

[Report 1953] / School Medical Officer of Health, Holland County Council (Lincolnshire).

Contributors

Holland (England). County Council.

Publication/Creation

1953

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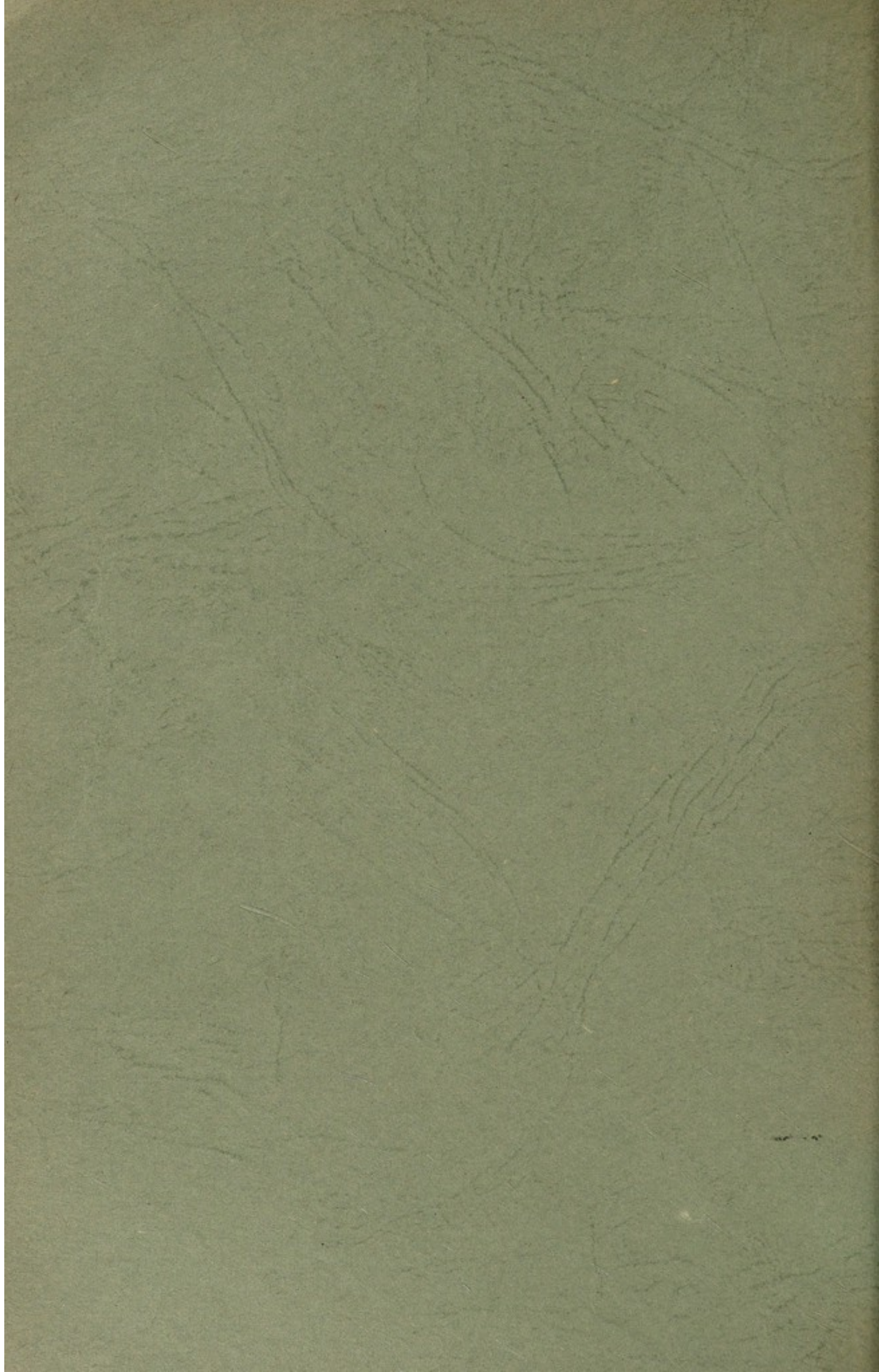
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HOLLAND COUNTY COUNCIL
LINCOLNSHIRE.

ANNUAL REPORT
ON THE
County Health Services

PART 1
REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
BY
J. FIELDING,
M.D., D.P.H.

1953



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1953.

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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

By

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

1953.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the annual report for the year 1953, in respect of the School Health Services.

The year was one of further progress and throughout the year we have had the services of a Senior Dental Officer. An Assistant Dental Officer resigned but the vacancy however was soon filled. The Dental Surgery in the Ferry House Clinic, Boston, will soon be adapted so that a second dental unit will be installed and it is anticipated that the new surgery will be functioning in 1954.

Towards the end of the year the County Council gave permission to build a Dental Surgery as an extension to the Combined Clinic, Park Road, Holbeach. The appropriate Committees have a ready awareness and a sympathetic understanding of the onerous statutory responsibility which exists in providing a comprehensive dental service. In the fullness of time there may well be a need to have a staff of six dentists. Experience shows that usually one dentist would cover the requirements of 3,000 school children. It is pleasing to note that parents are anxious for dental treatment to continue during the holiday periods when the schools are closed. During the year 2,633 children were treated. The children made 5,188 attendances and 3,710 fillings were carried out.

This was the first year during which we had the services of a whole-time qualified speech therapist. Teachers and parents have been most co-operative and special clinic sessions are well established throughout the county.

Some progress was made in the field of child guidance, the Children's Psychiatrist attending at Ferry House Clinic, Boston, holding one session each week. This service can now be expected to develop. An expanding service does of necessity require adequate accommodation which I do not think will be found in the Boston school clinic. For the purposes of child guidance, the Sheffield Regional Hospital Board will appoint a Children's Psychiatrist to cover the needs of South Lincolnshire. It can be expected that this development will take place next year. The Physician will therefore be able to devote an increase of time to this difficult problem of establishing a modern service.

