[Report 1955] / School Medical Officer of Health, Nottingham City.

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CITY OF NOTTINGHAM EDUCATION COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1955

Adopted by the Education Committee at its Meeting held on 25th July, 1956

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

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

SCHOOL HEALTH SERVICE

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———ooo———

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Assistant Matron: MRS. W. A. SMITH.

* *Part-time Staff.*

CONTENTS

CITY OF NOTTINGHAM

General Information as at 31st December, 1955

Population	312,000
Area	acres 18,364
Density of Population : 16.9 persons per acre	
Rateable Value of the City— at 31st December, 1955, £2,507,296	
Rate levied for education purposes— 1955-56	9*s.* 6.95*d.*
No. of Schools	165
No. on Rolls	50,975
Average Attendance	45,991
Penny Rate—Produced in 1955-56, £10,094 19s. 5d.	

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CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1955

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,

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

In writing an annual report it is difficult to decide whether to be almost entirely statistical in one's approach, or whether to write in the form of a documentary. I feel, however, that a middle course is probably much more readable, and when one considers that the readers may perhaps be critical of one's poor efforts, this kind of commentary is perhaps less likely to cause argument. When one is dealing with a service whose aim is to find faults " and put them right before they get to the stage of being defects," it is often not realised that reference is being made to early beginnings of deformities or disease and not to the gross or permanent conditions so often talked of popularly by the man in the street or referred to by the lay press.

During the year the health of the school population was fairly good. In the early months Measles, Chicken Pox and Mumps were particularly troublesome in some areas. In many cases infections following on one another or occurring almost simultaneously were particularly distressing. Measles was the particularly troublesome infection, and Nottingham was not alone in having a higher proportion of cases than usual. The national figures were up to ten times as much as usual for several weeks during the early months of the year. Unfortunately, in our present state of knowledge there is no definite way of limiting, or reducing the effect of, Measles infection.

A glance at the attendance figures for the early months of 1955 compared with the corresponding period in 1954 shows the position fairly accurately, and I think it can be taken that much of the difference is due to the prevalence of Measles.

Month	*Percentage of Attendance*	
	1954	*1955*
January ..	89·6	88·6
February ..	88·8	88·0
March ..	91·2	88·9

Towards the end of the year my attention was drawn to a number of cases of Sonne Dysentery in one or two areas of the City. There was no question of an epidemic, but the rather striking and unusual point of note was the time of the year. Dysentery infections are more commonly found in the warmer months. As I write, there are still scattered cases, and it looks as though some active steps may be necessary to attempt to limit the spread of infection. Sonne Dysentery is not a serious condition in school children, but can be troublesome and worrying in the very young or very old, so that it is essential to make every attempt to limit the spread. In a note to Head Teachers, I have stressed the fact that this condition is transmitted from infected hands, and I have asked that they be especially fussy about hand washing after use of the W.C's in schools. Indeed, I think it can be stated quite categorically that thorough and efficient hand washing after using the W.C. can completely limit the spread of the Sh. Sonnei, the organism concerned. To arrive at this desirable state of affairs washing and hand drying facilities must be both simple and adequate.

There was a full medical staff for most of the year and statutory medical inspections were completed. In view of the fact that the school population is steadily increasing this speaks well for the organisation of inspections as well as the efficient work of the medical officers, who still find time to inspect and make reports on the school premises, lavatory and washing accommodation, kitchen and dining hall facilities and such other matters as the lighting of stairs, classrooms, etc. It is particularly desirable to keep unsatisfactory conditions to the forefront in the Surveyor's Department, and I am sure the Committee's Surveyor must feel that an expression of opinion from an outside source is always useful and worth noting.

STAFF

Medical Officers : There has been only one change amongst the School Medical Officers. Dr. A. F. Smith left in June to go to West Africa after her marriage. Dr. B. Ward, who came in her place and is a native of Nottingham, started in September, so that we were not long without our usual complement of medical officers, and as they all seem to be young and healthy very little time has been lost.

Dental Officers : We are still desperately short of dentists and the position shows no likelihood of improvement. Two part-time officers (Mr. B. E. Lawson and Mr. A. G. Thomson) resigned, and Mr. J. G. Glennie was appointed for part-time duty in February. Mr. F. E. Gell, whom we hoped would start in the Summer, was unable to take up his appointment until January, 1956.

Nurses : There have been several changes of staff amongst the nurses. Mrs. C. R. Watall and Mrs. F. G. Todd left to other work and Miss B. Baguley resigned on marriage. They were replaced by Mrs. A. E. Clarke, Mrs. M. Featherstone and Mrs. E. B. Baumber. This is one of the smallest changeovers we have had for a number of years.

Psychiatric Social Worker : Mr. A. Herbert left at the end of the year to take up a similar post in Coventry, his home town. The vacancy has not yet been filled.

Clerical Staff : There were again many resignations from the clerical staff, chiefly amongst the juniors. As a result of these frequent changes

much additional work had to be undertaken by the senior members of the office staff, and I wish to express my appreciation to them for so readily accepting this extra work.

MEDICAL INSPECTION

The statutory medical inspections were completed. The medical officers inspected as usual the children in the Intermediate Group at or about the age of seven years and completed the other periodic inspections. The figures are as follows :—

Prescribed Groups :

Entrants : Nursery Classes ..	816		
Others	4,828		
		5,644	
Second Age Group (aged 10+ years)		3,889	
Third Age Group (Leaver)		2,975	
			12,508

Other Periodic Inspections : Analysis of Groups :

Intermediate I (aged 7-8 years) ..	4,978	
Grammar Schools	1,502	
Special E.S.N. Schools	294	
Special Open-Air Schools	435	
Special School for the Deaf	50	
Nursery Classes (other than Entrants)	717	
Remedial Classes	1,283	
		9,259
		21,767

Refusals : The parents of four children refused medical examination. I am not unduly concerned about the odd child whose parents refuse inspection because I can easily find out if he keeps fit, if school attendance is satisfactory and if progress in school is steady.

Other Inspections : A total of 27,161 examinations were carried out at school clinics or elsewhere at the request of parents, teachers, etc.

Sundry other examinations were carried out for various reasons as shown below :—

Institutions of Further Education :

Clarendon College	27
College of Art and Crafts	57
People's College	34
Nursery Nurses Training Centre	34

Other Inspections :

Printing Apprentices	32
Junior Nursery Assistants	8
Candidates for entry to Training Colleges ..	109
Candidates for entry to the teaching profession ..	52

The point of interest in the above figures is a slight rise in the number of teacher and teacher candidate examinations. This may portend improved numbers in the teaching profession ; at present it means more work for medical officers.

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

Group	1950	1951	1952	1953	1954	1955
Entrants ..	12·5	11·9	13·2	15·9	15·9	16·5
Second Age Group	4·6	4·1	3·8	4·8	7·5	8·1
Third Age Group..	2·2	3·6	3·6	4·1	3·1	2·1
Total ..	6·9	6·7	8·1	10·3	9·7	10·5

Analysis of other Periodic Inspections :

Group	*Pupils found to require treatment*				*General Condition*		
	No. inspected	*Def. Vision (not squint)*	*Other conditions*	*Total Pupils*	A	B	C
Nursery Classes other than Entrants	717	2	60	62	—	—	—
Intermediate I (7-8 years)	4,978	218	629	834	3,984	990	4
Remedial Classes ..	1,283	49	124	161	864	417	2
Grammar Schools ..	1,502	30	126	154	1,306	196	—
Special Open-Air Schools, 1st examination ..	142	—	6	6	50	87	5
Special Open-Air Schools, re-examinations ..	293	5	15	18	—	—	—
Special E.S.N. Schools	294	13	49	60	113	179	2
Special School for the Deaf	50	1	5	6	22	28	—
	9,259	318	1,014	1,301	*6,339	1,897	13

*Excluding re-examination of Open-Air School and Nursery Class Pupils.

The striking point in the above figures is the high proportion of pupils with defects in the Intermediate I Group (834 of 4,978 examined), showing that it is well worth while to examine children in the 7-8 year group. One cannot help but wonder what happens to a series of defects as high as 17 per cent. at the age of 7, and falling to 8 per cent. at the age of 11. I feel that if it had not been for the tidying up done at about the age of 7 the figure at 11 would be much higher and therefore much more unsatisfactory.

General Condition : Children placed in Category " C " (Poor General Condition) : Dr. O. M. Fogarty has gone into the question of possible reasons for this, and she has investigated the histories of 39 children who at one time or another had been placed in Category " C " on account of their poor general condition. Several interesting points have come to light.

(1) The proportion of pupils in " C " Category who have school meals is about the same as in the remainder of the school population.

(2) One or two do not take school milk, due to faddiness or an active dislike.

(3) In 24 cases Dr. Fogarty found evidence of some organic condition associated with or directly the cause of the sub-normal nutrition.

(4) 4 children were believed to be naturally small, with parents who were below the average height.

(5) In 11 cases there was no discoverable cause for the under-nourishment.

