[Report 1951] / School Medical Officer of Health, Nottingham City.

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CITY OF NOTTINGHAM EDUCATION COMMITTEE

MEDICAL OFFICER'S ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1951

Adopted by the Education Committee at its Meeting held on 22nd October, 1952

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

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

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CITY OF NOTTINGHAM

General Information as at 31st December, 1951

Population	306,600
Area	acres 16,166
Density of Population : 19 persons per acre	
Rateable Value of the City— at 31st December, 1951,	£2,307,952
Rate levied for education purposes— 1951-52	7*s.* 6.88*d.*
No. of Schools	140
No. on Rolls	45,579
Average Attendance	40,713
Penny Rate—Produced in 1951-52	£9,220

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(*Municipal Year* 1951-52)

CHAIRMAN: COUNCILLOR MISS M. GLEN BOTT, F.R.C.O.G., J.P.,
VICE-CHAIRMAN: COUNCILLOR E. S. FOSTER, J.P.,
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J. H. SALT, Esq.

—oOo—

STAFF (31st DECEMBER, 1951)

SENIOR MEDICAL OFFICER (Education):
A. A. E. NEWTH, O.B.E., M.B., B.S., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER:
R. G. SPRENGER, M.B., Ch.B.

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

PART-TIME SPECIALISTS:
(*By arrangement with the Sheffield Regional Hospital Board*)
N. P. R. GALLOWAY, M.B., Ch.B., D.O. (Ophthalmic Surgeon),
G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon),
J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon),
A. R. A. MARSHALL, M.B., Ch.B., F.R.C.S. (Aural Surgeon),
A. P. M. PAGE, M.D., M.R.C.P., D.C.H. (Paediatrician),
S. A. S. MALKIN, C.B.E., M.B., B.S., F.R.C.S. (Orthopaedic Surgeon),
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H. FISHER, M.D., M.R.C.S., L.R.C.P. (Psychiatrist),
MISS J. E. GREENER, M.B., Ch.B., D.P.M., D.P.H. (Psychiatrist).

PART-TIME MEDICAL OFFICERS:
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MRS. E. McKINNA, M.B., B.S. (Dental Anaesthetist),
MRS. T. M. PHELPS, M.B., B.S. (Dental Anaesthetist),
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MISS P. H. S. SHAW, M.D., D.P.H. (M.O., Boots' College),
G. ARMSON, M.R.C.S., L.R.C.P. (M.O., Pipewood School).

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MISS B. M. BALDWIN, B.A. (Child Psychotherapist),
MISS J. M. FREEMAN, B.A. (Junior Educational Psychologist),
MISS D. WORTH, B.A. (Psychiatric Social Worker),
MISS C. A. STARK (Psychiatric Social Worker),
MISS C. E. RENFREW, F.C.S.T. (Senior Speech Therapist),
MISS M. E. ELLIS, L.C.S.T. (Speech Therapist),
MISS K. ROBINSON (Remedial Teacher),
MISS J. AUCKLAND (Clerk),
MISS M. L. SANSOM (Clerk).

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RADIOGRAPHER: A. J. WHITTAKER.

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MISS E. M. ABBOTT,
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MISS M. STUCHBURY,
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†MISS E. M. HARRIS,
MISS E. M. BALL,
MRS. J. CARNILL,
MRS. A. GRIMSHAW (Resident Nurse, Pipewood School).

NURSING ASSISTANTS: *MISS A. WATSON, *MRS. F. KINDER.

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MISS G. B. BULL,
MISS E. GREEN,
MRS. M. PENN,
MRS. E. E. DIN,
MISS J. L. SWINBURNE.

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MISS A. E. MORRIS,
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MISS D. J. KENT.

CLINIC ATTENDANTS:
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*MRS. H. ROACH,
*MRS. M. WYKES,
*MRS. E. WILLIAMSON,
*MRS. G. GREGORY,
*MRS. E. DICKINSON,
*MRS. D. BAYLISS.

CLERICAL STAFF:
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Clerks:
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MISS C. M. SMITH,
MISS I. STEVENSON,
MISS P. M. FREEMAN,
MISS E. E. SMITH,
MISS F. M. GREEN,
MR. G. E. D. HANCOCK,
MISS S. PIKE,
MRS. N. E. SEAGRAVE,
MISS G. M. HEATLEY,
MISS M. GUNN,
MRS. W. SISSON,
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MISS M. HANDLEY,
MISS G. WADE,
MRS. B. M. KILBORN,
MISS P. S. ROPER,
MISS A. HAYWOOD,
MISS M. A. ARCHER,
MISS M. E. JOHNSON,

CARETAKER: MR. H. HITCH.

HOSTELS FOR MALADJUSTED PUPILS:

Silverwood.
Warden and Matron: MR. and MRS. C. A. FITCH,
Assistant Matrons: MISS C. I. POXON and MISS E. DEELEY,

94 Mansfield Road.
Warden and Matron: MR. and MRS. A. O. BROUGHALL.

* *Part-time Staff.* † *Health Visitors Certificate.*

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1951

BY

THE SENIOR SCHOOL 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 1951.

The general health of the children was good and there were no serious epidemics although measles showed the highest incidence for several years.

The work of the Service was greatly handicapped during the latter part of the year by shortage of whole-time doctors and throughout the year by lack of dentists.

The waiting lists for orthoptic treatment of squint and for operations at the Eye Infirmary increased during the year.

It is pleasant to record that a great many more reports were received from the hospitals and from the Chest Clinic.

Relations with the family doctors continued to be very good.

Certain improvements of a minor character were carried out at the Central Clinic.

STAFF

Medical Officers. Dr. J. T. Crean, who was appointed in November, 1950, left the service at the end of September, 1951, to study for a further qualification.

The vacancy could not be filled until after the New Year owing to the refusal of the medical journals to publish advertisements until a dispute over the salary of officials in another department had been settled.

During the latter part of the year there was loss of time of two other whole-time medical officers owing to illness.

In all, the amount of loss of time of medical officers in the last quarter was very considerable.

Dr. W. H. Whiles, part-time specialist psychiatrist, left the City at the end of March to take up similar work in the South and was replaced by Dr. J. E. Greener whose arrival was delayed until the middle of June.

School Nurses. Miss M. A. Hoare left on January 31st to get married and Miss S. Newbold resigned on August 9th as she was leaving the area.

Miss E. J. Cowing retired on superannuation at the end of May after having given very valuable service to the Authority ever since 1923.

Mrs. A. Allen and Mrs. E. M. MacQueen were appointed in February, Miss B. Baguley in May, Mrs. J. Carnill in September and Miss J. B. Kitson in October.

Hostel Staff. Mr. and Mrs. A. O. Broughall began their duties as Warden and Matron at Mansfield Road Hostel for Maladjusted Boys on January 29th.

Miss G. Goodwin, Assistant Matron at the Silverwood Hostel, left at the beginning of September and was replaced by Miss E. Deeley on November 19th.

The very greatest difficulty was experienced in securing assistants for the hostels.

MEDICAL INSPECTION

The work of periodic medical inspection was greatly hampered by the lack of medical staff during the latter part of the year. The more urgent work, such as that in the clinics, had to be given preference over periodic medical inspections, although the latter is basically the more important being the foundation of the work of the school health service.

Repeatedly I had to postpone pre-arranged inspections in a school. Several times this had to be done at very short notice, causing great inconvenience to the teachers and to those parents who could not be warned of the last minute change of plans.

In consequence of this shortage of staff only 8,431 prescribed Periodic Medical Inspections were done in 1951 compared with 11,175 in 1950, 12,931 in 1949 and 10,737 in 1948.

The other Periodic Inspections amounted to 9,790 (1950—9,686) bringing the Grand Total of Periodic Inspections up to 18,221, about 2,600 less than that of 1950.

It happened that the examinations of the 7-8 year-olds (non-statutory group) took place mostly in the middle two quarters of the year when all the medical staff were available; consequently they were not curtailed. The numbers of examinations of certain of the Handicapped Pupils who were neither at Open-Air Schools nor at other Special Schools were not so satisfactory as in previous years.

Other Periodic Inspections :

	1947	1948	1949	1950	1951
Intermediate (7-8 year-olds)	2,952	5,345	3,887	4,516	4,983
Grammar and Technical Schools	3,447	2,663	1,330	1,800	1,883
Nursery Classes other than Entrants		1,269	1,387	1,388	1,309
Special Schools	934	1,047	718	841	888
Handicapped, etc.	253	400	1,132	1,141	727
	7,586	10,724	8,454	9,686	9,790

Follow-up. In reports of several years ago, a page or more of the annual report would be given to the Follow-up work. This used to consist largely of formal re-examinations by the doctors at the school of children who had been found at a previous examination to have some defect for which treatment was necessary.

Follow-up work to-day is of a much less formal kind, but it is still going on continuously. Neglected, dirty children are "followed-up" repeatedly in the school by the nurses' assistants and are often constant visitors to the minor ailments clinics. Eye cases are re-examined at varying intervals at the clinics; ear, nose and throat cases are kept under regular observation if need be by the aural surgeon. Heart cases are repeatedly examined by the Paediatrician at the Central Clinic or at the hospital, while chronic chest conditions are kept under observation often at the City Hospital, tuberculosis cases being under the care of the Chest Physicians at Forest Dene.

Thus in ways varying according to the nature and needs of the case the school health service ensures that the child in need of observation is watched by the family doctor, the specialist or by the school medical officers and nurses.

Results of Medical Inspection. Last year I was able to show a decrease during the last few years in the percentage of leavers found at periodic medical inspection to be in need of treatment and expressed the hope that this decrease would continue. It has not done so, but the figures are not large and I do not think that any great significance should be attached to them.

The following table shows the percentage of children in the Prescribed Groups found at Periodic Medical Inspection to require treatment (excluding dental defects, uncleanliness and defective vision).

	1947	1948	1949	1950	1951
Entrants	12.8	11.7	12.5	12.5	11.9
Second Age Group	8.8	5.6	5.3	4.6	4.1
Third Age Group	—	5.8	3.7	2.2	3.6
Total	10.7	8.3	8.4	6.9	6.7

General Condition. The medical officers carrying out periodic medical inspections seem to be very satisfied with the general condition of the children as is shown by the following figures :—

Year	*No. inspected**	*Good* (%)	*Fair* (%)	*Poor* (%)
1948	19,721	34.4	63.0	2.6
1949	19,571	45.3	51.3	3.4
1950	19,158	50.3	47.8	1.9
1951	16,519	55.2	43.8	1.0

* The second and third terminal inspections of pupils attending Nursery Classes and Open-Air Schools have been excluded.

CLEANLINESS

Pediculosis—Infestation by Vermin. In the early days of World War II when large numbers of children and adults were evacuated from the large cities it was found that a high proportion were infested by head lice, and drastic measures had to be taken by the receiving authorities.

As a result considerable attention was given to the question. Professor Kenneth Mellanby found that the number of slightly infested persons was much larger than had been realised and called for a closer scrutiny of the children in schools, and the authors of " Our Towns " made similar recommendations.

No school medical officer can be complacent. Every now and again he is brought sharply up against some alarming spread of lice in groups of children or is severely criticised when an individual child arrives at a hospital or some other institution with the hair badly infested.

