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HOLLAND COUNTY COUNCIL,
LINCOLNSHIRE.

ANNUAL REPORT
ON THE
County Health Services

PART 1
REPORT
OF THE
SCHOOL MEDICAL OFFICER

BY
J. FIELDING,
M.D., D.P.H.

1950



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1950.

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REPORT OF THE SCHOOL MEDICAL OFFICER

By

J. FIELDING, M.D., D.P.H.

1950.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for the year 1950 on the work of the School Health Service.

The School Health Service is not a spectacular service, yet it is well worth while. It is an integral part of the system of preventive medicine, which at the moment is receiving too little emphasis.

A review of the Service, in the light of events of recent years, is not out of place. Some difficulties are old and others are new. Routine medical examinations are conducted in classrooms, some thirty or forty children being dispersed into other classes, or the head teacher vacates his room. Such a sanctum, often ill-lit and draughty, becomes a combined medical room and dressing room. It is not easy for a doctor to give of his best with one eye on the safety of the gas fire and another on the precordium. There would be every advantage in having medical units, attached to schools, in order that the doctors, nurses and dentists of the future could work to the best advantage.

Old records tell me that the School Dental Service came into being in January, 1926, and the modern story is that it disappeared as part of the national calamity in February, 1949. The structure depended on dentists who were prepared to devote their careers to the care of children.

Their earning capacity was too low and some six months after the inception of the National Health Service, the policy of providing dentures for the "not so old" rather than fillings for the young came into effect.

Three full-time dentists, the full complement of staff, were attracted away and the careful dentistry of twenty-three years had indeed come to naught.

Professional endeavour could not compete with the hard facts of economic stress. Professional enthusiasm and enthusiasm of the right type was swamped by financial considerations. In 1951, dentists were still no longer available, there was ample and greater reward elsewhere.

New terms of service were negotiated, it remains to be seen if dentists can afford to indulge in the care of the young.

The outlook for 15,000 school children is dim, the outlook for children under 5 and for expectant and nursing mothers, dimmer still. A speck of light, after three years, has lately appeared, not sufficient in itself to dispel the mournful tale of dental gloom.

It is always pleasing to dip into the past, and in 1926 we find one dentist just managing the requirements of children in the 5 to 7 age groups. He reported that 87.5% required treatment. Parental consent, however, was only forthcoming for half of the children.

I wonder if the mothers of to-day are wiser than a generation ago? I am inclined to say that they are, and are waiting patiently for dental fitness for themselves and children.

By patient care work in 1940, a dentist reported that 2,587 children were inspected at Spalding Clinic of whom 65% were dentally sound; his colleague in the same year tells us that he attended 2,146 children, 1,416 extractions and 1,036 fillings being undertaken.

In the year 1947, total attendances by pupils for treatment numbered 5,389.

Early in 1952, we start again as we did twenty-six years ago with one dentist.

I cannot say that the unhappy chapters of the recent past can be considered as closed. As long as the planners have greater regard for the provision of dentures, so long will preventive dentistry remain, regrettably, in the dismal background.

A time must surely come when Conservative Dentistry can again be recognised as the bedrock of a sound dental service.

The history of the initial steps to establish a Child Guidance Clinic falls back to January, 1942.

The purpose of such a clinic is to resolve anxieties and fears, sleep disturbances, stammering and the delinquencies of stealing and lying. The definition of Child Guidance, which I borrow from a source unknown, is the "specialised investigation of those causes which disturb normal mental stability and social adjustment in children and the application of suitable methods of prevention and treatment".

In December, 1945, progress had reached the steps of an agreement for a joint child guidance scheme with Kesteven County Council to include the provision of a Hostel for these maladjusted children at Bourne.

The first joint meeting took place in October, 1946, at Bourne House Hostel, and the Ministry of Education approved the scheme in June, 1948.

On inspection of the premises in September, 1948, it was realised that interior alterations were essential, and at the time of writing the

report, the alterations have begun, and it is hoped that the Hostel will come into full use in the Spring of 1952.

The Psychiatrist appointed in 1950 to take charge of the joint scheme is on the staff of Rauceby Mental Hospital. The grievous problems of caring for the mentally ill in hospital and at hospital clinics will inevitably reduce the time available for maladjusted children.

