generally are beginning to be influenced by the threat of unemployment. There is a growing uneasiness regarding choice of occupation. Whereas formerly many children showed indifference towards their future working life, they are now more often anxious and in answer to my question they will add '. . . if I can get the job.'

(2) *The physical condition of the children :* This also appeared generally to be satisfactory. Frequently the small number of under-sized children have parents of similar stature. Those parents are often particularly anxious about their offspring and one is inclined to reassure them that the child must have inherited their type of build. Recently, however, I have become a little uneasy about this assumption : it might so easily happen that a different genotype is hiding behind generations of stunted phenotypes because the standard of environment and particularly food selection habits have been handed down from mother to daughter. So often these small mothers have babies of normal birthweight whose expected weight gain falls behind the average in early childhood and these children are seen as the rather puny entrants at medical inspection in school. However, as many of these small children are enjoying quite good health, the above speculation might be of academic interest only, unless of course the picture changes in adult life.

(3) *Cleanliness of Pupils :* There appears no change in the numbers of dirty and/or verminously infested pupils in my area. It is rather discouraging to find that the most determined efforts by health visitors and myself fail to bring permanent improvement in the dirty states of these problem families whose unhappy children are often shunned by their fellow pupils. Fortunately their numbers are very small but of course take up a disproportionately large amount of time. It was hoped that with the advent of D.D.T. preparations the end of pediculosis was in sight. Unfortunately, lice can hide in the uncombed heads of an elder sister or the mother, and re-infestation of a cleansed school child is likely to occur frequently.

(4) *School Meals ; Milk in Schools Scheme :* There appears to have been little or no change since 1957 regarding these services in my area. The numbers of children taking advantage of the scheme are about the same.

(5) *Hygiene in Schools :* Almost all the schools in my area have now been equipped with modern canteens and serveries. The odd country school still lacks hot water and indoor toilets but many of these are scheduled for improvement in the near future. Ventilation in many schools is unsatisfactory, especially in the winter when icy draughts rather than fresh air are prevailing.

Immunization Procedures : B.C.G Vaccinations were carried out routinely on the thirteen-year-old children in my area for the first time this year. On the average 60% acceptance rates were obtained—a disappointingly small number. The percentage of severe reactors varied considerably between the schools.

Diphtheria immunisation sessions took place whenever time permitted, consisting mainly of booster doses. Much difficulty has previously been encountered when carrying out primary immunisation courses. If term time is to be used economically, visits to schools for the purpose of giving second diphtheria injections appear very wasteful. Frequently children are absent and then the time interval lengthens beyond that expected to give good immunological responses. I have therefore endeavoured to obtain the parents co-operation to make use of the family doctor's services in these cases. This appears to me to be the more reasonable as the number of immunized younger siblings is quite high in this type of family. I hope that with the Health Visitors' help these children will eventually become fully immunized against diphtheria.

It is surprising how ignorant many often otherwise well informed mothers are of the immunisation states of their children ; many do not know what immunisation agents have been given. Fortunately both small pox and B.C.G. vaccination give lasting evidence, but already anti-polio vaccination confuses the issue and any child that has been given anti-tetanus serum is labelled by the parents as having been immunised."

Dr. R. DEAN (Part of South and Mid-Derbyshire) :

"(1) *The general health and well-being* of the children has, on the whole, been satisfactory. In this mainly rural area a few peripatetic problem families appear, and their children suffer from insufficient and unsuitable feeding and general neglect.

(2) *Cleanliness :* Three cases (two of them brothers) of flea infestation were seen in eleven-year-olds.

The facilities for practising hygiene in schools continue to improve.

(4) *Immunisation procedures :* B.C.G. vaccination of thirteen-year-olds was started in December at one of the large senior schools. Of those desiring this service, 78% were mantoux negative and given the vaccine.

The numbers attending for poliomyelitis vaccination are much reduced. It is understood that more of those residing in out-lying parts are attending the family Doctor for this.

Diphtheria immunisation : Booster injections continue to be offered to school entrants. The response varies.

Whooping cough immunisation : Most parents wishing for this service obtain it in the form of combined diphtheria-pertussis antigen from the family doctor.

(5) *Infectious diseases :* The school population of one small town suffered a high incidence of whooping cough during the autumn term—those pupils who became infected after having been immunised (a small proportion) made rapid and uncomplicated recoveries.

Two cases of cattle ringworm were seen in country children having access to public footpaths where cattle had been grazing."