Repeatedly in these reports I have pointed out that lice are very easily transmitted from one person to another and that when a child in school is found to be infested one may be pretty sure that other members of the household are similarly affected. Mellanby showed that infestation of children's heads was more frequent in children of under school age than in school children in the samples he investigated and that infestation of girls who had left school was very high. No one has ever dared to try to find out what proportion of older people are infested.

So easily is the condition caught that the presence of a few nits in a person's hair does not by any means imply that the family is necessarily negligent. It is true that constant sensible attention to the hair will usually prevent infection, and that very efficient remedies are easily available to get rid of the lice, but until we can get more complete control of pediculosis there will always be the danger of infestation of the heads of females or young children of both sexes.

I am convinced that with constant vigilance the spread of the infection in schools is unusual. It is difficult to prove this statistically, but the alarming spread of lice during the early months of the war when many of our schools were closed and the increase that is always observed after the longer school holidays support this opinion.

The Education Act gives local education authorities powers to prosecute parents for recurrence of vermin after certain formalities have been observed, but for a number of years no prosecution under the appropriate sections has been carried out by this Authority. There are various reasons for this.

For one thing wilfully negligent parents get sufficiently wily to know how far they can go before they can be brought into Court. They would probably escape and the ones who would be caught would be mostly the incurably feckless parents for whom we all feel sorry. Very high standards and ruthless prosecution for persistent but mild infestation would probably not be tolerated in this country.

Pleasant and easily applied remedies are available to every one and with the adoption of higher standards in every home pediculosis of the head could become as rare as is pediculosis of the body.

In the meanwhile your School Health Service struggles to maintain satisfactory standards in the schools.

The bulk of the work is entrusted to five Nurses' Assistants working under the supervision of the Superintendent School Nurse. They are continuously engaged in inspecting the children's heads in the schools, advising older children, sending friendly messages to the parents, applying cleansing hair lotion and issuing warning notices to offending parents. Every child is examined at least once during the year and some very much more frequently.

The procedure when a child is found to be verminous was described in last year's report. On the first occasion a polite notice with advice as to how to cleanse the hair (Form 57) is made out by the Nurses' Assistant and, enclosed in a sealed envelope, is handed unostentatiously by the teacher to the child at the end of the session to be given to the parent. After a week or so the child is again examined and if the hair is still unsatisfactory is given a Form 58, rather firmer in tone. If after a further period there is no material improvement a more peremptory notice (Form 58 (b)) is sent to the parent by post. If this fails to produce a satisfactory improvement, a Statutory Notice is sent by registered post, after which a child may be cleansed on the Cleansing Order of a medical officer.

During this work the Nurses' Assistants give attention not only to the hair but also to the cleanliness of the body and the state of the clothing and foot-wear as well as to any other unsatisfactory condition. They work in close conjunction with the teachers and take into consideration any difficult factor in the home such as illness of the mother, which might cause temporary relaxation of attention.

This is a type of work that would not appeal to everyone, but those who take it up carry it on with considerable keenness and interest.

The following table shows the increasing efforts that were made during 1951 :—

	1930	1947	1948	1949	1950	1951
On School Rolls	39,801	39,379	41,629	42,697	43,607	45,579
Examinations ..	63,817	151,820	155,866	156,964	131,071	169,263
Forms 57 issued	3,255	5,635	5,422	5,092	4,187	4,781
Forms 58 issued	1,662	1,805	1,801	1,827	1,480	1,920
Forms 58 (*b*) issued	765	45	102	84	76	99
Statutory Notices	324	23	88	80	45	46

Particular attention is given to the Nursery Classes, 438 visits being paid during which 10,599 examinations were made.

In the other classes throughout the schools 1,553 first examination visits were made during which 129,403 examinations were carried out and 485 follow-up visits were made, 29,261 examinations being carried out.

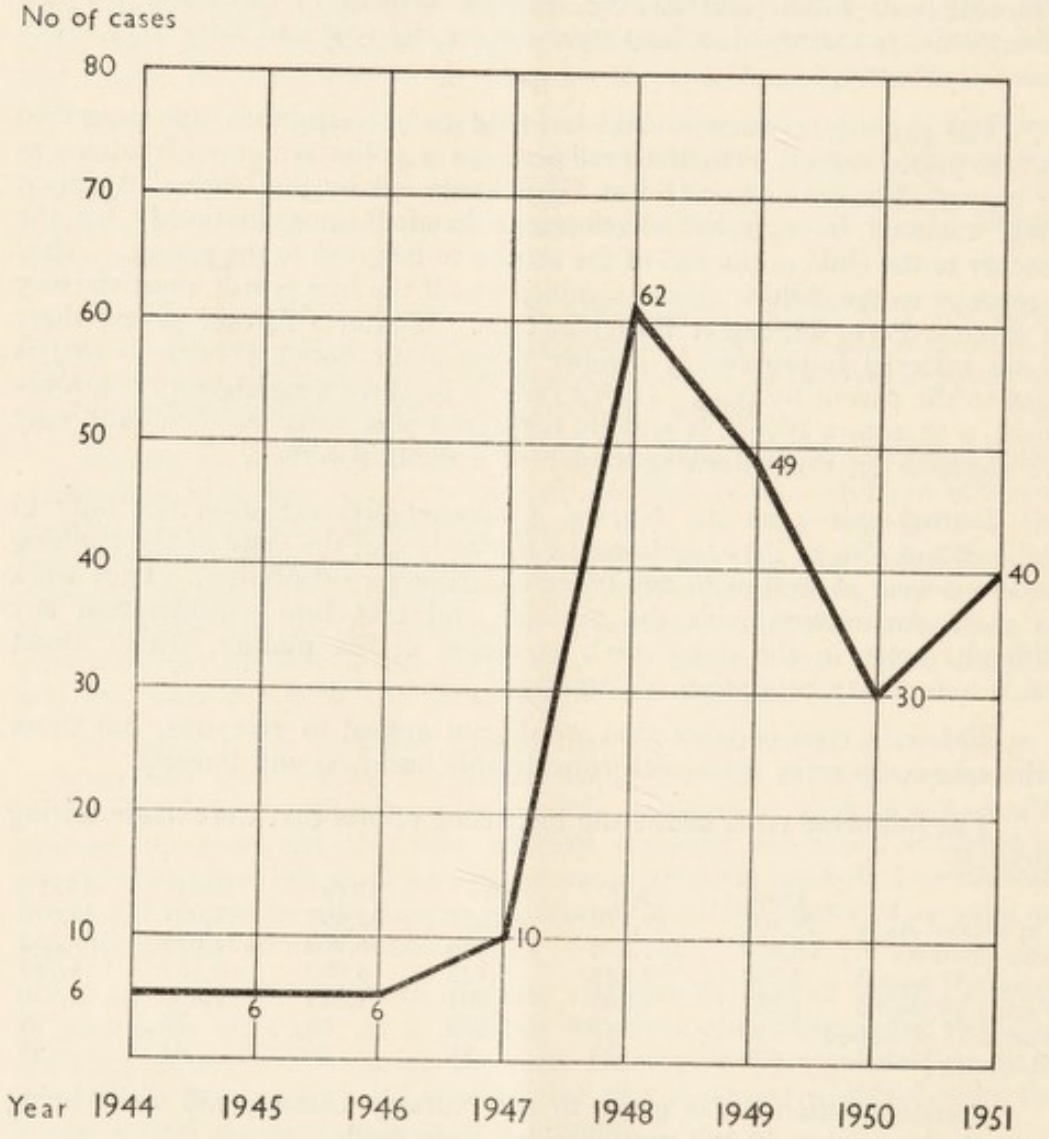
RINGWORM

Last year I explained the nature of ringworm and the steps taken to detect and eradicate it.

At one time it was one of the major problems of school medicine and it is interesting to recall that in 1915 no fewer than 362 cases of ringworm of the scalp were detected ; in 1925 there were 168 cases, but in 1935 the number had dropped to 26. In those days we were not able to distinguish between the various forms of ringworm, some of which are difficult to cure, and others, mainly those from cats and dogs, which are more easily dealt with.

During the last nine years the disease has been well under control although there have been periods of anxiety.

The following graph illustrates these variations :—



During 1951, spores from nine specimens of hair were cultured by Dr. Sneddon of Sheffield and three by Dr. Ludlam of the Public Health Laboratory Service of Nottingham with the results shown :—

M. audouini	3
M. lanosum or felineum ..	3
Trichophyton	3
No growth..	3

SCABIES

Although scabies in children is very much less prevalent now than during war years, it has not been eliminated. In 1951, 54 cases were known, although there may have been others treated elsewhere and not known to the School Health Service. In 1950 there were 100 such cases and in the previous year 42.

All that can be said with certainty is that it is not a disease of school children only but that it affects persons of all ages and when a member of a household is affected, children of school age are likely to contract the condition.

INFECTIOUS DISEASES

Year by year, the figures for the various infectious diseases show considerable fluctuations. The more serious diseases are fortunately rare. I received information about only 7 cases of poliomyelitis, 1 of " encephalitis " and 1 of " meningitis." As in 1950, there were no cases of diphtheria. Chicken pox again headed the list with 2,356 cases (1,091 in 1950), but mumps came a close second with 2,247 cases compared with 281 in 1950.

The following table records the more serious infectious diseases for the past few years.

	1946	1947	1948	1949	1950	1951
Whooping Cough	120	287	696	211	753	516
Measles ..	935	1,611	1,294	1,137	941	1,788
Scarlet Fever ..	176	221	331	193	223	142
Diphtheria ..	36	7	6	2	0	0
Poliomyelitis ..	0	3	1	16	14	7

IMMUNISATION AGAINST DIPHTHERIA

This work is the responsibility of the Health Department but is carried on in close co-operation with the School Health Service. The clerk in charge of the records working in an office at the Central School Clinic is able to make the arrangements for school children so as to avoid clashing with the other work in the schools.

The following figures have been kindly supplied by the Medical Officer of Health showing the numbers of children immunised in each age-group at the end of 1951 :—

Years of Birth	1936	1937	1938	1939
No. of children immunised ..	3,752	3,425	3,553	3,601
Years of Birth	1940	1941	1942	1943
No. of children immunised ..	3,285	3,217	3,584	3,770
Years of Birth	1944	1945	1946	1947
No. of children immunised ..	4,100	3,508	4,160	4,637
Years of Birth	1948	1949	1950	1951
No. of children immunised ..	3,832	3,605	3,118	321

There is no doubt that the absence of diphtheria in the last two years is the direct result of immunisation. This protects those immunised against the disease, but it is scarcely to be believed that diphtheria has been abolished. Immunisation must go on if we wish to continue to protect our children.

TUBERCULOSIS

In the report for 1949, I described the way in which the Service co-operates with the Health Department and the Chest Physicians in the prevention of tuberculosis.

It is always pleasant to realise that tuberculosis of the lungs is a somewhat rare disease in school children probably owing to the high resistance to it which most children of this age are believed to possess.

Vigilance must, however, be maintained. During the year 83 cases were referred by the School Medical Officers to the Chest Physicians at Forest Dene. Of these only one was found to have active tuberculosis.

