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NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

THIRTY-NINTH

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1946



SCHOOL MEDICAL DEPARTMENT,
 GUILDHALL ROAD,
 NORTHAMPTON,
 OCTOBER, 1947.

TO THE MEMBERS OF THE
 NORTHAMPTONSHIRE EDUCATION COMMITTEE

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the thirty-ninth Annual Report of the School Medical Officer "on the health and well-being of pupils in his care and of the work of himself and his staff in relation thereto." (*Handicapped Pupils and School Health Service Regulations*).

The general health of the pupils, judging by the reports of the Assistant School Medical Officers, remained as satisfactory as in previous years. I am, however, convinced that there are still signs of malnutrition because far too many children have round shoulders or flat feet although in some instances these conditions are due more to lack of adequate sleep and other faults of hygiene than deficiencies in diet.

The Ministry of Education have also asked that the Report should include particular reference to developments and extensions arising out of the Education Act, 1944. Accordingly I have included a copy of the report which I submitted to the Reconstruction Committee of the Education Committee in November, 1946.

I desire to express my thanks to my colleagues in the Department for the work they have done and to the Head Teachers for their assistance and enthusiasm in co-operating in our efforts to improve and maintain the health of the school children in the County.

I have the honour to be

Your obedient Servant,

CHARLES MILLIKEN SMITH,
 School Medical Officer.



DEVELOPMENT PLAN

ARRANGEMENTS FOR PUPILS REQUIRING SPECIAL EDUCATIONAL TREATMENT.

Report submitted to Reconstruction Sub-Committee, November, 1946

1.—Special educational treatment is described in Section 8 (2) (c) of the Education Act, 1944, as education by special methods appropriate for pupils suffering from any disability of mind or body. Local Authorities are enjoined by the Act to make such provision as is necessary for these children. Special educational treatment may be given either in special schools, which may be boarding schools or day schools, or in ordinary schools. Where the pupil's disability is not serious, or where it is impracticable to attend a special school, special arrangements have to be made for the appropriate treatment to be given in ordinary schools.

2.—The various categories of pupils requiring special educational treatment are defined in the Handicapped Pupils and School Health Service Regulations, 1945. The Ministry of Education has recently issued a pamphlet (Pamphlet No. 5) on special educational treatment, which gives advice regarding the various categories of handicapped pupils, and contains estimates of the number of children in each group. The total number of school children in the county is about 28,000. In the following paragraphs the definitions are quoted, the estimated incidence of each type is stated and recommendations are submitted as to how special educational treatment is to be provided.

3.—**Blind Children.** Blind children are defined as follows :
“ pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.”

The estimated incidence is given by the Ministry of Education as 0·2 to 0·3 per 1000 registered pupils. All blind pupils must be educated in special schools, and the Authority must continue to send them to existing schools such as the Royal Institution for the Blind, Birmingham. At present the Authority has six blind pupils in boarding special schools.

4.—Partially sighted pupils. This group is defined as follows :—

“ pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

The Ministry's estimated incidence is 1 per 1000 registered pupils. The more seriously affected partially sighted pupils should be sent to special boarding schools. The others should occupy a position in a class where the light is good and where they can see the black board clearly. Depending on the degree and type of visual defect, some modification in the curriculum or teaching method may, as has been done in the past, be advised by the School Medical Officer.

5.—Deaf pupils. This group is defined as follows :—

“ pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

The Ministry's estimated incidence is 0·7 to 1·0 per 1000 registered pupils. All deaf children must be educated in special schools, and the Authority should continue to send deaf pupils to such schools as the Royal School for the Deaf, Birmingham or the Royal Institution for the Deaf, Derby. At present the Authority has ten deaf children in boarding special schools.

6.—Partially deaf pupils. This group is defined as follows :—

“ pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.”

The Ministry's estimated incidence is 1·0 upwards per 1000 registered pupils. There are clear cases of severe partial deafness who will have to be sent to special boarding schools as soon as they have been discovered, but the number of such cases will be comparatively small, not more than about ten a year. The remaining partially deaf children should continue at their own schools, be given a favourable position in the class-room, be supplied with hearing aids, and receive instruction in lip reading.

The Authority's Speech Therapist will be able to undertake teaching in lip reading. There would seldom be sufficient children to form a lip reading class, and almost invariably attention would need to be given to children individually.

7.—Delicate pupils. This group is defined as follows :—

“ pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school”.

The Ministry's estimated incidence is 1 to 2 per cent. registered pupils. The special facilities provided for delicate children are represented by the open-air school, in which education modified to suit the child's physique takes place in an environment specially designed to be healthy. The Ministry advises that in every urban area there should be one of these schools to which delicate children may be sent by day on medical advice for a period of six months to two years, or occasionally longer. The Ministry also advise that there is need for boarding schools for delicate children.

8.—The Authority has two special schools at which delicate children are received ; the Kingsley Special School, Kettering, with places for 65 delicate children and 45 educationally sub-normal children, and the Beacons Gleam Summer School, Walcot Gap, Norfolk, with places for 15 delicate children.