Dr. CRAWSHAW (Part of South Division) :

"The general health and well-being of the children remains at a high level. Chronic diseases are becoming rarer due to more efficient treatment of the early stages of ill-health. Otitis media usually clears up quickly under treatment and there are fewer cases of long standing ear disease. Rheumatic disease with its cardiac complications is now rare, although rheumatism is still such a serious problem among adults. Asthma is still common among children and is a cause of much long standing disability. Other lung conditions are still too common but much progress has been made in their prevention and cure.

The physical condition of the children in this area is generally very good.

I have seen no scabies for some years, impetigo is rare but there are occasional cases of mild pediculosis capitis.

The school meals are enjoyed by the children and are very important when so many mothers go out to work. School meals teach children to be less 'faddy' and to eat at proper meal times. Milk in schools is of great value especially for less robust children.

I should like children to have fewer sweets in the hope that they would have less dental decay.

Few children have insufficient food but many go to bed too late and suffer in various ways from lack of sleep and rest.

The hygienic conditions in the newer schools are very good and the older schools are gradually being improved.

Immunisation.

Many parents now neglect diphtheria immunisation in infancy but are willing to have it done in school. I have had no requests for whooping cough immunisation, which is done by most family doctors. Poliomyelitis vaccination has been accepted with thankfulness by most parents."

Dr. C. G. WOOLGROVE (Part of South Division) :

"(1) *The general health and well-being of the children :* The general standard of health amongst school children is, with a few exceptions, very good. The children appear happy and well nourished. The attendance of parents at routine examinations is good, especially with the entrants, and on the whole, the parents show great interest in their children's well-being.

(2) *School meals ; Milk-in-schools :* The school meals continue to be a great help where the mother is out at work and also to the harassed mother who has a large family. The meals, especially those cooked on the school premises, are usually excellent and are always adequate. I have always found the school meals staff willing and keen workers and I would like to express my appreciation of the good work they do. The majority of the children enjoy the mid-morning milk which is of great benefit.

(3) *Physical condition of children :* This is, on the whole, satisfactory, there still being, however, a small percentage which must, unfortunately, be classified as unsatisfactory. I regard it as important that all children should have their eyesight examined, whether they are in the Infants', Junior or Senior schools. It is only by having such periodic vision examinations that defects can be detected at the earliest opportunity. My thanks go to the school nurses who have so whole-heartedly co-operated with this type of examination. It is a pity that as yet there is no official age group for school medical inspection whilst children are in the Junior schools.

(4) *Cleanliness of Pupils :* Mostly good. There are, however, a few who unfortunately suffer from a natural abhorrence of soap and water and who often show numerous flea-bites. Scabies, fortunately, is now a thing of the past.

(5) *Diphtheria Immunisation :* The parents of school children welcome the facility of being able to get their children immunised at school. In most cases this means that the child requires a re-inforcing dose, although up to some 30% may require primary immunisation.

(6) *Hygienic condition of schools :* This varies from the excellent conditions provided at the new schools to those of the older type of school, which are often ill-lit, badly ventilated, cramped and in need of decoration. There are still a few schools where a water-borne sewerage scheme is required.

(7) *Poliomyelitis :* There were eleven cases of poliomyelitis during the year, ten of which occurred between 22nd October and 24th December, of which eight cases were of the Paralytic type. This is not the usual time of the year to experience an increase in the figures of notified poliomyelitis and it is interesting to note that seven of the cases occurred in one urban area. Another item of interest was the fact that one five-year-old girl, who had received two inoculations against poliomyelitis, developed the paralytic form of the disease, but recovered so well that she was discharged from hospital early and only had to attend the out-patient department of the hospital for therapy. Other cases were more severe and spent a considerable time in hospital and some had to enter an Orthopaedic Hospital.

(8) *Inter-relationship of the National Health Service and the School Health Service :* The general practitioners in this area have again been most co-operative with regard to School Health Services and also useful information has been received from hospitals.

(9) *B.C.G. Vaccination :* The B.C.G. vaccination scheme offered to thirteen-year-old children in attendance at County Council schools continued throughout the year. Response has been excellent, reaching in some cases, 75%. My thanks are due to the Headmasters and teaching staff for their help in this very important campaign to eliminate tuberculosis amongst the older school children."

Dr. M. ALLAN (Part of South Division) :

"A much better idea of the *general health and well-being* of the school children can be gathered not so much from individual medical inspection, but from seeing the children in the class-rooms, at their free play, and also taking part in physical education, and from all these observations it is quite obvious that their general physique is very good indeed.