It appears that 80 children of school age were admitted to the sanatoria during the year and 67 were discharged. No doubt many of these—perhaps the majority—were only slightly infected.

Every effort is made to co-operate with the Chest Physicians not only in finding out new cases but also in seeing that those who are convalescent are given appropriate attention in school when they are no longer infective and are fit to start again.

During the year the Chest Physicians furnished 211 reports on other children in whom they and the school medical officers were mutually interested.

I am most happy to record that this sending of information to us increased greatly during the latter part of the year. The notes are often very brief in order to save everyone's time, and generally this is all that is required. If needed, fuller information can always be secured about individual cases.

CHEST RADIOGRAPHY

It is generally agreed that in consideration of the much greater susceptibility of the young adult to tuberculosis, younger children should be " placed at the back of the queue " when facilities for mass radiography are not unlimited.

Dr. Beynon and his staff have, however, been able to accept requests for mass radiography from 2,154 grammar school children and 4,079 children in secondary schools other than grammar schools.

Grammar Schools

Under 14	14	15+	Total
1,044	397	713	2,154

No active cases of tuberculosis were found.

Secondary Schools, other than Grammar Schools

Under 14	14	15+	Total
36	1,399	2,644	4,079

7 children—2 boys and 5 girls were found to have active tuberculosis.

Thus out of a total of 6,233 children in secondary (including grammar) schools who were x-rayed, only 7 or 0.11 per cent. were found to have unsuspected tuberculosis.

Some anxiety was felt about one of the nursery classes in which a worker had been found to be suffering from tuberculosis. The fifty children were x-rayed twice but none was found to have been infected.

Again I must record my appreciation of the arrangements made by the staff of the Chest Radiography Centre for the carrying out of all this work with a minimum of disturbance to school routine.

TREATMENT

The following provision is made for the treatment of minor ailments :—

Clinic	*Address*	*Treatment carried out*	*Doctor attends*	*Children's attendances during 1951 for minor ailments*
Central ..	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, etc.	Tuesday and Friday a.m.	13,007
Bulwell ..	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	13,517
Springfield*	Springfield School	Minor Ailments	——	
Leenside ..	Leenside ..	Minor Ailments, Dental	Friday p.m.	9,853
Scotholme ..	Beaconsfield Street	Minor Ailments, Speech Training	Wednesday a.m.	10,706
Rose Hill ..	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday p.m.	20,518
William Crane*	Aspley Estate	Minor Ailments, Speech Training	Tuesday a.m.	11,453
Jesse Boot* ..	Jesse Boot School	Minor Ailments	——	10,457
Player ..	Beechdale Road ..	Minor Ailments, Refractions, Dental, Speech Training	Tuesday and Friday a.m.	27,426
Bestwood ..	Gainsford Crescent School and Arnold Road	Minor Ailments	Wednesday a.m.	5,688
Pipewood School*	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	7,006

* For children attending these Schools only.

DENTAL INSPECTION AND TREATMENT

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

Staff. The serious position with regard to staff did not improve during 1951 when it consisted of no more than in 1950, namely 3 full-time dental officers with the help of part-time dentists and anaesthetists, which amounted to about 7/11ths of a full-time dental officer, the whole amounting to less than 4 full-time dental officers. It has been estimated officially that there should be one school dentist to every 3,000 school children, or 15 whole-time school dentists for Nottingham.

Last year I gave a table to show how the important work of inspections and the filling of permanent teeth had had to give way to less satisfactory extractions for teeth allowed to become carious. The figures for 1951 show slight improvement, 83 sessions being devoted to inspections against 81 in 1950, and by increasing the average number of children dealt with at each session, the total number inspected in the periodic age-groups, 14,682, is 1,010 better than in 1950.

The total number of permanent teeth filled during 1951 was 4,440, an increase of 907 over 1950. This does not indicate any improvement in the condition of the teeth as the number of extractions of permanent teeth during 1951 also showed an increase over the number for the year before. In fact, of the total number of permanent teeth treated by fillings or extractions, the proportion filled, viz., 70.1 per cent., was almost the same as for the previous year, viz., 70.2 per cent.

The appeals for emergency treatment for aching or septic teeth continued to flow in from all sources—chiefly from head teachers at the request of the parents. No doubt many of these requests were genuine enough, but seeing the deplorably long waiting list for even urgent cases, the dentist has been sometimes put out when a child on arrival at the dental chair showed no evidence of sepsis or serious caries and could not say which tooth was aching. This " queue-jumping " by parents may mean that some other wretched child has had to put up longer with genuine toothache.

The seriousness of the position has been emphasised year by year and should be re-emphasised. The following table shows that in 1946, 15.6 per cent. of the available sessions were given to inspections, but in 1951 only 5.2 per cent. of the sessions were inspection sessions.

	1946	1947	1948	1949	1950	1951
Inspection Sessions	228	209	180	98	81	83
Treatment Sessions	1,231	1,419	1,603	1,098	1,255	1,499
Total Sessions	1,459	1,628	1,783	1,196	1,336	1,582
% of Inspection Sessions	15.6	12.8	10.1	8.2	6.1	5.2
Periodic Inspections	31,411	31,726	28,608	13,126	13,672	14,682
Emergency Treatments	2,366	2,390	3,429	4,108	4,130	4,005
Permanent Teeth Extracted	1,395	1,451	1,670	1,205	1,495	1,800
Temporary Teeth Extracted	12,909	12,307	14,929	12,109	14,070	14,373
Total Teeth Extracted	14,304	13,758	16,599	13,314	15,565	16,173
Permanent Teeth Fillings	6,142	6,523	6,824	2,918	3,804	5,174

Anyone not acquainted with the policy of the school dental service might fail to see the significance of these figures, arguing that treatment is surely more important than inspection. But it is in dental inspection that early caries is revealed, enabling the dentist to treat it before it has gone too far, with little discomfort to the child.

Emergency extraction of an aching, badly carious tooth is unfruitful work, unsatisfactory to the child and to the dentist except in so far as it relieves pain or sepsis which need never have come on if the caries could have been detected and stopped earlier.

Orthodontic Work. A number of both parents and children are keen to appreciate the importance of good spacing and position of the teeth and accept very willingly offers of orthodontic work.

Particularly striking is the interest shown by intelligent children in the progress of the treatment, and they are encouraged to understand what is being aimed at by looking at their own teeth in a mirror. They attend very regularly and patiently put up with the curious although painless pieces of ingenious apparatus which they have to wear in their mouths for a time.

During 1951, 85 cases were treated making 1,023 attendances. 51 of these were completed and 34 were carried over into 1952. 51 dentures were fitted. These figures are much the same as those for 1950.

Dental Service for Priority Classes. I recorded in my last report that the year ended in our trying to solve the problem of meeting the needs of the priority classes—pre-school and school children—with the seriously depleted dental staff. I explained how repeatedly the question had been discussed and it had been agreed that the arrangements already made for the expectant and nursing mothers by the Medical Officer of Health were capable of expansion without impinging on the very limited time of the School Dental Service.

Early in the year, conversations between staff of the Health Department and the School Health Service were continued. At that time there seemed a possibility of securing the services of a dentist who was particularly interested in work for very young children to act as part-time dental officer, but unfortunately he could not be persuaded to come.

It was felt that we could not go on waiting for an additional dentist to turn up and I decided to devote one session every third week to pre-school children. From June to December, 1951, 8 sessions were held. 195 cases were sent for but 28 failed to attend and only 167 were actually treated—making 177 attendances. These all required extractions, 415 temporary teeth being dealt with. 142 general anaesthetics were given.

Oral Hygienists and Dental Nurses. For some time the dental profession has been interested in suggestions that pressure on the time of qualified dentists might be relieved by employing oral hygienists and specially trained dental nurses. The former would be engaged in scaling and polishing teeth and the dental nurses in undertaking certain fillings and extractions.

It is difficult to see how either class of worker could relieve the school dental service to any appreciable extent.

With regard to dental nurses such as are being used in New Zealand, the dental profession is not yet agreed upon the desirability of this. In any case there are no trained personnel available in this locality, so for the present no relief from these sources is to be expected.

OPHTHALMIC SERVICE

In my report for last year I gave in some detail the history of the development of the Authority's eye service. During 1951, the first complete year of its being " taken over " by the Regional Hospital Board, the work went on as before, only administrative factors being involved.

The number of cases of refraction dealt with again increased slightly. This increase accompanied the rise in the school population, and no significance is to be attached to it.

	1947	1948	1949	1950	1951
No. on Rolls	39,379	41,629	42,697	43,607	45,579
Refractions	2,867	3,478	3,854	3,957	4,124
Percentage	7.3	8.3	9.0	9.1	9.0
Spectacles Prescribed ..	1,246	1,308	1,741	1,571	1,583
Percentage	3.2	3.1	4.1	3.6	3.5
Spectacles Procured* ..	1,321	925	1,288	1,575	1,607

* In each year there is overlap from previous years. The lag in spectacles procured compared with those prescribed in 1948 and 1949 was due to difficulties in the supply of spectacles. In 1950 and 1951 the position was much more satisfactory.

Orthoptic Treatment. Last year I expressed disappointment at the inadequacy of the provision for orthoptic treatment which is done at the Eye Infirmary. In 1951 there was a slight increase in the number of cases dealt with compared with 1950, but the waiting list at the end of the year was longer than at the end of 1950. Parents have to wait many months before their children can get the treatment required.

	1947	1948	1949	1950	1951
New Cases treated ..	116	84	60	70	79
Total treated	166	129	102	78	94
Awaiting test or treatment at end of year ..	52	66	93	89	100

The position has been repeatedly discussed with the officers of the Hospital Management Committee but it seems that the difficulty has been to secure orthoptists.

Orthoptic treatment is work of a highly technical nature calling for experience, skill and patience, and it cannot be entrusted to anyone who has not had the necessary training and who does not get constant opportunities for doing the work. It is a whole-time job. It is difficult to understand why greater encouragement is not given to suitable young persons to go in for the work.

Operations for Squint. Last year I was able to record an increase in the number of operations for squint carried out at the Eye Infirmary compared with the previous year, but there was a fall again in 1951 and the number of cases waiting at the end of the year had greatly increased.

	1947	1948	1949	1950	1951
Operations	105	91	73	105	95
On waiting list at end of year	23	24	50	80	143

This lengthy waiting list is deplorable, but it seems to be quite unavoidable, the difficulty being the provision of hospital beds and, no doubt, of hospital staff.

DISEASES OF THE EAR, NOSE AND THROAT

For a great many years this Authority has taken particular interest in ear, nose and throat work for children. As long ago as 1915 the Committee engaged one of the leading aural surgeons of the district, Mr. H. Bell Tawse, as part-time consultant aural surgeon. For several years children were simply examined at the clinic and those recommended by him were operated upon at the Children's Hospital. But the waiting list for operative treatment became so impossibly long that in 1926 the Authority purchased the premises in Chaucer Street for their Central Clinic complete with operating theatre and wards of 13 beds. Mr. Tawse was succeeded by Mr. Marshall in December, 1940.