9.—Recommendations. There is no doubt about the value of the provision of special schools for delicate children. The medical staff are practically unanimous about the need for special provision for this group, and in the past they have suffered from a sense of frustration when, at school medical inspections, a child was discovered who, on account of malnutrition, debility, rheumatism, and so on, badly needed a six months stay in a special school but no facilities to meet the needs of the case were available. In the future, when all schools are constructed in accordance with modern requirements, the need of special schools for delicate children may be less, but it will be twenty years or longer before that stage is reached. I recommend that the Kingsley School should be retained for delicate children, and in addition to Kettering Borough it should serve the rest of the Divisional Executive area, namely Burton Latimer, Desborough and Rothwell Urban districts. The elementary school population in the Divisional Executive area is about 5,700, and I am confident that all the places can be usefully

filled. Although the total accommodation is for 110 pupils, it is not impossible that when the new School Building Regulations are applied the available places will be slightly reduced. I advise that as a long term policy Kingsley Special School should accommodate three classes of delicate pupils, *i.e.*, a total of 90 places.

10.—If the need for a day special school to serve the area of the Kettering Divisional Executive is admitted, similar provision should be made for the Wellingborough—Rushden area, which can be taken as also including Higham Ferrers and Irthlingborough. The school population in the Wellingborough—Rushden area is approximately 6,400, and if places are to be provided on the same scale as recommended for the Kettering area, a day special school of 90 places (three classes) is required. I accordingly recommend that a new day special school of 90 places for delicate children be built on a healthy site on the outskirts of Wellingborough.

11.—The needs of delicate children in the rest of the County cannot be served by day special schools, and the only solution is a boarding special school. I recommend that the Beacons Gleam Summer School be discontinued and that its place be taken by a new special residential school of five classes, *i.e.*, 150 places. Many delicate children in Northamptonshire can derive full benefit only if they are afforded a change of climate. I therefore advise a new boarding special school on the South coast, preferably on the West Sussex coast which enjoys the highest sunshine records in the country. The total accommodation for delicate children, if the above proposals are approved, would then be two day special schools of 90 places each, and a boarding special school of 150 places, *i.e.*, a total of 330 places, which is less than 1·5 of the school population—the latter being taken at 28,000. For delicate pupils who remain in ordinary schools, favourably hygienic conditions, with special provision for rest, nutrition and medical supervision will be needed.

12.—The Ministry prefer that special schools should conform to certain requirements as regards the minimum number of classes, *e.g.*, the day special school for all ages of delicate children should have four classes, each of 30 pupils, and a junior or senior school should have two classes, each of 30 pupils. In recommending schools for three classes (90 pupils) in Kettering

and Wellingborough, it is realised that they will have to take all ages and that the Ministry would prefer the schools to have four classes. The Ministry state in Circular 41 that they will not apply their standards rigidly. The alternative will be to increase the schools to four classes each (120 places), which I am doubtful is necessary, or to regard them as senior schools, which would involve the exclusion of juniors who require the special facilities of these schools just as much as the older children. The third possibility would be to have one school of six classes (180 places) to serve both Kettering and Wellingborough situated either in one of these towns or between them. But this would involve so much travelling that it is not recommended. The proposals for day special schools of three classes are admittedly a compromise submitted on the grounds that it is better to have special schools which have fewer classes than the numbers preferred by the Ministry rather than not to have any special schools at all.

13.—Diabetic pupils. These are defined as “pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.”

The Ministry give no estimate of incidence. The number of diabetic children in the County certainly cannot be large, as no case of a school child has ever been reported to me. On enquiry at the Northampton General Hospital I have been informed that in the seven months 1st April to 31st August, 1945, when a special analysis was made, one school child was treated for diabetes in the Hospital for seven weeks. For such very occasional children who cannot be treated and educated at home, and who have passed the stage of requiring in-patient hospital treatment, arrangements will need to be made for admission to one of the hostels which may be established by some of the largest Education Authorities or by voluntary bodies.

14.—Educationally sub-normal pupils. This group is defined thus :—

“pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”

The Ministry's estimated incidence is 10%. The principles to be followed in providing for educationally sub-normal pupils are, I advise, first that where it is reasonable and practicable to do so the lower grade (Intelligence Quotient 55 to 65) and unstable type should attend at day special schools which obviously can be established only in the more populous urban areas in the County. Where the need cannot be met by day special schools, the provision of boarding special schools becomes necessary. The Ministry's pamphlet states as follows:—

“ The day special school is one way of providing special educational treatment for those children who suffer from the more serious degrees of educational subnormality but yet do not require education in a boarding school. It has the following advantages over any other provision for them ; the ordinary school is relieved of the presence of its most difficult children ; the children are relieved of the need to associate with others so much brighter than themselves that they always experience a sense of failure ; classification for teaching purposes by age, sex and degree of disability is easier when more children are collected together than within one or two class groups in an ordinary school, and the attention of the teachers, being concentrated upon the needs of the educationally sub-normal, is more likely to produce appropriate methods and curricula. Nevertheless, removing the child from the school attended by children of his neighbourhood, to some extent marks him out as different in the public estimation, and it is not suggested that all, or even the majority, of the educationally sub-normal should be sent to special schools.”

