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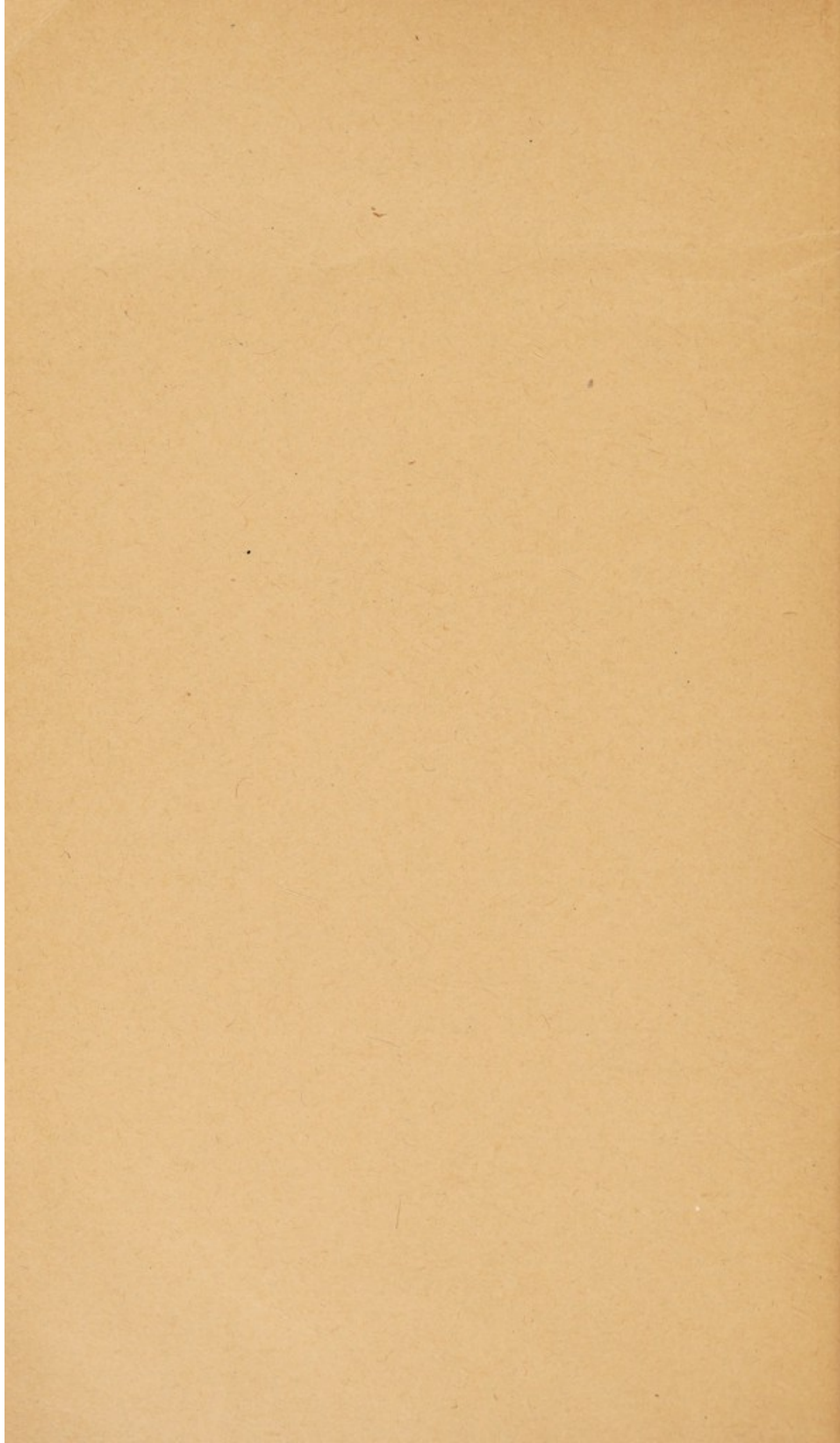
EDUCATION
COMMITTEE

MEDICAL OFFICER'S
ANNUAL REPORT
ON THE WORK OF THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR 1946
(Thirty-eighth year)

Presented to the Education Committee at its Meeting held
22nd October, 1947.

A. A. E. NEWTH, M.B., B.S., D.P.H.,
Senior School Medical Officer.

F. STEPHENSON, M.A. (Cantab.),
Director of Education.



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SCHOOL HEALTH SERVICE

SCHOOL HEALTH SUB-COMMITTEE :

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STAFF (31st December, 1946).

SENIOR MEDICAL OFFICER (Education) :

A. A. E. NEWTH, M.B., B.S., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER :

R. G. SPRENGER, M.B., Ch.B.

ASSISTANT MEDICAL OFFICERS :

MISS E. McCULLOCH, M.R.C.S., L.R.C.P.
W. J. C. AULD, M.B., Ch.B., D.P.H.
MISS J. B. ANDERSON, M.B., D.P.H.
MISS I. ROWLAND, M.B., B.S.

PART-TIME MEDICAL OFFICERS :

N. P. R. GALLOWAY, M.B., Ch.B., D.O. (Consulting Ophthalmic Surgeon).
G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S., (Consulting Ophthalmic Surgeon).
*A. CHRISTIE REID, M.D., D.O. (Consulting Ophthalmic Surgeon).
*A. R. A. MARSHALL, M.B., Ch.B., F.R.C.S. (Aural Surgeon).
*J. D. PROCTER, M.D., M.R.C.P. (Consulting Physician).
S. A. S. MALKIN, M.B., B.S., F.R.C.S. (Edin.), (Consulting Orthopaedic Surgeon).
A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist).
*A. H. BOOTH, M.B., B.S., D.T.M. & H., D.O.M.S., R.C.P.S. (Assistant Medical Officer).

DENTAL OFFICERS :

V. C. CARRINGTON, L.D.S., (Senior Dental Officer).
MRS. W. CURTIS, L.D.S. †R. McGOWAN, L.D.S.
F. G. TOMLINSON, L.D.S. †P. A. FINLOW, L.D.S.
†R. W. ELLIS, L.D.S.

CHILD GUIDANCE CENTRE (Tel. No. 43691) :

†W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M. (Medical Psychiatrist).
MRS. J. ADAM, M.A., Ed.B. (Senior Educational Psychologist).
MISS L. HAWKEY, B.Sc. (Play Therapist).
MISS J. ANDREWS, B.A. (Junior Educational Psychologist).
MISS D. WORTH (Psychiatric Social Worker).
MISS C. E. RENFREW (Speech Therapist).
MISS J. E. TURNER (Speech Therapist).
MISS A. M. GIBSON (Remedial Teacher).
MISS J. AUCKLAND (Clerk).
*MISS B. MARSHALL (Clerk).

DISTRICT NURSES :

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MISS I. M. BURROWS. MISS K. E. L. METGE.
MISS I. COCKERAM. *MRS. V. R. WHITE.
MISS E. J. COWING. *MRS. M. TUNSTALL.

DENTAL NURSE & DRESSERS :

MISS D. F. MORGAN (Nurse).
MISS L. ELLIOT (Dresser).
MISS D. A. SMEETON (Dresser).
MISS J. A. PAYNE (Dresser).
†MRS. B. JONES (Dresser).

CLINIC NURSES, NURSES' ASSISTANTS AND ATTENDANTS :

Chaucer Street Clinic (Tel. 43064) :
MISS G. E. WILSON (Nurse).
†MRS. G. GREGORY (Attendant).
*MISS J. HAMILTON (Clerk).

Bestwood Clinic (Tel. 65621) :
*MRS. E. BUTLER (Nurse).
†MRS. C. CLARKE (Attendant).
*MISS C. M. SMITH (Clerk).

Bulwell Hall Clinic (Tel. 78185) :
MISS F. T. FORD (Nurse).

Bulwell Clinic (Tel. 78028) :
MISS F. T. FORD (Nurse).
†MRS. E. DICKINSON (Attendant).
*MISS M. HOLLINGSWORTH (Clerk).

Jesse Boot Clinic :
MISS F. OLDFIELD (Nurse).

Leenside Clinic (Tel. 2368) :
MISS M. STUCHBURY (Nurse).
*MRS. M. A. CHAMBERS (Attendant).
*MISS M. HOLLINGWORTH (Clerk).

Player Clinic (Tel. 77512) :
MISS J. HEALD (Nurse).
†MRS. E. WILLIAMSON (Attendant).
*MISS R. ROPER (Clerk).

Rosehill Clinic (Tel. 42882) :
MISS F. OLDFIELD (Nurse).
†MRS. E. MEE (Attendant).
*MISS J. JONES (Clerk).

Scottholme Clinic (Tel. 75589) :
MISS E. HOPEWELL (Nurse).
†MRS. E. MEE (Attendant).
MISS B. TITLEY (Clerk).

Wm. Crane Clinic (Tel. 76263) :
*MRS. M. COUBROUGH (Nurse).
*MISS J. JONES (Clerk).

Nose and Throat Wards : Nursing Staff :
MISS F. PINDER.
†MRS. E. BARNFATHER.
†MRS. S. A. WARDE.
†MRS. P. M. P. PICKERING.

Nurses' Assistants :
MRS. E. CORNELL.
*MRS. E. E. DIN.
*MISS E. GREEN.
MISS E. HARDY.
MRS. L. I. WATSON.

PIPEWOOD CAMP SCHOOL :

MRS. E. R. WHITROD (Residential Nurse). MRS. E. CAMPBELL (Residential Nurses' Assistant).

ADMINISTRATIVE ASSISTANT : W. H. THORNHILL.

RADIOGRAPHER : A. J. WHITTAKER.

ALMONER : MRS. M. J. DOYLE.

CLERICAL STAFF :

MISS G. A. BEETON, MISS M. M. SCHOFIELD, MISS J. R. CHILTON, *MRS. D. E. OSWELL, MISS E. M. GREAVES,
MISS L. M. CLAY, MISS B. M. HAMMERSLEY, *MRS. J. LUCKHURST, MISS M. VARLEY, *MISS F. M. WOOLLEY,
*MISS A. BRADY, MISS S. PIKE, *MISS E. STEVENSON..

HOUSE PORTER : H. HITCH.

*Temporary Staff. †Part-time Staff.

City of Nottingham Education Committee
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1946

BY

THE SENIOR MEDICAL OFFICER, DR. A. A. E. NEWTH.

To the Chairman and Members of the
City of Nottingham Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of your School Health Service during 1946.

STAFF.

Doctors. Dr. J. W. Scott, who had been Consulting Physician since 1930, resigned on retirement from practice in June, 1946. An able physician with high qualifications and considerable experience, he commanded the respect of doctors both of the Service and throughout the area and gained the confidence of parents and children. His duties were mainly concerned with the examination of children suffering from or suspected to be suffering from valvular disease of the heart after rheumatism. While on the one hand he was particularly careful not to allow any child to be subjected to undue strain when the heart was affected, on the other hand he belonged to a school that considered it inadvisable to subject a child to unnecessary restrictions simply because the valves of the heart were diseased. Consequently he was instrumental in releasing a number of children from unnecessary invalidism and thus made their lives happier and more useful. Observation of his cases over many years proved the soundness of his judgment.

