

**[Report 1952] / School Health Service, Leicestershire County.**

**Contributors**

Leicestershire (England). County Council. School Health Service.

**Publication/Creation**

1952

**Persistent URL**

<https://wellcomecollection.org/works/bcpzrqt2>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

~~37/2/10~~  
Ac. 44 55

COUNTY OF LEICESTER  
EDUCATION COMMITTEE

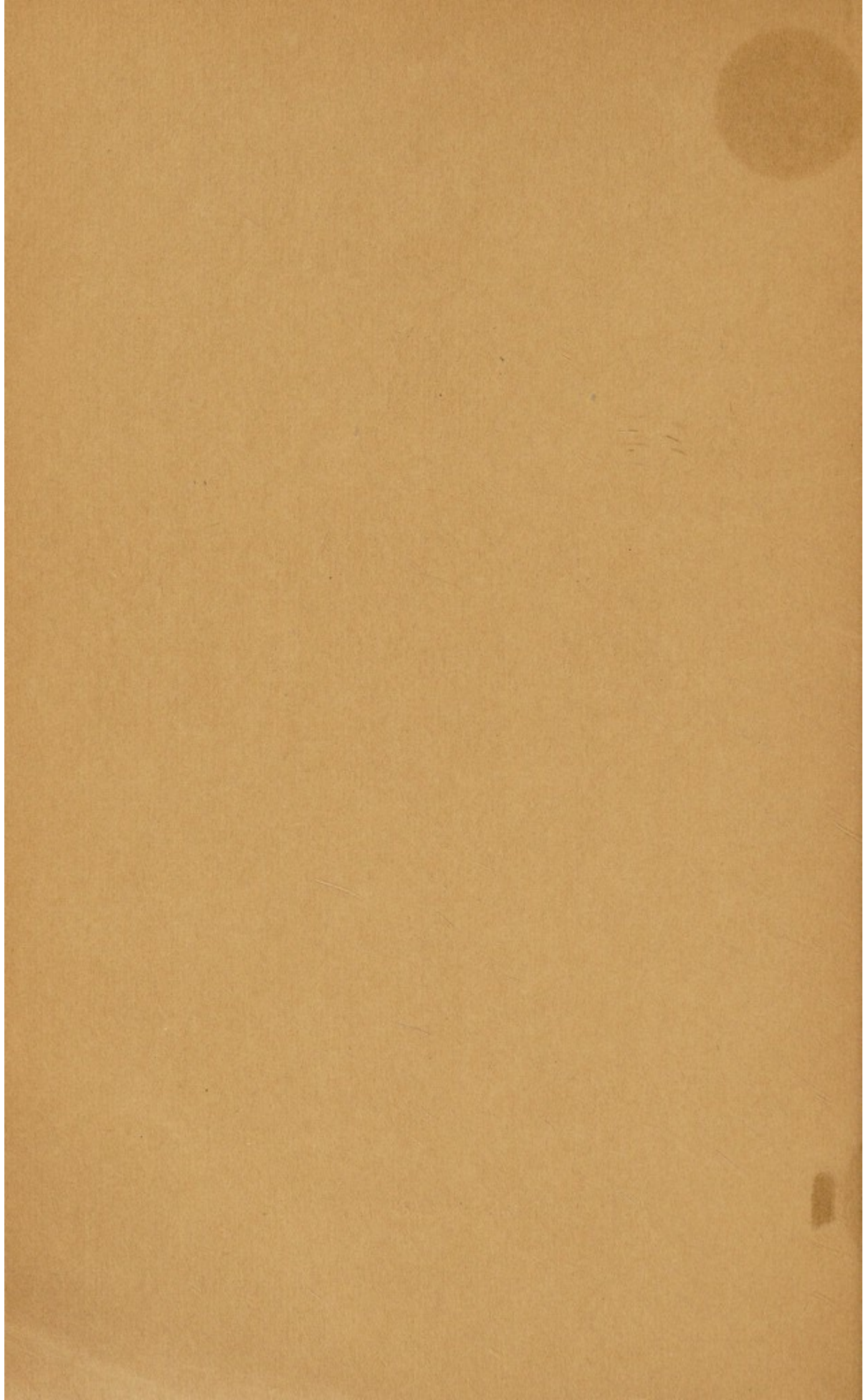


# ANNUAL REPORT

OF THE SCHOOL MEDICAL  
OFFICER FOR THE YEAR

1952

G. H. GIBSON, M.B., Ch.B., D.P.H.



COUNTY OF LEICESTER  
EDUCATION COMMITTEE



ANNUAL  
REPORT

OF THE SCHOOL MEDICAL  
OFFICER FOR THE YEAR

1952

G. H. GIBSON, M.B., Ch.B., D.P.H.

## INDEX

Child Guidance	...	...	...	...	...	17
Defective Vision	...	...	...	...	...	6, 7
Dental Treatment	...	...	...	...	...	9
Ear, Nose and Throat Diseases	...	...	...	...	...	19
Employment	...	...	...	...	...	15
Following-up	...	...	...	...	...	6
Handicapped Children	...	...	...	...	...	13
Infectious Diseases	...	...	...	...	...	6
Infestation with Vermin	...	...	...	...	...	25
Meals in Schools	...	...	...	...	...	11
Medical Inspection	...	...	...	...	...	5
Medical Treatment	...	...	...	...	...	7
Milk in Schools	...	...	...	...	...	11
North Divisional Executive	...	...	...	...	...	4, 18
Nutrition	...	...	...	...	...	10
Orthopædic Treatment	...	...	...	...	...	7
Orthoptic Treatment	...	...	...	...	...	7
Physical Education	...	...	...	...	...	12
Skin Diseases	...	...	...	...	...	6
Speech Therapy	...	...	...	...	...	15
Staff	...	...	...	...	...	4
Statistics	...	...	...	...	...	5, 23
Tuberculin Survey	...	...	...	...	...	16
X-Ray Examination	...	...	...	...	...	15

COUNTY HEALTH DEPARTMENT,  
17, FRIAR LANE,  
LEICESTER.

*May, 1953.*

### COUNTY OF LEICESTER.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service in Leicestershire for the year 1952.

In previous years I have had to call attention to the difficulties arising from shortage of staff, especially Assistant School Medical Officers and Dental Officers. This year we were able to fill one of the vacant posts of Assistant Medical Officer and as a result dealt with some of the arrears of routine medical inspections. We are, however, still below our normal establishment and as in addition we have been handicapped by illness amongst our medical staff, inevitably some schools have not been covered.

The difficulties of the school dental service are known to all members of the Committee. It will be seen that this year the School Dental Surgeon, although not envisaging the return of the School Dental Service to its former position, regards the future of the dental facilities in the County available to school children with some optimism.

The report of Dr. Graf describes the work in the first full year of the Child Guidance Clinic, where a complete team is now available—Psychiatrist, Educational Psychologist and Psychiatric Social Worker.

The work of the School Health Service is increasingly devoted to the ascertainment and treatment of the handicapped child. One of our great difficulties in the past has been the lack of accommodation for the educationally sub-normal, and therefore the opening in April, 1952, of the special school at Craven Lodge, Melton Mowbray, was most welcome. An interesting development during the year was the arrangement with the City of Leicester for a Clinic for the ascertainment and treatment of deaf children, undertaken by Professor and Mrs. Ewing, of Manchester. This clinic is described in the report and it is sufficient to mention here that its object is to diagnose deafness at as an early an age as possible so as to enlist the co-operation of the child's parent in treatment.