The specialised team of workers so essential for the development of the overall scheme are unobtainable.

The Education Psychologist is responsible for purely educational problems, the Social Worker visits parents in their homes. The work of the Speech Therapist is of untold value.

The County Medical Staff and School Nursing Staff are trying with some success to undertake the very detailed and patient case work, so essential for the elucidation of associated problems. The aim being to use the very limited time, which the Psychiatrist can spare, to the best advantage.

It is fashionable to deride Child Guidance, it is no laughing matter when a young school boy attempts to "asphyxiate" a younger sister by manual strangulation.

The maladjusted child, often the product of a problem family, and these families occur in all walks of life, begets the problem families of another year.

The Educationally Sub-normal child should be trained to take a firm place in the community. There is a dire shortage of residential school accommodation for these pupils. There are no school girls from the County undergoing special education ; they remain in the ordinary schools and some require supervision after leaving school.

From time to time we are able to find residential accommodation at Lincoln for eleven year old boys.

As part of a regional scheme, the County will provide a residential school for junior children who are educationally sub-normal. The dim hopes of the past have already been turned into bricks and mortar ; only time will reveal when use can be made of the structure.

The County generally is very short of special places of all types and we experience difficulty in placing deaf children. A child suffering from infantile paralysis has been on the waiting list two years, awaiting a vacancy for the physically handicapped.

We were able to place a child in a Residential Open-Air School, without difficulty, who had recovered from tuberculous meningitis.

A scheme to send school children to Convalescent Homes at Hunstanton was formulated in 1950 and put into effect in 1951 ; in such cases medical treatment is not required.

The School Health Service is particularly interested in ascertaining children suffering from chronic disease, where it is likely that their normal education will be interrupted. The problem is national and at the moment there is no recognised procedure by which the School Department is given full details. Children are presented to the School Medical Officer as special cases, in the schools, after prolonged absences and it must be to the child's advantage if full information was readily available.

At routine medical inspections, parents being absent, it is very tiresome for a Medical Officer to know that the child has been in need of hospital treatment and the record card gives no information of diagnosis or clinical investigations. Even when parents are present they themselves are often vague in respect of the child's medical history. An arrangement agreed centrally and working in this County, is designed so that children found on medical inspection to require Consultant opinion are reported to the general practitioner. The purpose presumably is to keep the practitioner informed of the health of a school child, but would it not be equally well for the practitioner, knowing that ill-health or abnormality exists, to pass information back to the School Health Service ?

The attitude of the Hospital side, and it is admitted that much depends on the outlook of the individual consultant, is that the child's notes are sent to the practitioner. The whole crux of the matter is that a national problem awaits solution.

Some 45% of children in attendance at schools were examined by the School Medical Officers, either by way of routine medical examinations or by way of special inspections.

Parents are too inclined to stay away from these medical inspections, the older the child the greater the pressure by the child in asking the parent to stay away.

I would like to take this opportunity of acknowledging the assistance which I have received from the Education Officer, Head Teachers, and from the medical, nursing and clerical staff of my own Department ; also to thank the Chairman and members of the School Health Service Sub-Committee for their help and encouragement during the year.

I am,

Your obedient servant,

J. FIELDING.

PERSONNEL.**School Medical Officer :**

J. FIELDING, M.D., Ch.B., D.P.H.

Senior Medical Officer :

BETTY M. WHITE, M.B., Ch.B., D.P.H.

Assistant School Medical Officers :

IRIS M. CULLUM, M.D., B.S., D.P.H.

(Resigned 2/2/50).

MARY C. COFFEY, M.B., B.Ch.

(Resigned 31/7/50).

W. G. SMEATON, M.B., B.Ch., D.P.H.

(Commenced 1/7/50).

R. MILLER, M.B., B.Ch., D.P.H.

(Commenced 1/6/50).

Consultant Physician :

J. W. Brown, M.D., B.S., F.R.C.P.

School Dental Officers :

(3 Vacancies.)

