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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 1952

Adopted by the Education Committee at
its Meeting held on 28th October, 1953

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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CONTENTS

Boots' County College	37
Cerebral Palsy	21-23
Child Guidance	5, 31-34, 42
Children's Committee	37
Cleanliness	6-7, 41
Conclusion	38
Convalescent Homes	5, 24
Coordination	38
Dental Inspection and Treatment	12-16, 42
Diphtheria Immunisation	9
Ear, Nose and Throat, Diseases of	5, 16-19, 41
Electrical Department	21
Handicapped Pupils	25-31, 43
Infectious Diseases	8-9
Medical Examination :	
of Entrants to Training Colleges and of Intending Teachers	36-37
for Employment on Leaving School	35-36
for Part-time Employment	35
of Pupils at the Nursery Nurses Training Centre	37
of Printing Apprentices	37
Medical Inspection	4-6, 39-40
National Survey	36
Ophthalmic Services	10-12, 41
Orthopaedic Treatment	23, 41
Paediatric Clinic	19-20
Physical Education	23-24
Pipewood School	5, 24-25
Ringworm	8, 41
Scabies	8, 41
School Meals	35
School Nurses	4, 5, 7-8
Skegness Holiday Homes	5, 24
Speech Therapy	34-35, 42
Staff	2, 3-4, 16, 34
Treatment	10, 39, 41-42
Tuberculosis	9
Voluntary Societies	38
Statistical Tables :	
Medical Inspection (Table I)	39
Return of Defects found by Medical Inspection (Table IIA)	40
Classification of General Condition (Table IIB)	40
Infestation with Vermin (Table III)	41
Treatment of Pupils (Table IV)	41, 42
Dental Inspection and Treatment (Table V)	42
Handicapped Pupils	43

CITY OF NOTTINGHAM

General Information as at 31st December, 1952

Population	310,700	No. of Schools	146
Area	acres 18,364	No. on Rolls	47,766
Density of Population : 16.9 persons per acre		Average Attendance	41,236
Rateable Value of the City— at 31st December, 1952, £2,355,424		Penny Rate—Produced in 1952-53	£9,473
Rate levied for education purposes— 1952-53	7s. 10d.		

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1952-53)

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*MRS. D. BAYLISS,

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*MRS. H. ROACH,

*MRS. G. GREGORY,

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MISS M. A. ARCHER,

MISS F. M. GREEN,

MISS E. A. DUNKERLEY,

CARETAKER : J. HICKLING.

HOSTELS FOR MALADJUSTED PUPILS :

Silverwood : Warden and Matron :

Assistant Matrons :

The Gables : Warden and Matron :

Assistant Matron :

MR. and MRS. C. A. FITCH,

MISS C. I. POXON and one post vacant.

MR. and MRS. A. O. BROUGHAL,

MISS D. DI CIOCCIO.

* Part-time Staff.

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1952

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 1952.

As in 1951, the health of the children was very satisfactory although German measles and chicken pox caused a good deal of absenteeism from school.

The position with regard to whole-time doctors and dentists was little better than in 1951, and it was not easy to maintain satisfactory service. One school medical officer was absent ill during the greater part of the year up to 30th November when he resigned, but it was found possible to secure the services of one part-time doctor in May and of another in November.

In spite of these difficulties the figures in the following pages will show that the work was not allowed to drop behind, although there was little time or opportunity for fresh expansion.

Throughout the year increasing numbers of reports were received from hospitals and from the Chest Clinic, and personal relations with the general practitioners and hospital consultants were cordial.

No notable changes in clinics were made during the year.

STAFF

Medical Officers : Dr. J. D. Shaw was appointed as temporary Assistant School Medical Officer on 21st January to succeed Dr. Crean who had resigned at the end of September, 1951.

Dr. W. J. C. Auld was absent on sick leave from December, 1951, and eventually resigned on 30th November, 1952.

In an attempt to meet the difficult situation, the Committee engaged Dr. Joan Williams as temporary part-time Assistant School Medical Officer to give five sessions a week from 9th May and Dr. Patricia A. Hogarth to give six sessions a week from 17th November.

Over 450 school medical officers' working days were lost through illness.

Assistant Dental Officer : Mr. N. Pinto do Rosario, L.D.S. R.C.S., began duties as Assistant Dental Officer on 1st August.

School Nurses : Miss G. E. Wilson retired on superannuation on 31st March, after having given most valuable service since February, 1926.

Mrs. A. E. L. Cooke began part-time duties on 20th May. During the temporary absence of Mrs. Allen on maternity leave Miss W. M. Furniss commenced duties on 1st November.

Mrs. L. A. Phelps was appointed to the permanent staff on 17th November.

Hostel Staff : The great difficulty of getting staff for the hostels continued during 1952.

Miss Deeley, who came as Assistant Matron to Silverwood Hostel on 19th November, 1951, resigned on 14th April, 1952. Miss H. Hague was appointed on 1st July, but resigned five months later on 30th November. Her place had not been filled by the end of the year.

The hostel is still without a cook.

Miss D. di Cioccio was appointed as Assistant Matron to the Gables Hostel on 1st September.

MEDICAL INSPECTION

The work of medical inspection was greatly hampered by the shortage of staff. I repeatedly had to cancel periodic medical inspections at short notice owing to illness of medical officers. This caused considerable inconvenience to teachers and parents, and I am greatly indebted to those teachers who were patient under these difficult circumstances.

Prescribed Age Groups : It was, however, possible to complete 14,030 inspections in the prescribed age groups—as compared with 8,431 in 1951 and 11,175 in 1950. In 1952 these periodic inspections were distributed fairly evenly among the three age groups. The Entrants examined numbered 6,570, Second Age Group 4,324 and Third Age Group 3,136.

Other Periodic Inspections : It was found impossible to complete the programme of other inspections and only 4,735 were carried out compared with 9,790 for the previous year. Economies were made chiefly in the Intermediate (7-8 year-old) age-group, the doctors' examination being replaced by nurses' surveys.

Another economy was effected by the dropping of the examinations of the children in the nursery classes every term and doing them once a year instead.

Rather fewer Grammar and Technical School examinations were done, but the examinations every term of the delicate children in the open-air schools and the annual inspections of those in the two day schools for educationally sub-normal children and the annual inspections of the children in the School for the Deaf were maintained.

In accordance with the principle that a high proportion of backward children may be of somewhat poor health or show defects of various kinds, the children in the Practical Classes were also inspected.

Other Periodic Inspections :

	1947	1948	1949	1950	1951	1952
Intermediate	2,952	5,345	3,887	4,516	4,983	590
(7-8 year-olds)						
Grammar and Technical Schools ..	3,447	2,663	1,330	1,800	1,883	1,498
Nursery Classes other than Entrants ..		1,269	1,387	1,388	1,309	408
Special Schools		1,047	718	841	888	795
Practical Classes ..	253	400	1,132	1,141	727	1,444
	<u>7,586</u>	<u>10,724</u>	<u>8,454</u>	<u>9,686</u>	<u>9,790</u>	<u>4,735</u>

Nurses' Surveys : In February, 1952, when it had become clear that it would not be possible to complete the programme of medical inspection with the depleted staff it was decided to drop the doctor's inspection of the non-statutory group, the Intermediates (7-8 year-olds), and to substitute for it surveys by the nurses somewhat on the lines of surveys that were done during the World War II. Certain administrative difficulties were encountered, but it was found possible to complete the inspection of 948 pupils of 7 to 8 years of age. The nurses were required to test vision, to look out for cases of enlarged tonsils and adenoids and of ear trouble or deafness and to keep a look-out for cases of general ill-health ; cleanliness was also observed and heights and weights recorded.

Other General Inspections or Examinations by the Doctors :

Pipewood School—1,838 children were examined somewhat superficially by the doctors and nurses and nurses' assistants before going to Pipewood School.

Skegness Holiday Homes—796 children were examined before going to the Holiday Homes at Skegness.

Tonsil and Adenoid Operation Cases—1,172 children were given a general examination shortly before being admitted to the wards for operations for tonsils and adenoids.

Child Guidance Cases—222 children were examined by myself as part of the investigations at the Child Guidance Clinic.

A number of children were given a general examination when about to go away to convalescent homes and residential schools.

College of Art and Crafts—36 students at the College of Art submitted to medical inspection.

Refusals : 14 parents refused to allow their children to be submitted to routine medical inspection within the statutory requirements. This is contrary to the requirements of Section 48 of the Education Act, 1944, and proceedings could have been taken against them, but this was not thought advisable. In all these cases the children were well cared for. There were a number of cases in which absenteeism from medical inspection was suspected to be due to purposeful dodging, but whenever possible the child was picked up at a later session.

Results of Medical Inspection : The percentage of children found at medical inspection to require treatment varies little from year to year, and no particular significance should be attached to the figures in the following table :—

	1948	1949	1950	1951	1952
Entrants	11.7	12.5	12.5	11.9	13.2
Second Age Group ..	5.6	5.3	4.6	4.1	3.8
Third Age Group ..	5.8	3.7	2.2	3.6	3.6
Total	8.3	8.4	6.9	6.7	8.1

The details of defects found at medical inspection are to be found in Table II towards the end of this Report.

The number of cases requiring treatment or examination by a consultant for enlarged tonsils or adenoids was higher in 1952 (735) than in 1951 (553).

The other figures were much as before except glands in the neck which showed a remarkable rise for which I am unable to account, unless it was that a meticulous medical officer met with a large number during a time when colds and sore throats may have been particularly prevalent.

It is interesting to record that of the 948 children examined by the nurses at their surveys of the Intermediate Group, 99 or 10.5 per cent. required treatment other than dental treatment, uncleanliness or defective vision. This is rather more than half-way between the percentage in the Entrant and Second Age Groups requiring such treatment. This figure might be not unexpected and calls for no particular comment except as evidence of the thoroughness of the examinations.

General Condition : It is pleasant to record that the medical officers continued to be satisfied with the general condition of the children. Again this year, they recorded only 1.0 per cent. of the children as being of Poor Condition, the same percentage as in 1951. They found they could put more into the category of Good—58.4 per cent. in 1952, compared with 55.2 per cent. in 1951.

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
1952 ..	18,045	58.4	40.6	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 my Report for 1950 I described the procedure followed to supervise the cleanliness of the children, and in my Report for last year I repeated the more important details.

There was no relaxation in this branch of the work of the Service during 1952, when no less than 183,885 cleanliness examinations were carried out by the nurses' assistants, compared with 169,263 in 1951.

The following table shows the comparable figures for 20 years ago, 10 years ago and the last 5 years :—

	1932	1942	1948	1949	1950	1951	1952
On school rolls	42,183	37,086	41,629	42,697	43,607	45,579	47,766
Examinations ..	72,198	98,438	155,866	156,964	131,071	169,263	183,885
Number found unclean ..	3,148	2,905	4,691	4,500	4,261	3,739	4,073
Percentage of the number on rolls	7.5	7.8	11.3	10.5	9.8	8.2	8.5
Statutory notices to parents ..	—	—	76	80	45	43	47
Children cleansed	34	38	41	42	31	33	39

On an average each school department was visited 18 times by the nurses or nurses' assistants.

The total number of school visits was 2,489, of which 1,637 were for first examinations, and 405 were follow-up examination visits to look at those children who had previously been found to be verminous. The remaining 447 visits were to Nursery Classes.