15.—Day special schools. The Ministry advises that in urban areas day special schools should be provided for 1% of pupils. As mentioned in paragraph 8, the Kingsley Special School at Kettering provides places for 45 educationally sub-normal pupils. When the Kingsley Special School was first opened over 20 years ago there were on the roll 45 educationally sub-normal pupils, but the number has gradually fallen to 13, plus 8 delicate children who can also be classed as educationally sub-normal, a total of 21. The reasons for the reduction I have been unable to ascertain, but the school is considered more

suitable for delicate than for educationally sub-normal children because it lacks adequate playing space and facilities for practical subjects, and accordingly there may have been some preference for the admission of delicate pupils at the expense of the other category. Moreover, parents are willing to send their children to a special school as delicate pupils, but not infrequently are averse to allowing them to attend as educationally sub-normal pupils. The Education Acts, however, give ample powers to compel parents to allow their children to attend special schools in which they will receive the education best suited to their aptitude and ability. If, as is recommended by the Ministry, provision for 1% is to be made, a day special school of three classes, *i.e.*, 60 places, will be required. A new school will thus need to be built in Kettering, but as an interim measure full use should be made of all the available places at Kingsley School for educationally sub-normal children. This will be possible only if the teaching staff is strengthened and additional facilities provided for teaching practical subjects.

16.—Similarly, the needs of the Wellingborough-Rushden area must be met by a new day special school of 60 places which should be built in Wellingborough. As previously stated, the elementary school population in this area is about 6,400, and to provide for 1% a school for 60 places is needed.

17.—The Day Special Schools of three classes (60 places) recommended above will require to admit all ages, although in practice there will be comparatively few children under 11 years of age. To admit all ages the Ministry would prefer that day special schools for educationally sub-normal pupils should be five classes, or if organised as junior or senior schools only, should have three classes. The proposals for two day special schools of three classes (60 places) for all age groups are, as in the case of the day special schools for delicate children, a compromise, since schools having five classes are not thought necessary, and it is better to have schools which are not in strict accord with the policy of the Ministry as regards minimum number of classes than not to have any schools at all.

18.—Boarding special schools are required for certain types of educationally sub-normal children; namely, Court cases,

Public Assistance children, those from unsuitable homes and those unmanageable in day special schools, and also for some of those who would have attended a day special school had one been available. The Authority has already approved of a proposal that a suitable country house should be purchased and converted into a boarding school of 60 places. The advice of the Ministry is that in urban areas where day special schools are provided, boarding accommodation for 2 per 1000 school children is required. In rural areas, places for 4 per 1000 are needed. On the Ministry's standards the County requires a boarding special school of about 80 places. I therefore advise that the Authority should endeavour as soon as possible to find a house suitable for 60 children, but that the house selected should have adequate facilities and grounds so that, if need be at a later stage, the accommodation can be increased to 100 places which will allow of five classes each of 20 children. Northampton County Borough under the Ministry's standards need 15 to 20 places, and as they will be approaching this Authority there should be no difficulty in filling a school of 100 places. As has been previously reported to the Authority, the need for a boarding special school is urgent. The difficulty of securing accommodation for these children at present is illustrated by the fact that the Authority has been able to secure the admission of only one child to a boarding special school.

19—Special educational treatment in ordinary schools.

After providing boarding special schools and day special schools at Kettering and Wellingborough, there will remain a large number of children, estimated by the Ministry at 8 to 9% of registered pupils over the age of seven, for whom special arrangements in ordinary schools will have to be made. Tuition adapted to their special needs either individually or in small groups or classes with adequate facilities for practical work must be provided. With the implementation of the Development Plan, which will result in the closure of some of the smaller village schools and the establishment of comparatively large secondary modern schools, the problem will not be so difficult as it would otherwise have been. With the larger schools that will be provided it should be practicable to arrange for special classes of educationally sub-normal pupils, *e.g.*, the modern secondary school at Brackley is estimated to have 336 children on the roll, and in a

school of this size there will be about 30 educationally sub-normal children. Admittedly the ages of these children will range from 11 to 14, but if a special class is constituted under a teacher trained in teaching educationally sub-normal children, reasonably good results should be obtained. In the smaller primary schools in the rural parts of the County there will naturally not be a sufficient number of educationally sub-normal children to form special classes, but I would advise that in these schools the children should be taught either individually or in special groups, and that visiting teachers with special training and experience be appointed to advise the teachers on the problems with which they will be faced.

20.—Epileptic pupils. This group is defined as follows :—

“pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.”

The Ministry's estimated incidence is 0·2 per 1000 registered pupils.

“This category includes only those pupils suffering from epilepsy (whether major or minor) whose continued attendance at an ordinary school would be harmful to themselves or would upset the routine of an ordinary school.”

Such children who on account of epilepsy require special educational treatment should be admitted to one of the Institutions to which the Authority in the past has sent them. At present the Authority has three epileptic children resident in special Institutions.

21.—Maladjusted pupils. This group is defined as :—

“pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.”

