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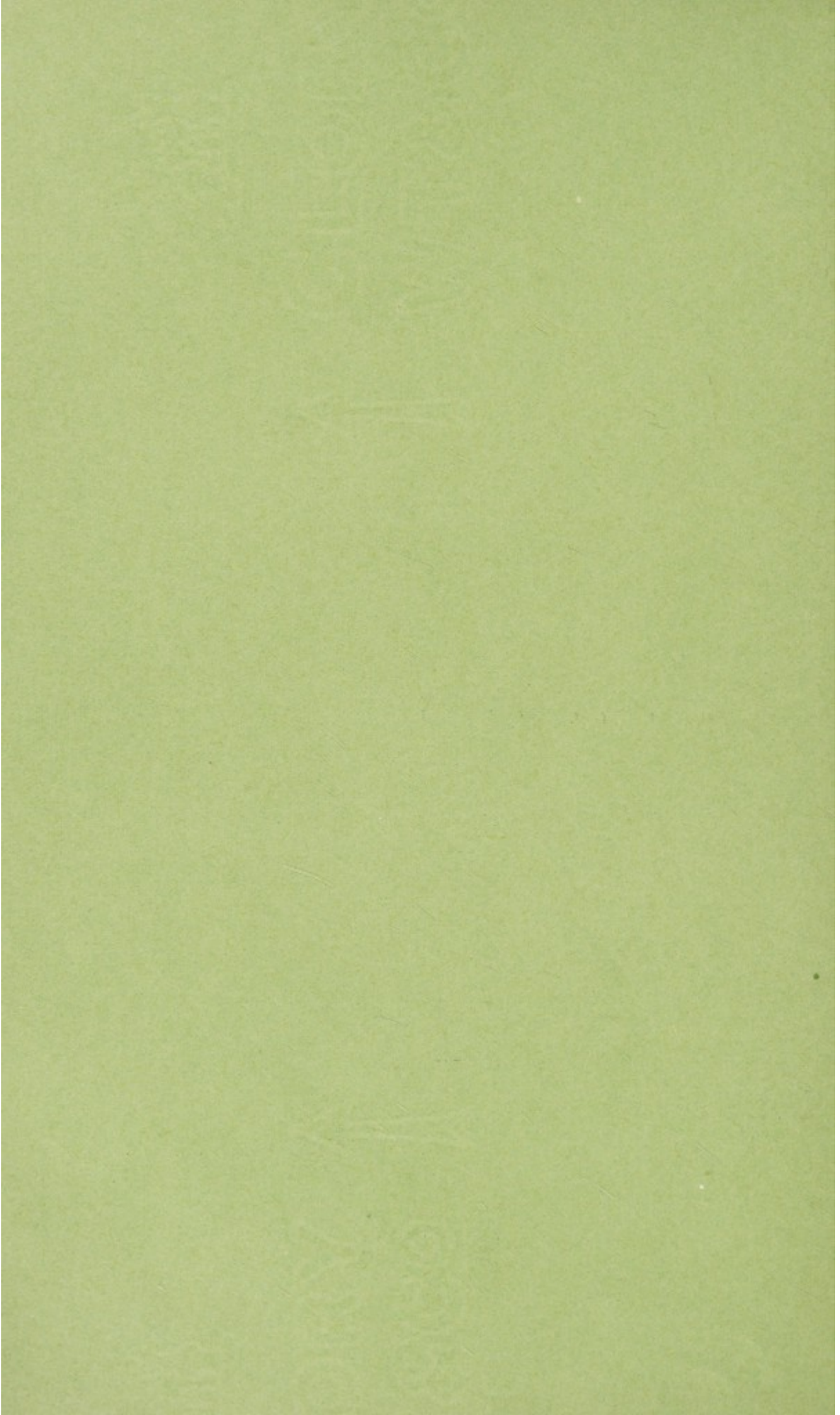
PRINCIPAL SCHOOL MEDICAL OFFICER'S
ANNUAL REPORT

ON THE WORK OF THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR 1953

Adopted by the Education Committee
at its Meeting held on 28th June, 1954

R. G. SPRENGER, M.B., Ch.B.,
Principal School Medical Officer.

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



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CITY OF NOTTINGHAM

General Information as at 31st December, 1953

Population 311,500	No. of Schools 155
Area acres 18,364	No. on Rolls 48,880
Density of Population : 16.9 persons per acre	Average Attendance 44,231
Rateable Value of the City— at 31st December, 1953, £2,405,408	Penny Rate—Produced in 1953-54 £9,710 15s. 3d.
Rate levied for education purposes— 1953-54 8s. 6.63d.	

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1953-54)

CHAIRMAN: COUNCILLOR MISS M. GLEN BOTT, F.R.C.O.G., J.P.,
VICE-CHAIRMAN: COUNCILLOR MRS. K. BARSBY,
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COUNCILLOR W. G. E. DYER J. H. SALT, Esq.

—oO—

STAFF (31st DECEMBER, 1953)

PRINCIPAL SCHOOL MEDICAL OFFICER:

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

SENIOR ASSISTANT SCHOOL MEDICAL OFFICER:

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

SCHOOL MEDICAL OFFICERS:

MISS E. E. McCULLOCH, M.R.C.S., L.R.C.P.,

MISS M. I. ROWLAND, M.B., B.S.,

MRS. E. J. MORE, M.B., Ch.B., D.P.H.,

MISS C. P. DOOLEY, L.R.C.P. & S., D.P.H.

PART-TIME SPECIALISTS:

(By arrangement with the Sheffield Regional Hospital Board)

N. P. R. GALLOWAY, M.B., Ch.B., D.O. (Ophthalmic Surgeon),

G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon),

J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon),

A. R. A. MARSHALL, M.B., Ch.B., F.R.C.S. (Aural Surgeon),

A. P. M. PAGE, M.D., M.R.C.P., D.C.H. (Paediatrician),

S. A. S. MALKIN, C.B.E., M.B., B.S., F.R.C.S. (Orthopaedic Surgeon),

A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist),

W. L. JONES, M.B., B.S., D.P.M. (Psychiatrist),

MISS J. E. GREENER, M.B., Ch.B., D.P.M., D.P.H. (Psychiatrist).

PART-TIME MEDICAL OFFICERS:

MRS. P. GABB, M.B., Ch.B. (Dental Anaesthetist) MISS J. WILLIAMS, M.B., Ch.B., D.P.H., D.C.H.,

MRS. E. McKINNA, M.B., B.S. (Dental Anaesthetist), G. FIELDING, M.D.,

MRS. T. M. PHELPS, M.B., B.S. (Dental Anaesthetist), W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots' College).

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V. C. CARRINGTON, L.D.S. (Principal School Dental Officer),

MISS M. M. CLERKE, B.D.S.,

N. PINTO-DO-ROSARIO, L.D.S.,

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*R. W. ELLIS, L.D.S.,

*R. McGOWAN, L.D.S.,

*N. E. CHETTLE, L.D.S.,

*MRS. E. DURANCE, L.D.S.,

*B. E. LAWSON, B.D.S., L.D.S.

CHILD GUIDANCE CENTRE:

MRS. J. FRY, M.A., Ed.B. (Senior Educational Psychologist),

MISS B. M. BALDWIN, B.A. (Child Psychotherapist),

MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist),

MISS D. WORTH, B.A. (Psychiatric Social Worker),

*MRS. M. ROBERTS, B.Com., (Psychiatric Social Worker),

MISS P. N. GLOVER, L.C.S.T. (Head Speech Therapist),

MISS I. C. COLQUHOUN, L.C.S.T. (Speech Therapist),

MISS P. A. E. GRADY, L.C.S.T. (Speech Therapist),

MISS W. O. TAYLOR (Remedial Teacher),

MISS J. AUCKLAND (Clerk),

MISS A. M. MUNN (Clerk).

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RADIOGRAPHER: A. J. WHITTAKER.

*AUDIOMETRICIAN: E. F. WARD, M.S.A.T

SUPERINTENDENT SCHOOL NURSE: MISS F. PINDER.

SCHOOL NURSES:

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MISS F. OLDFIELD,

MISS I. M. BURROWS,

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MRS. W. WILSON,

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NURSES' ASSISTANTS:

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MISS G. B. BULL,

MISS E. GREEN,

MRS. M. PENN,

MRS. E. E. DIN,

MISS E. N. BARKER.

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MISS M. HANDLEY,

MISS R. Y. ROPER,

MRS. R. M. BOOKER,

*MRS. B. JONES,

MISS M. E. JOHNSON.

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MRS. D. BAYLISS,

MRS. M. WYKES,

MRS. H. ROACH,

MRS. G. GREGORY,

MRS. E. WILLIAMSON,

MRS. E. DICKINSON,

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Clerks:

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MISS S. PIKE,

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MISS G. M. CLIFFORD,

MISS B. E. CHESTER,

MISS N. DAVIS,

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MISS F. M. GREEN,

MISS A. P. WEBSTER,

MISS C. A. HART,

MISS M. BROSTER.