The total number of uncleanness examinations was 183,885, of which 134,934 were first examinations, 34,660 follow-up examinations, and 14,291 were in Nursery Classes.

In addition to this routine work, every opportunity is taken to examine the hair of children who are about to go elsewhere. Every month the children who were due to go to the Pipewood Camp School were seen first in the schools and again in the clinics a few days before they went. Similar precautions were taken with the 40 boys and 40 girls who went to the Skegness Holiday Homes every three weeks. Every child was also examined before he went away to a convalescent home or residential school or hostel.

Year by year I deplore the necessity for this constant vigilance. I only wish it were possible to report a substantial decrease of verminous heads, but in spite of all these efforts there are a certain number of children who are repeatedly found to be in an unsatisfactory condition, and from time to time complaints are received from parents whose children are habitually well cared for or from the staff of residential institutions, such as hospitals.

Repeatedly we are brought back to the unpleasant realisation that the real remedy lies not in the schools but in the homes.

The position with regard to vermin of the body is very different. It is most rare to see a child affected in this way.

One recalls that at the beginning of the century a well-known preparation for doing away with fleas as well as other small vermin of the house or body was widely advertised in popular papers. No doubt the firm did a good business and made money, as well as benefiting the public who purchased the preparation. It is difficult to understand why some equally enterprising person of today has not thought of advertising some effective preparation in the press in such a way that those who need it will be encouraged to buy and use it.

SCHOOL NURSES

The success and efficiency of a school health service depend to a very considerable degree on its school nurses. No scheme, however carefully planned and worked out, will succeed without their understanding cooperation. It is not dramatic work, and its results are not immediately realised, but it calls for unfailing vigilance with tact and kindness.

As far as possible the work is centred round the clinics, the district and the clinic nurse running an area on a sort of "parochial" basis, becoming familiar in all aspects of their work with the parents and teachers in the district. There are limitations to this, particularly in the centre of the city, but it is carried out in the outlying parts.

As far as possible they are relieved of unnecessary clerical work, and they do not have to do the bulk of the routine cleanliness work which is entrusted to the nurses' assistants.

Visits to schools for Routine Medical Inspection, including Nurses'					
	Surveys	..	..	..	1,780
"	"	"	Follow-up including Nurses' Surveys	..	104
"	"	"	Investigation of Infectious Disease	..	17
"	"	"	Uncleanliness	..	447
"	"	"	National Survey..	..	23
Visits to Homes for					
	Uncleanliness	..	..	..	57
"	"	"	Absentees from Minor Ailments Clinic	..	25
"	"	"	Deafness	..	25
"	"	"	Absentees from Ophthalmic Clinic	..	277
"	"	"	Absentees from T. & A. Examination	..	219
"	"	"	Follow-up after T. & A. operation	..	1,229
"	"	"	Miscellaneous reasons	..	768
Attendances at Clinic					
	..	..	..	..	3,913

RINGWORM

There is no reason to feel any anxiety about ringworm during 1952, but I regret that I am unable to form a precise picture of the position.

The School Health Service records show that 11 cases of ringworm of the scalp were treated in the Authority's clinics. Specimens of hairs from these were cultured by Dr. Sneddon of Sheffield (6 cases) and by Dr. Ludlam of Nottingham (1 case). In 2 of these there was no growth of spores and in the remaining 5 *M. lanosum* or *felineum*—animal ringworm—was cultivated.

But the Head Teachers reported an additional 5 cases, and I was informed that 24 were treated at one or other of the hospitals. I do not know whether this latter number included any of those treated at the school clinics, nor do I know the nature of the infection. The latter is an important point, as the *M. lanosum* or *felineum* or *canis* caught usually from pet cats or dogs is fairly easily curable, while *M. audouini*, the human variety, is much more difficult to cure, and generally requires drastic epilation by x-rays.

I must again express my gratitude to Dr. Sneddon and Dr. Ludlam for the kind interest they have shown in this work.

SCABIES

Only 23 cases of scabies were treated in the Authority's clinics, and it is said that 15 were treated elsewhere, making 38 in all, which compares favourably with 1951 (54 cases), and 1950 when there were 100 cases. It is to be hoped that this decline will continue.

INFECTIOUS DISEASES

Measles again proved a troublesome disease in 1952 with 1,694 cases.

Scarlet fever continues to be mild, and the serious after-effects that used to be seen are seldom met with now.

Again, there were no cases of diphtheria. This is the third year running that the disease has been entirely absent from school children of Nottingham.

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

	1948	1949	1950	1951	1952
Whooping Cough	696	211	753	516	555
Measles ..	1,294	1,137	941	1,788	1,694
Scarlet Fever ..	331	193	223	142	310
Diphtheria ..	6	2	0	0	0
Poliomyelitis ..	1	16	14	7	2

IMMUNISATION AGAINST DIPHTHERIA

This work is the responsibility of the Health Department, but is carried on in close cooperation 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 1952 :—

Year of Birth	..	..	1937	1938	1939	1940
No. of children immunised	..	..	3,453	3,593	3,643	3,321
Year of Birth	..	..	1941	1942	1943	1944
No. of children immunised	..	..	3,320	3,722	3,901	4,206
Year of Birth	..	..	1945	1946	1947	1948
No. of children immunised	..	..	3,587	4,380	4,920	3,936
Year of Birth	..	..	1949	1950	1951	1952
No. of children immunised	..	..	3,733	3,462	3,036	395

In his Report for 1952, Dr. Dodd shows that 38,593 children between the ages of 5 and 15 were immunised—this represents 90 per cent. of the children of these ages.

TUBERCULOSIS

The cooperation with the Chest Physicians over the detection of tuberculosis continues as before. They are constantly sending reports on the findings of their examinations of suspected children or children contacts of active cases, and on admissions and discharges from the sanatoria. The School Medical Officer, on his side, sees that special consideration is given to particular cases as advised by the Chest Physician. No child with open tuberculosis is admitted to school, but when the condition has become quiescent, attendance at an ordinary or at an open-air school may be allowed, perhaps with some restriction of activities.

During the year 78 children were referred by School Medical Officers to the Chest Physician ; only one of these was found to have active tuberculosis.

The Chest Physicians sent reports on 708 children, most of whom were quiescent cases attending for re-examination or contacts of cases. This is a great increase on 1951 when 211 reports were sent.

69 children were admitted to the Sanatoria, Newstead or Ransom, and 75 were discharged.

Chest Radiography : The staff of the Chest Radiography Centre were able to undertake mass radiography of grammar school and other secondary school pupils as follows :—

Grammar Schools			
Under 14	14	15+	Total
988	429	730	2,147
Secondary Schools other than Grammar Schools			
Under 14	14	15+	Total
23	1,151	1,978	3,152

Of the 5,299 pupils x-rayed, 7 were found to have active tuberculosis. These were in different schools—2 in grammar schools, 1 in an E.S.N. special school, and 4 in other secondary schools. Thus out of the 5,299 apparently healthy pupils examined only 7 or 0.13 per cent. were found to be suffering from unsuspected tuberculosis.

TREATMENT

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

<i>Clinic</i>	<i>Address</i>	<i>Treatment carried out</i>	<i>Doctor attends</i>	<i>Children's attendances during 1952 for minor ailments</i>
Central ..	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, etc.	Tuesday and Friday a.m.	†14,926
Bulwell ..	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	} 14,481
Springfield* ..	Springfield School	Minor Ailments	—	
Leenside ..	Leenside	Minor Ailments, Dental	Friday p.m.	10,393
Scotholme ..	Beaconsfield Street	Minor Ailments,	Wednesday a.m.	10,239
Rosehill ..	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday p.m.	20,973
William Crane* ..	Aspley Estate	Minor Ailments, Speech Training	Tuesday a.m.	12,320
Jesse Boot* ..	Jesse Boot School	Minor Ailments	—	9,919
Player ..	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday and Friday a.m.	24,156
Bestwood ..	Gainsford Crescent School and Arnold Road	Minor Ailments	Monday a.m.	6,479
Pipewood School*	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	6,612

* For children attending these Schools only.

† Including U.V.R. and Ionization cases.

OPHTHALMIC SERVICE

From the earliest years the Local Education Authority of this City has given close attention to its ophthalmic services, and it was with some trepidation that it handed over this work to the Regional Hospital Board in 1950. The latter, seeing that it was a good going concern, found that no alterations in the general arrangements were necessary, and the work went on as before, the only real difference being in the method of getting the prescribed spectacles and in the allocation of the cost.

The refraction work is done at the school clinics—the great majority at the Central School Clinic, occasional sessions being held at one or other of the branch clinics. The three ophthalmic specialists attend eight sessions weekly.

Patching for amblyopia is applied by the school nurses at the clinic nearest the child's home, the child attending for re-examination by the ophthalmic specialist once a month or every two or three months as may be necessary.

The ophthalmic specialists are assisted by a particular school nurse who has become well-versed in her duties by working with the specialists, assisted occasionally when necessary by another nurse. These individual nurses are employed too in following up in the schools or homes cases of particular difficulty.

An optician of the Eye Infirmary attends on occasions for the fitting of spectacles procured through the Hospital Management Committee.

It is made known that the spectacles prescribed may be procured by the parents from opticians of their choice, and a great many are doing this.

The parents are invited to attend at the clinic to make sure that the child finds the spectacles comfortable and that the prescriptions have been properly dispensed.

The whole of this work is, as before, organised within the School Health Service. By means of this close cooperation I am able to consult with the ophthalmic specialists about children so severely handicapped by defective vision as to need special educational treatment in special residential schools for the Blind or Partially Sighted when the disability is very severe, or in ordinary schools when it is less severe.

A synoptophore is available for use by the ophthalmic specialists at the Central Clinic, but most of the orthoptic testing is done by the orthoptists of the Hospital Management Committee at the Eye Infirmary. Orthoptic treatment is given at the Eye Infirmary and all the operations are carried out there.

Parents can, of course, if they wish, attend at the Eye Infirmary for testing, but it is much more convenient if they attend at the School Clinic. Any children seen at the Eye Infirmary before starting school can be seen by the same ophthalmic specialist at the School Clinic if he happens to be one of the three working there.

When the child leaves school, he is advised to continue under the same specialist at the Eye Infirmary under the N.H.S. when a change of spectacles is needed later.

The Hospital Management Committee are responsible for the cost of this work, appropriate apportionment being made of the time of the nurses and clerical and administrative staff of the School Health Service and of the upkeep—heating and lighting, etc.—of the clinic.

The whole organisation works very smoothly, thanks to the friendly cooperation of the ophthalmic specialists and of the Eye Infirmary staff.

It may be claimed that by such an organisation the parents and children are assured of a first-class eye service, and the close cooperation between the clinic, with the Hospital Management Committee on the one hand and the schools on the other hand, ensures the carrying out of eye work of the highest technique associated with the practical every-day needs of the child at school.

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.

	1948	1949	1950	1951	1952
No. on rolls	41,629	42,697	43,607	45,579	47,766
Refractions	3,478	3,854	3,957	4,124	4,520
Percentage	8.3	9.0	9.1	9.0	9.5
Spectacles prescribed ..	1,308	1,741	1,571	1,583	1,794
Percentage	3.1	4.1	3.6	3.5	3.8
Spectacles procured* ..	925	1,288	1,575	1,607	1,789

* In each year there is overlap from previous years.