The Ministry's estimated incidence is about 1% of registered pupils. The majority of maladjusted children will remain in ordinary schools where they will receive such special educational treatment as may be prescribed by the Psychiatrist in charge of the Child Guidance Clinic. There are a few, however, in whom

the cause of malady lies in the home circumstances, and two courses can be adopted. First in preference is to select suitable foster parents who will afford the child the affection it needs and the sympathetic handling that his difficulties demand. The number of foster parents capable of caring for maladjusted children and willing to do so cannot be large, and they will have to be very carefully chosen. The boarding out of these children should be part of the Council's scheme for children deprived of a normal home life, to secure that the necessary skilled and enlightened assistance by trained visitors is available. For children for whom foster homes cannot be found, recourse must be had to special hostels from which the pupils will attend an ordinary school in the neighbourhood. The hostels should be small, taking not more than twelve children, and as far as practicable the children should live in groups of four or five of different ages and sex, like an ordinary family. Older boys and girls will, however, probably have to be separated. The Ministry give no suggestion of the extent of the need for hostels, but the Provisional National Council for Mental Health have informed me that they estimate that hostel accommodation will be needed for about 2 per 1000 school children, which would mean that Northamptonshire would require about five hostels of 12 places each. While the possibility cannot be excluded that accommodation in hostels for about 60 children will ultimately be needed, I advise that two hostels of about 12 places each should be provided. Two commodious town houses which would lend themselves to adaptation should be chosen, preferably in Kettering or Wellingborough, where the children could more easily be absorbed in the larger schools in these towns. If in years to come the accommodation provided is found insufficient, further hostels can be set up as required.

22.—Physically handicapped pupils. This group is defined as :—

“ pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.”

The Ministry's estimated incidence is 5 to 8 per 1000

registered pupils :—

“ The principle types are children suffering from Tuberculosis requiring education while they are in a Sanatorium. Children likely to spend a long time in the hospital and requiring education during their stay for treatment. Children with defects requiring orthopaedic, cardiac or ophthalmic treatment, or a variety of medical or surgical conditions, may require a long stay in hospital and therefore of absence from an ordinary school.”

Children suffering from tuberculosis, whether pulmonary or non-pulmonary, will as in the past be dealt with by the County Health Committee until under the National Health Service they are treated by the Regional Hospital Boards. Orthopaedic cases should continue to be sent to the Manfield Orthopaedic Hospital which is an approved special school, and cardiac cases should be sent to homes which specialise in this work. There will, however, be a number of physically handicapped pupils who have passed the stage of needing hospital treatment and are yet unfit to attend an ordinary day school. Such children should attend the proposed day special schools for delicate children if they live within convenient distance, and otherwise they can be sent to the boarding special school for delicate children proposed in paragraph 11. The Authority has at present three children in homes for heart cases, and one child in a special hospital for long-stay cases of skin disease. The average number of beds occupied at the Manfield Orthopaedic Hospital is eight.

23.—Children with speech defects. This group is defined as :—

“ pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.”

The Ministry's estimated incidence is 1·5 to 3·0% of registered pupils. The Authority has recently appointed a Speech Therapist who will provide treatment in clinics which have already been established at Kettering and Northampton, while a similar clinic in Wellingborough is in process of being set up. These three clinics will serve the main parts of the County for children will be brought to them by their parents from the surrounding towns and villages. There will, however, remain a few children who

cannot attend the clinics because they live in villages with infrequent transport services, and such children will require to be visited in their own schools as often as is practicable by the Speech Therapist for individual treatment. In the course of her work the Speech Therapist will co-operate with the Child Guidance service and with the Ear, Nose and Throat Specialists employed on a part-time basis by the Authority.

24.—Transport. For children attending day special schools for delicate children and for educationally sub-normal children in Kettering and Wellingborough special transport will be needed. Buses will have to be provided to collect the children and bring them from Burton Latimer, Desborough and Rothwell, and some of the children resident in Kettering, probably about 50%, will also need special transport. The need for special transport for the Kettering children will on occasion be decided by the School Medical Officer. Similar provision will be necessary in the Wellingborough—Rushden area, where transport from Rushden, Higham Ferrers and Irthlingborough will be needed. If it is found that the cost of collecting one or two children is unreasonable other arrangements for the special educational treatment for the children concerned will have to be considered.

An attendant, who should preferably have some training in first-aid and home nursing, will have to be provided to travel on the buses that collect the children attending special schools.

25.—Summary of recommendations. The principal recommendations contained in this report are now summarised and listed in order of priority which I advise should be accorded to them.

1. A boarding special school for 60 educationally sub-normal children (Para. 18).
2. Two day special schools of 60 places for educationally sub-normal children, one in Kettering and one in Wellingborough (Para. 15 and 16).
3. A boarding special school for 150 delicate children (Para. 11).
4. The continuation of the Kingsley Special School at Kettering as a day special school for delicate children

only, and provision of a new day special school for 90 delicate children in Wellingborough (Para. 9 and 10).

5. Two hostels for twelve maladjusted pupils. (Para. 21).

STAFF

School Medical Officer—

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

Deputy School Medical Officer—

D. A. McCracken, M.D., D.P.H.

Assistant School Medical Officers—

J. Perry Walker, M.B., Ch.B.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.,
(leaving 31st December).

D. J. Jones, B.Sc., M.B., Ch.B., D.P.H.

J. T. Murphy, M.B., Ch.B., D.P.H.

C. T. Darwent, L.R.C.P., L.R.C.S., D.P.H.,

J. T. W. Reid, M.B., Ch.B., D.P.H.,

(from September, 1946).

District School Medical Officer (Kettering)—

C. B. Hogg, M.D., D.P.H.

Assistant School Medical Officer (Kettering)—

Florence Bentham, M.B., Ch.B., D.P.H.