The Residential Hostel at Bourne for maladjusted children, which is managed jointly with the Kesteven County Council, was opened during the year after modernisation and improvement. Branch clinics for this type of work are envisaged to cover the needs of the school population at Spalding and Holbeach, using clinic premises.

It is with much pleasure that I have to report the opening of Gosberton House for educationally sub-normal boys and girls below the age of 11 years. This development was a planned part of a regional agreement with other Local Education Authorities in Lincolnshire. The school is delightfully situated with an atmosphere of obvious happiness and encouragement. The Head Mistress, Miss M. Speight, is indeed to be congratulated on developing this school which now contains three classrooms and some 45 pupils. In due course there will be boarding facilities so that junior children can be admitted from outside the county boundaries. The School Nurse and the School Medical Officer pay regular visits, the physical welfare of these children being clearly a matter of some importance.

Clinical reports in respect of children attending various hospital services are being received ; this information is of great value at the time of the school medical inspection. It is customary in this county to employ nurses for health visiting and school nursing duties and there is an anxiety that the establishment is below the normal, two vacancies existing in the south of the county. Under the bursary scheme sponsored by the County Council, a health visitor completed her course of training in the Oxfordshire training school and is now working in the Boston Rural area.

The system of referring school children for consultant advice works very smoothly in close co-operation with the general medical services.

I have to thank the Education Officer and members of the teaching profession for their help and assistance during the year and I am deeply indebted to the medical, nursing, and members of the clerical staff of my Department.

To you, Mr. Chairman, and to the members of the Special Services Sub-Committee, I am deeply grateful for the continued interest and help during the year under review.

I am,

Your obedient servant,

J. FIELDING.

Principal School Medical Officer.

PERSONNEL.

Principal School Medical Officer :

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

Deputy Principal School Medical Officer :

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

School Medical Officers :

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

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

Consultant Cardiologist :

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

Consultant Anaesthetist :

N. H. BLOOM, F.F.A.R.C.S.

School Dental Officers :

H. A. BOLTON, L.D.S., Principal Dental Officer.

M. A. BURLEY, L.D.S., Dental Officer (resigned 8.4.53).

P. J. LYNCH, L.D.S. (commenced 24.8.53).

(1 Vacancy).

Speech Therapist :

MISS A. P. HANCOCK, L.C.S.T.

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 :

S. W. ALLINSON, F.R.C.S.

Skin Specialist :

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

Pædiatricians :

TREVOR WRIGHT, M.D.

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

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.

DAVIES, Mrs. D. E.—S.R.N. (Clinic Nurse).

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

GOODWORTH, Miss H. M.—S.R.N., H.V. Cert. (commenced 1.9.53).

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

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

RICHARDSON, Miss M.—S.R.N., H.V. Cert.

ROBERTS, Mrs. E.—S.R.N., S.C.M.

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

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

Dental Attendants :

Miss L. RICHES. Miss B. A. DALES.

(One Vacancy)

Chief Clerk :

W. INGRAM.

Clerk in Charge of Section :

G. NEWHAM.

STATISTICS RELATING TO MEDICAL INSPECTION.

Area of County	267,854 acres.
Population of Administrative County (estimated mid-year 1953)	101,100.

The following table gives the number of schools in the County on the 31st December, 1953, and the number of pupils on the register :—

Type of School	No. of Schools.	No. on Register.
Primary	84	12,297
Secondary (Modern)	6	2,498
Secondary (Grammar)	4	1,513
Special Schools	2	52
Total	96	16,360
Average attendance		16,009
Number of School Attendance Officers		4

I.—MEDICAL INSPECTION.

In accordance with the Handicapped Pupils and School Health Service Regulations, routine medical inspection of pupils in the prescribed groups 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 or Secondary Modern School during the last year of attendance at such a school.

Secondary Grammar Schools.

All pupils during the last year of attendance.

Pupils in attendance at all schools are, in addition to the above routine inspections, examined as "Specials" when brought forward at the request either of teachers, school nurses or parents. All pupils referred at medical inspections for treatment or observation are re-examined to ascertain whether or not the treatment recommended has been provided.

The number of pupils examined during the year were as follows :—

Entrants	1,857
Second Age Group	1,291
Third Age Group	1,114
	—
Total ...	4,262
Number of Special Inspections	2,475
Number of re-inspections	108
	—
Grand Total ...	6,845
	—

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.

In four sanitary districts of the County, the Medical Officer of Health acts as Assistant School Medical Officer. The arrangement is very convenient and works smoothly.

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.

Paper handkerchiefs are supplied to schools for the use of young children in an attempt to overcome catarrhal infections from one child to another. The teachers are most appreciative of this service

for the welfare of their classes. Personal hygiene for the adolescent girls received particular attention in previous years and arrangements, which may vary from one school to another, are satisfactory.

In respect of the hygiene of school premises, at each medical inspection the premises, cloakrooms and sanitary accommodation are all subject to a report. Full modernisation in this field is awaiting an easing of the national economy.

Food Hygiene in the Schools.

A very successful series of visits has been made by the County Sanitary Inspector to the Senior Schools for the purpose of giving lectures mainly to children from the age of 13 years. Co-operation by the Head Teachers has been readily given and they have expressed their interest in this new venture. Food hygiene is clearly now-a-days an important part of health education, and the lecture which is given is illustrated by film strips. The interest of the children is reported to be lively, and after the lecture they are encouraged to make use of questions and answers.

The following points are stressed in the prevention of food poisoning :—

- (1) Cleanly habits of personal hygiene.
- (2) The role of flies, mice and rats, and opportunity is taken to mention the place of pets.
- (3) Bacteriology. A very elementary approach is made to this subject with a mention that normal people can be carriers of disease.