An interesting investigation was carried out during the year following the discovery of several cases of tuberculous glands in children. The essential details are given in the report and a fuller article will be published in the medical press later.

I am grateful to the members of the Committee for their constant interest in the work under their control, while my special thanks are due to all the teachers in the County, whose help, so readily given, is absolutely essential to the School Health Service. I am glad to have the opportunity of recording my indebtedness to Dr. J. R. Byars and Mr. W. A. Thornton for their work, not only in the preparation of this report, but throughout the year.

I have the honour to be, your obedient servant,

G. H. GIBSON,

School Medical Officer.

# REPORT

## STAFF OF THE SCHOOL MEDICAL SERVICE.

### School Medical Officer:

G. H. Gibson, M.B., Ch.B., D.P.H.

### Deputy School Medical Officer:

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

### Senior Medical Officer:

Marjorie L. Campbell, M.B., Ch.B., B.A.O., D.P.H.

### Assistant School Medical Officers:

Joan G. H. Bennett, M.B., B.Ch., B.A.O. (Appointed 1.4.52).

Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P.

J. W. Hall, M.D., B.Hy., D.P.H.

R. W. Kind, M.R.C.S., L.R.C.P., D.P.H.

### School Oculist (Regional Hospital Board):

Constance Walters, B.Sc., M.B., B.Ch.

### Children's Psychiatrist (Regional Hospital Board):

A. K. Graf, M.D. (Vienna), L.R.C.P.(E), L.R.C.S.(E), L.R.F.P. & S.(G), D.P.M.

### School Dental Surgeon:

P. Ashton, L.D.S.

### Assistant School Dental Surgeons:

A. E. Ward, L.D.S.

C. L. R. McLellan, L.D.S.

W. G. Campbell, L.D.S.

### Speech Therapists:

Miss A. W. Browne, L.C.S.T.

Miss K. M. Lang, L.C.S.T.

Mrs. T. D. F. Randall, L.C.S.T. (Part-time).

### Superintendent School Nurse (combined duties):

Miss G. I. Carryer, S.R.N., S.C.M., H.V.Cert.

### Deputy Superintendent School Nurse (combined duties):

Miss A. Hornsby, R.G.N., S.C.M., H.V.Cert.

### Psychiatric Social Worker:

Miss Joan F. Hatfield (Appointed 1.9.52).

## NORTH DIVISIONAL EXECUTIVE.

### Divisional School Medical Officer:

R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### Assistant Divisional School Medical Officer:

H. T. Phillips, M.D., D.P.H., D.I.H., D.C.H.

### School Dental Surgeons (part-time):

R. Latimer, L.D.S.

D. M. Lawson, L.D.S.

## REPORT OF THE COUNTY.

### I.—GENERAL STATISTICS.

The number of schools in the county is as follows:—

	County	Aided and Controlled
Secondary ... ..	25	10
Primary ... ..	105	154
Nursery ... ..	2	—
Special ... ..	2	—
Total ... ..	134	164
Average number of children on the rolls ...		51,066
Average attendance ... ..		46,401

### II.—MEDICAL INSPECTION.

The number of routine medical inspections of children is slightly higher this year as more medical staff were available. More children would have been examined but unfortunately, several medical officers were absent from duty for long periods owing to illness.

Last year it was stated that arrangements would be made to visit all the schools in the county during 1952, but this was impossible for the reason already stated.

The attendance of parents is still very satisfactory and as many as 88% were present at the examination of children in the entrants' group. In the 8-year-old group, 70% of parents were present—a slight increase on last year—whilst in the 10-year-old group, 50% of the parents attended. The number of parents attending with the older children is much less (24%), but this low percentage is partly accounted for by the fact that travelling facilities are not always convenient to and from the grammar and secondary modern schools.

The details of the age groups are as follows:—

All children who were admitted to school for the first time.

All children between the ages of 8 and 9 years.

All children attending a maintained primary school during the last year of attendance.

All children who were between the ages of 14 and 15 years.

All children brought forward as "specials."

The total number of individual children examined was as follows:—

Entrants ... ..	5,664
8-year-olds ... ..	4,406
10-year-olds ... ..	2,403
14-year-olds ... ..	1,320
Specials ... ..	1,698
Re-inspections ... ..	959
Total ... ..	16,450



### III.—FINDINGS OF MEDICAL INSPECTIONS.

#### *Nose and Throat Conditions.*

735 children were found to require treatment and 846 were referred for observation.

#### *Defective Vision and Squint.*

989 cases of defective vision, squint and other conditions of the eyes were referred to the school oculist. The number of cases of defective vision was 782 and the number of children with squint was 114.

#### *Ear Diseases and Defective Hearing.*

Under this heading, 170 cases were referred for treatment, 91 with defective hearing, 42 with otitis media and 37 other conditions. In addition, 99 cases are being kept under observation.

#### *Skin Diseases.*

112 cases of skin disease were referred for treatment and 20 for observation.

#### *Heart and Circulation.*

15 children were referred for treatment and a further 59 are being kept under observation.

#### *Lungs.*

81 children were found to require treatment and were referred to the chest clinic. 180 cases are being kept under observation.

#### *Orthopædic Conditions.*

A total of 380 children were referred under this heading, 273 requiring treatment and 107 to be kept under observation.

### IV.—INFECTIOUS DISEASES.

Six cases of infantile paralysis were reported during the year, two being of the non-paralytic type. The other four children were all referred for orthopædic treatment for varying degrees of residual paralysis.

Once more the county can show a clean bill as regards diphtheria amongst school children and it is now three years since a case of this disease was reported in a child of school age.

The number of notifications of measles shows a considerable decrease, 1,043 cases as compared with 1,985 in 1951. Scarlet fever, however, increased and 360 cases were reported compared with 179 last year.

Other infectious diseases notified were:—pneumonia 49, dysentery 29, meningococcal infections 3 and food poisoning 7.

Towards the end of the year, an epidemic of streptococcal sore throat occurred amongst the staff and children at Craven Lodge Special School and this is dealt with later in the report.

### V.—FOLLOWING-UP BY SCHOOL NURSES.

All children referred for treatment at routine medical inspections are "followed-up" by the school nurses. Visits are made to the schools and homes of the children for this purpose.

A total of 2,620 visits were made, 1,753 of which were to the children's homes. Included in the total of home visits were 923 for the first time, 723 second visits and 110 special visits.

With the exception of one nurse at Loughborough, all the school nurses hold combined appointments and also carry out the duties of health visitors.

## VI.—MEDICAL TREATMENT.

### *Minor Ailments.*

The number of children attending the minor ailment clinics has increased due to the large number of cases of verucca in the Wigston area. Extra sessions were necessary to treat the children, but in no case was a long absence from school necessary.

The number of attendances at the school clinics was as follows:—

Clinic	Children	Attendances
Melton Mowbray	105	169
Leicester	213	248
Coalville	192	330
South Wigston	420	1,330
Loughborough	847	3,117
Total	1,777	5,194

### *Ear Diseases and Defects.*

All children requiring treatment for ear diseases are referred either to the Leicester City Clinic or the local hospitals.

### *Defective Vision.*

3,283 children were examined by refraction and 2,010 were found to require correction by glasses. The remaining 1,273 did not require glasses or were already wearing glasses which were satisfactory.