School Dentists—

R. D. R. Hopkinsons, L.D.S.

B. H. Fillingham, L.D.S.

N. M. Poulter, L.D.S. (On War Service, returning
1st January, 1947).

C. M. Perry, L.D.S.

D. K. Gaskill, L.D.S. (temporary)

M. Sebba, D.M.D. (temporary).

A. W. Appleton, L.D.S. (temporary) (left December,
1946).

J. P. Finnon, L.D.S. (*Kettering*).

Ear, Nose and Throat Clinics—

N. E. Kendall, F.R.C.S., Ed. Honorary Surgeon.

Ear, Nose and Throat Dept., Leicester Royal Infirmary.
(Corby and Kettering) Part Time.

W. C. Gledhill, F.R.C.S., Ed. D.L.O.

Honorary Assistant Ear, Nose and Throat Surgeon,
General Hospital, Northampton.
(Wellingborough) (Part Time.)*Consulting Psychiatrist—*

C. A. Keane, M.R.C.S., L.R.C.P., D.P.M. (Part Time).

Educational Psychologist—

Margaret Markham, B.A.

Speech Therapist—

Elisabeth Westley, L.C.S.T.

Mental Welfare Officer—

Mrs. K. M. Ward.

*School Nurses—*Superintendent and 28 Health Visitors, equivalent of
six and half full time Nurses.**STATISTICS**Average number on Roll, Educational Year, 1945-46 ;
Primary and Secondary Schools :—

County, 23,852 ; Kettering, 5,338 Total 29,190

Medical Treatment: Section 48 (3) Education Act, 1944.During 1946, no final arrangements were concluded with
Hospitals for the medical treatment of school children.**Medical Inspection : Extent.**—the Following Table shows
the number of children inspected during the year :—**TABLE I.****Medical Inspection of Pupils attending Maintained
Primary Secondary Schools****A.—ROUTINE MEDICAL INSPECTIONS**

	<i>County</i>	<i>Kettering</i>	<i>Total</i>
(1) Number of inspections :—			
Entrants	3975	461	4436
Second Age Group	3268	20	3288
Third Age Group	2290	243	2533
	—	—	—
	9533	724	10257

(2) Number of other Routine Inspections Nil

B.—OTHER INSPECTIONS

No. of Special Inspection and
Re-inspections 4245 4144 8389

The numbers inspected were practically the same as during the previous year, those for 1946 showing an increase of 275 over those for 1945.

Previously children have been inspected, at primary schools, on entry, at age 8 and at age 12, and at Secondary Schools, on entry, at ages 12 and 15 and as leavers if they remained at school after the age of 16. In addition there are examined children selected by medical officers at previous inspections as requiring observation and children presented by Head Teachers. The Handicapped Pupils and School Health Service Regulations, 1945, provide that children should be inspected on entry to the Primary Schools, during their last year of attendance at Primary Schools and during their last year of attendance at Secondary Schools, and on such other occasions as the Minister may direct or the Authority, with the approval of the Minister, may determine. The question of age groups to be presented for examination in accordance with these Regulations will be considered early in 1947.

Nutrition.—The classification of the nutrition of the Primary School children inspected during the year in the routine age groups was as follows :—

TABLE II.

Classification of the Nutrition of pupils inspected during the year in the Routine Age Groups

Number of pupils	A.		B.		C.		D.	
	Excellent		Normal		Slightly sub-normal		Bad	
	No.	%	No.	%	No.	%	No.	%
County								
9533	312	3.3	8068	84.7	1100	11.5	53	0.5
Kettering								
724	224	30.9	429	59.2	59	8.3	12	1.6
Total 10257	536	5.3	8497	82.8	1159	11.3	65	0.6

It will be observed that there is a great difference between the classifications of excellent and normal children as recorded by the Kettering Medical Officers and by the County staff. I have previously called attention to the fact that in these classifications the standards of examining Officers vary considerably and the figures must not be taken as evidence that the nutrition of the County children is worse in any respect than that of the Kettering children.

In the returns required by the Ministry for 1947 the number of children with excellent nutrition is not required and the classifications in the future will be "Good, Fair or Poor."

The following Table shows the Medical Inspectors' findings, grouped in accordance with the Ministry of Education's requirements, during the last ten years. The figures for 1946 include those for Kettering Borough, whereas those for the previous years do not.

TABLE II, GROUP II.

Year	Number Examined	Classification in percentages			
		Excellent	Normal	Slightly Sub-normal	Bad
1937	8019	6.1	85.6	8.0	0.03
1938	7581	7.4	82.2	9.4	1.0
1939	6681	3.6	86.8	8.7	0.9
1940	7542	3.5	85.9	10.2	0.4
1941	6098	5.8	77.7	15.9	0.6
1942	9285	5.6	77.9	15.9	0.6
1943	5824	3.1	84.3	12.5	0.1
1944	7634	8.4	79.5	11.3	0.8
1945	7924	8.7	78.7	11.4	1.2
1946	10257	5.3	82.8	11.3	0.6

TREATMENT

Minor Ailments. Regular Clinics for the treatment of Minor Ailments are held at Corby, Kettering and Wellingborough, and at other Schools as occasion may arise.

TABLE III. GROUP I.