Bacteriological plates are demonstrated, something novel. Each is inspected by the class with astonishment. A culture taken from the hand, another demonstrating the bacteriological walking track of the housefly, one showing the value of washing the ingredients of a salad, are inspected, and girls are always impressed to see a demonstration of the bacteriology of a normal hair.

The lecturer also deals with waste foods and litter in respect of picnics. Camping is discussed, particularly the need for wholesome water supplies, and the dangers from drinking direct from streams. Children always appear to be very impressed with the disturbing habits of the housefly and I think they will take to their respective homes important and helpful points.

After these lectures in the classroom, the County Sanitary Inspector visits the school canteen and gives a further lecture to the canteen staff. The substance of these lectures includes bacteriology, the place of bacteria in food poisoning, with dangers of preparing certain foods one day for consumption the next, and the temperature factor to be aimed at in the sterilising sinks.

A member of the County Health Department staff is responsible for the visual aids used to supplement the lectures.

Nineteen senior schools were visited and 1,469 pupils attended the lectures.

Thirteen school canteens were visited and 64 members of the canteen staffs attended the lectures.

Examinations of canteen staff in respect of new entrants continued throughout the year, each new entrant having an X-Ray of the chest.

V.—TREATMENT.

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

Boston (2 Clinics)	Donington
Spalding	Swineshead
Holbeach	

691 children received treatment at the above clinics and 1,700 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 1,098.

Speech Therapy.

Miss A. P. Hancock, Speech Therapist, has contributed the following report :—

The Speech Therapy Clinics in Boston, Spalding, Holbeach and Swineshead have now become well established, and the results of this new service are becoming apparent. The underlying plan followed has been :—

- (i) To keep in close contact with parents.
- (ii) For the children to attend for weekly treatment, gradually dropping this in favour of fortnightly, monthly, and periodic attendances as progress is shown.
- (iii) To make a visit to each school once in the year to ascertain if the progress shown at clinic is being maintained amid the stress and strain of school life.

I am indebted to the co-operation shown by the Head Teachers, the Health Visitors, and also the child guidance team, with whom co-operation is essential, particularly with reference to the child who develops the stammer symptoms.

Transport presents considerable difficulty in the rural areas, though this can be overcome if the parents will make the initial effort to attend the preliminary interview. One mother and child cycle 3 miles in all weathers to make fortnightly attendances.

A recording machine will be a valuable asset not only in keeping a record of individual cases, but also for playing back the sound of the children's own voices, as ear training plays such a large part in treatment.

No. of Children Attending.

Weekly treatment	...	...	...	...	...	...	35
Fortnightly treatment	...	...	...	...	...	...	20
Monthly treatment	...	...	...	...	...	...	27
Periodical treatment	...	...	...	...	...	...	35
						Total	117

Type of Speech Defects.

Stammerers	...	...	...	...	...	...	31
Articulatory defects	...	...	...	...	...	...	81
Voice defects	...	...	...	...	...	...	2
Cleft Palate	...	...	...	...	...	...	3
							117
Discharged	...	...	...	...	...	...	8

In the following report, the letters adjoining the numbers of children attending periodically for treatment indicate the reasons for less frequent attendances :—

- (a) Much of the work is being done at home because of good co-operation ; also transport presents considerable difficulty.
- (b) Good progress.
- (c) Speech defect is not severe—advice rather than direct treatment indicated.

Boston Area (5 Clinical Sessions and 1 Clerical).

Number of children attending for weekly treatment	20
" " " fortnightly treatment	8
" " " monthly treatment	10
	3(a) } 15
	10(b) }
	2(c) }
" " " periodically for observation (c)	14
Total number of children attending for treatment	57

Number of Patients Discharged.

After good progress	2
*After satisfactory progress	2
*(Both children have left school.)	
Total ...	4

Type of Speech Defect :

Stammerers	1
Satisfactory progress	1
Articulatory defects	3
Good progress	2
Satisfactory progress	1

Spalding Area (3 clinical sessions).

Number of children attending for weekly treatment	8
" " " fortnightly treatment	8
" " " monthly	5(a) {
	5(b) } 10
" " " periodically for observation	1(a) {
	5(b) } 13
	7(c) }
Total number of children attending for treatment	39

Analysis of Type of Speech Defect (taken from total attendance).

Stammerers	9
Articulatory defects	30
Total ...	39

Response to Treatment (taken from total attendance).**Good Progress :**

Stammerers	5
Articulatory defects	5
Total ...	10

Satisfactory Progress :

Stammerers	2
Articulatory defects	10
Total ...	12

Fair Progress :	
Stammerers	2
Articulatory defects	1
	—
Total	3
—	
Poor Progress :	
Articulatory defects	3
(2 children physically handicapped, 1 mentally retarded.)	
Attendance insufficient to determine degree of progress :	
Articulatory defects	11
	—
Total	14
—	
Number of Patients Discharged.	
After good progress	2
	—
Total	2
—	
Type of Speech Defect :	
Stammerers	1
Articulatory defect	1
Holbeach Area (one clinical session).	
Number of children attending for weekly treatment	4
" " " fortnightly treatment	2
" " " monthly treatment (b)	2
" " " periodically for observation (c)	5
	—
Total number of children attending for treatment	13
—	
Analysis of Type of Speech Defect (taken from total attendance).	
Stammerers	4
Articulatory defects	8
Cleft palate speech	1
	—
Total	13
—	
Response to Treatment (taken from total attendance).	
Good Progress :	
Stammerers	1
Articulatory defects	2
	—
Total	3
—	

Satisfactory Progress :

Stammerers	...	...	...	...	...	...	...	...	...	1
Articulatory defects	...	...	...	...	...	...	...	...	...	2
										Total	3

Fair Progress :

Articulatory defects	...	...	...	...	...	...	...	...	...	1
Cleft palate speech	...	...	...	...	...	...	...	...	...	1
										Total	2

Poor Progress :

Articulatory defect	1
(Child is mentally retarded.)										

