[Report 1957] / School Medical Officer of Health, Nottingham City.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

CITY OF NOTTINGHAM EDUCATION COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1957

Adopted by the Education Committee at its Meeting held on 23rd July, 1958

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

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

CONTENTS

Accidents to pupils in school	28-33
Audiometry	19-20, 44
B.C.G. Vaccination	35
Chest Radiography	35-36
Child Guidance	11-15, 44
Cleanliness	24, 25, 26, 41
Conclusion	39
Convalescent Homes	27
Day Open-Air Schools	27-28
Deaths of School Children	33
Dental Inspection and Treatment	4-5, 17-18, 45
Diphtheria Immunisation	35
Ear, Nose and Throat, Diseases of	7, 18-20, 25, 44
Electrical Department	20-21, 45
Foot Defects	22
Handicapped Pupils	7-11, 46
Infectious Diseases	25, 26
Medical Inspection	5-7, 25, 40
Nottingham Children's Homes, Skegness	27
Ophthalmic Service	7, 21, 25, 43
Orthopaedic Treatment	4, 21-22, 25, 44
Paediatric Consultative Clinic	22-23, 25, 45
Part-time Employment of Children	27
Physical Education	36-37
Pipewood School	27
Poliomyelitis Vaccination	34-35
School Meals	38-39
School Nurses	5, 24-25
Sex Education	15
Skin Diseases	6, 44
Speech Therapy	10-11, 23-24, 44
Staff	2, 4-5
Swimming	4, 33, 34
Tobacco Smoking	33-34
Treatment	15-17, 40-45
Statistical Tables :	
Medical Inspection (Table I)	40-41
Classification of Physical Condition (Table ID)	41
Infestation with Vermin (Table II)	41
Return of Defects found by Medical Inspection (Table III)	42-43
Treatment of Pupils (Table IV)	43-45
Dental Inspection and Treatment (Table V)	45
Handicapped Pupils (Table VI)	46

CITY OF NOTTINGHAM

General Information as at 31st December, 1957

Population	312,600	No. of Schools	168
Area	acres 18,364	No. on Rolls	52,115
Density of Population : 17.02 persons per acre		Average attendance	47,058
Rateable Value of the City — at 31st December, 1957, £4,040,169		Penny Rate—Produced in 1957-58, £15,749 11s. 8½d.	
Rate levied for education purposes— 1957-58	7s. 10.44d.		

Central School Clinic,
28, Chaucer Street,
Nottingham.

Telephone : Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1957-58)

CHAIRMAN: COUNCILLOR W. WILLIAMS,
VICE-CHAIRMAN: ALDERMAN MISS M. GLEN BOTT, F.R.C.O.G., J.P.,
COUNCILLOR JOHN W. KENYON, J.P. (Chairman of Education Committee),
COUNCILLOR W. G. E. DYER (Vice-Chairman of Education Committee),
ALDERMAN MRS. K. BARSBY,
COUNCILLOR R. H. ELLIS,
COUNCILLOR G. W. FISHER,
COUNCILLOR S. P. HILL,
COUNCILLOR MRS. G. M. F. HORNE,
COUNCILLOR MRS. K. A. RITCHIE,
COUNCILLOR F. W. WOOTTON,
W. W. DIXON, Esq., M.Sc., A.R.I.C.,
J. D. SUNLEY, Esq., J.P.

STAFF (31st DECEMBER, 1957)

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.,
W. M. HUNTER, M.B., Ch.B.,
MRS. B. WARD, M.B., B.S., D.A., D.C.H.,
R. H. BROWNING, M.B., B.S.,
M. J. CLAY, M.B., B.S., LL.B.

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

PART-TIME MEDICAL OFFICERS:
MRS. E. McKINNA, M.B., B.S.,
MRS. T. M. PHELPS, M.B., B.S.,
J. L. K. WATKINSON, M.R.C.S., L.R.C.P.,
MISS G. N. McCOACH, M.B., Ch.B.,
S. J. HARRIS, M.B., B.S., M.R.C.S., L.R.C.P.,
F. G. A. ARMSON, M.R.C.S., L.R.C.P. (M.O., Pipewood School),
W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots' College).

DENTAL OFFICERS:
V. C. CARRINGTON, L.D.S. (Principal School Dental Officer),
MISS M. M. CLERKE, B.D.S.,
K. H. DAVIS, L.D.S.,
*R. W. ELLIS, L.D.S.,
*R. McGOWAN, L.D.S.,
*N. E. CHETTLE, L.D.S.,
*MRS. E. DURANCE, L.D.S.,
*E. A. MEADOWS, L.D.S.,
*H. R. L. HOWELL, L.D.S.,
*MISS P. DICKENS, B.D.S., L.D.S.

CHILD GUIDANCE CENTRE:
MRS. J. FRY, M.A., Ed.B. (Senior Educational Psychologist),
MISS B. M. BALDWIN, B.A. (Child Psychotherapist),
MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist),
MISS A. WATSON, M.A. (Psychiatric Social Worker),
J. R. WHITE (Psychiatric Social Worker),
*MRS. M. ROBERTS, B.Com. (Psychiatric Social Worker),
MRS. P. M. MOSS, L.C.S.T. (Senior Speech Therapist),
MISS P. A. E. GRADY, L.C.S.T. (Speech Therapist),
MRS. A. J. COLDREY, L.C.S.T., (Speech Therapist),
MISS J. BEBB, L.C.S.T. (Speech Therapist),
MISS J. AUCKLAND, (Clerk),
MISS J. STAFFORD (Shorthand Typist).

ADMINISTRATIVE ASSISTANT: W. H. THORNHILL.

RADIOGRAPHER: A. J. WHITTAKER.

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

SUPERINTENDENT SCHOOL NURSE: MISS F. PINDER.

SCHOOL NURSES:
*MISS D. F. MORGAN,
MISS I. COCKERAM,
MISS I. M. BURROWS,
MRS. L. J. MORRIS,
MISS M. F. BRANSFIELD,
MRS. M. FEATHERSTONE,
MRS. M. CLARKE,
MISS J. HEALD,
MISS E. M. ABBOTT,
MRS. E. M. MacQUEEN,
*MRS. E. M. B. LOGAN,
*MISS G. E. WILSON,
MRS. B. H. SWALLOW,
*MRS. C. A. BAYLEY,
MISS M. STUCHBURY,
*MRS. E. BARNFATHER,
MRS. L. E. PHELPS,
MRS. M. TUCK,
*MRS. E. BUTLER,
MRS. L. A. JACKSON,
*MRS. M. McKENZIE.
MRS. V. R. WHITE,
MISS K. E. L. METGE,
MRS. M. C. TAYLOR,
*MRS. C. M. BARKER,
MRS. A. E. CLARKE,
MISS J. M. TAYLOR,

WARD ORDERLY: *MISS J. A. WINTLE.

NURSES' ASSISTANTS:
MRS. E. E. DIN,
MRS. F. KINDER,
MISS E. M. WILSON,
MRS. L. KICKS,
MISS N. BROCKLESBY.
MRS. M. E. MOORE,
MRS. M. KILBOURN,

DENTAL ATTENDANTS:
MISS M. E. JOHNSON,
MRS. J. I. GOODWIN,
*MISS J. B. BECKHELLING,
*MRS. B. JONES,
MISS A. WYKES,
MISS I. YOUNG.
MRS. C. ACKROYD,
*MISS M. PIGGIN,
*MRS. R. Y. DRAPER,
*MRS. M. STANDEVEN,

PART-TIME CLINIC ATTENDANTS:
MRS. M. WYKES,
MRS. D. BAYLISS,
MRS. E. M. BALL,
MRS. G. GREGORY,
MRS. H. ROACH,
MRS. D. HOLLAND,
MRS. E. DICKINSON,
MRS. E. WILLIAMSON,
MRS. G. J. TAYLOR.