At one time, the anaesthetics were administered by Dr. Sprenger or one of the other school medical officers, but this branch of the work having become somewhat specialised has been entrusted since 1931 to specialist anaesthetists, the late Dr. T. W. Smart until September, 1932, and subsequently Dr. A. Gordon.

From time to time, modifications have been introduced, but the scheme has proved so satisfactory that when the Regional Hospital Board " took over " the work in 1948 they wished it to go on as before.

The examinations are carried out by Mr. Marshall and Dr. Sprenger at the Central Clinic, and according to the requirements of the case some chronic condition of the nose or ears may be given treatment at the Central Clinic or at a branch clinic nearer the child's home and school, or the enlarged tonsils or adenoids may be noted for operation—usually at the Central Clinic.

Mr. Marshall and Dr. Sprenger also keep a look-out for children so seriously affected as to be ascertainable as Handicapped Deaf or Partially Deaf.

Thus the attendance of the Specialist of the Regional Hospital Board at the clinic of the L.E.A. allows for close co-ordination of hospital, minor ailment and special educational treatment.

The children are admitted the day before the operation and discharged the day after. There are occasions when one could have wished some of the children to stay in longer, but it is rarely that this can be managed ; any child who needs a longer stay or whose condition causes undue anxiety is transferred to one of the hospitals where continuous day and night observation by resident doctors is available.

Since 1926 no less than 21,719 operations have been done at the Central Clinic. No doubt sooner or later it will be found possible for the operative work to be done at the hospitals, but I hope that the examination work will be continued at the clinic.

To some administrative minds these arrangements may seem somewhat untidy, but thanks to the understanding co-operation of the lay and medical staff of the Regional Hospital Board and of the Hospital Management Committee it has continued to work well.

Examinations. During 1951, 2,374 children attended for examination by the aural surgeons at the Central Clinic, making 3,040 attendances.

Tonsil and Adenoid Operations. 1,156 operations for enlarged tonsils and adenoids were carried out at the Central Clinic on city children of school age and 388 were done at the hospitals, making a total of 1,544 in all. As suggested in last year's report I am pretty sure that in previous years, except during the years when the education authority were responsible

for the cost of these operations done at the hospitals, I was not getting an accurate record of the hospital cases, but during 1951 information came through much better in the form of copies of letters to the family doctor.

The following table sets out the position as far as can be ascertained :—

	1945	1946	1947*	1948	1949*	1950	1951
At Central School Clinic ..	807	972	698	1,188	729	1,116	1,156
At Hospitals ..	29	40	66	158	76	39	388
Total ..	836	1,012	764	1,346	805	1,155	1,544
Waiting at end of year for operation at School Clinic ..	?	499	908	596	735	695	354

* (The low numbers in 1947 and 1949 were in consequence of suspension of operations for almost six months in each year on account of the prevalence of poliomyelitis.)

The question as to whether tonsils should be removed is a highly technical one which cannot be gone into here, but parents may be assured that operation is never advised by the specialists unless it seems to be highly desirable.

Other Forms of Treatment. 2,653 children received other forms of treatment for ear, nose or throat trouble at the school clinic. (The treatment included the giving of drops for chronic nasal conditions, cauterisation of enlarged turbinals, etc.).

I am informed that 45 children were given operative or other forms of treatment (exclusive of T. and A. operations) at the hospitals.

Audiometry. Mr. E. F. Ward continues to carry out the accurate testing of children's hearing with a pure-tone audiometer.

The value of this is very great as the understanding of the spoken word and the clarity and tone of the child's speech may be greatly interfered with especially when the loss is in the higher frequencies. Periodic testing of hearing is also of value in assessing the improvement or worsening of the pathological condition causing the deafness and its response to treatment.

Most of the testing is done at the Central Clinic, but Mr. Ward generally prefers to test very young children on his " Peep-Show " Audiometer at his own consulting rooms.

During 1951, 165 children were tested, some more than once during the year, and in all 187 attendances were made (1950—154 children were tested making 161 attendances).

ELECTRICAL DEPARTMENT

Ionisation :

No. of cases of otorrhoea treated ..	37
No. of other cases treated ..	385
Total number of attendances ..	1,357

Ultra-Violet Ray Treatment :

No. of cases treated	274
Total number of attendances ..	4,566

Dental Films :

No. of cases	81
No. of dental films taken	174

PAEDIATRIC CLINIC

The Paediatric Clinic is one of the most valuable links between the School Health Service, the family doctor and the hospital.

It was started in 1930 chiefly for the examination of children with rheumatic heart disease, but now the Paediatrician, Dr. Page, is called upon to advise not only on rheumatic heart disease, but also on many congenital heart cases, neurological conditions, disorders of nutrition and of the endocrine glands—in fact numerous non-surgical conditions which are not urgent and which are not already under observation elsewhere.

Care is constantly taken to see that there is not overlapping or interference with the work of the family doctor or the hospital.

Every time a child is seen at the Paediatric Clinic a letter is sent to the family doctor giving a résumé of Dr. Page's findings. Cases needing further investigation such as x-rays, electrocardiograms, blood counts or other pathological tests are sent to one of the hospitals. Frequently it is necessary to get a report about a child who has been in hospital at some time, and such information is secured by writing or telephoning to the Records Officer of the hospital.

If observation in hospital is needed, Dr. Page arranges this by telephone or letter. Heart cases needing the further opinion of Dr. James Brown, the Regional Cardiologist or of Mr. Buckley of the Chest Surgical Unit, are referred to the City Hospital.

All the facilities of the School Health Service in its various departments are available to Dr. Page.

During 1951, Dr. Page saw 269 cases—108 new ones and 161 old ones carried over from previous years. During the year he discharged 86 cases, leaving 183 to carry on to 1952.

The list of cases seen includes a variety of conditions from normal to the most serious forms of heart disease, incurable nervous diseases or psychosis (insanity), as follows :—

Congenital Heart Lesions :	
Patent Interventricular Septum ..	10
Fallot's Tetralogy	9
Atrial Septal Defect	1
Patent Ductus Arteriosus	13
Sub-aortic Stenosis	5
Sub-pulmonary Stenosis	2
Pulmonary Stenosis	3
Coarctation of the Aorta	2
Heart Block (Congenital)	1
Extra-Systole	1
Luttenbacher's Syndrome	3
Unspecified	11
Total	61
Rheumatism	3
Rheumatic Heart Disease	51
Innocent Murmers	9
Anaemia	6
Pituitary Gland	1
Thyrotoxicosis	3
Hypogonadism	1
Undescended Testicles	9
Obesity	21
Dwarfism	1
Infantilism..	1

Pseudo-hypotrophic Muscular Dystrophy	4
Friedreich's Ataxia	1
Poliomyelitis	1
Psychosis	1
Spastic Paralysis	2
Migraine	1
Epilepsy	4
Fibro-cystic Disease of the Pancreas ..	1
Asthma	8
Bronchiectasis	4
Incontinence of Urine	13
Varicose Veins	1
General Ill-health	20
Nothing abnormal	10
Various	31
Grand Total ..	269

CONVALESCENT HOMES

During the year the Authority secured vacancies for 101 children for treatment at Convalescent Homes for varying periods averaging 5.7 weeks for each. (1950—88 children for 4.7 weeks.)

This is a form of treatment which is clearly of the greatest importance.

Some of the children may be convalescent from some more or less serious illness, but others are those who are never up to the mark, partly as a result of constitutional ill-health dating from some severe illness in earlier years or perhaps owing to unsatisfactory home care.

It is not easy to get vacancies and it is often several weeks before one can be secured. During 1951 cases were sent to :—

	No. of Children
Charnwood Forest Convalescent Home, near Loughborough	42
Children's Convalescent Home, West Kirby	37
Stubben Edge Hall Convalescent Home, Ashover ..	10
Claremont Convalescent Home, Matlock	10
Swanscoe House Convalescent Home, Hurdsfield ..	2

I am grateful to the secretaries, matrons and their staffs for the careful and kindly attention they give to our children while in their care.

SKEGNESS HOLIDAY HOMES

During the year, 788 children, 402 boys and 386 girls, were given 3 weeks' holiday at the Skegness Holiday Homes over the eight months from March to October.

The whole of the accommodation at these Homes was given to Nottingham City children selected by doctors, nurses and teachers as being particularly in need of a seaside holiday on account of being not up to the mark and likely to be unable to have a change otherwise at the seaside.

PIPEWOOD SCHOOL

This is a camp school situated in an agricultural area of Staffordshire to which unselected children of certain ages from the secondary schools go for 4 weeks at a time throughout the year except for 3 months round Christmas.

Throughout the whole of the time the children are there a trained nurse and a nurse's assistant are stationed at the little school hospital, helping the teachers to keep the children clean, and dressing small wounds or injuries, or nursing the children or any member of the teaching staff who may have to spend a few days in bed.

Dr. Armson of Yoxall again carried out the duties of school medical officer, and I am grateful to him for the careful attention he gives to the children in illness and the prompt and efficient way he deals with the emergencies that from time to time occur in such a community.

1,866 children were examined by the doctors and nurses and nurses' assistants before they went to the school.

It is interesting to record that no less than 5.75 per cent. of these normal children of 11 years or more were bed-wetters, the proportion being precisely the same for boys as for girls. (In 1950, 7.34 per cent. of the boys and 5.32 per cent. of the girls were bed-wetters.)

Mrs. Grimshaw, the resident nurse, earned the special thanks of the Manager, Major Mosley, at the end of the season for the help she gave to him and Mrs. Mosley.

HANDICAPPED PUPILS

This Authority has for a great many years been especially concerned for the welfare of handicapped children, those with disabilities, physical, intellectual or emotional, of varying degrees. After the Education Act, 1944, came into force with its emphasis on the needs of the Handicapped Pupils, I was able to report in 1946 that "the new Regulations called for little more than compliance with the administrative regulations."

Section 34 of the Act requires the local education authority to ascertain what children of two years of age and upwards are severely handicapped. In the great majority of cases, whether a child is handicapped or not, education at such a tender age is neither necessary nor desirable, but in the case of the totally blind and the totally deaf special consideration is essential as soon as possible, certainly not after the child is two years old. In any case it is important for all concerned to realise what should be done and what can be done for children with disabilities, and to help the authority through its school medical officer to secure adequate ascertainment.

The various categories of Handicapped Pupils are clearly set out in the Handicapped Pupils and School Health Service Regulations, 1945.

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."

The numbers of blind children are so small that residential schools serving large areas are required for them.

At the end of 1951, there were only 5 known cases of educable blind children :—

Royal Institution for the Blind, Birmingham	2
Condover Hall School for Blind Children, Shrewsbury ..	1
Sunshine House School for Blind Children, Northwood ..	1
Awaiting placement	1
Total	5

(Ministry of Education estimate 0.2 to 0.3 per 1,000 registered pupils—viz., 9 to 13 for this Authority.)

Partially Sighted. "Pupils . . . who cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight."