Attendance insufficient to determine degree of progress :

Stammerers	...	...	...	...	...	...	...	...	...	2
Articulatory defects	...	...	...	...	...	...	...	...	...	2
										Total	4

Number of Patients Discharged.

After good progress	...	...	...	...	...	...	...	...	...	2
Type of Speech Defect :											
Stammerer	...	...	...	...	...	...	...	...	...	1
Articulatory defect	...	...	...	...	...	...	...	...	...	1
										Total	2

Swineshead Area.

Number attending for weekly treatment	...	...	...	...	3
" " " fortnightly treatment	...	...	...	...	2
" " periodically for observation	...	...	...	...	(c)3
					Total number of children attending for treatment	8

Type of Speech Defect (taken from total attendance).

Stammerers	...	...	...	...	...	...	...	...	...	1
Articulatory defects	...	...	...	...	...	...	...	...	...	6
Cleft palate speech	...	...	...	...	...	...	...	...	...	1
										Total	8

Response to Treatment (taken from total attendance).

Good Progress :

Articulatory defects	2
Cleft palate speech	1
	—
Total ...	3
	—

Satisfactory Progress :

Stammerers	1
Articulatory defects	2
	—
Total ...	3
	—

Attendance insufficient to determine degree of progress :

Articulatory defects	2
-----------------------------	---

Number of Patients Discharged.

After good progress	1
Type of speech defect—articulatory defect	1

Orthopædic Treatment.

The Orthopædic Department at the London Road Hospital, Boston, has been established for many years with ancillary diagnostic and physiotherapy clinics throughout the County. The Hospital school is a very necessary part of prolonged treatment.

The inspection of a child's feet is an integral part of routine medical examination, and the importance of the correct fit of shoes and socks can never be over-emphasised.

School Dental Service.

I am indebted to the Principal Dental Officer who reports as follows :—

The Staff of the School Dental Department was increased by the appointment of Mr. M. A. Burley who commenced duties on January 1st. Mr. Burley, however, resigned on June 30th, but we were fortunate in obtaining the services of Mr. P. J. Lynch on August 24th. We therefore had the services of two Dental Officers for practically the whole of the year under review.

Schools in the Boston Borough and Rural Districts, and in the Spalding Urban and Rural Districts were visited for routine inspection. Most of the children attending schools in the Rural Districts were examined for the first time since the scheme recommenced. The need for a great deal of treatment was seen on this first inspection. An analysis of the tables shows that almost 60% of the pupils

inspected were in need of immediate treatment, many of these children showed gross caries, and were in need of multiple extractions or fillings. Continuing this analysis it is disappointing to find that treatment was accepted for only about 50% of those offered treatment. A small proportion of the other 50% obtain routine treatment privately under the National Health Service, but the greater proportion are indifferent and do nothing about the need for treatment, until pain makes it imperative, when it is generally too late to do anything about conserving the teeth. This indifference will be overcome I believe, only when a full staff is able to carry out more frequent inspections, and so continually remind the parents of the need for attending to dental disease in its early stages.

Conservative treatment wherever possible, particularly in teeth of the permanent dentition, is the method of approach, and a certain amount of success was achieved.

The need for orthodontic treatment in many cases is still very marked. A start was made however and this type of treatment was carried out, appliances being fitted in twenty-five cases. Of these seven were completed during the year with good results, three failed to attend for adjustment, and fifteen are continuing treatment into 1954.

Use was made of the Hospital Service X-Ray Departments and forty-nine patients were referred for radiographic examination prior to operative or orthodontic treatment.

Thirteen artificial dentures, mostly carrying one or two teeth were fitted during the year, where accidental fracture or early loss of incisor teeth made this necessary.

Once again we have been welcomed by the staffs of the schools visited, and received whole hearted co-operation from all heads of departments. We would like therefore to place on record our sincere thanks for all their help.

Arrangements were made during the year for intricate cases to be treated by the Consultant Dentist at the County Hospital, Lincoln.

The County Council employs a Consultant Anæsthetist.

Child Guidance.

The Child Guidance service is based on a joint scheme with the Kesteven County Council centering around the Hostel for maladjusted children at Bourne. This Hostel is now open. The scheme is still in its very early stages and, because of an insufficient number of children who require residential treatment, places were offered to other education authorities. The psychiatrist had a very limited amount of time to give to this service—he was primarily on the staff of Rauceby Hospital.

In the Autumn of 1952, the Regional Hospital Board decided to appoint a Children's Psychiatrist to cover the requirements of South Lincolnshire. It was contemplated that clinics would be held in convenient points throughout the area, the aim to be that a mal-adjusted child should attend once a week. In round figures it is possible that 1% of the child population would fall within the scope of these clinics. There will be no objection, if need be, to children attending who are pupils of private schools. Children under the age of 5 and the adolescent child after leaving school could also attend if necessary. The post would indeed be that of a pioneer and it is only to be expected that in the early stages the growth of the clinics would be small. It was contemplated that the appointment might be made in April, 1953, the psychiatrist again to be on the staff of Rauceby Hospital and to work in close relationship with the Pædiatric Departments of neighbouring hospitals. The Children's Psychiatrist would spend three sessions a week in the County of Holland and three sessions similarly in the adjoining County, additional time being found for treatment purposes at the Bourne Hostel. Normally an Educational Psychologist and Social Worker are considered to be an essential part of the doctor's team. The shadow of economy appeared. The doctor on loan from Rauceby Hospital continued to attend in Boston once a week and in September took charge of the Bourne House Hostel.