CLERICAL STAFF:
Senior Clerk: J. K. KNIGHTON, D.P.A.,
MISS G. A. BEETON,
MISS M. A. ARCHER,
MRS. N. HOWARTH,
MISS M. A. OXFORD,
MISS V. ELSTON,
G. R. SLANEY,
G. E. D. HANCOCK,
MRS. M. R. WALKER,
MISS M. BROSTER,
MISS M. BERESFORD,
MISS P. A. SLACK,
T. J. FOSTER,
MISS E. M. GREAVES,
MISS B. E. CHESTER,
MISS F. MARTIN,
MISS D. I. BROWN,
P. CRAGG,
MISS K. SHAW.
MRS. N. SEAGRAVE,
MISS A. P. WEBSTER,
MRS. J. E. PEARSON,
MISS K. M. SHAW,
MISS S. HARROLD,

CARETAKER: B. KEETLEY.

HOSTELS FOR MALADJUSTED PUPILS:
Silverwood: Warden and Matron: MR. and MRS. C. A. FITCH,
Assistant Matrons: MISS C. I. POXON and MISS. J. D. HARDY.
The Gables: Warden and Matron: MR. and MRS. A. O. BROUGHALL,
Assistant Matron: Post Vacant.

* *Part-time Staff.*

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1957

BY

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

To the Chairman and Members of the
City of Nottingham Education Committee

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of your School Health Service during 1957.

During the year the health of the children was satisfactory on the whole. There was an epidemic influenzal condition in September, the popular (or unpopular) Asian Flu affecting the school population probably more than the adults. Fortunately, the epidemic was of short duration and by the end of November Asian Flu had shot its bolt and was no longer a subject of popular conversation.

In one school a case of tuberculosis was not discovered until it had gone to the stage of cavity formation, an unusual state of affairs in a child. This resulted in 14 other children in the school being affected. The original case had been noted and had been under observation by your Service but lack of co-operation in the home had prevented regular supervision.

We were fortunate in the Autumn of 1957 that the looked for annual epidemic of Sonne Dysentery did not materialise. It is probable that the watchful attitude of the School Health Service staff and the teachers may have been rewarded, or we may have been lucky. There is no doubt, however, that training in, and insistence on, hand washing after toilet use must have played its part. While on the subject of hand washing, the expense of providing paper towels and the unsatisfactory use of roller towels in the schools must be noted. I feel that most parents would be happy to supply their child with its own hand towel to take to school if there were accommodation for it there. The fact that the towel was being looked after by mother would give a certain feeling of self-satisfaction, not to mention the

fact that it would also be a basis for useful training. A few children would not be catered for by their parents and these would have to be looked after by the authority, but this would be much less costly and less unsatisfactory than the present arrangement.

The numbers of children developing hypertrophy of the lymphoid tissue in the pharynx and nasopharynx remain much lower than previously. This is a good thing. The submission of a child to any kind of operation at one of its most impressionable periods is something to be avoided if at all possible. Although I have been interested for many years in the necessary removal of obstructing or infected tonsils and adenoids, there is no doubt that if this fashionable operation were to become unfashionable there would be a more critical decision in every doubtful case.

Problem families are something which most authorities comment on, mostly by reason of the fact that they are a source of infestation. There are many of these families, however, which cause a spread of indiscipline, a festering sore of anti-social, or more exactly asocial, behaviour or lack of respect for authority or for the rights of law-abiding citizens. These feelings easily spread to the children of these families and it is surprisingly easy for this attitude of mind to be absorbed by their friends and associates ; by the gang in other words.

Swimming is a subject about which I feel I should comment. The lack of facilities, especially in the Clifton area, is particularly distressing, and with the continued demand for economy there is little likelihood of any change in the position. I cannot help but feel that the provision of small, learner type of baths at Clifton and elsewhere would serve the useful purpose of stimulating interest and creating confidence, as well as increasing the number of swimmers, and at the same time would be cheap. I know of a private school not far from Nottingham which built its own swimming bath. Is this not a possible solution to an otherwise insoluble problem ? The fact that four Nottingham school children were drowned last year suggests that the problem is worth solving.

STAFF

Consultant Orthopaedic Surgeon : Mr. S. A. S. Malkin, C.B.E., retired in September after acting as the Committee's Orthopaedic Surgeon since 1925. During the thirty-two years of his association with the Committee his advice has been readily available to your medical staff and I would like to take this opportunity to thank him for his interest and enthusiasm in the care of our crippled children.

Mr. J. P. Jackson was appointed by the Sheffield Regional Hospital Board to undertake the orthopaedic examinations at the Central School Clinic with effect from 1st October.

School Medical Officers : Dr. M. J. Clay was appointed School Medical Officer in September to replace Dr. A. Meade who had resigned at the end of July. Dr. S. J. Harris (in January) and Dr. G. N. McCoach and Dr. J. L. K. Watkinson (in April) were appointed part-time School Medical Officers for duty primarily as Dental Anaesthetists.

School Dental Officers : Mr. K. H. Davis was appointed full-time School Dental Officer in August to fill the vacancy created by the resignation of Mr. F. E. Gell twelve months previously.

Mr. E. A. Meadows, Mr. H. R. L. Howell and Miss P. Dickens were appointed part-time School Dental Officers at various times during the year.

I regret to report that Mrs. W. Curtis, part-time School Dental Officer, died in June. Mrs. Curtis had been in the Committee's service for thirty-two years and she has been greatly missed.

Mr. N. Pinto-do-Rosario, part-time School Dental Officer, left England and his appointment was terminated in May.

Other Staff : From time to time during the year there were resignations and replacements of Speech Therapists, School Nurses, Nurses' Assistants, Dental Attendants and Clerical Staff. Considerable difficulty was experienced in obtaining Resident Assistants at the Silverwood and Gables Hostels and at the end of the year the post of Resident Assistant Matron at the Gables Hostel had been vacant for six months.

MEDICAL INSPECTION

Medical Inspections have been kept up-to-date and the number of periodic inspections, 20,556, is only slightly below the 1956 figure of 22,053.

The numbers inspected in the various groups were :—

Periodic Inspections :

Entrant :	Nursery Classes	680	
	Others	3,668	
			4,348
Intermediate (7-8 years)		4,331	
Intermediate (10-11 years)		4,609	
Leaver		3,431	
			16,719

Other Periodic Inspections :

Grammar Schools	1,149	
Nursery Classes (other than Entrants) ..	740	
Remedial Classes	1,233	
Special Schools for the E.S.N. ..	311	
Special Open-Air Schools	352	
Special School for the Deaf	52	
		3,837
		20,556

It is interesting to compare in the following table the percentage of inspections in the Entrant and Leaver Groups at which a parent attended.

Group	*Percentage of inspections at which a parent attended*
Entrant	92.4
Intermediate (7-8 years)	87.4
Intermediate (10-11 years)	85.5
Leaver (14+ years)	41.8

These percentages seem to confirm the opinion I have previously expressed that older boys and girls like to assert their growing independence by attending for examination unaccompanied by a parent.