Orthoptic Treatment : With regret I have had to express disappointment at the lengthening waiting list for orthoptic treatment and the very long delay before any individual child can get the treatment, even cases noted as urgent having to wait several months before a vacancy occurs.

	1947	1948	1949	1950	1951	1952
New cases treated	116	84	60	70	79	36
Total treated	166	129	102	78	94	48
Awaiting test or treatment at end of year	52	66	93	89	100	114

Operations for Squint : The number of children operated upon for squint was about the same in 1952 as in the previous year, but the number of cases on the waiting list at the end of the year was somewhat smaller, owing to the Eye Specialists having recommended fewer cases for operation. Many of the children have to wait a great many months before their turn is reached.

	1947	1948	1949	1950	1951	1952
Operations	105	91	73	105	95	92
On waiting list at end of year	23	24	50	80	143	128

DENTAL INSPECTION AND TREATMENT

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

The Education Committee started a Dental Department for school children in 1917, because it had become clear that the dental needs of the children were not being seen to by the private dentists. I was appointed, together with two other dentists, on a part-time basis, but very soon after that I was appointed as whole-time dental officer. More staff were appointed as the work expanded, and by 1947 it had become necessary to engage four whole-time and three part-time dental officers. At the end of 1952 the number of dentists available was equivalent to five whole-time dental officers.

The original dental surgery was somewhat primitive, but an up-to-date one was fitted up in the new Central Clinic at Chaucer Street, in 1926. Later, four branch clinics were set up in outlying parts of the city, and plans have been approved by the Ministry of Education for an additional one in the proposed health centre on Bracebridge Drive, on the western side of the city. A small orthodontic clinic has been established in the original clinic buildings in Clarendon Street. The foundations of an additional dental clinic in connection with a minor ailment clinic were laid in the Bestwood area, to the north-east of the city, but were abandoned directly World War II started.

The object of the School Dental Service is to send the young persons out into the world at the end of their school careers with as many sound teeth as possible. The first set of teeth will have disappeared by this time, some dropping out naturally as their roots become absorbed, others having to be extracted on account of pain or sepsis resulting from premature caries. Few children leave school with a full set of permanent teeth. The wisdom teeth, the last of the permanent teeth to erupt, will generally not have appeared, and many of the earlier permanent teeth will have been lost owing to decay. The causes of caries are not yet agreed upon. Failure to cleanse the teeth and lack of vitamins are no doubt partly responsible, but caries often appears in the teeth of children to whom the greatest attention has been given in these matters. We are looking to fluoridation of water supplies to help to strengthen the structure of the teeth and to combat decay, but this is not yet accepted in this country. Consequently we must accept caries as inevitable in our present civilisation, and to conserve the children's teeth for adult life we must look for and attack caries as it appears. As caries is neither painful nor obvious in its earliest stages, it must be sought for by a dentist by regular periodic inspection throughout school life. The detection of caries is useless unless treatment is carried out as soon as possible after the trouble is detected. Although most sensible people would accept these statements as self-evident, few parents put the principles into practice, and most wait until the child is having toothache before consulting the dentist. Consequently, the Ministry of Education, with the full support of school medical officers throughout the country, has advocated the periodic dental inspection of children in schools and the offer of free treatment to be given as promptly as possible after defects are discovered.

Reading of previous reports will show that this has been the consistent policy of your School Dental Service. During the years before World War II it was possible to examine, every year, each child in attendance at school and, in 1937, out of an average attendance of 34,173 children in attendance in the elementary schools, 34,059 were submitted to periodic dental inspection; treatment was offered immediately to all those who needed it. The work was greatly hampered directly the War started, and in 1941 the number inspected dropped to 21,488. The figures improved gradually until 1947, when 31,726 children were inspected, but the disastrous effects of the N.H.S. Act on the staff of the School Dental Service reduced seriously the numbers, and in 1949 only 13,126 children, or less than a third of those in attendance, were given periodic dental inspection in the schools. There was a very slight improvement in 1950 when 13,672 children were inspected; again, in 1951, when the numbers improved to 14,682, and in 1952 there was still further improvement to 17,814 out of 47,766 on rolls.

If, as is claimed, efficient periodic inspection followed by the prompt offer of treatment of defects by the dental service (and acceptance by the parents) is necessary and effective, then one would expect that a year or so of fairly complete periodic inspection would be followed in two or three years by a reduction in the amount of treatment required, and vice versa, and this would be seen chiefly in the teeth of secondary school pupils. That this is so is shown by the following table which shows that the particularly good years of inspections, 1946 and 1947, were followed by a low rate of caries in 1949, whereas the failure to do many inspections in 1949 and 1950 was followed by a high rate of caries in secondary school pupils in 1952.

Secondary School Pupils found to need Treatment compared with the Number of Pupils in all Schools Inspected :

Year	All Schools		Secondary School Pupils	
	Number Inspected	Number Inspected	Number found to require Treatment	Percentage found to require Treatment
1945	29,422	—	—	—
1946	31,411	—	—	—
1947	31,726	10,196	5,264	52·7
1948	28,608	10,570	5,077	48·0
1949	13,126	3,740	1,404	37·5
1950	13,672	5,947	2,882	48·5
1951	14,682	4,480	2,458	54·9
1952	17,814	7,716	4,678	60·6

It happened that certain secondary modern schools as well as the grammar schools were submitted to periodic dental inspections both in 1947 and in 1952, although some of the intermediate years were missed. The figures for 1952 compare very unfavourably with those for 1947.

Condition of Teeth—Secondary Schools, 1947 and 1952

Schools	1947			1952		
	No. Inspected	No. Needing Treatment	Percentage	No. Inspected	No. Needing Treatment	Percentage
Modern						
Ellis B. ..	298	167	56·0	371	271	73·0
Guilford G. ..	229	125	54·6	465	333	71·6
Pierrepont G. ..	342	164	47·9	373	278	74·5
Welbeck G. ..	130	86	66·1	114	77	67·5
Radford B. ..	210	99	47·1	314	189	60·2
Radford G. ..	223	117	52·5	268	174	64·9
The Dale G. ..	371	185	49·9	398	302	75·9
Trent Bridge B. ..	276	116	42·0	424	261	61·6
Trent Bridge G. ..	228	127	55·7	387	277	71·6
Wm. Crane B. ..	192	102	53·1	283	191	67·5
Wm. Crane G. ..	253	124	49·0	393	263	66·9
	2,752	1,412	51·3	3,790	2,616	69·0
Grammar						
High Pavement B. ..	760	421	55·4	729	350	48·0
Mundella B. & G. ..	663	271	40·9	699	320	45·8
Manning G. ..	722	321	44·4	750	294	39·2
	2,145	1,013	47·2	2,178	964	44·3

It is not easy to explain how it is that the grammar schools pupils actually improved from 1947 to 1952 except that they were mostly examined every year, and that they have acquired a greater sense of the need for dental fitness.

The number of children treated in 1952 was 10,284 who made 15,903 attendances, whereas in 1951, 9,370 children made 13,551 attendances. I am particularly pleased to find that fewer teeth had to be extracted, 1,768 permanent and 10,634 temporary teeth, compared with 1,800 permanent and 14,373 temporary teeth in 1951. On the other hand, the number of fillings increased from 5,174 in 1951 to 7,346 in 1952.

These figures compare favourably with the years before the N.H.S. dental scheme came in, and even more favourably with pre-War years.

Work on Permanent Teeth—Fillings and Extractions compared :

	1937	1938	1947	1948	1949	1950	1951	1952
Fillings %	74.1	74.1	82.0	80.3	70.7	71.8	74.2	80.6
Extractions %	25.9	25.9	18.0	19.7	29.3	28.2	25.8	19.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

This is fairly satisfactory, but of course we cannot rest until we are again inspecting all the children and offering them treatment as soon as possible.

Orthodontic Work : Orthodontic work, the treatment of irregularities in the position of the teeth, continues to give great satisfaction to the children and to their parents. It has been said that 15 per cent. of school children would probably benefit by such treatment, but it is laborious work calling for much patience on the part of the children as well as a considerable amount of the dentist's time. As I myself have to do it with the assistance of Miss Morgan, the Dental Nurse, the number of cases that can be tackled is limited. Nevertheless, during 1952 I was able to treat 90 cases who made 1,222 attendances. 42 of the cases were completed during the year and 48 were carried forward into 1953.

X-ray films reveal the position of underlying unerupted teeth, and are of the greatest value in orthodontic work.

Dentures were fitted to 70 children.

Dental Service for the Priority Classes : For a good many years the School Dental Service has given emergency treatment to pre-school children with the approval of the Medical Officer of Health. Circular 118/47 of the Ministry of Health, published in 1947, suggested that dental work for priority classes, the expectant and nursing mothers and pre-school children, should be undertaken by the School Dental Service or organised by the Chief Dental Officer. The almost complete collapse of the School Dental Service, owing to shortage of staff created by the attractions of the National Health Service, prevented any effective implementation of the requirements of the circular, but in February, 1951, it was agreed that it might be possible, as it seemed likely that the services of a part-time dentist might be secured. This did not come about, but in June, 1951, a start was made with the staff available to do something for the pre-school children, the Medical Officer of Health making arrangements for the treatment of the mothers. Towards the end of 1951, the services of a part-time dental officer were secured, mostly for the pre-school children, the remainder of her available sessions being used for school children. She began her duties on 7th January, 1952.

As a result, 5 inspection sessions were held during 1952 in Maternity and Child Welfare Clinics of the Health Department, and 38 extraction and 11 filling sessions were held in the clinics of the School Health Service, under the personal supervision of myself.

It was agreed that such a service to be really effective should be built up on a basis of periodic dental inspections, with prompt treatment for any defects discovered by this means. This is, however, not so easy to arrange as for children in school, and only 405 children were actually inspected in 1952. Of these, 152 or 37.5 per cent. needed treatment.

The treatment work carried out on these children, and those selected by the Maternity and Child Welfare Officers, is shown in the following table :—

Cases treated	722
Attendances made	937
Temporary teeth extracted	1,732
Temporary teeth filled	116
Total number of fillings	121
X-rays	1
Other operations	4
General anaesthetics	791

I should like to pay a tribute to the staff of the Medical Officer of Health for their most helpful cooperation.

Staffing : In June, 1952, the Ministries of Health and Education issued a circular (Circular 22/52 Ministry of Health ; Circular 254 Ministry of Education) entitled " National Health Service and School Health Service," in which local authorities were urged to make " a new intensive and continuous effort to build up the staff of their dental services." This Authority has made repeated efforts to secure additional staff and replacements by advertising, with most disappointing results. As a member of the Local Dental Committee, I had repeatedly spoken to my colleagues about the difficulties of staffing. Certain local dentists, who had at one time been whole-time dental officers, loyally gave some sessions as part-time officers ; in addition, doctors had been secured on a part-time basis to give dental anaesthetics, thereby relieving the dentists of this essential work. There seemed to be particular difficulty in getting dentists in this locality where there is no dental school. There had been no evidence that the recently imposed charges had made private dentists less busy.

Whereas at the beginning of 1949 the effective dental staff for a time consisted of the equivalent of only just over one whole-time dental officer, by the end of 1952 we had the equivalent of 5 whole-time officers, the equivalent for the whole twelve months being just under $4\frac{1}{2}$ whole-time officers.