MISS E. M. GREAVES,

MRS. N. E. SEAGRAVE,

MISS S. HENSTOCK,

MISS J. DREW,

MISS A. BEST,

MRS. B. M. KILBORN,

MISS A. M. LEIGH,

MISS M. R. LATCHEM,

MISS P. BROOKES,

MRS. M. E. ROBERTSON,

CARETAKER: J. HICKLING.

HOSTELS FOR MALADJUSTED PUPILS:

Silverwood: Warden and Matron: MR. and MRS. C. A. FITCH,

Assistant Matrons: MISSES C. I. POXON and E. HANCOX.

The Gables: Warden and Matron: MR. and MRS. A. O. BROUGHALL,

Assistant Matron: MISS D. DI CIOCCIO.

* Part-time Staff

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1953

BY

THE PRINCIPAL SCHOOL MEDICAL OFFICER,
DR. R. G. SPRENGER

*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 1953. Most of the Report has been prepared by Dr. Newth prior to his retirement, and concerns his final year's work.

As in previous years the health of the children was very satisfactory. There was no troublesome epidemic disease and the usual infectious diseases showed little change in numbers from those of previous years.

The staff situation with regard to medical officers altered for the better, but the position in the dental department continued unsatisfactory, and the immediate future outlook holds little hope of substantial improvement. I regret that after a prolonged period of ill-health one whole-time temporary school medical officer died in July, 1953. In November, 1953, two whole-time medical officers were appointed, bringing the medical staff up to establishment. In the interim two part-time medical officers gave considerable help. The medical inspection work of the prescribed groups did drop behind a little in comparison with 1952, but this was counterbalanced by an increased number of other periodic inspections, the total number of periodic medical inspections for the year being greater than that of 1952.

Arrangements for reports from hospitals, chest clinic etc. continued to improve, and I can almost say now that the one time position when reports were practically unobtainable has been completely reversed.

There were no changes in clinic arrangements during the year, apart from the transfer of the Bestwood Clinic from Arnold Road to the Henry Whipple Infant School.

STAFF

Medical Officers : Dr. J. D. Shaw, who was appointed as temporary School Medical Officer on 21st January, 1952, died on 15th July, 1953. The news was received with deep regret as during the time he had been in the Committee's service he had endeared himself to all who came into contact with him. He had struggled most bravely against recurrent ill-health.

Dr. P. A. Hogarth, who had acted as part-time School Medical Officer since 17th November, 1952, resigned on 12th September, 1953 on leaving the district. She had given excellent service and would have been a most valuable whole-time officer if she had been able to take up the work. The services of Dr. G. Armson ended when Pipewood School was closed.

Dr. Eleanor J. More was appointed as whole-time School Medical Officer from 1st November, 1953, and Dr. Carmel P. Dooley from 16th November, 1953.

Dr. G. Fielding began duties as part-time School Medical Officer on 14th October, 1953.

Dr. Patricia Shaw resigned the post of part-time School Medical Officer to Boots' College and Dr. W. K. S. Moore succeeded Dr. T. A. Lloyd-Davies at the College on 1st December, 1953.

The services of Dr. H. Fisher as part-time Psychiatrist to the Child Guidance Clinic were withdrawn on 31st July, 1953, owing to his other commitments, and he was replaced by Dr. W. L. Jones, also of Mapperley Hospital.

Dental Officers : Mrs. Winifred Curtis, L.D.S., who joined the dental staff in 1925, resigned from the whole-time staff on 31st December, 1952, and was re-appointed as part-time officer with effect from 1st January, 1953.

Mr. C. H. Tucker, L.D.S., started work as whole-time Dental Officer on 6th January, but resigned on 31st July, 1953.

Mr. B. E. Lawson, B.D.S., L.D.S., took up the duties of part-time Dental Officer on 15th September, 1953.

Superintendent School Nurse : Miss F. Pinder succeeded Miss M. A. Blackburn as Superintendent School Nurse on 1st January, 1953.

School Nurses : Mrs. W. M. Wilson started as School Nurse on 1st January, 1953, and Mrs. L. J. Morris who was appointed as part-time School Nurse on 19th March, 1953, joined the whole-time staff on 1st June, 1953. Mrs. M. C. Taylor, who gave up work when she married, was re-appointed as whole-time School Nurse with effect from 5th January, 1953. Miss J. Kitson resigned on 31st May, 1953, on leaving the district to get married and Mrs. A. E. L. Cooke, resigned as part-time nurse on 22nd February, 1953.

Educational Psychologist : Miss M. G. Ricketts, M.A., Ed.B., was appointed as Junior Educational Psychologist, starting on 1st September, 1953.

Speech Therapists : Miss C. E. Renfrew, F.C.S.T., who joined the staff as Head Speech Therapist in 1946, left on 31st July, 1953, to take up work in Oxford, and was succeeded by Miss P. N. Glover, L.C.S.T., who started on 7th September, 1953. Miss P. A. E. Grady, L.C.S.T., took up the duties of Speech Therapist on 19th January, 1953.

Psychiatric Social Workers : Miss C. Stark left the service on 30th April, 1953, to take up similar work in London.

Miss M. G. Quayle, B.A., gave temporary service as Psychiatric Social Worker from 1st September to 31st October, 1953, when she had to leave as her qualifications were not considered by the Ministry of Education to be appropriate. Mrs. M. Roberts, B.Com., took up part-time work in October, 1953.

Assistant Matron, Silverwood Hostel : Miss E. Hancox started work as Assistant Matron on 12th October, 1953, taking the place of Miss H. Hague who left in November, 1952.

MEDICAL INSPECTION

As in previous years the work of medical inspection was hampered by shortage of medical officers. Appointments had to be cancelled often at very short notice.

Prescribed Age Groups : Only 11,653 pupils in the prescribed age groups were examined. 6,043 of these were of the Entrant Group, 1,976 of the Second Age Group, and 3,634 of the Third Age Group.

In 1952, the number of examinations was 14,030. In 1951 it was 8,431, and in 1950 it was 11,175.

Of the Entrants, 774 were in Nursery Classes.

Other Periodic Inspections : It was possible to carry out 8,434 Other Periodic Inspections, a number much greater than the 1952 figure (4,735), comparing favourably with the 1951 figure of 9,790.

Of these, 5,310 were Intermediates of age 7 to 8, a particularly important Group. 1,003 Grammar School pupils were examined, and 788 Special (E.S.N., Open-air, and Deaf) School children.

Very much fewer Practical Class children were examined, 666 compared with 1,444 in 1952 ; this was due to the fact that some of these children were examined at the beginning and again at the end of 1952.

Institutions of Further Education : The numbers of whole-time students inspected in Institutions of Further Education were :—

College of Art and Crafts	..	79
Clarendon College	..	39
People's College	..	15
Nursery Nurses' Training Centre	..	43

Candidates for Entry to Training Colleges and Candidates for Entry to the Teaching Profession : This work required of the School Health Service by the Minister of Education in Circular 249 published in March, 1952, was started in 1952 when 78 Entrants to Training Colleges and 31 Entrants to the Teaching Profession were examined. In 1953, the numbers were 107 for the Training Colleges and 34 Entrants to the Teaching Profession.

It is important work which has to be carried out with considerable care as it would be obviously undesirable to allow a young person to enter a Training College if there was any doubt as to his or her ability to complete the training and to become a useful teacher, and the work of teaching does not allow for ill-health among those entering the profession.

The Committee has undertaken to pay for any specialist examination that may be required, an important concession as it enables the medical officer to express his opinion free from any uncertainty as to whether the candidate can afford the specialist fee. During the year a specialist examination was called for in only 2 cases. Nearly all the applicants were healthy, keen, young men and women who seemed likely to be able to stand the strain of training and subsequent teaching.

Other Inspections : As in previous years, the Service undertook the examination of young men wishing to be apprentices in the printing trade. 39 boys were so examined. 7 young girls were examined as to their suitability to become Junior Nursery Assistants.

Refusals : It is always disconcerting to hear of a parent refusing to have his child examined, but the number throughout the year was not large. 13 refusals were received in 1953 compared with 14 in 1952. There seems to be generally no serious cause for such refusals. The children concerned seem to be pretty well cared for and to be in good health as far as can be judged from observation without a full examination.

Results of Medical Inspection : The results of medical inspection are shown on page 29 in Table I C. which gives the number of *individual pupils* found to require treatment, and in Table II A. which gives the *number of defects* found at medical inspection, periodic and special.