Nearly all the children fall into nutrition category 'Satisfactory' and the very few who are in category 'Unsatisfactory' are usually suffering from definite illness. The children's good health and high standard of nutrition is the result of good home care assisted by school meals and school milk.

The general *cleanliness* of the pupils is quite satisfactory, and during the year I have seen very few cases of pediculosis and impetigo. I have no scabies in my school area.

Because of subsidence in the district, a tremendous amount of repair and replacement has been done in the schools, and quite a number have been re-decorated, which quite transforms the appearance of the schools and must be a great encouragement not only to the children, but also to the teaching staff. Not only should good provision be made for the children, but adequate accommodation should be provided for the teaching staff. This is sadly lacking in some of the old schools.

There was no major outbreak of *infectious disease* during the year, so that the children's health was not impaired in this way, nor was there any decrease in the usual high standard of attendance.

Diphtheria Immunisation : There is no doubt that the diphtheria immunisation scheme has been overshadowed by polio' vaccination, and moreover many mothers have had no experience whatever of the disease, diphtheria. The best time to do the immunisation is at about one year old or slightly earlier when they are attending the Child Welfare Clinic, and a "booster" on their admission to school.

Whooping Cough Vaccination : Towards the end of the year, the scheme for whooping cough vaccination began but the acceptances were very few, and it is impossible to make any reasonable comment on the scheme at the present time.

Polio' Vaccination : The polio' vaccination clinics were held regularly, and there was a high percentage of attendance, and no untoward reactions from the injections. I have never, at any time, seen an allergic response in penicillin sensitivity, which has been reported in the Medical Journals from time to time.

The co-operation between the medical services becomes better each year, and the co-operative work undertaken by the Practitioners and the School Health Service increases. The reports from the Hospitals are of very great assistance when the school child has his routine inspection at school and at any other special examinations."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"On the whole a very high standard of general health and well-being of the school children in the Borough has been maintained. With a few exceptions the children were found to be well cared for, well clothed, happy and alert and seemed to enjoy school life

The physical condition of pupils of all ages was found to be generally good—only 3.62% were classed as unsatisfactory and most of the children represented by this percentage were attending the Open Air School at the time of the medical inspection.

The children are generally clean as is evidenced by the fact that only one case of scabies and sixteen cases of impetigo were found during the year, and out of 30,605 individual examinations of pupils for infestation with vermin only 147 individual pupils were found to be infested.

With regard to defects found at medical inspection a great increase of visual defects was observed and the number of cases referred to the Ophthalmic Clinic increased by almost 20% over the previous year. No doubt a number of factors are responsible for this increase perhaps not least of which is too much televiewing and late nights but an important factor appears to be that vision tests are carried out too late in a child's school life. This means that when the eyes are examined, in say the ninth year of age, many defects are then found which might have seriously hampered the school work of the child. Towards the end of the year the ascertaining of visual defects of young children was assisted by the introduction of an "E" Test which helps to elucidate the vision of children who are unable to read.

Since the coming into operation of the National Health Service Act in 1948 all the Specialists Clinics have continued to be carried out in our own buildings which has proved most advantageous in many directions i.e. continuity of records, follow up, relief of hospital outpatient buildings and less loss of school time. It is, therefore, regrettable to have to report after ten years that the Hospital Authority have decided to transfer the Orthopaedic Clinic to the Royal Hospital and it is to be hoped that this move will not result in children being on a waiting list for treatment for long periods or having to lose a considerable amount of school time whilst attending the Outpatient Clinics.

It was learned towards the end of the year that the new school for educationally sub-normal children at Ashgate was to be opened in the Spring and that approximately fifty places would be available for Borough children requiring this special educational treatment. A considerable amount of time was spent on the ascertaining of such children and there is little doubt that such a school will fulfil a long felt need.

Speech Therapy has been carried out along similar lines as previously at the Town Hall and Edmund Street Clinics. One morning each week has also been spent at Brambling House Children's Centre to deal with those children attending this school. It is found that parents on the whole are willing to bring their children for treatment and to receive advice but do not seem to understand that treatment cannot possibly be effective without assistance at home between treatment sessions. They also have some difficulty in realising that a child may have to attend weekly for many months or sometimes years. It must be realised that a child with an articulatory defect has to learn to hear his mistake, hear the correct sound and then learn to produce this sound before even attempting to say it in words correctly. As he is doing this he has to break down a habit which may have an emotional basis. Schools have been visited by the Speech Therapist during the year and the co-operation which the head teachers and staffs have shown is very much appreciated.