Consultant Surgeons provided by the Sheffield Regional Hospital Board.**Orthopædic Surgeon :**

R. E. M. PILCHER, F.R.C.S.

Ophthalmic Surgeon :

W. INGMAN, M.B., Ch.B., D.O.M.S.

Aural Surgeon :

M. SPENCER-HARRISON, F.R.C.S.

Skin Specialist :

E. C. RITTER, M.B., Ch.B., M.R.C.P.

School Nurses :

BLACK, Miss A. D.—S.R.N., S.C.M., H.V.Cert.

BRAYBROOKS, Miss D. M.—S.R.N., S.C.M., H.V.Cert.

FARR, Miss L. M.—S.R.N., S.C.M., H.V.Cert.

GREEN, Miss V. F.—S.R.N., S.C.M., H.V.Cert. (Resigned 19/8/50).

GUERRA, Mrs. E.—S.R.N., S.C.M., H.V.Cert.

GUEST, Miss D.—S.R.N., S.C.M., H.V.Cert. (Resigned 19/3/51).

KINGSTON, Miss M. A.—S.R.N., H.V.Cert. (Resigned 26/12/50).

LEWIS, Miss H. M.—S.R.N., S.C.M., H.V. Cert. (Resigned 25/10/50).

LINNELL, Miss A. Q.—S.R.N., S.C.M., H.V.Cert.

MacEACHERN, Miss J.—S.R.N., H.V. Cert.

RICHARDSON, Miss M.—S.R.N., H.V.Cert.

ROBERTS, Mrs. E.—S.R.N., S.C.M.

WILLIAMS, Miss M. L.—S.R.N., S.C.M., H.V.Cert. (Commenced 1/12/50).

Dental Attendants :

(3 Vacancies).

Physiotherapist Employed by Sheffield Regional Hospital Board :

Miss W. BOARDMAN.

Chief Clerk :

W. INGRAM.

Clerk in Charge of Section :

G. NEWHAM.

Dr. B. C. STEVENS was also employed for school inspections on a sessional basis.

STATISTICS RELATING TO MEDICAL INSPECTION.

Area of County 267,854 acres.

Population of Administrative County (estimated mid-year
1950) 101,730

The following table gives the number of schools in the County on the 31st December, 1950, and the number of pupils on the register :—

Type of School.	No. of Schools.	No. on Register.
Primary	92	11,324
Secondary (Modern) ...	5	2,321
Secondary (Grammar) ...	4	1,419
Special School	1	6
Total ...	<u>102</u>	<u>15,070</u>
Average attendance		13,626
Number of School Attendance Officers		4

I.—MEDICAL INSPECTION.

Routine medical inspection of pupils in the prescribed groups, as set out in the Handicapped Pupils and School Health Service Regulations, was carried out during the year.

Details of the age groups examined are as follows :—

Primary Schools.

1. All pupils who were admitted for the first time to any primary school.
2. All children between the ages of 10 and 11 years.
3. All children attending a maintained Primary School during the last year of attendance at such a school.

Secondary Schools.

All children during the last year of attendance.

In addition to the above routine inspections, pupils in attendance at maintained Primary or Secondary Schools are examined as "Specials" at the request either of teachers or parents. Pupils referred for treatment or observation at previous medical inspections are re-examined to ascertain whether or not the treatment recommended has been provided.

The number of pupils examined during the year was as follows—

Entrants	... ..	1,677
Second Age Group	... ..	985
Third Age Group	... ..	1,062
		<hr/>
	Total ...	3,724
Number of " Special " Inspections	... ..	2,430
Number of Re-inspections	... ..	366
		<hr/>
	Grand Total ...	6,520
		<hr/>

II.—FINDINGS OF MEDICAL INSPECTION.

The statistics relating to defects found at medical inspections are given in Table 2 at the end of this report.

III.—CO-ORDINATION.

The County Health Services are under the administrative control of the County Medical Officer, who is also School Medical Officer. Co-ordination between the School Health Services and the County Services is therefore ensured.

The Health Visitors are also School Nurses in their particular districts and continuous contact and supervision is maintained for all children from birth to leaving school. The Health Visitor's record card of visits made to a child from its birth to 5 years of age, is attached to the child's school medical inspection record card, thus ensuring a complete record for the information of the School Medical Officer.

IV.—SCHOOL HYGIENE.