General Practitioners in the County were informed of this new facility. There is accommodation at the Hostel for 20 children, junior boys and girls and senior girls under school leaving age are all eligible for admission. Briefly the child showing difficulties of behaviour, the child whose behaviour is a product of difficulties within the home, some cases of asthma, cases of stammering and bed wetters should not be lost sight of. Following the opening of the Hostel, three of the County children were admitted.

In September, 1953, approval was granted by the Ministry of Health to the proposed appointment of a Children's Psychiatrist for the South Lincolnshire area. Economies, however, in respect of ancillary workers still persisted. A full-time appointment was eventually made, the Psychiatrist will be taking up his duties in 1954. The Pædiatrician is convinced of the need for a sound Child Guidance Service as so many children presenting themselves with symptoms at hospital clinics do have associated psychological problems.

The Clinic premises at the School Clinic, Ferry House, Boston, are not entirely satisfactory. The consulting room and waiting room are quite satisfactory but the room used for play therapy is very small and cramped. A suitable opportunity may present itself to make use of more extensive premises still within the town.

In the early days of the service it was thought that a part-time social worker would suffice, gradually leading up to a full-time appointment as the volume of work grew. The question in respect of the appointment of a Psychologist is in abeyance at the moment, but will need to be discussed again particularly in the light of experience.

During the year 240 attendances were made at the Child Guidance Clinic.

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.

There were no anxious enquiries from parents in respect of the delivery of spectacles after the clinical examination and presentation of the prescription.

Regular weekly clinics for the treatment of visual defects have been continued in Boston and Spalding.

During 1953, 46 clinics were held at Boston, 44 at Spalding and 13 at Holbeach. At these clinics 738 children were seen as new cases and 941 attendances were made for re-inspection purposes.

Glasses were prescribed in 609 cases during the year.

At Holbeach a clinic is held each month. Cases requiring more detailed investigation are referred to the Boston General Hospital.

Tonsils and Adenoids.

The surgical pendulum has swung away from the operation of adeno-tonsillectomy. Increasing attention is being given to the place of breathing exercises. The aim of the exercise is to correct mouth breathing, re-establish nasal breathing, with an anticipated reduction in adenoid and tonsillar tissue. Certain indications for surgical interference still remain.

In 1953, 111 children received operative treatment for unhealthy tonsils and adenoids.

Ear Diseases and Defects.

Children suffering from ear defects are referred to the Consultant for advice and if necessary for treatment. During 1953, 15 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.

Convalescent Treatment.

During the year arrangements were made under Section 48(3) of the Education Act, 1944, for selected school children to be sent to a convalescent home for a period not exceeding 3 months without education. These children are sent to the Convalescent Home at Hunstanton, medical attention not being required, although medical supervision is provided.

Two children were sent to Hunstanton during 1953.

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 1953, 8 clinics were held, at which 63 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	—	12
(b) without heart affection	—	6
2. Rheumatic Chorea		
(a) with heart affection	—	—
(b) without heart affection	—	1
3. Rheumatic Carditis, without (1) or (2) above	—	—
4. Congenital Heart Disease	3	31
5. Functional Heart Disorder	6	3
6. No rheumatism or Heart Disease or Disorder	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. 10 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 purposes 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, 41,817 examinations were made by the school nurses and 506 children were found to be verminous. All cases are recorded even though the infestation is only very slight.

Eighteen compulsory cleansing orders were issued during 1953.

If, after the cleansing of a child has been carried out under sub-section 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 1953.

Facilities are available at cleansing stations at Boston and Spalding for the treatment of scabies. 1 child was treated for scabies during the year.

VI.—INFECTIOUS DISEASES.

Diphtheria Immunisation.

Facilities exist for the immunisation of children following entry to school, where the parents for various reasons have postponed the immunisation from early childhood. Generally the excuses given at "this late hour" are not convincing.

Booster injections are offered at two age periods, the initial one at the age of 5 years being particularly important.

Number of children immunised for the first time after entry into school	68
Number of children who received "booster" injections	1255

Outbreak of Sonne Dysentery.

Following the receipt of two laboratory reports in respect of Sonne Dysentery a school was visited on 16th March. Six children were quickly discovered with a history of recent diarrhoea. Enquiry at the canteen revealed that two canteen workers each had a child with symptoms ; one of these children was shown to be a positive case, the other had six negative reports, the remaining four children were eventually shown to be positive cases. The school registers were the subject of intensive scrutiny and all children away from school or who had been absent during February and March, were visited at home.

In all probability the infection was introduced into the school by an eleven year old boy. From the 35 absentees in February he was the only one with suspicious symptoms, namely, diarrhoea, vomiting with prostration, and he was absent from the 13th to 19th of February. He was shown to have three positive specimens before the first negative specimen was reported and was symptom-free on the initial visit to the school on the 16th March.

One canteen worker became a confirmed case ; bacteriological confirmation was received, she had been taken off duty before her symptoms developed, she was infected by her son. A second child of one of the workers, previously mentioned, was a positive case, his mother escaping.

The canteen was closed for routine investigation to take place, all the workers being most co-operative, the results negative. Enquiries at a school taking meals from this canteen showed no evidence of any infection.

A child absent from 2nd to 11th March with symptoms and with subsequent positive findings, appears to have been the second case, no other earlier cases in the chain of events being demonstrated. The early acute cases were later taken ill in the second week in March, three cases from one family, the laboratory confirming dysentery. On the 24th March, 18 households were involved, 11 confirmed cases and 17 suspect cases. A circular letter was sent to the parents of each school child, asking that the onset of symptoms should be reported to the family doctor.

