[Report 1956] / 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 1956

Adopted by the Education Committee at its Meeting held on 26th June, 1957

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

W. G. JACKSON, B.A., M.Ed.
Director of Education.

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CITY OF NOTTINGHAM

General Information as at 31st December, 1956

Population	312,000	No. of Schools	164
Area	acres 18,364	No. on Rolls	51,628
Density of Population : 16.9 persons per acre		Average attendance	47,025
Rateable Value of the City— at 31st December, 1956, £4,309,261		Penny Rate—Produced in 1956-57, £17,743 6s. 10d.	
Rate levied for education purposes— 1956-57	6s. 1.93d.		

Central School Clinic,
28, Chaucer Street,
Nottingham.

Telephone : Nottingham 43064

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1956-57)

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———ooo———

STAFF (31st DECEMBER, 1956)

PRINCIPAL SCHOOL MEDICAL OFFICER:
R. G. SPRENGER, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS:
MRS. E. J. MORE, M.B., Ch.B., D.P.H.,
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PART-TIME SPECIALISTS:
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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),
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S. A. S. MALKIN, C.B.E., M.B., B.S., F.R.C.S. (Orthopaedic Surgeon),
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MISS J. E. GREENER, M.B., Ch.B., D.P.M., D.P.H. (Psychiatrist).

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MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist),
MISS A. WATSON, M.A. (Psychiatric Social Worker),
J. R. WHITE (Psychiatric Social Worker),
*MRS. M. ROBERTS, B.Com. (Psychiatric Social Worker),
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MISS I. C. COLQUHOUN, L.C.S.T. (Speech Therapist),
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MISS A. J. GREENWOOD, L.C.S.T. (Speech Therapist),
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MISS M. BROSTER,
MISS M. BERESFORD,
MISS M. M. BRAMLEY,
MISS P. A. SLACK.

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: MRS. W. A. SMITH.

* *Part-time Staff.*

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1956

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,

It gives me great pleasure to present this report on the work of your School Health Service during the year 1956.

The report is only a very brief outline of some facets of the work. For example, it is impossible to comment adequately on all the statistical returns to the Ministry which are reproduced on pages 31 to 37, or to give a complete picture of the amount of routine work which these returns represent. Some figures vary from year to year by reason of unusual or abnormal conditions over which there is little or no control, as for instance an excessive amount of one infection, the result of a wet season or of an epidemic.

Medical Inspection work has been described as monotonous and lacking in interest, but those medical officers who are intrigued by the differences in personality, temperament and behaviour of the growing child, and who have the patience to listen for a few minutes to a parent, meet an infinite variety of types and personalities. One is not handling and dealing with inanimate objects which are identical, nor is one conducting an often vain search for organic conditions or clinical signs. Nowadays more often than not physical health is satisfactory, but personalities may be inadequate, ability to fit into the ordinary social scheme may be absent, or there is perhaps some difficulty in family relationships. All these conditions may tax the ingenuity of a medical officer who prides himself on his clinical acumen. In other words, the time has now arrived when we must bear in mind not only physical health but also mental health.

At first glance the school population seems to change little, and yet a closer examination brings to light some interesting points. The number of deaf children remains constant despite antibiotics and various aids to diagnosis, whereas the number of blind children has fallen.

In these days figures are produced to show that modern hygiene, scientific knowledge of food and nutrition, and vitamins and antibiotics used as additions to the diet, produce changes in the individual human organism, not to mention hormones which may change the sex. I have not, however, seen it noted that they are changing the proportion of the sexes.

There are in the present school population in Nottingham close on 2,000 more boys than girls. As one who grew up in a period when there were large numbers of women, whom I think I can remember being described as superfluous, this may call for a great deal of re-orientation of our ideas.

It conjures up some possible headaches for administrators in the not very distant future. For example, will there be too many places for girls in secondary modern and grammar schools and will this be a possible solution to the present day cry for more technicians (or are they technologists) etc. ? One can think of a number of facetious situations best left to the imagination of the writers of modern plays. I have even heard it suggested that the present Teddy boy activity has been influenced by the early evidence of this shortage of females, the adornment of the male being a sub-conscious attempt to attract a mate. If one tries hard enough one can find an excuse for all forms of temporary fads or audacious fashions.

STAFF

Medical Officers : We have been fortunate in having a full medical staff during the past year. This has meant that medical inspections are up-to-date, and that no back-log has to be overcome. I am glad to be able to welcome Drs. R. H. Browning and A. Meade and to thank our medical staff for a year of work well done.

Dental Officers : The position is still unsatisfactory. Mr. F. E. Gell joined the whole-time staff in January, but resigned at the end of August. Mr. J. G. Glennie, part-time Dental Officer, ceased duties in February. As I write, Mrs. W. Curtis is unable to continue at least for a time owing to illness. Despite frequent advertising for staff we have had no applications and the outlook is as depressing as ever.

Nurses : Miss E. M. Harris and Miss F. Oldfield retired and two other nurses resigned at various times during the year. The vacancies were filled by the appointment of Mrs. B. H. Swallow, Miss J. M. Taylor, Mrs. L. A. Jackson and Mrs. J. E. Gilliver.

Psychiatric Social Worker : Mr. J. A. White was appointed in September to fill the vacancy caused by the resignation of Mr. A. Herbert in December, 1955.

Speech Therapists : Miss A. J. Greenwood was appointed temporary Speech Therapist in January to replace Miss I. C. Colquhoun who had been granted one year's leave of absence in order to visit South Africa. However, Miss Colquhoun decided not to return to England at the end of her leave and Miss Greenwood was appointed to the permanent staff in November.

The Sheffield Regional Hospital Board informed the Committee towards the end of the year that they wished to provide speech therapy facilities for their cases in this area. Arrangements were therefore made for the appointment of an additional full-time speech therapist. This will enable the Committee's speech therapists to carry out their normal duties in the schools

and clinics and fulfil the requirements of the Regional Hospital Board. The Board will reimburse the Education Committee for the services of their speech therapists.

Clerical Staff : There were very few changes in the clerical staff during the year and this factor has undoubtedly contributed to the smooth running of the Service.

MEDICAL INSPECTION

With a complete medical staff, medical inspections were carried out steadily throughout the year, the numbers inspected in the various groups being :—

Periodic Inspections :

Entrants : Nursery Pupils	772	
Others	3,927	
		4,699
Intermediates (aged 7-8 years) ..		5,724
Intermediates (aged 10-11 years) ..		3,659
Leavers		4,146

Other Periodic Inspections, totalling 3,825 were made as follows :—

Grammar Schools	1,508
Nursery Classes (other than Entrants) ..	649
Remedial Classes	989
Special Schools for the E.S.N.	263
Special Open-Air Schools	366
Special School for the Deaf	50

Other Inspections : A total of 25,968 other inspections were made at schools and clinics at the request of parents, teachers, private doctors etc.

Whole-time students attending Institutions of Further Education were inspected as follows :—

Clarendon College	23
College of Art and Crafts	42
People's College	42
Nursery Nurses Training Centre	37

The medical officers again carried out inspections of young people in the following categories :—

Printing Trade Apprentices	30
Junior Nursery Assistants	11
Candidates for entry to Training Colleges ..	96
Candidates for entry to the teaching profession	76

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

Group	1951	1952	1953	1954	1955	1956
Entrants ..	11.9	13.2	15.9	15.9	16.5	10.9
Intermediate (aged 7-8 years)	6.4	9.3	7.9	10.7	12.6	9.8
Intermediate (aged 10-11 years)	4.1	3.8	4.8	7.5	8.1	7.8
Leaver	3.6	3.6	4.1	3.1	2.1	1.6
Total	6.6	8.2	9.6	10.0	11.1	7.8

Analysis of other Periodic Inspections :

Group	*No. of inspections*	*Pupils found to require treatment*			*General condition unsatis-factory*
		Def. Vision (not squint)	*Other conditions*	*Total pupils*	
Nursery Classes other than Entrant	649	1	53	54	*
Remedial Classes ..	989	50	113	161	3
Grammar Schools ..	1,508	59	56	115	—
Special Open-Air Schools 1st examination ..	117	3	8	11	8
Special Open-Air Schools re-examinations ..	249	5	8	13	*
Special Schools for the E.S.N.	263	3	20	23	—
Special School for the Deaf	50	—	—	—	—
	3,825	121	258	377	11

* Re-examinations of Open-Air School and Nursery Class Pupils are excluded.