The School Dental Service continued during 1958 on the usual lines. The work has been mainly of a conservative nature, extractions and the provision of dentures, chiefly to replace front teeth lost or broken by accident. Some Orthodontic appliances were made and fitted to correct the malposition of the teeth, and occasional irregularities were also corrected by extractions. Every effort was made to give comprehensive treatment and most of the children attending for treatment whether by request or in a case of emergency received all the treatment they required to make them dentally fit. It is gratifying that a number of children come by themselves, on their own initiative, to make appointments when they suspect some dental defect or perhaps for a six monthly check-up."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Year ended 31st December, 1958—Local Education Authority, Derbyshire

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959, 119,792

PART 1—**Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)**

TABLE A—**PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By years of Birth)	PHYSICAL CONDITION OF PUPILS INSPECTED																	
	TOTALS—Whole Administrative County					Divisional Executive												
						North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield		
	No. of Pupils Insp'd	Satisfactory		Unsatisfactory		No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	No. Inspected	Satis. %	
		No.	%	No.	%													
1954 and later ..	678	668	98.51	10	1.49	141	100.0	227	98.7	64	98.4	112	99.1	16	100.0	118	95.76	
1953 ..	7,709	7,555	98.00	154	2.00	845	100.0	1,895	95.9	894	98.6	1,750	98.3	1,827	99.0	498	96.39	
1952 ..	2,420	2,370	97.94	50	2.06	325	99.4	890	97.2	479	99.1	106	96.2	323	99.0	297	95.96	
1951 ..	548	516	94.16	32	5.84	80	98.7	189	89.9	163	99.4	23	95.6	42	97.6	51	82.35	
1950 ..	297	281	94.62	16	5.38	34	97.0	91	90.1	95	100.0	10	100.0	22	86.4	45	93.33	
1949 ..	219	211	96.34	8	3.66	44	93.2	56	94.6	58	100.0	9	100.0	18	94.4	34	97.06	
1948 ..	324	307	94.75	17	5.25	59	96.6	91	90.1	64	98.4	68	100.0	11	100.0	31	83.87	
1947 ..	5,898	5,774	97.89	124	2.11	655	97.2	1,235	95.7	1,001	98.9	1,276	97.5	1,353	99.6	378	97.62	
1946 ..	3,458	3,401	98.35	57	1.65	329	98.2	945	98.0	561	99.4	706	98.5	638	98.5	279	96.06	
1945 ..	759	731	96.32	28	3.68	128	94.5	274	96.0	59	96.6	113	98.2	104	98.1	81	95.06	
1944 ..	3,653	3,531	96.66	122	3.34	360	95.5	577	95.3	513	98.8	446	93.9	358	98.9	1,399	97.00	
1943 and earlier ..	4,557	4,392	96.37	165	3.63	604	95.7	1,099	97.9	730	95.9	872	92.3	818	99.2	434	97.00	
Totals ..	30,520	29,737	97.43	783	2.57	3,604	97.73	7,569	96.37	4,681	98.58	5,491	96.86	5,530	99.01	3,645	96.38	

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)	Number of Pupils Found to Require Treatment						
	Total (Whole Admin. County)	Divisional Executive					
		North-West	North-east	Mid-Derby-shire	South-east	South	Chester-field
	FOR DEFECTIVE VISION (excluding Squint) :—						
1954 and later ..	5	1	1	1	1	1	—
1953	136	56	43	6	7	22	2
1952	63	18	25	7	2	6	5
1951	23	5	4	9	1	3	1
1950	18	2	2	10	1	2	1
1949	12	4	1	4	1	1	1
1948	24	11	1	4	8	—	—
1947	557	102	117	94	128	104	12
1946	340	55	75	51	61	78	20
1945	81	30	20	7	8	11	5
1944	325	79	60	60	39	45	42
1943 and earlier	489	106	104	69	93	97	20
Totals ..	2,073	469	453	322	350	370	109
	FOR ANY OF THE OTHER CONDITIONS RECORDED IN PART II :—						
1954 and later ..	81	37	7	7	5	5	20
1953	1,258	99	339	167	195	405	53
1952	355	18	108	75	39	72	43
1951	78	6	9	23	8	17	15
1950	56	4	2	18	3	11	18
1949	36	6	1	9	—	7	13
1948	74	5	5	11	6	27	20
1947	830	91	199	106	136	255	43
1946	528	53	127	60	89	156	43
1945	113	16	36	5	6	31	19
1944	422	54	71	81	29	58	129
1943 and earlier	500	101	64	64	66	157	48
Totals ..	4,331	490	968	626	582	1,201	464
	TOTAL INDIVIDUAL PUPILS :—						
1954 and later ..	85	37	8	8	6	6	20
1953	1,307	128	357	167	195	405	55
1952	392	28	126	75	39	77	47
1951	94	9	13	29	9	18	16
1950	71	6	4	27	4	12	18
1949	46	9	2	13	1	8	13
1948	93	13	6	15	12	27	20
1947	1,237	166	278	191	246	303	53
1946	729	91	153	98	124	201	62
1945	164	31	48	11	14	37	23
1944	678	121	123	120	60	89	165
1943 and earlier	877	191	160	121	142	195	68
Totals ..	5,773	830	1,278	875	852	1,378	560