Table I C. is shown below in the form of percentages :

Group	Children found to require treatment (excluding dental defects, uncleanliness and defective vision)				
	1949	1950	1951	1952	1953
Entrants	12.5	12.5	11.9	13.2	15.9
Second Age Group ..	5.3	4.6	4.1	3.8	4.8
Third Age Group ..	3.7	2.2	3.6	3.6	4.1
Total	8.4	6.9	6.7	8.1	10.3

Turning to Table II A. on page 30, we observe that the numbers of defects remain much about the same (although more children were submitted to periodic inspection), except in nose or throat conditions, mostly tonsils and adenoids, in which the total number of defects found at periodic inspections to require treatment or examination by the consultant, increased from 735 to 887, but the number to be kept under observation decreased from 481 to 232. Thus, although the number of such defects found at periodic inspections decreased from 1,216 to 1,119, more were considered to be sufficiently severe to need treatment or examination by the consultant.

It is difficult to find an explanation for this except that perhaps different medical officers were more inclined to refer cases for special observation by the consultant. In respect of tonsils and adenoids this point is dealt with under the heading Diseases of the Ear, Nose and Throat on page 14.

General Condition : The following table suggests that the medical officers continue to be very satisfied with the general condition of the children. It should, however, be realised that we have no precise method of estimating the general condition, and experiments in the past have shown that different medical officers have differing ideas of what is meant by "Good," "Fair," and "Poor". But, looking at the question from every angle we are assured that there is a steady improvement, as indeed the figures in Table II B. would suggest.

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
1953 ..	19,135	61.6	37.9	0.5

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

CLEANLINESS

Pediculosis—Infestation by Vermin : In the Report for 1950 the procedure for the supervision of the cleanliness of the children was described and the more important details were repeated in the Reports for 1951 and 1952.

It is extremely rare to find infestation of the body. Occasionally the nurses and nurses' assistants report cases in which the bodies show flea or bed bug bites, but these are very exceptional and no general concern need be felt for the general school population.

Infestation of the hair continues, however, to be a constant source of trouble. The bulk of the cleanliness work is done by the nurses' assistants who work under the supervision of the Superintendent School Nurse, and there is no doubt that they carry out their work carefully and with consideration both for the general standard of cleanliness required in the schools and for the feelings of those unfortunate children whose parents fail to show sufficient care.

The following table shows that the percentage of children found to be infested has risen to nearly 10 per cent. This cannot be considered to be satisfactory. In rural areas and in urban areas in the South it is said that the infestation rate is much lower, whereas in industrial areas further North the position is even worse than it is in Nottingham. It is difficult to find a reason for this, but it is a state of affairs which needs constantly bearing in mind and there is no room for complacency.

	1932	1942	1948	1949	1950	1951	1952	1953
On school rolls ..	42,183	37,086	41,629	42,697	43,607	45,579	47,766	48,880
Examinations ..	72,198	98,438	155,866	156,964	131,071	169,263	183,885	191,248
Number found unclean ..	3,148	2,905	4,691	4,500	4,261	3,739	4,073	4,882
Percentage of the number on rolls ..	7.5	7.8	11.3	10.5	9.8	8.2	8.5	9.9
Statutory notices to parents ..	—	—	76	80	45	43	47	39
Children cleansed ..	34	38	41	42	31	33	39	30

It cannot be too often emphasised that as long as close observation is maintained in the schools, infestation of the hair is not a school condition. It is a family complaint and one that must be tackled by the family in the home.

SCHOOL NURSES

The value of the work of the School Nurse is widely recognised by all connected with the School Health Service particularly by the teachers and the parents who know them as friends.

The following figures show that their work increased during 1953 except in respect of Routine Medical Inspections and investigations of Infectious Disease.

	1952	1953
Visits to schools for Routine Medical Inspection, including Nurses' Surveys	1,780	1,697
" " " Follow-up including Nurses' Surveys	104	142
" " " Investigation of Infectious Disease	17	15
" " " Uncleanliness	447	626
" " " National Survey	23	47
Visits to Homes for Uncleanliness	57	320
" " " Deafness	25	35
" " " Absentees from Ophthalmic Clinic	277	489
" " " Absentees from T. & A. Examination	219	314
" " " Follow-up after T. & A. operation	1,229	1,188
" " " Miscellaneous reasons	768	1,114
Attendances at Clinic	3,913	4,336

RINGWORM

This was not a cause for anxiety in 1953. There were 22 cases treated in the Authority's clinics, and 30 cases at one or other of the hospitals. There was one small area in the Meadows district where the bulk of the cases occurred and the source of infection could not be traced. The infection being of an animal type, everything, from the family dog to a hibernating circus, was suspect, but all investigations were negative.

Fortunately this type of ringworm is curable without resort to epilation, either by x-ray or chemical treatment, and with the help of Wood's lamp it was possible to check up suspected cases, and assess the results of treatment of definite infections quickly and reliably. Few of the cases lost more than 3-4 weeks school time.

Wood's lamp produces rays which, when in contact with infected hairs, give a greenish fluorescence, and this can pick out a single infected hair. It is useful in almost all types of ringworm.

SCABIES

This shows a further reduction in numbers, indeed it is now a rarity, only 15 cases being treated in the school clinics and 12 elsewhere. Dr. Newth's hope that the decline would continue has been realised, and provided no unusual set of circumstances arises it is likely that a further reduction will be found in 1954.

INFECTIOUS DISEASES

As in previous years there were remarkable differences in the number of cases of infectious diseases reported during the year compared with 1952.

	1950	1951	1952	1953
Whooping Cough	753	516	555	575
Measles ..	941	1,788	1,694	1,289
Scarlet Fever ..	223	142	310	282
Diphtheria ..	0	0	0	0
Poliomyelitis ..	14	7	2	5
Chicken Pox ..	1,091	2,356	2,938	1,165
Mumps ..	281	2,247	1,266	415

1949 was the last year in which any cases of Diphtheria were recorded when there were 2 cases. In 1946 there were 36 cases, and 7 in 1947, and 6 in 1948.

IMMUNISATION AGAINST DIPHTHERIA

This work which is the responsibility of the Medical Officer of Health is carried on as before in close co-operation with the School Health Service, the clerk in charge of the records working in an office in the Central School Clinic. This facilitates the arrangements for the immunisation of children at school, avoiding other school arrangements.

The following figures have been supplied by the Medical Officer of Health, showing the number of children immunised in each age-group at the end of 1953 :—

Years of birth	1938	1939	1940	1941
No. of children immunised ..	3,593	3,644	3,322	3,323
Years of birth	1942	1943	1944	1945
No. of children immunised ..	3,783	3,962	4,277	3,650
Years of birth	1946	1947	1948	1949
No. of children immunised ..	4,479	5,152	4,160	3,794
Years of birth	1950	1951	1952	1953
No. of children immunised ..	3,588	3,359	2,943	514

TUBERCULOSIS

During the year 62 children were referred by School Medical Officers to the Chest Physicians ; none was found to have tuberculosis.

The School Health Service is kept constantly informed about the progress of cases who are under the supervision of the Chest Physicians for suspected or quiescent tuberculosis. During 1953, 460 children were in this way concerned.

58 children were admitted to the Newstead or Ransom Sanatoria during the year and 55 were discharged.

The constant co-operation of the Chest Physicians is of the greatest value.

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	14+	Total
959	419	740	2,118
Secondary Schools other than Grammar Schools			
Under 14	14	14+	Total
4	996	2,071	3,071

Of the 5,189 pupils x-rayed, 6 were found to have active tuberculosis. These were in different schools. Thus out of the 5,189 apparently healthy pupils examined only 6 or 0.12 per cent. were found to be suffering from unsuspected tuberculosis.

The staff of the School Health Service agreed to be x-rayed much to the satisfaction of all concerned. I am pleased to report that no doubtful cases were found.

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 1953 for minor ailments</i>
Central ..	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, etc.	Tuesday and Friday a.m.	† 14,104
Bulwell ..	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	} 13,297
Springfield*	Springfield School	Minor Ailments	—	
Leenside ..	Canal Street	Minor Ailments, Dental	Friday p.m.	8,876
Scotholme ..	Beaconsfield Street	Minor Ailments, Speech Training	Tuesday a.m.	9,360
Rose Hill ..	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday p.m.	14,828
William Crane* ..	Aspley Estate	Minor Ailments, Speech Training	Tuesday a.m.	9,604
Jesse Boot* ..	Jesse Boot School	Minor Ailments	—	8,098
Player ..	Beechdale Road ..	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	20,051
Bestwood ..	Henry Whipple Infant School, Padstow Road	Minor Ailments	Monday a.m.	} 6,863
Burford* ..	Burford School	Minor Ailments	—	
Pipewood School* ..	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	6,832 (Closed in Nov. 1953)

* For children attending these Schools only.

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

OPHTHALMIC SERVICE

The arrangements for the ophthalmic service were fully described in last year's Annual Report. There was no alteration in the arrangements during 1953. The number of children refracted (tested for glasses) has increased steadily according to the number of pupils on rolls, being 4,594 in 1953 compared with 4,520 in 1952. Spectacles were prescribed, however,

for only 1,612 children compared with 1,794 in the previous year, (viz. 3.3 per cent. of the school population compared with 3.8 per cent. in 1952), suggesting that a somewhat higher proportion had been referred unnecessarily, a fault on the right side.