Dr. J. D. Procter was appointed to succeed him.

Dr. M. Fordham resigned as Consulting Psychiatrist in March, 1946. He was the first physician to fill this post having been appointed when the Child Guidance Centre was established in September, 1938. Under his control the Centre was built up on lines which have gained respect throughout the country.

For several months Dr. Elizabeth Huband filled the post in a temporary capacity.

In November, 1946, Dr. W. H. Whiles began his duties in succession to Dr. Fordham. At the same time he was appointed by the Nottinghamshire County Authority for similar duties, giving five sessions per week to each authority. In this way a valuable link has been established between the authorities.

Dr. R. G. Sprenger, Senior Assistant Medical Officer, having been released from service with the Army, returned to duty in February, 1946.

Dr. Millicent Rowland, who had been acting as temporary assistant medical officer, was appointed to the permanent staff in June.

In January, 1946, during the height of the Influenza epidemic Drs. Anderson and Rowland in succession were seconded to give assistance to a general medical practitioner with the permission of the Ministry of Education, in accordance with the terms of a circular issued by the Ministry during the War.

Refresher Course. In September, Dr. E. McCulloch attended a Refresher Course at Oxford organised by the School Health Service Group of the Society of Medical Officers of Health.

Dental Staff. Mr. H. V. Smail, having resigned from the post of assistant dental officer, was replaced by Mr. F. G. Tomlinson, L.D.S., who began duties in April, 1946.

In December, 1946, Mr. P. A. Finlow, L.D.S., was appointed as temporary assistant dental surgeon.

Child Guidance Staff. The resignation of Dr. Fordham, the temporary employment of Dr. Huband and the appointment of Dr. W. H. Whiles have already been mentioned. Mrs. J. Adam, M.A., Ed.B., commenced duties as Senior Educational Psychologist in succession to Mr. H. Highfield who died in August, 1945. Miss A. Andrews, B.A., succeeded Miss J. Mawer as Junior Educational Psychologist in April, 1946. Mrs. J. D. Cummings, Ph.D., undertook part-time duties as educational psychologist in the interim.

Nursing Staff. The only changes in the Nursing Staff were the resignations of Miss A. Staton in October and of Mrs. E. Butler at the end of the year.

They were not replaced immediately, the Committee having decided in October to appoint a Superintendent School Nurse and to await developments after she had begun her duties. In the meanwhile by certain readjustments, especially in the staff in the operating theatre and wards, it was found possible to carry on with part-time nurses.

On December 31st, the nursing staff consisted of 18 whole-time and 4 part-time nurses, the latter giving an aggregate service of 3 whole-time nurses.

Nurses' Assistants. At the end of the year there were 7 nurses' assistants giving the aggregate service of slightly over 6 whole-time officers.

Dental Attendants. At the end of the year there were 3 dental attendants.

HEALTH OF THE SCHOOL POPULATION.

The general health of the children in the area continued to be sufficiently satisfactory and calls for no special comment.

MEDICAL INSPECTION.

The requirements of the Education Act, 1944, called for various changes in the scheme of routine inspections, with the result that the figures for 1946 are hardly comparable with those of previous years.

Second Age Group. Under the new regulations inspections of children in the eight year old group were no longer required, the inspections being deferred until the last year of attendance at the Primary School—10 plus. This new group was inspected in the months November, 1945 to February, 1946. Thus only 1,694 were inspected during 1946. It was due for inspection again in January, 1947.

Third Age Group. Children due to leave in 1946 had received their leaver examination during 1945. Hence owing to the raising of the school leaving age, the only children in the Leaver Group due for inspection in 1946 were those born during the first three months of 1933, 1,029 in number.

Thus during 1946, the Entrant Routine Medical Inspections amounted to 3,833; the Second Age Group, age 10 plus, numbered 1,694; and the Third or Leaver Age Group, 13 plus, numbered 1,029; making a total of 6,556.

Other Routine Inspections.

Special School Children. In accordance with a recent ruling of the Ministry of Education, the examinations of children in the special schools, 913 in number, have been included in "Other Routine Inspections."

Handicapped Pupils. In this category are also included the yearly examination of Handicapped pupils, 1,607 in number.

7 to 8 Age Group. Considering that the interval between the Entrants' examination at 5 years or before and the Second Age Group at 10 plus was too great, with the permission of the Ministry of Education, the Authority arranged for the inspection of children in the 7 to 8 year Age Group, 3,467 being inspected.

These examinations together with the others, i.e. the children in the nursery classes and grammar schools, bring the total of "Other Routine Inspections" to 9,625.

The Grand Total of Routine Inspections was 16,181 compared with 18,576 in 1945 and 13,153 in 1944.

Other Inspections amounted to 35,057 in 1946, compared with 37,124 in 1945 and 35,247 in 1944.

NUTRITION.

The general standard of nutrition continued to be satisfactory as shown by the following table giving the record of the subjective opinion of the school medical officers formed during the periodical medical inspection in the schools.

| | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 |
|---------------------|------|------|-------|------|-------|------|-------|-------|-------|
| | % | % | % | % | % | % | % | % | % |
| Excellent | 7.6 | 6.8 | 8.45 | 10.8 | 11.62 | 14.3 | 11.66 | 13.33 | 15.28 |
| Normal | 79.6 | 78.9 | 72.3 | 77.1 | 74.24 | 76.6 | 79.26 | 78.56 | 78.37 |
| Slightly Sub-normal | 12.4 | 13.8 | 17.75 | 11.6 | 13.59 | 9.0 | 8.81 | 7.91 | 6.32 |
| Bad | 0.4 | 0.5 | 1.5 | 0.5 | 0.55 | 0.1 | 0.27 | 0.2 | 0.03 |

CLEANLINESS.

In order to maintain more efficient supervision over the cleanliness of the children especially with regard to the hair, the number of nursing assistants was increased during the year from 5 to 7, giving the equivalent of six and a third whole-time officers.

143,379 cleanliness inspections were carried out in 1946, compared with 129,247 in the previous year. The number of children found unclean again increased and is the highest recorded in the history of the service. This may be attributable partly to the more frequent inspections discovering more defaulters and partly to a higher standard being aimed at. The position cannot be considered satisfactory and disappointment is felt that in some households there is neglect in this matter and that better use is not made of the effective and not unpleasant insecticides that are now available.

| | | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 |
|------------------|-----|--------|--------|---------|--------|---------|---------|
| Inspections | ... | 57,202 | 98,438 | 129,546 | 90,597 | 129,247 | 143,379 |
| Children Unclean | ... | 3,302 | 2,905 | 3,228 | 3,403 | 5,129 | 6,162 |

Last year I suggested that the rise might have been due to difficulty in getting combs and to the modern fashion of longer hair for girls. The former factor is lessened, but the latter remains.

As in previous years, in no instance was the condition grave enough to warrant prosecution.

Lethane 384 Special Medicated Hair Oil was freely used, 1,260 two-ounce bottles being used by the nurses in the clinics, 12 quarts by the nurses' assistants in the schools and 2 quarts at Pipewood Camp School. In addition 1,650 two-ounce bottles were distributed by teachers to parents at cost price.

SCABIES.

The fall in the number of cases of Scabies observed since the peak year 1941 has continued, only 240 cases being noted in 1946.

| Year | ... | 1937 | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 |
|-------|-----|------|------|------|-------|-------|-------|-------|------|------|------|
| Cases | ... | 159 | 268 | 399 | 1,301 | 1,891 | 1,558 | 1,116 | 663 | 438 | 240 |

As in previous years, with the co-operation of the Medical Officer of Health and Dr. Frazer and his staff, children with scabies were sent for treatment to the Skin Clinic in Parliament Street where every facility is available not only for the treatment of children but also for other affected members of the family. 99 cases were so referred.

RINGWORM.

Ringworm of the scalp and body continued to be almost negligible, only 6 cases of ringworm of the scalp and 13 of the body being found.

TREATMENT.

Under Section 48(3), of the Education Act, 1944, Local Education Authorities are required to secure that comprehensive facilities for free medical treatment (excluding domiciliary treatment) are available for children in attendance at any school or county college maintained by them. It is also the duty of Education Authorities under Section 48(4) to encourage pupils to obtain any treatment they require and to assist them in doing so.

It is the duty of L.E.As. to refer to consultants, pupils in respect of whom further advice is needed and for the examination and treatment of any pupils thus referred. Consultants must be approved by the Minister.

L.E.As. are also expected to improve their normal facilities, such as the examination and treatment of :—

- Minor Ailments ;
- Dental Conditions ;
- Diseases of the Eye and Defective Vision ;
- Diseases of the Nose, Ear and Throat and Deafness ;
- Child Guidance Cases ;
- Speech Defects ;
- Rheumatism ;
- Orthopaedic Conditions ; and
- The Provision of Hospital Treatment.

The Authority has for many years maintained an efficient service for the treatment of most of these conditions and the new requirements have called for little revision of the scheme, apart from arrangements for the payment of hospital treatment.

Section 48(3) referring to free medical treatment contains the words " under this Act or otherwise." It is clear that these words refer to the likelihood of some at any rate of the treatment being provided under the National Health Service scheme, but as these arrangements have not yet been completed, local education authorities have had to devise schemes as best they could taking full advantage of such facilities as were available.

Consultants. The Authority's Consultants are :—

Aural—Mr. A. R. A. Marshall, F.R.C.S.

Ophthalmic—Drs. N.P.R. Galloway, D.O., and Dr. G. Gordon Napier, D.O.M.S.

Orthopaedic—Mr. S. A. S. Malkin, F.R.C.S.

Child Guidance—Dr. W. H. Whiles, M.R.C.S., L.R.C.P., D.P.M.

Rheumatism—Dr. J. D. Procter, M.D., M.R.C.P., in succession to Dr. J. Wilkie Scott, M.D., F.R.C.P.

Dermatologist—No Consultant appointed. Cases are referred to the Skin Clinic of the Health Department and receive attention from Dr. A. D. Frazer.

Payment has been agreed upon in accordance with the terms of Circular 102 and subsequent relevant Circulars.