Other Inspections : 25,105 special examinations or re-examinations were carried out at schools or clinics at the request of parents, teachers, family doctors, etc.

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

Clarendon College	31
College of Art and Crafts	41
People's College	36
Nursery Nurses Training Centre	36

Young people in the following categories were also examined by the medical officers :—

Printing Trade Apprentices	77
Junior Nursery Assistants	13
Candidates for entry to Training Colleges ..	96
Candidates for entry to the teaching profession	116

There continues to be criticism of the School Health Service in the medical papers, often by younger members of the profession. This criticism may have some justification, but so far it has been only destructive. In considering the results of periodic school medical inspections it should be borne in mind that there are many occasions when the inspection has to be carried out in conditions far from ideal, in noisy surroundings, with interruptions and other distractions. In these circumstances it is difficult to hear heart murmurs or attempt to check the hearing.

Some authorities have taken advantage of the provision in the School Health Service and Handicapped Pupils Regulations, 1953, that enables them to experiment with fewer than three periodic medical inspections provided that they make other arrangements for the medical supervision of the children, but these alternative arrangements do not give the all-round picture produced by regular medical inspection. The parent who is present at the medical inspection of her child is pleased when no abnormality is found and it gives a feeling of satisfaction to a medical officer to be able to say to a parent that he can find nothing wrong with her youngster. The fact that a parent, in a few minutes chat with a school medical officer, can be assured that she is doing the right thing by her child is just as important as the finding of a defect or even more so. It is important to remember that the whole basis of medical training is one of treatment and of making a diagnosis of the patient's condition, and preventive medicine does not receive the same amount of attention. I have heard it said that the Chinese only pay their doctor while they are well, and so he has a duty to keep his client well, a possible solution to the difficulties of the National Health Service.

SOME NOTES ON THE FINDINGS AT MEDICAL INSPECTION

(See Table IIIA, page 42)

Skin Conditions :

In need of treatment :	74
For observation :	23

The figures for treatment are much smaller than last year (193) and give one the impression that skin diseases are steadily becoming fewer, although conditions affecting the skin such as warts, naevi, etc., are possibly not fewer in number.

Eye Conditions :

Defective Vision :

In need of treatment :	656
For observation :	300

A slightly increased number of entrants with defective vision is noted, but the figures otherwise are little altered from those of 1956.

Squint :

In need of treatment :	108
For observation :	34

Fewer children with squint were noted for treatment. (1956 : 260). It is difficult to account for this. It may be that children are being treated in the pre-school period and that this is now being reflected in the lower numbers found at medical inspection.

Colour Vision : 4,113 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	1,425	1,591	3,016	42	7	49
Grammar Schools ..	467	522	989	15	—	15
Institutions of Further Education ..	56	52	108	—	—	—

1.56 per cent. of the pupils examined had some defect of colour vision, 2.93 per cent. of the boys and 0.32 per cent. of the girls.

Ears :

Otitis Media :

In need of treatment :	21
For observation :	53

There has been a very marked reduction in numbers (1956 : for treatment 53, for observation 54).

Nose and Throat Conditions :

In need of treatment :	329
For observation :	251

As noted earlier and as forecast last year the very marked fall in the numbers of children with enlarged tonsils and adenoids is most striking. (1956 : for treatment 652, for observation 345).

HANDICAPPED PUPILS

The following tables show the placement of handicapped pupils at the end of 1957 in accordance with the School Health Service and Handicapped Pupils Regulations, 1953.

Blind :

Boarding Special Schools	4

All our blind children are in Boarding Special Schools. This group is quite adequately catered for.

Partially Sighted :

Ordinary Day Schools	21
Boarding Special Schools	6
	27

There has been no difficulty in finding places for those children who need special educational treatment in a boarding special school. The comparatively large numbers in ordinary schools have been carefully watched both from the educational and the ophthalmic angles and I have been surprised to find how, despite visual acuities of 6/36 or less in each eye, one or two youngsters have managed to progress satisfactorily at school. Indeed, one child whose parents refused to consider residential school and whose visual acuity was less than 6/60 made steady if not brilliant progress in an ordinary school with understanding teachers.

Deaf :

Special School, Forest Road	32
Boarding Special School	1
Independent Boarding School	1
	34

An increase of four in the number of deaf children does not mean much, but is disappointing to note. It is not easy to find a reason for the deafness of these children. Occasionally a virus infection in the mother during pregnancy accounts for it or one can find a definite hereditary defect, but in most cases no reason can be found for this very considerable handicap.

Although most of the deaf children have a small amount of hearing for very loud sounds and have been provided with hearing aids, a large proportion of them are not using their aids, the degree of magnification of sound in the ordinary hearing aid being insufficient to reach their threshold. The School for the Deaf has been supplied with an auditory trainer to overcome this difficulty. This is capable of increasing sound volume by as much as 120 decibels, thus getting through to children whose hearing loss may reach this low level. The apparatus should prove a very useful addition to the hearing aid equipment.

Partially Deaf :

Ordinary Day Schools	58
Day Special Schools	9
Boarding Special School	1
	68

There is little change in these figures. Many partially deaf children in ordinary schools are wearing hearing aids. It is hoped to start a class for the teaching of lip reading after many years without one. I feel, and I think the consensus of opinion is, that the hard of hearing can benefit from this teaching and there is no doubt that a proficient lip reader can overcome a great deal of his handicap by this means.

Delicate :

Ordinary Day Schools	281
Day Special Open-Air Schools, Arboretum and Rosehill	73
Boarding Special Schools	15
Boarding Home for Diabetics	1
Awaiting placement	2
	372

The policy generally is to keep as many delicate children as possible in their own homes. With the provision of well heated, well ventilated and bright new day schools there is not the same need for residential or indeed for day open-air schools. There still remain a few delicate children, including the asthmatics, who need education in a residential school.

It is amazing how almost all asthmatic youngsters keep well and free from attacks when in residential schools. Many retain their improvement on their return home, but some relapse. I can instance the case of a girl who on her return from residential school developed several attacks of status asthmaticus and was dangerously ill, and yet while away for a considerable period had kept perfectly well. Unfortunately, the parents refused to consider further residential schooling and the child spent a good deal of time in hospital this past year.

Physically Handicapped :

Ordinary Day Schools	22
Day Special Open-Air Schools, Arboretum and Rosehill	34
Boarding Special Schools	3
Hospital Special Schools	3
Home Tuition	3
	65

This group of children have, almost entirely, permanent handicaps. They all need special help and care from the physical angle, and as most of them have been in and out of hospital on several occasions they are usually educationally backward.

Speech therapy for cerebral palsied children is nowadays considered essential, but I am doubtful if it gives really worthwhile results in children whose attention and concentration are limited.

Educationally Sub-Normal :

Day Special Schools	376
Boarding Special Schools	3
Awaiting placement in Day Special Schools ..	63
	442

The first impression one gathers from the above figures is that the authority have been unable to cater for many more educationally sub-normal pupils despite the opening of the Westbury School with 100 new places. Two factors are producing unusual figures, the first being " the bulge " in the school population which is now affecting the age groups at which children are usually admitted to the Special Schools. The second factor is that the Hardwick School is only slowly getting into its stride after the re-organisation following the removal of the older girls to the new Westbury School.