It is agreed by most ophthalmic specialists that it is extremely rare for the vision to be harmed by using the eyes even when it is very defective; indeed partially sighted children should generally be encouraged to use their eyes as much as possible, but it is obvious that special consideration must be given to those children who cannot see sufficiently well even with glasses. The special educational treatment for such children must be in a special school if the disability is severe, but it need not be in a residential school although, except in the case of the very largest cities, this is usually necessary. If the disability is not severe the child may be educated in an ordinary school provided certain conditions are observed—*e.g.*, sitting sufficiently near to the blackboard, with a favourable light on the books, etc.

A constant watch is maintained for these cases. As the great majority of refraction work is still done at the school clinics, it is possible to pick out those children whose visual acuity with glasses falls below a certain standard and in conjunction with the Educational Psychologist to consider whether they need such special consideration.

At the end of 1951, there were 31 such cases placed as follows:—

Ordinary Day Schools	22
Royal Institution for the Blind, Birmingham	2
Barclay School for the Partially Sighted, Sunninghill ..	2
St. Vincent's Blind School, Liverpool	1
Royal Normal College for the Blind, nr. Shrewsbury ..	1
Exhall Grange Special School	3
	31

(Ministry of Education estimate 1 per 1,000, of whom 0.5 per 1,000 need special school education, viz., 45 in all, 22 to 23 of whom should be in special schools and 22 to 23 should be in ordinary schools. It is generally agreed that for technical reasons this estimate is too high.)

Deaf. "Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language." They are generally also dumb or their speech is extremely defective.

They must be educated in special schools, but not necessarily residential special schools. Fortunately, this Authority has its own Day School for the Deaf on Forest Road so that the children can continue to live at home—a point which is most valuable.

At the end of the year the disposition of the 28 deaf children was:—

Day Special School, Forest Road	25
Royal Institution for the Deaf, Derby	1
St. John's R.C. Institution for the Deaf, Boston Spa ..	1
Royal School for Deaf and Dumb Children, Margate ..	1
	28

The children at the residential schools were there for special reasons.

(The Ministry of Education's estimate is 0.7 to 1.0 per 1,000—viz., 31 to 45 for Nottingham.)

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

When the disability is severe, the children must be educated in special schools, but they may be educated in ordinary schools when it is not severe, provided certain facilities are afforded them such as sitting near the front of the class.

The ascertainment of these children requires great vigilance and care on the part of parents, teachers, nurses, educational psychologists, whole-time school medical officers and ear specialists. The exact degree and nature of the deafness is assessed by the Pure Tone Audiometer, and their educational retardation and intelligence by the Educational Psychologist.

It is held generally that the Deaf and Partially Deaf should not be educated in the same special school, but this point may be outweighed by the greater advantage of attendance at the day school, the necessity for removal from home being avoided.

At the end of the year there were 62 children ascertained as Partially Deaf.

Ordinary Day Schools	52
Day Special Schools	7
Royal Institution for the Deaf, Derby	2
Awaiting placement	1
	62

(Ministry of Education estimate 1.0 upwards per 1,000—viz., 45 in the Authority.)

Hearing Aids. Whenever a child seems capable of benefiting by it a hearing aid is supplied. The benefit received is often remarkable. The children take surprisingly good care of their instruments. I am indebted to the Audiometricians of the No. 1 Hospital Management Committee for their co-operation in this.

It has been said that the provision of a hearing aid may result in a child in Grade III (Deaf) being raised to Grade IIB (severely Partially Deaf), and one in Grade IIB to Grade IIA (less severely Partially Deaf), but so far there has been no case in which this up-grading has been found possible.

Certain pronouncements of an eminent Ear, Nose and Throat Surgeon on the possible effects of hearing aids having provoked considerable interest in the school health world, I wished to be re-assured with regard to the Authority's School for the Deaf and Partially Deaf, and Dr. Underwood, then Senior Medical Officer of the Ministry of Education, kindly arranged for Dr. Huss and Mr. Parnham to visit the school on 28th May.

They reported that they saw no adequate reasons why the Deaf and Partially Deaf should be separated, the Headmaster being fully aware of the claims of each group. It did not appear that any of the Partially Deaf Pupils would be able to hold their own in an ordinary school although supplied with a hearing aid. The Inspectors thought that the children were rightly placed where they were, and made no outstanding suggestion.

It was particularly pleasing to receive this assurance as any change of policy would have necessitated sending some of the children to residential schools at some distance from their homes.

Delicate. "Pupils who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of an ordinary school."

The definition includes not only those who owing to general and perhaps permanent weakness cannot stand the ordinary rough and tumble of ordinary school life, but also those who, although apparently robust, have some localised defect which calls for some modification in the school curriculum—for instance children with heart trouble may have to be excused the more strenuous P.T. or games. Those subject to epilepsy may have to be forbidden to climb the rope in the gymnasium ; some are better in a day open air school or even away for a time in a residential open air school.

For administrative convenience the following categories of activities have been drawn up in consultation with the Paediatricians :—

(*a*) Can take part in all activities.
(*bi*) Can take part in all activities except swimming.
(*bii*) Can take part in ordinary games and physical exercises, but *not* strenuous competitive games, *e.g.*, team football (except as goalkeeper), racing, cross-country running and swimming.
(*biii*) Can take part in all activities, but may have to be excused school or certain activities from time to time.
(*c*) No swimming, no vigorous games or strenuous exercises.
(*d*) No swimming or other physical activities.
(*e*) Can attend school when fit to do so.
(*f*) No school.

At the end of the year the position was :—

Ordinary Day Schools		176
Grammar Schools		13
Technical Schools		2
Day Open Air Schools, Rosehill and Arboretum		199
Boarding Special Schools		12
St. Patrick's, Hayling Island	1	
St. Catherine's, Ventnor	5	
Port Regis R.C., Broadstairs	1	
Holy Cross, Broadstairs	1	
St. John's, Chigwell	1	
Dedisham Nursery School, Sussex	1	
Hawkenbury, Royal Tunbridge Wells	1	
Burrow Hill, Frimley	1	
Awaiting placement at Boarding Special Schools		18
Awaiting placement at Day Special Schools		6
		426

(Ministry of Education estimate—1 to 2 per cent. of pupils, viz., 450 to 900 for Nottingham.)

Physically Handicapped. "Pupils . . . 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."

Such children must be educated in Special Schools, either day, viz., Rosehill or Arboretum, or boarding. Properly we should include those children in hospital for treatment of some physical defect or illness who are able to benefit by education in the hospital school, *e.g.*, the Newstead and Ransom Sanatoria, Nottingham City, Harlow Wood and Gringley-on-the-Hill Hospitals amongst those near at hand. It is, however, difficult to determine at any particular time whether these children are actually having education and they are not included in the following list :—

Day Open Air Schools, Rosehill and Arboretum	..	7
Boarding Special Schools		7
Pawling Home, Barnet	1	
Burton Hill House, Malmesbury ..	1	
Halliwick, Winchmore Hill	2	
Dedisham Nursery School, Sussex ..	2	
Hesley Hall, Tickhill	1	
West Wickham Heart Hospital		1
Welburn Hall School, Kirbymoorside..		1
Awaiting placement		12
		28

(Ministry of Education estimate 5 to 8 per 1,000 school population, viz., 225 to 360 for this Authority. This, however, should include those in Sanatoria or in Hospital Schools who cannot be ascertained with any accuracy.)

Home Tuition. During the year 8 children who were quite unable to attend school owing to physical disabilities were given education at home by a peripatetic teacher.

At the end of the year 4 children were on the waiting list.

Diabetic. "Pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care."

Most children with diabetes can be kept in perfectly good health by regular injections of insulin with some attention to the diet, but occasionally this cannot be safely managed in their own homes and they must be sent to hostels at any rate for a time.

At the end of the year :—

St. Monica's Boarding Home, near Deal ..	..	2
St. George's Home, Kersal	..	2

(Ministry of Education—no estimates available.)

Epileptic. "Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in special schools."

This definition is not intended to include those children whose epilepsy is controlled by medicines or whose fits are so slight or so infrequent as to allow them to continue in an ordinary school, but only those who must essentially be removed from ordinary schools. The numbers in any authority are so small that boarding special schools are necessary.

At the end of 1951 :—

Lingfield School for Epileptics, Surrey ..	..	3
St. Elizabeth's R.C. School, Much Hadham ..	..	2
Soss Moss Epileptic School, Manchester ..	..	1
Maghull Home for Epileptics, Liverpool ..	..	1
Awaiting placement		1
		8

(Ministry of Education estimate 0.2 per 1,000—viz., 9 for this Authority.)

Educationally Sub-normal. "Pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools."

These children may be educated in ordinary schools, but in this area at any rate, we do not put a child into this category unless the backwardness is so severe that the specialised education in a special school is essential. This Authority has always been to the fore in its arrangements for helping the backward child with " Practical Classes " in its ordinary primary schools and C and D tracks in the secondary schools, and its two day special schools.

It is distressing to a parent to realise that her child is dull and the greatest care is taken to help the child in the ordinary school and to test him carefully before the transfer to a special school is advised. It is not always realised by the parents or by well-meaning friends that this special school education is provided for the benefit of the child and to prevent his having to struggle on hopelessly in an ordinary school where his particular needs cannot be met. It is perhaps still more distressing to a parent to realise that a child is so dull that he cannot be educated at all and such a decision is never taken until it is certain that he cannot be helped even in a special school. The medical officer entrusted with this task is supposed to bear in mind only the question of whether the child is unable to benefit by education or whether it is inexpedient for various reasons that he be educated in school, but he cannot help being influenced by the knowledge that there is such a lamentable lack of accommodation in residential institutions for the ineducable.

During the year 118 children were examined by myself or Dr. Sprenger, the two approved officers, as to their suitability for the day special schools.

Recommended for Day Special E.S.N. Schools ..	60
Recommended for report to L.H.A. under Section 57 (3)	34
Recommended to remain in Practical Classes	24
	118

44 children were examined before leaving the Special E.S.N. Schools, of whom 14 were recommended to be reported to the L.H.A. under Section 57 (5) and 18 were referred to the Voluntary After Care Committee. None was reported under Section 57 (4).

At the end of the year :—

Day Special Schools, Nottingham Road and Rosehill ..		324
Boarding Special Schools		8
Monyhull School, Birmingham ..	6	
Pontville R.C. School, Ormskirk ..	1	
Besford Court R.C. School, Worcestershire	1	
Assisted Independent School		1
Awaiting placement at Boarding Special Schools ..		7
Awaiting placement at Day Special Schools		28
		368

It has always been difficult to secure the placement of a child in a residential special school owing to the serious lack of such accommodation throughout the country, but the difficulty has been overcome locally to a certain extent by the establishment of hostels, the Rosehill on Forest Road for Boys and one for Girls in Burns Street. It has been found that educationally sub-normal boys or girls who come from very unsatisfactory homes generally settle down well in these hostels. There is accommodation for 14 boys at the Rosehill Hostel and for 11 girls at the Burns Street Hostel. The former is constantly full with a waiting list.

(The Ministry of Education estimate is 1 per cent. of the school population, viz., 450 for this Authority, but it is suggested in " Special Educational Treatment Pamphlet No. 5 " of the Ministry of Education that some of these may be accommodated in ordinary school. Those in this Authority are not included in the figures given.)

Illiteracy. In last year's report, I described at some length the efforts that are being made to help children with special educational difficulties and adults who, although intelligent, have grown up illiterate.