	County	Kettering	Total
Total number of defects treated or under treatment during the year under the Authority's Scheme	4085	1866	5951

Defective Vision and Squint. Clinics for the examination of defective vision cases were held during the year at Brackley, Broughton, Burton Latimer, Corby, Crick, Daventry, Desborough, Earls Barton, Easton on the Hill, Finedon, Irthlingborough, Kettering, Kings Cliffe, Long Buckby, Middleton Cheney, Northampton, Oundle, Raunds, Rushden, Thrapston, Towcester, Walgrave, Wellingborough, Wollaston and Woodford Halse.

In addition to the figures given below, 73 children under school age were examined on behalf of the Public Health Committee.

TABLE III. GROUP II.

	County	Kettering	Total
Errors of Refraction (including Squint)	1821	208	2029
Other Defect or Disease of the eyes	—	29	29
Total	1821	237	2058
Pupils for whom spectacles were			
(a) prescribed	1488	136	1624
(b) obtained	1351	89	1440

Enlarged Tonsils and Adenoids. The Authority has arrangements for the operative treatment of enlarged tonsils and adenoids at the following Hospitals: Horton General, Banbury; Kettering and District General, Northampton General, Radcliffe Infirmary, Oxford; Peterborough and District Memorial, Hospital of St. Cross, Rugby.

TABLE III. GROUP III.

	County	Kettering	Total
Received operative treatment	224	124	348
Received other forms of treatment	—	3	3
Total number treated	224	127	351

Prevention of Deafness. Two Clinics under the scheme for the prevention of deafness were established during the year, one at Corby, under Mr. N. E. Kendall, F.R.C.S., which was opened on 27th June, 1946 and one at Wellingborough, under Mr. W. C. Gledhill, F.R.C.S., as from 25th October, 1946.

Dentistry. The staff, excluding the Kettering School Dentist, consisted of four temporary School Dentists only until the return of Mr. Hopkinson in June and it was not until Mr. Fillingham's return in September that the established strength of six Dentists was complete. In view of this, the figures of work done in the following Table compare very favourably with previous years.

TABLE IV.
Dental Inspection and Treatment.

	County	Kettering	Total
(1) Number of pupils inspected by the Dentists :—			
(a) Routine age groups	21190	4654	25844
(b) Specials	418	157	575
(c) Total, Routine and Specials	21608	4811	26419
(2) Number found to require treatment	15922	2517	18439
(3) Number actually treated	8571	1468	10039
(4) Attendances made by pupils for treatment	15276	2786	18062
(5) Half-days devoted to :—			
Inspection	210	49½	259½
Treatment	1821	414	2253
Total	2031	463½	2494½
(6) Fillings :—			
Permanent Teeth	8835	1326	10161
Temporary Teeth	6252	42	6294
Total	15087	1368	16455
(7) Extractions :—			
Permanent Teeth	954	89	1043
Temporary Teeth	8471	971	9442
Total	9425	1060	10485
(8) Administrations of general anaesthetics for extractions ..	1161	431	1592

(9) Other Operations :	County	Kettering	Total
Permanent Teeth	432	712	1144
Temporary Teeth	1409	62	1471
Total	1841	774	2615

It will be seen from the following statement, in respect of schools in which treatment was finished during the years in question, that the percentage of children accepting treatment is steadily rising. These figures do not include the Schools in the Borough of Kettering and the Grammar, High and Technical Schools.

Year	Number of children who required treatment	Number actually treated	Percentage of Acceptance
1940	15826	6931	43.8
1941	14744	6971	47.3
1942	14768	7220	48.9
1943	15773	8315	52.7
1944	12979	7036	54.2
1945	11551	6422	55.6
1946	13179	7394	56.1

Efforts are continually being made to increase the acceptance rate and records have been kept during the year to ascertain the rate for the various age groups. From the percentages given in the following table it appears that the rate is fairly steady up to 10 years of age, but drops for the 11, 12 and 13 age groups.

Age	4	5	6	7	8	9	10	11	12	13
Number requiring treatment :—	338	1040	1239	1348	1585	1489	1380	984	795	807
Number treated :—	173	604	703	818	925	864	813	511	407	385
Percentage :—	51	58	57	61	58	58	59	52	50	50

An inference to be drawn is that some parents are sufficiently indulgent to their children when they reach the age of ten years to allow them to choose whether to accept or refuse dental treatment.

The remedy is that the children must be educated in the need for regular dental inspection and treatment. A new scheme for obtaining parental consents to treatment was put into operation at the beginning of the year. While previously parents had been asked to give consent after each time a child was examined they are now invited to give consent to cover the whole school life of the child. Where this is done the children will in future years be called up for treatment without any prior communication to the parents. Parents who desire to give yearly consents, however, will be free to do so and they may withdraw their "school-life" consent at any time, in writing, but it is hoped that very few will do this and that the new scheme will result in a larger number of children being treated. The new scheme did not result in any reduction of acceptances during the year in question and it will not be possible to ascertain its value until the next visit to the schools. Some of the schools have already been visited during 1947 and, generally speaking, the scheme appears to be working well. A number of parents, however, apparently did not read the first consent form and, when appointments for treatment were made, replied that they had not given their consent. Others refused treatment notwithstanding the fact that they had signed the "school life" consent form the previous year.