	1949	1950	1951	1952	1953
No. on rolls	42,697	43,607	45,579	47,766	48,880
Refractions	3,854	3,957	4,124	4,520	4,594
Percentage	9.0	9.1	9.0	9.5	9.4
Spectacles prescribed	1,741	1,571	1,583	1,794	1,612
Percentage	4.1	3.6	3.5	3.8	3.3
Spectacles procured*	1,288	1,575	1,607	1,789	1,607

* In each year there is overlap from previous years.

Orthoptic Treatment : I am happy to report that there has been a most satisfactory increase in the number of cases given orthoptic treatment at the Eye Infirmary under the arrangements of the Regional Hospital Board, thanks, it is believed, to the appointment of additional orthoptists.

	1948	1949	1950	1951	1952	1953
New cases treated	84	60	70	79	36	141
Total treated	129	102	78	94	48	147
Awaiting test or treatment at end of year	66	93	89	100	114	11

Operations for Squint : The number of operations shows a tendency to stabilise itself, and the fact that the waiting list is becoming slightly smaller is evidence that the eye specialists have now got this under control. The operations are in many instances purely for the sake of appearance and in others to help a child to get full advantage of binocular vision.

	1948	1949	1950	1951	1952	1953
Operations	91	73	105	95	92	97
On waiting list at end of year	24	50	80	143	128	119

DENTAL INSPECTION AND TREATMENT

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

In my report for 1952 I gave at some length the history and aims of your School Dental Service and showed how, owing to the shortage of dental officers following the introduction of the National Health Service, the work of giving attention to early caries was seriously interfered with by the demand for the extraction of teeth that had been allowed to suffer serious decay. Year by year, I have deplored this undesirable necessity, and I was unable to offer any solution as long as the shortage of dental officers continued.

At the beginning of 1953 there were 3 whole-time dental officers, a fourth being appointed early in the New Year. This new officer left the service at the end of July, and Mr. Rosario was granted leave in order to work for a higher qualification, with the result that throughout the year there were less than 3½ whole-time dental officers. Part-time dentists and doctors acting as anaesthetists provided a service equal to that of an additional 1½ dentists, making a total throughout the year equivalent to less than 5 whole-time dental officers. It must be realised that a small proportion of this time was devoted to the treatment of pre-school children.

With so limited a staff the work had to be carefully apportioned. The needs of the child with toothache had to be met first, and our obligations to the pre-school child had to be fulfilled. Also, we had to be sure that those

parents who had responded well to advice were not disappointed. Only when these duties had been put in hand could we go into the schools and inspect with a view to discovering children in need of treatment who would otherwise have been overlooked.

The following table shows how the work was carried out. It will be seen that the proportion of inspections to the total number of sessions was the same in 1953 as in 1952, although close on 2,500 more children were inspected.

	1947	1948	1949	1950	1951	1952	1953
Inspection							
Sessions ..	209	180	98	81	83	87	100
Treatment							
Sessions ..	1,419	1,603	1,098	1,255	1,499	1,736	1,991
Total							
Sessions ..	1,628	1,783	1,196	1,336	1,582	1,823	2,091
% of Inspection							
Sessions ..	12.8	10.1	8.2	6.1	5.2	4.8	4.8
Periodic							
Inspections	31,726	28,608	13,126	13,672	14,682	17,814	20,263
Emergency							
Treatments	2,390	3,429	4,108	4,130	4,005	4,307	4,581
Permanent Teeth							
Extracted ..	1,451	1,670	1,205	1,495	1,800	1,768	2,833
Temporary Teeth							
Extracted ..	12,307	14,929	12,109	14,070	14,373	10,634	15,978
Total Teeth							
Extracted ..	13,758	16,599	13,314	15,565	16,173	12,402	18,811
Permanent Teeth							
Fillings ..	6,523	6,824	2,918	3,804	5,174	7,346	9,420

In my report for 1952 I ventured to suggest that if inspection followed by the prompt offer of treatment was effective, one would expect that a year or so of fairly complete periodic inspection would be followed in 2 or 3 years by a reduction in the amount of treatment required. This opinion is supported by the fact that as shown in the following table the percentage of secondary school children found to require treatment had fallen from 60.6 in 1952 to 56.9 in 1953, the effect, it is thought, of the greater number inspected in 1950 and 1951.

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

Year	All Schools Number Inspected	Secondary School Pupils		
		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
1953 ..	20,263	6,903	3,932	56.9

Reference to Table V on page 32 shows that the number of children treated in 1953 was 11,540, compared with 10,284 in 1952, the children making 18,675 attendances in 1953 compared with 15,903 in 1952. The number of teeth extracted which had diminished in 1952 again increased in 1953 to 18,811 (permanent 2,833 ; temporary 15,978) compared with 12,402 (permanent 1,768 ; temporary 10,634) in 1952.

Orthodontic Work : The amount of time that can be given to this important branch of the dental work is limited by the pressure of other more urgent duties, but about the same number of children were treated in 1953 as in 1952.

Number of cases treated	..	..	..	91
Appointments made	..	..	..	1,517
Number of attendances	..	..	..	1,436
Number of cases completed	..	..	..	49
Number of cases carried forward to 1954	..	..	..	42
Number of dentures fitted	..	..	..	127

Dental Work for Pre-school Children : The history of the arrangements for the dental treatment of the priority classes was given in my report for 1952. The work continued smoothly throughout 1953. The requests of the Medical Officer of Health were met promptly, but it seems that there were smaller calls upon the Service in 1953 than in 1952.

The following table shows the extent of the inspection and treatment provided during 1953 :—

Filling sessions	..	..	..	3
Extraction sessions	..	..	..	27
Inspection sessions	..	..	..	2
Children inspected	..	..	..	159
Not requiring treatment	..	..	..	133
Requiring extractions	..	..	..	26
Absent from inspection	..	..	..	29

Treatment :

Cases treated	..	..	..	522
Cases absent from treatment	..	..	..	46
Attendances made	..	..	..	629
Temporary teeth extracted	..	..	..	1,189
Temporary teeth filled	..	..	..	30
Temporary teeth fillings	..	..	..	31
General anaesthetics	..	..	..	582
X-rays	..	..	..	2
Other operations	..	..	..	15

DISEASES OF THE EAR, NOSE AND THROAT

A description of this work was given in the Annual Reports for 1951 and 1952.

Examinations : During the year, 2,307 children attended for examination by the aural surgeons at the Central Clinic (compared with 2,553 in 1952, and 2,374 in 1951), making 3,257 attendances, which included re-examinations after appropriate intervals to determine whether operation for the removal of tonsils and adenoids was really necessary.

Tonsil and Adenoid Operations : 1,132 operations were carried out at the Central Clinic on City children of school age (1,172 in 1952) and 353 were done at the hospitals, making a total of 1,485, compared with 1,369 in 1952. (In that year 197 were done at the hospitals). There were 481 on the waiting list at the end of the year, compared with 365 at the end of 1952).

The following table shows 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
1953 ..	2,307	1,095	47.5

Report by the Aural Surgeon, Mr. A. R. A. Marshall, M.B., Ch.B., F.R.C.S.

The Aural Department which was inaugurated in 1926 for the express purpose of doing tonsil and adenoid operations for City school children has now expanded to give a service in many aspects of Otolology.

Children are referred from medical inspections at school, general practitioners, school clinics, etc. to the Central Clinic at Chaucer Street for further examination of the ear, nose and throat. Four of these examination sessions are held each week.

A proportion of these children are found to require operation for the removal of their tonsils and adenoids and this is carried out in the operating theatre at the Central Clinic. In recent years upwards of 1,100 of these cases have had this operation annually.

After discharge from the ward the children are visited in their homes by a school nurse, and so proper post-operative care is made possible. Parents appreciate this, as it gives them the feeling that they have someone to share their responsibility.

Children who at examination are not thought to be in need of early operation are deferred for re-examination at a later date.

At these examinations many children are found to be suffering from affections of the sinuses and for this condition medication is provided. In addition, there are facilities for regular conservative treatment to be carried out at the Central Clinic by suction displacement drainage (Proetz). Cases needing minor or major surgical treatment are referred to the hospitals with which excellent liaison exists.

The problem of deafness of varying degrees is one which engages the constant attention of the department. The aim is to prevent this crippling disability by early attention to all cases of discharge from the ears and to early deafness for any other reason. To assess degrees of deafness and to note any change in the condition a regular hearing testing session by audiometry is provided. This ensures that deafness which is controllable, is discovered and treated to the best advantage.