At each school medical inspection, the Assistant School Medical Officers inspect the school premises and a report on the condition of the buildings and sanitary arrangements is made to the School Medical Officer. Where defects are found these are referred to the Education Officer for report to the County Architect or to the School Managers as the case may be and as far as material and labour shortages allow any defects found are remedied.

V.—TREATMENT.

Clinics for the treatment of Minor Ailments are held at :—

Boston (2 Clinics)	Donington
Spalding	Swineshead.
Holbeach	

801 children received treatment at the above clinics and 3,176 attendances were made for re-inspection purposes.

407 children received treatment at schools or in their own homes.

The total number of children who were treated during the year was 1,208.

Speech Therapy.

Continued efforts have been made to obtain the services of a Speech Therapist but these have not yet met with any success as there is an acute shortage of these officers. The Directors of the Speech Therapy Training Schools have been notified of the vacancy in the area and have promised to bring the vacancy to the notice of newly qualified students.

As a temporary measure, urgent cases requiring speech therapy are referred through the Ear, Nose and Throat Surgeon to the Speech Therapy Clinic at Lincoln County Hospital. While this arrangement eases the position somewhat, it is not ideal, owing to the difficulties of travel to Lincoln, particularly in the South of the County where cases live some distance from a bus route or railway station. 6 cases were referred to Lincoln during the year.

There are a number of cases on the waiting list who have been referred for treatment.

Orthopædic Treatment.

As I reported in my report for 1949, the arrangements for examination and treatment of school children with orthopædic defects are now undertaken by the Sheffield Regional Hospital Board. School children who are found at medical examinations to require examination or treatment by the Orthopædic Surgeon, are now referred through the department to the London Road Hospital. The cases are then called to the Orthopædic Clinics either at Boston, Spalding or Holbeach.

School Dental Service.

As I reported in my report for the year ending 1949, the School Dental Service ceased to exist in February of that year. Since that time the vacancies for dental staff have been repeatedly advertised, but we have not met with success in obtaining the services of even one Dental Officer. Opportunity has been taken to enlarge upon this scheme in the introduction to this report.

Since February, 1949, no dental inspections have been carried out and no treatment sessions have been held and except where parents have taken their children to their own dentists for treatment, I am afraid that nothing is done to remedy even minor defects.

Provision of Transport.

Transport was provided for children attending the Holbeach Hospital for operation for unhealthy tonsils and adenoids. Such transport was provided for 56 children during the year.

In addition to the above—the transport of pupils to and from special boarding schools outside the County, is arranged. This service was of considerable help during the holiday periods when escorts would have to be provided for pupils whose parents are unable to fetch them home or take them back to the schools.

Transport is also provided to enable children from the Carlton Road Schools to attend the Bargate Minor Ailments Clinic for treatment.

Child Guidance.

Negotiations have continued between this Authority and the Kesteven Authority for a joint scheme for Child Guidance and some progress was made in the general organisation of the scheme. The general background is given in the introduction.

Defective Vision.

On the 1st January, 1950, the supply and repair of spectacles under the National Health Service (Supplementary Ophthalmic Services) Regulations, 1948, ceased and this service became part of the Hospital Eye Service administered by the Sheffield Regional Hospital Board. A Specialist appointed by the Hospital Board attends the Authority's Clinics and where spectacles are prescribed, these are provided through the Hospital Eye Service. The administrative arrangements for holding the clinics are still carried out by the department. It is gratifying to be able to report that the delay mentioned in my last report between the prescription and delivery of spectacles, is now much less.

Regular weekly clinics for the treatment of visual defects have been held at Boston and Spalding. Monthly clinics were held at Sutton Bridge and Holbeach. Adequate arrangements are therefore available for the examination and supervision of pupils suffering from defective vision from all parts of the County.

During 1950, 48 clinics were held at Boston, 48 at Spalding, 12 at Holbeach and 11 at Sutton Bridge. At these clinics, 809 children were seen as new cases and 1,151 attended for re-inspection purposes.

Glasses were prescribed in 571 cases during the year.

The arrangements whereby cases requiring special investigation are referred to the Boston General Hospital continued. 63 cases were referred during the year.

Tonsils and Adenoids.

During 1950, 272 children received operative treatment for unhealthy tonsils and adenoids, 81 at Boston General Hospital, 55 at the London Road Hospital, 100 at Holbeach Hospital and 36 at Spalding Johnson Hospital.