Doubt has been expressed as to the necessity for three or more periodic inspections during a child's school life. It has been suggested that leaver and entrant examinations are, of course, essential, but that intermediate examinations could be replaced by informal visits by the medical officers to the schools and by referrals from parents, teachers, nurses etc. It is difficult to see how this would work, bearing in mind that, while the medical officer may be welcome in school, his presence does interfere with the steady, even tenor of the curriculum, and as the horizon of all teachers is an educational one they are unlikely to invite interruption of the normal school activities, unless there is some very real necessity for it.

An examination of the Results of Medical Inspection on page 5 shows the high level of defects in the intermediate groups. In Table IIIA on page 33 the number of defects requiring treatment in the intermediate groups is obtained by subtracting from the figures in column 7 the total of columns 3 and 5. In almost every case the defects in the combined intermediate groups are higher than those in the entrant group, so that it does not seem desirable to replace the intermediate examinations by any other form of inspection. I just cannot see that it would work. There are already too many children about to leave school who have missed the net. It seems incredible that a child can go through his whole school life and attend for medical inspection at the age of 14+ with a completely blank school medical record card, but it does happen from time to time.

SOME NOTES ON THE FINDINGS AT MEDICAL INSPECTION

Skin Conditions :

In need of treatment : 193
For observation : 20

Cases of ringworm and scabies continue to be comparatively few, and do not present any problem. Other skin conditions include infected abrasions, small wounds and burns, often inadequately treated at home, and in need of skilled attention which soon puts them right.

Eye Conditions :

Defective Vision :

In need of treatment :	718
For observation :	228

As expected, the figures are slightly increased, due to the earlier discovery of defects in young children with the use of the letter E test. The earlier provision of glasses may help many children with defective vision and it may make a difference to their school progress. It may also result in a higher expenditure for the repair of lenses and frames.

Colour Vision : 5,761 pupils had their colour vision tested during the year and I quote the results below :—

Group	*No. of Pupils examined*			*Pupils found to have defective Colour Vision*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
Leaver	2,262	1,884	4,146	90	2	92
Grammar Schools ..	750	758	1,508	5	—	5
Institutions of Further Education ..	40	67	107	3	—	3
	3,052	2,709	5,761	98	2	100

1.74 per cent. of the pupils examined had some defect of colour vision, 3.21 per cent. of the boys and 0.07 per cent. of the girls.

Ears :

Hearing Defects :

In need of treatment :	33
For observation :	55

Defects of hearing are not always obvious, and need to be specially looked for. I have known children who had considerable loss of hearing, but who overcame their difficulty in school so completely that a teacher did not realise that there was any question of hearing loss. In other words, they could lip read so well that they could hide their deafness. This appears to be a facility which is not altogether dependent on intelligence, but seems to be a specific capability like being musically or artistically inclined.

Otitis Media :

In need of treatment :	53
For observation :	54

The figures for Otitis Media are lower this year. I have no explanation for this.

Nose and Throat Conditions :

In need of treatment :	652
For observation :	345

As I mention elsewhere in the Report, there is a general tendency for these figures to fall, not because of changed diagnostic criteria, but because there are not the numbers the medical officers were accustomed to seeing in previous years.

Developmental Conditions :

Hernia :

In need of treatment :	11
For observation :	25

Other :

In need of treatment :	27
For observation :	266

The presence of developmental conditions in the entrant group and their almost complete absence at the leaver inspections (as shown in Table IIIA) suggests that the tidying up process has been satisfactory.

Orthopaedic Conditions :

Posture :

In need of treatment :	16
For observation :	47

Bad posture is still a matter for concern and there remains too high a proportion of postural defects.

HANDICAPPED PUPILS

Handicapped pupils in the following categories require special educational treatment, either in special schools or in the ordinary primary and secondary schools. The following tables show the disposal of the handicapped pupils at the end of the year :—

Blind :

In Boarding Special Schools	3
Awaiting placement	1
	4

Partially Sighted :

In Ordinary Day Schools	22
In Day Special Schools	1
In Boarding Special Schools	8
	31

Deaf :

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

Partially Deaf :

In Ordinary Day Schools	57
In Day Special Schools	11
	68

Delicate :

In Primary or Secondary Modern Schools	241
In Secondary Grammar Schools	22
In Secondary Technical Schools	2
In Nottingham Boys' High School	1
In Day Special Open-Air Schools, Arboretum and Rosehill	81
In Boarding Special Schools	22
In Boarding Home for Diabetics	1
Awaiting placement	1
Awaiting placement in Boarding Special School (Attending Day Special Open-Air School) ..	1
	372

As a result of the reorganisation of classes, there were fewer delicate children at the Rosehill Day Open-Air School and as structural alterations to the Arboretum Open-Air School were proceeding for most of the year new admissions were kept to a minimum, so that the number of delicate pupils attending the two day open-air schools fell from 113 at the end of 1955 to 81 at the end of 1956.

Physically Handicapped :

In Ordinary Day Schools	13
In Day Special Open-Air Schools, Arboretum and Rosehill	32
In Boarding Special Schools	4
In Hospital Special Schools	5
Awaiting placement in Boarding Special School (Attending Day Special Open-Air School) ..	1
	55

It is hoped to be better able to cater for the physically handicapped children in the Arboretum when the new extension is complete. This will provide accommodation for speech therapy and physiotherapy as well as a medical room. One considerable improvement is the erection of a one-level lavatory block so that the cerebral palsied and other physically handicapped children will need less help.

Educationally Sub-Normal :

In Day Special Schools, Hardwick and Rosehill ..	344
In Boarding Special Schools	5
Awaiting placement in Day Special Schools ..	56
Awaiting placement in Boarding Special School ..	1
	406

During the year 95 pupils were ascertained as educationally sub-normal and 99 pupils were admitted to special schools.

33 children were referred to the Local Health Authority under Section 57 (3) of the Education Act, 1944, and 23 under Section 57 (5). 11 were referred to the Voluntary After-Care Association.

Maladjusted :

In Ordinary Day Schools	16
In Day Special Schools	3
Silverwood Boarding Home, Nottingham C.B. ..	9
The Gables Boarding Home, Nottingham C.B. ..	7
The Grove Boarding Home, New Balderton, Notts. C.C.	5
Dr. Barnardo's Home, Barkingside, Essex ..	1
Bourne House Boarding Home, Kesteven C.C. ..	1
In Boarding Special School	1
In Independent Schools	5
Awaiting placement at Independent Schools ..	2
	50

There is no change in the numbers since last year. It is difficult to know what proportion of children are considered as maladjusted by other authorities. Even although most of our children are retained on the maladjusted list after their return home and to ordinary school, this Authority have never shown a high proportion of maladjusted children.

Boarding education facilities for children with this handicap are not adequate and vacancies in schools which cater for the maladjusted are difficult to obtain.

Epileptic :

In Day Special Schools	3
In Ordinary Day Schools	67
In Boarding Special Schools	4
	74

Speech Defects :

In Boarding Special School	1
Awaiting placement	1
	2

CHILD GUIDANCE

The Child Guidance Centre has continued on the usual lines, close liaison between all concerned helping parent and child back to normal relationships with each other and with outside agencies with which they come into contact. It is surprising how often one or other of the three essentials of normal childhood, namely affection, security and sensible discipline, is missing.

During 1956, 613 new cases were seen at the Centre. Of these, 236 attended for child guidance, 55 had special tests by the educational psychologists in connection with the Annual Selection Examination and 322 received educational therapy.

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	172
Physician	188
Psychologists	1,101
Psychiatric social workers	180

Re-examinations :

Psychiatrists (excluding 51 attendances for treatment) ..	263
Physician	56
Psychologists	5
Psychiatric social workers	77

Number of cases treated :

By psychiatrists and lay psychotherapist	68
By educational psychologists	114
By educational therapist	491
In boarding homes	39

Attendances and Visits :

Attendances for treatment	7,633
Interviews with parents	872
Interviews with others	620
Home visits	58
School visits	934
Hostel visits	30

The number of new child guidance cases seen each year seems to have been stabilised fairly well between 200 and 250. This is a figure which can be dealt with quite adequately by the present staff. There is no tendency for a waiting list to become out of hand, nor is there an insufficient number of cases to keep the staff fully occupied.