Minor Ailments. The following provision is made for the treatment of Minor Ailments :—

| Clinic | Address | Treatment carried out (daily) | Doctor attends for Minor Ailments | Children's attendances during 1946 |
|------------------------|----------------------------|--|-----------------------------------|------------------------------------|
| Central ... | 28, Chaucer St. ... | All forms | Tuesday and Friday a.m. | 29,564* |
| Bulwell ... | Main Street, Bulwell. ... | Minor Ailments, Refractions, Dental, etc. | Monday and Thursday a.m. | } 16,550* |
| Bulwell Hall† | Bulwell Hall School. ... | Minor Ailments | — | |
| Leenside ... | Leenside ... | Minor Ailments, Dental. | Wednesday and Friday a.m. | 12,024 |
| Scotholme ... | Beaconsfield St. ... | Minor Ailments | Wednesday a.m. | } 11,496 |
| Old Basford† | Old Basford Primary School | Minor Ailments | — | |
| Rose Hill ... | St. Matthias' Road | Minor Ailments, Refractions, Dental | Tuesday and Thursday p.m. | 16,271* |
| William Crane † | Aspley Estate ... | Minor Ailments | Tuesday and Friday a.m. | 13,412 |
| Jesse Boot † | Jesse Boot School | Minor Ailments | — | 5,638 |
| Player † ... | Beechdale Road | Minor Ailments, Refractions, Dental, etc. | Tuesday and Friday a.m. | 26,316* |
| Bestwood † ... | Gainsford Crescent | Minor Ailments | Monday and Thursday a.m. | } 9,811 |
| Oxclose Lane † | Oxclose Lane Estate | Minor Ailments | — | |
| Pipewood Camp School † | Blithbury, Staffs. | Minor Ailments, and In-Patient treatment of acute conditions | Daily, as required | 9,417 |

* Exclusive of Dental, Refraction and Orthopaedic cases.

† For children attending these schools only.

At all clinics, during 1946, 22,814 Minor Ailments were treated (1945—21,405). 153,785 attendances were made. At the end of the year there were 1,709 children still attending.

Dental Inspections and Treatment.

Report of the Senior Dental Officer, Mr. V. C. Carrington, L.D.S.

Various changes in the staff interfered somewhat with the smooth running of the year's work. These have already been referred to in the section dealing with the staff. Mrs. Curtis was also absent from work for one month owing to illness.

Inspections. 31,411 children were submitted to periodical dental inspections, 3,877 being absent. (When a considerable number are absent from inspection at any school for any reason it is visited again as soon as convenient. It is not

practicable to do this for casual absentees). In addition, 2,366 children about to be operated upon for Tonsils and Adenoids, and children referred from schools, clinics and by parents for some specific reason, were submitted to special examination. The total number of inspections was 33,777 compared with 31,605 in 1945.

Of the 31,411 submitted to periodical inspection, 15,679 or 49.9 per cent. were found to be in need of treatment :—

| | Inspected | Needing Treatment | per cent. |
|---------------------------------------|-----------|-------------------|-----------|
| Grammar Schools | 1,924 | 840 | 43.6 |
| Technical Schools | 566 | 275 | 48.6 |
| Other Secondary Schools | 7,101* | 3,852 | 54.2 |
| Others, mostly Primary Schools | 21,820 | 10,712 | 49.1 |
| Totals | 31,411 | 15,679 | 49.9 |

*1,988 children whose parents had persistently refused treatment were not reinspected, in accordance with the Committee's policy established in 1940. They are not included in these figures.

Of the 2,366 children submitted to special examination, 1,918 or 81 per cent. were found to be in need of treatment and 100 per cent. attended for treatment. Many of them were cases who had asked for examination on account of toothache or abscesses. It may be pleasant to relieve a child of pain, but more satisfaction would have been felt if the parents had submitted the children to conservative dentistry when it was previously offered, so that most of the teeth could have been saved.

Of the 17,597 children needing and immediately offered treatment, 8,646 or 49.1 per cent. actually attended for treatment, a slight improvement on previous years.

Children in Institutions. The Children's Homes, Hartley Road, were visited every fortnight for examination of the children's teeth. The boys in the Gordon Boys' Home were inspected three times and the children in Nazareth House twice and the Girls in the Remand Home twice during the year. Treatment found necessary was given at the Central Clinic.

Treatment. Turning to treatment, 6,142 fillings were carried out—all to permanent teeth, no fillings being done to temporary teeth. 14,304 teeth were extracted, (Permanent 1,395; Temporary 12,909). 2,498 general anaesthetics (nitrous oxide with or without oxygen) were given. Other operations, chiefly scaling, were carried out on the teeth of 927 children.

22 dentures were fitted.

Again in 1946 there was a rise in the proportion of fillings to extractions of permanent teeth, suggesting a greater willingness of parents and children to accept conservative dentistry :—

| | 1938 | 1939 | 1940 | 1941 | 1942 | 1943 | 1944 | 1945 | 1946 |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Fillings ... | 76.5 | 73.5 | 68.4 | 62.2 | 77.3 | 77.3 | 76.4 | 80.2 | 81.5 |
| Extractions ... | 23.5 | 26.5 | 31.6 | 37.8 | 22.7 | 22.7 | 23.6 | 19.8 | 18.5 |
| | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

(The figures for the year 1938 to 1944 inclusive do not correspond to those given in previous reports because the then Secondary School figures have been included in order to bring the data in line with the years 1945 and 1946.)

Orthodontics. By the end of the year no orthodontic scheme had been established, but 7 regulation plates had been fitted.

Condition of Teeth of Leavers. In order to get some idea of the condition of the teeth of children at 13 years of age, I conducted a special inspection of 137 pupils at a Technical School and at two Secondary (Modern) Girls' Schools and at two Secondary (Modern) Boys' Schools, with the following result :—

| | | | |
|---|-------|-------|-----|
| No evidence of Caries or previous extractions | ..... | ..... | 19 |
| Treated Caries, no previous extractions | ..... | ..... | 34 |
| Treated Caries, some previous extractions | ..... | ..... | 26 |
| No Caries, but some previous extractions | ..... | ..... | 14 |
| Some Treated Caries, but some still untreated | ..... | ..... | 27 |
| Caries, no evidence of previous treatment | ..... | ..... | 15 |
| Hypoplasia only | ..... | ..... | 1 |
| Inflamed Gums | ..... | ..... | 1 |
| | | | 137 |

Hence of the 137 children age 13 plus, 93 had sound mouths, one had hypoplasia but was not in need of treatment, one had inflamed gums and was in need of treatment, and the remaining 42 had carious teeth in need of treatment.

Owing to the variation in the ages and make-up of schools it is impossible to give a reliable comparison of teeth of children in the different schools, but there appears to be very varying standards. For instance, in one Infant and Junior School in a district of superior social status only 34.7 per cent. of the children were found to require treatment, while in a school in a much lower social area no less than 59.9 per cent. required treatment, a very high figure considering that some infant classes were included.

Absentees. Every effort was made to avoid absenteeism for treatment, and in 19 exceptionally bad cases in which treatment had been persistently refused the homes were visited by the dental nurse and the parents were persuaded to complete the treatment.

Mobile Dental Clinic. The Mobile Dental Clinic was again used in three of the outlying schools and proved to be much appreciated, all the necessary treatment being completed. The teachers and parents co-operate very well in this scheme. Treatment on the school premises saves an appreciable amount of time that would be lost from education while the children journey to and from the clinics.

Dental Clinic at Leenside. Observing that attendances for treatment are influenced by the distance of the home or school from the clinic, I suggested the establishment of a branch dental clinic on the Leenside premises, and this was opened in May, 1946.

Re-organisation of Work. I have found that the assistant dental officers develop more interest and enthusiasm if they feel that they have some area or areas for which they are personally responsible. The parents and children also like to feel that they have one particular dentist and one clinic with which they are familiar.

The City is consequently being divided into five areas with Mrs. Curtis in charge of Rose Hill and Leenside clinics and of the surrounding areas. Mr. Tomlinson is to be in charge of Player and Bulwell areas, while the part-time dental officers and I undertake most of the work at the Central clinic.

Defective Vision and Squint. 2,648 children in the Primary and Secondary Schools were examined for suspected errors of refraction or squint, the corresponding numbers being 2,912 for 1943, 2,580 for 1944 and 2,575 for 1945. Spectacles were prescribed for 1,078 children. During the year 1,124 pairs of spectacles

were procured (including spectacles prescribed in 1945 and some replacements when there had been no change of prescription). Of these, 776 were dispensed in the improved frames by the Authority's contractors, and 348 were obtained from opticians selected by the parents (the cost being borne by the parent).

Orthoptic Treatment. The scheme for treatment of squints and amblyopia has been described in previous reports. During the year orthoptic treatment has been rather delayed owing to difficulty experienced by Misses Bastow and Baker in getting trained assistants.

For some years the Eye Infirmary had been anxious to provide orthoptic treatment and towards the end of the year it was found possible to establish a special department with the idea that the whole of the instrumental work would be done at the Eye Infirmary as well as the operation work as previously. The advantages of this are obvious.

It was considered inadvisable to transfer immediately all the cases that had been having treatment by Miss Bastow's partner, Miss Baker, as so many of the children might not have liked being put into the hands of fresh people, and the change-over was to be effected gradually.

During the year 143 children (Boys 82, Girls 61) were given orthoptic treatment, making 2,341 attendances. (32 attended at the Eye Infirmary, 111 at Miss Bastow's).

Operations for squint were carried out at the Eye Infirmary by the Committee's Consultant Eye Surgeons on 63 children (Boys 34, Girls 29).

In addition 191 cases who had had orthoptic treatment in previous years or for whom orthoptic treatment had been recommended were being kept under observation.

56 cases were discharged during the year :—

| | | | | | |
|-----------------------------------|-------|-------|-------|-------|----|
| Orthoptic Cure | ..... | ..... | ..... | ..... | 16 |
| Cosmetic Cure | ..... | ..... | ..... | ..... | 27 |
| Improved | ..... | ..... | ..... | ..... | 2 |
| Left City or attained leaving age | ..... | ..... | ..... | ..... | 5 |
| Refused co-operation | ..... | ..... | ..... | ..... | 6 |
| | | | | | — |
| | | | | | 56 |
| | | | | | — |

At the end of the year, there were 56 cases awaiting orthoptic treatment, 17 of whom were awaiting operation first. In addition, 6 children were waiting their turn to have orthoptic test.

The Authority's Scheme involves :—

- (1) Ascertainment of cases by School Medical Officers and Nurses at Nursery Classes and Primary and Secondary periodical medical inspections, Clinics, etc., reference by private doctors, parents and teachers.
- (2) Examination with Refraction by Consulting Eye Surgeons or Dr. Booth.
- (3) Patching for amblyopia, when indicated, by nurse in Central or Branch Clinics and supervision by Head Teachers.
- (4) Re-examination by Eye Surgeon at appropriate intervals (with the use of Synoptophore at Central Clinic).
- (5) Reference of suitable cases for orthoptic and for operative treatment at the Eye Infirmary with preliminary report after testing by orthoptists.
- (6) Reports from orthoptists at end of each course of twelve lessons, the decision as to continuation of the treatment being made by the Eye Surgeon concerned. (In some cases, the Eye Surgeon discusses the case personally with the

orthoptist at the Eye Infirmary, the result of the discussion being noted in the records at the Central Clinic). No case is closed without the authority of the Eye Surgeon.