The new Westbury School was opened officially in 1958, but has been in use since September, 1957. The school embodies a number of new points of design which have evoked very favourable comment. The building is neat, compact, light, airy and bright. A central hall separates the class rooms from one another and acts as an excellent insulator, thus avoiding a difficulty so common in most schools, namely interference of one class by noise from another. From the architectural angle I understand that the builders received an award for good craftsmanship.

Maladjusted :

Ordinary Day Schools	23
Day Special Schools	3
Silverwood Boarding Home, Nottingham C.B.	9
The Gables Boarding Home, Nottingham C.B. ..	5
The Grove Boarding Home, New Balderton, Notts. C.C.	6
Dr. Barnardo's Home, Barkingside, Essex ..	1
Lichfield Grammar School (as a boarder) ..	1
Independent Schools	4
	52

This group remains fairly stationary in numbers. I am not sure whether we are fortunate in this City or whether your School Health Service is presenting a blind eye to some forms of maladjustment. This authority have never considered a child to be maladjusted just because of faults in the home, which if corrected result in rapid recovery, nor, if removal from an unfortunate environment produces immediate relief of symptoms, has it been considered to be real maladjustment. Our figures are low in comparison with some authorities but there are others where this handicap does not seem to occur or possibly where the mechanism for ascertainment and treatment is absent.

Epileptic :

Day Special Schools	2
Ordinary Day Schools	72
Boarding Special Schools	3
Awaiting placement in Boarding Special School	1
	78

It is doubtful if these figures include all the epileptic school children in the City. This condition is one which parents are rarely frank about, so that controlled epilepsy may never come to light. The known cases have all been definitely proved either by electric encephalogram or by actual observation of fits by competent unbiassed observers. I have noted, however, that on occasions an undoubted history of epilepsy is not always proved by E.E.G.

Speech Defects :

Boarding Special School	1
Ordinary Day School	1
Awaiting placement	2
	4

This handicap is common in early school life but only those who show no improvement with ordinary speech therapy are considered for residential education. I have to thank Dr. Worster Drought, of the West End Hospital for Nervous Diseases, London, for his very helpful advice in a number of cases of speech difficulty. It has been possible to arrange for children to see Dr. Worster Drought in London with the speech therapist concerned and to return to Nottingham on the same day.

Moor House Residential School for the treatment of speech defects now admits a child for a few days for investigation and observation. This arrangement has certain very obvious benefits.

CHILD GUIDANCE

The usual arrangements have continued. There has been some reduction in the numbers seen, as Dr. J. E. Greener, Psychiatrist, has been ill for some time. We have been fortunate, however, in having the services of Dr. F. G. Thorpe, a registrar who has found himself unexpectedly involved in the work with only the briefest of introductions. It has been interesting to note Dr. Thorpe's reactions and I have asked him to give us the benefit of his thoughts on finding himself a fully fledged member of the Child Guidance Team.

The Child Guidance Centre :

by Dr. F. G. Thorpe, M.B., Ch.B., D.P.M.

The aim of the Child Guidance Centre is to make " bad " children into good adults. Children's behaviour can often be correlated with parents' and teachers' attitudes, and using the concept of " attitude therapy " it is possible to help parents and teachers to examine, discuss and modify those feelings and emotional relationships which are found to be detrimental to individual children. Behaviour which had previously been regarded as bad, unexplained and incomprehensible comes to be recognised as a child's reaction to adult attitudes towards him, such as overprotection, perfectionism, disapproval, etc. As well as dealing with the attitudes of adults, it is now possible through the medium of play technique to understand and appreciate how children feel about their difficulties. Children are afforded a chance playfully to reveal and work out their insecurity, anxiety and hostility and to release emotional tension which has been built up by conflict with faulty relationships.

One of the first difficulties experienced at the initial interview and which needs clarification is the attitude of the parent and child towards the clinic. The parent often feels it an admission of failure to have to seek help from such an agency and the child is often completely ignorant of the reason for his referral, or later reveals that the Child Guidance Centre has been used as a threat in a final attempt on behalf of the parents to correct his disturbed behaviour. It is, of course, impossible to review all the different types of problems which present themselves for investigation and treatment. One symptom, however, is outstanding and plays a major role in the etiology of most of our cases. This is the insecurity felt by the child of a rejecting parent. Everyone who has worked with parents and their children appreciates the following principles :—

(*a*) Accepted children have a better opportunity for healthy personality formation than unaccepted children.

(*b*) Accepted children are more apt to become accepting parents in their time than unaccepted children.

The child's journey to maturity is long and arduous and goes through several rather critical stages. The insecure, rejected child is much more likely to break down under these stresses than the accepted child. A person who comes out of a warm house can tolerate winter cold much better than one who comes out of an unheated house, states Professor Kanner. The warmth of parental acceptance, approval and affection enables a child to go out into the world without freezing. The rejected child tries clumsily to get warmth from all around him, tries to force it or purchase it, and consequently becomes a nuisance and is rebuffed.

How much can the attitude and behaviour of a rejecting parent be modified ? The accurate assessment of parents is very important, as some are not capable of changing, and it is in cases of this type that a good foster home or hostel may have to be considered to let the child have the experience of a warm relationship of acceptance before he undergoes permanent personality change and becomes anti-social. It is in this respect that the psychiatric social worker can be of great assistance. He is the only member of the team to visit the home and see the problem in its proper setting and the psychiatrist will rely very much upon the psychiatric social worker's impression of the home before a decision is made to remove a child from it.

Finally, it will be seen that the adequate functioning of, and the results obtained by, a Child Guidance Centre depend not on any one individual. It is the result of the combined effort of a team of specialists who, before they attempt to modify the attitudes and relationships of their patients, must first of all adjust their own and learn to work in harmony. We at the Nottingham Child Guidance Centre pride ourselves that we at least have done the latter and hope that as a result our patients will benefit and learn to do likewise.

* * *

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

Examinations :

Psychiatrists	166
Physician	197
Psychologists	910
Psychiatric social workers	226

Re-examinations :

Psychiatrists	208
Physician	57
Psychologists	2
Psychiatric social workers	256

Attendances and Visits :

Attendances for treatment	6,417
Interviews with parents	807
Interviews with others	602
Home visits	178
School visits	631
Hostel visits	27

Cases Treated :

Psychiatrists and lay psychotherapist	85
Educational psychologists	166
Educational therapist	330
Boarding homes	35

The treatment of Enuresis :

A condition which can be distressing, not only to the individual concerned but also to his family, is Enuresis. It is difficult to say how big a problem this is in the school population. It is not a condition which parents are prepared to talk about frankly and unemotionally because they think there is an element of shame attached to it. Children with this condition tend to drift to the Child Guidance Centre because, after varying forms of treatment have been tried unsuccessfully, the emotional element finally receives the blame and the place for the treatment of emotional difficulties is the Child Guidance Centre. While this may be correct to some extent, there is no doubt that child guidance treatment is little more successful than simple medication.

In March, 1957, we started to treat our cases of Enuresis with a pad and alarm bell. The principle is a simple one. The pad is put under the child on retiring. If the pad becomes wet, a circuit is completed, an alarm bell rings and wakens the child.