Audiometry : The ordinary every-day test for hearing is the Forced Whisper Test, but there are many disadvantages in this test, and for more accurate estimation of defects of hearing Pure Tone Audiometry is the accepted method, although this has certain limitations. Mr. Ward, the Audiometrician, attends every month to carry out tests on the Pure Tone Audiometer for those children who are old enough to respond to the ordinary apparatus. Younger children attend at his consulting rooms for "Peep-Show" tests.

Number of children tested	180
Total number of tests	194

I should like to thank Mr. Ward for his kindness and co-operation in this testing, especially regarding "Peep-Show" testing in his own rooms.

PAEDIATRIC CONSULTATIVE CLINIC

The work of this Clinic has been given in full in previous reports. Dr. A. P. M. Page, whose services are provided by the Regional Hospital Board, attends once a week at the Central Clinic to see cases, most of whom are referred by the staff of the School Health Service, although an increasing number are referred by the family doctors.

During 1953, 239 children attended, making 470 attendances.

Report by the Consultant Paediatrician, A. P. M. Page, M.D., M.R.C.P., D.C.H.

This clinic originated in 1930 as a Rheumatic Diseases follow-up clinic under the care of Dr. Wilkie Scott, who on his retirement was succeeded by Dr. J. D. Procter and then, in July, 1948, with the start of the National Health Service, it passed to my own care.

The original conception of a clinic for prolonged supervision of Rheumatic Heart Disease cases was a far-seeing one, and followed a pattern which other local authorities have also carried out. Since about 1939, the Juvenile Rheumatism picture has changed, and one does not see so much of the terribly crippling heart disease associated with streptococcal infection. This is borne out by another streptococcal infection—Scarlet Fever—which is also less virulent. The result of this change in streptococcal infection has been to dilute the Rheumatic Heart cases with other disorders in order to maintain a worth-while clinic so that at this weekly clinic one now sees heart cases, both congenital and acquired, respiratory disorders, abdominal, genito-urinary, neurological, endocrine, etc.

These cases are referred either direct by the family doctor or by the medical officers of the School Health Service.

The clinic is purely diagnostic, and any advice as to diagnosis or treatment is sent to the family doctor for his consideration and implementation. It would appear that these reports are greatly appreciated by the family doctor.

The physician working in hospital tends to develop a "sick people's" outlook, and it is of the greatest personal help to him or her to keep ever in the forefront of his or her mind the concept of child health embracing normal health and development, deviation from the normal and frank disease. Thus, to work in such a clinic is a great privilege and keeps one's mind on the level as regards young persons.

One of the most important functions of the clinic besides the primary one of diagnosis is the assessment of the amount of activity to be allowed the child at school with safety. Accumulating knowledge very often allows a child fuller activities than was thought possible 15 or 20 years ago. There is very much less unnecessary "Heart Invalidism," the reason being that it is now known that a considerable number of "Heart Murmurs" are not indicative of serious disease, but should be regarded as minor deviations or variations from the normal and not needing restriction of activities.

Thus in the past 5 years the clinic has proved most useful as a sorting-out station for a number of cases of congenital heart abnormalities of severity which have been amenable to some of the new surgical operations. These were carried out originally in London and in recent years at the Thoracic Unit at the City Hospital, Nottingham. The results have been satisfactory, and many a severely handicapped child has been restored to greater activity.

The atmosphere of the clinic is much quieter than at a hospital out-patient department, which is a great advantage when following up a case for many years, and is less likely to implant too much "disease consciousness" in a child's mind.

Before leaving school, many of the children can be placed in suitable occupations by tendering confidential advice to the Youth Employment Officer at the time of the last medical examination.

The detailed health records of the School Health Service have proved most useful to consultants working in hospitals, as on many occasions enquiries have been made as to whether a particular abnormality such as a "Heart Murmur" had been noted at a routine medical inspection. Such information may be vital in the diagnosis of a case in hospital.

Finally to try to assess the usefulness of the clinic generally in the community. It would appear that the clinic proves a most useful link between the preventive medicine aspect of the School Health Service and the Hospital Service.

Cases can be sent to the hospitals for further investigation and the hospitals can receive helpful information from the records of previous routine examinations. Employers of labour can receive advice as to the employment of "handicapped" but employable juveniles.

Thus the Paediatric Consultative Clinic would appear to be of inestimable value, and it is hoped that its usefulness will persist and even increase.

ELECTRICAL DEPARTMENT

The following is a record of the treatment given in the Electrical Department :—

Ionization :			
No. of cases of otorrhoea treated	..		33
No. of other cases treated	..		411
No. of attendances	..		1,168
Ultra-Violet Ray Treatment :			
No. of cases treated	..		173
No. of attendances	..		2,763
Dental Films :			
No. of cases	..		191
No. of dental films taken	..		429

In the above record the 411 "other cases" treated with ionisation consist almost entirely of warts (verruca), a contagious, disfiguring and often painful complaint, especially painful if the wart is a plantar one. It has been found that ionisation of Magnesium Salts produces a curative effect, the advantage being that treatment is painless and free from any danger, unlike many other forms of treatment in popular use such as caustics, cautery, carbon dioxide snow, x-ray, etc.

The increase in numbers treated in comparison with last year suggests that warts, especially plantar warts, may be becoming more common.

Proetz Treatment : This is a simple form of treatment by suction for chronic nasal catarrh with much discharge. It was started in November, 1953. Between 14th November, 1953, and the end of the year, 20 cases were treated, making 118 attendances.

Results are on the whole satisfactory.

ORTHOPAEDIC CLINIC

This clinic continued as on former lines, Mr. Malkin attending at the Central Clinic on occasions as well as seeing a large number of cases at the Orthopaedic Clinic of the Regional Hospital Board.

Out-Patient Treatment :

At Orthopaedic Clinic :

Number of children treated	..	746
Discharged as cured	..	143
Reached school leaving age	..	42
Discharged for other reasons	..	12
Carried over to 1954	..	549

At other Hospitals : ..

Number treated	..	77
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In-Patient Treatment :

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

Number of children treated	..	53
Still in hospital at end of 1953	..	5

At other Hospitals :

Number of children treated	..	205
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I am indebted to Mr. Malkin for his report which follows. His comments are interesting from this point of view. Instead of most of the time of the consultant being occupied with the treatment of developed and organic disease, we are now passing into a period in which incipient conditions or trends are being treated, in which corrective rather than curative treatment has to be considered ; the true objective of a School Health Service.

Report by the Orthopaedic Surgeon, Mr. S. A. S. Malkin, C.B.E., M.B., B.S., F.R.C.S.

In reviewing the Orthopaedic Service provided by, and through, the School Health Service, one is struck by the difference between the position when this service was initiated in 1924, when the late Dr. Wyche was Senior School Medical Officer, and the position to-day.

Then, there were many children who were crippled from birth, or by accident or disease, and who required treatment. As the years have gone by, this number has decreased and the severity of the crippling conditions of children coming for treatment has steadily diminished. This is due in part to the better facilities now available for all and also to the greater consciousness of parents of the needs of their children and the possibility of effective treatment.

Indeed, whereas in the early days, parents showed sometimes a passive and occasionally an active resistance to a suggestion of treatment for their children, particularly if they considered the disability to be of a minor nature, now there is an eagerness for treatment. In fact, some parents seem to have a desire to let the responsibility for the welfare and care of their children be taken by the Health Services.

Of the children now seen at the School Orthopaedic Clinic, a great majority are suffering from some postural defect which shows itself in the way they stand or walk. The problem of faulty posture can be treated through the Orthopaedic Service, but the real hope for prevention and cure must lie in the general and special instruction in postural principles which should be given to every child attending school. The responsibility for preventing and eliminating postural defects in their early stages cannot be taken by the Orthopaedic Service alone, nor can it be taken by the Physical Training

Instructors. It can be taken only by teachers, teaching ordinary school subjects, who should have the help and guidance of the Orthopaedic Service and the School Medical Officers and Physical Training Instructors. For success, the teachers and the children must together become interested in posture. The children must understand that to work efficiently, their bodies as well as their brains must be efficient and that for the efficiency of the body, correct principles of posture, which so balance the body that it can work with a minimum of effort, are essential.

It may be that in some schools, teachers are harassed and exhausted by the shortage of adequate staff for their normal work. It seems that progress in postural education must perhaps be made slowly. To select certain schools where there can be concentration on the posture of the children, will not only benefit these children themselves, but can also be an object lesson to other schools.

The Committee's Orthopaedic Scheme, which the National Health Service has affected but little, has fully consolidated its position. Now the time is ripe for another move forward and this should mean that every child should learn, and apply, certain simple postural rules. In learning these rules and applying them, the children would be learning to keep themselves physically fit and they would benefit, not only because they could work and play more efficiently and successfully, but also because this could mean a new outlook to life itself. What a difference it would make if such an idea could be implanted in the minds of all the boys and girls in the schools of the City of Nottingham!