It will be seen that the basis of the scheme is to ensure that each case is under the personal supervision of one of the Eye Surgeons, the fullest consideration being given to the reports of the orthoptists.

The scheme is only incomplete owing to the difficulty of getting trained orthoptists.

Diseases of the Ear, Nose and Throat and of Deafness. Children suspected to require operative treatment for Tonsils and Adenoids are referred by the whole-time officers or from other sources, including private doctors, for examination by the Committee's Consultant Aural Surgeon, Mr. Marshall, or by his Assistant, Dr. Sprenger, the Senior Assistant School Medical Officer, who has had considerable experience in this work.

| | | | | |
|---|-------|-------|-------|-------|
| No. of cases examined by the Aural Surgeons | ..... | ..... | ..... | 3,777 |
| „ „ advised operative treatment | ..... | ..... | ..... | 1,377 |
| „ operations for T. & As. at Central Clinic | ..... | ..... | ..... | 972 |
| „ „ „ „ „ City Hospital | ..... | ..... | ..... | 40 |

At the end of the year 499 cases were awaiting operation.

The cases noted for operation, after being examined as to their general fitness for an anaesthetic, are admitted to the wards at the Central Clinic (13 beds) and are operated upon the next day and discharged the day after the operation. Two operation sessions are held each week but during bad weather in the winter the children are kept in three nights after the operation and the number of sessions a week is cut down to one.

Cases in which there may be some complicating factor such as Bronchitis or Heart Disease or very unsatisfactory home conditions, or when the parent for some reason or another specially asks for it, are admitted to the City Hospital where the operations are carried out by Mr. Glass.

Through the courtesy of the Medical Officer of Health and the Medical Superintendent of the City Hospital, any child with some post-operative complication such as secondary haemorrhage is admitted to the City Hospital.

The homes are visited by a School Nurse after the child is discharged in order to ensure that proper care is being given by the parents.

Each child is also given a certificate for one pint of extra milk a day during the first week after the operation.

The children are examined by one of the Assistant Medical Officers before they return to school.

A large number of parents arrange for the conveyance of children to their homes after operation by hiring a taxi or getting a lift from a friend owning a car. Occasionally apparently kindly employers have allowed the use of trade cars for the use of their employees for this. In some cases, however, it was found that the parents could not make satisfactory arrangements and in October, 1946, the Committee arranged for the conveyance of such cases to their homes.

Other forms of treatment such as washing-out of infected sinuses, operations for deflected septum or dissection of tonsils, are carried out at one of the hospitals.

A large number of running ears are treated at the Minor Ailments Clinics by toilet, and 141 cases were submitted to ionization treatment at the Central Clinic, making 872 attendances. Local medicinal treatment is also given for Chronic Nasal Catarrh.

In last year's annual report I commented upon the desirability of having operations done in one of the hospitals as soon as conditions allow. I am greatly indebted to Dr. Morton, the Medical Superintendent, for accepting an increased number of cases at the City Hospital.

Pure-Tone Audiometer. It is important to determine the degree of deafness in cases under observation. This is usually done by the forced whisper test, but more accurate assessment is secured by means of a Pure Tone Audiometer, an instrument for delivering through headphones notes of definite wave-frequencies varied in intensity.

Mr. Ward, of Alfred Peters & Sons, Sheffield, attends about once a month and tests selected cases. The number dealt with during 1946 being 87 for a first test ; in addition, 25, having been given a first test in 1945, were given a second in 1946 and 24 a third test.

Child Guidance Centre. During the year there were a number of changes in the staff of the Child Guidance Centre, to which I have already referred under "Staff."

During the year 312 cases were referred to the Child Guidance Centre, as compared with 228 in 1945.

Sources of referral :—

| | |
|------------------------------------|-------|
| Teachers | 98 |
| School Attendance Department | 26 |
| School Medical Officer | 64 |
| Other Doctors | 25 |
| Child Guidance Staff | 23 |
| Parents | 16 |
| Others | 60 |
| | <hr/> |
| | 312 |
| | <hr/> |

Reasons for Referral :—

| | |
|---|-------|
| I. <i>Nervous Disorders</i> —(Fears, Seclusiveness, Depression, Excitability, Apathy, Obsessions) | 46 |
| II. <i>Habit Disorders</i> —(Speech, Sleep, Movement, Feeding, Excretory, Nervous Pains and Paralysis, Fits)..... | 51 |
| III. <i>Behaviour Disorders</i> —(Unmanageability, Temper, Aggressiveness, Jealous Behaviour, Lying, Truancy and Wandering, Sex Difficulties, Stealing) | 102 |
| IV. <i>Psychotic Behaviour</i> | 3 |
| V. <i>Educational and Vocational Difficulties</i> —(Backwardness, Inability to keep jobs, Inability to concentrate) | 50 |
| VI. <i>For Special Examination</i> (Court Cases, etc.) | 58 |
| VII. <i>Other</i> | 2 |
| | <hr/> |
| | 312 |
| | <hr/> |

Examinations. (New Cases) :—

| | |
|---------------------------------|-----|
| Psychiatrist | 94 |
| Physician | 230 |
| Educational Psychologist | 312 |
| Psychiatric Social Worker | 219 |

| <i>Attendances and Visits :—</i> | (1946) | (1945) |
|--|--------|--------|
| Attendances for psycho-therapeutic treatment | 1880 | (1603) |
| Psycho-therapeutic interviews with parents | 600 | (412) |
| Interviews with others | 203 | (65) |
| Home Visits | 231 | (294) |
| School Visits | 1129 | (136) |
| Hostel Visits | 28 | — |

Treatment (Individual cases) :—

| | |
|---|-----|
| By Psychiatrist | 18 |
| „ Play Therapist—Individual | 25 |
| „ Senior Educational Psychologist (some in group) | 25 |
| „ Junior Educational Psychologist | *14 |
| „ Miss Gibson | *11 |
| „ Psychiatric Social Worker | 11 |

(* Including Remedial Teaching Cases).

Types of Disorders Treated :—

| | |
|---|----|
| I. Nervous Disorders | 22 |
| II. Habit Disorders and Physical Symptoms | 20 |
| III. Behaviour Disorders | 32 |
| IV. Psychotic Behaviour | 1 |
| V. Educational and Vocational | 19 |

It will be observed that some cases were treated in a Group. This can only be done for certain cases, others being quite unsuitable for such treatment. It obviously means that more cases can be submitted to treatment in a given time, a great advantage considering the number of cases on the waiting list.

The treatment of each case is usually very protracted, extending over months and, not infrequently, over years. The Child Guidance worker is seldom satisfied when the symptom which was the basis of the original complaint has cleared up as the psychological disturbances underlying are so often deep and difficult to get at.

The work has been described in previous reports. To recapitulate, the usual routine followed is :—

- (1) Complaint received.
- (2) Head Teacher asked to furnish report on child's attendance, progress, behaviour and social attitude in school and playground.
- (3) Psychological interview of the child by Senior Educational Psychologist and interview of parent or guardian by Psychiatric Social Worker.
- (4) On another day, physical examination by Senior Medical Officer, both child and parent being in the room together and psychiatric interview by Dr. Whiles of child and mother generally separately, sometimes together.
- (5) Cases needing further specialist medical examination for physical conditions are referred to appropriate Consultant at Central Clinic or to the Children's or City Hospital, when in-patient observation or investigation is indicated.
- (6) At the end of the day, the case is discussed in conference, and appropriate action is suggested by Dr. Whiles.
- (7) A report is sent to the doctor or other responsible person who referred the case in the first place, and a copy is sent to the Head Teacher of the school at which the child attends.
- (8) Treatment should of course be decided upon according to the needs of each case. In too many cases owing to the long waiting list, it is impossible to give specific treatment, and we have to give what help we can.

- (9) Cases not attending regularly for treatment, or discharged, are reviewed from time to time by summoning to the Centre, by school visit by the Educational Psychologist or the Psychiatric Social Worker, or by home visit or letter.

The Senior Educational Psychologist and the other workers follow up a number of the cases informally during visits to the schools for other purposes.

The treatment may take the form of individual psycho-therapeutic treatment by Dr. Whiles or by Miss Hawkey, occasional cases being dealt with by other workers as opportunities occur. As already noted, some cases are dealt with by treatment in a Group either by the Psychiatrist or by the Educational Psychologist. Dr. Whiles also holds discussions with the parents to help their understanding of the children's problems and to secure co-operation in treatment. The Psychiatric Social Worker also helps in the approach.

Certain cases, in which the child's behaviour had become unbearable in the home or in which the parents had been unable to cope with the situation, were admitted to the Hostel at Farnsfield or to some other hostel as seemed advisable.

Speech Defects. The Authority's Speech Therapist, having been absent ill since the last quarter of 1945, the work with regard to speech defects was practically at a standstill until the last quarter of 1946, except for some help from Mrs. Du Cane, a qualified Therapist who attended from some distance away to treat certain cases. On October 25th, Miss Everard Turner and on November 1st, Miss Renfrew, both qualified Speech Therapists, began their duties.

The help given by Mrs. Du Cane was very greatly appreciated, but it was clearly impossible for her to organise the work, and the task of picking up the threads again by the new therapists was not completed at the end of the year.

The approximate numbers of cases seen up to this time were :—

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|---------------------|--------------|---------------|---------------|
| Stammerers | 145 | 30 | 175 |
| Speech Defect | 211 | 129 | 340 |
| | | Total | 515 |

Rheumatism. It is difficult to see how treatment for Rheumatism can be provided by a Local Education Authority under present conditions. A child with Acute Rheumatism needs treatment in bed either at home under the family doctor (domiciliary treatment is not permitted to L.E.As.) or in hospital. The latter is arranged for under the Hospital Treatment Scheme. Sub-acute cases need to be dealt with according to the severity of the condition by the family doctor or the hospital.

Cases, however, convalescent from Rheumatism, or with the condition in a quiescent stage or suffering from Valvular Disease of the Heart as a result of acute or sub-acute Rheumatism, can be dealt with by observation and when appropriate, by residence in Hospital Schools catering for such cases.

Observation on a number of the more severe or abstruse of these cases was maintained by the Consulting Physician, Dr. Scott, and later in the year by Dr. Procter ; others were re-examined by one of the Assistant Medical Officers. Not a few of the children were at the same time under observation and perhaps treatment by the family doctor or by the consultant or resident staff of a hospital. Some who had been in-patients in hospital, were picked up on their discharge. A medical report on every case discharged from the City Hospital is kindly furnished by the Medical Superintendent. This is a most valuable link and it is hoped that

eventually I may receive similar reports from the voluntary hospitals. In certain of the cases, the Committee's Consultant Physician requires further investigation—X-Ray, Electrocardiogram or Blood Sedimentation Rate. This he secures by himself arranging for the special examination to be carried out at one of the Hospitals, usually the Children's.