At the beginning of August, it was decided owing to the number of cases of poliomyelitis notified that tonsillectomy operations should be discontinued. Operative treatment recommenced at the beginning of October.

The number of beds available for tonsillectomy was still very small and the number of cases referred exceeded the number of vacancies offered.

Ear Diseases and Defects.

Children suffering from ear defects are referred to the Consultant for advice and if necessary, for treatment. During 1950, 35 cases were so referred.

This treatment is part of the specialist services provided by the Regional Hospital Board and cases are referred to the hospitals for consultation.

Rheumatism and Heart Clinics.

Clinics for the diagnosis and treatment of rheumatic and heart conditions are held at Boston and Spalding, under the direction of Dr. J. W. Brown, Consultant Physician. During 1950, 7 clinics were held, at which 70 attendances were made by school children.

Where operative treatment is considered necessary, arrangements are made for such treatment to be given at the St. Thomas' Hospital, London or at the Chest Hospital, Leicester.

The following table shows the classification of cases attending the clinics during the year :—

Condition.	First Attendance.	Other Attendances.
1. Rheumatic Pains or Arthritis		
(a) with heart affection	2	16
(b) without heart affection	1	10
2. Rheumatic Chorea		
(a) with heart affection	—	—
(b) without heart affection	—	1
3. Rheumatic Carditis, without 1 or 2 above	—	1
4. Congenital Heart Disease	2	25
5. Functional Heart Disorder	4	3
6. No Rheumatism or Heart Disease or Disorder	4	1

Skin Defects.

School children requiring specialist opinion or treatment for skin conditions are referred by the Assistant School Medical Officers to the Skin Specialist at the Boston General Hospital. Where in-patient treatment is considered necessary, cases are referred to the Lincoln County or Boston General Hospitals. 21 cases were seen by the Specialist during the year.

Nutrition.

The classification of the general condition of the pupils medically examined during the year is shown in Table II at the end of this report.

Uncleanliness.

Regular visits are made to the schools by the school nurses for the purpose of cleanliness inspections. When a child is found to be verminous, the parents are informed and instructions are given as to the best method to be used in cleansing the child's head. When no improvement is found or if a child is repeatedly found to be verminous, a notice is served on the parents by the nurse, informing them that the child is verminous and must be cleansed to the nurse's satisfaction within a specified time. If, after the expiry of the given time the child is still found unclean, an order is issued by the School Medical Officer under Section 54 of the Education Act, 1944, instructing the child's parents to present the child for cleansing at one of the Authority's Cleansing Stations at Boston or Spalding.

During the year, 48,805 examinations were made by the school nurses and 623 children were found to be verminous. All cases are recorded even though the infestation is only very slight.

It was only necessary to issue cleansing notices to the parents of 3 children during the year.

No compulsory cleansing orders were issued during 1950.

If, after the cleansing of a child has been carried out under subsection 6 of Section 54 of the Education Act, 1944, the child is again found to be verminous, due to the parent's neglect, the Local Authority has power to institute proceedings against the parents. Such action was not necessary during 1950.

When a child is found to be verminous, hair lotion is issued free of charge by the school nurse with instructions, and the use of this hair lotion does much, I am sure, to prevent serious infestation, and plays a large part in diminishing the spread of infestation from one pupil to another.

Facilities are available at cleansing stations at Boston and Spalding for the treatment of scabies. 1 child was treated for scabies during the year. When a child is found to be suffering from scabies of such a nature as to require treatment at a cleansing station, arrangements are made, where possible, for the other members of the family to receive treatment at the same time as there is nothing to be gained by treating one child and sending him home to a house while there may be others in the family who are infected.

10 cases of scabies were treated at the Minor Ailments Clinics.

VI.—INFECTIOUS DISEASES.

It was not necessary to close any school during the year on account of infectious disease.

The arrangement whereby Head Teachers notify the School Medical Officer of all cases of infectious disease occurring in schools, has continued and the school nurses are available to give help and advice where necessary as to the prevention and spread of infection through the schools.

Diphtheria Immunisation.