Approximately 300 children were under observation at the Child Guidance Clinic, but were not formally ascertained as maladjusted. In addition, 50 children have been ascertained, so that the total number of children in the City with some degree of maladjustment is about 350, or not quite 0.7 per cent. of the school population.

Remedial Teaching and Educational Therapy :

Remedial teaching and educational therapy continued on the lines described in my Report for 1955.

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

Over 600 children in the remedial classes were tested by the educational psychologists.

It is noteworthy that these children benefit greatly by the smaller numbers in the classes, and their increased confidence in their ability to learn has a beneficial reaction on the personality development. So many children who, for one reason or another, have not made sufficient progress in the larger classes, enter the remedial classes with sometimes a distaste for schoolwork or inferiority feelings about their own ability, with consequent emotional tension which is sufficient to inhibit learning in the ordinary way. Thus, teachers of these classes are well aware of the importance of establishing a good relationship with each child before beginning the process of re-education. Many such children pass successfully into the normal stream after a comparatively short period in the remedial class.

An interesting aspect of the psychologists' work in the schools is the testing of children in the normal stream who give every indication of high potentiality, but whose attainments are not quite commensurate with this assessment. Sometimes the test reveals that the child is working to full capacity, but his or her verbal expression, being of a very good standard, gives the impression of higher intelligence. On the other hand, with others the test may show that the school's estimate is correct and the child is not making the most of his innate endowment. Wherever there is such a doubt, the schools can request the psychologists to test.

As always the closest co-operation exists between the schools and the psychologists.

* * *

The last sentence in Mrs. Fry's report is most important. One cannot lay too much stress on this constant and close co-operation. This is not only helpful educationally, but it results in the early recognition of minor behaviour difficulties, which if undetected and untreated may result in maladjustment later. The educational psychologists can therefore be in the front line of preventive mental health work.

Educational Therapy :

Report by Mrs. W. O. McSloy, Educational Therapist.

444 children were treated either in school demonstration classes or in the remedial reading groups held at the Albert Hall Institute. In addition, 47 children were treated individually at the Child Guidance Centre making a total of 491 children taught during the year.

77 children were tested for admission to the remedial groups and 41 school visits were made.

The work in educational therapy during 1956 was very rewarding.

Classes for Illiterate Adults :

The evening classes for illiterate adults were continued during the winter months in the evenings as Further Education.

Children in Hostels for the Maladjusted :

During the year a total of 37 boys (26 City, 11 County) passed through the two boarding homes for maladjusted children.

In some cases a few months is sufficient to produce adequate readjustment and allow the child to return to his home, while the parents are supported by the help and guidance of the psychiatric social workers. In other cases a child may have to remain in the hostel for a year or two, possibly by reason of his own lack of ability to settle down or because the inadequacy of his home persists and his parents are unable to accept the responsibility of looking after him sensibly and consistently.

Hostels of this Authority :

	Silverwood		*The Gables*	
	City cases	*County cases*	*City cases*	*County cases*
At beginning of 1956 in residence	8	7	10	2
Admitted during year ..	7	1	1	1
Discharged during year ..	6	6	4	—
At end of year in residence ..	9	2	7	3

City children in hostels of other Authorities :

	Dr. Barnado's	*The Grove, Notts. C.C.*	*Bourne, Kesteven C.C.*
At beginning of 1956 in residence	1	8	1
Admitted during year	1	2	–
Discharged during year	1	5	–
At end of year in residence ..	1	5	1

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 1956 for minor ailments*
Central	28, Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, Ear, Nose and Throat	Tuesday and Friday a.m.	† 11,881
Bulwell	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	8,915
Ernest Purser	Wilford Road	Minor Ailments	——	1,164 (Opened in July)
Jesse Boot*	Jesse Boot School	Minor Ailments	——	6,049
Leenside	Canal Street	Minor Ailments, Dental, Speech Therapy	Thursday p.m.	7,710
Padstow	Henry Whipple Infant School, Padstow Road and Burford School	Minor Ailments	Monday a.m.	10,813
Pipewood School*	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	2,083 (Part year only)
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	20,009
Portland	Portland Junior School, Westwick Road	Minor Ailments	——	3,011
Rosehill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Therapy	Tuesday p.m.	14,471
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	6,632
Springfield*	Springfield School	Minor Ailments	——	3,260
William Crane	Aspley Estate	Minor Ailments, Speech Therapy	Wednesday a.m.	8,343
Arboretum	Arboretum Day Open Air School	Speech Therapy	——	——
Child Guidance	34, Clarendon Street	Speech Therapy	——	——
Orthodontic Clinic	36, Clarendon Street	Orthodontia	——	——

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

DENTAL INSPECTION AND TREATMENT

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

As usual, I have no staff improvement to note. At the end of the year the professional dental staff consisted of myself and one other full-time dentist, with part-time dentists and doctors, the whole giving a service equivalent to little more than three-and-a-half full-time officers. The grave shortage of school dentists seems to be general throughout the country except in the areas where there is a dental school. Most of these areas have a satisfactory complement, but the turnover of staff is hardly conducive to smooth working and the maintenance of adequate serial records. For example, one principal school dental officer reports as many as five resignations and five appointments yearly for some years. Although our staff position has remained fairly static, nevertheless our numbers are very inadequate and are only sufficient to give a very skeleton service.

Figures of the work done, however, give a very close approximation to those of other authorities, who are finding that about half of the children inspected need treatment and about 10 per cent. of the school population require emergency treatment each year. As is to be expected, the less conservative work that is done, the greater is the need for urgent extractions. These cause some embarrassment, but are of course essential. Permanent extractions have increased from 2,823 in 1955 to 4,061 in 1956, and the fact that steadily increasing numbers of permanent teeth have to be removed means fewer satisfactory mouths in the adult population. Some dentists assert that caries is preventable, and this may be so if one has highly co-operative parents and interested children, but this is not always the case.

Commenting on the figures as usual, the following points are of interest :—

(1) The number of inspection sessions has again been reduced, although the number of children actually inspected remains much the same.

(2) Extractions of permanent and temporary teeth continue to increase in number, a natural consequence of the steadily decreasing amount of conservative work being done.

The following table shows what work was carried out in 1956 and in preceding years :—

	1950	1951	1952	1953	1954	1955	1956
Inspection Sessions ..	81	83	87	100	67	65	54
Treatment Sessions ..	1,255	1,499	1,736	1,991	1,878	1,606	1,765
Total Sessions ..	1,336	1,582	1,823	2,091	1,945	1,671	1,819
% of Inspection Sessions ..	6.1	5.2	4.8	4.8	3.4	3.9	2.9
Periodic Inspections	13,672	14,682	17,814	20,263	11,503	11,015	11,073
Emergency Treatments	4,130	4,005	4,307	4,581	4,957	5,508	6,136
Permanent Teeth Extracted ..	1,495	1,800	1,768	2,833	2,602	2,823	4,061
Temporary Teeth Extracted ..	14,070	14,373	10,634	15,978	15,889	12,354	15,438
Total Teeth Extracted ..	15,565	16,173	12,402	18,811	18,491	15,177	19,499
Permanent Teeth Fillings ..	3,804	5,174	7,346	9,420	8,414	7,245	6,963

Orthodontic Treatment : I have been unable to treat as many orthodontic cases as in 1955, but, as this is a very special interest of mine, I have endeavoured to keep it going without allowing it to take up too much of my time.

	1950	1951	1952	1953	1954	1955	1956
No. of cases treated ..	98	85	90	91	117	143	122
No. of cases completed	57	51	42	49	56	84	69
No. of dentures fitted or repaired	59	51	70	127	130	144	145
Removable appliances fitted						126	103
Fixed appliances fitted..						4	3

I have been interested in conditions which might produce orthodontic defects and have especially noted the frequency of nail biting amongst children with marked irregularity in the placing of incisor teeth.

As the result of a survey of the pupils of a secondary modern school I ascertained that of the 372 boys in attendance, 233, or 62.6 per cent., were nail biters or had been at some time previously. This is a very high proportion and I feel that further investigation would be worth-while.

Dental work for pre-school children : The figures are much the same as last year and the arrangements continue to work satisfactorily.