The doctors' recommendations as to modifications in the curriculum—e.g., no swimming, no physical training, avoidance of strenuous games and exercises are sent to the Head Teachers. Frequently also reports of the Consultants' opinion are sent to the family doctor.

| | <i>Children Examined.</i> | <i>Examinations.</i> |
|---|---------------------------|----------------------|
| Consulting Physician | 162 | 189 |
| Whole-time Assistant Medical Officers | 71 | 100 |
| | <hr/> | <hr/> |
| Total | 233 | 289 |
| | <hr/> | <hr/> |

Orthopaedic Conditions. There was no change in the scheme for the treatment of Orthopaedic conditions.

Out-Patient Treatment. 1,289 cases were treated at the Cripples' Guild, and made 11,577 attendances. Of these, 18 were discharged as cured, 71 reached school leaving age, 114 were repeated absentees, 7 left the City and 2 refused treatment. The remaining 1,077 were carried over into 1947.

In-Patient Treatment. 30 cases were treated in Harlow Wood or Gringley-on-the-Hill Hospitals. 22 were discharged during the year, and 8 were still in hospital at the end of the year. 15 cases were waiting admission on the 31st December, 1946.

Types of Cases treated. (In-Patient or Out-Patient) :—

| | |
|------------------------|-----|
| Rickets | 4 |
| Spinal Curvature | 187 |
| Flat Foot | 789 |
| Other conditions | 317 |

Ultra-Violet Radiation. During 1946, Ultra-Violet Radiation was given to 808 cases, (201 carried over from 1945 and 607 new cases) of whom 670 were discharged during the year. They made 11,880 attendances.

Cod Liver Oil. 9,774 eight-ounce bottles of Cod Liver Oil were used in the Clinics and Schools throughout the year.

Hospital Treatment. Your Sub-Committee gave serious consideration to this matter and drew up a scheme which was approved by the Ministry of Education.

In general, the scheme aims at securing the provision of free medical treatment in accordance with Section 48(3) of the Education Act, 1944, and pertinent Regulations and Circulars. In respect of urgent cases, in order that there may be no delay, responsibility is accepted for treatment at any hospital. With regard to non-urgent cases, those that can be efficiently treated under the Authority's existing arrangements, such as Minor Ailments, Skin Conditions (except those requiring in-patient treatment), Ear, Nose and Throat conditions, Defects of Vision, Squint and Amblyopia, Minor Eye Diseases, Orthopaedic conditions, Dental conditions and Child Guidance cases, are excluded from the scheme, with the exception of cases referred by the Senior Medical Officer or approved by him for

some reason. Infectious Diseases and Tuberculosis cases are also excluded as they are the responsibility of the Health Department. Other non-urgent cases will be accepted at the following approved hospitals: Nottingham General, Children's and Women's Hospitals, Eye Infirmary, Nottingham Cripples' Guild, Harlow Wood and Gringley-on-the-Hill Hospitals. It is required that the treatment be carried out by physicians and surgeons approved by the Minister (in the main, consultants and officers of consulting status).

The hospitals concerned are required to notify the Senior Medical Officer immediately cases are admitted or discharged; to furnish him with appropriate notes upon the cases treated; to afford reasonable facilities for the School Medical Officers to visit the hospitals, and with the consent of the staff, to examine the cases; to arrange that there shall be no undue delay in the treatment of cases and to co-operate generally with the staff of the School Health Service.

Discretion is allowed for the payment of the cost of treatment of certain other cases not covered by the terms of the scheme.

Non-urgent cases may be treated at approved hospitals by approved staff in other areas when necessity arises.

HANDICAPPED CHILDREN.

The Education Act, 1944, laid considerable stress on the needs of Handicapped Children and in the Handicapped Pupils and School Health Regulations, published in 1945, the requirements were defined and more fully explained in the pamphlet "Special Educational Treatment," published by the Ministry of Education.

This Authority has for many years given special attention to the needs of handicapped children. At one time there was a day school for the Blind and Partially Sighted; this was closed when the numbers fell, making the efficiency of the school difficult to maintain, and the pupils were sent to residential schools. The day school for the Deaf and Partially Deaf is of long standing. Open Air classes for Delicate children were founded during the first World War and the Open Air Schools for Boys and for Girls were later established in the Arboretum, the former being transferred later to Rose Hill. The work for Educationally Sub-Normal children has been a feature of the Authority's work for many years. The Child Guidance Centre was founded in 1938, including within its ambit the work for children with speech defects and the tentative work for maladjusted children.

The placement of physically defective children was greatly hampered during the War by the lack of vacancies in suitable residential schools, but as they have been re-opened every advantage has been taken of such vacancies as were available.

Consequently, the new Regulations called for little more than compliance with the administrative regulations, although the opportunity for getting more children away to residential schools involved much more social and clerical work.

In the following paragraphs, after quoting the wording of the Regulations in respect of the different categories, I have shown how the cases have been dealt with.

Blind. "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." They must be educated in residential special schools.

The ascertainment of those who have no sight is not difficult. In this Authority it is rare for one of the Committee's Consultant Eye Surgeons to determine that a child should be placed in the category of the Blind simply because there may later be a deterioration of vision. Hence the question with regard to those who are not

actually totally blind is determined by the ability of the child to benefit by sighted methods. The decision is made by the Senior Medical Officer in close consultation with the Eye Surgeons.

They are accommodated at the following residential special schools :—

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|--|--------------|---------------|---------------|
| Birmingham Royal Institute for the Blind | 2 | 1 | 3 |
| Sheffield | 0 | 1 | 1 |
| Abbots Kerswell | 1 | 0 | 1 |
| Totals | 3 | 2 | 5 |

Partially Sighted 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 methods involving the use of sight."

In this Authority the Committee's Consultant Eye Surgeons have abandoned the formerly held opinion that use of the eyes can be any detriment to the sight (except in very rare instances), and the only cases included in this category are those who need special educational treatment in consideration of their educational development. Consequently before a child is recommended for this category the Educational Psychologist is consulted as to his educational progress, and if this is not satisfactory the Eye Surgeon is asked to consider his placement in a special school. It is not essential to send a partially sighted child to a special school, and in not a few cases his needs may be met by giving special consideration, such as sitting near the blackboard in an ordinary school.

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|--|--------------|---------------|---------------|
| Residential Special Schools for the Blind and Partially Sighted | 1 | 2 | 3 |
| Ordinary Schools | 3 | 5 | 8 |
| Day Schools for Educationally Subnormal | 1 | 1 | 2 |
| Totals | 5 | 8 | 13 |

There were 35 children with defective vision (6/18 part or worse) under regular observation by the Eye Surgeons as to their sight and by the Educational Psychologist as to their educational progress whose defect was not considered to be sufficiently severe to call for their classification as Partially Sighted.

It is pleasant to observe that so far there is no evidence of any increase of blindness or partial sightedness as a result of venereal disease in parents that may have occurred during the war.

Deaf. " Who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech."

The lot of these children is extremely hard. If the deafness is very severe and has been present from an early age, they are also dumb. The development of any speech is most difficult, and in many cases scarcely useful speech results. Their vocabulary and consequently their ideas are limited. If, in addition, there is innate dulness the handicap is still greater.

The detection of deafness in a very young child is not always easy, and in an older child it is important to determine in some cases the particular type of deafness. This can be done by the Pure Tone Audiometer, and certain children are tested by this means.

The School for the Deaf temporarily housed at Clarendon Street was transferred back to Forest Road in March, 1945.

At the end of the year the numbers of Deaf Pupils in attendance at the School for the Deaf were :—Boys, 7 ; Girls, 15 ; Total 22.

In addition there were 7 children from Notts. County in attendance.

At the end of the year there were 5 children under five years who were totally deaf and dumb but who could not be accommodated at all owing to lack of staff.

One child, age 5, had been ascertained as Deaf, but placement had not been effected at the end of the year owing to difficulties raised by the parent as to the school proposed.

Partially Deaf. " 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."

Their disability may vary from markedly severe deafness, almost as great as that of the deaf child, to slight difficulty requiring only a little more attention than the normal child. Their ascertainment calls for the greatest vigilance on the part of parents, teachers, nurses, educational psychologists and doctors, both whole time school medical officers and ear specialists.

As for the deaf, it is important to assess the exact type and degree of deafness and the amount of educational backwardness resulting.

Some may have to be educated in special schools for the deaf, but a number may be retained in ordinary schools provided the educational progress is sufficiently good. Generally, the policy has been to avoid sending a child to the special school whenever possible. Those who remain in the ordinary school are given special consideration by being placed in a favourable position in the class-room. It has not been possible to resume the part-time classes for lip-reading that were held before the war. Hearing aids have not been provided for any of the cases.

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|---|--------------|---------------|---------------|
| In Special Day School for the Deaf | 3 | 2 | 5 |
| In Ordinary Schools | 7 | 11 | 18 |
| In Special Day School for the Educationally Sub-normal | 0 | 1 | 1 |
| | <hr/> 10 | <hr/> 14 | <hr/> 24 |

Delicate. " Who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of an ordinary school." It is required that they should have education under favourable hygienic conditions with special provision for nutrition and rest.

This category was apparently devised to cater for those children who should attend a day open-air school or an ordinary school where meals and supervised rest can be provided. But it would seem that the regulations might be read to include all those children for whom on account of some physical condition the curriculum may have to be modified, e.g. severe heart disease, asthma, etc. This allows for their being recorded in the School Register as Handicapped and in need of special consideration in school and for their regular re-examination by the medical officer so that their needs are not overlooked.

While it is essential to see that the school curriculum does not endanger in any way the health of a child and that it does not bear heavily on a child who has some disability, it is equally important to see that a child who is sufficiently fit should not be coddled unduly and prevented by an over-anxious parent or teacher from taking part in the activities of the school.

It may be necessary to change a child's category from time to time. He may, for instance, have valvular disease of the heart necessitating treatment in hospital. As he improves, he may be able to receive education while still undergoing treatment and he should be in a hospital school with such education as his physical condition allows, falling into the category of the Physically Handicapped. Later he may be allowed to return to an ordinary school or be admitted to a day open-air school. Swimming or physical training and strenuous games may be prohibited, and this is supervised by placing him into the category of Delicate.

At the end of the year the figures were :—

| | <i>Boys.</i> | <i>Girls.</i> | <i>Total.</i> |
|---------------------------------------|--------------|---------------|---------------|
| At Day Open Air Schools | 142 | 118 | 260 |
| At Ordinary Schools | 57 | 66 | 123 |
| Not at School ; in Convalescent Homes | 3 | 1 | 4 |
| | 202 | 185 | 387 |

Diabetic. " Pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care." They must be placed in a hospital or hostel. The child with diabetes requires the closest attention with regard to treatment and dieting, but in most cases this can be maintained by the parent under the directions of the family doctor or the hospital physician. There were no cases in the area in this category.