The number of glasses supplied to children was 1,367.

The Regional Hospital Board, with the agreement of the County Council intend to employ Dr. Walters full-time as from 1st January, 1953, and the number of children refracted next year will therefore show a considerable increase.

### *Orthoptic Treatment.*

Children requiring this form of treatment are referred to a private clinic in Leicester. Travelling expenses are paid by the Hospital Management Committee if parents apply to the orthoptist.

The number of children attending during the year was 280 and the number of attendances was 2,866.

### *Orthopædic Treatment.*

The clinics at Hinckley and Coalville continue to be administered by this department on behalf of the Regional Hospital Board.

### *Tonsils and Adenoids.*

Sessions are still held each week at the Bosworth Park Hospital and the Hinckley and District Hospital. Children in the Melton Mowbray area are dealt with at the local hospital and in the southern part of the county,

cases are referred to the Hospital of St. Cross, Rugby. Towards the end of the year, a few cases were dealt with at the District Hospital, Ashby-de-la-Zouch.

The Regional Hospital Board is investigating the possibility of admitting children for tonsillectomy to the Markfield Sanatorium and Isolation Hospital and it is quite likely that next year, regular sessions will be in operation.

The waiting list in the county is still very considerable and at the end of the year the total was 584. Of this number, 354 have already been examined by the specialist and the remaining 230 have still to be seen.

Examination sessions are held each week at the St. Martin's Clinic, Leicester, and 382 new patients have been examined. All children are re-examined some time after operative treatment at Bosworth Park to ensure that the operation has been successful and 288 came into this category.

The number of operations performed during the year was 692 at the following hospitals:—

Bosworth Park Hospital ... ..	344
Loughborough General Hospital ... ..	186
Hinckley and District Hospital ... ..	105
Ashby-de-la-Zouch District Hospital ... ..	21
Melton Mowbray Memorial Hospital ... ..	20
Hospital of St. Cross, Rugby ... ..	12
Others ... ..	4

(a) Hinckley Orthopædic Clinic.

The number of sessions held during the year was 98 and the number of attendances was 2,750.

Treatment at this clinic included:—

Radiant heat and electricity ... ..	695
Muscle re-education and exercises ... ..	2,351
Massage and manipulation ... ..	448
Dressings and fitting of appliances ... ..	81
Application of plaster ... ..	33

In addition to the above, 13 patients attended for observation and a further 269 for examination by the orthopædic surgeon.

(b) Coalville Orthopædic Clinic.

This clinic was open for 98 sessions and the number of attendances was 2,692.

Treatment at this clinic included:—

Radiant heat and electricity ... ..	499
Muscle re-education and exercises ... ..	2,293
Massage and manipulation ... ..	491
Dressings and fitting of appliances ... ..	37
Application of plaster ... ..	36

In addition to the above, 9 patients attended for observation and 344 for examination by the orthopædic surgeon.

All in-patients from these two clinics are admitted to the Warwickshire Orthopædic Hospital for Children, Coleshill. Beds are always available for Leicestershire children and the co-operation of the hospital authorities is

very much appreciated, especially during epidemics of poliomyelitis. The number of cases admitted during the year was 28—12 males and 16 females.

(c) Loughborough Cripples' Guild.

This clinic provides treatment for children from the Loughborough area and in-patients are dealt with at the Harlow Wood Orthopædic Hospital.

(d) Hospital of St. Cross, Rugby.

Children from the southern part of the county are referred to the orthopædic department of this hospital.

(e) Leicester City Orthopædic Clinic.

Out-patient treatment is provided at this clinic for children living just outside the city boundary and all in-patients are dealt with at the Leicester General Hospital.

(f) Other Hospitals.

School children also attend the orthopædic departments attached to the Leicester Royal Infirmary and the Leicester General Hospital. No details are available regarding out-patients, but 47 children were admitted to the Royal Infirmary as in-patients and 81 to the General Hospital.

## VII.—DENTAL TREATMENT.

### Report of the School Dental Surgeon.

The dental staff has remained unchanged during the year.

From the statistics, it will be seen that the number of children inspected is 600 more than the previous year. The number of fillings and the number of teeth preserved has also increased, while the number of extractions of permanent and temporary teeth shows a slight decrease.

A most notable fact was the decrease in the number of "specials." Last year, the numbers were so high that many sessions which should have been devoted to routine work had to be given to the treatment of these cases. This year, most of these children have been seen at the Saturday morning clinics and very few routine sessions were lost.

The number of children dealt with this year is encouraging, and is a pointer to the possibility of an improvement in the general situation as regards dental treatment of the children in the future.

I think I am right in stating that the object and wish of the Committee is to ensure that every child in need of treatment should receive it, and that as long as this object is achieved, the means by which it is accomplished are of secondary consideration. If this assumption is correct, then whether a child is treated through the school dental service or by private practitioners under the National Health Service, the Committee's goal has been reached.

In my report for 1950, I made the following statement: "It is hoped that changes will be made in the near future in the administration of the National Health Service which will make dental treatment more easily obtainable for the priority classes."

As the Committee are aware, changes have been made and the introduction of charges for dentures has considerably reduced the demand for treatment.

This has reduced the need for the dental practitioners to replace teeth which have become unsalvageable through neglect and leaves them more time for preventive work, which is the true object of dentistry. It has also made it possible to return to the old method of building up a sound private practice, including each year an extra number of younger children to replace older children who required less treatment or none at all. I am sure that the opportunity to return to these conditions is welcomed by the dental surgeons in this area.

The Committee will be pleased to know that the number of children who, at routine inspections, are found to have been treated privately, is much greater now than at any time during the whole period in which the school dental service has been in existence.

It can now be stated with confidence that no parent in the county who desires dental treatment for their children is unable to obtain it either through the school dental service or under the National Health Service.

This position does not justify complacency, or suggest that the school service should not be enlarged, since we have to consider all those parents who, while not seeking advice of their own accord at regular intervals, are glad to accept treatment when the necessity for it is brought to their notice. It is also necessary, if we are to build up a dentally fit nation, to contrive by all the means in our power to educate the type of parent who persistently refuses advice and treatment and to help them to realise their responsibilities.

There is also the question of some properly organised scheme for the treatment of the pre-school child which will have to be considered as soon as circumstances permit.

The school service and private practitioner service are not in opposition but complementary to each other and thus free choice of dentist is preserved for the public.

I should like to express my thanks to the staff of the Leicester Royal Infirmary, who have dealt with difficult cases who were unsuitable for treatment at our clinics and for the unfailing courtesy and kindness extended to these cases.

In conclusion, I would say that the year has been encouraging and that I am satisfied that the school dental service will eventually occupy a more and more important and honourable position in the health services of the country.

PERCY ASHTON, *School Dental Surgeon.*

### VIII.—NUTRITION.

In my last year's report, attention was called to the increase in the number of children included in category "A", with a corresponding fall in the numbers classified as "B".

This year, there is a further increase in the "A" group, which shows a percentage of 42.45, and a further decrease in the numbers classified in the "B" group—55.87%. The percentage of children recorded as having "C" nutrition has decreased from 2.09% to 1.88%.

When considering these figures, it is necessary to bear in mind several factors, the most important of which is the standard adopted by individual

medical officers. Where one medical officer may classify large numbers of children as having "Good" nutrition, another will not find so many. This is most noticeable when changes of staff take place. With no real yardstick to guide them, medical officers form an opinion from the general examination of the child. It is undoubtedly true, however, that the standard of nutrition continues to improve.