148 children were treated by Miss Freeman (30) and Miss Robinson (118). Of these 90 were discharged during the year and the remaining 58 were carried on into 1952.

In the two classes the Intelligence Quotients were found to be :—

65— 74	..	6
75— 84	..	27
85— 94	..	46
95—104	..	26
105—114	..	8
115—124	..	4
125—134	..	2
Not taken ..	..	29
		148

Evening Classes for Illiterate Adults. In the winter term of 1950, the experiment was started in evening classes for illiterate adults. The work is not numerically spectacular, and so far has not attracted much attention, but the teachers who have been giving their time to this work have felt that the few students who have attended have really appreciated the help they were given (except perhaps one of those mentioned by Miss Leighton).

The students are seen by myself at the beginning of the season and care is taken to see that there is no defect of vision or hearing that needs seeing to. It has not been thought advisable to carry out intelligence tests.

It should be realised that it is likely that once a start is made these adults can in various ways help themselves to continue their own education.

The reports of the tutors are of sufficient interest to print in full.

Evening Classes for Illiterate Women. (*Miss L. M. Leighton*). When the class was formed in October, 1950, it consisted of three adults, but owing to changes of occupation only one lady remained for tuition in January, 1951. When she joined the class, this lady had a reading age of 7 years, due to long absences from school through illness. By February her reading age had improved to one of 12 years of age, and as she promised she would read every day at home, the class was closed on February 22nd.

The class was re-opened in October, 1951, with three girls of school leaving age. Two of these girls were in a hostel for adolescents. After seven weeks one returned to her home in Sheffield. She was keen to improve her spelling so that she could become a secretary. The second girl returned home soon after Christmas. She also wanted to improve her spelling, but very little improvement was shown in this case and it was clear that the girl would never have attended unless urged to do so by the hostel authorities. Both these girls had no desire to read books, only such magazines as " The Red Star " and literature of that type.

The third girl, though often absent, made good progress and was keen to continue with her studies. She had a reading age of 12 years of age and was eager to improve her spelling.

Evening Classes for Illiterate Men. (*Mr. S. Leigh*). The class for men continued with numbers increasing from 5 to 8 during the year. The ages of the men attending ranged from 16 to approximately 50 years. All were engaged in manual work requiring little or no reading ability, and some had chosen their jobs with this factor in mind.

Attendance was good on the whole. Some absence was unavoidable due to shiftwork, or in the case of those in the building trade, to working out of the town. One man made a 100 per cent. attendance during the year.

In every case there appeared to be a lack of understanding of the phonic approach to reading and once this was acquired progress was made. In every case also, there appeared to be extraneous reasons for illiteracy (apart from those of natural disability). These extraneous reasons included long absence from school, frequent change of school and antagonism towards school.

During the year progress was made by every man attending, and in some cases progress was exceptional. One man's reading age increased from 5.1 years to 8.0 years and another's from 4.2 years to 6.7 years. In the other cases progress was slower but sufficient to encourage them to continue attendance. Of the 5 men enrolled in 1950, 4 were still attending at the end of 1951.

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

The number of new cases ascertained in 1951 was 271. This number does not include those ascertained in previous years, many of whom may have become sufficiently well adjusted to be removed from this category.

At the end of the year 18 children were in Boarding Homes—14 boys and 4 girls. Also one boy was in a Boarding Special School (Red Hill School, Maidstone) and one in an " Assisted School." 4 boys were awaiting placement.

CHILD GUIDANCE

It was with great regret that it was learnt that Dr. Whiles was resigning to take up similar work in the South of England. He succeeded Dr. Fordham in 1946 and his work was characterised by a considerable degree of technical skill combined with an appreciation of the work in the schools.

Originally he was appointed by the Education Committee, but later he became a specialist of the Regional Hospital Board without any change in his duties.

His successor, Dr. J. E. Greener, was appointed by the Regional Hospital Board, but in accordance with the requirements of the Ministries the appointment was made in consultation with the City and County Education Committees who were fully represented at the interview by the selection committee.

She was given regular duties in St. Ann's Hospital, and the chain of service for the maladjusted child in this area from the home and school to the hospital for the very severely disturbed child is complete.

The policy of this Authority's child guidance service has been to avoid any tendency to put the cases into water-tight compartments. No case is ever purely due to educational, environmental or temperamental factors. Emotional disturbances in a child may lead to nervousness, disorders of habit such as sleep-walking, behaviour difficulties varying from attention seeking to gross sexual misconduct or to behaviour suggestive of insanity. Failure at school is often due to dullness, but it occurs sometimes in intelligent children and may cause or may follow emotional disturbance.

These facts have become well-known to all who have to do with children and the demand for help from the Child Guidance Clinic is being sought to an increasing extent. People are asking why are some children like this and why do they do these things.

The answer cannot be given usually without going thoroughly into all the factors by the various approaches that the child guidance system has evolved. This means several hours' work over each case. The time of the staff is limited and care has to be taken to see that it is used to the best advantage.

There is always a long waiting list for the Child Guidance Clinic, and it is not easy to determine which cases are the most urgent. Preference must be given to the child who is running into physical or moral danger, or to the one whose difficulties are causing serious disturbance in the home or school. The time factor sometimes comes in as when the Children's Officer wants to know quickly what placement to find for a child or the Court wants to know how to deal with a particularly puzzling case. As soon as possible after a case is referred the psychological condition of the child is assessed and the environmental factors are gone into, giving a pretty clear picture of the case. In consultation with the psychiatric social workers I decide which cases are the more urgent for completion of the examination, trying in every instance to deal fairly with each individual one.

The parent is then asked to bring the child for physical examination by myself and for full psychiatric examination by Dr. Greener or Dr. Fisher.

The varying methods of dealing with the different cases have been described in previous reports. They may include further physical investigations at the Central School Clinic or as an out-patient or in-patient at the Children's or City Hospital, electro-encephalograms at St. Ann's when epilepsy is suspected, educational therapy by the Remedial Teacher, play-therapy by the Psychiatrist or Play Therapist, residence at one of the hostels for maladjusted children or observation at St. Ann's. As a sine qua non, care is taken to see that the child is suitably placed at school and that any possible social adjustments are effected.

	1951	1950
Child Guidance—Maladjusted	271	273
A.G.E. Tests	103	74
Non-Readers	55	70
Partially Deaf and Partially Sighted ..	13	8
	442	425

Sources of Referral : Maladjusted only.

Teachers	85
School Medical Officers	36
Child Guidance Staff	16
School Attendance Department ..	14
*Children's Officer	33
Parents	36
Doctors other than S.M.O.s ..	38
Others	13
	271

*Mostly Court cases.

Reasons for Referral :

Nervous Disorders—(fears, seclusiveness, depression, excitability, apathy, obsessions)	43
Habit Disorders—(speech disorders, sleep movement, feeding, excretory, nervous pains and paralysis, fits)	68
Behaviour Disorders—(unmanageable, temper, aggressiveness, jealous behaviour, demanding attention, lying and romancing, truancy, sex difficulty, stealing)	103
Psychotic Behaviour	3
Educational and Vocational Difficulties—(backwardness, inability to concentrate, inability to keep jobs, special difficulties)	23
Special Examinations—(court cases, etc.)	31
	271

The examinations carried out by the different members of the team were :—

Psychiatrist	257
Physician	250
Psychologist	290
Psychiatric Social Worker	259

Intelligence Quotients :

I.Q.	*No. of Cases*	*I.Q.*	*No. of Cases*
Under 65	3	105—114	40
66— 74	14	115—124	19
75— 84	36	125—134	15
85— 94	69	135 and over	12
95—104	53	?	10
			271

Age at time of Referral :

Age	*No. of Cases*	*Age*	*No. of Cases*	*Age*	*No. of Cases*
2 years	2	7 years	40	12 years	14
3 ,,	6	8 ,,	28	13 ,,	18
4 ,,	5	9 ,,	47	14 ,,	15
5 ,,	24	10 ,,	16	15 ,,	3
6 ,,	24	11 ,,	26	16 ,,	3
		Total number of Cases			271

Other Statistics :

Attendances for Treatment	3,482
Interviews with Parents	778
Interviews with Others	191
Home Visits	341
School Visits	936
Referred for Treatment after Examination by Psychiatrists	114
Number Treated including those carried over from 1950	257

Hostels for Maladjusted Children. In last year's Annual Report I described fully the aims of these hostels and how the work was carried out.

Mr. and Mrs. Heeley having resigned at the end of the previous year to take up similar work elsewhere, were succeeded in January, 1951, by Mr. and Mrs. Broughall as Warden and Matron of the Mansfield Road Hostel.

Following a visit by the Sub-Committee to this hostel in October, 1950, a report was prepared drawing attention to certain drawbacks in the premises on Mansfield Road. It had been originally intended that not more than 8 boys should be in residence, but it was realised that so small a unit warranted only two resident staff, husband and wife, and this did not

allow sufficiently for relief which is so essential for such workers. Consequently the Sub-Committee recommended that it would be advisable to increase the number of those in residence to 12, which would justify an Assistant Matron. The absence of a room for her and of garden space for out-door play and of a hobbies room led the Sub-Committee to recommend that a search should be made for a different house. Fortunately premises on Sherwood Rise happened to come into the market and in due course they were acquired. Certain alterations had to be made, such as the provision of bathing accommodation on the ground floor and an extra W.C. on the first floor, and the boys were not transferred until after the new year.

At the Silverwood Hostel the services of a gardener-handyman having been secured, the garden was worked into shape during the year.

In anticipation of the resignation of Miss Goodwin, Assistant Matron, advertisements were put in various journals for several weeks, but they were unsuccessful and from the time of Miss Goodwin's going early in September there was no second assistant matron until November 19th.

During the summer holidays the boys from both hostels spent a fortnight at the Y.M.C.A. Holiday Camp at Seathorne, Skegness. The weather was not particularly good, but officers from various organisations helped the Wardens and Matrons to make the holiday a success.

The health of the boys has been good and the difficult work has been carried on without any unusual misadventures.

Other Hostels. The Authority has a reciprocal arrangement with Notts. County Education Committee whereby girls from the City are accepted at the Notts. County Hostel for Girls at New Balderton, while the City Authority accepts boys from the County.

At the end of the year there were 3 City girls in the Hostel at New Balderton and 9 County boys in the City hostels.

One girl also was in the Bourne House Hostel at Bourne.

These arrangements have been carried out without any difficulty thanks to the considerate co-operation of the Directors of Education and the School Medical Officers of Notts. County Council and Kesteven County Council and their staffs.

Discharges and Admissions. During the year 4 children were admitted to and 6 children were discharged from the Silverwood Hostel. 4 were admitted to Mansfield Road and 3 were discharged.

Committee on Maladjusted Children, Ministry of Education. This Authority was invited to send representatives to give evidence before this Committee at the Ministry of Education and Dr. Greener, Psychiatrist, Mrs. Fry, the Senior Educational Psychologist, and I attended on 23rd November. Other clinics represented were those of Bristol, Leicester, Sheffield, Essex and Somerset. The Committee seemed particularly interested in the relationships between this Authority's clinic and the Regional Hospital Board on the one hand and the schools on the other hand, and in the Authority's scheme for the ascertainment and education of its backward children.