Educationally Sub-Normal. " 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."

Their needs are to be met by tuition adapted to their special needs either individually or in small groups or classes including adequate facilities for practical work.

The number of children who are in some way educationally retarded is enormous. Probably most children, even including those of the highest intelligence, may at some time or another be found to require special educational attention, and at first it seemed as though the category was almost unlimited. But it later appeared that the category was meant to apply chiefly to those children who are of somewhat low intelligence and in need of education in special schools, or special classes.

For many years this Authority has given very careful attention to this problem, and the scheme and its variations have been described in previous reports.

As for ascertainment, in general the teacher is the one to notice educational retardation. But as standards vary in different schools it is necessary to make use of objective tests, Ballard's One Minute Tests being the one used in the first instance together with Burt's Graded Vocabulary Test. In as many cases as possible intelligence tests, Merrill-Terman, are applied, particular attention being given to border-line cases at the upper or lower ends of the scale. Every attention is given to emotional or physical factors as causative or complicating factors.

It is obviously essential for a child to attend school sufficiently regularly for him to benefit by education and difficult decisions have to be made when intellectual dulness is aggravated by irregular school attendance.

In all this work, the Educational Psychologists play a most essential part. All the time they are testing and re-testing children and consulting with the Head Teachers about their backward children.

Although ascertainment can be affected for any child in the area over two years of age, it is not generally desirable to take drastic steps until the child is seven years old, unless the condition is so severe as to raise the suspicion of ineducability.

There is undoubtedly a strong tendency to avoid sending a child to a special school if it can be avoided or to abstain from deciding that a child is ineducable, even in the special school. This may be due to a desire not to hurt a parent's feelings, but care has to be taken that the policy is in the best interest of the child and not to the detriment of other children in the school.

For the educationally sub-normal child with a record of irregular attendance education in a residential special school suggests itself as an obvious remedy. But unfortunately there is a serious shortage of vacancies in such schools. The Authority has partly met this difficulty by the establishment of a hostel in Forest Road for boys who attend the Day Special School at Rose Hill. This has proved particularly successful and a similar hostel for girls is contemplated. The value of this not only for educational purposes but also for moral and social training is obvious.

Dr. Sprenger and I have been approved by the Minister for the ascertainment of the Educationally Sub-Normal.

The following are the figures for 1946 :—

| | | | | | |
|--------------------------------|-------|-------|-------|-------|-----|
| Number of Children examined | ..... | ..... | ..... | ..... | 147 |
| Recommended for Special School | ..... | ..... | ..... | ..... | 92 |
| Found to be Ineducable | ..... | ..... | ..... | ..... | 25 |
| Decision deferred | ..... | ..... | ..... | ..... | 30 |

At the end of the year :—

| | Boys. | Girls. | Total. |
|--------------------------------|------------|------------|------------|
| At Day Special Schools | 164 | 168 | 332 |
| At Residential Special Schools | 3 | 2 | 5 |
| Totals | 167 | 170 | 337 |

Reports to Local Authority : during the year :—

| | Boys. | Girls. | Total. |
|-------------------------------|-------|--------|--------|
| Ineducable | 12 | 13 | 25 |
| Supervision on leaving school | 10 | 7 | 17 |

Referred to Honorary Secretary of After-Care Association :—

| Boys. | Girls. | Total |
|-------|--------|-------|
| 25 | 9 | 34 |

Backward Children. The Authority gives special attention to the ascertainment and education of children who are so educationally backward as to require special educational consideration although not sufficiently sub-normal to be classified officially as Educationally Sub-Normal. The scheme has been described in previous reports.

At the end of 1946, there were approximately 2,170 children in special classes (" Practical classes ") for backward children in the Primary Schools from age 7 years to 11 years and 2,770 in C and D Tracks in Secondary Schools.

All these pupils were assessed by the Educational Psychologists and their placement was effected with my approval. A number but not all of the C and D Track pupils were similarly assessed.

Epileptic. "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 special school must be residential.

There are a number of children who are subject to epileptic fits, but many of them can be educated in ordinary or, when educationally sub-normal, in special day schools for the educationally sub-normal. The suitability of a child for a special residential school for epileptics depends on various factors such as the frequency and severity of the fits, home factors and interference with educational progress.

During 1946, 4 children were sent to schools for epileptics, and at the end of the year the numbers in residence were:—

| | |
|-------------------|---|
| Lingfield | 6 |
| Much Hadham | 2 |
| Total | 8 |

There were some children under observation about whom a definite decision had not been reached.

Maladjusted. "Who show evidence of emotional instability or psychological difficulties and require special educational treatment."

The scheme is described in the section on Child Guidance.

Special educational consideration is given to a large number of maladjusted children in one way or another. In a certain number the maladjustment is so severe or the home circumstances are so difficult that it is deemed necessary to transfer the children to a hostel, allowing them to attend a nearby school or a residential school catering for such cases.

The hostel at Silverwood, Farnsfield, established by the Authority for difficult children evacuated from other areas, was continued as a hostel for maladjusted boys of the Authority. With the co-operation of Notts. County Education Authority, some maladjusted boys were accommodated at the Hall, Burton Joyce, and some girls at Manor Park, Ruddington. With the co-operation of the Director of Education of Kesteven some girls were placed in the hostel at Bourne, and one boy, with the co-operation of the Director of Education of the North Riding, in a hostel at Malton, Yorks.

The following table shows the distribution of the cases:—

| Hostel. | Admitted before 1946. | | Admitted during 1946. | | Discharged during 1946. | | In residence at end of 1946. | |
|-----------------------------------|-----------------------|-------|-----------------------|-------|-------------------------|-------|------------------------------|-------|
| | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls |
| Silverwood, Farnsfield | 6 | . | 12* | . | 7 | . | 11* | . |
| Manor Park, Ruddington | . | 2 | . | 2 | . | . | . | 4 |
| Burton Joyce | . | . | 4 | . | 4* | . | . | . |
| Malton | 1 | . | . | . | 1 | . | . | . |
| Bourne | . | . | . | 2 | . | . | . | 2 |
| Dr. Fitch's School, Lancs. | 1 | . | . | . | 1 | . | . | . |
| Mr. Shaw's School, Kent | 1 | 1 | . | . | . | . | 1 | 1 |
| Haybrook House, Pewsey, Wilts. | . | . | . | 1 | . | . | . | 1 |
| St. James's Hospital, Portsmouth. | . | . | 1 | . | . | . | 1 | . |
| Totals | 9 | 3 | 17 | 5 | 13 | . | 13 | 8 |

* Including two boys discharged from Burton Joyce and admitted to Silverwood, Farnsfield in December, 1946.

Physically Handicapped. " 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."

It is required that they be educated in a special school.

The category includes children who are permanently handicapped and also some who are in need of prolonged (three months or longer) treatment or convalescence, especially in residential schools for the physically handicapped or residential open-air schools.

The Hospital and Open Air Schools to which children were sent during 1946 were :—

St. Gerard's Hospital, Coleshill, Birmingham.
 St. John's O.A.S., Woodford Bridge, Essex.
 Winford Heart and Orthopaedic School, Nr. Bristol.
 St. John's O.A.S., Brighton.
 Halliwick Cripples' School, Winchmore Hill.
 Meol's Drive O.A.S., West Kirby, Cheshire.
 Meath Hospital School, Ottershaw, Surrey.
 Lancing Children's Heart Home, Lancing, Sussex.
 Goldie Leigh L.C.C. Hospital, London.
 St. Patrick's O.A.S., Hayling Island.
 St. Catherine's O.A.S., Ventnor, Isle of Wight,
 St. Vincent's O.A.S., St. Leonards-on-Sea.
 Bradstock Lockett Hospital School, Southport.
 Hurst Lea School, Sevenoaks, Kent.

All these are special schools certified by the Ministry of Education.

| | | | |
|-----------------------------|-------|-------|----|
| In residence at end of 1945 | ..... | ..... | 14 |
| Admitted during 1946 | ..... | ..... | 49 |
| Discharged during 1946 | ..... | ..... | 30 |
| In residence at end of 1946 | ..... | ..... | 33 |

These figures do not include children in the City Hospital, Harlow Wood Orthopaedic and Gringley-on-the-Hill Hospitals or Newstead Sanatorium Hospital Schools who may have been given education during residence.

The value of this work cannot be over-estimated. For severely and permanently crippled children it may be the only means of their getting education and social life with other children. For the less severe cases, it may be the means of breaking a long period of ill-health and of restoring to more or less complete health those who otherwise may have been destined to chronic invalidism.

The placing of the children in such schools is not a simple matter. The physical condition is the first consideration. The location of most of the schools so far from Nottingham involves long journeys, perhaps including the crossing of London, which for an ailing child may be very trying. In some instances it was found necessary to convey the child by ambulance or private car. A nurse or other responsible person must accompany the children. The Service is indebted to the Superintendent Welfare Officer and other officers of the School Attendance Department for their considerate help.

It is obvious that the benefits of the treatment will be lost and the initial cost of the transference wasted, if the child does not settle happily or if the parents want to bring him home too soon, and it is considered part of the treatment that opportunity should be afforded to parents to visit the child at monthly intervals. For those parents who find it difficult to afford the cost of the journey vouchers for the

train fare are provided if the medical officer of the school certifies that it is advisable for the visit to be paid. More frequent visits are generally neither necessary nor desirable.

Administratively this is a form of special educational treatment and the whole cost is borne by the authority.

Great care has to be taken to select the right type of school. There are far too few vacancies and there is generally considerable delay before a vacancy can be secured.

The whole work calls for a considerable amount of detailed organisation which is entrusted chiefly to the Almoner. The amount of correspondence involved in each case is often considerable.

Recommendations for such placements come from various sources; school medical officers, nurses, private doctors, hospital surgeons and physicians, teachers, education officers, etc. The almoners of the various departments of the Health Department and of the hospitals form a valuable link.

The stay at the hospital or open air school is for three months in the first instance, the period being extended to six, nine or more months as may be indicated, and not infrequently for the remainder of the child's school life. The average stay of the cases during 1946 was 29 weeks (excluding three cases who were removed by the parent against advice, and two permanent cases).

Parents are most appreciative of the help that is thus given. A few refused to allow their children to go, and although under the terms of the Education Act compulsion is possible, it is by no means easy.

Reports at regular intervals are asked for from the schools and pertinent information is sent to the parents in order to keep them informed of their children's progress.

Multiple Defects. A certain number of children suffer from more than one handicapping condition. The difficulties of these cases are very great and can only be met by giving careful consideration to the nature and degree of each disability and their total effect on the child's life.