One other factor must have a bearing on these results and that is the provision of milk and meals in school. When it is realised that most children now have the opportunity of extra milk and dinners at school, it is to be expected that their nutrition will improve, with a consequent effect on the final figures.

### IX.—MILK IN SCHOOLS.

All schools are now supplied with liquid milk.

The following figures show the number of children in primary and secondary schools taking milk on a single day in October, 1952.

	Primary	Secondary
No. of children in attendance ...	32,484	15,187
No. of children taking milk ...	28,857	8,666
Percentage of children taking milk	88.83%	57.06%

Both these percentages are higher than last year.

Milk is supplied free of charge to all pupils and in nursery schools, children are allowed two-thirds of a pint. In other schools, the allowance is one-third of a pint each day for each child.

The following are the details of the schools receiving various types of milk:—

Tuberculin tested ... ..	29
Pasteurised ... ..	255
Accredited ... ..	3
Undesignated ... ..	11

The undesignated supplies are to small rural schools where a pasteurised supply is at present unobtainable. Frequent samples are taken to check on the safety of these supplies.

### X.—PROVISION OF SCHOOL MEALS.

During the twelve months ending March, 1952, the number of dinners served in this county was 4,630,084.

The following table shows the present position in regard to the number of children taking dinners on a single representative day in October, 1952.

	Primary	Secondary	Total
Total number of children on the roll in all primary and secondary schools on the day selected ...	34,799	16,396	51,195
Total number of children on the roll in primary and secondary schools with facilities for meals	32,556	16,396	48,952
Total number of children present in primary and secondary schools where meals are available ... ..	30,421	15,187	45,608
Total number of children taking meals on the day selected ...	13,798	10,163	23,961
Percentage taking meals ... ..	45.35%	66.91%	52.53%

## XI.—REPORT OF ORGANISERS OF PHYSICAL EDUCATION.

### *General.*

#### (a) Secondary Schools.

The secondary schools, in the main, are broadening the scope of the gymnastic lesson by a less formal approach and providing increased opportunities for individual exploration and practice.

The games side is progressing steadily. Now that the games period is firmly established in the curriculum, the aim should be to see that every boy and girl experiences the full rigour of team play.

#### *Cloakrooms and Storage of P.E. Clothing.*

In almost all secondary grammar and modern schools the cloakrooms are the only available place for storage of plimsolls, games footwear, and other clothing. Much can be done by better staff supervision, but in a number of schools some simple provision of shoe racks as well as the cloak-room pegs would help to improve the standard of changing and the care of personal effects, which must be considered part of this subject.

#### (b) Primary and Infant Schools.

This year has brought the publication, by the Ministry of Education, of Part 1 of the new syllabus "Moving and Growing," a review of the physique of the primary school child. In it, attention is focused on the individual development and natural ability of the child. Although no suggestions for exercises are given, the schools as a whole are already taking steps to allow for individual choice as well as the social values in the physical education lessons.

This is being effected by the installation of large apparatus, fixed and portable, which together with a more individual approach has resulted in a wider field of activities and achievement. The unrestricted freedom and choice of apparatus has increased still more the primary child's keen appetite for movement and proved that the primary children are capable of far more agility and expression than their opportunities have permitted in the past.

A number of larger infant schools are now sufficiently equipped with various types of climbing apparatus to ensure a balanced programme of exercise, without unnecessary direction from the teacher.

### *Dance.*

Dance has been taught in various forms, with increasing interest in "Movement as an Art" embracing music, drama and art. Social and other forms of dance have kept their place and provided a source of rhythm for many more mixed classes, including experimental "doses" in secondary schools. These have proved their success in the rhythm and co-ordination acquired by the boys.

### *Swimming.*

Arrangements for swimming instruction were similar to those of last season. The following baths were visited by the county children: Market Harborough, Hinckley, Coalville, Loughborough, Oadby, Burton-on-Trent

and three Leicester baths at Aylestone, Spence Street and Cossington Street. Winter swimming at the Hinckley baths has been well supported by the local schools.

Swimming galas were held at Coalville, Hinckley, Loughborough, Market Harborough and Leicester, under the auspices of the local Swimming Associations. The standard of swimming attained by the schools attending the county baths has been maintained.

#### *Teachers' Classes.*

Teachers' classes have been held at the following centres:

Spring Term	Dance	Leicester	8 sessions.
Summer Term	Dance	Loughborough	10 sessions.
Summer Term	Dance	Coalville	10 sessions.
Autumn Term	Hockey Umpires	Leicester	2 sessions.
Autumn Term	Primary P.E.	Market Harboro'	8 sessions.
Autumn Term	Cricket coaching	Leicester	6 sessions.

#### *Women's Institutes.*

A number of Women's Institutes have been visited and advised on home health exercises and country dancing.

#### *Schools' Voluntary Associations.*

The schools' voluntary associations have continued their activities. Inter-school matches in football, cricket, netball, rounders and hockey have increased in numbers. There is a growing interest in athletics. This is evident by the number of training courses arranged and by the higher standard of achievement shown in both field and track events.

The Leicestershire Schools' Athletic Associations continue to do good work. This year has seen the inclusion of the Leicester schools. Sixty Leicestershire boys and girls competed at the National Sports held in July at Bradford. The aggregate position of Leicestershire was 11th out of 35 counties.

H. D. BLANCHARD,

D. MILLER,

*Organisers of Physical Education.*

## **XII.—HANDICAPPED CHILDREN.**

The numbers of handicapped children at present on the register are as follows:—

	Total number on register	Number in Special Schools
Educationally sub-normal ...	144	61
Maladjusted ... ..	10	5
Epileptic ... ..	6	6
Blind ... ..	6	6
Partially blind ... ..	17	16
Deaf ... ..	30	24
Partially deaf ... ..	17	13
Physically handicapped ...	121	8

(4 children are receiving home tuition).



30 cases were reported to the Mental Health Department during the year, 27 under Section 57(3) and 3 under Section 57(5) of the Education Act, 1944.

The special school at Craven Lodge was opened in April, 1952, and the first group of children was admitted on April 29th.

Arrangements have been made for an assistant school medical officer to visit the school once each month to examine the children and deal with any problems that arise. All the children are on the panel of one of the local doctors and any treatment required is obtained under the National Health Service.

It is as yet too early to make any definite pronouncement on the progress of the children, but there is no doubt that they have already benefited.

In December, an outbreak of streptococcal sore throat occurred and this affected the staff as well as the children. It was impossible to control the epidemic with the children in residence, as several of the staff were sufferers and there were several carriers. Eventually, all the children and staff were sent home just before the holiday. Swabs were taken of both nose and throat in each case and these were submitted to the Public Health Laboratory for investigation. No child or member of the staff was allowed to return to the school until negative swabs were obtained. This was arranged in conjunction with the children's own doctors and the school nurses.

It will be seen that several children who have been classified as mal-adjusted have not yet been admitted to a suitable hostel. This problem of obtaining vacancies will remain until the Education Committee's hostel at "Braeside" is established.

Special education has been provided for all epileptic and blind children and only one partially blind child is awaiting a vacancy in a special school.

Six deaf children and four partially deaf cases are awaiting vacancies.