The absence of a Senior Dental Officer has been very keenly felt during the year, but the appointment of a permanent Officer has been approved and Mr. J. G. Richardson, L.D.S., R.C.S., was appointed in January and took up his duties on the 1st April, 1947.

The Authority has made no scheme at present for the provision of orthodontic treatment, but in a few cases arrangements have been made for this work to be carried out by private Dental Surgeons at the expense of the Authority. When the new Senior Dental Officer takes up duty the question of the formation of an orthodontic scheme will be considered.

TABLE V.
VERMINOUS CONDITIONS

	County	Kettering	Total
(1) Total number of examinations of pupils	60875	6967	67842
(2) Number of individual pupils found unclean	757	267	1024

The School Nurses have carried out uncleanliness surveys of all children in attendance at the County Schools, excluding the Grammar, High and Technical Schools, during each term with the following results :—

	Number examined	Number with nits or vermin.
Spring term	17605	1015 (5·7%)
Summer term	19002	1039 (5·7%)
Autumn term	18653	911 (4·8%)

HANDICAPPED PUPILS

The numbers of Handicapped pupils in attendance at Special Schools at the end of 1946 were :—

	County	Kettering	Total
Blind	6	2	8
Partially sighted	—	1	1
Deaf	11	1	12
Partially Deaf	—	2	2
Delicate	—	43	43
Diabetic	—	—	—
Educationally sub-normal	2	20	22
Epileptic	4	2	6
Maladjusted	—	—	—
Physically handicapped ..	3	17	20
Speech defects	—	—	—
Multiple disabilities	—	6	6

CHILD GUIDANCE CLINIC

With the appointment of Miss M. Markham as Educational Psychologist the Child Guidance Clinic for the County and County Borough of Northampton began work in June, 1946. The following is a report on the work of the Clinic for the period June to December.

The work in the County may be grouped under roughly three heads :—

- (1) The investigation of cases of maladjusted children.
- (2) The investigation of cases of educational backwardness with appropriate advice to teachers and parents.
- (3) The carrying out of special investigations for the School Medical Officer and reporting thereon.

During the last six months 160 new cases have been referred from various parts of the County as follows :—

Referred by as	School Medical Officers	Head Teachers	Parents	Health Visitors	Proba- tion Officers	School Atten- dance Officers	Hospital	TOTAL
Maladjusted	13	20	5	5	4	2	1	50
Backward	6	97	2	—	—	—	—	105
Other causes	5	—	—	—	—	—	—	5
Total	24	117	7	5	4	2	1	160

Maladjusted Children. Each child has been seen at school, the school report obtain and the parents or foster-parent interviewed.

If only simple advice appeared to be needed this was then given but all other cases were seen by Dr. C. A. Keane at the Child Guidance Clinic at Northampton or Kettering. He has then advised what line of treatment was required, and has himself given four children psychotherapy.

The following are illustrative instances of the types of maladjusted children dealt with.

A 13 year old girl boarded out with foster mother giving trouble generally at school and home—unco-operative, sulky, disobedient. Foster-mother about to ask for her removal. As this was a good foster-home the Health Visitor asked for advice. Child found to be concerned with problem of her own family, resented her ignorance and accused foster-mother of keeping information about her parentage from her. It was found also that she had not been given proper sex-education by foster-mother. Proper instruction was arranged for through Health Visitor and child told exactly why she had been removed from her own home at two years old,

owing to parental neglect. This girl has now accepted her position, given her confidence again to foster-mother and is making efforts to improve.

A problem boy, 10 years old, bed-wetting, very disobedient, staying out late, stole money from mother's purse.

On investigation it appeared that he had only been punished once for his misdeeds at home and mother had never spoken to him about the stealing. Parents advised to exercise consistent firm discipline and father to take greater interest in the boy. Private doctor communicated with as to medical treatment of the enuresis as child lives too far out to attend Dr. Keane regularly.

A ten year old boy charged with indecent assault on a small girl; has very defective speech, poor reader, and gave first impression of being educationally sub-normal.

Bad speech found to be due to an abnormal condition of the soft palate and throat. Intelligence tests showed low average intelligence, and educational backwardness due to defective speech, frequent changes of school etc.

Boy had been taught sexual malpractices by elder brother and psychiatrist found nothing abnormal in his emotional make-up. Advised removal from home as in need of more adequate supervision.

A secondary schoolgirl, 11 years of age, given to excessive thumb-sucking and nail biting, occasional vague illnesses without physical basis coinciding with school examinations. Parents found to be too severe with this child and sown mild feelings of fear and insecurity, resulting in persistence of these childish methods of self-gratification. Advised to be less strict and gentler.

The more complicated cases taken on for treatment are not given, as still incomplete, but include one child who threatened suicide and is cruel to animals, one too timid to receive dental treatment, one aggressive 8 year old with real neurotic symptoms.

Educational Problems and Backwardness. Owing to reluctance to embroil themselves with parents, teachers often refer a child informally for advice as to whether the child should be officially ascertained as educationally sub-normal or not. Some confusion exists as to the difference between a child who is really sub-normal or of dull intelligence. There have been several instances of children with normal intelligence but extremely backward in reading who have been regarded by the school as borderline educationally sub-normal. Advice as to the method of teaching these children has been given and teachers have reported greater interest shown by the children.