The arrangements have continued whereby children are immunised at the time of medical examination at school by members of the School Medical Staff. Where delay is likely to occur, the protective treatment may also be given at the nearest Infant Welfare Centre or the School Clinic. 125 children were immunised for the first time, after entry into school.

When a child, who was immunised during the first year of life, commences school, arrangements are made, with the parents' consent, for a "booster" injection to be given to build up the initial immunity. 1,349 children received "booster" injections during 1950.

VII.—EMPLOYMENT OF SCHOOL CHILDREN.

In accordance with the Bye-Laws made by the Authority and approved by the Home Secretary, all children who take up part-time employment before or after school hours, are examined by the School Medical Staff, to ascertain whether or not they are able to carry out the employment without prejudice to their health or physical development and that such employment will not render them unfit to obtain proper benefit from their education. During 1950, 47 children were examined and certificates given, stating their fitness for the particular type of employment being taken up. No children were found to be unfit for part-time employment.

VIII.—PHYSICAL EDUCATION, 1950.

The County Education Officer has kindly supplied me with the following particulars of the arrangements for Physical Education :—

The number of Schools with facilities for indoor physical training and dancing continued to increase slowly.

This is also the position with regard to satisfactory playgrounds where, however, much remains to be done. The direct responsibility of the Authority in this connection has been greatly increased by the recognition of the Church Schools as Voluntary Controlled or Voluntary Aided Schools. This problem is now being dealt with.

Progress continues to be made with the provision of Playing Fields for Secondary Schools. In addition to the Secondary Schools, four schools for seniors have now the use of a School Playing Field. Provision for six other senior schools may be classed as satisfactory.

The position as regards junior children remained unchanged although plans now made should result in a great improvement in Boston.

Demonstration Courses for teachers of juniors were continued during the year and courses in dancing were also held. The group dancing and junior games rallies continue to be well supported.

The number of children instructed in swimming continued to rise and this number, 4,061, is twice the number taking part in 1946. Of 5,469 children of senior school age, 948 or 17% are able to swim compared with 31% of children instructed. This number is disturbingly low but it is hoped that as all seniors are included in the scheme the number will rise to a more satisfactory level. 570 gained a certificate for swimming 18 yards and 256 gained a higher award. The newly-formed Holland Schools Swimming Association held a successful swimming sports at Spalding.

The standard of athletics, as measured by the Holland County and Lincolnshire Athletic Meetings, continued to rise.

IX.—SUPPLY OF MILK—PROVISION OF MEALS.

All children attending County Schools are able to obtain 1-3rd pint of milk each day. At one school this is provided from National Dried Milk. At all other schools, supplies of fresh milk are available. When a return was taken on a day in October, 1950, 76.7% of the children at school were taking the milk available.

In October, 1950, mid-day meals were available at 42 schools, and the number of pupils taking meals was 4,890.

The Canteens at Boston Carlton Road and Deeping St. Nicholas Middle Township Schools were completed and the supply of meals from these canteens commenced in March and November, 1950, respectively.

The arrangement whereby children from Boston St. Botolph's C.E. School were to take meals at Tower Road School Canteen, commenced in February, 1950.

The Canteens at Boston Kitwood Girls' Secondary School and Boston St. Mary's R.C. School, were completed and the supply of meals from these canteens commenced in January, 1951.

A new kitchen and dining room was provided at Spalding High School Canteen and was brought into operation at the beginning of the Autumn Term.

X.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

1,945 parents were present at the routine medical inspections, this number being 30% of the total number of examinations.

Head Teachers have again continued to co-operate in all matters relating to the health of their scholars, with the arrangements for School Medical Examinations, and I am pleased to take this opportunity of recording my thanks for their assistance.

The School Attendance Officers continue to help in many ways, particularly in regard to children absent from school.

The assistance given to the Department by the Inspector of the National Society for the Prevention of Cruelty to Children, has again been of great value in securing the consent of parents to treatment recommended for their children, also in remedying and improving the condition of children who were found to be unclean. A visit from the Inspector in such cases as these results in the acceptance of treatment or the remedying of uncleanly conditions.

The following cases were referred to the Society during the year :—

Uncleanliness	...	...	...	...	...	8
General neglect	...	...	...	...	...	12

XI.—HANDICAPPED PUPILS.