It is known that over-solicitous parents can encourage food fads which may result in definite under-nourishment in children and Dr. Fogarty in her analysis ascribes this cause to two of the Category " C " cases.

All children placed in Category " C " continue under regular supervision and are seen at least annually in school. If the medical officers advise convalescent home treatment or admission to a Boarding Special School, this is arranged.

FINDINGS AT MEDICAL INSPECTION

Skin Conditions :

In need of treatment :	303
For observation :	33

These numbers apply to conditions of which many are unlikely to need treatment, but the contagious diseases are, of course, of particular interest to us.

Ringworm remains a sporadic condition with fortunately no cases known to us of human type fungus.

Scabies appears to be decreasing as far as known cases are concerned and it is certainly becoming a rarity.

Impetigo figures remain comparatively constant. It is interesting to note that although one would expect the anti-biotics to have a rapid effect on this condition the time taken to produce a cure is not much short of that noted in the days before penicillin, etc., although admittedly severe cases are now rare.

Eyes :

Defective Vision :

In need of treatment :	624
For observation :	134

The figures show an increase over previous years, a point of interest in that one wonders if there are more visual defects in the child population and if so what is the cause. Most of us could put forward obvious explanations but until the particular strata of the population concerned is definitely labelled I think it unwise to make any suggestion.

Squint :

In need of treatment :	400
For observation :	72

These figures, too, are higher than ever, and again I hesitate to put any construction on this increase. Better ascertainment is a possible explanation, of course, but one feels some concern, as in the increase in the number of children needing treatment or observation for defective vision. One might take some comfort by noting that the number of children for whom spectacles were prescribed is lower than in 1954 and suggesting that the medical officers are wisely referring many children from a preventive angle rather than from a definite need for treatment. The table on page 23 shows how many children were seen by the Consultant Ophthalmologists and how many had glasses prescribed. This Table gives a better all-round picture, I feel, than the actual findings at medical inspection.

Other eye conditions :

In need of treatment :	60
For observation :	8

The figures are very similar to those of last year and no special comment is necessary.

Colour vision : This is the first year in which it has been possible to test all the school leavers and I quote the results below.

Group Examined	*No. of Pupils Examined*			*No. of Pupils found to have Defective Colour Vision*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Leaver	1,464	1,511	2,975	72	8	80
Grammar Schools	628	874	1,502	13	—	13
College of Art ..	23	34	57	2	—	2
	2,115	2,419	4,534	87	8	95

The above Table shows that 2.1 per cent. of the pupils examined had some defect of colour vision (boys 4.1 per cent., girls .33 per cent.).

This figure is much lower than has been shown is general in the population, the usual percentage being between 5 and 9, with the figure in the East Midlands at 7.1 per cent. or thereabouts.

It is interesting to note that 2 pupils of the College of Art were affected, and it is to be hoped that they were taking subjects not requiring colour discrimination.

The private doctors have been informed of the results of the tests where the colour vision has been found to be abnormal. It has been impossible to differentiate the finer degrees of changes in colour vision.

Ears :

Hearing Defects :

In need of treatment :	51
For observation :	53

These figures when combined are very similar to those of last year, i.e., 104 as against 97. There are fewer in need of treatment and more for observation. I do not think that this is significant, but it will be interesting to note if the numbers rise in a bad summer and fall in a good one such as we had in 1955, depending on the extent of catarrhal condition of the nose, etc.

Otitis Media :

In need of treatment :	94
For observation :	19

As I expected, the figures are higher than they have been for some years, because I asked the medical officers to be particularly keen and to assure themselves that otitis media was or was not present. This condition with its high nuisance value is usually painless and tends to be neglected in many households where interest is not at a very high level.

Treatment of the chronic running ear is still often prolonged and at times unsatisfactory, so that many youngsters may tire of regular clinic attendance unless the home or the school is constantly encouraging them. There can be nothing more objectionable than the neglected and untreated old-standing otitis media. If the results of operation were completely satisfactory more might be advised and done, but unfortunately this is not so. One is therefore faced with the choice between continuous toilet for a chronic ear, and operation with possible reduction in hearing and possible continued ear discharge, a poor choice indeed. One can understand the reluctance on the part of patients to agree to operation.

Nose and Throat Conditions :

In need of treatment :	784
For observation :	357

The number of children referred for observation or treatment of nose and throat conditions is almost the same as in 1953 and 1954. It is pleasing to note that these figures remain steady, as our facilities for the provision of T. and A. operative treatment might otherwise be strained.

Speech :

In need of treatment :	52
For observation :	41

There is little change in these figures. A few more need observation, but the general rise in the school population accounts for this.

Cervical Glands :

In need of treatment :	7
For observation :	68

A very welcome fall in numbers here may mean little or nothing, but as I have already noted in dealing with hearing defects one wonders if the fine summer of 1955 reduced the number of catarrhal conditions of the nose and throat and therefore the secondarily enlarged glands.

Heart and Circulation :

In need of treatment :	7
For observation :	113

The figures here are of no significance. Observation is always worth while and reaction to exercise and other activities in or out of school is worth noting. Teachers can often help with shrewd observations on a child's capabilities in games and physical exercises, or when flagging in class attracts their attention.

Lung Conditions :

In need of treatment :	84
For observation :	259

The numbers are lower than last year. One wonders if this really means anything, unless the better summer weather has once again had an effect.

Developmental Conditions :

Hernia :

In need of treatment :	20
For observation :	52

Other :

In need of treatment :	50
For observation :	274

It is doubtful if figures mean anything here, but one cannot help but be surprised at the number of children found with a definite hernia (rupture) whose parents have not sought medical advice. The ignorance of the average parent on points of this type is particularly noticeable.

Orthopaedic Conditions :

Posture :

In need of treatment :	58
For observation :	23

Flat Foot :

In need of treatment :	205
For observation :	69

Other :

In need of treatment :	161
For observation :	89

These conditions give the impression of being more numerous, but actually the lesser orthopaedic defects are now receiving more attention as more hospital beds are becoming available with the reduced incidence of tubercular conditions. Toe and finger abnormalities which previously had to go without treatment, but which may have been quite debilitating, are now being corrected.

Conditions affecting Nervous System :

Epilepsy :

In need of treatment :	4
For observation :	24

Other conditions :

In need of treatment :	5
For observation :	76

Nervous system and psychological figures remain much the same and no comment is necessary.

Heights and Weights in various age groups :

I have been intrigued on reading annual reports of other Authorities by the meticulous care used in the compilation of tables of statistics, the end in view being proof of steadily increasing height and weight of all age groups. This usually shows that boys are bigger and heavier than girls (I almost said better) during their school life. One has only to look at the other end of life's scale to show that the smaller and thinner types last longer. Logically, therefore, it would seem undesirable to go on increasing the height and weight of all, but rather to attempt to encourage a race of whipper-snappers whose demands on the limited food supplies of the world would be less extravagant, and who would live longer and thus give the benefit of their experience to many more.

HANDICAPPED PUPILS

Handicapped pupils need special educational treatment for their defects, most of which fall into definite categories. There are, however, children with several defects who have to be educated in the special school which can best cater for their major condition, so that most special schools may have a few children with dual or possibly multiple handicaps.

The position at the end of 1955 was :—

Blind :

In Boarding Special Schools	2
Awaiting placement	1
	3

Two of these children have retrolental fibroplasia, a condition which we now know can be prevented. The other child had a tumour affecting both eyes which necessitated their removal. When one looks back in annual statistics and notes that in 1935 there were 14 children classified as blind, it will be realized that modern preventive medicine in the field of ophthalmology has made considerable progress.

Partially Sighted :

In Ordinary Day Schools	23
In Day Special Schools	2
In Boarding Special Schools	7
Awaiting placement	1
	33

The number of partially sighted children in ordinary schools remains fairly constant. They are under regular observation, not only from the angle of their visual defect but also from that of educational progress. A few of them might be better placed in residential schools and this alternative is always borne in mind.

Deaf :

In Day Special School, Forest Road	27
In Boarding Special Schools	2
In Independent Boarding School	1
	30

The numbers remain fairly steady. Unlike blind children there does not appear to be any prophylactic means of reducing these figures. Indeed the pathology of the cases of speechless deafness is often extremely obscure, and an accurate diagnosis impossible.

Partially Deaf :

In Ordinary Day Schools	58
In Day Special Schools	12
In Approved School	1
	71

Despite our policy of keeping all cases of partial deafness under close observation and leaving them as long as possible in ordinary school, with the help of hearing aids where necessary, our numbers do not appear to alter much. I feel that they should improve, as most of the partially deaf handicaps are due to otitis media, which is a preventible condition.

Delicate :

In Primary or Secondary Modern Schools	241
In Secondary Grammar Schools	20
In Secondary Technical Schools	3
In Nottingham Boys' High School	1
In Day Special Open-Air Schools, Arboretum and Rosehill	113
In Approved School	1
In Boarding Special Schools	24
Awaiting placement	4
	407

This group of handicapped children has shown a slight fall in numbers, but this is more apparent than real as a number of children who were classified previously as delicate have now been officially moved into the epileptic group as their handicap although mild is nevertheless a true epilepsy.