Speech Defects. "Pupils who on account of stammering, aphasia or defect of voice or articulation not due to deafness, require special educational treatment."

This Authority has been particularly interested in speech defects ever since 1931 when classes were started and except for a short period during the war have been continued ever since.

It is rather difficult to form a precise estimate as all young children have difficulties at first which usually disappear as they get older. A slight lisp persisting in a girl may be attractive, but a more serious fault may affect a person seriously even to the extent of making him diffident about speaking. A stammer when very slight may be not unhelpful to an adult, but when severe may be a most distressing condition making any conversation painful to the speaker or the hearer and affecting the whole of the sufferer's life. In some the stammer varies with the occasion or even appears only at intervals.

The causation of stammering is not understood although many theories have been advanced. The association of stammering with left-handedness or cross-laterality (left-eyedness associated with right-handedness or vice versa) is not established. In general, however, it seems to be due to tenseness, and the favourite method of treatment is relaxation.

Defective articulation is of various fairly definite kinds and is due to various causes. The most obvious are anatomical defects of the palate such as cleft palate. Even when a cleft may be closed by operation, there may be left defective functioning of the soft palate which is by no means obvious and may or may not be relieved by special surgical treatment by a plastic surgeon. Defect of hearing revealed only by fractional testing of the ability to hear tones of varying frequency is a common cause of defective articulation and the toneless voice of the partially deaf person is a well-recognised characteristic.

Stammering and other forms of speech defect may occur in children of high intelligence, but are perhaps more frequent in those who are dull. The latter are difficult to treat owing to their unresponsiveness and inability to carry out instructions as well as to the lack of responsiveness in their parents.

Although undoubtedly stammering or other speech defect is often associated with " nervousness " as a cause or result, the proportion of cases that respond to what we usually understand by child guidance treatment is small. Nevertheless it is essential that the speech therapist should have appreciation of the psychological requirements of the children and should be able to call for assistance from the child guidance clinic in appropriate cases.

On the other hand, the teacher in her daily contact with the child must have an understanding of the needs of her pupils who show defects of articulation and it is very necessary for the speech therapist to maintain close contact with the schools.

These and other considerations are constantly borne in mind in dealing with the cases. Although time does not allow for each case to be specially examined by the medical officer in co-operation with the speech therapists, the latter are free to refer any case for general or special medical examination, for examination of the ears or throat by the ear, nose and throat specialists, for audiometry with the pure tone audiometer when deafness is suspected—in fact all the facilities of the school health service. Cases for operative treatment by plastic surgery for the organs of speech are referred to Mr. Hynes of Sheffield.

It will be realised that it is impossible and not necessary or desirable to treat every case and quite a number after preliminary treatment are maintained under supervision.

Speech Therapy, 1951 :—

Under treatment at end of December, 1951	73
Discharged during the year	91
Under supervision during the year	130
Total number of cases having treatment	294

Waiting list at the end of the year :—

	Stammer	*Articulation Defects*	*Cleft Palate, etc.*
Urgent treatment recommended ..	22	9	2
Under supervision although treatment desirable	149	91	15
	171	100	17

Speech Recording. By the courtesy of Professor Haycocks of the Department of Education of the University, sound records of the speech of six children were taken by Miss Wilkins on the machine at the University and were played over on a gramophone with electric pick-up. The parents and children were greatly interested in this experiment.

Speech Therapy at the General Hospital. The Senior Speech Therapist at the request of the No. 1 Hospital Management Committee attended for one session a week at the General Hospital to give speech therapy to a certain number of adults who had had laryngectomy (removal of the larynx for cancer). The work was done in collaboration with Mr. W. F. Neil, then Registrar of the Ear, Nose and Throat Department. The Regional Hospital Board paid £1 5*s*. 0*d*. a session for this service as approved by the Ministry of Education.

Classes for Adults. These classes were continued during the winter months as Further Education.

BOOTS' COUNTY COLLEGE

The supervision of the pupils at Boots' County College continues to be undertaken by Dr. Lloyd Davies and Dr. Patricia Shaw on behalf of the Local Education Authority and very valuable contacts are thus maintained.

CHILDREN'S COMMITTEE

In last year's report I described the co-operation that exists between the School Health Service and the Children's Department. The work done by the School Health Service for those children in the care of the Children's Committee differs in no way from that done for other children except in so far as it may be more efficacious, their " new parents " being more attentive.

The Court cases are given great care, every effort being made to present fairly to the Magistrates all factors that may help them to come to a decision as to how the child may be helped. In every case this involves looking up the child's medical and psychological records. In a high proportion of the cases some psychological record, such as the extent of educational backwardness present in so many, is already on the files and in some there may be very much fuller records. In those cases for which a special

examination is asked for by the Magistrates every effort is made to carry this out so that a decision may be arrived at as soon as possible. But I have sometimes felt that it is not always realised that a request for full medical and psychological examination may involve several hours' work by the staff of the School Health Service for each case and the careful compilation of a report after several examinations, the collection and " boiling down " of reports from school teachers, children's officers, probation officers, superintendents of remand homes and not infrequently of special medical reports from hospitals, electro-encephalograms when epilepsy is suspected and so forth.

In all this work the School Health Service is very greatly helped by the willing co-operation of the Children's Officer and his staff.

Over the Court cases, there is close co-operation also with the Probation Officer both in written reports and telephone conversation. When a case is in the Remand Home, the report of the Superintendent on the child is given careful consideration.

ORTHOPAEDIC TREATMENT

This has, of course, been " taken over " by the Regional Hospital Board, but there has been little change, Mr. Malkin continuing to hold a certain number of sessions at the Central Clinic for the examination of cases referred by the school medical officers as well as those held as part of the normal work of the Nottingham District Orthopaedic Clinic.

Out-Patient Treatment at the Nottingham District Orthopaedic Clinic :—

Number of children treated	807
Discharged as cured	124
Discharged for other reasons ..	18
Carried on into 1952	665
Total attendances	8,301

In-Patient Treatment :

Received in-patient treatment ..	32
Carried over from 1951	7
Admitted during year	25
Still in hospital at end of year ..	9

PHYSICAL EDUCATION

Report by Mr. S. L. Goldthorpe and Miss W. I. Warren

Clothing. All children change into plimsolls for gymnastics and dancing and in the junior and secondary schools, with very few exceptions, into shorts. In addition, the older girls wear gymnastic vests or blouses.

The policy of the Education Committee is to provide these articles of clothing to children who are unable to equip themselves. The benefit derived from changing for physical activity is so well appreciated that the item for gymnastic clothing has not been affected in the recent economy cuts.

It is interesting to note that the majority of boys wear underpants.

Altogether there has, in late years, been a marked improvement in general standards of cleanliness.

The Effect of Gymnastic Apparatus in the Primary Schools. Tests for physical growth show that :—

(*a*) The completely free use of gymnastic apparatus improves those parts of the musculature which are already in good shape without necessarily affecting the rest.

(*b*) A balanced programme of running, jumping, tumbling and climbing gives a satisfactory physical development but does not ensure good posture.

(*c*) The best results are obtained when a balanced activity programme is presented by teachers who understand movement.

The most common faults are lack of extensibility in the hip joint and stiffness in the thoracic spine. These faults are quite common at 7+ and tend to persist unless they are corrected before 9+.

Gymnastics in the Secondary School. As the intake of children from the junior school improves physically, less time is given to form giving Swedish gymnastics and more to athletic skill.

Games and Athletics. The standards of performance in inter-school competitions has never been higher. General standards are relatively good but there is still much room for improvement. Far too few children have facilities for vigorous play outside school.

Swimming. The percentage of pupils leaving secondary schools who could swim at least one length of an indoor bath in reasonable style was :

	1950-51	1949-50
Boys' Schools ..	67.5%	65.4%
Girls' Schools ..	53.6%	45.7%
Mixed Schools ..	58.8%	64.8%
	60.8%	55.5%

It is interesting to note that the target of 80 per cent. leavers being able to swim was reached by nine schools. All these schools are within easy reach of an indoor swimming pool.

For the first time on record two junior schools held their own swimming galas.

SCHOOL MEALS

I am indebted to Miss Beard, Organiser of the School Meals Service, for the following statistics :—

Dinners served to Grammar Schools	240,382
,, ,, ,, Special ,, ...	98,888
,, ,, ,, other ,, ...	2,227,238
Breakfasts	30,281
Teas	33,978

It has been said by a distinguished expert in dietetics that the nearer the dining room is to the kitchen the better the meal, and that the most fortunate are those who are allowed to eat their food actually in the kitchen as so many of us do nowadays at home. This is usually impossible when "eating out." School meals in the interests of national economy have to be prepared mostly in central kitchens and conveyed to be eaten in distant schools. This has, as in previous years, created special problems from time to time which have always been promptly investigated. In going into these questions I have repeatedly been struck by the keenness of the kitchen staffs to see that the children get a healthy and appetising meal.

PART-TIME EMPLOYMENT OF CHILDREN

The part-time employment of children is carefully supervised by the staff of the School Attendance Department.

During the year 1,476 children over 13 were examined by the school medical officers as to their fitness to undertake this work.

YOUTH EMPLOYMENT

During each child's last year at school, a card is completed suggesting to the Youth Employment Officer the occupations that may be unsuitable for physical reasons. In the vast majority of cases no special precautions need be advised. In some of the heart cases, however, special attention is needed. In such cases the card is completed as near as possible to the day the child leaves school, mostly after consultation with Dr. Page.

The information received from the hospitals is of great value when the child has had any serious illness during the last year or so at school.

The information is, of course, confidential and is not made available to anyone outside the department without the permission of the parent.

The Youth Employment Officer and his staff fully appreciate the importance of these considerations and give careful attention to any special recommendation that may be made from time to time.

CO-ORDINATION WITH THE OTHER HEALTH SERVICES

Family Doctor and Hospitals. With the advance of preventive and curative medicine, specialisation whatever its disadvantages is unavoidable. The individual as he goes through life comes under the supervision of various medical services. Before he is born he and his mother come under the supervision of the Maternity and Child Welfare Service and continue to do so until he goes to school when he comes under the aegis of the School Health Service. Leaving school he may go to a university with its College Medical Officer, or if to industry his welfare is supervised by the Industrial Medical Officer after he has been passed by the Approved Factory Doctor. Then there is his service with the Forces when he comes under another kind of medical officer, and at any time he may become more or less seriously ill and have to go to hospital or sanatorium.

And all the time from nine months before he is born up to the time of his death he has his family doctor who attends to him in illnesses at home.

In the main these various services may be divided into curative and preventive, the family doctor and the hospital services being curative and the M. and C. W., the School Health, the Industrial and the Forces medical services being preventive.

These two branches of medicine cannot be separated entirely from one another, and, at any rate while the child is at school, it is essential that the curative and preventive branches should exchange information in the interests of the child.