In addition to the 9 orthopædic cases at the Special School at the London Road Hospital, Boston, the following cases are in attendance at Special Residential Schools :—

3 Blind—(1 at Yorkshire School for the Blind, 2 at Sheffield School for the Blind).

8 Deaf—(7 at Royal School for the Deaf, Derby, 1 at Yorkshire Residential School for the Deaf, Doncaster).

9. Educationally sub-normal pupils at St. Christopher's Special School, Lincoln.

During the year 50 children were specially examined in accordance with the Handicapped Pupils and School Health Service Regula-

tions, 1945. The following table shows the categories under which the pupils were examined and the recommendations :—

Category.	Number Examined.	Recommendations.
Partially Sighted	1	Special Boarding School for the Partially Sighted.
Deaf	1	Special Boarding School for Deaf Pupils.
Delicate	1	Continue Ordinary School.
Physically Handicapped	3	Special School for Physically Handicapped Pupils.
Educationally Sub-normal	44	20 Special Boarding School for Educationally Sub-normal pupils. 8 Continue Education in Ordinary School. 16 Refer to Mental Welfare Committee.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed Groups :—

Entrants	... ..	1,677
Second Age Group	... ..	985
Third Age Group	... ..	1,062
	Total ...	3,724
—		
Number of other periodic inspections	... ..	—
	Grand Total ...	3,724
—		

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	2,430
Number of re-inspections	...	...	...	...	366
					—
				Total ...	2,796
					—

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	38	199	237
Second Age Group	46	136	172
Third Age Group	52	80	132
Total (prescribed groups)	136	415	541
Other periodic inspections	—	—	—
Grand Total	136	415	541

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	Defect or Disease.	Periodic Inspections		Special Inspections	
		No. of defects.		No. of defects.	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(5)	(4)
4	Skin	26	31	10	16
5	Eyes :				
	(a) Vision	136	211	99	362
	(b) Squint	12	35	7	33
	(c) Other	12	22	3	7
6	Ears :				
	(a) Hearing	3	13	15	24
	(b) Otitis Media	5	8	1	7
	(c) Other	3	7	—	7
7	Nose or Throat	160	449	133	331
8	Speech	7	11	9	20
9	Cervical Glands	—	35	2	16
10	Heart and Circulation	12	43	6	61
11	Lungs	3	30	4	23
12	Developmental:				
	(a) Hernia	—	4	—	3
	(b) Other	7	5	3	11
13	Orthopædic:				
	(a) Posture	8	15	5	13
	(b) Flat foot	9	15	51	14
	(c) Other	26	29	17	38
14	Nervous system:				
	(a) Epilepsy	3	5	—	10
	(b) Other	1	20	—	4
15	Psychological:				
	(a) Development	16	8	47	36
	(b) Stability	—	—	—	—
16	Other	10	33	10	25

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

Age Groups	Number of pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1677	489	29.3	1158	69.0	30	1.7
Second Age Group	985	217	22.0	761	77.3	7	.7
Third Age Group	1062	271	26.0	780	73.0	11	1.0
Other Periodic Inspections	—	—	—	—	—	—	—
Total	3724	977	26.2	2699	72.5	48	1.3

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 48,805
- (ii) Total number of individual pupils found to be infested ... 623
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ... 3
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... —

TABLE IV.

**GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness,
for which see Table III).**

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—(i) Scalp	1	—
(ii) Body	6	1
Scabies	10	—
Impetigo	79	1
Other skin diseases	119	50
	<hr/>	<hr/>
Total	215	52

**GROUP II.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	80	9
Errors of refraction (including squint)	809	32
	<hr/>	<hr/>
Total	889	41
Number of pupils for whom spectacles		
were—(a) Prescribed	571	23
(b) Obtained	509	23

**GROUP III.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.**

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment		
(a) for diseases of the ear —		35
(b) for adenoids and chronic tonsillitis —		272
(c) for other nose and throat conditions —		14
Received other forms of treatment ...	102	—
	Total 102	321

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals —	184
	By the Authority. Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments —	235

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics —		—

GROUP VI.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists —		6

GROUP VII.—OTHER TREATMENT GIVEN.