Another point of note is a further drop in the numbers in the day open-air schools. As a result, some re-organisation of the classes at Rosehill has made room for more E.S.N. children who have been awaiting admission for some time. It has allowed, too, of smaller classes for a number of the " odd " children, among whom I include some of the spastics and children with similar disabilities who need almost individual attention educationally and a good deal of help physically.

Educationally Sub-Normal :

In Day Special Schools, Hardwick and Rosehill ..	319
In Boarding Special Schools	6
Awaiting placement in Day Special Schools ..	62
Awaiting placement in Boarding Special School ..	1
	388

During the year 100 children were ascertained as educationally sub-normal and 56 were admitted to day special schools.

25 children were referred to the Local Health Authority under Section 57 (3) of the Education Act, 1944, as being incapable of receiving education at school. This figure shows a tendency to rise, and makes one consider a possible cause. Are the ante and post-natal services working so effectively that many children survive who would previously not have done so, and are we producing more Mongols than of old ?

There is a natural tendency for the number of E.S.N. pupils to rise as " the bulge " in the schools becomes more apparent, but is there also a lowering of the intelligence of the general population as a result of many of the more responsible and stable group of the population limiting their children to one or two from economic or other reasons ?

Epileptic :

In Day Special Schools	2
In Ordinary Day Schools	54
In Boarding Special Schools	5
Awaiting placement	2
Off Rolls	2
	65

As noted under delicate pupils the figures have shown an increase, due to some re-arrangement of the categories, but the position remains much the same. If a pupil cannot fit into the ordinary school without having fits and causing embarrassment and upset, then one has to consider the need for residential education and adequate medication. Although this means that the unfortunate child has usually to spend a long period in a boarding special school, the result is almost invariably worthwhile.

Physically Handicapped :

In Ordinary Day Schools	12
In Day Special Open-Air Schools Arboretum and Rosehill, ...	30
In Boarding Special Schools	4
In Hospital Special Schools	4
Awaiting placement	2
	52

The figures again show a slight increase, as a result of re-arrangement of categories, and not because we have actually more children with physical handicaps.

Home Education : Three children were having home education at the end of the year and six other children had received home education at some time during the year. Some cases continued their education at home while recovering from a serious illness or re-adjusting themselves to a new outlook, as for example following a leg amputation or while wearing a hip plaster. In such cases home tuition proved valuable and helpful, not only educationally, but emotionally, as it kept the children's minds occupied and active.

Maladjusted :

In Ordinary Day Schools	13
In Day Special School	1
Silverwood Boarding Home, Nottingham C.B. ..	8
The Gables Boarding Home, Nottingham C.B. ..	10
The Grove Boarding Home, New Balderton, Notts. C.C.	8
Dr. Barnardo's Home, Clacton-on-Sea	1
Bourne House Boarding Home, Kesteven C.C. ..	1
In Boarding Special School	1
In Independent Schools	6
Awaiting placement	1
	50

The figures are interesting in that the total numoer of cases has increased from 37 in 1954 to 50. Whether or not they portend a general increase in this handicap it is difficult to say. The report of the Ministry of Education Committee on Maladjusted Children gives figures which suggest that we in Nottingham are fortunate in being well below the national average. On the other hand one can interpret the figures the other way round and possibly consider that in Nottingham our rate of ascertainment is too low. One cannot, however, agree that an Authority whose Child Guidance Service has been established so long could be so tardy and inefficient as to allow this state of affairs to exist.

It has been necessary to make use of independent schools for a number of our boys for whom no other suitable establishment was available. So far the results have been good without being spectacular.

Speech Defects :

There is only one boy attending a residential school for speech defects. He has not been there very long and it is not yet possible to assess the results.

CHILD GUIDANCE

With so much improvement in the physical health of children the other aspects of health are receiving more notice. Mental health is in the forefront of preventive medicine nowadays, and it is being realised more and more that affection, consistent handling, security and a sense of being wanted are all necessary to promote general happiness and well-being in the developing youngster.

When there is lack of co-ordination between these factors, or when the various requirements are in imbalance then maladjustment occurs. It is this

kind of unsatisfactory emotional mixture which calls for child guidance investigation and treatment.

The work of the Child Guidance Centre was continued throughout 1955 on the lines originally laid down. The various methods of dealing with different types of cases have been described in previous reports.

During 1955, 514 new cases were seen at the Centre. Of these, 237 attended for child guidance, 65 had special tests by the educational psychologists in connection with the Annual Selection Examination, 200 came for educational therapy and 12 were handicapped pupils who had been referred for estimation of intelligence and educational progress.

The 237 child guidance cases were referred by :—

Teachers	78
School Welfare and Attendance Department	7
General practitioners	25
School medical officers	31
Child guidance workers	7
Children's officer	41
Probation officers	13
Parents	32
Others	3

Reasons for Referral :

I. Nervous Disorders :

Fears	32
Depression	4
Excitability	1
Apathy	3

II. Habit Disorders and Physical Symptoms :

Speech disorders	3
Sleep disorders	6
Movement disorders	2
Excretory disorders	23
Nervous pains	2
Fits	3
Physical disorders	1

III. Behaviour Disorders :

Unmanageable	56
Temper	4
Aggressiveness	3
Jealous behaviour	1
Demanding attention	1
Stealing	30
Lying	1
Truancy	5
Sex difficulty	10

IV. Educational and Vocational Difficulties :

Backwardness	10
Inability to concentrate	2

V. Special Examinations :

Psychological examination	2
Educational advice	6
Juvenile Court examination	26

Age at time of referral :

Age	*No. of cases*	*Age*	*No. of cases*	*Age*	*No. of cases*
2 years ..	2	7 years ..	33	12 years ..	21
3 ,, ..	2	8 ,, ..	32	13 ,, ..	17
4 ,, ..	5	9 ,, ..	21	14 ,, ..	18
5 ,, ..	13	10 ,, ..	24	15 ,, ..	5
6 ,, ..	19	11 ,, ..	22	16 ,, ..	3

It is interesting to note that once again the age group with the largest number of cases was the 7 year old and that of the 237 children referred for advice more than a quarter were either 7 or 8 years of age.

Intelligence quotients :

Under 65 ..	5	105—114 ..	32
65—74 ..	12	115—124 ..	14
75—84 ..	49	125—134 ..	10
85—94 ..	50	Over 135 ..	7
95—104 ..	46	? ..	12

Disposal :

Referred for examination by psychiatrists	194
,, ,, treatment	4
,, ,, observation and follow-up	11
Examined and discharged the same day	28

The following is a summary of the examination and treatment work carried out by the different members of the child guidance team during the year :—

Examinations :

Psychiatrists	182
Physician	196
Psychologists	927
Psychiatric social workers	213

Re-examinations :

Psychiatrists (excluding 74 attendances for treatment) ..	231
Physician	37
Psychologists	9
Psychiatric social workers	53

Attendances for treatment	8,221
Interviews with parents	865
Interviews with others	571
Home visits	78
School visits	749
Hostel visits	90
Number of cases seen by psychiatrists and referred for treatment	72

Treatment : Number of cases treated :

By psychiatrists and lay psychotherapist	90
By educational psychologists	78
By educational therapist	394
In boarding homes	37

Report by Dr. J. E. Greener, M.B., Ch.B., D.P.M., D.P.H., Consultant Psychiatrist.

Child Guidance has recently been presented with a landmark in the publication by the Ministry of Education of the Report of the Committee on Maladjusted Children. This is surely a model of painstaking inquiry and sound advice, and shows how wide a field needs to be covered by a child guidance service, with due appreciation of the clinical, educational, and social problems involved. A study of the recommendations made by the Committee proves that Nottingham City Child Guidance Service has the structure regarded as most appropriate for an urban area.

The Child Guidance Clinic is integrally part of the School Health Service, the Local Education Authority providing educational psychologists, psychiatric social workers, a lay psychotherapist, clerical staff and premises, and the Regional Hospital Board, the consultant psychiatrists, and access to consultants in other specialities working at adjacent clinics. We are especially fortunate in Nottingham in having administrative and clinical help from the Principal School Medical Officer, who is always accessible, and through whose good offices the closest co-ordination between this clinic and all other branches of the school health and educational services of the City is achieved. This makes possible full investigation of cases with the minimum of disturbance and expenditure of time of parents and children.

As is probably the case in many areas in the provinces, the actual complement of staff is below that recommended by the Committee on Maladjusted Children, having regard to the school population involved, and is also curtailed by an unfilled vacancy. The clinic staff adjust well to shortage, changes and difficulties, bearing out the maxim in paragraph 10 of the Report that continual adjustment and readjustment are necessary throughout life. I, personally, would like reassurance from a Government Department that the necessary personnel to staff child guidance clinics are likely to be available in future years, making allowance for the economic demands of the country. The tendency to increase the length of training of child guidance staff, most desirable in itself, must surely result in a further shortage of suitable workers. There appear to be insufficient young professional people in training at the present time and the longer expectation of life, with the prospect of a higher proportion of dependent population, both of children and the elderly, makes the future appear somewhat uncertain. Meanwhile, in this area, every effort is being made to maintain the quality of the work, hoping that the remote effects of this will keep the quantity within reasonable proportions.