TABLE C—OTHER INSPECTIONS

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
Number of Special Inspections	3,393	350	666	359	298	790	930
Number of Re-Inspections ..	9,927	1,130	274	796	1,349	1,501	4,877
Totals	13,320	1,480	940	1,155	1,647	2,291	5,807

TABLE D—INFESTATION WITH VERMIN

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.
Items (*b*), (*c*) and (*d*) relate to individual pupils and not to instances of infestation.

	Total (Whole Admin. County)	Divisional Executive					
		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field
(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	227,842	24,057	53,083	40,232	41,661	38,204	30,605
(*b*) Total number of individual pupils found to be infested	2,519	305	992	418	425	232	147
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	4	—	4	—	—	—	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—	—	—	—	—	—	—

PART II—Defects found by Medical Inspection during the year

TABLE A—PERIODIC INSPECTIONS

Note—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

WHOLE COUNTY

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	187	138	239	148	181	59	607	345
5	Eyes—*a.* Vision	245	407	895	665	933	555	2,073	1,627
	b. Squint	249	55	61	36	104	27	414	118
	c. Other	46	38	36	34	32	26	114	98
6	Ears—*a.* Hearing	35	101	18	29	43	52	96	182
	b. Otitis Media ..	102	150	46	31	50	45	198	226
	c. Other	29	84	9	113	21	35	59	232
7	Nose and Throat	484	894	65	103	110	205	659	1,202
8	Speech	119	126	11	15	50	62	180	203
9	Lymphatic Glands	24	512	4	49	4	109	32	670
10	Heart	16	161	12	105	20	83	48	349
11	Lungs	158	421	35	77	125	149	318	647
12	Developmental— *a.* Hernia	40	53	3	7	10	30	53	90
	b. Other	43	118	27	95	50	116	120	329
13	Orthopaedic— *a.* Posture	23	56	32	89	35	125	90	270
	b. Feet	228	224	137	200	212	169	577	593
	c. Other	166	438	62	85	144	103	372	626
14	Nervous System— *a.* Epilepsy	16	15	12	—	24	11	52	26
	b. Other	24	45	9	7	14	16	47	68
15	Psychological— *a.* Development ..	15	62	17	26	97	55	129	143
	b. Stability	45	194	12	200	83	129	140	523
16	Abdomen	21	33	4	3	19	22	44	58
17	Other	98	143	49	91	122	117	269	351

TABLE B.

SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	144	20
5	Eyes—*a.* Vision	437	422
	b. Squint	96	14
	c. Other	73	14
6	Ears—*a.* Hearing	30	52
	b. Otitis Media ..	33	21
	c. Other	27	7
7	Nose and Throat	87	124
8	Speech	55	47
9	Lymphatic Glands	8	40
10	Heart	11	50
11	Lungs	61	84
12	Developmental— *a.* Hernia	6	2
	b. Other	23	17
13	Orthopaedic— *a.* Posture	10	15
	b. Feet	54	34
	c. Other	49	31
14	Nervous System— *a.* Epilepsy	23	8
	b. Other	12	16
15	Psychological— *a.* Development ..	96	51
	b. Stability	51	47
16	Abdomen	15	14
17	Other	138	66