Mr. J. R. White, one of the Psychiatric Social Workers, has taken a special interest in this treatment and reports as follows :—

None of the children treated by the pad and bell system was grossly disturbed emotionally, but results suggest that the majority of non-organic enuretics suffer from a chronic habit disorder which can be resolved by simple reconditioning. The psychological effect of bed-wetting varies widely. In some cases there is indifference or acceptance, in others anxiety, guilt and resentment, involving not only the child but the whole family over many years. The immediate relief which the support of the apparatus gives to children and parents is very striking. There is no doubt that the bell and pad apparatus can go a long way towards eradicating this common problem of childhood.

Of 11 cases treated by this method in 1957, nine have recovered fully and two have improved. Most of the children were dry in from three to six weeks ; there have been no relapses.

* * *

I agree that this is an effective way of treating this condition. The difficulty is in providing sufficient pads and bells. A general practitioner in a nearby small town has been treating youngsters by this method for some time and he assures me that he has completely freed the child population in his area of this annoying and troublesome condition. Once a child has developed normal control there seems very little likelihood of recurrence, and failures seem to be few.

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

During the year the educational psychologists have tested over 600 children in schools and have advised regarding the degree of their educational retardation.

Reading is the stumbling block for most retarded children. Considerable help has been given to those children who needed the further impetus of assistance from the staff of the Child Guidance Centre.

It has been discussed frequently whether or not it is advisable for children to attend the Centre for educational therapy as it is often assumed that it makes them feel " different." Our results flatly contradict the above assumption as, with very few exceptions, the children enjoy the extra help which is mainly individual. It has the further happy effect of focussing their parents' attention on their backwardness and there is this added factor of strong parental co-operation.

Retardation should be reported as early as possible in the Junior Schools, as psychologically a feeling of inadequacy on the part of a child has an adverse effect on later attitudes.

In Nottingham we are fortunate in having teaching staffs who carefully select the children who need extra attention. They also co-operate by ensuring regular attendance at the Centre and by giving encouragement for the child's efforts, which is very commendable.

Educational Therapy :

This was continued along the usual lines until the summer term when the remedial teacher left the service of the authority to take a more active interest in her own new family. This post has not been filled. There does not seem to be enthusiasm in the teaching profession to help the slower individuals in the schools. I was often amazed to find how much improvement a child made educationally by intensive therapy, but I doubt if there was any permanent improvement unless the I.Q. was satisfactory. It would seem that special help can raise a child's attainment ratio but it almost invariably falls again to keep in step with his I.Q.

I am not advocating the cessation of educational therapy. I think that every child should have all the help possible and in many cases it has been worth while to give intensive work, but sometimes the results have been disappointing.

Classes for Illiterate Adults :

These have been continued on similar lines to 1956. There has been an increased demand owing to the influx of West Indians to the City. Unfortunately, a few of the applicants are unlikely to benefit from the help given in these classes as their intellectual capabilities are so poor.

Hostels for the Maladjusted :

During the year a total of 29 boys (22 City, 7 County) passed through the authority's two hostels for maladjusted children.

Although neither of the hostels was fully occupied during the year, there were always a few youngsters who were prospective candidates for admission. As long as the psychiatric social workers could give the parents support, the youngsters remained in their own homes, but as I write a number of them have tended to deteriorate and admission to hostel has had to be arranged.

The fact that the hostels are in this area ensures regular contact with the homes. This is important and it is surprising how infrequently children take advantage of the situation to return home.

Children in hostels :

Hostels of this Authority :

	Silverwood		*The Gables*	
	City cases	*County cases*	*City cases*	*County cases*
At beginning of 1957 in residence	9	2	7	3
Admitted during year ..	5	2	1	–
Discharged during year ..	6	–	3	1
At end of year in residence ..	8	4	5	2

City children in hostels of other Authorities :

	Dr. Barnardo's	*The Grove Notts. C.C.*	*Bourne, Kesteven C.C.*	*Staffs. County C'l.*
At beginning of 1957 in residence ..	1	5	1	–
Admitted during year	–	5	–	1
Discharged during year	–	4	1	–
At end of year in residence	1	6	–	1

SEX EDUCATION

Frequently of late years there have been references in the popular press and even in the technical journals to the need or otherwise for education on the subject of sex. It becomes an interesting and unexpected means of increasing the number of Letters to the Editor and the views expressed extend from an urgent demand for information through various forms of laissez-faire to an outright threat of action if anything is done at all.

We of the medical profession may be asked for an opinion on the subject, but by and large we have little or no experience of teaching and we feel that if the subject is introduced at all it should be by an experienced teacher and then only after a course of biology has been completed. Nothing is worse and more difficult to overcome and control than the titters of a bunch of teenagers in front of an inexperienced, amateur teacher no matter what the subject.

In my opinion and in that of many adults with experience of teaching, the correct person to initiate sex instruction is the parent, but there are many parents whose knowledge of sex is very imperfect. Where there is no mother in a home how is a father to broach the subject to an adolescent daughter, or a widow to discuss with a growing lad the emotional aspects of sex and the relationships which exist between beings of opposite sex, let alone differences ? Indeed, it may be that these individuals should have some instruction on how to impart this information to their adolescents, instead of children being allowed to accumulate a mixture of sex and filth, and dubiously absorb the details of anatomy, physiology, etc., from their older but often less knowledgeable brothers or sisters or their pals at the street corner. Curiosity being part and parcel of human nature, it is something which demands sensible satisfaction.

Education, in the first place, should be for responsible adults who are the parents of adolescent children. It may be that there is no demand from that group of the population.

TREATMENT

Arrangements are much as usual and are shown in the following table :—

Clinic	*Address*	*Treatment Carried out*	*Doctor attends*	*Children's attendances during 1957 for minor ailments*
Central	28, Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, Ear, Nose and Throat	Tuesday and Friday a.m.	† 11,795
Bulwell	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	10,200
Clifton	Charnwood School	Minor Ailments, Speech Therapy	Wednesday p.m.	1,398 (Opened in Sept.)
Ernest Purser	Wilford Road	Minor Ailments, Speech Therapy	——	1,816
Jesse Boot*	Jesse Boot School	Minor Ailments	——	2,296
Leenside	Canal Street	Minor Ailments, Dental, Speech Therapy	Thursday p.m.	6,273
Padstow	Henry Whipple Infant School, Padstow Road and Burford School	Minor Ailments	Monday a.m.	14,804
Pipewood School*	Blithbury, Staffs.	Minor Ailments and in-patient treatment of acute conditions	Daily, as required	2,355 (Part year only)
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	18,474
Portland	Portland Junior School, Westwick Road	Minor Ailments, Speech Therapy	——	3,243
Rosehill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Therapy	Tuesday p.m.	10,934
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	6,751
Springfield*	Springfield School	Minor Ailments	——	1,729
William Crane	Aspley Estate	Minor Ailments, Speech Therapy	Wednesday a.m.	8,717
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.

The addition of a temporary clinic at Clifton should be noted. It will prevent the need for a long bus journey to town, and as it seems that a move to Clifton portends a new addition to the family the bus journey with small children can well be done without.

Arrangements are well in hand for the erection in the centre of the Clifton Estate of the new school clinic which will provide accommodation for the usual facilities, including a fully equipped dental department with provision for the treatment of Maternal and Child Health cases, adults and children.

DENTAL INSPECTION AND TREATMENT

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

In common with most other authorities the dental department is still working quietly and steadily, but with inadequate staff. There does not seem to be hope of an immediate change for the better, although the dental schools are now full and the situation may improve slowly.