Towards the end of the year, a special clinic for the ascertainment and training of deaf children was established in conjunction with the City of Leicester. This area is particularly fortunate in having this clinic because Professor and Mrs. Ewing, of Manchester, are in charge of it and so the children are assured of the best possible advice. This clinic will have far reaching effects on our efforts to improve the lot of the deaf and partially deaf child. Children are seen from as early an age as possible, often only six months old, and having being diagnosed as deaf, are brought up in an atmosphere in which they learn to lip read unconsciously. This is achieved by training the mother and guiding the whole household to deal with the child in such a way that the child is treated as a normal member of the family.

Premises and administration are provided by the City authority and we are grateful to them for their initiative in making the clinic a success. The ear, nose and throat specialists and the paediatricians in the area co-operate whole-heartedly with the clinic.

### XIII.—SPEECH THERAPY.

The normal work in the speech therapy clinics has continued steadily throughout the year. The opening of further centres has extended the facilities for treatment to a large number of children who would otherwise have been unable to obtain help and advice owing to lack of travelling facilities. It is unfortunate, however, that many children in outlying villages are still unable to receive regular treatment.

The good contact between parents, teachers, and the speech therapists has been maintained and improved, and we are glad to note that as our work becomes more generally known, those in authority are taking greater advantage of our services.

It has on the whole been a satisfactory year.

The following are the details of the children and attendances at the speech therapy clinics in the county:—

Clinic	No. of Sessions	No. of Children	No. of Attendances
Leicester ... ..	413	113	1,134
Loughborough ... ..	181	71	777
Coalville ... ..	92	35	348
Hinckley ... ..	91	45	540
Melton Mowbray ... ..	89	24	302
Market Harborough ... ..	88	19	315
South Wigston ... ..	133	29	508
	<hr/> 1,087	<hr/> 336	<hr/> 3,924

115 children were discharged.

A. W. BROWNE,  
K. McAULEY LANG,  
T. D. F. RANDALL,  
*Speech Therapists.*

### XIV.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Children are examined and certificates issued as to their suitability for employment and 111 such examinations were carried out as follows:—

Delivery of newspapers ... ..	99
Errands ... ..	12

### XV.—MASS X-RAY EXAMINATIONS.

Arrangements have been extended for the X-ray of children at the Mass Radiography Unit and this year, children of twelve years of age and over were given the opportunity to attend.

The result was a success and very few parents failed to take advantage of the facilities. Transport was provided to the various centres and although it has not been possible to X-ray all the children over the age of twelve years, no fewer than 4,532 were dealt with. Teachers may also attend and although the actual figures are not available, the response was satisfactory.

The following are the statistics relating to the year's work:—

	Boys	Girls
No. of children attending ... ..	2,202	2,330
No. of large films ... ..	115	114
Clinical examinations ... ..	12	18
Tuberculosis—active ... ..	—	1
Tuberculosis—inactive ... ..	9	7
Bronchiectasis ... ..	—	1
Cardiac ... ..	—	4
Under observation ... ..	6	5

This extra form of examination of school children is most valuable, and it is hoped to extend the facilities next year to areas of the county which have not yet been included.

The co-operation between the staffs of the Mass Radiography Unit and the School Medical Department is excellent and although the arrangements in a county area are somewhat complex, no real difficulties have been encountered.

#### XVI.—TUBERCULIN SURVEY.

At the beginning of 1952, it was discovered that five children in one localised area were suffering from tuberculous glands of the neck. The notifications coincided with the finding, as a result of routine examinations carried out by the county sanitary officer and the divisional veterinary officer, of a tuberculous cow at the farm supplying milk to all the homes affected.

There were thus five clinical cases of tuberculosis arising in children, all of whom had been obtaining milk from the same source and whose findings can be directly attributed to a tuberculous cow.

The following paragraphs show the results of the survey and the steps taken to initiate the investigation:—

Sixty-three children from five villages were shown to have been supplied with infected milk. These were grouped together and are referred to as Group "A" (Infected). The remaining children from these villages are referred to as Group "A" (No known infection).

Children from a further five villages in the area were tested for comparative purposes and designated Group "B", whilst children coming from two villages in which the milk supply was known to be safe, i.e., pasteurised or T.T., were included for additional comparison and constitute Group "C".

Parents of all children attending the schools in this area were circularised, together with the parents of all pre-school children living in the twelve villages to be studied. The response was excellent, there being only ten refusals out of 631 children, and none of these refusals was from the villages at risk.

The results as they affected school children showed that 62.5% of the age group 5-7, 100% of the group 8-11, and 100% of the group 12-15, having milk at home which was known to be infected were positive reactors.

The remaining children in the same villages who were having milk where there was no known source of infection gave the following results: 12.5%, 45.0% and 60% for the same age groups.

Children from five other villages with no known source of infection produced 36.8%, 25% and 62.5% of reactors, while children from the safe milk area gave the following figures: 22.2%, 5%, 50%.

The percentage figures are not absolutely accurate because the numbers involved were fairly small—10 to 20 in each age group of each type of supply. They do show, however, the dangers of drinking infected milk as opposed to a safe milk supply.

To complete the investigation, children from this area were X-rayed by the Mass Radiography Unit, which was then based at Market Harborough.

#### XVII.—CHILD GUIDANCE SERVICE.

The following is the report of the Children's Psychiatrist on the work of the Child Guidance Service during the year:—

"I have much pleasure in reporting on my duties during the first full year of my services as consultant child psychiatrist to the County of Leicester School Medical Service.

The number of new cases seen during the year was 107 and 37 cases previously referred continued treatment at the child guidance clinic. These cases made a total of 494 attendances. 10 cases were sent for E.E.G. examinations and 1 patient for a second investigation. 2 cases were also referred to St. Ebba's Hospital for investigation.

50 cases were discharged as follows:—	
Improved ... ..	25
No change ... ..	1
Left district ... ..	3
Admitted to approved schools ... ..	3
Notified to Mental Health Department ... ..	1
Deceased ... ..	1
No further psychiatric attention required ... ..	16

The year under review was largely devoted to the expansion and consolidation of the service and the response by the medical and the teaching professions to our efforts to help and understand unhappy children in their difficulties has been most gratifying. The Juvenile Courts have continued to consult us on problem children and at a time when much attention is focussed on the prevention of juvenile delinquency, the child guidance clinic has an added responsibility. It has to sort out the children who are in trouble because they are ill and disturbed in their mind from those who react to an unfortunate home background, or are just in need of stricter and more secure discipline. While we find that the great majority of delinquent children are unhappy in themselves and need our help rather than punishment, we are not blind to the fact that there are cases requiring mainly disciplinary measures or segregation from the community in their own interests.

The number of sessions at the branch clinics in the county was much increased compared with last year. A new clinic was started at Coalville. The services tried to give all parents, however remote their home, a chance for the full assessment and treatment of their children.

We were fortunate in the appointment of Miss Joan F. Hatfield as social worker and her appointment has completed a full child guidance team. A regular case conference is now being held, at which the psychiatrist,

educational psychologist, and social worker pool their views to decide on a suitable course of action in dealing with the referred cases.

The psychiatrist has now become a regular visitor to the newly opened school for educationally sub-normal children at Melton Mowbray, to ensure that not only the educational aspect but also the emotional difficulties of these children are dealt with. The planned hostel for emotionally disturbed children, for which a greater need than ever exists, has unfortunately not materialised because of economy restrictions.