PHYSICAL EDUCATION

Report by the Inspectors of Physical Training, Mr. S. L. Goldthorpe and Miss W. I. Warren

The improved conditions for work in the infant schools and the provision of indoor facilities for gymnastic training in the junior schools has brought about a marked improvement in standards of physical growth and cleanliness, particularly in those schools where it has been possible to maintain an average of not less than two lessons per week.

It is noticeable that children who enter the secondary school well-grown, seem to maintain their condition, but the work of the secondary school seldom clears up minor postural faults unless special efforts are made to correct them.

CONVALESCENT HOME TREATMENT

During the year the Authority sent 48 children away for convalescent home treatment for periods averaging 5.2 weeks.

The children went to the following Convalescent Homes :—

Charnwood Forest	..	..	..	26
Children's Convalescent Home, West Kirby	..	..	..	13
Claremont, Matlock	..	..	..	1
Stubben Edge Hall	..	..	..	2
Children's Recuperative Home, Westhill, Leamington Spa	..	..	..	2
House Beautiful, Bournemouth	..	..	..	1
Roecliffe Manor, near Loughborough	..	..	..	3

48

PIPEWOOD SCHOOL

During the year, 1,608 children were examined by the doctors, nurses and nurses' assistants before they were passed fit to go away to Pipewood School in Staffordshire.

The health of the children while at the school was in the hands of Dr. F. G. A. Armson, of Yoxall, to whom the Authority is indebted for the understanding way in which he dealt with routine and emergency cases. The resident nurse and her assistant, with the small hospital of one ward with six beds and two side-wards, and the out-patient department, provided for those cases which could be dealt with in the school. More serious cases were admitted to the Infirmary at Burton-on-Trent to be transferred back to Nottingham when their condition allowed.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

The children who go to the Nottingham Children's Homes at Skegness are for the most part selected by the School Health Service with the helpful recommendation of those who know the homes well, viz., nurses, teachers and education welfare officers. They are to a large extent children who are not as well as they should be, whose homes may be inadequate or whose feeding is suspected to be below satisfaction in some way or another. The reasons are innumerable. The look of pleasure and appearance of full health on return make one feel that it is a well worth-while arrangement.

During 1953, 758 children (381 boys and 377 girls) went to Skegness, the last batch as late as 13th October.

HANDICAPPED PUPILS

The policy of the Authority with regard to Handicapped Pupils was fully discussed in the Annual Report for 1950.

In July, 1953, the Minister of Education issued new Regulations to replace the original Regulations of 1945. The new Regulations, known as "The School Health Service and Handicapped Pupils Regulations, 1953," repeat the definitions of handicapped pupils with certain amendments which, taken in conjunction with certain other amendments, led to reclassification of the cases in some of the categories.

The following figures which are in accordance with the new Regulations show the placement of handicapped pupils at the end of 1953.

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."

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

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

Ordinary Day Schools	31
Royal Institution for the Blind, Birmingham ..	1
St. Vincent's Blind School, Liverpool	2
Royal Normal College for the Blind, near Shrewsbury	1
Exhall Grange Special School	3
Awaiting Placement	2
	<hr/>
	40
	<hr/>

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.

Day Special School, Forest Road	28
Royal Institution for the Deaf, Derby	1
Royal School for Deaf and Dumb Children, Margate	1
Hamilton Lodge School for Deaf, Brighton ..	1
	<hr/>
	31
	<hr/>

Partially Deaf : " Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils."

Ordinary Day Schools	47
Day Special Schools	13
Approved School	1
Awaiting Placement	1
	<hr/>
	62
	<hr/>

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."

It is further required that before a child is sent to a special school for educationally sub-normal children he shall be examined by an officer approved by the Minister of Education for the purpose.

During the year the approved medical officers examined 65 children, of whom 51 were recommended for attendance at one of the special day schools, and 14 were recommended to remain, at any rate for a time, in ordinary schools.

16 children were found to be unable to benefit by education of any kind ; 15 of these the Authority were advised to report to the Local Health Authority as ineducable under Section 57 (3) of the Education Act, 1944, and 1 under Section 57 (4) on the grounds that it was inexpedient that he be educated with other children in school.

Ordinary Day Schools	1
Day Special Schools	310
Boarding Special Schools :	
Monyhull, Birmingham	8
Bishopswood Farm	2
Besford Court	1
	<hr/>
	11
Assisted Independent School	1
Awaiting placement at Boarding Special Schools	2
Awaiting placement at Day Special Schools ..	16
	<hr/>
	341
	<hr/>

Epileptic : " Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

Ordinary Day Schools	8
Lingfield School for Epileptics	3
St. Elizabeth's R.C. School, Much Hadham	2
Maghull Home for Epileptics, Liverpool	1
Soss Moss Epileptic School, Manchester	1
Awaiting Placement	3
	<hr/>
	18
	<hr/>

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

At Ordinary Day Schools	4
Silverwood, Nottingham C.B.	7
The Gables, Nottingham C.B.	7
The Grove, New Balderton, Notts. C.C.	11
Bourne House, Kesteven C.C.	1
Red Hill School, East Sutton	2
Stoneygate School, Leicester	1
Salmon's Cross School, Reigate	1
Dr. Barnado's Home, Clacton-on-Sea	1
	<hr/>
	35
	<hr/>

Physically Handicapped : " Pupils who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools."

Ordinary Day Schools	14
Day Open-air Schools	14
Boarding Special Schools :	
Barleythorpe Hall, Oakham	1
Bradstock Lockett, Southport	1
Burton Hill House, Malmesbury	1
Halliwick, Winchmore Hill	1
Heritage Craft, Chailey	1
Hinwick Hall, Wellingborough	2
Meath Home, Ottershaw, Surrey	1
Pawling Home, High Barnet	1
St. Catherine's, Ventnor	1
St. Dominic's, Hambledon	1
The Bishop's Palace, Ely	1
	<hr/>
	12
Awaiting Placement	9
	<hr/>
	49
	<hr/>

Pupils suffering from Speech Defects : " Pupils who on account of defect or lack of speech not due to deafness require special educational treatment."

Moor House School, Oxted, Surrey	1
	<hr/>
	1
	<hr/>

Delicate : " Pupils not falling under any other category who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

Primary or Secondary Modern Day Schools	..	297
Secondary Grammar Schools	.. ..	30
Secondary Technical Schools	.. ..	2
Nottingham Boys' High School	.. ..	1
Day Open-air Schools, Arboretum and Rose Hill	..	154
Boarding Special Schools :		
Holy Cross, Broadstairs	.. ..	1
West Kirby, Cheshire	.. ..	3
Baskerville, Birmingham	.. ..	1
St. John's, Chigwell	.. ..	2
St. Catherine's, Ventnor	.. ..	1
St. Patrick's, Hayling Island	.. ..	1
Port Regis, Broadstairs	.. ..	2
St. Dominic's, Hambleton, Surrey	.. ..	3
	—	14
St. Monica's Boarding Home, Kingsdown	.. ..	1
Awaiting placement at Boarding Special Schools	.. ..	4
		<hr/>
		503
		<hr/>

The numbers of Handicapped Pupils conform closely to the Ministry of Education estimates.

CHILD GUIDANCE

The work of the Child Guidance Clinic was greatly hampered during the year by difficulties in getting staff and illness of members of the staff, and for quite a proportion of the year it was a case of carrying on as best one could. Dr. H. Fisher, of Mapperley Hospital, who had been attending for one session a week since March, 1950, was allocated to other duties in July, and his place was taken by Dr. W. L. Jones, also of Mapperley Hospital. Miss D. Worth, the Senior Psychiatric Social Worker, was absent on sick leave from the end of March, and when Miss C. A. Stark left the service at the end of April to take up similar work in London the clinic was left without any social worker for many months. Miss M. G. Quayle gave some relief when appointed on a temporary basis on 1st September, but after two months she had to leave as her qualifications for the work were considered by the Ministry of Education to be not suitable. Mrs. M. Roberts, a well-qualified and experienced psychiatric social worker, was fortunately able to give two sessions a week from October, which was valuable in dealing with the more difficult cases. Neither vacancy had been filled by the end of the year. Miss M. G. Ricketts started work as Junior Educational Psychologist in September, taking the place vacated by Miss J. M. Freeman who left the service to take up more responsible work elsewhere on gaining a higher qualification.

The difficulties of getting assistants in the hostels has been repeatedly mentioned in previous reports ; they still continue.

Regardless of the handicaps under which the Child Guidance Clinic was working, certain children naturally continued to present problems needing the advice and help of the Clinic, and considerable care was needed to determine which were the more urgent and serious cases. Appreciation must be expressed to those parents and teachers who had to put up with the postponement of the less urgent cases and with the magistrates and officials of the Children's Courts, to the Children's Officer and his staff and to the Probation Officers for their understanding co-operation.