The Remedial Classes :

Report by Mrs. J. Fry, M.A., Ed.B., Senior Educational Psychologist.

Throughout the year the remedial classes have been visited regularly by the educational psychologists and more than 520 children have been individually examined in the schools. The children mainly selected for the full examination are those who have not made any appreciable progress after a period in the remedial class.

There are many causes for this backwardness. It may be due to innate dullness and consequent slow learning or to a temperamental difficulty, such as an over-timorous child or a child with a visual or auditory defect. A fair percentage of the children are of normal intelligence and usually respond quickly to the individual methods practised in these classes and are transferred

to the normal stream. This flexibility of transfer is very desirable and there is a constant flow of children who, having reached the required standard of attainment, pass into the ordinary classes very successfully.

The co-operation of the schools with the psychologists is excellent. Information regarding the child is liberally given by the teachers and discussions regarding the best method of helping him, after his intelligence quotient is known, are invaluable. Whenever a further stimulous would be in the child's best interests, he is given educational therapy at the Child Guidance Centre. This by no means reflects on the teaching he receives in school and only takes place when it is deemed advisable that another approach outside school may further stimulate him. A considerable number of children are kept under review and their progress is carefully watched by the schools and the psychologists who work together in the closest harmony.

* * *

I would like to draw attention to Mrs. Fry's statement that co-operation with the schools is excellent. This is an essential requirement in a psychological service, and nowadays teachers realise that the educational psychologist is there to help them with their problems and is not an interfering busy-body with a lot of newfangled ideas.

Boarding Homes for Maladjusted Pupils :

The work of the Committee's Boarding Homes for Maladjusted Pupils, Silverwood and The Gables, has been described in previous annual reports.

During the Summer the boys from both hostels spent a fortnight's holiday at Skegness. The weather was particularly good and the boys had a most enjoyable time.

The health of the boys throughout the year was satisfactory and the work was carried on without any unusual difficulties.

Children in Hostels :

Hostels of this Authority :

	Silverwood		*The Gables*	
	City cases	*County cases*	*City cases*	*County cases*
At beginning of 1955 in residence	6	6	7	3
Admitted during year ..	4	3	4	1
Discharged during year ..	2	2	1	2
At end of year in residence ..	8	7	10	2

City children in hostels of other Authorities :

	Dr. Barnado's	*The Grove, Notts. C.C.*	*Bourne, Kesteven C.C.*
At beginning of 1955 in residence	1	11	1
Admitted during year	1	2	–
Discharged during year	1	5	–
At end of year in residence ..	1	8	1

Educational Therapy :

Report of the Educational Therapist, Mrs. W. O. McSloy.

The work in educational therapy continued in schools along the same lines as in the previous year. The majority of cases in Primary Schools were treated in demonstration classes as these had proved more helpful than small groups where the number of retarded readers in any one class was comparatively high. Also, as well as accommodating larger numbers, teachers

were gaining an insight into remedial methods which would prove of value with future classes.

Towards the end of the year, in response to a request from the Director of Education, a number of head teachers of Secondary Modern Schools submitted the names of 106 poor and non-readers whom I tested either at school or at the Child Guidance Centre. The majority of these children needed educational therapy in the classes held at the Albert Hall Institute on Thursday mornings. The waiting list was thus greatly increased and it was decided to extend the classes to cover the whole day.

At the request of the head teachers I visited some schools to discuss remedial methods with the teaching staff and to give advice on reading materials and apparatus.

During the year, in schools and at the Albert Hall Institute, a total of 359 children were treated, 159 of whom were new cases. Of this total 125 were discharged on reaching a satisfactory standard, 75 were discharged for other reasons and 159 were still under instruction at the end of the year.

In the Child Guidance Centre 45 cases were treated during the year.

Classes for Illiterate Adults :

The evening classes for illiterate adults were continued during 1955. The reports of the tutors who conducted the classes are reproduced below.

Report by Miss E. Leighton.

At the beginning of 1955 there were 11 students on the roll and by the end of the year the class had increased to 13. The attendance on the whole was good, late working hours being the main cause of absence.

Several students have attended regularly since 1952 and, although very slow owing to their poor mentality, they can now read parts of the newspapers and magazines. One man has been learning to read from the Highway Code as he was anxious to pass his motor cycle test in the Autumn.

With the exception of one boy who is very dull, good progress has been made by all the pupils.

Report by Mr. S. Leigh.

There were 14 men in attendance during 1955, of whom 12 have been attending for periods varying from one to four years.

All the students made progress in reading and writing, the amount of this progress varying considerably. At the end of the year 4 students were able to read from a newspaper and write their own correspondence ; 8 were reading a graded series of books and writing simple accounts of daily events. One student, a recent arrival from the Gold Coast, speaks a form of pidgin English, which, of course, he attempts to write. In his case a considerable amount of oral practice has been necessary as a preliminary to writing, and he is showing benefit from this.

All the students were anxious to continue their lessons and in many cases have put their newly acquired knowledge to good use in their occupations, e.g., keeping of stock-books, ordering various items, reading incoming mail. (One young man, however, is pleased that he can read the racing results and " Garth ", which makes the benefits of literacy seem a little dubious).

TREATMENT

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

Clinic	*Address*	*Treatment Carried out*	*Doctor attends*	*Children's attendances during 1955 for minor ailments*
Central	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, etc.	Tuesday and Friday a.m.	† 13,772
Bulwell	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	11,415
Springfield*	Springfield School	Minor Ailments	——	
Leenside	Canal Street	Minor Ailments, Dental, Speech Training	Thursday p.m.	9,785
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	8,654
Rose Hill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday p.m.	14,099
William Crane	Aspley Estate	Minor Ailments, Speech Training	Tuesday a.m.	7,724
Jesse Boot*	Jesse Boot School	Minor Ailments	——	7,488
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	19,041
Padstow	Henry Whipple Infant School, Padstow Road	Minor Ailments	Wednesday a.m.	8,223
Burford*	Burford School	Minor Ailments	——	
Portland	Portland Junior School, Westwick Road	Minor Ailments	——	2,084
Pipewood School*	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	1,619 (Part year only)

* For children attending these Schools only.
† Including U.V.R., Ionization and Proetz cases.

The lack of school clinic accommodation on the Clifton Estate continued to be an embarrassment, and parents and children had to attend at the Leenside Clinic for the treatment of minor ailments and dental treatment and at the Central Clinic for other forms of treatment.

DENTAL INSPECTION AND TREATMENT

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

At the end of 1955, the dental staff consisted of two whole-time dentists and part-time dentists and anaesthetists who gave a service equivalent to 1.8 whole-time officers. A newly qualified dentist started in January, 1956, but the full effects of this officer will not be felt for some considerable time, in view of his lack of experience.

Lack of staff still limits the amount of work of a conservative nature which it is possible to undertake, and this in turn probably increases the amount of emergency work which is necessary. A situation of this type cannot help but produce a lack of desire to spend much time on true conservative work by a staff who are constantly being exhorted to " get on with it." Straightforward fillings can be dealt with, but any attempt to treat a tooth which may need dressing and possibly several attendances can hardly be tolerated. Conservative work has been limited to what has been considered essential, and as a good deal of doubt has been expressed by experienced dental practitioners as to the desirability of filling temporary teeth, no work of this kind has been undertaken except in a few pre-school children. The work calls for considerable patience and prolonged encouragement to overcome a small child's natural fears and is therefore time consuming. In the circumstances it has been considered a sound policy generally to restrict conservative treatment to permanent teeth.

My experience leads me to the conclusion that as soon as the arches are sufficiently formed it is a much better policy to extract rather than fill the six-year-old molars. I have observed in many cases that when this procedure has been adopted the spacing of the rest of the teeth has been most satisfactory and the wisdom teeth have a good opportunity to erupt normally.

The following table shows what work was carried out in 1955 and in preceding years :—

	1949	1950	1951	1952	1953	1954	1955
Inspection Sessions ..	98	81	83	87	100	67	65
Treatment Sessions ..	1,098	1,255	1,499	1,736	1,991	1,878	1,606
Total Sessions ..	1,196	1,336	1,582	1,823	2,091	1,945	1,671
% of Inspection Sessions ..	8·2	6·1	5·2	4·8	4·8	3·4	3·9
Periodic Inspections	13,126	13,672	14,682	17,814	20,263	11,503	11,015
Emergency Treatments	4,108	4,130	4,005	4,307	4,581	4,957	5,508
Permanent Teeth Extracted ..	1,205	1,495	1,800	1,768	2,833	2,602	2,823
Temporary Teeth Extracted ..	12,109	14,070	14,373	10,634	15,978	15,889	12,354
Total Teeth Extracted ..	13,314	15,565	16,173	12,402	18,811	18,491	15,177
Permanent Teeth Fillings ..	2,918	3,804	5,174	7,346	9,420	8,414	7,245

Last year I made several comments on the figures and the points which these brought to notice. The following are worthy of note :—

(1) The number of inspection sessions is only slightly below 1954, but treatment sessions have fallen by 272.