By 27th March, 37 households, giving 14 cases and 28 suspect cases were being investigated with much care. Familial infection was taking place involving adults, adolescents and children under 5 years of age. At the outset parents of children who had been excluded from school at an early stage received a personal letter in respect of the pressing need for hygiene within the home and giving details of bacteriological procedures. A bulletin was issued to the general practitioners. The position on the 15th April was,

13 confirmed adult cases, 39 children confirmed cases and 4 under investigation.

During the outbreak 71 cases of dysentery were proven, 45 school children affected, 7 involving pre-school children, the remaining cases being adults, one being a member of the school staff. It was reported on the 8th May that 36 children had returned to school, 9 others waiting for bacteriological clearance.

Three negative tests were required before a child was given permission to return to school. In some cases however where the family infection had been severe, weekly specimens were still examined. In three of these cases the bacillus reappeared, the children being excluded again. Generally the infection was mild in character, no undue anxiety arose. Over 800 specimens were examined from cases, contacts and canteen workers.

The bacteriological work was undertaken at the Public Health Laboratory, Lincoln. A great burden of work fell upon the Public Health Departments of Boston Borough and Boston Rural District Councils. To the members of those departments and to the school nursing staff and County Sanitary Inspector, who, working as a team, successfully controlled the emergency, I am deeply indebted.

The lesson to be learned is that suspect cases of food poisoning demand bacteriological investigations.

Mass Radiography of School Children.

This X-Ray Unit stationed at Lincoln conducted a survey of children due to leave school in 1953 and 1954.

Centres were established at Boston, Spalding and Long Sutton, transport being organised by the Education Department, pupils attending from 22 schools.

The Unit can be expected to include the County schools as part of a normal programme of work in the future.

Number of pupils X-rayed	2,697
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Number of teaching staff X-rayed	100
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Thirty-four pupils were recalled, 11 being referred to the Chest Physician for investigation with subsequent satisfactory reports.

The parents of 19 children refused permission for them to attend the Unit but the high acceptance rate was remarkable. At the outset each child was given a leaflet to take home, suitable posters were prepared and displayed in the clinics and an explanatory article was published in the newspapers.

Circular 248, dated 28th March, 1952, draws the attention of the School Health Services to the need to invite teachers to make use of this X-ray Unit, and it is particularly gratifying that 100 did attend.

The arrangements worked very smoothly, the children learning an important branch of Health Education. No cases of active pulmonary tuberculosis were discovered.

Other members of the County Council Staff were allowed to attend the two school X-ray points in the south of the county, block appointments being granted with the more ready facilities in the north.

The basis of a school children's survey is that the detection of active primary cases of Tuberculosis would lead to the search for the original case of Pulmonary Tuberculosis within the family circle.

Mention of B.C.G. vaccination is not out of place, the purpose of this vaccination against Tuberculosis is to give a controlled primary infection at the site of injection in the arm, to avoid an uncontrolled natural infection with the Tubercle Bacillus.

The scheme within the county is limited to contacts of cases of Tuberculosis, a time may come when this vaccination will be offered to children before leaving school.

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 such employment will not render them unfit to obtain proper benefit from their education.

During 1953, 221 children were medically examined in accordance with the Bye-laws.

VIII.—CANTEEN STAFF.

The arrangements, begun in 1949, whereby new entrants to the service receive a medical examination, continued, and during 1953 19 candidates were examined. Each examination included an X-ray of the chest and an examination of the nose and throat. Each candidate also had a Widal test performed on a specimen of the blood. The examination impresses on the canteen worker the role of personal hygiene and its constant application to the preparation of food. The reaction of the staff to this medical examination has always been most favourable. A positive awareness to good health is now implicit where cooking for the many is undertaken.

IX.—HOME SAFETY.

A National lead has been given in respect of the prevention of accidents in the home and the prevention of accidental poisoning in the home also comes within the sphere of Home Safety. It is considered that valuable instruction can be given to children and parents in respect of hazards which exist in the home. A mother reported to me at a school medical inspection that her child had eaten carbon dioxide snow. This had been taken from a box from a pavement collecting site, presumably awaiting a carrier. The child received burns of the mouth and required hospital treatment.

At the outset it was thought that representatives of the several departments of the County Council might well meet together for the purpose of establishing a Home Safety Committee. The medical and nursing staff were asked for their full support and representatives were invited from the Education Department, Welfare Department, Children's Department and the County Fire Brigade. This suggestion had the fullest support of the County Health Committee. At the first meeting of these interested parties it was decided to make an approach to children about to leave school. It appears that at the extremes of life, the young and the elderly, are particularly prone to accidents within the home. Literature was available from the Committee, particularly the Ministry of Housing and Local Government Circular 32/53, which drew attention to the report of the Standing Inter-Departmental Committee. From this report it appears that the most important cause of accidents in the home are faulty design, faulty equipment and human frailty. Of the two human elements, ignorance and carelessness are of far reaching importance. The commonest kinds of fatal accidents are listed as falls, burns and scalds, suffocation and coal gas poisoning. Practical advice is also given in respect of planning and furnishing dwellings. From a specialist's report prepared by a Medical Research Council team, working in a hospital unit for treatment of burns and scalds, it is reported that tea cups, tea pots, saucepans, and electric fires without fireguards, are the greatest menaces to children in the home.

The Chief Fire Officer of the County Council submitted information from his own experience within the county. It appears that unswept chimney flues and sparks from chimneys account for about half of the outbreaks of fires and that now all-night fires had become more popular, advice is strongly given that chimneys should be swept twice a year. Other causes of outbreaks of fire are cigarettes and matches thrown down carelessly, children playing with matches, short circuits in electrical wiring systems, overheating of appliances and faulty building construction. The

custom of the odd job man at home who, in a very amateurish way tries to repair electrical apparatus, should be condemned as it is most unwise and dangerous. Unprotected electrical and gas equipment and open fireplaces without guards are danger spots, together with fireworks.