Despite the shortage of staff the number of permanent teeth fillings (6,840) is approximately the same as in 1956 (6,963). A reduction in the total of teeth extracted (14,549 compared with 19,499 in 1956) may mean that there is less caries or just less toothache. The figure of permanent extractions, however, is only slightly reduced from 4,061 in 1956 to 3,580 and it is impossible to draw any conclusions.

Although the extraction figures show a downward trend, one gets the impression when inspecting older children that not only is there more caries, but also that the general hygiene of the mouth is not so good as it was. It is also the opinion of the medical officers that gum diseases are on the increase and that many mouths would benefit from the services of a dental hygienist and that scraping and cleaning would be well worth while.

There seems to be less interest by many youngsters in the need to keep their mouths healthy, and dental apathy seems common, particularly in some of the older pupils.

The following table shows what work was carried out in 1957 and in preceding years :—

	1951	1952	1953	1954	1955	1956	1957
Inspection Sessions ..	83	87	100	67	65	54	50
Treatment Sessions ..	1,499	1,736	1,991	1,878	1,606	1,765	1,670
Total Sessions ..	1,582	1,823	2,091	1,945	1,671	1,819	1,720
% of Inspections Sessions ..	5.2	4.8	4.8	3.4	3.9	2.9	2.9
Periodic Inspections	14,682	17,814	20,263	11,503	11,015	11,073	10,820
Emergency Treatments	4,005	4,307	4,581	4,957	5,508	6,136	5,901
Permanent Teeth Extracted ..	1,800	1,768	2,833	2,602	2,823	4,061	3,580
Temporary Teeth Extracted ..	14,373	10,634	15,978	15,889	12,354	15,438	10,969
Total Teeth Extracted ..	16,173	12,402	18,811	18,491	15,177	19,499	14,549
Permanent Teeth Fillings ..	5,174	7,346	9,420	8,414	7,245	6,963	6,840

Orthodontic Treatment :

	1951	1952	1953	1954	1955	1956	1957
No. of cases treated	85	90	91	117	143	122	103
No. of cases completed	51	42	49	56	84	69	73
No. of dentures fitted or repaired	51	70	127	130	144	145	155
Removable appliances fitted					126	103	85
Fixed appliances fitted					4	3	–

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

* * *

Mr. Carrington, whose final report it is this year, has given me some interesting and amusing notes about the time in July, 1917, when he and two other dental surgeons started the Nottingham School Dental Service.

Mr. Carrington writes :—My first assignment was an inspection at the Arboretum Open-Air School. This school was on the site of the present Women's Hospital and consisted of a number of wooden erections without sides and was the then School Medical Officer's special interest. For this reason it was the first school to receive the attention of the new dental officer. At the first school inspection some 83 per cent. of children required urgent treatment with the small total of under 2 per cent. needing no treatment.

Arrangements for treatment had to be started and the first treatment session was held in September, 1917, in an attic in the school clinic in Clarendon Street. There were two small rooms in this attic, one being used as a surgery and the other as a recovery room.

There was no waiting room and the usual place for the patients to wait in those days was on the stairs, a state of affairs which quite rightly upset a well known local Member of Parliament whose child had come for treatment.

Instruments were much the same as to-day, but there was no electric motor for the drill and it had to be worked by foot. Gas was in use, of course, but the apparatus was often inclined to blow off its connections much to the consternation of the anaesthetist, let alone the patient. No nasal gas was possible. Fillings were composed of much the same material as nowadays but copper amalgam was more commonly used. The rinsing basins which one associates with dental surgeries were, of course, absent, their place being taken by buckets.

The need for further surgery facilities was realised, and in 1919 the kitchen of a caretaker's house at Bulwell then in use as a minor ailments clinic was converted for dental purposes. In 1926 the new Central Clinic in Chaucer Street was opened, with three dental chairs and full modern equipment. By this time all age groups were being inspected annually, so that the demand for treatment was considerable, not only in the central areas but in the outlying districts.

The provision of additional dental surgeries at Leenside, Player and Rosehill Branch Clinics, and in the joint clinic at Bulwell allowed the work to be distributed and to expand.

DISEASES OF THE EAR, NOSE AND THROAT

The usual arrangements with the Sheffield Regional Hospital Board have continued and consultant and in-patient treatment is still provided at the Central Clinic.

During the year, 1,477 children attended for specialist examination, making 1,878 attendances. 986 operations were carried out. At the end of the year there were 131 children on the waiting list.

As I have noted in my opening remarks there is a definite reduction in the number of children showing enlarged tonsils, etc., but there has always been a large proportion of children under six-monthly or annual observation and this accounts for the comparatively large figure of 1,878 attendances for specialist examination. This figure includes many children who were reviewed because of ear disease or deafness. Arrangements are made for frequent reviews of all children whose hearing has been affected, as well as those who are known definitely to be deaf or partially deaf.

T. and A. Operations in Children Inspected at School during 1957 :

Group inspected	*Number of children inspected*			*Children who had previously had tonsillectomy*				
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Percentage of those examined* 1957	1956
Entrant	2,252	2,096	4,348	135	104	239	5.5	6.1
Intermediate (1) : aged 7 plus	2,166	2,165	4,331	378	346	724	16.7	19.9
Intermediate (2) : aged 10 plus ..	2,341	2,268	4,609	539	435	974	21.1	26.0
Leaver : aged 14 plus ..	1,617	1,814	3,431	440	492	932	27.2	29.5
Additional Periodic Inspections :								
Remedial Classes ..	736	497	1,233	145	99	244	19.8	21.9
GrammarSchool Pupils	551	598	1,149	103	137	240	20.9	32.6
Special School Pupils	259	220	479	50	42	92	19.2	23.5
Totals ..	9,922	9,658	19,580	1,790	1,655	3,445	17.6	20.8

The above table makes some interesting comparisons with that of last year. It will be noted that the percentage of children who have had tonsillectomy is lower in all groups in 1957 than in 1956. This is a pointer to the general trend.

AUDIOMETRY

Although this authority was one of the first to arrange audiometric examination of all pupils in the schools it has been given up for the following reasons :—

(1) It did not find the partially deaf children who were in difficulty because of hearing loss, as had been hoped.

(2) It did find many conditions which were easily found in other ways, viz. :—otitis media, obstruction by wax or actual furuncles and marked lack of ability to follow simple instructions.

(3) It found a number of things which really did not matter such as loss of hearing in one ear and temporary hearing loss as a result of coryza and catarrh or a recent visit to the swimming bath.

(4) Children whose hearing was considered to be unsatisfactory as a result of the audiometric examination were referred to the consultant for examination and, if necessary, treatment. Even after apparently affected children had been screened by a second test, embarrassment was occasionally created for the consultant who was asked to see a child who was said to have hearing loss. If he found nothing wrong he was often faced by an irate parent who wondered why she had been brought to the clinic and whom it was difficult to placate.

(5) It created more disturbance of the school curriculum than teachers thought was justified.

Audiometry is now arranged for selected cases only. Most of these are referred by the ear, nose and throat consultant, but others come from medical inspections, from speech therapists and from the school nurses who may know the child personally or through the concern of the teacher.

Mr. E. F. Ward, Audiometrician, attends at the Central Clinic each month to carry out tests on selected children and during the year he made 350 tests on 221 children.