The staff consisted of 3 whole-time dentists, including myself, an additional one being secured in August, 1952. The part-time dentists gave 316 sessions during the year. The remainder of the staff consisted of 3 part-time medical anaesthetists who gave 238 sessions, the equivalent of approximately $\frac{5}{11}$ th of a whole-time officer.

The seriousness of the position will be realised when it is recalled that the Minister of Education has said more than once that there should be one dental officer for every 3,000 children ; that is to say, this Authority should have 15 to 16 dental officers.

DISEASES OF THE EAR, NOSE AND THROAT

In last year's annual report I gave the history of the work for dealing with diseases of the ear, nose and throat. During 1952, the work continued as before, the close coordination of the work of the service with that of the hospitals being maintained.

Examinations : During the year, 2,553 children attended for examination by the aural surgeons at the Central Clinic (compared with 2,374 in 1951), making 3,168 attendances.

Tonsil and Adenoid Operations : 1,172 operations were carried out at the Central Clinic on city children of school age (1,156 in 1951), and 197 were done at the hospitals, making a total of 1,369, compared with a total of 1,544 in 1951. (In that year 388 cases were done at the hospitals). There were 365 cases on the waiting list at the end of the year, approximately the same as at the end of the previous year.

It is interesting to observe the fluctuations in the percentages of children referred for operation during the last few years.

Year		Attended for Examination	Referred for Operation	Per cent.
1947	..	2,735	1,211	44.3
1948	..	2,837	904	31.9
1949	..	2,617	831	31.8
1950	..	2,468	920	37.3
1951	..	2,374	803	33.8
1952	..	2,553	1,026	40.2

During the latter halves of 1947 and 1949 operations were suspended on account of the prevalence of poliomyelitis. The waiting list for operations got very long, and it is likely that the surgeons tended to defer recommendations for operation. On being re-examined, those deferred were no doubt found to need operation—hence the big list for 1952.

There are 13 beds at the Central Clinic, and every effort is made to make full use of them throughout the year. The wards have to be closed during August for cleaning and redecoration, etc., and it is obviously not feasible to do operations on such occasions as Bank Holidays, or thereabouts.

The bald statement that so many operations are done during the year gives no idea of the great amount of detailed work that has to be done to keep the wards full, and to ensure not only that each operation is necessary, but also that each child is at the time fit to undergo the operation. The following report by Dr. Sprenger will be of interest.

Tonsil and Adenoid Work :

Report by Dr. R. G. Sprenger, Senior Assistant School Medical Officer.

Considerable differences of opinion are held by doctors as to the necessity for operations for tonsils and adenoids. In this clinic the decision to operate is only arrived at after careful consideration, and the children are often re-examined many times before operation is considered necessary.

Most of the children seen at the clinic are operated upon there, but for various reasons some are referred to be dealt with at one or other of the hospitals, e.g., when the children are so heavy that men attendants are required to lift them, or when it is thought possible that difficult complications might occur, or when home conditions are unfavourable for the return of the children the day after the operation. On the other hand, a certain number of children are referred for operation at the clinic after having been examined by Mr. Marshall or Mr. Macleod at the Children's Hospital.

In order to keep the 13 beds filled twice a week, it is necessary to send for 36 children from the operation waiting list to be seen on the Friday previous to their coming in. Of these 36, on an average each week 3 are ill or just recovering from some illness, 2 are unable to attend for various reasons (the parents of these two classes of cases usually let us know by 'phone or otherwise that they are unable to bring their children), 3 are usually absent for no obvious reason ; thus there are about 28 left.

When these 28 reach the clinic they are first checked for cleanliness. In the case of boys it is unusual to find any difficulty in this respect, but with girls it is not rare to have to treat, or occasionally to have to turn down, a child because the hair is infected.

The medical officer generally finds it necessary to defer 1 or 2 for numerous reasons, the commonest being bronchial catarrh and acute tonsillitis. (It is surprising how many children are found to be actually suffering from one of the infectious diseases when they arrive). Those who are fit are also seen by the dental officer for the removal of carious teeth or, more important still, for the peace of mind of the surgeon, for the removal of loose "baby" incisors. This last necessity turns up frequently, as by far the biggest proportion of children are in the age range of 5 to 7 years, the time when the permanent incisors are unerupted.

In spite of these precautions, in 1952 no less than 11 cases had to be sent home again at the last minute on account of a febrile attack of some kind or another (not as usually suggested by the parent due to excitement or fear).

Arriving in the ward, the children find not only the usual tidiness and cleanliness of a hospital ward, but also a welcome of toys, dolls and scrap-books or "comics" to keep them occupied on the evening before the operation.

The anxiety of the parents at home is not forgotten, and they are encouraged to make enquiries by telephone towards the end of the day on which the child is operated upon.

Immediately before discharge on the morning after the operation, each child is examined by the medical officer to make sure that he is fit to go home.

At one time the parents were expected to take their children home as best they could, but this was found to be unsatisfactory, in some instances the children having to walk long distances when feeling by no means well, and now the children are taken home by ambulance car in charge of a nurse, unless the parents prefer to make their own arrangements. Most of the parents are delighted with this; the parents who seem to want to make their own arrangements seem to be divisible into two classes—the mother who feels she must do everything for her child herself and the mother whose home is unsatisfactory and not as presentable as she would like.

On the day after the child's return home, the nurse pays a visit to advise the parents on any point about which they may not have been clear, and to make sure that there have been no undesirable after-effects. As long as the children are in the wards, we know precisely the extent of these, but it is difficult to form an exact idea after the return home. In 1952 it was necessary for the nurses to visit the patients a second time in 74 cases for a variety of reasons. In 11, haemorrhage had occurred, and 3 had to be admitted to hospital on this account, the others settling down without any active treatment. Most of the revisits were for earache which had kept the child awake at night. The remainder were revisited for a variety of causes, ranging from raised temperature of undefined cause to active infectious diseases such as chicken pox or mumps which must, of course, have been "caught" a week or so before the child came in for the operation.

Secondary haemorrhage following tonsillectomy is an alarming and sometimes dangerous complication, but fortunately it is not common. It usually comes on about the 6th or 8th day after the operation. It may be

that it occurs when the child is first allowed out of the house, and that some extra physical activity at this stage is enough to produce bleeding from a throat which has not healed completely. During the year, 22 cases of secondary haemorrhage were admitted to the Children's Hospital. None of them was serious, and they all recovered on nothing more than rest, light diet and mild sedatives.

PAEDIATRIC CLINIC

Each year since its establishment in 1930 I have emphasised the great value of the Paediatric Clinic. Originally started in order to find out the extent to which children's hearts may get damaged by rheumatic fever or similar diseases, it now deals with a variety of conditions of which the heart cases amount to about one quarter.

It serves to confirm or refute a tentative diagnosis made by a school medical officer or a family doctor, to determine whether hospital treatment may be advisable, and to regulate the activities of some of the heart cases. Dr. Page finds it convenient to follow up in the clinic certain of the cases that may have been in-patients in the hospital; it is a simple matter to have x-rays or other investigations done at the Children's Hospital. Lung cases he prefers to be followed up at the City Hospital.

In each case a letter is sent to the family doctor telling of Dr. Page's findings, and when necessary a letter is sent to the Head Teacher advising what restrictions, if any, may be required in school.

There is thus complete liaison between the home and the family doctor and the school and the hospital, through the Paediatric Service of the School Health Service.

This activity is one of those started by the School Health Service and "taken over" by the Regional Hospital Board, which means that the cost of the work now is borne by the Hospital Management Committee of the Board. It is pleasant to record that the work goes on very smoothly as before.

During 1952, Dr. Page saw 126 new cases, of which 99 were referred by school medical officers, 12 by private doctors, 13 by consultants and 2 from other sources.

Classification of New Cases :

Heart Cases	..	..	..	..	36
Chorea	..	..	..	..	5
Bronchitis or Asthma	..	..	..	..	18
Neurological	..	..	..	..	5
Epilepsy	..	..	..	..	2
Obesity	..	..	..	..	17
Endocrine Disturbance	..	..	..	..	5
Undescended Testicles	..	..	..	..	6
Dwarfism	..	..	..	..	1
Urinary Incontinence	..	..	..	..	2
Faecal Incontinence	..	..	..	..	1
Debility	..	..	..	..	4
Glands in the Neck	..	..	..	..	4
Other ..	..	..	..	..	20
Total	..	..	..	..	126

Rheumatism and Heart Cases : 215 children now of school age, suffering or suspected to be suffering from heart disease, have passed through Dr. Page's hands at the Clinic since he first joined the Service.

Classification of Cases of Suspected or Actual Heart Disease :

Rheumatic Heart Disease :				
Mitral Disease .. .. .	..	..	..	41
Aortic Disease .. .. .	..	..	..	5
Carditis .. .. .	..	..	..	6
Mitral and Aortic Disease .. .. .	..	..	..	4
Pericarditis .. .. .	..	..	..	2
Rheumatism but no Heart Disease .. .. .	..	..	..	9
Total ..				67
Congenital Heart Disease, etc. :				
Mitral Stenosis—Lutenbacher .. .. .	..	..	..	3
Aortic Stenosis .. .. .	..	..	..	1
Aortic Substenosis .. .. .	..	..	..	5
Pulmonary Stenosis .. .. .	..	..	..	3
Pulmonary Substenosis .. .. .	..	..	..	2
Fallot's Syndrome .. .. .	..	..	..	11
Eisenmenger's Syndrome .. .. .	..	..	..	1
Atrial Septal Defect .. .. .	..	..	..	3
Patent Interventricular Septum .. .. .	..	..	..	44
Patent Ductus Arteriosus .. .. .	..	..	..	8
Truncus Arteriosus .. .. .	..	..	..	2
Coarctation of the Aorta .. .. .	..	..	..	2
"Rare Form of Congenital Defect" .. .. .	..	..	..	1
Innocent Congenital Defect .. .. .	..	..	..	32
Total ..				118
Query Acquired or Congenital Heart Disease :				
Total ..				10
Other :				
Extra Systoles .. .. .	..	..	..	3
Nervous Heart .. .. .	..	..	..	2
Nothing Wrong .. .. .	..	..	..	11
? .. .. .	..	..	..	4
Total ..				20
Grand Total				215

In 3 cases—one Eisenmenger, one atrial septal defect, and one other congenital heart—rheumatic infection was superimposed on the congenital defect.

Heart Operations : Cardiac surgery has progressed very greatly during the last few years. Although at one time the operations were done by only a few surgeons in this country, chiefly in London, increasing numbers are now being carried out in hospitals throughout the country, including the City Hospital, with success.

As far as my records show, the following operations were done on Nottingham children :—

- Guy's Hospital: girl age 13—Fallot's Tetralogy—catherization for diagnosis.
- Harefield Surgical Unit (Middlesex Hospital): boy age 10—Fallot's Tetralogy—Blalock's operation.
- Hill End Hospital: boy age 8½—Fallot's Tetralogy—Blalock's operation.
- Westminster Hospital: boy age 10½—coarctation of the aorta.
- City Hospital: girl age 5½—Patent Ductus Arteriosus—Tying.
- City Hospital: boy age 7—Patent Ductus Arteriosus—Tying.
- City Hospital: boy age 5½—very complicated arterial abnormality—operation abandoned.