Once again, I wish to thank all those who have supported me in my work and have made it much easier by their co-operation."

A. K. GRAF, *Children's Psychiatrist.*

### XVIII.—LOUGHBOROUGH DIVISIONAL EXECUTIVE.

#### Annual Report of the Divisional School Medical Officer.

1952.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my eighth annual report as divisional school medical officer.

Owing to the change in the boundaries of the divisional executive, this is the last report which will deal with the areas of the county outside the Borough of Loughborough which now becomes a divisional executive on its own.

The medical services have continued steadily throughout the year and the volume of work has been well maintained.

I have commented at some length in the report on certain aspects of the work and would only make a few general observations here.

The primary object of the school medical service is to ensure that the children are brought to as high a standard of physical and mental fitness as possible, not only for their health's sake, but also to enable them to profit to the fullest extent from their education.

The approach of the school medical officer to the child is rather different from that of the general practitioner or specialist who is usually confronted with a "patient" suffering from some more or less specific illness or defect requiring treatment.

It is the province of the school medical officer to consider the child as a whole and to detect deviations from the normal, if possible before they have attained the dignity of an "illness." He is particularly concerned with those children who are suffering from any disability, physical, mental or environmental, of a prolonged or permanent nature which interferes with the normal development of their potentialities, and it is his duty to invoke and co-ordinate the activities of the various agencies both medical and ancillary which are necessary in the particular case.

Much of this work gets little reflection in the bold statement of figures under the various statistical headings.

I have to record with regret that Dr. H. T. Phillips leaves in the near future to take up another appointment. To him and all the other members of the school medical department, I wish to express my appreciation. My thanks are also due to the divisional education officer and the head teachers of the schools in the area for their willing co-operation.

In conclusion may I thank the Committee for their support during the year.

I am, your obedient servant,

R. CAUTLEY HOLDERNESS.

### *Medical Inspection.*

The number of children examined at the periodic medical inspections in the primary and secondary schools totalled 3,757. In addition 311 children were re-examined in connection with defects found at previous inspections. Among 742 children thus examined or re-examined 258 cases of defective vision and 581 other conditions requiring treatment were discovered. A number more were recorded as requiring to be kept under observation.

### *Uncleanliness.*

The number of children found to be verminous at the cleanliness inspections by the school nurses was 144. This represents 1.9% of the children examined and is the lowest figure by approximately one half of that recorded in previous years. The fall is very encouraging and it is to be hoped that this figure will remain low in future reports.

The complete eradication of verminous conditions may never be attainable but at least the problem has been reduced to small proportions. No slackening of vigilance in this matter, however, can be allowed. New sources of infestation arise. In the past year several undesirable families have come into the area and measures to secure the cleanliness of the children have been needed.

The need for the "special" clinic mentioned in previous reports has now largely disappeared and it has been discontinued, but it will be restored if circumstances appear to warrant it.

A total of 18,546 inspections were made during the year.

### *Diseases of the Ear, Nose and Throat.*

122 children were referred for operative treatment for tonsils and adenoids during the year, 123 cases were treated during the year. 4 cases received operative treatment for ear conditions.

### *Defective Vision and Squint.*

330 children were examined at the school clinic for defective vision during the year and spectacles were prescribed in 267 cases. In 49 cases glasses were not prescribed and in 13 the present glasses were satisfactory. There does not now appear to be any unreasonable delay in obtaining spectacles owing to supply difficulties. Arrangements are in force to notify head teachers of schools of all children for whom spectacles are prescribed.

### *General Condition.*

Under this heading, children examined at the periodic medical inspections are classified as falling into one of three groups, Good, Fair or Poor. The middle category "Fair" may be taken to represent the bulk of normal children. "Good" represents those children whose condition stands out as better than "Fair" while the "Poor" category denotes those whose condition is below what is a reasonable standard of fitness. The classification to one category or the other is made by the medical examiner after an appraisal based on all those features indicative of a child's state of wellbeing or otherwise.

The figures were:—

	1951	1952
Good ... ..	39.8%	36.1%
Fair ... ..	57.5%	61.8%
Poor ... ..	2.7%	2.1%

The general trend during the past few years has been for a reduction of the numbers in the "Poor" category.

#### *Minor Ailments.*

During the year 847 children made 3,117 attendances at the Minor Ailments Clinic. These included 9 cases of scabies.

#### *School Clinic.*

In addition to its use as a venue for treating minor ailments to which reference was made in the report for 1949, the school clinic has an important function as an advisory and diagnostic centre for parents on all matters connected with the health of their children. Cases found at periodic school inspections may be invited to attend for a more detailed examination than can be given in the limited time available at a school medical inspection; a parent who is not present at the school may be interviewed to obtain a more detailed medical history of the child, and to be given personal advice regarding further treatment or outside specialist investigation, if such should prove to be necessary.

#### *Dental Inspection and Treatment.*

The number of children inspected during the year was 7,805 and of these 4,391 were found to require, and were referred for treatment. 4,452 children were treated (this figure includes a number from the end of the previous year). They made 4,914 attendances. The percentage of consents was 72.9, and of those attending a private dentist 20.0, leaving 7.1 who either refused treatment or failed to reply. A number of children have been provided with dental plates to correct deformities of the teeth. In connection with this 83 impressions were taken and 64 regulation plates supplied. 11 children were provided with partial dentures to replace permanent incisor teeth lost, usually through an accident.

#### *Supply of Milk and Dinners.*

A count of the number of children taking milk and dinners on one day in October gave the following figures. Those for 1951 are given for comparison.

	1951	1952
No. of children on the registers ...	8,834	9,231
No. of children taking milk ...	6,421	6,897
No. of children taking dinners ...	2,955	3,101

148 of the children taking dinners have it free. Samples of the milk supplied to the schools were regularly examined and found to be satisfactory.

#### *Handicapped Pupils.*

These are children who on account of their particular disability require special facilities, either educational or otherwise, which in most cases cannot be provided in the ordinary school.

During 1952 recommendations were made in respect of certain children as follows:—

School for partially sighted	... ..	1 child
School for partially deaf	... ..	3 children
School for epileptics	... ..	1 child
School for spastics	... ..	1 child
Schools for delicate children	... ..	2 children
Residential school for Educationally Subnormal	... ..	5 children
Treatment as Educationally subnormal in special class at ordinary school	... ..	2 children

Five children examined on account of backwardness were found to be incapable of education within the school system and were reported to the Mental Welfare Committee.

#### *The Educationally Subnormal Child.*

While a certain number of cases of educational retardation are due to other causes, the majority are due to limited ability. This is a difference in degree rather than in kind. There is considerable variation in the ability of even so called "normal" children which is recognised and catered for in some schools by a division of classes into A and B, and even C and D streams. The child who is classed as educationally subnormal falls below this range.

The educationally subnormal child will never acquire knowledge as advanced or as extensive as that of which his more favoured fellows are capable, and what he can learn he learns more slowly.

The speed of school classwork must be adjusted to the needs of the majority. The child of limited ability in a class of average children thus finds himself unable to grasp a basic principle or other essential piece of information before it has, so to say, gone past him. He thus falls further and further behind and ends up by not having acquired even that limited degree of learning of which he is capable. In many cases the child is deeply conscious of his lack of ability, develops a sense of frustration and inferiority, and gives up the effort to learn as hopeless. If it is true that "nothing succeeds like success" it is equally true that nothing is more discouraging than constant failure. These children of limited ability in an ordinary class are just wasting their time, and, by reason of their lack of interest, are as likely as not a disturbing influence, whereas they would, in a class where the work was geared to their ability make considerable progress and would not develop the sense of frustration and resentment which so often is the background to instability of temperament and delinquency at a later age.