Hearing Aids : Most of the children in the Day School for the Deaf wear hearing aids, as do many of the handicapped partially deaf children in ordinary schools. Most of the children find their aids extremely useful, but a small proportion seem to have a persistent fear of being different and of being noticed, and this prevents them receiving the full benefit from their aids. This emotional difficulty is experienced by many children who do not like to be different from their fellows. It applies not only to the wearing of a hearing aid, but, as many parents know, to simple things like red hair, spectacles, or to more obvious things like skin conditions, scars, wooden legs or excessive weight. There is no one more ashamed or self-conscious than the adolescent with a spotty face.

The Committee purchased two transistor aids for two individual children in the nursery class at the School for the Deaf. These were found to be very useful. In one case there was a desirable but unexpected result. After wearing his aid for a short time an ill-behaved and noisy boy seemed to realise that he was able to listen when he quietened down and that he was unable to do so if he created a disturbance.

In my opinion this nursery age group is not the correct one to receive the help of a hearing aid, and I am glad to know that the health visitors in the Health Department are being taught to look out for deafness in infants under twelve months of age. This is the period when they are ready to listen and when the help of an aid can be most acceptable and desirable, it being suggested that unstimulated hearing centres lose their ability to receive sound.

ELECTRICAL TREATMENT

The following is a record of the treatment given in the Electrical Department during 1957 :

Ionisation :

No. of cases of otorrhoea treated	1
No. of other cases (mostly warts) treated ..	277
No. of attendances	1,079

Ultra-Violet Ray :

No. of cases treated	56
Total No. of attendances	790

Proetz Treatment :

No. of cases treated	132
Total No. of attendances	868

Dental Films :

No. of dental X-ray cases	126
No. of dental films taken	359

OPHTHALMIC SERVICE

The ophthalmic service has been continued on the same lines as previously.

	1952	1953	1954	1955	1956	1957
No. of pupils on rolls on 31st December	47,766	48,880	50,108	50,975	51,628	52,115
Pupils refracted	4,520	4,594	4,646	4,719	4,809	4,937
Percentage	9.5	9.4	9.3	9.2	9.3	9.5
Spectacles prescribed (pupils)	1,794	1,612	1,760	1,412	1,604	1,528
Percentage	3.8	3.3	3.5	2.8	3.1	2.9

Orthoptic treatment at the Eye Hospital :

	1952	1953	1954	1955	1956	1957
New cases treated	36	141	64	84	56	40
Total treated	48	147	109	125	155	125
Awaiting test or treatment at end of year	114	11	16	36	37	11

Operations for squint at the Eye Hospital : The waiting list has been reduced to an all time low, and this has resulted in a considerable reduction in the number of children having orthoptic treatment.

	1952	1953	1954	1955	1956	1957
Operations	92	97	99	81	106	123
On waiting list at end of year	128	119	109	82	60	10

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	274

Children treated as out-patients :

At Nottingham Orthopaedic Clinic	333
At Nottingham City Hospital	7
At Nottingham Children's Hospital	534

Children treated as in-patients :

At Harlow Wood Hospital	70
At Nottingham City Hospital	15
At Nottingham Children's Hospital	242

Mr. S. A. S. Malkin who has acted as consultant to the Committee since 1925 retired this year. I had hoped that he would continue his interest in postural defects now that he has more time, and I have not yet given up hope that we shall be able to make use of the experience he has accumulated over the years. I have not been satisfied with the posture of the children in all income groups and I feel that if Mr. Malkin could make a survey of a cross section of the school population his findings would be of considerable interest to us as medical officers and possibly to the physical education members of the teaching profession.

Foot Defects : I do not wish to write of plantar warts and athletes foot, but of the results of wearing ill-fitting and unsuitable footwear. The development of a valgus condition of the big toe and crushing of the others is common because of the wearing of shoes which are too short. There comes a time in the life of a female secondary school teenager when she feels the urge to rush into fashion shoes. These are rarely suitable for growing feet and a persistent and irremediable valgus big toe results. The medical officers constantly point this out to parents, but many of the girls are not prepared to accept the advice.

PAEDIATRIC CONSULTATIVE CLINIC

Dr. A. P. M. Page, the Paediatrician, attends at the Central Clinic each week to see cases referred by the school medical officers and family doctors. During the year he examined 215 children, who made 381 attendances.

Dr. Page continues to give a great deal of help over the more difficult conditions which the school medical officers find themselves unable to pigeon hole. His main interest is centered in diseases of the heart. These are often difficult to assess, not so much from the point of diagnosis but more from the angle of capability, and we are grateful for Dr. Page's help. He can assure us as to the actual activities a child may be permitted to do in school or give us an indication when restrictions may be desirable and what form they should take. This is, of course, very helpful, not only to the school medical officers but to the teachers to whom the advice is passed on.

The close connection which we have with the hospitals as a result of Dr. Page's relationship with the School Health Service is very useful as it enables arrangements to be made with him for the admission to hospital of children who need investigation and observation.

The fat boy : Dr. Page commented in the 1955 Report on the fat boy in a brief note regarding cause and treatment, and I would like to add a few remarks of my own.

A few years ago, after the war but during the period of sweet rationing, it was very unusual to see the " Billy Bunter " type of child which one remembered in pre-war days. Nowadays, a brief and rapid survey shows that there are in Nottingham schools some 600 overweight children of all ages.

It is a thoroughly bad thing for a school child to be fat, but the sufferers do not realise this. They look well, feel nothing amiss and are not interested in their appearance. They may or may not be bright at school, but they are not able to indulge adequately in school games and physical education, and although they are usually taller than their class-mates this is no help to them.

The medical profession realise that the main reason for fatness is over-eating, but there is more in it than this as we all know thin and usually active

individuals who eat just as gluttonously as the fat. It may be that in some families there is a tendency for the easy putting on of weight and there are many homes where mother, father and the children are all over weight, just as in animal feeding the experts know that a certain strain fattens easily.

There is rarely a glandular reason for the excessive weight. As long as fatness and a big appetite are looked upon as evidence of health we are likely to have overweight children. It seems that once a move into the overweight class has been made it is extremely difficult to stop its steady progress, although this is probably the time to start to limit intake.

" To weigh yourself is to know yourself," as the caption on the weighing machine says, applies in particular to those whose rapid increase of weight occurs during school years even more so than to the adult, but in both cases an extra stone or two can be a very considerable handicap.

SPEECH THERAPY

There has been no alteration in the general arrangements for the treatment of school 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 1957 :—

Number of cases treated	387
Number of cases under supervision	673
Number of school visits	96
Number of cases discharged (supervision and treatment)	430
On waiting list 31st December, 1957 ..	102

Early in the year the Committee approved an extension of the service given by their speech therapists to the local hospitals from one session to ten sessions each week.

During the year, 197 stammerers (158 boys, 39 girls) were under treatment or observation by the speech therapists.

I am concerned about these figures. They are high for a school population such as ours, but it is difficult to get comparable figures from the reports of other authorities. I get the impression that stammering is largely encouraged by the attitude of the parents in the early years of speech and that once permanently fixed the habit is difficult to overcome after the age of ten years no matter how much help is given.

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

As already mentioned in last year's Annual Report, the speech therapists of this authority have had the unique opportunity of providing full speech therapy facilities for the Nottingham Nos. 1 and 2 Hospital Management Committees. This additional work necessitated the appointment of a fourth full-time speech therapist who commenced her duties in February.