ELECTRICAL DEPARTMENT

Some years ago a very large proportion of the time of the electrical department was taken up with the treatment of ringworm of the scalp, anxious and difficult work calling for the greatest judgment and vigilance at all stages. Fortunately, for some years now, this troublesome disease has been absent in this Authority except to an unimportant degree.

The following is a record of the treatment now given in the Electrical Department.

Ionization :

No. of cases of otorrhoea treated	..	18
No. of other cases treated	..	393
No. of attendances	..	1,554

Ultra-Violet Ray Treatment :

No. of cases treated	..	206
No. of attendances	..	3,257

Dental Films :

No. of cases	..	103
No. of dental films taken	..	260

CEREBRAL PALSY

During the last few years considerable attention has been given to children with cerebral palsy or spastic paralysis. (This latter name is not a very good one, as many of the cases are not spastic in their movements). The condition is the result of various factors. In many, it is the result of incomplete development of certain parts of the brain, especially those to do with the control of the muscles. Some are believed to be the result of cyanosis (lack of oxygen) at birth, or to injury to the brain during birth. In others, it may result from injuries after birth or disease such as meningitis.

The physical symptoms vary greatly in kind and severity. In the mildest type of case the disability may be practically negligible, whereas other children may be unable to walk or talk or stand, or even to feed themselves, owing to the great difficulty of controlling the muscles. Attempts to do anything may throw the child into strange contortions, painful to watch, and there may be most grotesque grimacing. The control of the emotions may be affected, causing immoderate laughing when amused or extreme timidity for little reason. The mental capacity varies. Some may be of high intelligence, in spite of severe physical symptoms; others may be of extremely low intelligence and quite helpless, even though the muscular affection may be comparatively slight.

The great difficulty encountered by those who have to advise on the severe case is to determine how far the child's apparent intellectual helplessness is really due to incurable lack of intelligence, or how far it may be due to his being physically unable to do what an ordinary child should be able to do, or to his being unable to express himself owing to difficulty in speaking.

The decision is of the greatest importance because, while on the one hand the education authority must provide education and see that appropriate treatment is given to every child who is able to benefit from education, however severe the physical disability, on the other hand they must not cater for the child who is intellectually unable to benefit by education.

Parents are naturally most loth to admit that their child is ineducable, and rightly demand that every care is taken over the diagnosis.

This has been fully realised, and in the following record of the known cerebral palsy cases the classification of many of the cases is only tentative. In general, the tendency has been to "give the child every chance" and not to assume too soon that nothing can be done for him. Most of the cases were seen repeatedly before the classification was decided upon. These repeated

examinations are not a waste of time, because they allow the child to become friendly with the examining medical officer and to give of his best when he comes to see him.

Classification of Cases : At the end of 1952, 102 children of from 3 years of age up to 15 were known to have cerebral palsy (boys 57, girls 45). Of these, 83 are now of school age, having been born in the years 1938 to 1947 inclusive, and this number represents 1.8 per 1,000 school population of these years (45,881). If we exclude the very slight cases (27) of these years, it seems that there are 1.2 per 1,000 children known to be suffering from more or less severe cerebral palsy. (The usual estimation is about 1 per 1,000).

Cases in each Age Group :

Year ..	1937	1938	1939	1940	1941	1942	1943
Nos. ..	4	7	10	9	8	5	6
Year ..	1944	1945	1946	1947	1948	1949	
Nos. ..	6	4	16	12	10	5	

Classification according to severity of Physical Disability :

Slight—Symptoms not severe enough to cause any disability :

Ordinary School ..	21						
Open-air School ..	1						
School for E.S.N. ..	2						
School for Blind ..	2						
Awaiting decision ..	3						
					..	Total ..	29

Somewhat Severe—Slight disability :

Ordinary School ..	8						
Open-air School ..	8						
School for E.S.N. ..	2						
School for Deaf ..	1						
Ineducable ..	14						
At home ..	10						
In institution ..	4						
In Sanatorium ..	1						
Awaiting decision ..	2						
					..	Total ..	36

Severe—Scarcely able to get about :

Day Open-air School ..	3						
Boarding Special School ..	4						
Home Education ..	5						
Not yet at school ..	1						
Ineducable ..	17						
At home ..	12						
In institution ..	5						
Probably ineducable ..	4						
					..	Total ..	34

Not traced : .. 3 .. Total .. 3

Grand Total .. 102

Classification according to Educational Placement :

Ordinary School ..	29
Open-air School ..	12
Boarding Special School ..	4
School for E.S.N. ..	4
School for Blind ..	2
School for Deaf ..	1
Home Education ..	5
Sanatorium ..	1
Not yet having education ..	1
Ineducable—At home ..	22
—In institution ..	9
Probably ineducable ..	4
Awaiting decision ..	5
Not traced ..	3
Total ..	102

Reference has been made to the great importance of arriving at a correct decision about each case in all its aspects. I have to acknowledge most valuable advice that I have received from the physicians of special centres elsewhere. Dr. Agassiz examined 7 children at Queen Mary's Hospital, Carshalton, some being kept in hospital for several months, and Dr. Worster-Drought admitted for examination 4 cases to the West End Hospital for Nervous Diseases (or an allied hospital). In addition, 3 children were examined at St. Margaret's School, Croydon, and 1 at Dame Hannah Roger's School at Ivybridge, Devonshire, to see whether they might be suitable for admission. So far only one case has been accepted for Dame Hannah Roger's School and none has been accepted for St. Margaret's.

I am greatly indebted to the staffs of these schools and hospitals for the considerable amount of work which these cases involve.

ORTHOPAEDIC TREATMENT

There was no essential modification of the work. Mr. Malkin continued to attend at the Central Clinic on occasions as well as seeing a large number of cases at the Orthopaedic Clinic.

Out-Patient Treatment :

At Orthopaedic Clinic :

Number of children treated	..	791
Discharged as cured	..	188
Reached school leaving age	..	23
Discharged owing to irregular attendance	..	2
Carried over to 1953	..	578
Total attendances	..	8,057

At other Hospitals :

Number treated	..	191
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In-Patient Treatment :

At Harlow Wood or Gringley-on-the-Hill :

Number of children treated	..	55
Still in hospital at end of 1952	..	3

At other Hospitals :

Number of children treated	..	293
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PHYSICAL EDUCATION

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

The past year has seen the publication of "Moving and Growing" (Part I) by the Ministry of Education.

One notable departure from previous publications is that the book is addressed to parents as well as teachers. The script is non-technical and illustrated by 114 photographs of beautifully grown children. It is satisfying to know that many of the City's children measure up in every way to those in the illustrations.

At the same time we are aware that some of our children do not reach this high standard. When we enquire into cases of physical backwardness we find that a most common cause is some form of restriction to normal physical behaviour in the child's out of school environment.

Nottingham City Council has probably done more than most authorities in providing playing spaces, children's corners and educational play centres, but the fact remains that if we are to have more children better grown and educated physically, there must be better provision for the child to live more fully during a greater part of the six-sevenths of its school life when it is not in school.

This is probably a reason for the Ministry addressing its books to parents.

The past year has also seen the completion of the first post-war gymnasium at the New Manvers Secondary School for Boys. It is the first of several, all of which will be equipped for normal school gymnastics and, in addition, for such recreational activities as athletics, basket ball and German gymnastics. The Manvers School is also fortunate in possessing a miniature athletic stadium, 4 tennis courts, 3 cricket practice wickets, and will in time have adequate playing fields.

Such facilities are in themselves a challenge not only to schools, but to the City generally. The Education Authority has made an indirect challenge by the formation of the Nottingham Athletic Institute, whose object is to assist recognised sports organisations to further their particular sport on the understanding that they do all they can for youth by widening their sphere of activity within the City.

The benefits derived from the close association over the past ten years of the Notts. Athletic Club and Education Authority gives confidence that the application of the principle to other sports will be equally successful.

CONVALESCENT HOMES

During the year the Authority sent 65 children away for visits to convalescent homes for periods averaging 5.5 weeks. In 1950, 88 children were sent for an average period of 4.7 weeks and in 1951, 101 children were sent for an average period of 5.7 weeks. I am unable to account for the smaller number of cases sent in 1952, unless it is that the waiting period before a vacancy has so often been so long that medical officers have tired of sending in names.

The children went to the following convalescent homes :—

Charnwood Forest	35
Children's Convalescent Home, West Kirkby ..	14
Stubben Edge, Ashover	6
Boy Scout Convalescent Home, Walesby ..	4
Claremont Convalescent Home, Matlock ..	2
Swanscoe House, Hurdsfield	2
Roecliffe Manor, near Loughborough ..	2
	<hr/>
	65
	<hr/>

SKEGNESS HOLIDAY HOMES

The School Health Service is privileged to select children of from 7 to 11 years of age for the Skegness Holiday Homes, to which they go for three weeks' stay during the eight months from March to October.

During the year, 796 children, 393 boys and 403 girls, were selected by the doctors, nurses and teachers and education welfare officers as being not quite up to the mark, and unlikely to get away otherwise to the seaside.

PIPEWOOD SCHOOL

The Authority has a country school at the National Camps Corporation establishment near Yoxall, Staffordshire, and 1,838 children attended during the nine months from February to November. Although the children are not selected for health reasons, the School Health Service is required to examine all the children before they go to make sure that they are fit both in regard to health and to freedom from infectious disease and uncleanliness.

There is a small hospital with a ward of six beds and two side-wards, with outpatient accommodation for the treatment of minor ailments or injuries. The health of the children is under the most capable supervision of Dr. F. G. A. Armson, of Yoxall, to whom I am greatly indebted.

HANDICAPPED PUPILS

The ascertainment of Handicapped Pupils—that is to say those who are in need of special consideration on account of some disability of mind or body—is work of considerable importance, calling for the utmost vigilance on the part of everyone. Serious disablement will generally come to the attention of the family doctor and the hospital staff at an early age, and every effort is made to provide a remedy if it is at all possible. It is to be feared, however, that interest in the pathology of the local condition and its treatment may lead the medical man, whose training is always in hospital, to forget the effect of the disability on the child's whole outlook and on his school life.

However, whereas up to the last few years education in hospital was almost unheard of, and for the child at home with any disability exclusion from school was the usual thing, every effort is now made to provide appropriate education for every child, whether in hospital or not, provided he is well enough and has the mental attainments to benefit by it.

The greatest care is needed to determine the extent of the physical or mental disability, and the helpful cooperation of the family doctors and hospital specialists is very greatly appreciated.

The following tables show the position of Handicapped Pupils at the end of 1952.

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."

This Authority's School for the Blind was closed down many years ago as there were too few blind children, and the cases have to be sent to residential schools.

At the end of 1952, there were only 5 known cases of educable blind children :—

Royal Institution for the Blind, Birmingham	..	..	2
Sunshine Nursery School, Abbotskerswell, Devon	..	..	1
Sunshine House School for Blind Children, Northwood	..	..	1
Awaiting placement ..	..	..	1
			—
		Total	5

(Ministry of Education estimates 0·2 to 0·3 per 1,000 registered pupils—viz., 9 to 14 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."