School days are a training for life as well as in the "three R's." There are many jobs in the world which require steadiness and reliability rather than much "book learning," and it is just in this sphere that the educationally subnormal could find useful and satisfactory employment, if their limited potentialities had been developed.

The provision of suitable education for these children, therefore, is economically a sound investment which will pay handsome dividends in



the future by reducing the number of those who at present contribute nothing to their keep and indeed, in some cases, cost the country so much in penal and reformatory measures.

Reference has been made in previous reports to the need for more educational provisions for these children. In this county considerable progress has been made. A residential school for junior children is already in being and a further school for seniors is in course of preparation.

The residential school, however, is not the complete answer to the problem. The child whose home conditions are such as to contribute to his low standard of achievement will benefit by removal from his poor environment, but the majority of educationally subnormal can and should be left at home and given education suitable to their needs in a special class, preferably attached to the ordinary school. Most of the larger schools have a sufficient number of these children to justify the provision of a special class and to these, the children from smaller schools could also be sent.

One has only to compare the educational achievements and the more optimistic and integrated personality of the child who has had the benefit of suitable special education with those of the child who has been left to make his way as best he can in the ordinary school, to realise what can be done.

#### *The Ineducable Child.*

There are a comparatively small number of children whose capacity is so low that they are unable to profit by any form of instruction within the school system. These children are reported to the Mental Welfare Committee of the authority whose duty it is to make provision for their supervision and training.

#### *School Absenteeism.*

This is not a matter which in general is the concern of the school medical service, but there is one aspect to which reference may be made. In some instances children are kept away from school for long periods or are persistently irregular attenders, allegedly on grounds of ill health, and medical certificates in support of this are produced with more or less regularity. While it is not suggested that there is no medical basis for the issue of these certificates, it is often hard to convince oneself that the condition of the children's health is such that their continual absence from school is justified, particularly when they are known to be capable of the normal out of school activities of other children. There is not the least justification for the child who has an occasional bilious attack, or a mild attack of asthma, or a "cough" being kept away from school for weeks at a time with consequential serious effects upon his education. Many of these children do not like school, small wonder when they have, from previous absence, got so out of step with the work that they find it difficult.

For the child whose state of health genuinely requires it special educational facilities can be, and are provided, but the cases referred to do not fall into this category.

*Speech Therapy.*

No. of Sessions ... ..	183
No. of children attending ... ..	72
No. of attendances ... ..	778
No. of children discharged ... ..	28
No. on waiting list ... ..	—

Miss Browne, the Speech Therapist, reports as follows:—

“The work of the Speech Clinic has continued satisfactorily.

“In many cases, as speech has become more normal, the patient’s social behaviour and self confidence has greatly improved and better progress is made in school work.

“Defective speech often gives the child a deep feeling of being different from those around him, and his whole development may be retarded as a result. Once he realises that his speech is improving, he can take his part more easily in school and at play.”

R. CAUTLEY HOLDERNESS,

Divisional School Medical Officer.

### XVIII—STATISTICS FOR THE WHOLE COUNTY.

Year ended 31st December, 1952.

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 .. .. .	5,664
Second Age Group .. .. .	2,403
Third Age Group .. .. .	1,320
	Total
Number of other Periodic Inspections .. .. .	4,406
	Grand Total
	13,793

##### B.—Other Inspections.

Number of Special Inspections .. .. .	1,698
Number of Re-inspections .. .. .	959
	Total
	2,657

##### C.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants .. .. .	95	723	768
Second Age Group ..	155	150	294
Third Age Group ..	91	97	176
Total (prescribed groups)	341	970	1,238
Other Periodic Inspections	297	408	663
Grand Total .. .. .	638	1,378	1,901

TABLE II.

**A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1952.**

De- fect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4.	Skin .. .. .	42	18	70	2
5.	Eyes—				
	a. Vision ..	638	165	144	10
	b. Squint ..	100	20	14	1
	c. Other ..	44	20	49	2
6.	Ears—				
	a. Hearing ..	61	63	30	9
	b. Otitis Media	24	17	18	1
	c. Other ..	17	9	20	—
7.	Nose or Throat ..	559	809	176	37
8.	Speech .. .. .	69	23	20	1
9.	Cervical Glands ..	18	142	8	4
10.	Heart and Circulation	14	58	1	1
11.	Lungs .. .. .	67	179	14	1
12.	Developmental—				
	a. Hernia ..	37	19	—	—
	b. Other ..	33	87	1	—
13.	Orthopaedic—				
	a. Posture ..	20	15	5	1
	b. Flat foot ..	134	32	6	—
	c. Other ..	64	50	44	9
14.	Nervous system—				
	a. Epilepsy ..	7	5	1	—
	b. Other ..	6	18	15	3
15.	Psychological—				
	a. Development	4	11	39	14
	b. Stability ..	2	6	1	1
16.	Other .. .. .	143	28	131	6

**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.	Percentage	No.	Percentage	No.	Percentage
		1	2	3	4	5	6
Entrants .. .. .	5,664	2,243	39.60	3,284	57.98	137	2.42
Second Age Group .. .. .	2,403	1,101	45.82	1,270	52.85	32	1.33
Third Age Group .. .. .	1,320	658	49.85	643	48.71	19	1.44
Other Periodic Inspections	4,406	1,826	41.44	2,509	56.95	71	1.61
<b>Total</b>	<b>13,793</b>	<b>5,828</b>	<b>42.25</b>	<b>7,706</b>	<b>55.87</b>	<b>259</b>	<b>1.88</b>

**TABLE III.**  
**Infestation with Vermin.**

(i) Total number of examinations in the schools by the school nurses or other authorised persons .. .. .	124,159
(ii) Total number of <i>individual</i> pupils found to be infested .. .. .	3,006
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) .. .. .	24
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) .. .. .	12

**TABLE IV.**

**Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).**

**Group 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III).**

	Number of cases treated or under treatment during the year
<b>Ringworm—</b>	
(i) Scalp .. .. .	—
(ii) Body .. .. .	10
Scabies .. .. .	8
Impetigo .. .. .	87
Other skin diseases .. .. .	307
<b>Total</b>	<b>412</b>

**Group 2.—Eye Diseases, Defective Vision and Squint.**

	Number of cases dealt with
External and other, excluding errors of refraction and squint .. .. .	162
Errors of refraction (including squint) .. .. .	3,121
<b>Total</b>	<b>3,283</b>

Number of pupils for whom spectacles were						
(a)	Prescribed	..	..	..	..	2,010
(b)	Obtained	..	..	..	..	1,367

### Group 3.—Diseases and Defects of Ear, Nose and Throat.

						Number of cases treated.
Received operative treatment						
(a)	for diseases of the ear	..	..	..	..	4
(b)	for adenoids and chronic tonsillitis	..	..	..	..	618
(c)	for other nose and throat conditions	..	..	..	..	15
Received other forms of treatment.. ..						55
						<hr/>
Total						692
						<hr/>

### Group 4.—Orthopædic and Postural Defects.

						Number of cases treated.
(a)	Number treated as in-patients in hospitals	..	..	..	..	87
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	..	..	..	..	430
						<hr/>
Total						517
						<hr/>