Educationally Sub-normal and Physically Defective :

| | | | |
|--|-----|-------|-----|
| At Special Day School for Educationally Sub-normal | ... | ... | 1 |
| At Residential School for Physically Handicapped | ... | ... | 3 |
| At no School | ... | ... | 5 |
| | | Total | — 9 |

Educationally Sub-normal and Delicate :

| | | | |
|------------------------|-----|-------|-----|
| At Day Open Air School | ... | ... | 1 |
| | | Total | — 1 |

Educationally Sub-normal and Epileptic :

| | | | |
|--|-----|-------|-----|
| At Day Open Air School | ... | ... | 1 |
| At Residential School for Epileptics | ... | ... | 1 |
| At Day School for Educationally Sub-normal | ... | ... | 1 |
| | | Total | — 3 |

Educationally Sub-normal and Partially Sighted :

| | | | |
|--|-----|-------|-----|
| At Day Special School for Educationally Sub-normal | ... | ... | 2 |
| | | Total | — 2 |

Partially Deaf and Delicate :

| | | | |
|------------------------------------|-----|-------|-----|
| At ordinary school | ... | ... | 3 |
| At no school (awaiting allocation) | ... | ... | 1 |
| | | Total | — 4 |

Blind, Physically Handicapped and Educationally Sub-normal :

| | | | |
|--------------|-----|-------|-----|
| At no school | ... | ... | 1 |
| | | Total | — 1 |

Grand Total 20

During the year the Authority reviewed its arrangements for pupils requiring special educational treatment and published its conclusions in the Educational Development Plan.

In October, 1946, a conference was held at Derby of the various Local Education Authorities of the North Midland Area to consider the provision of residential school accommodation for Handicapped Pupils in the area. Further meetings were held later.

PIPEWOOD CAMP SCHOOL.

The establishment of this school, some 45 miles from the City in an isolated agricultural area, for over 200 children, although catering for normal children, has involved many difficult medical problems. The general details were described in last year's report.

It has been found necessary to maintain a Resident Nurse and a Nurses' Assistant to deal with not only acute illness or accidents but also with the general health, cleanliness and welfare of the children.

Each child is medically examined as to his or her health and cleanliness shortly before departure and every effort is made to ensure the medical care of the children when at the school.

The Committee are very greatly indebted to the skill and attention given by Dr. Armson and his partner, who are responsible for the immediate care of the children.

ALMONER.

Under the Handicapped Pupils and School Health Regulations, the School Health Service is required to make itself responsible not only for the health, but also for the welfare of children, whereby the duties of the Service for matters other than the immediate concern of the physical welfare of the child have had to be assumed.

Many of these activities have been referred to elsewhere in this report.

It was soon found that the medical and administrative staff was involved in very detailed work occupying a considerable amount of time and calling for special knowledge and experience. Consequently, the Committee, towards the end of 1945, decided to appoint an Almoner to deal with such matters. Miss Bethell, a fully-trained Almoner, was appointed, and began her duties in November, 1945.

The main part of her work consisted in finding vacancies at suitable Residential Schools and Convalescent Homes for Delicate and Physically Handicapped Children on the recommendation of the Medical Officers. To do this satisfactorily she has had to maintain up-to-date information on Schools and Homes through various agencies such as the Ministry of Education, the Institute of Almoners, Invalid Children's Aid Association and other organisations.

Forms, not always simple, have to be filled in ; various conditions have to be complied with ; intimate difficulties in the home have to be met, and the personal idiosyncracies of the parents and the child have to be considered. The conveyance of the children has to be organised according to the needs of each individual case, rendezvous must be carefully organised, ration cards, clothing and so forth seen to.

The child having successfully arrived at the Home or School, the Almoner has to keep in touch with the person in charge to obtain regular reports on the progress of the child. The parents are seen at the Clinic or written to or visited at home so as to reassure them. Complaints, generally unfounded, have to be investigated

and other difficulties overcome. By these means it is possible to ensure that the child remains settled and is able to secure the greatest benefit from the treatment.

By maintaining contact with the parents, the Almoner can help and advise on matters affecting the child's health directly or indirectly. Every effort is made to secure appropriate assistance when needed from the many local authority and voluntary organisations. To do this, the closest touch is maintained with the Almoners of the various services of the Health Department and of the hospitals. In any community there are a certain number of families in need of the constant help of such services, and in any home some unexpected occurrence may call for very special consideration.

During the year the Almoner was in constant touch with the Inspectors of the N.S.P.C.C., who render such valuable service, not only for children who frankly need protection from negligent or even cruel parents, but also for those whose parents through no fault of their own are temporarily faced with domestic difficulties.

Among her other duties is the giving of assistance to those seriously handicapped children whose lives may be made happier by being put in touch with various organisations such as Girl Guides, Boy Scouts and clubs, to arrange for some occupation at home.

The medical details of the cases must be dealt with by the professional staff of the service, the Medical Officers and the School Nurses, and it is essential to observe the limitations of the Almoner in this respect. On the other hand it is important that she should maintain the closest contact with them and with the other social workers of the area.

I have been fully satisfied with the value of the work of the Almoner during the year, not only through the saving of the medical and administrative staff in work for which they have not been trained, but also in the provision of a more efficient service for the health and welfare of the children of this area.

TUBERCULOSIS OF THE LUNGS.

The adult form of Tuberculosis of the Lungs is rare in children, but they may become infected and it is of the greatest importance to take the condition in its early stages before serious clinical symptoms, manifest to ordinary medical examination, become established. This can only be detected by X-Ray examination and most helpful co-operation is given by the Tuberculosis Department of the Health Committee.

151 cases were referred by the School Health Service to the Tuberculosis Officers. Signs of tuberculosis were detected in 2 cases and 7 were noted for further observation. Appropriate action was taken, usually admission to the Sanatorium, until the condition had been proved to be quiescent.

A number of cases are also referred by private practitioners or hospital physicians to the Tuberculosis Officer who invariably notifies the School Medical Officer of them.

On discharge from the Sanatorium, the Medical Superintendent notifies the School Health Service, so that if necessary after further observation by the Tuberculosis Officer at the Tuberculosis Dispensary the child may be admitted to the Day Open Air School.

It is particularly valuable that while the child is in the Sanatorium he is given appropriate education by the Sanatorium Teaching Staff so that his mental and educational progress is helped.

During the year 40 cases were admitted to Newstead Sanatorium and 25 cases were discharged during the year (some of these had been admitted before 1946).

CHEST RADIOGRAPHY.

Continuing the co-operation with the Chest Radiography Centre of the Health Department, 4,958 children of 14 years and upwards (2,187 in the Grammar Schools and 2,771 in other Secondary Schools) voluntarily submitted themselves to Chest Radiography, chiefly for the detection of unsuspected tuberculosis of the chest. 5 cases with active tuberculosis were discovered, and 264 healed lesions were observed.

It was reported last year that the 3 cases of active tuberculosis in 1,209 X-Rayed were well below the expected rate, and the position in 1946 is equally satisfactory.

In two of the 5 cases there was a history of tuberculosis in other members of the family; the children had shown no signs of tuberculosis when X-Rayed previously.

Three of the cases were admitted to Newstead Sanatorium, one to the Isolation Hospital and the fifth was kept under observation at the Tuberculosis Dispensary.

It is to be observed that in none of these cases would the infection have been revealed by other clinical methods.

With the co-operation of Head Teachers, the arrangements were carried out with little interference with school routine.

Opportunity may be taken here of expressing my great appreciation of the considerate and helpful co-operation given by Dr. Beynon and his colleagues in this valuable work.

HOSTELS.

The following Residential Institutions were maintained by the Education Authority :—

Silverwood Hostel, Farnsfield, for 13 maladjusted boys.

Rosehill Hostel, Forest Road West, Nottingham, for 14 difficult educationally sub-normal boys.

Girls' Remand Home, 4, Burns Street, for girls dealt with by the Courts.

DELINQUENTS.

85 children or young persons (Boys 53, Girls 32) were examined in connection with Court proceedings, some examinations being as to freedom from infectious disease, others as to the child's physical and mental fitness for an Approved School, while others involved full Child Guidance examinations. A number of the children were brought up for several examinations for various purposes during the year.

Girls' Remand Home. The medical supervision of the Home was in the hands of the Senior Medical Officer. The girls were in residence usually only for a short period but during that time they sometimes caused considerable anxiety. A certain number had run the risk of infection by Venereal Disease and every case in which there was a reasonable likelihood of infection was referred for examination to the Venereal Disease Officer. I am greatly indebted to Dr. Marinkovitch and his staff for very helpful co-operation.

There were repeated instances of girls being brought to the Remand Home from a distance without any indication as to the nature of the misconduct or whether medical examinations had been carried out elsewhere and with what result. One had often to get as good an idea as one could by interrogation of the girls, but obviously the information given by them was most unreliable. It is not desirable to inflict on a girl the indignity of a local medical examination to determine freedom from Venereal Disease when she has in no way exposed herself to this danger, although a thorough examination by a specialist is essential when there has been any chance of infection.

It is most difficult to understand why sufficient information should not be available to the Medical Officer in charge of a Remand Home.

I need hardly add that there were no such difficulties with cases admitted by this Local Education Authority.

DEPRIVED CHILDREN.

Widespread attention was focussed during the year on the care of children who for various reasons have been deprived of normal home life with their parents, and the Report of the Curtis Committee was published during the latter half of the year.

Without assuming a pharisaical attitude or claiming that the Authority has nothing to learn about the needs of such children, the Authority may claim to have always given them the closest consideration.

Public Authority Children's Homes. The supervision of the health of the children in the Central and Scattered Homes is under the Medical Officer of Health and the Medical Officers of the M. & C.W. Department, with whom there is close co-operation. The children attending school are subject to periodical medical inspection with other children. Dental inspection is carried out by fortnightly visits of the Senior Dental Officer to the Central Homes.

As for treatment, the children get precisely the same benefits of treatment as do others. Children committed to the care of the Local Education Authority are examined by a School Medical Officer before admission to the Home.

Gordon Boys' Homes. The thirty to forty boys in the Gordon Boys' Homes attend the ordinary schools and get the same attention as other children except that they are examined by the Senior Dental Officer three times a year instead of once a year.

National Children's Homes. These boys attend ordinary schools and get the same attention as other children. Considerable help has been given by the Child Guidance Centre staff in certain instances of exceptionally nervous or difficult children.

Nazareth House. This is an Orphanage for Catholic Children. It maintains its own school. Since 1940 the Senior Dental Officer has inspected the children twice a year and given the necessary dental treatment at the Central Clinic.

The work was so acceptable, that in April, 1946, the authorities of the Home applied to have the benefit of medical inspection and treatment under Section 78 of the Education Act, 1944, and with the permission of the Minister of Education this was undertaken.

Girls' Remand Home. Medical examination of each girl on admission and from time to time as needed. Treatment is given at School Clinics, City Hospital, Women's Hospital or General Hospital. Dental Inspection is undertaken twice a year; dental treatment is given at Central Clinic. Certain cases are given detailed examination at Child Guidance Centre.