Defects found by Medical Inspection in the Year ended 31st December, 1958

DIVISIONAL EXECUTIVES

Defect Code No.	Defect or Disease	Periodic Inspections																						
		Entrants												Leavers										
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	15	45	47	16	51	13	12	38	8	19	37	24	46	28	30	25	44	66	9	2	19	3	16	99
5	Eyes–*a.* Vision	82	75	33	12	34	9	61	158	12	5	137	34	215	184	136	140	153	67	31	57	55	44	18	460
	b. Squint	34	54	34	37	62	28	15	20	7	6	3	4	12	6	11	21	9	2	–	–	6	8	–	22
	c. Other	6	20	5	–	12	3	3	12	–	4	11	8	9	6	2	5	6	8	2	1	3	7	1	20
6	Ears–*a.* Hearing	–	12	3	3	15	2	17	31	13	16	19	5	–	2	5	2	9	–	3	5	6	7	1	7
	b. Otitis Media	2	41	17	10	30	2	28	32	20	30	26	14	3	13	7	11	10	2	2	7	12	3	1	6
	c. Other	–	12	1	1	11	4	1	6	1	10	10	56	–	2	1	–	4	2	–	1	–	2	–	110
7	Nose and Throat	35	210	73	59	80	27	155	222	75	136	205	101	4	19	5	16	17	4	12	10	17	7	16	41
8	Speech	9	55	16	11	22	6	25	41	12	21	13	14	2	2	3	–	1	3	2	3	1	1	1	7
9	Lymphatic Glands	2	4	9	3	5	1	38	82	46	150	129	67	–	1	–	1	2	–	1	2	8	8	18	12
10	Heart	–	8	4	1	2	1	12	54	18	37	29	11	1	4	1	2	3	1	20	13	8	25	6	33
11	Lungs	1	40	36	17	54	10	59	98	35	80	102	47	–	7	9	5	12	2	10	9	5	15	11	27
12	Developmental—																								
	a. Hernia	5	19	4	4	8	–	22	6	5	8	10	2	–	1	–	1	1	–	4	–	2	–	–	1
	b. Other	–	14	8	3	17	1	7	26	7	36	38	4	–	5	2	1	7	12	–	4	1	3	13	74
13	Orthopaedic—																								
	a. Posture	1	7	1	2	11	1	6	7	4	21	14	4	8	3	3	13	3	2	13	–	22	4	11	39
	b. Feet	32	69	14	47	58	8	71	44	15	41	31	22	25	24	21	19	28	20	32	10	20	9	29	100
	c. Other	11	41	31	25	52	6	32	42	37	219	67	41	6	14	12	9	16	5	8	10	11	11	21	24
14	Nervous System—																								
	a. Epilepsy	3	3	2	2	4	2	1	9	2	2	–	1	1	1	1	2	3	4	–	–	–	–	–	–
	b. Other	1	9	5	5	3	1	6	9	4	13	9	4	–	2	–	3	2	2	3	1	1	–	–	2
15	Psychological—																								
	a. Development	1	4	6	–	4	–	20	17	8	8	7	2	6	1	5	–	4	1	4	4	9	3	5	1
	b. Stability	2	16	8	3	15	1	18	49	21	27	33	46	–	4	2	–	3	3	2	7	2	4	9	176
16	Abdomen	1	9	4	1	6	–	9	7	2	4	6	5	–	1	1	–	1	1	1	1	–	–	–	1
17	Other	–	44	14	11	19	10	16	52	19	14	20	22	3	10	8	3	12	13	8	6	7	6	11	53