### Group 5.—Child Guidance Treatment.

						Number of cases treated.
Number of pupils treated at Child Guidance Clinics ..						144

### Group 6.—Speech Therapy.

						Number of cases treated.
No. of pupils treated by Speech Therapists .. ..						336

### Group 7.—Other Treatment given.

						Number of cases treated.
(a)	Miscellaneous minor ailments	..	..	..	..	670
(b)	Other than (a) above (specify)					
	Minor Eyes	..	..	..	..	18
	Minor Ears	..	..	..	..	10
						<hr/>
Total						698
						<hr/>

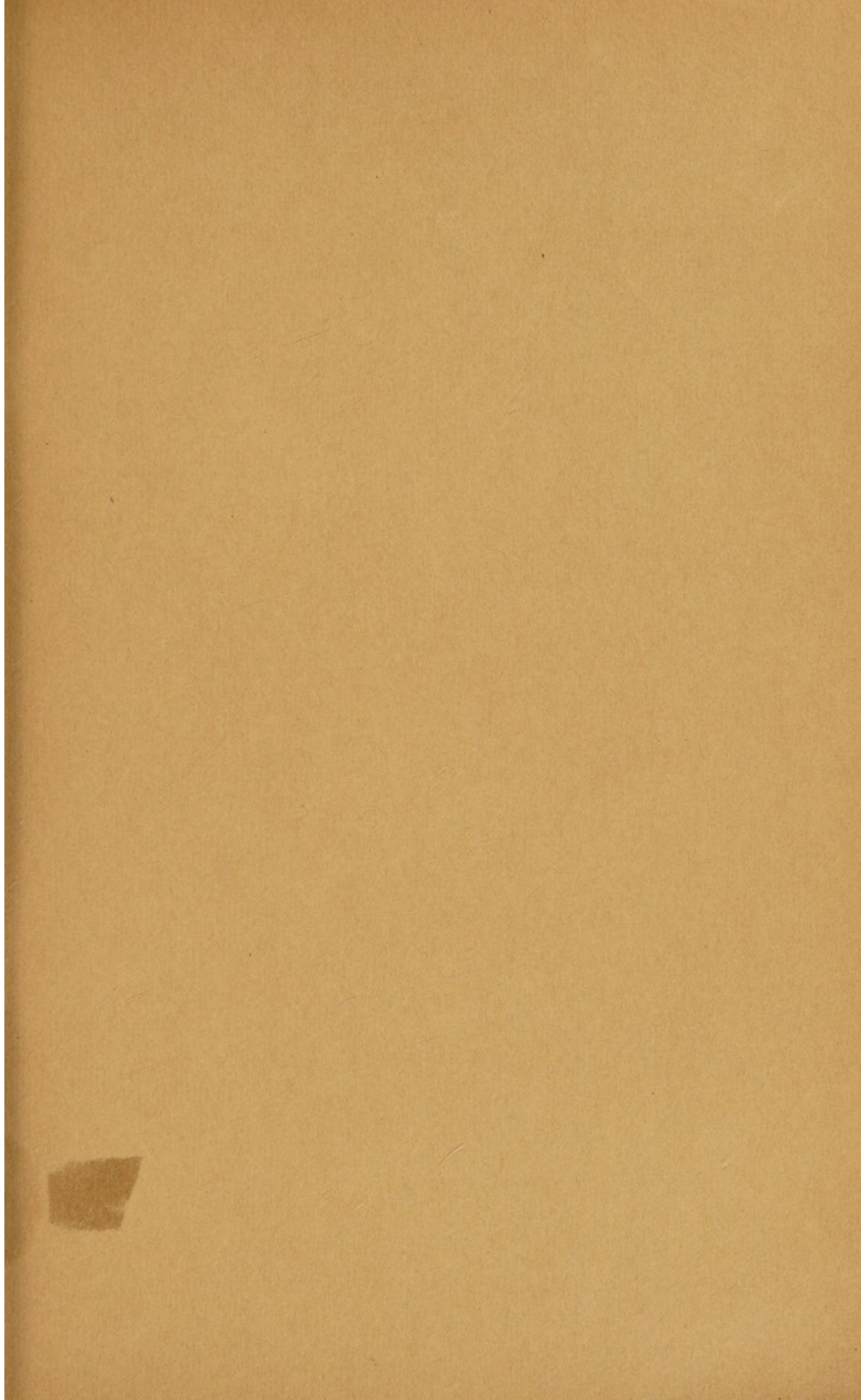
TABLE V.

## Dental Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:—							
(a) Periodic age groups	..	..	..	..	..	..	25,436
(b) Specials	..	..	..	..	..	..	1,310
						<b>Total</b>	<b>26,746</b>
(2) No. found to require treatment	..	..	..	..	..	..	12,493
(3) No. referred for treatment	..	..	..	..	..	..	12,493
(4) No. actually treated	..	..	..	..	..	..	10,658
(5) Attendances made by pupils for treatment	..	..	..	..	..	..	13,446
(6) Half-days devoted to:—							
Inspection	..	..	..	..	..	..	324
Treatment	..	..	..	..	..	..	2,018
						<b>Total</b>	<b>2,342</b>
(7) Fillings:—							
Permanent teeth	..	..	..	..	..	..	9,142
Temporary teeth	..	..	..	..	..	..	158
						<b>Total</b>	<b>9,300</b>
(8) No. of teeth filled:—							
Permanent teeth	..	..	..	..	..	..	7,958
Temporary teeth	..	..	..	..	..	..	158
						<b>Total</b>	<b>8,116</b>
(9) Extractions:—							
Permanent teeth	..	..	..	..	..	..	728
Temporary teeth	..	..	..	..	..	..	9,849
						<b>Total</b>	<b>10,577</b>
(10) Administration of general anaesthetics for extraction	..						249
(11) Other operations:—							
Permanent teeth	..	..	..	..	..	..	665
Temporary teeth	..	..	..	..	..	..	1,874
						<b>Total</b>	<b>2,539</b>

TABLE V  
Dental Treatment Carried Out by the Authority

Number of pupils inspected by the Authority's Dental Officers		Total	
(a) Periodic age groups	25,426		
(b) Specialists	1,310		
<b>Total</b>	<b>26,736</b>		
Half-days devoted to:—			
(1) Attendance made by pupils for treatment	13,446		
(2) No. actually treated	10,628		
(3) No. referred for treatment	12,497		
(4) No. found to require treatment	12,497		
<b>Total</b>	<b>20,188</b>		
Treatment carried out by dental officers:—			
(5) Fillings:—			
Permanent teeth	9,142		
Temporary teeth	128		
<b>Total</b>	<b>9,270</b>		
(6) No. of teeth filled:—			
Permanent teeth	7,928		
Temporary teeth	128		
<b>Total</b>	<b>8,056</b>		
(7) Extractions:—			
Permanent teeth	728		
Temporary teeth	8,819		
<b>Total</b>	<b>9,547</b>		
(8) Administration of general anaesthetics for extraction	349		
(9) Other operations:—			
Permanent teeth	662		
Temporary teeth	1,874		
<b>Total</b>	<b>2,536</b>		
<b>Total</b>		<b>676</b>	
		<b>61</b>	
		<b>61</b>	
<b>Total</b>		<b>122</b>	





21 OCT 1953