DISEASES OF THE EAR, NOSE AND THROAT

There has been a good deal of outcry in some areas and at a national level about the number of tonsils removed, the suggestion being that many of these are removed unnecessarily. I have said before that our E.N.T. consultants have always maintained a conservative attitude towards the removal of enlarged tonsils, and that mere enlargement has not been considered sufficient excuse for their removal. Despite this attitude, before the war the numbers on our operation waiting lists crept up and during the war years they kept fairly steady. From 1945 to 1953 there was again some increase, followed now by a noticeable tendency to fall. This is not due to any change in the criteria which are considered by the consultants to be sufficient to warrant removal of the offending organs. One must, therefore, seek some other explanation for the fact that the number of diseased and/or enlarged tonsils is on the wane, and I would like to put forward a possible theory.

It has been noted recently that Scarlet Fever and rheumatic manifestations are much reduced in incidence. As these two conditions are both associated with streptococcal infections and have been known to light up after removal of tonsils and adenoids would it be fair to assume that the streptococcus haemolyticus or a near relative is closely associated with the increase in size of the lymphoid tissue in the nose and throat ? In other words, is the presence of a streptococcus the reason for enlarged tonsils and adenoids ?

I have often heard it said that children " have cut their teeth with running ears," and I have just as often wondered how much truth there was in the statement. Is it not much more likely that the acute otitis media was caused by a streptococcus which at the same time caused enlargement of the

tonsils and adenoids and that it was pure coincidence that the child was cutting a tooth at the time ? After all, infants are cutting teeth almost constantly from the age of six months to one year, and to blame an infection on this is only an admission of ignorance. So many of these infections will settle down with sulphonamides only, and without the addition of antibiotics, that again one suspects a streptococcus as being the offending organism, as the sulphonamides have little or no action on any but the streptococcus family.

I think this is something that needs further investigation and I propose with the help of Dr. E. R. Mitchell, Director of the Public Health Laboratory, Nottingham, to investigate the flora of the pharynx of children who are referred for tonsil and adenoid operation.

It might be said that improved general health has reduced the incidence of tonsillar abnormalities, but is general health improved, and what do we mean by this ? Certainly the general condition of children has improved. They are bigger and better nourished, but is their health better than it used to be ? One way of gauging the general health of the school population is by comparison of the attendance rates over the years. This, of course, will vary with the presence or absence of epidemic disease, and most of the specific fevers have a bad habit of varying in virulence and habit of spread in different years (something which we do not know much about).

The percentage of school attendance for the six years 1951 to 1956 inclusive was as follows :—

Year	1951	1952	1953	1954	1955	1956
Percentage of attendance	88·9	90·3	90·2	91·9	89·8	90·8

These figures might suggest some improvement in health, and yet in 1934 before the era of sulpha drugs and antibiotics the percentage of attendance was 90.1 It is not fair to assume, therefore, that there has been an improvement in general health, as the average school attendance over the last six years is little better than it was in 1934.

Number of School Children who have had Tonsillectomy. The following is an interesting table. It shows that although the tonsil and adenoid operation is popular in this City, the School Health Service which is responsible for most of the operations, has exercised sensible restraint at a time when in some areas of the country as many as 50 per cent. of the child population have had the operation.

In some public schools more than 70 per cent. of the pupils have had tonsil and adenoid operation. Figures vary from area to area for no apparent reason, possibly depending on the available facilities. In our own figures there is a small difference between the percentage of children in the Grammar Schools who have had the operation and the percentage in the leaver group in the Secondary Modern Schools.

T. and A. Operations in Children Inspected at School during 1956 :

Group inspected	*Children inspected during* 1956			*Children who had previously had tonsillectomy*			
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Percentage of those examined*
Entrant	2,469	2,230	4,699	161	124	285	6.1
Intermediate (1) : aged 7 plus	2,855	2,869	5,724	575	562	1,137	19.9
Intermediate (2) : aged 10 plus ..	1,819	1,840	3,659	454	496	950	26.0
Leaver : aged 14 plus ..	2,259	1,887	4,146	659	566	1,225	29.5
Additional Periodic Inspections :							
Remedial Classes ..	583	406	989	130	87	217	21.9
Grammar School Pupils	750	758	1,508	260	231	491	32.6
Special School Pupils	248	182	430	59	42	101	23.5
Totals ..	10,983	10,172	21,155	2,298	2,108	4,406	20.8

Examinations : 2,019 children attended for specialist examination of ear, nose and throat conditions, making 2,442 attendances.

Operative Treatment : 771, or 38.2 per cent., of the children examined were found to need operation for the removal of tonsils and adenoids. During the year 84 operation sessions were held at the Central School Clinic, 1,042 children being operated upon.

The list for tonsil and adenoid operations, with about 300 awaiting admission, is now within quite manageable proportions. As hospital lists are now also more within reason the days of almost hopeless waiting for a nose and throat operation have passed.

I would like to take this opportunity of thanking all those who help in one way or another in the T. and A. Department, both whole-time and part-time staff.

Audiometry : Audiometric sessions for the detection of deafness and for assessing the results of treatment were continued throughout the year. Mr. E. F. Ward, the Audiometrician, made 240 tests on 230 children. Seven children were supplied with hearing aids by the Nottingham No. 1 Hospital Management Committee.

ELECTRICAL DEPARTMENT

The following is a record of the treatment given in the Electrical Department during 1956 :

Ionisation :

No. of cases of otorrhoea treated	5
No. of cases of warts treated	379
Total number of attendances	1,539

Magnesium Sulphate ionisation still proves very useful in the treatment of warts, its lack of pain and freedom from undesirable results making it popular.

Ultra-Violet Ray :

No. of cases treated	111
Total number of attendances	1,637

The figures here are smaller than in recent years, but there is still a demand for sun-ray.

Proetz Treatment :

No. of cases treated	128
Total number of attendances	852

Dental Films :

No. of dental X-ray cases	131
No. of dental films taken	324

OPHTHALMIC SERVICE

There was no alteration in the arrangements for the ophthalmic service and the consultants have expressed their satisfaction at the co-operation obtained. Absentees are easily checked up, and persistent offenders are seen in school, any question of a defect of vision producing slowness or backwardness being investigated. The ophthalmic service is very dependent on parental co-operation, and a child with defective vision may not wear his glasses unless his parent is insistent, especially in the early stages.

The early correction of errors of refraction in children with squints is a point which the consultants continue to emphasise.

The number of children examined in the Committee's clinics has increased steadily, as is shown in the following table. This increase has accompanied the rise in the school population and no significance need be attached to it.

	1951	1952	1953	1954	1955	1956
No. of pupils on rolls on 31st December ..	45,579	47,766	48,880	50,108	50,975	51,628
Pupils refracted ..	4,124	4,520	4,594	4,646	4,719	4,809
Percentage	9.0	9.5	9.4	9.3	9.2	9.3
Spectacles prescribed (pupils)	1,583	1,794	1,612	1,760	1,412	1,604
Percentage	3.5	3.8	3.3	3.5	2.8	3.1

Orthoptic Treatment : The number of children who received orthoptic treatment at the Nottingham and Midland Eye Infirmary shows a substantial increase.

	1951	1952	1953	1954	1955	1956
New cases treated ..	79	36	141	64	84	56
Total treated	94	48	147	109	125	155
Awaiting test or treatment at end of year ..	100	114	11	16	36	37

Operations for Squint : I am happy to report that the waiting list of children needing operation for squint continues to fall.

	1951	1952	1953	1954	1955	1956
Operations	95	92	97	99	81	106
On waiting list at end of year	143	128	119	109	82	60

ORTHOPAEDIC TREATMENT

The arrangement with the Sheffield Regional Hospital Board continues and, when necessary, cases are seen at the Central Clinic by the orthopaedic consultant.

Examinations by orthopaedic surgeons :

At School Clinic	207

Children treated as out-patients :

At Nottingham Orthopaedic Clinic	302
At Nottingham City Hospital	3
At Nottingham Children's Hospital	526

Children treated as in-patients :

At Harlow Wood or Gringley-on-the-Hill Hospitals ..	43
At Nottingham City Hospital	3
At Nottingham Children's Hospital	152

PAEDIATRIC CONSULTATIVE CLINIC

Year by year the value of the Paediatric Clinic is demonstrated. During 1956, Dr. A. P. M. Page, Consultant Paediatrician, saw 204 children, 91 new cases and 113 brought over from the previous year, who made 325 attendances.

When the rheumatism clinic was started in 1930 there were sufficient cases to fill the time of the consultant on one session a week. Nowadays one does not see so many children with rheumatic conditions as formerly, and acute Rheumatism and its after-effects are less severe. Dr. Page has for the last few years agreed to see other cases which create difficulties either from the angle of treatment, special care in schools or for other reasons. In his interesting report which follows, Dr. Page refers to some of these conditions and makes a brief reference to the results of surgical treatment of Congenital Hearts.