(2) Although the number of periodic inspections has not fallen to any extent, less than one-quarter of the children on school rolls have been seen.

(3) The number of emergency extractions continues to rise steadily. One cannot help but wonder where it will end, especially as so many of the dentists in private practice cannot find time to fit in emergencies in adults let alone in children.

(4) Permanent extractions are back again at the level of 1953, an unsatisfactory state of affairs.

(5) The fall in the number of filling cases continues, as can be expected.

Orthodontic Treatment : I have been able by careful selection to increase the number of cases which were completed. I do endeavour in the beginning to explain to parents that treatment will often, of necessity, be prolonged and indeed even tedious or disappointingly slow. Careful selection of the cases refers not only to the particular defect the child is suffering from, but also to the attitude of the parents over treatment. Good parental co-operation is absolutely necessary.

	1949	1950	1951	1952	1953	1954	1955
No. of cases treated ..	100	98	85	90	91	117	143
Appointments made ..	1,093	1,035	1,124	1,288	1,517	2,280	1,749
No. of attendances ..	977	960	1,023	1,222	1,436	2,191	1,646
No. of cases completed ..	40	57	51	42	49	56	84
No. of dentures fitted or repaired	31	59	51	70	127	130	144
Removable appliances fitted							126
Fixed appliances fitted ..							4

Medical Anaesthetists : With the urgent necessity to save the time of the dental officers, full use has been made of the two medical anaesthetists who together gave an average weekly service of five sessions. With continued use and excellent co-operation they have fitted into the picture of the dental teams easily and unobtrusively.

Dental work for pre-school children : The following table shows the extent of the inspection and treatment provided at the request of the Medical Officer of Health in 1955 :—

Filling sessions	1
Extraction sessions	26
Inspection sessions	2
Inspection :	
No. of children :	
Inspected	138
Not requiring treatment	112
Requiring treatment	26
Treatment :	
No. of :	
Cases treated	501
Attendances made	611
Temporary teeth extracted	1,213
Temporary teeth filled	8
Temporary teeth fillings	9
General anaesthetics	580
Other operations	3

* * *

I would like to add a few words to Mr. Carrington's report. As he states at the beginning of his report shortage of staff is still causing difficulties, with the result that only an inadequate service is possible at present. The outlook does not seem to hold any hope of better things. I cannot help but feel that local education authorities should be allowed to offer prospective dental students some incentive *now*, otherwise dentists are going to be completely at a premium by 1958, when many dental practitioners, having qualified for a pension under the National Health Service, will retire and so further deplete the dental ranks. I often wonder why girls do not consider dentistry more seriously, as at the end of a four-year course they can command the usual salary and are not required to undertake military service as a man is.

DISEASES OF THE EAR, NOSE AND THROAT

During 1955 the examination and treatment of diseases of the ear, nose and throat continued as before. Close co-ordination of the service with the hospitals was maintained.

Examinations : 2,154 children attended at the Central Clinic for examination by the aural surgeons, making 2,599 attendances. This is slightly less than in 1954, when the figures were 2,380 examinations and 2,903 attendances.

Tonsil and Adenoid Operations : 1,010 operations were carried out at the Central Clinic (1,074 in 1954) and at the end of the year 399 children were on the waiting list, as compared with 437 at the end of 1954.

Report by the Consultant in E.N.T. Surgery, Mr. A. R. A. Marshall, M.B., Ch.B., F.R.C.S.

The work of the Ear, Nose and Throat Department has continued on the same lines as in previous years.

Once again the aim has been to avoid operation as much as possible, and to this end the majority of children referred from the school clinics have a decision regarding the necessity for operation deferred, and re-examination at regular intervals is carried out.

Two operative sessions are held each week, and it is pleasing to report that the waiting time for children deemed to need operation has been steadily reduced.

Although the number of cases of sinus infection treated by displacement therapy has slightly decreased (118 as compared with 132 in 1954), the results, as before, have been generally very satisfactory.

Particular attention has again been paid to the hearing of children, and periodic audiometry enables a check to be kept on affected children. Mr. E. F. Ward, the Audiometrician, made 258 tests on 232 children. These figures again show an increase, the comparative numbers for 1954 being 237 tests on 216 children.

A useful aid in the work of the department is the opportunity of referring appropriate cases to the plastic unit now established in Nottingham.

ELECTRICAL DEPARTMENT

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

Ionisation :

No. of cases of otorrhoea treated	4
No. of other cases treated	391
Total number of attendances	1,076

Ultra-Violet Ray :

No. of cases treated	172
Total number of attendances	2,608

Proetz Treatment :

No. of cases treated	118
Total number of attendances	729

Dental Films :

No. of dental films taken	248
No. of dental X-ray cases	103

OPHTHALMIC SERVICE

There was no alteration in the arrangements for the examination and treatment of school children with defective vision or squint. The examinations were carried out as usual at the school clinics and children needing orthoptic treatment or operation were referred by the consultants to the Nottingham and Midland Eye Infirmary.

As will be seen from the following table, the number of cases increased slightly, accompanying the rise in the school population :—

	1950	1951	1952	1953	1954	1955
No. of pupils on rolls on 31st December ..	43,607	45,579	47,766	48,880	50,103	50,975
Pupils refracted ..	3,957	4,124	4,520	4,594	4,646	4,719
Percentage	9·1	9·0	9·5	9·4	9·3	9·2
Spectacles prescribed (pupils)	1,571	1,583	1,794	1,612	1,760	1,412
Percentage	3·6	3·5	3·8	3·3	3·5	2·8
Spectacles procured ..	1,575	1,607	1,789	1,607	1,751	1,410

Orthoptic Treatment : The number of cases treated at the Eye Infirmary was slightly more than in 1954, as was the number on the waiting list at the end of the year.

	1950	1951	1952	1953	1954	1955
New cases treated ..	70	79	36	141	64	84
Total treated	78	94	48	147	109	125
Awaiting test or treatment at end of year ..	89	100	114	11	16	36

Operations for Squint : The number of operations and the number on the waiting list at the end of the year both show a slight reduction compared with 1954. Although the waiting list remains high, there has been a steady reduction each year since 1951.

	1950	1951	1952	1953	1954	1955
Operations	105	95	92	97	99	81
On waiting list at end of year	80	143	128	119	109	82

Report by Mr. N. P. R. Galloway, M.B., Ch.B., D.O., Consultant in Ophthalmology.

One of the aims of the School Health Service is to endeavour to see that every child leaving school does so with good sight in each eye. A child with good vision in one eye only is considerably handicapped. Recruits for National Service are often found to have defective vision in one eye, a state of affairs which will lower their medical category, especially if the right eye is affected. In many cases this defect could have been remedied during or even before school days.

As a squinting eye almost always loses its sight, it is most important to treat the squint as soon as it is noticed. As the child gets older the more difficult treatment becomes and occlusion of the good eye for a prolonged period, which is necessary in so many cases, naturally results in difficulties over school work and is often an actual handicap to the child's education.

I would therefore stress the need for adequate treatment immediately a squint is noticed irrespective of the child's age.

PAEDIATRIC CONSULTATIVE CLINIC

The work of this Clinic has been fully described in previous reports. Dr. A. P. M. Page, whose services are made available by the Regional Hospital Board, attended once weekly throughout the year.

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

The work of the clinic has remained unchanged during the past year. There has been no further increase in Cardiac Rheumatism, but the increase mentioned in the last annual report has been maintained. 213 children were examined during the year, making 379 attendances.

The " Fat child " has proved an interesting minor problem at the clinic, and has usually fallen into three categories.

(1) Simple Juvenile Obesity due to exogenous causes. These form the majority and are usually easy to treat.

(2) Simple Juvenile Obesity associated with a minor endocrine imbalance and treatable.

(3) Frank Endocrine Imbalance : these comprise a small minority and in many cases are very resistant to treatment.

Usually little pressure has to be brought to bear on the parents in order to persuade them that weight reduction is advisable. The points put to the parents are :—embarrassment of patient, reduction in activity, flat feet and the difficulty in fitting with standard size of clothes.

No weight reducing drugs are used, but the patient is put on a daily diet of approximately 1,400 calories with Dexedrine to reduce appetite. The Dexedrine seldom produces undesirable symptoms.

The usual length of time necessary to reduce or control weight is 6 to 9 months.

It is advisable to exclude the child from school meals in order to maintain proper dietary control. If endocrine treatment is considered necessary then these patients are transferred to the Out-Patient Department of the Children's Hospital for the appropriate hormone treatment.