Policy with regard to the partially sighted has changed during the last few years. Whereas it used to be believed and taught that near work might strain the eyes, ophthalmic specialists now tend to encourage children with defective vision to use them as much as possible. Hence, unless the eyesight is so bad that the child loses ground in school, few partially sighted children need to be sent to special schools, and few require any more consideration

than being allowed to sit near the blackboard. As most of the refraction work, although "taken over" by the Regional Hospital Board, continues to be done at the Authority's central or branch clinics, it is not difficult to keep a look-out for the child with very defective vision.

At the end of 1952, there were 31 such cases placed as follows :—

Ordinary Day Schools	24
Royal Institution for the Blind, Birmingham	1
Barclay School for the Partially Sighted, Sunninghill	1
St. Vincent's Blind School, Liverpool	1
Royal Normal College for the Blind, near Shrewsbury	1
Exhall Grange Special School	3
	<hr/>
	31

(Ministry of Education estimate 1 per 1,000, of whom 0.5 per 1,000 need special school education, viz., 47 in all, 23 to 24 of whom should be in special schools and 23 to 24 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.

At the end of the year the children were placed as follows :—

Day Special School, Forest Road	29
Royal Institution for the Deaf, Derby	1
Royal School for Deaf and Dumb Children, Margate	1
	<hr/>
	31

(The Ministry of Education's estimate is 0.7 to 1.0 per 1,000—viz., 33 to 47 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."

At the end of the year there were 56 children ascertained as Partially Deaf.

Ordinary Day Schools	45
Day Special Schools	9
Royal Institution for the Deaf, Derby	1
Awaiting placement	1
	<hr/>
	56

(Ministry of Education estimate 1.0 upwards per 1,000—viz., 47 in the Authority).

Hearing Aids : The value of hearing aids for children is now well-established. 12 of the deaf children and 8 of the partially deaf at the School for the Deaf have hearing aids. The others have not been fitted because they appeared not to derive any benefit from it, and the pure tone audiometer failed to reveal any appreciable hearing.

There is close cooperation with the Hearing Aid Centre, and I am greatly indebted to the members of the staff there as well as to the specialists in the Ear, Nose and Throat Department of the General Hospital. The opportunity might be taken of expressing thanks to the audiometricians at the General Hospital whose reports are invaluable.

The School for the Deaf is on the premises of the Institute for the Deaf. The Chairman and Committee of the Institute have always shown the greatest interest in the School, entertaining the children to parties or excursions at certain periods during the year. Close contact is maintained with the Secretary and Superintendent of the Institute, Mr. Fox, with regard to the placement of deaf children when they leave school.

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."

This definition includes not only those children who are obviously frail, but also those who may be robust but have some defect which prevents them from joining in all the activities of the physical curriculum. Children with certain types of heart disease may have to be excused the more strenuous P.T. or games, and children subject to epilepsy may have to be forbidden to climb to heights in the gymnasium, or children with otorrhoea (running ears) may have to be denied swimming.

A good deal of care is taken over these cases as, although on the one hand it would be undesirable or even dangerous to allow a child to do more than he should, on the other hand it is important not to allow a child to drift into dodging P.T. or games, and to risk becoming hypochondriacal.

For administrative convenience the following categories have been drawn up ; they can be modified to suit individual cases :—

- (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 goal-keeper), 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 :—

At Ordinary Schools :

Primary or Secondary Modern Schools ..	228			
Grammar Schools	20			
Technical School	1			
Nottingham Boys' High School ..	1			
Approved School	1	..	Total	251

At Day Open-air Schools :

Arboretum and Rosehill	183	..	Total	183
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At Boarding Special Schools :

St. Patrick's, Hayling Island	4			
St. Catherine's, Ventnor	6			
Port Regis R.C., Broadstairs	1			
Hawkenbury, Royal Tunbridge Wells ..	1			
Burrow Hill, Frimley	1			
St. Dominic's, Hambledon	2			
Brentwood School of Recovery	2			
St. Vincent's, St. Leonard's on Sea ..	1	..	Total	18

Awaiting placement at Day Special Schools

Awaiting placement at Boarding Special Schools	12	..	Total	16
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Grand Total 468

(Ministry of Education estimate—1 to 2 per cent., viz., 477 to 954 for Nottingham).

The total number for 1952 is greater than that for 1951 when the number was 426. The increase is chiefly in the numbers in ordinary schools, 228 compared with 176. This was not due to any deterioration in the health of the children, but to greater vigilance on the part of the medical officers in advising some restrictions in physical activities.

Physically Handicapped : " Pupils . . . who by reason of physical 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, day or boarding.

Ordinary Day Schools	..	..	..	..	7*
Day Open-air Schools	..	..	..	..	13
Boarding Special Schools :					
Pawling Home, Barnet	..	..	..	..	1
Burton Hill House, Malmesbury	..	..	..	..	1
Halliwick, Winchmore Hill	..	..	..	..	2
Dedisham Nursery, Sussex	..	..	..	..	1
Hesley Hall, Tickhill	..	..	..	..	1
St. Patrick's, Hayling Island	..	..	..	..	1
St. Catherine's, Ventnor	..	..	..	..	2
Hinwick Hall, Wellingborough	..	..	..	..	1
The Palace School, Ely	..	..	..	..	1
Heritage Craft School, Chailey	..	..	..	..	1
St. Dominic's, Hambledon	..	..	..	..	1
West Wickham Heart Hospital, Kent	..	..	..	..	1
St. Joseph's Heart Hospital, Rainhill, Lancashire	..	..	..	..	1
				—	15
Awaiting placement	..	..	..	..	9
					—
					44
					—

* In each of these cases there is a special reason why the pupil is remaining in an ordinary school.

(Ministry of Education estimate 5 to 8 per 1,000 school population, viz., 238 to 382 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, 16 children who were quite unable to attend school owing to physical disabilities were given education at home by peripatetic teachers.

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
(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 1952 :—

Lingfield School for Epileptics, Surrey	..	3
St. Elizabeth's R.C. School, Much Hadham	..	3
Soss Moss Epileptic School, Manchester	..	1
Maghull Home for Epileptics, Liverpool	..	1
		<hr/>
		8
		<hr/>

(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."

This specialised form of education may be given in the ordinary schools, but if the disability is severe it must be given in special schools. The decision, which must be made by medical officers approved by the Minister of Education, is an important one, as it is obviously unkind and unfair to a child to deny him the benefits of the special school when he cannot get on in the ordinary school, although the parents generally find it so untasteful to think that their children are so dull as to need such special education. There is usually little need to move a child from the ordinary school before he is seven, and in many cases the decision is deferred for six months or a year more, to see whether the child may after all be able to remain in the ordinary school. Most of the children will have been under the observation of the educational psychologist, who finally recommends examination by the medical officer. Most of the work devolves on Dr. Sprenger, the Authority's Senior Assistant School Medical Officer.

During the year, 84 children were examined, of whom 49 were recommended for one of the special schools and 12 were recommended to remain, at any rate for a time, in ordinary schools.

23 children were found to be unable to benefit by education of any kind ; 21 of these the Authority was recommended to report to the Local Health Authority as ineducable under Section 57 (3) of the Education Act, 1944, and 2 under Section 57 (4) on the grounds that it was " inexpedient " that they should be educated in association with other children.

It may be recalled that when the clauses of the Education Act relating to special educational treatment were being debated in Parliament in 1944, it was agreed to get rid of the certificate which was previously essential before a child was sent to a special school, and in this Authority it is used in accordance with Section 34 (5) only when in an obvious case the parent resists the child's transfer to a special school. In 1952 only one or two certificates were asked for.

At the end of the year :

Day Special Schools . . . . .	..	312
Boarding Special Schools :		
Monyhull School, Birmingham	..	6
Pontville R.C. School, Ormskirk	..	1
Besford Court R.C. School, Worcestershire	..	1
		<hr/>
		8
Assisted Independent School, Rudolph Steiner, Aberdeenshire	..	1
Awaiting placement at Day Special Schools	..	22
Awaiting placement at Boarding Special Schools	..	3
		<hr/>
		346
		<hr/>

43 children were examined on leaving the special school, and of these, 18 were referred to the Local Health Authority for supervision under Section 57 (5) of the Education Act, 1944, and 24 were referred to the Voluntary After Care Association. In 1 case no recommendation was made.

Adult Illiterates : The following reports of the teachers who hold evening classes for adult illiterates are of sufficient interest to reproduce in full.

Report by Mr. S. Leigh

There were 12 men in attendance at these classes during 1952.

During the year one man had made sufficient progress to be able to leave the class and continue his reading and writing without further assistance. One man left the district, and two were suspended because it was thought that they could not benefit sufficiently from the teaching. (Both were of low I.Q.). These leavers were replaced by others who had applied and were waiting to join the class.

Attendance was reasonably good, absences being mainly caused by working conditions, e.g., shift-work, overtime.

Progress was satisfactory on the whole, and varied according to the amount of practice the students were able to undertake at home. 6 of the 12 men were originally completely unable to read, and these learned to do so during the year. 4 more were reasonably fluent readers on joining, but were very poor writers, particularly as regards spelling. These men had learned to read largely by a "recognition" method, and their spelling had suffered through lack of acquaintance with phonic combinations. They were taught these, and attention was also drawn to irregular combinations. Progress in these cases was good.

The remaining 2 members of the class are still mastering the approach to reading by a combination of the look-and-say and phonic methods.

Report by Miss E. A. Leighton

The year 1952 has been a successful one in every way, good progress being shown by every pupil.

From January to the end of term in July, there were seven men and two women attending regularly.

When the class re-opened in September, one man had to leave owing to change of occupation, but with the addition of two women and three men, the number remained at thirteen to the end of the year, several more being on the waiting list.

Of these thirteen, three have made a full attendance throughout the year.

It is very encouraging to note the progress of five of the men in particular, as when they first attended they could read no words at all and had to start from the beginning. By the end of the year they had a reading age of about 6 years. The main obstacle seems to be lack of memory, and as the lesson is only half an hour per week, they find it difficult to retain what they have been taught, even by the time they reach home.

The man who made the greatest effort worked every night when possible, his son helping him with the difficult words. After four months hard work he caught up with those attending all the year.

Where there is no interest in their progress shown at home, and no help given, the progress is much slower.

I find that the older man, with a family, is more eager to learn than the young one who has just left school.

Maladjusted : The only children classed as Maladjusted are those who are admitted to Hostels for Maladjusted Children, to Boarding Special Schools or to other boarding schools.

The position at the end of the year was :—

Silverwood, Nottingham C.B.	..	..	..	6
The Gables, Nottingham C.B.	..	..	..	7
The Grove, New Balderton, Notts. C.C.	..	..	..	7
Bourne House, Kesteven C.C.	..	..	..	1
Wavendon Fields, Bucks.	..	..	..	1
Red Hill School, East Sutton	..	..	..	2
Mickleover Manor School, Derby	..	..	..	1*
				<hr/>
				25
				<hr/>

* This boy was transferred to Stoneygate School, Leicester, early in 1953.

CHILD GUIDANCE

For some years I have reported somewhat fully on the work of the Child Guidance Clinic.

The clinic was started on a formal basis in 1938 after several years of exploring the ground. The organisation was much on the lines of that advocated by the Child Guidance Council in respect of staff—viz., psychiatrist with special training in child guidance work, educational psychologist and psychiatric social worker under the general personal administration of myself. The clinic differed from the voluntary London child guidance clinics in that it was merely an extension of work that was already being done by the School Health Service in conjunction with the lay educational officers of the Local Education Authority. A hostel for boys needing residential treatment was secured by conversion of the hostel for difficult evacuees, and later another hostel was established.