The treatment of Asthma with Cortisone has been tried in adults with no pronounced improvement. It is interesting to note that Dr. Page's experience with children is different, and it will be a considerable advance if there is an improved outlook for the sufferer, not to mention the reduced parental anxiety and saving of school time, both of which play quite a part in the course of the disease. Asthmatics are usually conscientious and keen, and loss of school time and anxiety about missed lessons do not help their recovery.

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

I propose this year to consider some of the groups of cases which still prove to be a problem as regards treatment, at both hospital out-patient and consultative school clinics, and to pass comment where appropriate on any

advances in their management. I am making this approach against the original background of the consultant's clinic which was for a rheumatic follow-up heart clinic originally started by Dr. Wilkie Scott.

Rheumatic heart cases now form a small proportion only of those seen and this is borne out by the comparatively few cases of Juvenile Rheumatism and Chorea seen as hospital in-patients. On the other hand, a large number of children are seen with abnormal cardiac murmurs due to congenital abnormality. As a result of the great advances in thoracic surgery and anaesthesia a week hardly ever goes by without my seeing a child who has benefited from a surgical approach. Such conditions are follow-up cases of Patent Ductus Arteriosus, Tetralogy of Fallot, Pulmonary Stenosis or Coarctation of the Aorta and are steadily accumulating. As an example, a case of Patent Ductus Arteriosus was first seen in May 1956, was ligatured in August and permanently discharged from the clinic as cured by January.

Apart from the congenital abnormalities of the heart, the " hard core " of difficult cases seen at the consultative school clinic and as hospital out-patients are as follows :—

1. Chronic Respiratory Disorders.
2. Epilepsy and Migraine.
3. Nephritis, Nephrosis and Enuresis.

As regards respiratory diseases, Asthma is the most frequent and difficult problem. There is, however, considerable hope that Cortisone and its analogues in low dosage over long periods will bring these sufferers relief and cut down the number of school days lost. Several children who appeared to need residential school accommodation have been treated at home with success this winter.

Bronchiectasis appears to be decreasing rapidly. This is no doubt due to the more efficient treatment of respiratory disease by the antibiotic drugs.

Epilepsy of all types is beginning to yield to the newer drugs which can control seizures. It is the policy to keep as many epileptic children at the ordinary schools as is possible, with the minimum restriction of normal physical activities.

Renal disease still has no specific treatment and enuresis is still very often resistant. It is hoped to try to deal with some of the persistent types with the " electric-alarm " blanket.

ACCIDENTS TO PUPILS IN SCHOOL

In 1955, Dr. E. J. More, School Medical Officer, investigated and reported on the incidence, causes and severity of accidents to pupils. The theme of prevention was of course uppermost in her mind.

Dr. More reports that during the year 1956, in a school population of 51,628, 384 school accidents were reported (251 boys, or 65.4 per cent., and 133 girls, or 34.6 per cent.). Of the 384 accidents, 120 were considered to be serious, but no serious permanent disability was caused in any case.

Dr. More has classified and grouped the accidents as follows :—

School groups	*No. of pupils on rolls*	*No. of accidents*	*Percentage*	*No. of confirmed serious accidents*	*No. of school days lost during the year through serious accidents*	
					Total	*per child*
Primary ..	32,283	121	0.37	41	413	10.1
Secondary Modern ..	15,541	193	1.24	56	346	6.2
Secondary Grammar and Technical .	3,804	70	1.84	23	129	5.6
Total ..	51,628	384	0.74	120	888	7.4

Dr. More considers that most of the accidents were due to lack of care, but she is unable to suggest how they could have been prevented, without curbing the enthusiasm of the children at play.

It is difficult to know where the natural exuberance of youth and carelessness meet, but it is desirable that a constant watch be kept for possible preventive measures. Recently, for example, it was found that an automatic door-closing device reduced the risk of accidents from banging doors, so that in this way precaution takes a very practical and worth-while form.

SPEECH THERAPY

The treatment of children with speech defects has continued on the usual lines. The following is a summary of the work carried out by the speech therapists during the year :—

Number of cases treated	302
Number of cases under supervision	508
Number of school visits	67
Number of cases discharged (supervision and treatment)	189
On waiting list 31st December, 1956	173

Analysis of cases discharged :

Treatment discontinued : speech adequate ..	121
Left school or City	44
Transferred to Special School	7
Referred to Local Health Authority	1
Treatment discontinued on account of lack of co-operation	9
Refused treatment	7

During 1956 the speech therapists have had the use of two Medresco Hearing Aids, through the courtesy of the Ministry of Health. The hearing aids have proved extremely useful, not only for children whose speech is involved because of partial deafness, but also for those who can perhaps best be described as careless listeners. The aids make the sound more noticeable and hold the children's attention, and help in their copying of sounds which usually they produce in a defective manner.

Miss P. A. E. Grady, L.C.S.T., Speech Therapist, has submitted the following report.

The Medresco Hearing Aids have been used successfully with a number of children with severe speech defects as a help to concentration, even though these children have no apparent hearing loss.

The plastic ear-piece is removed from the hearing aid and replaced by an ordinary receiver ear-piece. The amplification of individual speech sounds has great therapeutic value. The attention of the child with defective speech is often difficult to attract, and even more difficult to hold. The aid is not only intriguing in itself, but the presence of an ear-phone keeps the child ready and waiting for co-operation. A bi-aural aid would be more effective, as, with both ears covered, auditory distraction would be eliminated.

The children enjoy using the Medresco Aid for repetitive sound work, and quite young children can usually be coaxed into making a speech response by " listening-in " and then taking a turn " to talk into the box." Contrary to expectations the children are fascinated rather than frightened.

The Medresco Aid has an advantage over the large amplifier because of its limited volume output, and sounds can be emphasised without distortion.

SCHOOL NURSES

I would like to pay tribute to the work of the school nurses. Their work behind the scenes is something which cannot be noted in a table, and therefore cannot be expressed in figures. In the schools they co-operate with the teaching staffs, and this close association is extremely helpful, as quick action is possible, for example, in the case of epidemic disease or when investigation may be necessary for other reasons.

The following is a summary of the school nurses' work during 1956 :—

Visits to schools for routine medical inspection	1,949
,, ,, ,, following-up cases of defect	54
,, ,, ,, uncleanliness	658
,, ,, ,, investigation of infectious disease	33
,, ,, ,, other purposes	1,057
Visits to homes for uncleanliness	470
,, ,, ,, deafness and other ear conditions	40
,, ,, ,, absentees from ophthalmic clinic	472
,, ,, ,, absentees from T. and A. clinic	139
,, ,, ,, follow-up after T. and A. operation	54
,, ,, ,, miscellaneous reasons	874
Attendances at clinics	4,779

From the foregoing summary it will be seen that the nurses' attendances at the school clinics numbered 4,779. At the clinics the nurses assist the surgeon in the T. and A. operation theatre and undertake the nursing of the patients before and after operation. They also assist the E.N.T., orthopaedic and paediatric consultants at their examination sessions. Specially trained nurses carry out the preliminary testing for the ophthalmic consultants and help with the subjective testing, thus enabling more cases to be seen. Perhaps one of the most important aspects of the school nurses' work is the treatment of minor defects. During the year, 13,283 children made 100,313 attendances at the minor ailments clinics for the treatment of the following :

Diseases of the skin	1,188
External eye diseases	659
Diseases of the ear, nose and throat	1,014
Other defects	10,422

The majority of the 10,422 children who were treated for "other defects" were suffering from sores, infected wounds, bruises and other conditions of a traumatic nature which their parents had been unable to cope with, or had wrongly treated by reason of anxiety or ignorance.

Treatment provided at a school clinic often avoids a long journey to hospital and reduces considerably the time spent by the child away from school. It also relieves the parents of the responsibility of attempting to treat a condition about which they feel in doubt.

The nurses receive many expressions of gratitude from the parents of the children they have treated.

CLEANLINESS

There have been no changes in the arrangements for cleanliness inspections. This work is largely carried out by the nurses' assistants who receive every help from the school nurses. The figures do not give a true picture of the work of the nurses' assistants. For example, the number of children found unclean does not take note of the fact that individual children may be found infested on several occasions during the year. Indeed, all who are engaged in this kind of work know that this is a common state of affairs and that in any area there is usually a hard core of offenders who are frequently reinfested at home, perhaps because parents are careless or ignorant or have, unknowingly, defective vision.