* * *

I am glad Dr. Page has seen fit to comment on the fat child. We have reached a state of affairs in which under nutrition is rapidly disappearing and the opposite becoming not uncommon. The fat boy is often the butt of his friends, who may put upon his apparent good nature. He is unable to play a full part in most physical activities with the possible exception of swimming, and he is often physically not very fit as a result. It is not common for a fat child to be touchy or upset by the teasing which he has to put up with and more often complacency and good nature go together and emotional disturbance is rare.

It is, however, a condition which the parent and child find embarrassing, and treatment is well worth while.

INCIDENCE OF OTITIS MEDIA

In an endeavour to assess the total number of cases of otitis media among school leavers the medical officers completed a special survey of 2,699 children to discover not only children with active otitis media, but also those with a history of running ears.

Sex	No. examined	Number with, or with a history of, otitis media	Active cases	Inactive cases
Boys	1,427	81	16	65
Girls	1,272	95	30	65
Total	2,699	176	46	130

It will be noted from the above figures that the active cases had a preponderance of girls in the ratio of 2 to 1. Inactive cases were equally distributed between the sexes, as were also cases of hearing loss. These latter were not numerous, totalling 8 boys and 7 girls, or approximately 0.5 per cent. of those examined.

An attempt was made to classify the children with, or with a history of, otitis media into various income groups. This was found to be difficult, although a rough assessment suggested that more than half of these children belonged to families in the lowest income group.

ACCIDENTS TO PUPILS IN SCHOOLS

This subject has been of interest for some time and during 1955 Dr. E. J. More, School Medical Officer, investigated the incidence, causes and severity of those reported, bearing in mind the possibility of introducing preventive measures which might reduce the number or severity of the accidents.

Dr. More's figures are very difficult to summarise, but the following points are of interest.

The total number of accidents reported during the year was 372, involving 232 boys and 140 girls, or 0.73 per cent. of the school population.

As expected, boys were involved more frequently than girls, but strange to relate in Secondary Grammar and Technical Schools, which were combined for the purpose of the enquiry, the figures were 27 boys and 31 girls.

The small number of school accidents is gratifying.

The question of prevention needs consideration, but as long as the spirit of adventure is present, so are we likely to have accidents, and one has to keep a balance between allowing natural exuberance of spirits to have full play and dangerously stupid mischief.

Disability following the more serious accidents needs further investigation.

SPEECH THERAPY

There has been no alteration in the general procedure for the treatment of children with speech defects. The work is carried out at the Child Guidance Centre, the Branch Clinics and the Arboretum Open Air School.

The following is a summary of the work carried out during 1955 :—

Number of cases treated	281
Under treatment 1st January	144
Under treatment 31st December	206
Under supervision 1st January	353
Under supe vision 31st December	482
Number of cases discharged (supervisions and treatments)	113

Analysis of Discharges :

Treatment discontinued : very much improved ..	61
Referred to Child Guidance Centre	9
Transferred to special school for E.S.N.	4
Left school or City	25
Treatment discontinued on account of lack of co-operation	14

Mrs. P. N. Moss, L.C.S.T., Head Speech Therapist, has submitted the following report.

The speech therapists have continued to make full use of the Ferrograph Tape Recorder which was mentioned in detail in last year's report.

A particularly interesting aspect of our work which has not previously been described in any detail is the treatment of cleft palate cases or other defects of the hard and soft palate requiring plastic surgery. In the past, such cases were referred to the plastic surgeon at the Sheffield Royal Infirmary. On 1st April, 1955, however, Mr. D. Wynn-Williams, M.S., F.R.C.S., was appointed by the Regional Hospital Board as Consultant Plastic Surgeon for the Nottingham, Derby and Mansfield areas.

The Plastic Unit which is at the Nottingham City Hospital consists of 24 adult beds and an unspecified number of children's beds, normally 15, with a Senior House Officer. Mr. T. G. Battersby, F.D.S., is also associated with the team for facio-maxillary work.

The speech therapists assist in this work by making recordings of the patient's speech before and after operative treatment and again, if necessary, after speech therapy has been carried out.

With regard to cleft palate surgery, the present method of treatment is to divide the cases into three groups. This method is described briefly in the following paragraphs which Mr. Wynn-Williams has very kindly written for inclusion in this report :—

Group I. —Cleft velum.

Group II. —Cleft velum and a cleft of the hard palate extending anteriorly to the anterior palatine foramen.

Group III. —Total cleft of the velum and hard palate including the aveolus.

All cases of Group III are treated by correction of palatal alignment by means of orthodontic appliances and when the dentition has appeared (at the age of approximately four years), and the alveoli are in correct alignment, then the palate is closed by means of the two flap method. This method also applies to bilateral clefts. We do not use any traumatic methods of replacing the premaxilla in this group, but do it purely by orthodontic methods and the muscle action obtained by early closure of the lip. All cases in Group I and the majority in Group II are treated by closure of the soft tissues at the age of about one year, but in the latter group there are certain cases in which there is obvious anatomical mal-alignment of the palatal processes and these are corrected and treated as Group III cases. Special note is made of a prolonged follow-up, both with a view to early correction of the mal-alignment of the dentition, should this occur, and for speech purposes.

The condition of supra bulbar palsy is observed if possible at the very earliest time, when speech defects are noticed. In many cases it can be observed very much earlier in view of the fact that dribbling beyond the time of normal teething (dribbling) is noticed, associated with some regurgitation of fluids through the nose on feeding. At the age of approximately four to five years a pharyngoplasty is performed and will give re-animation of the paralysed palate and so cure the dribbling and, in many cases, obtain normal speech.

Speech Therapy at the General Hospital, Nottingham : The arrangement with the General Hospital whereby one of the speech therapists attends on one session each week was continued throughout the year.

SCHOOL NURSES

It is a pleasure again to thank the school nurses for their loyal co-operation and to say on behalf of myself and the other medical officers how much we appreciate the way in which they take their part in the inspection teams. It is here that a good nurse is invaluable ; her knowledge of the children, of the home and of the school can make the difference that matters. In the clinics also, the school nurses have shown how helpful they can be. It is often not so much in their official duties as in those almost unofficial and charitable ways that their influence is so useful.

The following is a summary of the school nurses' work during 1955 :—

Visits to schools for routine medical inspection	1,881
,, ,, ,, following-up cases of defect	57
,, ,, ,, uncleanliness	709
,, ,, ,, National Survey	69
,, ,, ,, investigation of infectious disease	31
,, ,, ,, other purposes	1,233
Visits to homes for uncleanliness	472
,, ,, ,, deafness and other ear conditions	43
,, ,, ,, absentees from ophthalmic clinic	425
,, ,, ,, absentees from T. and A. clinic	222
,, ,, ,, follow-up after T. and A. operation	59
,, ,, ,, miscellaneous reasons	795
Attendances at clinics	4,625
Lectures to Secondary Girls' Schools	10

CLEANLINESS

Cleanliness arrangements have been fully described on previous occasions, and the work last year continued along similar lines.

There have been a number of changes amongst the nurses' assistants, which may or may not have been a good thing. Each newcomer worked with an experienced member of the staff in order to become familiar with the routine procedure, and was then allocated to a particular area of the City to work largely on her own.

The nurses' assistants deserve thanks for the cheerful way in which they have undertaken a rather difficult, routine job.

	1932	1942	1951	1952	1953	1954	1955
On school rolls	42,183	37,086	45,579	47,766	48,880	50,108	50,975
Examinations	72,198	98,438	169,263	183,885	191,248	183,170	185,525
Number found unclean	3,148	2,905	3,739	4,073	4,882	4,955	6,403
Percentage of the number on rolls	7·5	7·8	8·2	8·5	9·9	9·9	12·5
Statutory notices to parents	—	—	43	47	39	32	41
Children cleansed	34	38	33	39	30	14	34

DAY OPEN-AIR SCHOOLS, ARBORETUM AND ROSEHILL

With the general desire not to remove children from their home becoming more pronounced, the day open-air schools are tending more and more to cater for children who at one time attended residential schools. This naturally produces educational problems, but with small classes and some practical assistance it is surprising what can be done, despite a very miscellaneous collection of handicaps in such a group of children as attend at the open-air schools to-day.

A brief report upon the Arboretum Day Open-Air School by Miss D. Haigh, the Committee's Inspector of Infant and Nursery Schools, is appended.

Arboretum Day Open-Air School : Formerly the function of this school was to care for and educate delicate children. To-day the increasing concern for children's physical well-bring both in and out of school and the building of bright, airy, new schools in semi-rural surroundings have tended to reduce the number of merely delicate children in need of such care and this school is now able to admit more physically handicapped children.

The Spastic Unit which was established in 1953 continues to do excellent work.

The recruitment of teachers for such schools is always a difficult problem and it is gratifying to note the increasing interest in the work of such schools by teachers of more fortunate children.

TUBERCULOSIS

During the year, 73 cases were referred to the Chest Physicians for their opinion and not one was found to be suffering from active tuberculosis. The Chest Physicians submitted reports on 262 other children of school age of whom 4 were unfit for school.

34 children were admitted to the Newstead or Ransom Sanatoria during 1955 and 55 children were discharged.