		Number of cases treated.	
		By the Authority.	Otherwise.
(a)	Miscellaneous minor ailments ...	1098	37
(b)	Other (specify)		
1.	Appendicitis	—	44
2.	Fractures, Injuries	—	81
		<hr/>	<hr/>
	Total ...	1098	162

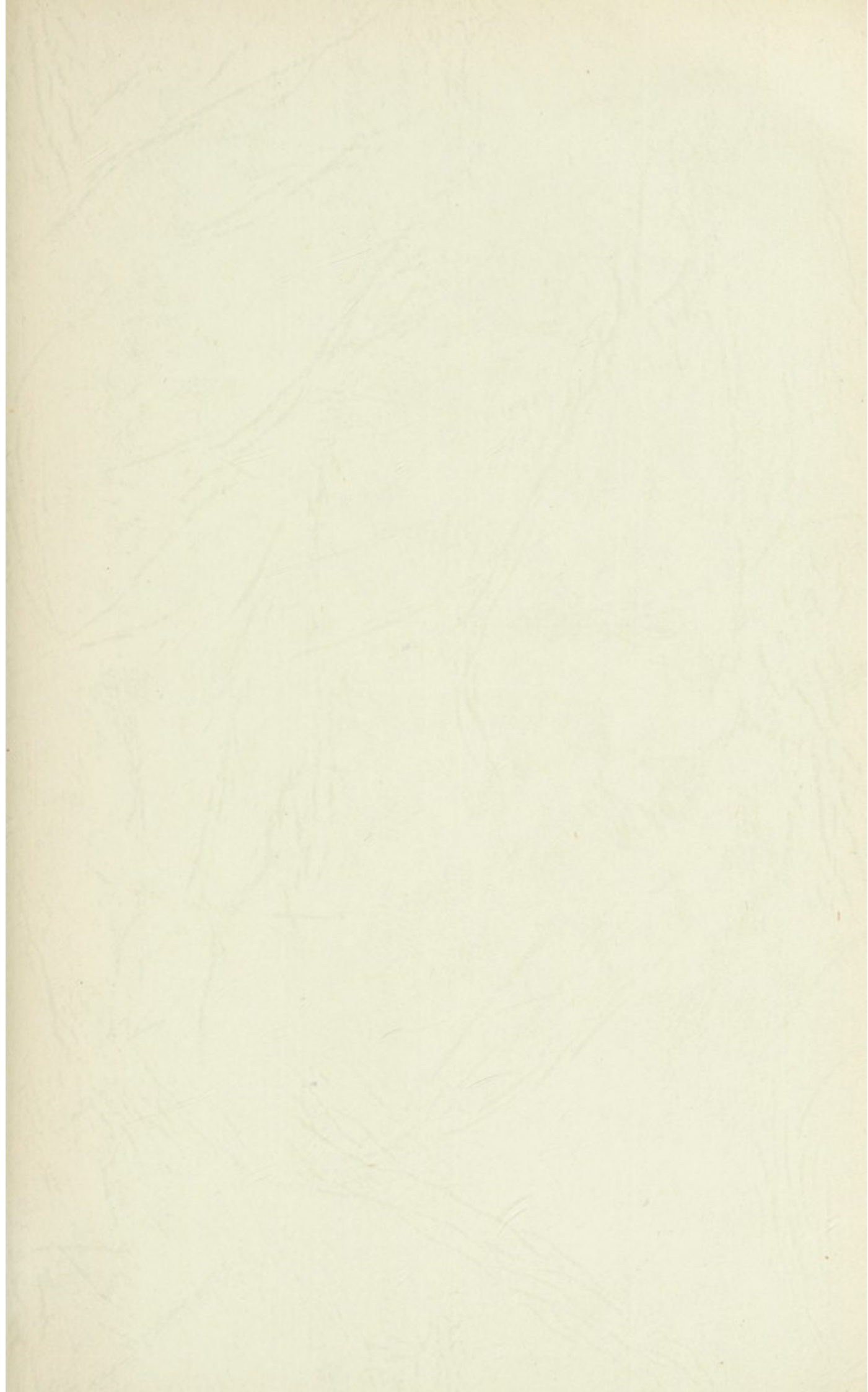
TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY.**

Nil.







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