During the year 12,813 informal warning notices were sent to the parents of the 5,975 infested children. The small number of children who had finally to be cleansed speaks well for the helpful encouragement and perseverance of the cleanliness staff.

The percentage of children found to be unclean, 11.5, is better than last year, but as I insist that the presence of a nit is evidence of infestation, it is likely to remain high, and certainly higher than in the days when only an appreciable number of nits was regarded as evidence of infestation.

	1932	1942	1952	1953	1954	1955	1956
On school rolls ..	42,183	37,086	47,766	48,880	50,108	50,975	51,628
Examinations ..	72,198	98,438	183,885	191,248	183,170	185,525	187,112
Number found unclean ..	3,148	2,905	4,073	4,882	4,955	6,403	5,975
Percentage of the number on rolls	7.5	7.8	8.5	9.9	9.9	12.5	11.5
Statutory notices to parents ..	—	—	47	39	32	41	26
Children cleansed	34	38	39	30	14	34	24

CHEST RADIOGRAPHY

Dr. A. E. Beynon, Medical Director and Physician of the Chest Radiography Centre, offered mass chest radiography to older children in the Secondary Schools with the object chiefly of finding cases of unsuspected tuberculosis of the lungs. The thirteen-year-old children who had shown a positive reaction to the preliminary B.C.G. test also had chest radiography.

Again I must express my thanks to Dr. Beynon for his co-operation throughout the year and for submitting the following statistics :—

Chest Radiography of older pupils :

	Under 14	14	14+	Total
Grammar Schools	2,050	603	1,351	4,004
Secondary other than Grammar Schools ..	402	1,025	2,149	3,576
B.C.G. (Mantoux Positive Reactors) ..	774	545	—	1,319

Of the 8,899 pupils who had chest radiography only five were found to have active tuberculosis.

The following were also X-rayed :—

34 employees of the School Health Service ;

164 candidates for appointment as teachers or for admission to training colleges ;

923 employees of the School Meals Service.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis was continued throughout 1956 by the staff of the Health Department. The Medical Officer of Health has kindly supplied the following statistics :—

	1954	1955	1956
L.E.A. Schools visited	38	54	45
No. of 13 year olds	3,289	3,850	4,359
No. of acceptances	2,599	2,867	3,052
No. of refusals	648	946	1,173
No. of others	42	37	134
No. tested	2,516	2,769	3,058
negative reactors vaccinated ..	1,884	2,148	2,339
positive reactors	557	589	660

IMMUNISATION AGAINST DIPHTHERIA

The following figures showing the total number of children immunised in each age group at the end of 1956 have been supplied by the Medical Officer of Health :—

Years of birth	1949	1950	1951	1952
No. of children immunised	4,401	4,086	3,831	3,370
Years of birth	1953	1954	1955	1956
No. of children immunised	3,078	1,427	3,744	2,514

The City has now been free from diphtheria for *seven* years.

INFECTIOUS DISEASES

The figures for the more common infectious diseases for the last few years are shown in the following table :—

	1951	1952	1953	1954	1955	1956
Chicken Pox	2,356	2,938	1,165	1,589	1,966	1,257
Measles	1,788	1,694	1,289	300	2,723	123
Mumps	2,247	1,266	415	2,114	584	796
Scarlet Fever	142	310	282	319	85	147
Whooping Cough ..	516	555	575	427	326	711

Chicken Pox : As usual, these figures are fairly high, but this seems to be a disease which spreads readily amongst the liable, and one, too, which parents are often uncertain about and therefore, I am afraid, they sometimes allow infected children to go to school. Fortunately the disease is usually not severe in this country.

Measles : After a high incidence in 1955, cases of measles decreased in 1956 and it is many years since a figure so low was noted. As I write, there is a considerable increase once again.

Meningitis : In the latter half of the year 124 cases of meningitis were reported. At first the figure of 124 might give rise to concern, but almost all the cases were due to an unknown virus condition which showed up in the summer and caused some concern because of its possible confusion with non-paralytic poliomyelitis. There must have been numerous cases which were not notified, as the symptoms were slight and not severe enough to bring to the attention of the patient's doctor. However, recovery was usually rapid and always complete with no apparent after effects.

Symptoms included pyrexia and headache, both of which were always present. Neck rigidity, back stiffness and vomiting were present in most of the cases and some had a sore throat, a fleeting rash or photophobia.

Nottingham had the doubtful honour of being among the first areas to draw attention to this condition, which seemed to disappear spontaneously as winter came in. It will be interesting to see if there is a recurrence in the summer of 1957. This condition has no relationship with poliomyelitis. A more detailed account is given in the Annual Report of the Medical Officer of Health.

Dysentery : 606 cases of dysentery were reported during the year. The Sonne type continued to be of considerable nuisance value. In the early part of the year so many cases occurred in some schools that it was decided to take specimens from the whole of the pupils and staff in an attempt to isolate excretors, and this had the desired effect. The same kind of thing happened in the late autumn when a dysentery outbreak occurred in one school, the start having been cloaked to some extent by the presence in the same area of virus meningitis. It was necessary to close a nursery class for one week before the Christmas holiday, as more than half of the children were involved. Apart from these two incidents Sonne has not given rise to much concern, cases being scattered very sporadically throughout the school population. I would like again to stress the importance of adequate hand washing at all times, but especially when dysentery is present in the school population.

Poliomyelitis : Seven cases of poliomyelitis in school children were notified during the year.

We in Nottingham can consider ourselves fortunate in having such a low incidence rate. It is interesting to find out what happened to the cases in school children, and what their condition is now.

Of the seven children who contracted poliomyelitis in 1956, three are now back in school with little defect, and four are still in hospital with a paralysis of muscles severe enough to make their outlook rather black. This is a high proportion, and it is pleasing to note that the number of cases amongst school children was so low.

One teacher developed poliomyelitis in late September. This exceptional occurrence caused concern and it was felt desirable to close her class for three weeks from the date of last contact. Faecal specimens from the class were taken but showed little of interest, and it was a relief to note that there was " nothing further to report."

Dr. E. R. Mitchell, Director of the Public Health Laboratory Service, has been so helpful with dysentery and other reports, many of which are not strictly within his province, that I would like to thank him and his staff for their very useful help and advice.

CONVALESCENT HOME TREATMENT

During the year the Authority secured vacancies for 70 children in need of treatment at convalescent homes for periods averaging five weeks.

The children went to the following Convalescent Homes :—

Charnwood Forest, Woodhouse Eaves	43
Roecliffe Manor, Woodhouse Eaves	22
West Kirby, Cheshire	3
Other homes	2
	70

I visited the convalescent home at Charnwood during the year, and found it a pleasant and homely place. It is situated conveniently within an easy bus ride of Nottingham, in attractive surroundings which allow of outdoor activities and freedom of movement without unnecessary restrictions. The staff are interested and helpful and able when necessary to exert a satisfactory influence on a headstrong child. I have the highest praise for this home and its staff.

PIPEWOOD SCHOOL

During the year, 1,330 children were examined by the medical officers, nurses and nurses' assistants before going to the Pipewood School, Staffordshire.

On the whole the health of the children was extremely satisfactory. The medical care of the children was again in the capable hands of Dr. F. G. A. Armson, assisted by the resident nursing staff.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

These Homes provide a holiday for children of junior school age who although not requiring convalescent home treatment appear to be in need of a change.

The children are selected by the medical officers, with the assistance of the teachers, nurses and education welfare officers. The 371 boys and 368 girls who went to Skegness during the 1956 season were examined by the medical officers before they left Nottingham.

PHYSICAL EDUCATION

Report by Mr. S. L. Goldthorpe, Inspector of Physical Education.

There is some concern about the increase of minor postural faults in children of primary age, a point of special interest being that they seem to occur most frequently amongst well cared for children. The faults are in general the result of poor muscle tone. There is little loss of normal joint mobility.

It has been stated that the growing body requires two hours of vigorous activity daily. Cursory enquiries show that few children enjoy this amount of activity. On the average the school time-table provides about 15 minutes per day over the whole year. What happens in the six-sevenths of a child's life when it is not under instruction is difficult to ascertain, but it seems fairly clear that the advance of civilization tends towards a progressive restriction of children's natural recreation. Motor-cars, buses, privet hedges, herbaceous borders, cinemas and television sets are examples of restricting influences which are only compensated to a small degree by swings, slides and see-saws.