In spite of these difficulties the statistics show that the total number of new cases seen during the year, 759, was much greater than in 1952, 543, but the increase is accounted for by the greater number of somewhat backward children who received help from the Educational Therapist. 244 cases were what are usually known as child guidance cases (1952—289). 128 pupils were given special tests by the Senior Educational Psychologist in connection with the Annual Selection Examination and 15 Handicapped Pupils were seen by her as to their educational progress.

The child guidance cases were referred by :—

Teachers	..	..	..	..	..	73
Parents	..	..	..	..	..	33
Education Welfare Officers	..	..	..	..	..	11
School Medical Officers	..	..	..	..	..	33
Doctors other than S.M.O.s	..	..	..	..	..	45
Children's Officer—mainly Court cases	..	..	..	..	..	36
Child Guidance Staff	..	..	..	..	..	8
Others	..	..	..	..	..	5
						<hr/>
						244
						<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.	..	..	..	..	..	36
Depressions, melancholy, etc.	..	..	..	..	..	3
Excitability, over-activity	..	..	..	..	..	1
Apathy	..	..	..	..	..	6
Obsessions	..	..	..	..	..	3
						<hr/>
						49

II. Habit Disorders and Physical Symptoms :

Speech disorders	..	..	..	..	..	—
Sleep, sleep walking, insomnia	..	..	..	..	..	6
Movement, headbanging, habit spasm	..	..	..	..	..	6
Feeding, food fads, eating dirt, etc., chewing clothing	..	..	..	..	..	5
Excretory—bedwetting, dirtying	..	..	..	..	..	33
Fits	..	..	..	..	..	6
Physical disorders—asthma, etc.	..	..	..	..	..	2
						<hr/>
						58

III. Behaviour Disorders :

Unmanageable	..	..	..	..	..	24
Temper tantrums, etc.	..	..	..	..	..	8
Aggressiveness—bullying, destructiveness	..	..	..	..	..	8
Jealous behaviour	..	..	..	..	..	—
Demanding attention	..	..	..	..	..	2
Stealing	..	..	..	..	..	30
Lying and romancing	..	..	..	..	..	1
Truancy, wandering, staying out late	..	..	..	..	..	9
Sex difficulties—masturbation, sex play	..	..	..	..	..	1
						<hr/>
						83

IV. Psychotic Behaviour 2

V. Educational Difficulties 18

VI. Special Examinations :				
Educational advice	..	..	..	3
Court cases	..	..	..	29
Placement and adoption	..	..	..	2
				— 34
VII. Unclassified				
..	—
				<u>244</u>

These figures do not differ greatly from those for previous years.

The statistics for certain other child guidance clinics may show a much greater preponderance of educational advice and placement cases, but it should be realised that in their everyday work in the schools the educational psychologists of this Authority are constantly looking into cases of educational difficulties, referring the more serious for examination by the approved medical officers for determination as to whether they should be given special school education, confirming or advising the transfer of others to "practical classes" in the ordinary schools, or advising about special consideration for individual children or offering educational therapy. Most of these cases will be included in the 515 new cases who did not actually attend the Child Guidance Clinic.

Age at time of Referral :

<i>Age</i>	<i>No. of Cases</i>	<i>Age</i>	<i>No. of Cases</i>	<i>Age</i>	<i>No. of Cases</i>
2 years	.. 4	7 years	.. 14	12 years	.. 14
3 "	.. 3	8 "	.. 27	13 "	.. 20
4 "	.. 9	9 "	.. 22	14 "	.. 18
5 "	.. 8	10 "	.. 29	15 "	.. 3
6 "	.. 45	11 "	.. 18	16 "	.. 10
				Total	<u>244</u>

Intelligence Quotients :

Under 65	.. 2	105—114	.. 37
65—74	.. 12	115—124	.. 19
75—84	.. 37	125—134	.. 17
85—94	.. 53	Over 134	.. 5
95—104	.. 52	? ..	.. 10
		Total	<u>244</u>

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	..	..	..	199
Physician	..	..	..	215
Psychologists	..	..	..	680*
Psychiatric Social Workers	..	..	..	127

* Including the 143 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 370 re-examinations, most of which can be accepted as a form of treatment.

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

The Psychiatrists and the Psychotherapist treated 123 cases during the year.

Hostels for Maladjusted Children : Silverwood and The Gables which are usually known as "Hostels for Maladjusted Children" are called officially "Boarding Homes." Neither term conveys their purpose. They are not simply places of residence for children who have proved themselves difficult in their own homes. The children are under the constant care of the wardens and matrons and their assistants who have to see not only that they are properly housed, fed and clad, but also that they overcome the difficult symptoms which up to the time of their admission had resisted other forms of treatment. The psychological causes for these symptoms will have usually been determined in the Child Guidance Clinic while the child is still living at home. Directly the child enters the hostel he comes under an entirely new environment where discipline is neither unduly restrictive nor indulgent and every attempt is made to help him to overcome his difficulties, not by punishment or award but by understanding influence. The parents are not displaced and contacts with them are encouraged, but as far as possible the children live as a family under the care and guidance of the staff, with the psychiatrist controlling the psychological influences that are required.

As the child's difficulties are almost invariably the result of mishandling in his own home the parents need help and advice to get them to readjust their ideas in preparation for the child's return home, and this is given by the psychiatric social worker who has handled the case throughout. Unfortunately during 1953, the shortage of staff, particularly of social workers, has prevented this Authority from fully carrying out its obligations regarding the parents of our children in the hostels of other authorities and an apology is owing to them, especially to Notts. County Council for this unavoidable omission. The two Authorities, however, work so closely together that the position will have been well understood.

This opportunity may be taken to express the appreciation of this Authority to the Directors of Education and Principal School Medical Officers for the considerate co-operation of themselves and their staffs in this difficult work.

Although there are enough beds to accommodate 28 boys in the Silverwood Hostel, it has never been possible to take more than 14 to 16 owing to shortage of staff. It has, however, generally been possible to keep The Gables Hostel full.

Children in Hostels :

Hostels of this Authority

	<i>Silverwood</i>		<i>The Gables</i>	
	<i>City cases</i>	<i>County cases</i>	<i>City cases</i>	<i>County cases</i>
At beginning of 1953 in residence	6	7	8*	3
Admitted during year	4	2	3	2
Discharged during year	3	2	4*	1
At end of year in residence	7	7	7	4

* Including one chargeable to Northumberland C.C.

City Children in Hostels of other Authorities

	<i>Dr. Barn- ado's</i>	<i>The Grove, Notts. C.C.</i>	<i>Bourne, Kesteven C.C.</i>	<i>Wavendon, Bucks.</i>
At beginning of 1953	—	7	1	1
Admitted during year	1	8	1	—
Discharged during year	—	4	1	1
At end of 1953 in residence	1	11	1	—

SPEECH THERAPY

At the beginning of 1953, the staff consisted of the Head Speech Therapist, Miss C. E. Renfrew, and Miss I. C. Colquhoun. Miss P. A. E. Grady started duties as a third speech therapist on 19th January, 1953. Miss Renfrew left the service to take up duties with the Oxford Regional Hospital Board in July, 1953, and was replaced by Miss P. N. Glover in September, 1953.

The work has been described in previous reports.

Under treatment on 1st January, 1953	.. ..	104
" " " 31st December, 1953	.. ..	130
Total number treated during 1953	.. ..	238
" " under supervision during 1953	.. ..	293

Cases discharged during 1953—results of treatment :—

Relieved	.. ..	26
Improved	.. ..	44
Left school or district	.. ..	23
Referred for Child Guidance treatment	.. ..	2
" to School for the Deaf	.. ..	2
" to Special E.S.N. School	.. ..	1
" to Notts. County	.. ..	2
Treatment discontinued at parents' request	.. ..	5
" " on account of lack of co-operation	.. ..	3
		<hr/> 108 <hr/>

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

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

SCHOOL MEALS

School meals supplied by the School Meals Service during 1953 numbered :—

Dinners :			
Grammar Schools	.. ..	229,518	
Special Schools	.. ..	101,085	
Other Schools	.. ..	2,262,641	
		<hr/> 2,593,244	
Breakfasts	.. ..	30,784	
Teas	.. ..	3,236	

During 1952, 2,651,616 dinners were served. That is to say about 2.2 per cent. fewer dinners were served during 1953. 373 fewer breakfasts and 5,058 fewer teas were served during 1953.

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, 1,647 children over 13 were examined by the medical officers, compared with 1,338 for 1952.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

Co-operation with the Joint Committee of the Institute of Child Health (University of London) continued during 1953. Of the 31 Nottingham children enrolled in the survey, 26 were again examined by the school medical officers, 1 had temporarily left the City and the parents of 4 children refused to take any further part in the enquiry.

OTHER EXAMINATIONS FOR EMPLOYMENT

Printing Trade Apprentices	..	..	..	39
Pupils at Nursery Nurses' Training Centre	..	..	..	43
Junior Nursery Assistants	..	..	..	7

BOOTS' COUNTY COLLEGE

The supervision of the pupils at Boots' County College which for some time had been in the hands of Dr. T. A. Lloyd-Davies and Dr. Patricia Shaw was taken over in December, 1953, by Dr. W. K. S. Moore.