In order to obtain the fullest information regarding accidents in the home, members of the health visiting and school nursing staff were asked to submit reports. It was agreed that talks to groups of mothers at welfare centres supplemented by film strips would be a useful approach. This work was carried out accompanied by poster displays and available leaflets. The County Council poster sites also carried special displays.

Shortly before the Christmas vacation supplies of leaflets attractively printed were sent to the Head Teachers of all Senior Schools, with a covering letter requesting that the leaflets should be given to each child leaving school during the following year. It was thought that the more senior children would derive some benefit and would be able to take useful information home to their parents. The approach was topical because of the season of the year and contained information which had been supplied by the Chief Fire Officer. The leaflet comprised four pages and drew attention to the following dangerous practices :—(1) Putting coloured paper over electric light bulbs, (2) Draping decorations on electric light bulbs, (3) lighting trees with wax candles. In respect of each of these danger points useful advice was given. Information was also given, against danger points (1) Leaving wireless and television sets switched on at the main throughout the night and when the house is unoccupied, (2) Dressing and undressing in front of an unguarded fire, (3) Playing with matches. The back page of the leaflet was devoted to action required if clothing caught fire. It has been said in respect of home safety that education is not merely to teach people what they do not know already, but to make them behave as they do not already behave, a far more difficult proposition. A leaflet for school children has now been prepared to avoid cases of accidental poisoning in the home. The dangers of ferrous sulphate have been appreciated now for a long time and when these tablets are issued at Ante-natal Clinics, clear instructions are given to the mothers. Recently however a case of this type of poisoning has come to our notice, together with two incidents of young children drinking commercial paraffin. Medicine bottles should never be used to store household agents. We are told that several million bottles each year are never returned to the Pharmacist and there is a danger that when left at home they are used as containers for harmful substances to which young children have access.

X.—HANDICAPPED PUPILS.

At the end of 1953, the following cases were in attendance at Special Residential Schools :—

One Blind—at the Yorkshire School for the Blind.

Two Partially Sighted—at Exhall Grange Special School, Exhall, Warwick.

Eight Deaf—7 at the Royal School for the Deaf, Derby; 1 at the St. John's School for the Deaf, Boston Spa, Yorkshire.

One Partially Deaf—at Walsgrove Cottage, Great Witley, Worcestershire.

Two Delicate—at the St. Dominic's Open Air School, Hambleton.

Two Physically Handicapped—at Hinwick Hall Special School, Wellingborough.

Eleven Educationally Sub-normal—8 at St. Christopher's Special School, Lincoln; 3 at Stubton Hall Special School, Stubton, Nr. Newark.

In addition there were 29 educationally sub-normal pupils attending the Gosberton House Day School, Gosberton.

At the end of the year 3 pupils were resident at the Bourne House Hostel for Maladjusted Pupils at Bourne, Lincs.

During the year, 126 children were specially examined in accordance with the Handicapped Pupils and School Health Service Regulations, 1945. The following table shows the categories under which pupils were examined and the recommendations :—

Category.	No. Examined.	Recommendations.
Delicate	2	Special School for Delicate Pupils.
Physically Handicapped ...	3	Special School for Physically Handicapped Pupils.
Educationally Sub-normal	117	87 Special School for Educationally Sub-normal Pupils. 23 Continue Education in Ordinary School. 7 Refer to Mental Welfare Committee.
Maladjusted	4	Special School for Maladjusted Children.

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

2,301 parents were present at the routine medical inspections, this number being 53.9 of the total number of examinations.

Head Teachers have again continued to co-operate in all matters relating to the health of their pupils, 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.

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	...	...	...	...	...	...	...	1,857
Second Age Group	...	...	...	...	...	...	...	1,291
Third Age Group	...	...	...	...	...	...	...	1,114
								Total
								4,262
Number of other periodic inspections	...	...	...	...	...	...	...	—
								Grand Total
								4,262

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	...	...	...	2,475
Number of re-inspections	...	...	...	...	...	...	...	108
								Total
								2,583

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	21	146	167
Second Age Group	49	82	131
Third Age Group	49	39	88
Total (prescribed groups)	119	267	386
Other periodic inspections	—	—	—
Grand Total	119	267	386

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDING 31st DECEMBER, 1953.

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)	(4)	(5)
4	Skin	9	70	5	38
5	Eyes :				
	(a) Vision	119	237	116	280
	(b) Squint	20	46	7	57
	(c) Other	8	26	3	20
6	Ears :				
	(a) Hearing	11	37	6	35
	(b) Otitis				
	Media	—	7	2	7
	(c) Other	2	11	1	10
7	Nose or Throat	94	527	86	477
8	Speech	11	44	19	50
9	Cervical Glands	1	64	—	16
10	Heart and Circulation	9	17	3	42
11	Lungs	6	82	4	47
12	Developmental :				
	(a) Hernia	2	5	3	5
	(b) Other	6	17	1	10
13	Orthopædic :				
	(a) Posture	10	23	5	27
	(b) Flat Foot	37	39	19	25
	(c) Other	24	109	17	63
14	Nervous system :				
	(a) Epilepsy	—	4	—	7
	(b) Other	1	28	1	23
15	Psychological :				
	(a) Development	10	21	32	35
	(b) Stability	1	3	2	9
16	Other	5	31	4	21

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	1857	381	20.5	1465	78.9	11	.6
Second Age Group	1291	404	31.3	884	68.5	3	.2
Third Age Group	1114	504	45.3	603	54.1	7	.6
Other Periodic Inspections	—	—	—	—	—	—	—
Total	4262	1289	30.2	2952	69.3	21	.5

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by school nurses or other authorised persons 41,817
- (ii) Total number of individual pupils found to be infested 506
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 29
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) 18