Child referred by parent for advice as to future education and career. Mother anxious to provide Grammar School and professional training. Intelligence and educational tests showed extreme dullness and parent advised to let child pass on to a Modern Secondary at 11 years—and refrain from harassing child with extra coaching.

Where children have been found to be of very low intelligence their names are referred to the School Medical Officer.

It is interesting to record that one parent has already sought advice on a 2 year old child under the Education Act 1944 (Sec. 34).

Some group Tests have been carried out in schools to advise the teacher as to the correct grouping of the dull and backward and suggestions made as to the appropriate methods of education.

Carrying out of Special Investigations for School Medical Officer.

These have included :—

- (a) A report on the special school at Kettering.
- (b) A report on the Experimental class at Kettering.

This class provides for children of average intelligence who are retarded in the three R's through school absences, special difficulties in learning and psychological maladjustment. These children gradually make up their lost ground and in many cases have made good social adaptations again. It would be a great help if a similar class could be set up in other districts, provided that

teachers with the right training and personalities were placed in charge.

- (c) A group Intelligence Test (Cattell 1A) of all the 9 year old children in the Wellingborough District was given, for the purpose of ascertaining the number of places likely to be required in the various types of schools, Grammar, Modern Secondary and Special.
- (d) A survey was begun in December to ascertain the number of educationally sub-normal children resident in the Public Assistance Homes.

Child Guidance Clinic. A Child Guidance Clinic was set up in the County Buildings on July 12th, 1946, and a regular weekly session is held on Fridays from 2.0 to 5.0 p.m.

A branch clinic which serves Kettering children and the surrounding area, is held at the Manor House Clinic, Kettering, on the first Monday in the month from 2.30 to 5.0 p.m. The staff consists of Dr. C. A. Keane, Consulting Psychiatrist, and Miss M. Markham, Educational Psychologist. A psychiatric social worker is still urgently required to investigate home conditions fully, and to follow up cases etc.

Number of New cases seen at Clinic by Dr. Keane	22
„ of old cases seen again	2
„ of treatments given	16
„ of children discharged	13
„ of children on waiting list	6

SPEECH THERAPY

The Speech Therapy Clinic was opened at the County Offices, Guildhall Road, Northampton, on 1st October, 1946 and two morning and two afternoon sessions are held each week. In addition, a few children from the rural area who find transport facilities difficult attend a clinic on Saturday mornings. The clinic at Kettering, formerly in charge of Miss E. Bicheno, L.C.S.T., was re-opened on 10th September and two morning and one afternoon sessions are held weekly. A third clinic was opened on 15th November, at Rock Street, Wellingborough, one morning and one afternoon session being held each week. Arrangements have been completed to hold one afternoon session at the Health Clinic, Corby.

Children who suffer from speech defects are referred to the Speech Therapy Clinics through the School Medical Officer. The type of cases which are suitable for treatment consist mainly of :—

- (a) Stammer
- (b) Cleft palate
- (c) Speech defect *e.g.* badly pronounced "L" sound, "f" for "th," left-out sounds.
- (d) Voice defects.

Children under five years of age are generally too young to benefit from speech therapy. Mentally retarded children are not suitable patients for treatment.

At the first attendance a detailed case history is taken and parents are encouraged to attend so that home co-operation can be established at once. Additional details of the child's behaviour and social back-ground are often supplemented by visits to the home or school. In a few cases, reports have been sent to the schools and the co-operation of the teachers has proved most helpful since they have offered to practise with the child daily. Home practise is nearly always given and this essential co-operation is an important adjunct to the treatment given at the clinic. Individual treatment is the general rule at the clinics but in some instances group treatments are possible. The majority of children attend a clinic once a week, except in cases where there is difficulty in the child attending a clinic, fortnightly treatment is given. As the speech of the child improves the interval between the attendance is gradually increased. The types of cases attending are varied both as regards age and defect. Treatment carried out is always suited to the individual. So far the principal type of defects treated at the clinics are :—

- (a) Stammering (in the majority)
- (b) Lipping
- (c) Backward speech
- (d) Defective voice production and cleft palate cases.

Most cases of stammering or cleft palate require prolonged treatment and much perseverance on the part of all concerned.

The Speech Clinics maintain close liaison with the Child Guidance Clinic and the Dental Clinics and I should like to take this opportunity of thanking all those who helped in the establishment of the Clinics or who have given advice in individual cases.

SCHOOL CANTEENS

	October 1945	October 1946
Number of Canteens and Dining Centres	68	87
Number of Primary Children taking mid-day meal daily	4079	5629
Percentage of total Primary children taking meal	18.5	25.1
Number of Secondary children taking mid-day meal daily	2135	2428
Percentage of total Secondary Children taking meal	42.8	49.8

MILK IN SCHOOLS SCHEME

The numbers of children supplied with milk as disclosed by the returns required by the Ministry of Education were :—

Primary	February, 82.0%	June, 81.0%	October, 93.3%
Secondary	„ 60.9%	„ 60.6%	86.9%
Nursery	„ 100%	„ 100%	„ 100%

The Scheme for the provision of free milk to all children came into force in August, 1946, and this accounts for the large increase in consumption shown in the October figures.