Appreciation should be expressed to the Chest Physicians and to the Medical Superintendents of the Sanatoria for their valuable reports.

Chest Radiography : Dr. A. E. Beynon, the Medical Director of the Chest Radiography Centre, again very kindly arranged mass radiography for Grammar and other Secondary School Pupils. The thirteen-year-old children who had shown a positive Mantoux reaction prior to B.C.G. Vaccination were also submitted to Chest Radiography.

In submitting the following statistics, Dr. Beynon comments that the survey is again considered to be highly satisfactory, the percentage incidence of active cases comparing very favourably with the national incidence for the school children group.

Pupils submitted to Mass Radiography :

	Under 14	14	14+	Total
Grammar Schools	856	1,108	2,014	3,978
Secondary other than Grammar Schools ..	1,534	991	1,979	4,504
B.C.G. (Mantoux Positive Reactors) ..	924	578	26	1,528

Of the 10,010 pupils X-rayed, 4 boys and 5 girls were found to have active tuberculosis.

The following were also submitted to Chest X-ray :—

28 employees of the School Health Service ;

49 candidates for admission to training college or for appointment as teachers ;

229 employees of the School Meals Service.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis of thirteen-year-old children was continued throughout 1955 by the staff of the Health Department. A full account of the work appears in the Annual Report of the Medical Officer of Health, from which the following statistics have been extracted :

	1954	1955
Schools visited	38	54
No. of 13 year olds ..	3,289	3,850
No. of acceptances ..	2,599 (79%)	2,867 (74%)
No. of refusals	648	946
No. of others	42	37
No. tested	2,516	2,769
negative reactors vaccinated	1,884	2,148
positive reactors ..	557 (22%)	589 (21%)

IMMUNISATION AGAINST DIPHTHERIA

Immunisation of children against diphtheria has continued throughout the year. The following figures have been kindly supplied by the Medical Officer of Health and show the total number of children immunised in each age group at the end of 1955.

Years of birth	1948	1949	1950	1951
No of children immunised	4,578	4,354	4,000	3,513

Years of birth	1952	1953	1954	1955
No. of children immunised	3,271	3,004	1,337	3,356

The City has now been free from diphtheria for six years.

INFECTIOUS DISEASES

The following table records the incidence of the more common infectious diseases for the past few years.

	1951	1952	1953	1954	1955
Chicken Pox ..	2,356	2,938	1,165	1,589	1,966
Measles	1,788	1,694	1,289	300	2,723
Mumps	2,247	1,266	415	2,114	584
Scarlet Fever ..	142	310	282	319	85
Whooping Cough ..	516	555	575	427	326

Year by year the figures show considerable fluctuation. Measles was very prevalent in the early part of the year and the number of cases of chickenpox was the highest since 1952.

The more serious diseases are fortunately rare and I received information about only 15 cases of poliomyelitis. As previously stated there were some cases of dysentery towards the end of the year, but the number was small and gave no cause for undue alarm.

CONVALESCENT HOME TREATMENT

During the year 71 children were sent to the following Convalescent Homes :—

Charnwood Forest Convalescent Home, Woodhouse Eaves ..	31
Westhill Recuperative Home, Leamington	12
Roecliffe Manor, Woodhouse Eaves	12
West Kirby Convalescent Home, Cheshire	7
St. Joseph's Convalescent Home, Freshfields	5
Other homes	4
	71

Some of the children were recovering from serious illness, but the majority were "run-down," in some cases as a result of constitutional ill-health or perhaps owing to unsatisfactory home care.

I am grateful to the matrons and their staffs for the kindly attention they gave to our children.

PIPEWOOD SCHOOL

During the year, 1,112 children were examined by the school medical officers, nurses and nurses' assistants before they went to Pipewood School, Staffordshire.

A nurse and a nurses' assistant live at the small school hospital, where there is provision for in-patient and out-patient treatment. Dr. F. G. A. Armson again carried out the duties of medical officer and I am grateful to him for the prompt and efficient manner in which he dealt with routine and emergency cases.

The general health of the children was excellent, although there was an outbreak of athletes' foot in August and September, which we were able to control by suitable measures.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

The children who spend a holiday at the Nottingham Children's Homes at Skegness are selected by the school medical officers, with the helpful recommendation of school nurses, teachers and education welfare officers, who know the children and their homes so well.

During the year 409 boys and 406 girls spent a holiday at the Homes.

PHYSICAL EDUCATION

Report by Miss I. Munden, Inspector of Physical Training.

Modern Trends in Physical Education : The aims of physical education in the schools to-day must be as they ever were—to develop in the child a healthy, well functioning body and a happy, fearless spirit. He should be encouraged to use his own initiative as well as to co-operate with his fellows.

On a national basis, the present is a disconcerting time for the older teacher of the subject and also for some of the new recruits to the profession who find in the first case that the methods imbibed in their training colleges are out-moded, and in the second case, that methods learnt sometimes tend to be more theoretical than practical. Put briefly, the bias of the work seems to be shifting from the anatomical and developmental to the artistic and creative side ; from the physiological to the psychological. The accent is on the development of the child as an individual and any suggestion of mass production is taboo. To be sure, an able teacher in former times, as well as the present day, never did lose sight of the individual in the mass, but to-day the attempt is being made to teach all classes on as individual lines as possible.

Teachers newly emerging from the training colleges have a wide and varied background of training and may not share in a common core of fundamental aims which they feel they must consolidate for the benefit of their pupils. The work in divers schools and even within one school tends to be varied widely in interpretation and performance and it is becoming increasingly necessary for teachers to take stock at intervals and be sure that the basic physical needs of the growing child are being satisfied and that abundant physical activity is also working purposefully for the child's healthy, straight growth as well as increasing his physical skill and contributing to his emotional and psychological development.

While allowing for wide variations in teacher training and originality of method the purpose of the physical education programme would be furthered if there was more standardisation of the achievement to be aimed at in certain basic skills and if the ideals of good posture and normal development could be more clearly held in mind. A minimum achievement on these lines should be aimed at before the child reaches the secondary school stage and again before he leaves school, while time should be allowed to develop wider aspects of physical expression.

The question of the content and method of instruction in the physical education lesson is a matter concerning the country as a whole, and much of the policy here is influenced by the Ministry of Education. In Nottingham, good work is being done in the schools along many lines, but the national trend is bound to influence the local. The experimental, varied and sometimes vague ideas which are current throughout the country are bound to have local repercussions and cause some feeling of insecurity and question among the teachers as to whither they are going. It was easier for them when a national syllabus of Physical Education was laid down by the Ministry, but the present somewhat nebulous lead has the advantage of giving scope for individual interpretation and experiment.

In our own city there is still a little obstruction from parents over the question of changing for the lesson, and in some cases to the taking of showers after the lesson. Since these habits have been fostered in the schools comparatively recently, and the parents themselves were not usually accustomed to such habits, this opposition is but natural and can usually be overcome by tactful explanation and the demonstration of a class of children thoroughly enjoying their lesson under modern conditions. Parents would often co-operate more fully if they understood what was being done for their children and why. Barefoot work for dancing and gymnastics is encouraged in some schools where the floor is suitable. This has a beneficial effect on foot muscles and mobility and, in common with the changing of clothes for the lesson, helps considerably to raise the standard of personal hygiene.

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 1955, the homes of the 32 Nottingham children enrolled in the survey being visited by the school nurses to obtain further information for the Joint Committee.

PART-TIME EMPLOYMENT OF CHILDREN

During the year, 1,644 children were examined by the school medical officers. In no instance did a medical officer report harmful effects as a result of part-time employment.

SCHOOL MEALS

School meals supplied by the School Meals Service during 1955 were :

Dinners served to Grammar Schools	230,520
Dinners served to Special Schools	95,612
Dinners served to other schools	2,386,246
Breakfasts	31,716

As many of the school meals staff are in close association with children it was thought desirable that they should all have chest X-ray. This has been arranged with the active co-operation of Dr. Beynon, of the Chest Radiography Centre.

YOUTH EMPLOYMENT

Co-operation continued as in the past, a medical report being prepared for each school leaver for the benefit of the Youth Employment Officer. In most cases no special precautions about employment were necessary, but in all cases in which the child had a physical defect which called for special consideration the Youth Employment Officer was advised.

The Youth Employment Officer and his staff have taken particular interest in finding employment for handicapped pupils and have spared no effort in arranging special training for a seriously handicapped child when it has been considered necessary.

CHILDREN'S COMMITTEE

Collaboration has continued between the staff of the School Health Service and the Children's Officer and his staff.

The Children's Officer realises how helpful an opinion from us can be and we on our part do not hesitate to consult him over difficult child guidance cases. An example is the case of a boy of grammar school standard who was completely rejected in his own home and whose only possible reaction had been to relapse into delinquency. When the Children's Officer had taken him into care it was then possible to make suitable arrangements for his education as a maladjusted pupil. He is now doing well in a residential school and there are high hopes of his final complete adjustment. Had he not been taken into care first of all it is doubtful whether these arrangements could have been satisfactorily completed.