Schools and voluntary organisations do what they can towards keeping children healthily active in their free time, but the indications are that much more is required.

* * *

I would like to make a few comments on Mr. Goldthorpe's short summary of the present position. I agree that there is some increase in minor postural defects and he is probably right when he says it seems to occur in well cared for children. These latter children often belong to small families in homes where there are creature comforts which do not encourage activities, with resultant poor muscle tone. Mr. Goldthorpe goes on to say that most children do not get enough active exercise and I have already drawn attention to this in a previous annual report. It is difficult to know what to do about it, as school curricula continue to be overcrowded and leave no room for adequate physical recreation.

A medical officer of the National Coal Board who examines many entrants to the mining industry tells me that he has been concerned about inadequate mobility of the spines of these entrants.

As Mr. Goldthorpe tells me that his remarks apply mostly to primary school children, it seems as though the work of the secondary school fails to maintain normal mobility of the spine and (to quote an extract from Mr. Goldthorpe's article in "Education," page 696, dated 19th April, 1957) "it is difficult to say at the present time how near we are to definite swing of opinion on principle or method, but undoubtedly there are strong feelings here and there that something different should be done at the secondary school level."

I would like to add also that I think it is the first time I have heard of herbaceous borders being a restricting influence, but Mr. Goldthorpe is, of course, right. I would not, however, like to put forward a plea for the wholesale removal of herbaceous borders in gardens where there are children. I think the point he wishes to make is that all of us must make do with less space in this overcrowded island of ours, and that this makes for restriction of activities especially in children.

FOOT DEFECTS

The question of suitable foot-wear is often raised by parents, and usually in the case of children whose feet are different from the majority. The child or indeed the adult with a short or average foot can take shoes as provided in the shops or wear a soft topped sandal or plimsoll without discomfort, but there are many children with long, narrow feet often with a limited amount of subcutaneous fat who find difficulty in getting anywhere near a satisfactory fit. They often have to take a shoe which is short in order to get comfort at the heel, or alternatively if the length is right the heel is uncomfortable. Our Victorian ancestors found an answer in elastic sided boots, but nowadays feet must be covered with something fashionable often to the present discomfort of the wearer and in the case of children to the future detriment of a foot which does not even approximately fit its shoe.

The wearing of plimsolls often meets with objections and it is sometimes stated that they protect the sole of the foot, but do not at the same time protect or support the foot as a whole, and as a result their use is condemned. I feel that at present insufficient is known about this, and that it is wise to keep an open mind on the subject. Communal plimsolls are, of course, strongly to be condemned. However strict supervision may be, it is difficult to be quite certain that one child always uses the same pair, and the sooner every child has his own the better. In any case the cleansing and sterilisation of plimsolls when they pass on to others is not an altogether simple matter, and it is possible to ruin them if they are carelessly stoved. The presence of the ringworm fungus (foot rot) makes it essential that stoving should be satisfactory.

Barefoot dancing and physical education in school seems very desirable, but the high proportion of plantar warts in those schools which encourage this type of physical education makes one suspicious that this can be a source of spread of the virus of warts.

PART-TIME EMPLOYMENT OF CHILDREN

During the year, 1,827 children (mostly boys) were medically examined as to their fitness for part-time employment. The medical officers have found no evidence that such employment is harmful ; indeed it seems often to be beneficial.

SCHOOL MEALS SERVICE

School Meals supplied by the School Meals Service during 1956 were :—

Dinners served to Grammar Schools	289,917
Dinners served to Special Schools	93,096
Dinners served to other Schools	2,613,015
Breakfasts	29,421

DEATHS

There were 13 deaths in school children during the year. Of these, six were of a violent nature, five as the result of street accidents and one due to the accidental inhalation of a foreign body. The remainder were caused by illness of various kinds.

It is surely an extraordinary state of affairs, not only that the death rate is so low, but that half of the deaths are attributable to accidents, and accidents are always preventable if precautions are adequate.

CHILDREN'S COMMITTEE

The School Health Service and the Children's Department continue to work in close co-operation. Most of the cases coming before the Juvenile Courts are dealt with by the Children's Department. In many children delinquency is associated with home difficulties or with social or emotional maladjustments, and is often the result of anxiety. Investigation at the Child Guidance Centre is desirable to make sure that everything possible is being done for the child, and to assist the magistrates, and advise probation officers and voluntary organisations who are interested in the child and his family.

THE SCHOOL HEALTH SERVICE : PAST AND PRESENT : A FEW COMPARISONS

Although it is fifty years since the medical inspection of school children was inaugurated under the Education (Administrative Provisions) Act, 1907, medical inspection in Nottingham was not started until 1909 and the first annual report of the School Medical Officer was that of 1909. It would, therefore, perhaps be more sensible to leave comparative notes until 1959. It may, however, be appropriate to make a few comparisons between the health of the school child to-day and the conditions existing in 1909 and 1910.

In those early days about 50 per cent. of parents were present at the medical examination of their children and this applied even in the case of infants or as they were called at the time "Enterings." This was what could be expected in a City where mothers have been accustomed to work since the earliest days of the lace trade. Nowadays, the figure is much higher, despite the fact that many mothers go to work and necessarily have to ask for time off in order to be present at the examination. This observation applies to all groups, except the leaver boys, who are inclined to resent a parent's presence at inspection, feeling that it is evidence of over-dependence on the parents or otherwise that it lowers their prestige among their fellows.

It is interesting to note that arrangements were made for ophthalmic examinations to take place on one session each fortnight and that 218 cases were seen during the whole of 1910. Nowadays over 200 children are seen every week by the ophthalmic consultants, either for defective vision, squint or other eye disease.

No arrangements were then in existence for special teaching of dull children, and it is intriguing to note that it was suggested by the School Medical Officer of that time that special classes for dullards seemed the only solution to an educational problem that was then apparently becoming noticeable. This observation may have encouraged Dr. R. H. Crowley, Senior Medical Officer of the Board of Education, to instigate the practical class some years later.

The average school attendance at that time was 88.6 per cent., so that we cannot congratulate ourselves that over the years we have managed, despite so many changes for the better, to raise the attendance rate appreciably. Must we therefore be prepared to accept a constant absenteeism rate of about ten per cent. ?

It is amusing and interesting, too, to note that at inspections the clothes were sufficiently loosened to permit of a satisfactory examination of the heart and lungs, and only in exceptional cases were the clothes removed from the chest. Nowadays I am afraid we should be accused of inefficiency if the shirt, vest, shoes and stockings were not removed, the element of shyness among the older girls having evaporated to a large extent.

One item in the old reports refers to the closure of schools and classes mainly in the infant departments. Unfortunately, there is no comment as to the efficacy of this measure, and to-day it is rarely necessary to resort to this attempt to limit epidemic disease.

One note in the Report for 1910 referred to the need for treatment of the following complaints which at that time were quite inadequately cared for :—

Errors of refraction
Inflammatory affections of eyelids, etc.
Ringworm
Impetigo
Pecidulosis
Scabies
Chronic otorrhoea.

The first and the last of these conditions are still with us, although otorrhoea is much less persistent and the number of cases is steadily falling. The others, although with us, are under control and do not create a real problem.

There are many other interesting comparative points which, as I said earlier, could be commented upon in the Annual Report for 1959.

CONCLUSION

It is very pleasant again to place on record the valuable assistance given by numerous voluntary societies, noting particularly the co-operation of the local inspector of the N.S.P.C.C. I acknowledge also the help of the voluntary organisations in various parts of the country who provide the boarding special schools to which our severely handicapped pupils are sent.

I express also my appreciation to the medical and lay staffs of the local hospitals for their assistance in many difficult cases and for the helpful reports I receive about children on discharge from hospital. In particular, I am most grateful for the help received from Dr. Macmillan, Dr. Fabisch and the staff of the Department of Electro-Encephalography, St. Ann's Hospital, for many enlightening and useful reports.

I take this opportunity to thank Dr. H. B. Lee, Orthopaedic Surgeon, of the Alexandra Hospital, Luton, for so readily agreeing to take into hospital several seriously physically handicapped pupils whose placement otherwise would have been most difficult.