Defects found by Medical Inspection in the Year ended 31st December, 1958

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Periodic Inspections																					
		Others												Totals									
		Requiring Treatment						Requiring observation						Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	6	10	54	30	60	21	7	2	14	8	16	12	67	83	131	71	155	100	28	42	41	30	69	135
5	Eyes–*a.* Vision ..	172	194	153	198	183	33	55	66	42	136	90	166	469	453	322	350	370	109	147	281	109	185	245	660
	b. Squint ..	20	16	17	12	35	4	1	2	6	4	5	9	66	76	62	70	106	34	16	22	19	18	8	35
	c. Other ..	7	2	4	2	11	6	3	4	–	2	4	13	22	28	11	7	29	17	8	17	3	13	16	41
6	Ears–*a.* Hearing ..	2	6	6	3	20	6	13	12	13	4	9	1	2	20	14	8	44	8	33	48	32	27	29	13
	b. Otitis Media	4	12	10	2	16	6	17	5	4	4	8	7	9	66	34	23	56	10	47	44	36	37	35	27
	c. Other ..	1	–	1	–	16	3	2	4	3	2	1	23	1	14	3	1	31	9	3	11	4	14	11	189
7	Nose and Throat ..	8	24	16	11	43	8	58	33	23	18	45	28	47	253	94	86	140	39	225	265	115	161	266	170
8	Speech	15	3	1	3	15	13	10	3	4	8	27	10	26	60	20	14	38	22	37	47	17	30	41	31
9	Lymphatic Glands ..	–	–	–	1	3	–	15	18	30	22	9	15	2	5	9	5	10	1	54	102	84	180	156	94
10	Heart	–	4	2	1	3	10	10	10	8	13	28	14	1	16	7	4	8	12	42	77	34	75	63	58
11	Lungs	1	5	27	9	34	49	45	13	18	27	33	13	2	52	72	31	100	61	114	120	58	122	146	87
12	Developmental—																								
	a. Hernia ..	–	–	4	2	4	–	17	2	1	4	5	1	5	20	8	7	13	–	43	8	8	12	15	4
	b. Other ..	4	2	4	3	34	3	3	17	11	13	20	52	4	21	14	7	58	16	10	47	19	52	71	130
13	Orthopaedic—																								
	a. Posture ..	4	–	4	7	16	4	32	4	11	44	23	11	13	10	8	22	30	7	51	11	37	69	48	54
	b. Feet ..	27	14	26	56	78	11	62	14	14	36	17	26	84	107	61	122	164	39	165	68	49	86	77	148
	c. Other ..	42	2	18	19	52	11	13	7	27	12	32	12	59	57	61	53	120	22	53	59	75	242	120	77
14	Nervous System—																								
	a. Epilepsy ..	2	2	1	6	4	9	1	–	4	2	3	1	6	6	4	10	11	15	2	9	6	4	3	2
	b. Other ..	–	1	3	2	2	6	7	–	1	3	4	1	1	12	8	10	7	9	16	10	6	16	13	7
15	Psychological—																								
	a. Development	2	–	8	2	85	–	23	2	–	6	22	2	9	5	19	2	93	1	47	23	17	17	34	5
	b. Stability ..	–	–	2	–	13	68	9	2	18	24	9	67	2	20	12	3	31	72	29	58	41	55	51	289
16	Abdomen	–	4	2	–	6	7	4	9	1	2	3	3	1	14	7	1	13	8	14	17	3	6	9	9
17	Other..	3	16	17	25	38	23	14	21	15	20	27	20	6	70	39	39	69	46	38	79	41	40	58	95

Defects found by Medical Inspection in the Year ended 31st December, 1958

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Special Inspections											
		Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	1	11	13	2	11	106	1	9	–	4	2	4
5	Eyes–*a.* Vision ..	49	122	52	37	70	107	22	160	19	1	46	174
	b. Squint ..	7	25	1	29	18	16	1	7	1	1	–	4
	c. Other ..	1	7	1	2	6	56	1	7	1	1	–	4
6	Ears–*a.* Hearing ..	–	8	7	2	8	5	5	21	9	1	5	11
	b. Otitis Media ..	–	11	2	2	10	8	1	12	5	–	2	1
	c. Other ..	1	6	1	–	9	10	–	3	–	–	3	1
7	Nose and Throat ..	1	33	7	2	20	24	24	46	4	2	40	8
8	Speech	2	22	6	3	11	11	17	15	8	2	2	3
9	Lymphatic Glands ..	–	–	1	–	2	5	5	18	3	3	2	9
10	Heart	–	3	1	–	–	7	3	26	3	9	4	5
11	Lungs	–	11	6	12	10	22	15	37	3	14	11	4
12	Developmental—												
	a. Hernia ..	–	5	–	–	1	–	–	2	–	–	–	–
	b. Other ..	–	9	–	1	8	5	–	11	1	4	–	1
13	Orthopaedic—												
	a. Posture ..	1	4	2	1	2	–	2	6	1	4	2	–
	b. Feet	5	13	–	6	12	18	10	13	–	5	2	4
	c. Other ..	3	11	6	7	14	8	3	14	3	6	3	2
14	Nervous System—												
	a. Epilepsy ..	–	7	2	2	2	10	–	4	2	2	–	–
	b. Other ..	–	–	1	1	3	7	1	8	1	3	–	3
15	Psychological—												
	a. Development	37	14	9	2	9	25	13	14	3	6	6	9
	b. Stability ..	2	8	3	2	4	32	1	8	2	2	1	33
16	Abdomen	–	3	1	2	2	7	3	6	–	1	1	3
17	Other	1	15	5	1	9	107	9	33	5	4	3	12

PART III

Treatment of Pupils attending Maintained and Assisted 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						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Total
External and Other, excluding errors of refraction and Squint	—	10	20	28	52	68	178
Errors of refraction (including Squint)							4,975*
Totals							5,153*
Number of Pupils for whom Spectacles were Prescribed							3,966*

* (It is not possible to "Divisionalise" these figures).