In 1948, when the Ministry of Health took over so much of the treatment work already being carried out by education authorities, the Ministries suggested that Child Guidance work should be divided into diagnosis and treatment, or into the medical and educational aspects of the work, but this was quite contrary to the aims of this clinic. The only "taking over" that the Ministry of Health did was to pay for the services of the psychiatrist, the work going on as before.

Particularly valuable has been the connection with St. Ann's Hospital through Dr. Fisher, who attended the clinic once a week from the Hospital, and Dr. Greener, who attends the Hospital regularly.

Statistics : In all, 543 new cases were seen during the year ; 289 of these came for what is usually known as Child Guidance work, while of the remainder 168 were special tests by the educational psychologist in connection with the Annual Selection Examination, 59 were cases receiving educational therapy other than those picked out after full child guidance examination, and 27 were partially blind or partially deaf children referred for estimation of intelligence and educational progress.

The child guidance cases were referred by :—

Teachers	108
Parents	38
Education Welfare Officers	10
School Medical Officers	24
Doctors other than S.M.O.s	41
Children's Officer—mainly Court cases	44
Child Guidance Staff	14
Others	10
	<hr/>
	289
	<hr/>

It should be realised that in a very high proportion of the cases the complaint comes from a puzzled or worried parent through the teacher, the school medical officer and others. Most of the Children's Officer cases are those referred by the Magistrates for special examination.

Reason for Referral : It is interesting to record why the cases are referred, although the main symptom that attracts the greatest attention may give little indication of the *cause* of the disturbance.

Reasons for Referral :

I. Nervous Disorders :

Fears, timidity, over-sensitiveness, etc.	41
Depressions, melancholy, etc.	8
Excitability, over-activity	5
Apathy	3
Obsessions	2
	<hr/>
	59

II. Habit Disorders and Physical Symptoms :

Speech disorders	8
Sleep, sleep walking, insomnia	11
Movement, headbanging, habit spasm	8
Feeding, food fads, eating dirt, etc., chewing clothing	2
Excretory—bedwetting, dirtying	37
Fits	4
Physical disorders—asthma, etc.	1
	<hr/>
	71

III. Behaviour Disorders :

Unmanageable	37
Temper tantrums, etc.	8
Aggressiveness—bullying, destructiveness	12
Jealous behaviour	3
Demanding attention	1
Stealing	23
Lying and romancing	1
Truancy, wandering, staying out late	12
Sex difficulties—masturbation, sex play	6
	<hr/>
	103

IV. Psychotic Behaviour 2

V. Educational Difficulties 15*

VI. Special Examinations :

Educational advice	5*
Court cases	31
Placement and adoption	2
	<hr/>
	38

VII. Unclassified 1

* Exclusive of 244 cases seen by the Educational Psychologist for educational advice.

Age at time of Referral :

Age	No. of Cases	Age	No. of cases	Age	No. of Cases
2 years ..	2	7 years ..	45	12 years ..	22
3 " ..	6	8 " ..	30	13 " ..	15
4 " ..	9	9 " ..	23	14 " ..	22
5 " ..	37	10 " ..	18	15 " ..	8
6 " ..	29	11 " ..	22	16 " ..	1
				Total	289

Intelligence Quotients :

Under 65	..	1	105—114	..	53
65—74	..	10	115—124	..	33
75—84	..	32	125—134	..	17
85—94	..	56	Over 134	..	13
95—104	..	58	? ..	..	16
Total					289

A striking feature of this table is the high proportion of cases with Intelligence Quotients above normal. It must not be inferred that intelligent children in general are more liable to behaviour and emotional difficulties. It is more probable that people get especially concerned when an intelligent child shows disturbing symptoms.

Examinations :

Psychiatrists ..	208
Physician ..	222
Psychologists ..	543*
Psychiatric Social Workers ..	247

* Including the 244 cases summoned for A.S.E. re-examinations, etc.

All cases are examined in the first instance by one of the educational psychologists and one of the psychiatric social workers. Nearly all are later examined by one of the psychiatrists and by the physician. The exceptions are those who fail to attend after the preliminary examinations or whose second examinations are deferred, perhaps sine die, for various reasons.

Treatment : The Psychiatrists carried out 147 re-examinations, most of which can be accepted as a form of treatment.

109 re-examinations or further examinations were in respect of physical disorders.

The Psychotherapist treated 93 cases during the year. 28 cases were completed as not needing further treatment, 15 were under occasional re-examination at the end of the year and 27 were under regular treatment at the end of the year. In 23 cases treatment was suspended for various reasons.

Boarding Homes for Maladjusted Pupils : The work of hostels for maladjusted children has been described in previous reports, and I would now lay stress only on the point that their object is to provide treatment which cannot be effective away from the hostel. They do not exist to relieve a parent of responsibility or to dodge the stricter discipline of an approved school which may be necessary for certain children, or to relieve the Children's Committee of its responsibility for the deprived child who can be expected to settle down in the homes or foster-homes provided by the Authority. It is impossible to define in a few words the factors which influence the psychiatrist to advise hostel treatment, but the cases are most carefully selected.

The house on Mansfield Road which was opened in April, 1947, having been found unsuitable, was closed in March, 1952, and the children were transferred to the much more suitable building, The Gables, on Sherwood Rise. As was anticipated, residents nearby expressed alarm at the possibility of difficulties with the boys, but very soon this changed to friendly interest when no such difficulties were experienced.

The children attend the schools suitable for their ages, and are encouraged to join in boys' organised leisure activities as much as possible. They went down to Seathorne Y.M.C.A. Holiday Camp from 26th July to 9th August.

Their health throughout the year continued to be satisfactory, and the N.H.S. doctors were not troubled unduly for any occasional physical illness.

The staff at Silverwood consists of the Warden and Matron, Mr. and Mrs. Fitch, the Assistant Matron, Miss Poxon, in residence, and Mrs. Eddyshaw and Miss Cox who live out; there is also a gardener-handyman. There was also another Assistant Matron, Miss Deeley, but she left in April, and the vacancy was not filled until 1st July by Miss Hague, who stayed only five months. The building is capable of holding 28 children, but shortage of staff has prevented there being more than 14 children at any one time.

The resident staff at the Gables consists of the Warden and Matron, Mr. and Mrs. Broughall, and it was not until 1st September that an Assistant Matron, Miss di Cioccio, was appointed. Mrs. Green attends daily.

		<i>City cases</i>	<i>County cases</i>
Silverwood Hostel :			
At beginning of 1952 in residence	..	8	6
Admitted during year	.. ..	4	4
Discharged during year	.. ..	6	3
At end of year in residence	.. ..	6	7
The Gables Hostel :			
At beginning of 1952 in residence	..	5	3
Admitted during year	.. ..	6*	2
Discharged during year	.. ..	3	2
At end of year in residence	.. ..	8*	3

* Including one boy chargeable to Northumberland County Council.

Hostels of Other Authorities :

The Grove, New Balderton (Notts. C.C.) :			
At beginning of 1952 in residence	..	3	
Admitted during 1952	.. ..	6	
Discharged during 1952	.. ..	2	
At end of 1952 in residence	.. ..	7	
Bourne House Hostel (Kesteven C.C.) :			
During whole of 1952	.. ..	1	
Wavendon Fields, Bucks. :			
Taken over as from 20th December	..	1	

SPEECH THERAPY

The cause and treatment of speech defects were discussed pretty fully in my reports for 1949 and 1951.

There has been little alteration in the general procedure. The headquarters of the clinic are in the Child Guidance Clinic in Clarendon Street. Sessions are held as before in the branch clinics at Bulwell, William Crane, Player and Rosehill Clinics and on occasions at medical rooms in certain schools.

The cases are referred from many sources—family doctors, hospital specialists and colleagues in the Maternity and Child Welfare Service as well as by teachers and by staff of the School Health Service.

The Authority had two Speech Therapists in 1952. Miss Renfrew, the Head Speech Therapist, organised the work. Miss Ellis was not concerned with the organisation, but treated each case entrusted to her without supervision, although there were frequent friendly discussions between the two speech therapists over the special difficulties they encountered.

Miss Ellis left the Authority's service in June, 1952, to take up work in London, and was succeeded by Miss I. C. Colquhoun.

Under treatment at beginning of January, 1952	..	..	73
Discharged during the year..	..	..	83
Under treatment at the end of December, 1952	..	..	63

In addition, 131 cases were being kept under supervision although not actually having treatment.

Speech Therapy at the General Hospital : The Senior Speech Therapist continued to attend for one session a week at the General Hospital, at the request of the No. 1 Hospital Management Committee, to give speech therapy to adults, mainly those who had had operations for removal of the larynx.

Classes for Adults : These were continued during the winter months, in the evening, as Further Education.

SCHOOL MEALS

School meals supplied by the School Meals Service during 1952 numbered :

Dinners :			
Grammar Schools..	..	238,241	
Special Schools ..	..	98,989	
Other Schools ..	..	2,314,386	
	Total		2,651,616
Breakfasts ..	..	..	31,157
Teas ..	..	..	8,294

PART-TIME EMPLOYMENT OF CHILDREN

Provided the Bye-Laws are strictly enforced, Part-time Employment seems to be very satisfactory, and in no instance has a medical officer reported harmful effects.

During the year, 1,338 children over 13 were examined by the medical officers, compared with 1,476 for 1951.

EMPLOYMENT ON LEAVING SCHOOL

Before each child leaves school a card is completed by the medical officer advising the Youth Employment Officer whether he needs special consideration in employment, the information being as to any unsuitable occupations as follows :—

1. Heavy manual work.
2. Prolonged standing, much walking or quick movement from place to place.
3. Sedentary work.
4. Ladder work.
5. Exposure to bad weather.
6. Work in a dusty atmosphere.
7. Work in a damp atmosphere.
8. Work near moving machinery or moving vehicles.
9. Work requiring acute vision.
10. Work requiring normal colour vision.
11. Work requiring acute hearing.
12. Work requiring manipulative skill.
13. Work involving the handling or preparation of food.
14. Other.

Particular care is taken over those who have had to be restricted in their activities owing to heart disease or chronic lung conditions, and to those who, owing to a tendency to epilepsy, should be prevented from swimming or from climbing to heights.

The records of those who have been under regular supervision at the clinics by Dr. Page or the whole-time medical officers are, of course, readily available, but it is feared that information about hospital cases is much more difficult to secure, except in individual cases, where the hospital medical officer is kind enough to furnish the necessary information.

The Deaf are found employment by the Superintendent of the Institute for the Deaf in consultation with the Headmaster.

The Blind who are on a special register are catered for by the Royal Midland Institution for the Blind.

The Educationally Sub-normal are found employment by the Youth Employment Officer, whose staff visit the special schools during the child's last year at school to discuss the matter with the child and the Head Teacher. Any whose supervision on leaving school seems desirable are referred to the Local Health Authority under Section 57 (5), Education Act, 1944.

In general, there is a demand for juvenile labour, and suitable work can usually be found for all but the most seriously handicapped.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee have been carrying out an investigation on the health and development of children throughout the country, and a sample number of children is being followed up in Nottingham as elsewhere. In 1952, thirty-one children were examined by the medical officers, and the school nurses visited the homes to secure certain other details. Absences from school were also recorded.