In conclusion, I would like to thank the Chairman, Vice-Chairman and members of the Special Services Sub-Committee for their help and sympathetic encouragement, and Mr. Stephenson, Mr. Jackson and the teaching staffs for their co-operation throughout the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956

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 pupils examined in each :

Entrant	4,699
Intermediate (7-8 years)	5,724
Intermediate (10-11 years)	3,659
Leaver	4,146
Total ..	18,228
Additional Periodic Inspections	3,825
Grand Total	22,053

B.—OTHER INSPECTIONS

Number of Special Inspections	14,821
Number of Re-Inspections	11,147
Total ..	25,968

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).

Age Groups Inspected (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Table* III (3)	*Total individual pupils* (4)
Entrant	60	514	569
Intermediate (7-8 years)	206	558	740
Intermediate (10-11 years) ..	200	285	474
Leaver	131	65	194
Total	597	1,422	1,977
Additional Periodic Inspections ..	121	258	377
Grand Total	718	1,680	2,354

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected (1)	*Number of Pupils Inspected* (2)	*Satisfactory*		*Unsatisfactory*	
		No. (3)	*% of Col. (2)* (4)	*No.* (5)	*% of Col. (2)* (6)
Entrant	4,699	4,696	99·94	3	0·06
Intermediate (7-8 years) ..	5,724	5,715	99·84	9	0·16
Intermediate (10-11 years) ..	3,659	3,659	100·00	—	—
Leaver	4,146	4,146	100·00	—	—
Additional Periodic Inspections ..	*2,927	2,916	99·62	11	0·38
Total	21,155	21,132	99·89	23	0·11

* 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 II

Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorized persons	187,112
(ii)	Total number of individual pupils found to be infested	5,975
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	26
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	24

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956

A. Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)
4	Skin	21	7	17	—	193	20
5	Eyes—						
	(*a*) Vision	60	85	131	2	718	228
	(*b*) Squint	74	14	4	—	260	42
	(*c*) Other	3	2	—	—	21	16
6	Ears—						
	(*a*) Hearing	9	20	5	—	33	55
	(*b*) Otitis Media	10	21	5	4	53	54
	(*c*) Other	2	3	1	1	29	10
7	Nose or Throat	266	181	16	3	652	345
8	Speech	8	28	—	—	42	41
9	Lymphatic Glands	4	23	—	1	12	50
10	Heart	2	34	—	1	2	114
11	Lungs	12	70	1	7	51	257
12	Developmental—						
	(*a*) Hernia	5	12	—	—	11	25
	(*b*) Other	5	33	—	1	27	266
13	Orthopaedic—						
	(*a*) Posture	2	7	2	—	16	47
	(*b*) Feet	80	67	10	1	214	118
	(*c*) Other	26	36	3	2	97	98
14	Nervous System—						
	(*a*) Epilepsy	—	9	—	—	2	28
	(*b*) Other	—	4	—	—	—	68
15	Psychological—						
	(*a*) Development	2	14	—	—	8	23
	(*b*) Stability	—	34	—	1	3	78
16	Abdomen	—	2	1	—	1	5
17	Other	—	25	—	—	1	55

TABLE III (*continued*)

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956

B.—Special Inspections

Defect Code No. (1)	*Defect or Disease* (2)	*Special Inspections*	
		Requiring Treatment (3)	*Requiring Observation* (4)
4	Skin	237	21
5	Eyes—(*a*) Vision	842	2,035
	(*b*) Squint	390	637
	(*c*) Other	50	21
6	Ears—(*a*) Hearing	5	209
	(*b*) Otitis Media	7	15
	(*c*) Other	153	34
7	Nose or Throat	672	477
8	Speech	9	34
9	Lymphatic Glands	2	18
10	Heart	5	159
11	Lungs	5	368
12	Developmental—		
	(*a*) Hernia	2	15
	(*b*) Other	7	107
13	Orthopaedic—		
	(*a*) Posture	7	2
	(*b*) Feet	52	23
	(*c*) Other	32	59
14	Nervous System—		
	(*a*) Epilepsy	—	43
	(*b*) Other	—	36
15	Psychological—		
	(*a*) Development	89	39
	(*b*) Stability	82	192
16	Abdomen	4	4
17	Other	634	446

TABLE IV

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

Group 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	659	327
Errors of refraction (including squint)	—	5,599
Total	659	5,926
Number of pupils for whom spectacles were prescribed	—	2,228

Group 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	*Otherwise*
Received operative treatment—		
(*a*) for diseases of the ear	—	136
(*b*) for adenoids and chronic tonsillitis	—	1,659
(*c*) for other nose and throat conditions	—	75
Received other forms of treatment ..	1,380	520
Total	1,380	2,390
Total number of pupils in schools who are known to have been provided with hearing aids :		
(*a*) in 1956	—	7
(*b*) in previous years	—	39

Group 3—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments ..	—	831

Group 4—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	4
(ii) Body	11
Scabies	10
Impetigo	227
Other skin diseases	1,315
Total ..	1,567

Group 5—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority *712

* Cases treated :—

by Psychiatrists and Lay Psycho-Therapist ..	68	by Educational Therapist ..	491
by Educational Psychologists	114	in Boarding Homes ..	39

Group 6—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority 303

Group 7—OTHER TREATMENT GIVEN

(*a*)	Number of cases of miscellaneous minor ailments treated by the Authority	10,422
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	70
(*c*)	Pupils who received B.C.G. vaccination	2,339
(*d*)	Other than (*a*), (*b*) and (*c*) above :	
	1. by the Authority : U.V.R.	111
	2. at hospital : general medicine	517
	3. at hospital : general surgery	580
	4. at hospital : paediatrics	136
	Total (*a*) - (*d*)	14,175

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	11,073
	(*b*) As Specials	6,136
	Total (1)	17,209
(2)	Number found to require treatment	13,108
(3)	Number offered treatment	13,078
(4)	Number actually treated	10,329
(5)	Number of attendances made by pupils for treatment (including orthodontics)	17,344
(6)	Half-days devoted to : Periodic School Inspection	54
	Treatment	1,765
	Total (6)	1,819
(7)	Fillings : Permanent Teeth	6,963
	Temporary Teeth	—
	Total (7)	6,963
(8)	Number of teeth filled : Permanent Teeth	6,126
	Temporary Teeth	—
	Total (8)	6,126
(9)	Extractions : Permanent Teeth	4,061
	Temporary Teeth	15,438
	Total (9)	19,499
(10)	Administration of general anaesthetics for extraction	8,783
(11)	Orthodontics :	
	(*a*) Cases commenced during the year	70
	(*b*) Cases carried forward from previous year	52
	(*c*) Cases completed during the year	69
	(*d*) Cases discontinued during the year	10
	(*e*) Pupils treated with appliances	122
	(*f*) Removable appliances fitted	103
	(*g*) Fixed appliances fitted	3
	(*h*) Total attendances	1,212
(12)	Number of pupils supplied with artificial dentures	135
(13)	Other operations : Permanent Teeth	320
	Temporary Teeth	30
	Total (13)	350

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, 1956, number of :										
A. handicapped pupils newly placed in Special Schools or Boarding Homes	1	1	3	2	44	7	99	11	3	171
B. handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	1	–	4	1	47	6	95	11	1	166
On or about 31st January, 1957, number of handicapped pupils from the area :										
C. (i) on the registers of Special Schools as : (*a*) day pupils	—	1	29	11	84	34	327	3	3	492
(*b*) boarding pupils	3	8	2	—	23	4	5	1	4	50
(ii) on the registers of independent schools under arrangements made by the Authority ..	—	—	1	—	—	—	1	5	—	7
(iii) boarded in homes and not already included under (i) or (ii) above	—	—	—	—	1	—	—	24	—	25
Total (C)	3	9	32	11	108	38	333	33	7	574
D. being educated under arrangements made under Section 56 of the Education Act, 1944 : (i) in hospitals	—	—	—	—	—	—	1	2	—	3
(ii) at home	—	—	—	—	1	4	—	—	—	5
E. requiring places in Special Schools : (i) day	—	—	1	—	1	—	49	—	—	51
(ii) boarding	1	1	—	—	—	1	—	—	—	3

F. Number of children reported to the Local Health Authority during the calendar year ended 31st December, 1956 :

(i) under Section 57(3) of the Education Act, 1944	33
(ii) under Section 57(3) of the Education Act, 1944 relying on Section 57(4)	—
(iii) under Section 57(5) of the Education Act, 1944	23

G. Number of children on registers of hospital special schools on or about 31st January, 1957 50

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