CHILDREN'S COMMITTEE

In their mutual interest in the more unfortunate children of the City, the School Health Service and the Children's Department work in the closest co-ordination. It is difficult to describe how this is effected, but it may be said that the children concerned are given the same or even closer attention than those who are not deprived of normal home care. Some of them are already known to the School Health Service as being difficult to help effectively while living with their parents, and the earliest opportunity is taken in such cases to remedy this. Neglected and delinquent children require the most careful consideration, often involving a great deal of work which is most happily minimised by the happy co-operation of the Children's Officer and his staff.

CO-ORDINATION

The care of the child devolves essentially on the parents, but in so highly civilised a country as our own they must rely to a considerable extent on the services provided by local authorities, by the State and by voluntary organisations. Anyone who has not had experience of the working of a large and efficient school health service might be liable to suggest that this would result in overlapping of the work and extravagance of effort.

This might well occur if an attitude of jealousy or reluctant acknowledgement of the efficiency of others were allowed to creep in, but it can be claimed that every effort is made to avoid this, and it is a pleasure to record the generous response from the officers, medical and lay, of other organisations and individuals. Particularly valuable is the constant co-operation of the family doctors and the increasing communications and reports from the hospital medical staffs, and helpful co-operation from the lay administrators. Contacts with the University have not been as frequent as one would have wished, but whenever made they have been generous and most acceptable.

VOLUNTARY SOCIETIES

I would like to record the help given by numerous voluntary societies. These include, to name but a few, The Shaftesbury Society, The Invalid Children's Aid Association, The Central Council for the Care of Cripples, Dr. Barnado's Homes, etc. The demand for help in the care of handicapped children makes it necessary to keep in contact with many of these organisations and the increasing number of requests for convalescent treatment following illness or as a result of general debility makes it all the more essential that one should know what facilities are available for these types of disability. I am still often embarrassed by my inability to cater for older children between the ages of 12-15. The few homes which accept them are really for adults and these children, neither boy nor man, neither girl nor woman, if admitted often do not receive the full and hoped for benefit from their stay.

CONCLUSION

In the work described on the preceding pages, I have always had the helpful keenness and enthusiasm of the staff of the School Health Service. In this, I include not only the professional members, but the clerical staff and the other individuals on whom the Service depends for smooth and efficient running.

Dr. Newth's retirement while this Report was in preparation did not mean that there was a sudden cessation of his part of the work. As I have already said, it is *his* Report and I have merely completed the few gaps which he had left. I would like to pay tribute to him, to his persistent energy in his work, to the helpful and enthusiastic encouragement which he so freely gave to myself and all members of the staff, and to wish him many years of happiness in retirement.

It is a pleasure to acknowledge the support and interest of the Chairman, Vice-Chairman and members of the Special Services Sub-Committee in the welfare of the children, and to thank the Director of Education for his practical interest and co-operation.

I am,

Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1953

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 .. .. .	..	..	..	..	..	..	6,043
Second Age Group .. .. .	..	..	..	..	..	..	1,976
Third Age Group .. .. .	..	..	..	..	..	..	3,634
Total ..							11,653
Number of other Periodic Inspections							8,434
Grand Total ..							20,087

B.—OTHER INSPECTIONS

Number of Special Inspections .. .. .	..	..	..	..	..	..	16,502
Number of Re-Inspections .. .. .	..	..	..	..	..	..	11,713
Total ..							28,215

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)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table IIA</i> (3)	<i>Total individual pupils</i> (4)
Entrants	47	960	999
Second Age Group	63	94	157
Third Age Group	98	148	245
Total (prescribed groups)	208	1,202	1,401
Other Periodic Inspections	196	573	760
Grand Total	404	1,775	2,161

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1953

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 observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	47	8	242	2
5	Eyes—(a) Vision ..	404	51	901	1,811
	(b) Squint ..	117	61	501	693
	(c) Other ..	91	2	184	7
6	Ears—(a) Hearing ..	35	26	54	69
	(b) Otitis Media ..	23	7	51	214
	(c) Other ..	15	2	381	37
7	Nose or Throat ..	887	232	1,073	778
8	Speech	40	25	33	23
9	Cervical Glands ..	37	74	10	10
10	Heart and Circulation ..	9	55	4	145
11	Lungs	193	141	11	194
12	Developmental—				
	(a) Hernia ..	9	23	—	8
	(b) Other ..	13	85	—	20
13	Orthopaedic—				
	(a) Posture ..	25	12	13	8
	(b) Flat foot ..	121	18	19	10
	(c) Other ..	76	38	70	16
14	Nervous System—				
	(a) Epilepsy ..	2	8	1	11
	(b) Other ..	8	27	1	8
15	Psychological—				
	(a) Development ..	—	18	51	32
	(b) Stability ..	6	10	113	193
16	Other	77	56	1,338	1,630

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	6,043	3,948	65.3	2,068	34.2	27	0.5
Second Age Group ..	1,976	1,122	56.8	847	42.9	7	0.3
Third Age Group ..	3,634	2,089	57.5	1,532	42.1	13	0.4
Other Periodic Inspections ..	* 7,482	4,625	61.8	2,806	37.5	51	0.7
Total	*19,135	11,784	61.6	7,253	37.9	98	0.5

* 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	191,248
(ii) Total number of individual pupils found to be infested ..	4,882
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	39
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	30

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

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

				<i>Number of cases treated or under treatment during the year</i>	
				<i>by the Authority</i>	<i>otherwise</i>
Ringworm—(i) Scalp				22	30
(ii) Body				35	—
Scabies				15	12
Impetigo				258	57
Other skin diseases				1,531	266
Unspecified skin diseases				—	104
Total				1,861	469

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				1,018	243
Errors of refraction (including squint)				—	5,016
Total				1,018	5,259

Number of pupils for whom spectacles were :

(a) Prescribed	—	2,010
(b) Obtained	—	1,997

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				—	20
(b) for adenoids and chronic tonsillitis				—	1,485
(c) for other nose and throat conditions				—	15
(d) for unspecified conditions				—	125
Received other forms of treatment				2,103	541
Total				2,103	2,186

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	258
<i>by the Authority</i>	
(b) Number treated otherwise, e.g., in clinics or out-patient departments	823
<i>otherwise</i>	

Group 5—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics	Number of cases treated in the Authority's Child Guidance Clinics		Elsewhere
	Child Guidance Clinics	Elsewhere	
	*572		26
* Cases treated :—			
by Psychiatrists and Lay Psycho-Therapist .. 123		by Educational Therapist .. 342	
by Educational Psychologists 71		in Boarding Homes .. 36	

Group 6—SPEECH THERAPY

Number of pupils treated by Speech Therapists	Number of cases treated by the Authority	otherwise
	238	—

Group 7—OTHER TREATMENT GIVEN

(a) Miscellaneous minor ailments	11,952	—
(b) Other than (a) above —		
1. U.V.R.	173	—
2. General Medicine	—	672
3. General Surgery	—	504
4. Plastic Surgery	—	1
5. Heart Conditions	—	5
Total	12,125	1,182

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :			
(a) Periodic			20,263
(b) Specials			4,581
Total (1)			24,844
(2) Number found to require treatment			16,091
(3) Number referred for treatment			16,019
(4) Number actually treated			11,540
(5) Attendances made by pupils for treatment			18,675
(6) Half-days devoted to : Inspection			100
Treatment			1,991
Total (6)			2,091
(7) Fillings : Permanent Teeth			9,420
Temporary Teeth			—
Total (7)			9,420
(8) Number of teeth filled : Permanent Teeth			8,262
Temporary Teeth			—
Total (8)			8,262
(9) Extractions : Permanent Teeth			2,833
Temporary Teeth			15,978
Total (9)			18,811
(10) Administration of general anaesthetics for extraction			7,411
(11) Other operations : Permanent Teeth			190
Temporary Teeth			77
Total (11)			267

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

	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)
1953										
In the calendar year :										
Handicapped Pupils newly placed in Special Schools or Homes	—	1	3	3	77	12	55	16	—	167
Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	—	3	3	4	67	12	51	16	3	159
On or about December 1st :										
Number of Handicapped Pupils from the area—										
(i) attending Special Schools as—										
(a) Day Pupils	—	—	28	13	154	14	319	—	—	528
(b) Boarding Pupils	4	7	2	—	15	12	11	2	7	60
(ii) Attending independent schools under arrangements made by the Authority	—	—	1	—	—	—	1	2	—	4
(iii) Boarded in Homes and not included in (i) or (ii) above	—	—	—	—	—	—	—	29	—	29
Total	4	7	31	13	169	26	331	33	7	621
Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	1	2	—	1	2	8	14	—	2	30