The sample was small, and the work did not interfere with the normal work of the service. The details required were not complicated, but the recording had to be made with meticulous care.

The results will not be known for some time, but it has been a pleasure to cooperate in such an investigation which is likely to provide records of the greatest value.

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES AND OF INTENDING TEACHERS

In March, 1952, the Minister of Education issued Circular 249, making an alteration in the method by which entrants to training colleges and teachers entering the profession were to be medically examined. Up to that time most of the examinations had been carried out by Treasury medical officers or by the medical officers of training colleges. Under the new requirements, entrants to training colleges were to be examined by school medical officers as were also entrants to the profession who had not completed a course of training under the Teachers' Training Regulations. Those who had completed such a training were to be examined by the college medical officer. The detailed results of the medical examinations were to be recorded on Form 4 RTC in the case of entrants to training colleges, and on Form 28 RQ in the case of entrants to the profession.

It was found possible to undertake the required examinations without any disturbance of the normal routine, and during the year 78 entrants to training colleges and 31 entrants to the teaching profession were examined by the School Medical Officers. Those intending entrants to the training colleges who were still at school had already had x-ray examination as school leavers, and for the others immediate arrangements were made in those cases in which it seemed advisable.

The Authority undertook to bear the cost of any specialist examination that was required—one during 1952—thus relieving the School Medical Officer of any embarrassment that he might feel at having to saddle the candidate with this expense.

OTHER EXAMINATIONS FOR EMPLOYMENT

Pupils at the Nursery Nurses Training Centre : It is of the greatest importance that the young women wanting to take up Nursery Nurses Training should be quite fit, and 40 were examined for this purpose during 1952.

Printing Apprentices : The printing trade has been found in the past to have involved certain hazards in some departments, and it is essential that apprentices entering training should be in good health. It has been a great pleasure during many years to undertake this work, which was first started many years ago at the request of Mr. E. H. Lee, a master printer of distinction and at one time Chairman of the Health Committee. The lads have usually been found to be intelligent, keen and of good physique. 40 boys were examined during 1952.

BOOTS' COUNTY COLLEGE

The supervision of the pupils at Boots' County College continued as before under the supervision of Dr. Lloyd Davies and Dr. Patricia Shaw.

CHILDREN'S COMMITTEE

The dangers that might have been encountered by the setting up of a separate Committee to look after children deprived of parental care have been avoided in this Authority, and the closest cooperation is constantly maintained between the Children's Department and the School Health Service.

It would be undesirable and indeed impossible to specify and tabulate the ways in which this is done. All one can say is that the simple cases are dealt with smoothly and rapidly, while the very complicated and difficult cases that are not infrequently met with are settled only after the most careful consideration by both departments.

The Court cases are often anxious and difficult, involving a good many hours work before a reliable opinion can be given. This work is greatly helped by the willing cooperation of the Children's Officer and his staff.

In these cases the statements of the children and their parents may be unreliable, and it is most helpful to have the reports of the Probation Officers and the Superintendents of the Remand Homes giving the balanced observations of the children's reactions to other boys and to the adults under the disciplined environment of the homes.

COORDINATION

The School Health Service is not a medical service acting alone. It is important that the work be coordinated with other health services, national, municipal and voluntary, and this is aimed at throughout. In last year's report, I described in some detail the efforts that are made to cooperate with the family doctors and with the hospitals. The routine cooperation with the hospitals is not yet complete. To an increasing extent information is being received about children who have had treatment in hospital. From time to time disappointment has been felt that sufficient pertinent, not necessarily detailed, information has not been forthcoming, but throughout 1952 the situation seemed to be improving. There is particularly good cooperation with the Chest Radiography Centre, and the brief but most informative routine reports from the Chest Physicians are proving most valuable.

The receipt of copies of letters from the hospital staff to the family physicians is proving invaluable.

Throughout this report there will be found references to the coordination with the officers of the Maternity and Child Welfare Department, the Mental Health Officer and, in fact, all the officers of the Health Department.

Reference should be made also to the Ambulance Service, whose consideration is greatly appreciated.

VOLUNTARY SOCIETIES

Each year it is my great pleasure to record the valuable help given by the National Society for the Prevention of Cruelty to Children.

The placement of children in boarding special schools and convalescent homes calls for considerate cooperation with the secretaries of the large charitable societies such as the Shaftesbury Society, the Invalid Children's Aid Association, the Central Council for the Care of Cripples and, on occasions, with the British Red Cross Society as well as with the medical officers, the secretaries and matrons of numerous small organisations throughout the country.

CONCLUSION

The work described in the foregoing pages of the report has been carried out as a result of the keenness and support of all the members of the staff of the School Health Service, clinical and administrative, and the unfailing interest of the Director of Education and the Chairman, Vice-Chairman and members of the Special Services Sub-Committee.

I am,

Ladies and Gentlemen,

Your obedient Servant,

A. A. E. NEWTH,

Senior School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952

TABLE I

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

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups :

Entrants	..	..	..	..	..	6,570
Second Age Group	..	..	..	..	..	4,324
Third Age Group	..	..	..	..	..	3,136
				Total	..	14,030
Number of other Periodic Inspections	..	..	..	..	..	4,735
				Grand Total	..	18,765

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	17,269
Number of Re-Inspections	..	..	..	..	..	12,715
				Total	..	29,984

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	26	865	887
Second Age Group	155	164	313
Third Age Group	117	114	229
Total (prescribed groups)	298	1,143	1,429
Other Periodic Inspections	158	242	395
Grand Total	456	1,385	1,824

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1952

Defect Code No.	Defect or Disease (1)	Periodic Inspections :		Special Inspections :	
		No. of defects		No. of defects	
		Requiring treatment (or Consultant's exam.) (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	19	39	246	5
5	Eyes—(a) Vision ..	456	83	1,014	1,680
	(b) Squint ..	108	151	551	667
	(c) Other ..	38	10	358	24
6	Ears—(a) Hearing ..	20	20	4	235
	(b) Otitis Media ..	26	7	227	144
	(c) Other.. ..	8	4	478	41
7	Nose or Throat ..	735	481	1,025	692
8	Speech	14	35	48	29
9	Cervical Glands ..	106	199	15	2
10	Heart and Circulation ..	39	47	2	124
11	Lungs	120	121	35	170
12	Developmental—				
	(a) Hernia ..	7	40	—	5
	(b) Other ..	8	105	1	13
13	Orthopaedic—				
	(a) Posture ..	37	26	9	4
	(b) Flat foot ..	117	49	33	8
	(c) Other ..	67	64	51	20
14	Nervous System—				
	(a) Epilepsy ..	2	10	2	5
	(b) Other ..	2	25	1	7
15	Psychological—				
	(a) Development ..	4	47	51	29
	(b) Stability ..	6	17	117	159
16	Other	40	23	2,069	1,628

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)		B (Fair)		C (Poor)	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants	6,570	4,147	63.1	2,374	36.1	49	0.8
Second Age Group ..	4,324	2,434	56.3	1,853	42.9	37	0.8
Third Age Group ..	3,136	1,689	53.9	1,428	45.5	19	0.6
Other Periodic Inspections ..	* 4,015	2,269	56.5	1,671	41.6	75	1.9
Total	*18,045	10,539	58.4	7,326	40.6	180	1.0

* The second and third terminal examinations of pupils attending Open-air Schools and all re-examinations of Nursery Class pupils 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	183,885
(ii)	Total number of individual pupils found to be infested	4,073
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	47
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	39

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

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

				<i>Number of cases treated or under treatment during the year</i>	
				<i>by the Authority</i>	<i>otherwise</i>
Ringworm—	(i)	Scalp	.. .. .	11	24
	(ii)	Body	.. .. .	32	1
Scabies ..	..	..	.. .. .	23	15
Impetigo ..	..	..	.. .. .	302	45
Other skin diseases	..	..	.. .. .	1,572	182
Unspecified skin diseases	..	..	.. .. .	—	301
Total				1,940	568

Group 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				<i>Number of cases dealt with</i>	
				<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint .. .. .	..	..	.. .. .	1,242	353
Errors of refraction (including squint) .. .. .	..	..	.. .. .	—	5,294
Total				1,242	5,647
Number of pupils for whom spectacles were :					
(a)	Prescribed	..	.. .. .	—	2,082
(b)	Obtained	..	.. .. .	—	2,076

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

				<i>Number of cases treated</i>	
				<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment —					
(a)	for diseases of the ear	..	.. .. .	—	—
(b)	for adenoids and chronic tonsillitis	..	.. .. .	—	1,369
(c)	for other nose and throat conditions	..	.. .. .	—	81
Received other forms of treatment .. .. .	..	..	.. .. .	2,495	145
Received treatment for unspecified conditions	..	..	.. .. .	—	1,020
Total				2,495	2,615

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a)	Number treated as in-patients in hospitals	348
		<i>by the Authority</i>
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	982
		<i>otherwise</i>

Group 5—CHILD GUIDANCE TREATMENT

	<i>Number of cases treated in the Authority's Child Guidance Clinics</i>		<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics	264		41

Group 6—SPEECH THERAPY

	<i>Number of cases treated by the Authority</i>		<i>otherwise</i>
Number of pupils treated by Speech Therapists	277		—

Group 7—OTHER TREATMENT GIVEN

	<i>Number of cases treated by the Authority</i>		<i>otherwise</i>
(a) Miscellaneous minor ailments	14,723		—
(b) Other than (a) above —			
1. U.V.R.	206		—
2. Plastic Surgery (at Sheffield)	—		3
3. Heart Conditions	—		12
4. Various unspecified conditions	—		1,543
Total	14,929		1,558

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						17,814
(b) Specials						4,307
	Total (1)					22,121
(2) Number found to require treatment						14,789
(3) Number referred for treatment						14,706
(4) Number actually treated						10,284
(5) Attendances made by pupils for treatment						15,903
(6) Half-days devoted to : Inspection						87
Treatment						1,736
	Total (6)					1,823
(7) Fillings : Permanent Teeth						7,346
Temporary Teeth						—
	Total (7)					7,346
(8) Number of teeth filled : Permanent Teeth						6,655
Temporary Teeth						—
	Total (8)					6,655
(9) Extractions : Permanent Teeth						1,768
Temporary Teeth						10,634
	Total (9)					12,402
(10) Administration of general anaesthetics for extraction						4,524
(11) Other operations : Permanent Teeth						134
Temporary Teeth						63
	Total (11)					197

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

1952	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handi- capped (6)	Educa- tionally Sub- normal (7)	Mal- adjusted (8)	Epileptic (9)	Total 1—9 (10)
In the calendar year : Handicapped Pupils newly placed in Special Schools or Homes	1	—	4	2	84	17	53	17	2	180
Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	—	4	1	76	25	50	15	1	173
On or about December 1st : Number of Handicapped Pupils from the area— (i) attending Special Schools as Day Pupils	—	1	29	9	183	13	317	—	1	553
Boarding Pupils	4	7	3	1	21	13	8	2	9	68
(ii) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	1	1	—	2
(iii) Boarded in Homes and not included in (i) or (ii) above	—	—	—	—	—	—	—	24	—	24
Total	4	8	32	10	204	26	326	27	10	647
Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	1	—	—	—	17	20	27	—	—	65