CO-OPERATION WITH OTHER ORGANISATIONS

The School Health Service cannot carry on its work without the active co-operation of many other bodies, such as the N.S.P.C.C., whose Inspectors obtain the co-operation of so many parents.

Throughout the year we have made use of the facilities offered by such organisations as the Royal National Institute for the Blind, Dr. Barnardo's Homes, the Shaftesbury Society, the British Red Cross Society, and the Invalid Children's Aid Association for the placement of handicapped pupils in need of education in residential institutions.

Thanks must also be given to the voluntary organisations who maintain the convalescent homes named on page 30. By the timely use of these homes the physical and emotional state of many of our children has been improved.

Continuous co-operation exists between the staff of the School Health Service and that of the Health Department, particularly with regard to diphtheria immunisation and B.C.G. vaccination and in respect of handicapped children below school age.

I wish to express my thanks also to the consultants who are seconded to the School Health Service by the Sheffield Regional Hospital Board and to the hospital medical staffs for the attention they give to the children referred to them by the department and for the many helpful reports they submit.

The constant collaboration of the teachers is something which it is impossible to value highly enough, and they may be assured that their help is greatly appreciated.

CONCLUSION

This resumé can only give an idea of some of the activities of the School Health Service. There are many aspects of the work upon which it is impossible to enlarge, but it is hoped to be able to do so on another occasion.

I would like finally to acknowledge the continued interest of the Chairman and members of the Special Services Sub-Committee, the encouragement of the Director of Education and the loyal help of all members of the staff and especially the school medical officers.

I am,

Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1955

TABLE I

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

A.—PERIODIC MEDICAL INSPECTIONS

Age groups inspected and number of children examined in each :

Entrant	5,644
Second Age Group (10-11 years)	3,889
Third Age Group (Leaver)	2,975
Total ..	12,508
Additional Periodic Inspections	9,259
Grand Total	21,767

B.—OTHER INSPECTIONS

Number of Special Inspections	15,534
Number of Re-Inspections	11,627
Total ..	27,161

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)
Entrant	51	931	968
Second Age Group	180	316	471
Third Age Group	75	61	134
Total	306	1,308	1,573
Other Periodic Inspections ..	318	1,014	1,301
Grand Total	624	2,322	2,874

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955

Defect Code No.	Defect or Disease (1)	Periodic Inspections : No. of defects Requiring treatment (or Consultant's exam.) (2)	Periodic Inspections : No. of defects Requiring to be kept under observation but not requiring treatment (3)	Special Inspections : No. of defects Requiring treatment (4)	Special Inspections : No. of defects Requiring to be kept under observation but not requiring treatment (5)
4	Skin	303	33	240	1
5	Eyes—(*a*) Vision ..	624	134	869	1,969
	(*b*) Squint ..	400	72	427	693
	(*c*) Other ..	60	8	74	10
6	Ears—(*a*) Hearing ..	51	53	4	261
	(*b*) Otitis Media ..	94	19	63	15
	(*c*) Other ..	61	10	252	32
7	Nose or Throat ..	784	357	896	564
8	Speech	52	41	26	42
9	Cervical Glands ..	7	68	2	9
10	Heart and Circulation ..	7	113	—	173
11	Lungs	84	259	8	322
12	Developmental—				
	(*a*) Hernia ..	20	52	3	10
	(*b*) Other ..	50	274	6	66
13	Orthopaedic—				
	(*a*) Posture ..	58	23	9	42
	(*b*) Flat foot ..	205	69	54	11
	(*c*) Other ..	161	89	60	29
14	Nervous System—				
	(*a*) Epilepsy ..	4	24	—	32
	(*b*) Other ..	5	76	1	18
15	Psychological—				
	(*a*) Development	10	16	110	46
	(*b*) Stability ..	9	20	84	168
16	Other	15	33	846	401

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

Age Groups (1)	Number of pupils Inspected (2)	A (Good) No. (3)	A (Good) % of Col. 2 (4)	B (Fair) No. (5)	B (Fair) % of Col. 2 (6)	C (Poor) No. (7)	C (Poor) % of Col 2 (8)
Entrant	5,644	4,424	78 ·4	1,218	21 ·6	2	0 ·0
Second Age Group ..	3,889	3,154	81 ·1	732	18 ·8	3	0 ·1
Third Age Group ..	2,975	2,118	71 ·2	848	28 ·5	9	0 ·3
Other Periodic Inspections ..	8,249	6,339	76 ·8	1,897	23 ·0	13	0 ·2
Total	20,757	16,035	77 ·3	4,695	22 ·6	27	0 ·1

* 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	185,525
(ii)	Total number of individual pupils found to be infested	6,403
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	41
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	34

TABLE IV

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

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

	Number of cases treated or under treatment during the year	
	by the Authority	*otherwise*
Ringworm—(i) Scalp	10	27
(ii) Body	7	17
Scabies	3	31
Impetigo	319	162
Other skin diseases	1,294	388
Total	1,633	625

Group 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	*otherwise*
External and other, excluding errors of refraction and squint	766	258
Errors of refraction (including squint) ..	—	5,309
Total	766	5,567

Number of pupils for whom spectacles were :		
(*a*) Prescribed	—	1,919
(*b*) Obtained	—	1,908

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

	Number of cases treated	
	by the Authority	*otherwise*
Received operative treatment —		
(*a*) for diseases of the ear	—	192
(*b*) for adenoids and chronic tonsillitis ..	—	1,287
(*c*) for other nose and throat conditions..	—	3
Received other forms of treatment	1,620	381
Total	1,620	1,863

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*)	Number treated as in-patients in hospitals	200
	by the Authority	*otherwise*
(*b*)	Number treated otherwise, *e.g.*, in clinics or out-patient departments ..	— 860

Group 5—CHILD GUIDANCE TREATMENT

	Number of cases treated in the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics	*599	26

* Cases treated :—

by Psychiatrists and Lay Psycho-Therapists	90	by Educational Therapist	394
by Educational Psychologists	78	in Boarding Homes	37

Group 6—SPEECH THERAPY

	Number of cases treated by the Authority	*otherwise*
Number of pupils treated by Speech Therapists	281	—

Group 7—OTHER TREATMENT GIVEN

(*a*)	Miscellaneous minor ailments	14,519	—
(*b*)	Other than (*a*) above —		
	1. U.V.R.	172	—
	2. General Medicine	—	466
	3. General Surgery	—	509
	4. Psychological Condition	—	5
	Total	14,691	980

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(*a*) At Periodic Inspections	11,015
	(*b*) As Specials	5,508
	Total (1)	16,523
(2)	Number found to require treatment	12,270
(3)	Number offered treatment	12,227
(4)	Number actually treated	9,071
(5)	Attendances made by pupils for treatment	15,054
(6)	Half-days devoted to : Periodic Inspection	65
	Treatment	1,606
	Total (6)	1,671
(7)	Fillings : Permanent Teeth	7,245
	Temporary Teeth	2
	Total (7)	7,247
(8)	Number of teeth filled : Permanent Teeth	6,151
	Temporary Teeth	2
	Total (8)	6,153
(9)	Extractions : Permanent Teeth	2,823
	Temporary Teeth	12,354
	Total (9)	15,177
(10)	Administration of general anaesthetics for extraction	6,606
(11)	Other operations : Permanent Teeth	337
	Temporary Teeth	32
	Total (11)	369

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 Handicapped* (6)	*Educationally Sub-normal* (7)	*Maladjusted* (8)	*Epileptic* (9)	*Total* 1—9 (10)
During the calendar year ended 31st December, 1955, number of :										
A. handicapped pupils newly placed in Special Schools or Boarding Homes	—	1	1	—	49	15	58	13	3	140
B. handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	—	1	—	1	51	17	102	13	5	190
On or about 31st January, 1956, number of handicapped pupils from the area :										
C. (i) on the registers of Special Schools as : (a) day pupils	—	2	27	13	108	32	322	1	2	507
(*b*) boarding pupils	2	7	2	—	27	3	6	1	5	53
(ii) on the registers of independent schools under arrangements made by the Authority ..	—	—	1	—	—	—	—	6	—	7
(iii) boarded in homes and not already included under (i) or (ii) above	—	—	—	—	—	—	—	28	—	28
Total (C)	2	9	30	13	135	35	328	36	7	595
D. being educated under arrangements made under Section 56 of the Education Act, 1944 : (i) in hospitals	—	—	—	—	—	—	—	10	—	10
(ii) at home	—	—	—	—	—	3	—	—	—	3
E. requiring places in Special Schools : (i) day	—	—	1	—	1	—	46	—	—	48
(ii) boarding	1	1	—	—	1	3	1	2	2	11

F. Number of children reported to the Local Health Authority during the calendar year ended 31st December, 1955 :

(i) under Section 57(3) of the Education Act, 1944	25
(ii) under Section 57(3) of the Education Act, 1944 relying on Section 57(4)	1
(iii) under Section 57(5) of the Education Act, 1944	21