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	2	—
(ii) Body	3	—
Scabies	2	—
Impetigo	81	—
Other skin diseases	73	6
	Total	6
	161	6

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	75	—
Errors of refraction (including squint) ...	636	—
	Total	—
	711	—
Number of pupils for whom spectacles were—		
(a) Prescribed	609	—
(b) Obtained	583	—

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	—	1
(b) for adenoids and chronic tonsillitis	—	111
(c) for other nose and throat conditions	—	—
Received other forms of treatment	43	143
	Total	—
	43	255

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	18	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	90

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	25	—

GROUP VI.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapist	117	3

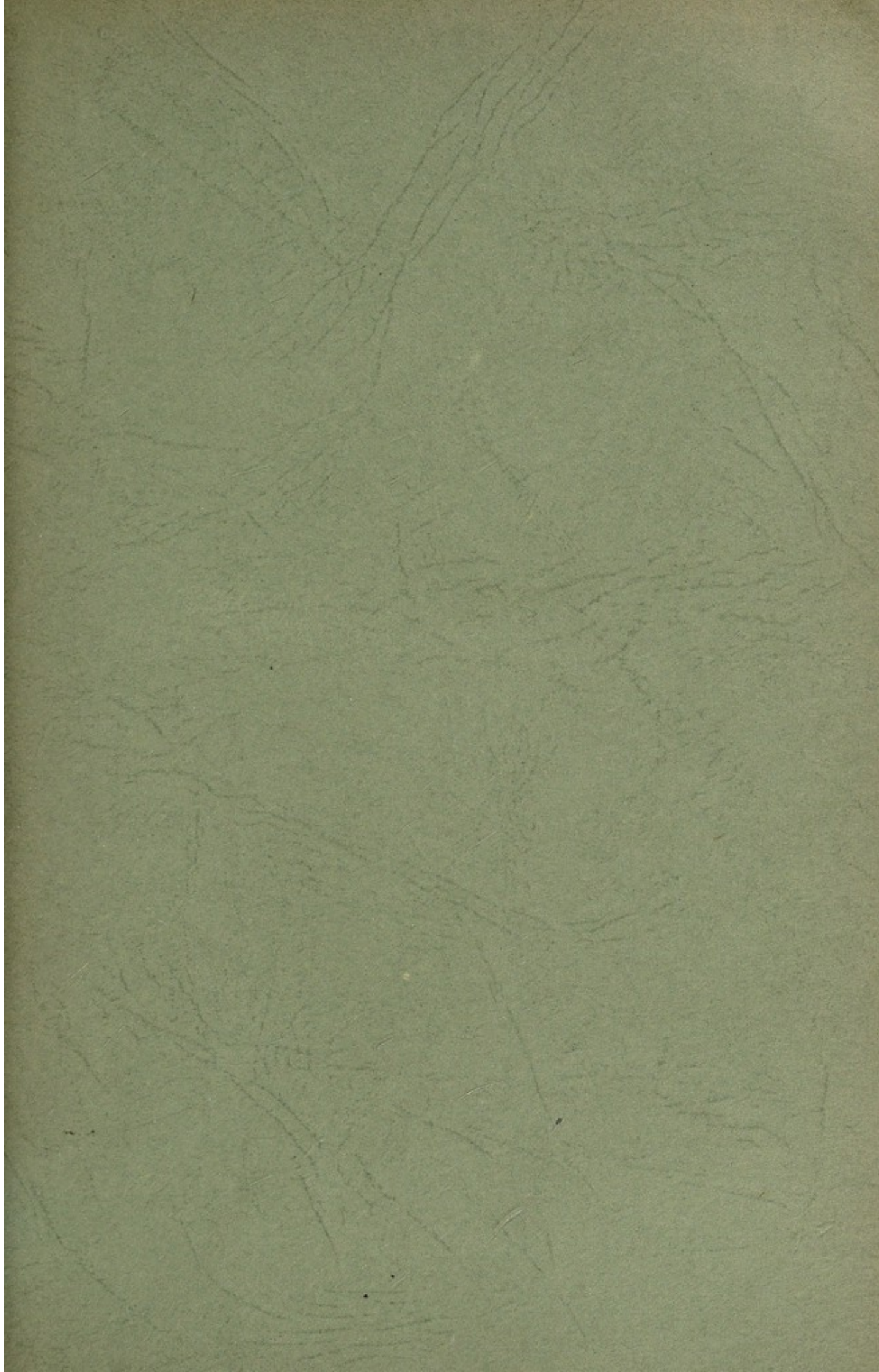
GROUP VII.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments ...	817	33
(b) Other (specify)—		
1. Appendicitis	—	25
2. Fractures	—	78
3. Injuries	—	28
4. Others	—	170
Total ...	817	334

TABLE V.

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

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic	... ..	10,949
(b) Specials	... ..	108
	Total (1)	11,057
(2) Number found to require treatment	... ..	6,588
(3) Number referred for treatment	... ..	5,955
(4) Number actually treated	... ..	2,633
(5) Attendances made by pupils for treatment	... ..	5,188
(6) Half-days devoted to : Inspection	... ..	117
Treatment	... ..	742
	Total (6)	859
(7) Fillings : Permanent Teeth	... ..	3,270
Temporary Teeth	... ..	440
	Total (7)	3,710
(8) Number of teeth filled : Permanent Teeth	... ..	2,951
Temporary Teeth	... ..	400
	Total (8)	3,351
(9) Extractions : Permanent Teeth	... ..	688
Temporary Teeth	... ..	3,323
	Total (9)	4,011
(10) Administration of general anæsthetics for extraction	... ..	1,268
(11) Other operations : Permanent Teeth	528
Temporary Teeth	99
	Total (11)	627



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