Rosehill Hostel. For boys in attendance at the Special Day School for Educationally Sub-Normal who, owing to misbehaviour, truancy or neglect by the parents, have been transferred to the care of the L.E.A. (See p.21).

Silverwood Hostel, Farnsfield. For maladjusted children—some at instance of parents, others after being placed under care of L.E.A. General supervision by Senior Medical Officer, with medical attention for more acute conditions by local general practitioner. All cases are fully examined at Child Guidance Centre before admission. A certain number attend regularly for treatment at Child Guidance Centre.

Boarded-Out Children. Before a child is boarded out by the Local Education Authority he is medically examined as to his fitness.

The cases are re-examined at the end of the first month and later at appropriate intervals to ensure that they are being well-cared for. Special attention is given at the Child Guidance Centre to any child showing emotional or behaviour difficulties, and recommendations about change of home are frequently made.

The co-operation with the School Attendance Department is particularly close in respect of these children.

Maladjusted Children. The section of this Report on Maladjusted Children indicates the attention that is given while still in their own homes, while under foster-parents or in Homes or Hostels. (See p.22).

Educationally Sub-normal. The difficulty of securing vacancies in Residential Schools for educationally sub-normal children has been met partly by the establishment of Rosehill Hostel for Boys referred to above. (See p.20).

A similar Hostel for educationally sub-normal girls is being contemplated.

Mentally Defective. Ineducable defectives are the concern of the Local Mental Deficiency Authority to whom all such cases are referred.

Physically Handicapped. Every advantage has been taken of the too few places in Residential Open Air Schools, etc. for those children who need such treatment. The Medical Officer of the Residential School is asked to give a monthly report on the medical progress of the child and care is taken to keep in touch with the parents and for the parents to visit the children at monthly intervals. (See p.23).

Blind or Partially Sighted Children. Blind or Partially Sighted Children in Residential Schools during term time are examined immediately on their return home and immediately before they return to school.

These are instances of the attention that is given by the School Health Service to Deprived Children. The Authority has always through its various branches given the most sympathetic care to ensure not only the physical and educational progress of each child but also to the less tangible aspects, such as the happiness and general psychological development. It entails a good deal of extra work, but is undoubtedly worth while, not only for humanitarian considerations but also for the general welfare of these less fortunate children.

One cannot help feeling that in their concern for those children elsewhere who may have been given less appropriate attention, the Curtis Committee failed to appreciate all that this School Health Service and no doubt that of many other Authorities have been doing for these children.

HOME VISITS BY NURSES.

Absentees from special examinations and irregular clinic attendances call for home visits by the Nurses to ascertain the cause of the irregularities, whether due to

illness of the parent, pre-occupation with the work outside the home or negligence. 4,253 such visits were paid during the year, an average of about 355 in each month. 170 home visits were also paid by the Almoner in connection with home difficulties, complaints about unsatisfactory housing, over-crowding and so forth.

DIPHTHERIA IMMUNISATION.

The School Health Service continued to co-operate with the Medical Officer of Health in the Immunisation of Children against Diphtheria. The following figures have been kindly supplied by the Medical Officer of Health, showing the total number of children immunised against Diphtheria in each age group at the end of December, 1946 :—

| | | | | | | | | | | |
|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|
| Year of Birth | ... | ... | 1932. | 1933. | 1934. | 1935. | 1936. | 1937. | 1938. | 1939. |
| No. of children immunised | ... | ... | 3,341 | 3,056 | 3,350 | 3,322 | 3,582 | 3,174 | 3,237 | 3,193 |
| Year of birth | ... | ... | 1940. | 1941. | 1942. | 1943. | 1944. | 1945. | 1946. | |
| No. of children immunised | ... | ... | 2,856 | 2,713 | 2,706 | 2,833 | 3,166 | 2,037 | 1 | |

DAY CONTINUATION SCHOOL.

The medical inspection of pupils in attendance at Boots College, Beeston, is carried out by Dr. T. A. Lloyd Davies on behalf of the Senior Medical Officer.

EMPLOYMENT.

Part-time Employment of Children. During 1946, 1,101 children in attendance at school were examined as to their fitness for part-time employment in accordance with the Bye-Laws.

Towards the end of 1946, your Senior Medical Officer made enquiries from the authority's assistant school medical officers and head teachers and from school medical officers of various other authorities, and formed the conclusion that although there was considerable prejudice against such part-time employment there was no evidence that it did any harm provided that the Bye-Laws were efficiently enforced. Some medical officers and head teachers indeed were of the opinion that in certain respects it was beneficial to the children. It appeared to be generally agreed, however, that it was not suitable for grammar school children.

Few children in the area are engaged in theatrical performances. The supervision over these children appears to be efficient and no harmful effects have been observed.

Juvenile Employment. As the child approaches school leaving age, the Superintendent of the Juvenile Employment Bureau is furnished with such medical information as may be helpful to him in suggesting suitable or unsuitable occupations and appropriate action is accordingly taken.

CO-OPERATION WITH OTHER BODIES.

In various places in the report I have mentioned co-operation with other bodies both municipal and voluntary. The effectiveness of the service for children is greatly enhanced by the close relationship that is maintained with the Medical Officer of Health and with the officers, both professional and lay, of the many departments under his administration, and I should like to take the opportunity of expressing my deep appreciation.

It is essential to maintain close touch with the hospitals in connection with the admission of cases requiring treatment and with their discharge, in order to facilitate following up, placement in day or residential schools, etc.

I fear that at times this may entail a considerable amount of clerical and other work, but any who find it a nuisance may be assured that it is invaluable.

It will be required even still more when the National Health Service comes into being, and it is pleasant to record that it is already being so fully developed.

Of the many voluntary organisations from whom the Service gets assistance, the National Society for the Prevention of Cruelty to Children is one that must be specifically mentioned. During the year 80 cases of neglect were referred to the Inspectors. Also 11 cases of neglect to attend for retinoscopy or to procure glasses, and 3 absentees from examination or operation for Tonsils and Adenoids.

A tribute should be paid to the tact and efficiency of the Society's Officers.

CONCLUSION.

During the whole of 1946, the School Health Service has carried on its normal duties and at the same time has striven to solve the new problems created by the Education Act of 1944, and to fulfil the obligations involved. The task has been made easier by the willing work of its staff and, it should be remarked, by the enthusiasm shown by those members who have resumed their duties on release from the fighting services. It is fully realised that the Authority expects a high standard of efficiency, and the Service is encouraged in this by the considerate interest shown by the Chairman, Vice-Chairman and members of the School Health Sub-Committee and by the Director of Education.

A. A. E. NEWTH,

Senior Medical Officer.

CITY OF NOTTINGHAM.

General Information as at 31st December, 1946.

| | | | |
|---|-----------------------|-----------------------------------|--------|
| Population | 283,160 | No. of school departments ... | 131 |
| Area acres | 16,166 | No. on rolls | 37,613 |
| Density of population | 17.5 persons per acre | Average attendance | 33,409 |
| No. of Schools | 84 | | |
| Rateable Value of the City— at 31st December, 1946 | £2,216,688 | Penny Rate—Produced in 1946-47 :— | £8,872 |
| Rate levied for education purposes— 1946-47 | 4s. 11.47d. | | |

MEDICAL INSPECTION AND TREATMENT RETURNS

Year Ended 31st December, 1946.

TABLE I.**Medical Inspections of Pupils attending Maintained Primary and Secondary Schools.**

A.—ROUTINE MEDICAL INSPECTIONS.

| | | | | | | | |
|--------------------------------------|-----|-----|-----|-----|-----|---------------------------|---------------|
| (1) No. of Inspections : | | | | | | | |
| Entrants | ... | ... | ... | ... | ... | ... | 3,833 |
| Second Age Group | ... | ... | ... | ... | ... | ... | 1,694 |
| Third Age Group | ... | ... | ... | ... | ... | ... | 1,029 |
| | | | | | | Total | 6,556 |
| (2) No. of other Routine Inspections | ... | ... | ... | ... | ... | ... | 9,625 |
| | | | | | | Grand Total | 16,181 |

B.—OTHER INSPECTIONS.

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|---------------|
| No. of Special Inspections and Re-Inspections | ... | ... | ... | ... | ... | ... | 35,057 |
|---|-----|-----|-----|-----|-----|-----|---------------|

TABLE II.**Classification of the Nutrition of Pupils Inspected during the Year in the Routine Age Groups.**

| Number of Pupils Inspected | A (Excellent) | | B (Normal) | | C (Slightly subnormal) | | D (Bad) | |
|----------------------------|------------------|-------|---------------|-------|---------------------------|------|------------|-----|
| | No. | % | No. | % | No. | % | No. | % |
| 6,556 | 1,002 | 15.28 | 5,138 | 78.37 | 414 | 6.32 | 2 | .03 |

TABLE III.*Group I.*—TREATMENT OF MINOR AILMENTS (excluding uncleanliness).

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|---------------|
| Total Number of Defects treated or under treatment during the year under the Authority's Scheme | ... | ... | ... | ... | ... | ... | 22,814 |
|---|-----|-----|-----|-----|-----|-----|---------------|

Group II.—TREATMENT OF DEFECTIVE VISION AND SQUINT.

| | Under the Authority's Scheme |
|--|------------------------------|
| ERRORS OF REFRACTION (including squint) | 2,648 |
| Other defect or disease of the eyes (excluding those recorded in Group I) | 22 |
| Total | 2,670 |

TABLE III (continued)

No. of Pupils for whom spectacles were :

| | Under the Authority's Scheme |
|-----------------------|------------------------------|
| (a) Prescribed | 1,078 |
| (b) Obtained | *1,124 |

* Pairs of spectacles provided by the Authority's Contractors 776

* Pairs of spectacles obtained by parents from opticians of their own choice 348

* Includes 128 pupils whose spectacles were (a) prescribed in 1945 and obtained in 1946 ; or (b) obtained as replacements in cases where recent prescription has been unchanged.

Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

| | Under the Authority's Scheme |
|--|--------------------------------|
| Received Operative Treatment | 972 (+ 40 at City Hospital) |
| Received other forms of treatment | *29 |
| Total number treated | *1,001 |

*In addition, 141 children received ionisation treatment and 635 had local medicinal treatment.

TABLE IV.**Dental Inspection and Treatment.**

| | | |
|---|--------------|-------|
| (1) No. of pupils inspected by the Dentist :— | | |
| (a) Routine age-groups | 31,411 | |
| (b) Specials | 2,366 | |
| (c) Total (routine and specials) | 33,777 | |
| (2) Number found to require treatment | 17,597 | |
| (3) Number actually treated | 8,646 | |
| (4) Attendances made by pupils for treatment | 12,008 | |
| (5) Half-days devoted to :— | | |
| Inspection | 228 | |
| Treatment | 1,231 | |
| | Total | 1,459 |
| (6) Fillings :— | | |
| Permanent Teeth | 6,142 | |
| Temporary Teeth | — | |
| | Total | 6,142 |