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received Operative Treatment :—							
(*a*) for diseases of the ear ..	1	14	4	1	2	–	22
(*b*) for adenoids and chronic tonsilitis	59	553	3	30	57	121	823
(*c*) for other nose and throat conditions	–	1	2	1	1	9	14
Received other forms of treatment	2	–	–	–	–	42	44
Totals	62	568	9	32	60	172	903
Total number of pupils in schools who are known to have been provided with hearing aids :—							
(*a*) in 1958	2	5	2	–	1	1	11
(*b*) in previous years	4	6	–	5	3	7	25

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*) Pupils treated at Clinics or out-patients departments	101	189	98	202	509	136	1,235
(*b*) Pupils treated at School for postural defects ..	–	–	–	–	–	4	4
Total	101	189	98	202	509	140	1,239

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated						
	Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	Totals
Ringworm—(*a*) Scalp ..	–	–	–	–	–	–	–
(*b*) Body ..	–	–	–	–	–	1	1
Scabies	1	–	–	–	–	1	2
Impetigo	33	3	–	6	–	16	58
Other Skin Diseases.. ..	81	63	–	9	–	217	370
Totals	115	66	–	15	–	235	431

TABLE E—CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	19	121	57	88	75	130	490

TABLE F—SPEECH THERAPY

Pupils treated by Speech Therapists	72	59	–	–	75	195	401

TABLE G—OTHER TREATMENT GIVEN

(*a*) Pupils with minor ailments	359	58	25	66	7	374	889
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	–	–	–	–	–	–	–
(*c*) Pupils who received B.C.G. vaccination ..	–	–	–	–	–	–	1,542
(*d*) Other than (*a*), (*b*) and (*c*) above (specify) :— Sunray treatment ..	–	–	–	–	–	208	208

PART IV

Dental Inspection and Treatment carried out by the Authority

	North west	North east	Mid-Derby-shire	South east	South	Chester-field	Totals
(1) Number of pupils inspected by the Authority's Dental Officers:—							
(*a*) at periodic inspections ..	–	17,712	264	696	1,712	1,741	22,125
(*b*) as specials	–	1,649	137	398	1,339	2,649	6,172
TOTAL (1)..	–	19,361	401	1,094	3,051	4,390	28,297
(2) Number found to require treatment	–	16,534	311	895	2,631	3,848	24,219
(3) Number offered treatment ..	–	12,780	268	815	2,403	3,781	20,047
(4) Number actually treated ..	91	6,718	192	928	1,929	3,471	13,329
(5) Number of attendances made by pupils for treatment, *including* those recorded at heading 11(h) below	178	13,650	300	1,373	2,934	6,594	25,029
(6) Half-days devoted to:							
Periodic (School) Inspection ..	–	144	3	5	9	13	174
Treatment	–	1,868	42	116	313	801	3,140
TOTAL (6)	–	2,012	45	121	322	814	3,314
(7) Fillings :—							
Permanent Teeth	100	4,973	144	465	1,041	1,489	8,212
Temporary Teeth	–	470	3	5	22	466	966
TOTAL (7)	100	5,443	147	470	1,063	1,955	9,178
(8) Number of teeth filled :—							
Permanent Teeth	91	4,336	113	372	804	1,422	7,138
Temporary Teeth	–	440	3	5	20	443	911
TOTAL (8)	91	4,776	116	377	824	1,865	8,049
(9) Extractions :—							
Permanent Teeth	30	3,104	70	480	1,192	1,984	6,860
Temporary Teeth	77	7,687	162	1,068	2,953	3,218	15,165
TOTAL (9)	107	10,791	232	1,548	4,145	5,202	22,025
(10) Administration of general anaesthetics for extraction	50	2,659	140	618	1,274	2,157	6,898
(11) Orthodontics :—							
(*a*) Cases commenced during the year	–	80	1	4	20	12	117
(*b*) Cases carried forward from previous year	–	14	–	–	3	4	21
(*c*) Cases completed during the year	–	39	–	2	13	8	62
(*d*) Cases discontinued during the year	–	9	–	–	1	1	11
(*e*) Pupils treated with appliances	–	49	1	4	20	7	81
(*f*) Removable appliances fitted	–	53	1	4	20	7	85
(*g*) Fixed appliances fitted ..	–	–	–	–	–	–	–
(*h*) Total attendances	–	403	2	14	79	49	547
(12) Number of pupils supplied with artificial teeth	–	52	1	4	6	27	90
(13) Other operations :—							
Permanent Teeth	7	1,959	10	81	134	310	2,501
Temporary Teeth	3	1,498	27	53	124	101	1,806
TOTAL (13)	10	3,457	37	134	258	411	4,307

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