The School Health Service of this Authority has tried to keep its side of the bargain. When a child is found by the school medical officer to be suffering from some non-urgent condition, such as hernia, for which a surgical opinion may seem desirable, a letter is sent to the child's N.H.S. doctor suggesting this and unless a contrary wish is expressed by the latter the case is referred to the hospital with a letter to the surgeon asking him to let me know what is advised ; this information when received is sent to the N.H.S. doctor. Non-urgent medical cases are as a rule referred to Dr. Page, the Paediatrician, at the Central School Clinic, and a letter is sent to the N.H.S. doctor every time Dr. Page sees the child. Similarly with the various other activities particular care is taken to send sufficiently long reports after a child has been examined at the Child Guidance Clinic.

Reports are not, however, sent on eye cases unless the N.H.S. doctor himself has asked for an opinion.

The general practitioners cannot be expected to write frequent reports on their cases, but I should like to take this opportunity of recording the friendly and interested co-operation from them when for any reason I have to telephone to them about one of their cases. It is all for the good of the patient and saves overlapping and misunderstanding which is extravagant and irritating.

With regard to the hospitals, in previous reports, while expressing gratitude for information sent by specialists over individual cases, I have complained about the lack of routine reports. I am now, however, pleased to record that the position has become very much better, and copies of letters sent to the family doctors are now sent to me so that in the majority of cases I am receiving records of outstanding events in a child's life. These reports are most valuable, enabling the School Health Service to know what is going on and to play its part in following up the hospital treatment until health is restored. No doubt the writing of these reports is a troublesome task, but the consultant and resident staff may be assured that they are very greatly appreciated.

Public Health Services. When a child enters school the Maternity and Child Welfare Service health record is sent on to the School Health Service and is attached to the medical inspection card for the information of the School Medical Officer. It is realised that the filling up of these cards is laborious work, but the information on them is often of the greatest value.

There is no ministerial standard M. and C.W. record card, but the Medical Officer of Health has been considering the drawing up of a new form of record card and I have been privileged to be allowed to make suggestions so as to ensure that later it fits in with the school health records.

The prevention of infectious diseases of all kinds, including tuberculosis, is the duty of the M.O.H. and his advice is sought and given promptly and generously when any particular problem arises, in addition to the ordinary routine exchange of information between the two departments. Help has occasionally to be sought from him about over-crowded or vermin infested houses.

Chest Physicians. Elsewhere in this report I have paid a tribute to the constant help of the Chest Physicians. It is most valuable to get from them brief but informative reports on each child examined. I know that it takes up valuable time, but its importance to the School Health Service is very great.

VOLUNTARY SOCIETIES

It is a pleasure to record each year the valuable help given to the School Health Service by so many voluntary societies to whom appeal has to be made in certain cases. In particular, I would mention the Inspectors of the N.S.P.C.C.

CONCLUSION

The School Health Service was started over forty years ago and during that time very considerable advances have been made in the health of the children. Many factors other than the work of the Service have contributed to this—the standard of living has improved, other personal health services have been developed and education has played its part.

Without questioning the soundness of the principles of the National Health Service or the efficiency of those running it, one cannot but feel disappointment that it has not forwarded the work of the School Health Service as much as might have been expected. No doubt individual children have benefited by the better facilities for diagnosis and treatment of certain conditions, and it has been most helpful to get more reports from hospitals, but the list of children awaiting treatment for squints is lengthening and the school dental service continues to be overwhelmed by unproductive work forced upon numerically inadequate staff depleted by the demands of the N.H.S. As yet there is little evidence, too, that the medical profession in general and its administrators realise the importance of maintaining the health of the normal child or of guarding the child who without being seriously ill is in need of special care.

It is to be hoped that suggestions for further interference with the Service will not be made until it is sure that it will result in practical benefit to the children and not merely in administrative tidiness.

Administrative co-operation with the National Health Service continues to run smoothly owing very largely to the helpful attitude of the Senior Administrative Medical Officer of the Regional Hospital Board, Dr. Ramsay, and his staff, and the lay and medical officers of the various Hospital Management Committees.

As in previous years, I must again express appreciation of the keenness shown by medical, dental and clerical personnel in maintaining a high standard of service for the children, and gratitude to the Director of Education and to the Chairman, Vice-Chairman and members of the Special Services Sub-Committee for the sustained interest and consideration shown to the School Health Service during the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

A. A. E. NEWTH,

Senior School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1951

TABLE I

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

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups:	
Entrants	3,053
Second Age Group	2,302
Third Age Group	3,076
Total	8,431
Number of other Periodic Inspections	9,790
Grand Total	18,221

B.—OTHER INSPECTIONS

Number of Special Inspections	17,853
Number of Re-Inspections	13,378
Total	31,231

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin), or further examination by a Consultant

Group (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Table* IIA (3)	*Total individual pupils* (4)
Entrants	11	363	364
Second Age Group	70	94	160
Third Age Group	101	112	210
Total (prescribed groups)	182	569	734
Other Periodic Inspections	252	574	805
Grand Total	434	1,143	1,539

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1951

Defect Code No.	Defect or Disease (1)	Periodic Inspections: No. of defects Requiring treatment (or Consultant's exam.) (2)	Periodic Inspections: No. of defects Requiring to be kept under observation, but not requiring treatment (3)	Special Inspections: No. of defects Requiring treatment (4)	Special Inspections: No. of defects Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	1	3	255	2
5	Eyes—(*a*) Vision ..	434	49	822	1,656
	(*b*) Squint ..	77	67	527	613
	(*c*) Other ..	12	8	327	17
6	Ears—(*a*) Hearing ..	24	9	8	245
	(*b*) Otitis Media ..	3	2	189	27
	(*c*) Other ..	4	1	425	30
7	Nose or Throat	553	168	1,119	877
8	Speech	5	25	23	7
9	Cervical Glands ..	2	5	12	5
10	Heart and Circulation ..	28	40	22	143
11	Lungs	105	127	45	113
12	Developmental—				
	(*a*) Hernia ..	12	2	—	10
	(*b*) Other	11	40	—	16
13	Orthopaedic—				
	(*a*) Posture ..	18	6	7	2
	(*b*) Flat foot ..	109	69	34	7
	(*c*) Other	114	13	98	13
14	Nervous System—				
	(*a*) Epilepsy ..	—	8	1	6
	(*b*) Other	4	20	2	8
15	Psychological—				
	(*a*) Development ..	—	1	70	24
	(*b*) Stability ..	—	9	114	132
16	Other	83	24	2,963	1,447

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

Age Groups (1)	Number of pupils Inspected (2)	A (Good) No. (3)	A (Good) % of Col. 2 (4)	B (Fair) No. (5)	B (Fair) % of Col. 2 (6)	C (Poor) No. (7)	C (Poor) % of Col. 2 (8)
Entrants	3,053	2,086	68·3	952	31·2	15	0·5
Second Age Group ..	2,302	1,068	46·4	1,202	52·2	32	1·4
Third Age Group ..	3,076	1,536	49·9	1,515	49·3	25	0·8
Other Periodic Inspections ..	*8,088	4,426	54·7	3,573	44·2	89	1·1
Total	*16,519	9,116	55·2	7,242	43.8	161	1·0

* The second and third terminal examinations of pupils attending Nursery Classes and Open Air Schools have been excluded from this return

TABLE III

Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	169,263
(ii)	Total number of individual pupils examined ..	(approx.) 45,579
(iii)	Total number of individual pupils found to be infested ..	3,739
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	43
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	33

TABLE IV

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

Group 1—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	*otherwise*
Ringworm—(i) Scalp	29	11
(ii) Body	64	3
Scabies	34	20
Impetigo	307	10
Other skin diseases	1,148	495
Total	1,582	539

Group 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	*otherwise*
External and other, excluding errors of refraction and squint	1,341	160
Errors of refraction (including squint) ..	—	4,403
Total	1,341	4,563
Number of pupils for whom spectacles were :		
(*a*) Prescribed	—	1,775
(*b*) Obtained	—	*1,797

* Including some prescribed in 1950

Group 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	*otherwise*
Received operative treatment —		
(*a*) for diseases of the ear	—	23
(*b*) for adenoids and chronic tonsillitis ..	—	1,544
(*c*) for other nose and throat conditions	—	20
Received other forms of treatment ..	2,444	211
Total	2,444	†1,798

† In addition there were some children who received treatment at the Nottingham Children's Hospital about whom precise information has not been secured

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*)	Number treated as in-patients in hospitals	48
	by the Authority	*otherwise*
(*b*)	Number treated otherwise, *e.g.*, in clinics or out-patient departments ..	— 807

Group 5—CHILD GUIDANCE TREATMENT

	Number of cases treated in the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics	257	25

Group 6—SPEECH THERAPY

	Number of cases treated by the Authority	*otherwise*
Number of pupils treated by Speech Therapists	294	—

Group 7—OTHER TREATMENT GIVEN

	Number of cases treated by the Authority	*otherwise*
(*a*) Miscellaneous minor ailments	14,527	—
(*b*) Other than (*a*) above —		
1. U.V.R.	274	30
2. Plastic Surgery (at Sheffield) ..	—	4
3. Heart Conditions (at London)	—	2
4. Various Conditions	—	1,703
Total	14,801	1,739

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(*a*) Periodic age groups	14,682
	(*b*) Specials	4,005
	Total (1)	18,687
(2)	Number found to require treatment	12,050
(3)	Number referred for treatment	12,013
(4)	Number actually treated	9,370
(5)	Attendances made by pupils for treatment	13,551
(6)	Half-days devoted to : Inspection	83
	Treatment	1,499
	Total (6)	1,582
(7)	Fillings : Permanent Teeth	5,174
	Temporary Teeth	—
	Total (7)	5,174
(8)	Number of teeth filled : Permanent Teeth	4,440
	Temporary Teeth	—
	Total (8)	4,440
(9)	Extractions : Permanent Teeth	1,800
	Temporary Teeth	14,373
	Total (9)	16,173
(10)	Administration of general anaesthetics for extraction	4,970
(11)	Other operations : Permanent Teeth	119
	Temporary Teeth	74
	Total (11)	193

TABLE VI

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

1951	*Blind* (1)	*Partially Sighted* (2)	*Deaf* (3)	*Partially Deaf* (4)	*Delicate* (5)	*Physically Handicapped* (6)	*Educationally Sub-normal* (7)	*Maladjusted* (8)	*Epileptic* (9)	*Total* 1—9 (10)
In the calendar year :—										
A. Handicapped Pupils *newly placed* in Special Schools or Homes	—	3	5	2	74	4	60	10	3	161
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes	1	—	4	3	85	8	65	12	2	180
On or about December 1st :—										
C. Number of Handicapped Pupils from the area —										
(i) attending Special Schools as Day Pupils	—	—	27	7	199	7	324	—	—	564
Boarding Pupils	4	9	3	2	13	8	8	1	6	54
(ii) Boarded in Homes	—	—	—	—	—	—	*24	18	—	42
(iii) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	1	1	—	2
Total (*C*)	4	9	30	9	212	15	*333	20	6	*638
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 —										
(*a*) in hospitals	—	—	—	—	—	—	—	17	—	17
(*b*) elsewhere	—	—	—	—	—	8	—	—	—	8
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	1	—	—	2	25	13	34	4	2	81

* *Section C :* The 24 pupils who are boarded in Homes also attend Special Schools as Day Pupils

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