In addition to the regular treatment sessions in the Child Guidance Centre and the branch clinics, speech therapists now work at the following hospitals :—

General Hospital :	3 sessions per week
City Hospital :	5 sessions per week.
Children's Hospital :	2 sessions per week

The work at the General Hospital is mainly with adults. Some of them are cases who have had laryngectomy (removal of the larynx), and " strokes," resulting in loss of speech and sometimes loss of understanding of the spoken or written word.

The work at the City Hospital is with children and adults who are in the plastic unit for operative treatment of cleft palate and other defects of the hard and soft palates. These patients receive treatment on the wards immediately after the plastic operation. It is hoped to continue this treatment after the patient has been discharged from hospital when accommodation is available in the new out-patients' building.

The demand for speech therapy at the Children's Hospital has been most encouraging and the sessions held there may soon prove to be inadequate. The work is entirely with pre-school children from both City and County and the referrals have included the cerebral palsied, cases of retarded speech development in need of investigation and those with speech defects of neurological origin. This work gives the speech therapist an opportunity of observing and investigating speech defective children in an age group not frequently encountered among the School Health Service referrals.

SCHOOL NURSES

Report by Miss F. Pinder, Superintendent School Nurse.

It is difficult to report upon the work of the school nurses, as so much of it is done behind the scenes.

To the majority of people, and I regret to say even to some of our colleagues, the words " school nurse " conjure up a picture of a kindly, well meaning person who wanders into schools usually at most inconvenient times to " look into children's hair." The nurses' assistants supervise the general cleanliness of the children in school, but the close co-operation of teachers, parents, school nurses and nurses' assistants is necessary in order to improve the present standard of personal hygiene.

Although the majority of parents give close attention to the hygiene of their children, many children still need constant supervision. Home visits by the school nurses are an important part of the follow-up of these cases, and this personal contact is of great help. An invitation is given to the parent and child to attend at the nearest school clinic, where advice and practical instruction in the cleansing of the hair are given. Where it is known that the mother is ill or that a child is motherless, extra care is taken. The father is seen and his permission to treat the condition is obtained.

As in other authorities, problem families occupy a considerable amount of the school nurse's time. Co-operation with other departments interested in children's health and welfare is of great value and a member of the nursing staff attends the meetings of the Co-ordinating Committee convened by the Children's Officer.

Minor Ailments : The routine treatment work by the school nurses in clinics is well known and is extremely valuable. It calls for tact and kindliness combined with firmness and a wealth of sympathy.

Medical Inspections : The school nurses attend at the school medical inspections to assist the medical officers. They collect histories, etc. from the parent, without directly questioning her. This contact with the parent is a great advantage to the nurse in her future relationship with the family. Where a parent does not attend at the medical inspection, the school nurse can frequently offer substantial help to the medical officer on the family background, home conditions, etc.

School Visits : The school nurses regularly visit the schools in their own areas to discuss with the teachers problems which may have cropped up since the last school medical inspection, and to see children who were absent from medical inspection or have only recently entered school.

It is a pleasure to acknowledge the material help which the school nurses receive from the teachers and clerical assistants.

Infectious Disease : When necessary the school nurse visits the schools to enquire into and report upon infectious disease. A good deal of home visiting is necessary, particularly in cases of Dysentery, where persuasion and help is often required to encourage the necessary care in collecting specimens, etc.

T. and A. Theatre and Ward : School nurses in turn continue to assist with this work.

Paediatric, Orthopaedic and Aural Clinics : A school nurse is always in attendance at these clinics. Home visits are subsequently made where necessary to ensure that treatment and advice are carried out.

Refraction Clinic : A specially trained school nurse assists the ophthalmic surgeons on eight sessions each week. This nurse does the preliminary testing of the children and carries out the subjective examinations. Each new member of the nursing staff attends a short course in the Refraction Clinic. This is particularly important now that serious efforts are being made to test the visual acuities of children of five years of age and under.

Health Education : Formal group teaching is not carried out by the school nursing staff but a good deal of informal instruction is given to older children in clinics, *every* contact with child or parent being considered an opportunity for health education.

* * *

The following is a summary of the school nurses' work during 1957 :

Visits to schools for routine medical inspection	1,808
,, ,, ,, following-up cases of defect	44
,, ,, ,, uncleanliness	587
,, ,, ,, investigation of infectious disease ..	11
Visits to schools for other purposes	994
Visits to homes for uncleanliness	598
,, ,, ,, deafness and other ear conditions	69
,, ,, ,, absentees from ophthalmic clinic	448
,, ,, ,, absentees from T. and A. clinic	139
,, ,, ,, follow-up after T. and A. operation ..	71
,, ,, ,, miscellaneous reasons	1,162
Clinic Sessions	4,920

CLEANLINESS

The nurses' assistants continued their cleanliness inspections in the usual way. Steady and persistent checking can maintain a generally satisfactory standard, but there still remains a hard core of persistently infested families, and there seems no way of obtaining spectacular results.

The nurses and their assistants will be glad to know that there has been a steady improvement over the last two years, as shown in the following table :—

	1942	1952	1953	1954	1955	1956	1957
On school rolls ..	37,086	47,766	48,880	50,108	50,975	51,628	52,115
Examinations ..	98,438	183,885	191,248	183,170	185,525	187,112	182,949
Number found unclean ..	2,905	4,073	4,882	4,955	6,403	5,975	5,615
Percentage of the number on rolls	7.8	8.5	9.9	9.9	12.5	11.5	10.8
Statutory notices to parents ..	—	47	39	32	41	26	29
Children cleansed	38	39	30	14	34	24	22

I am not satisfied that the medicated lotion we are using for disinfestation is the best one available, and I am trying out one or two alternative preparations, one of which seems to have the power of making nits more easily removable. One difficulty we experience, and most mothers will agree with me over this, is in the removal of nits after the head has been cleared of its original infestation. The frequent attack with the best of fine-toothed metal combs is wearing and unpleasant to the child.

INFECTIOUS DISEASES

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

	1952	1953	1954	1955	1956	1957
Chicken Pox	2,938	1,165	1,589	1,966	1,257	1,617
Measles	1,694	1,289	300	2,723	123	2,005
Mumps	1,266	415	2,114	584	796	2,080
Scarlet Fever	310	282	319	85	147	244
Whooping Cough ..	555	575	427	326	711	169

It is interesting to speculate on the number of school children who have had Measles, Chicken Pox and Mumps.

During the past ten years reported cases of Measles, Mumps and Chicken Pox have totalled approximately 40,000 (about 13,000 cases of each condition) out of an average school population for the same period of a little over 47,000. On the basis of these figures it is reasonable to assume that the majority of children do not develop these childish ailments during school life. It is difficult to believe that many of them contract these illnesses during pre-school years and one is therefore left with the impression that a high percentage of children leave school without having had these infectious conditions. Further investigation into the position might prove to be very interesting.

Asian Flu : This pyrexial condition seemed to appear and spread rapidly in September. It was no uncommon situation to find a class almost completely emptied in the course of a few days. Fortunately there were few complications and, although the general epidemic lasted a little over two months, most children were back at school in about a week with no residual effects.

CONVALESCENT HOME TREATMENT

A number of children whose health is always just unsatisfactory benefit from the good food and restful atmosphere of a convalescent home. There are others who quite obviously do not receive adequate care and feeding in their own homes, and they, too, are improved by the regular regime and sensible care which a well run convalescent home gives them. There are also those who are over-protected by over-solicitious parents, and to them a period of sensible discipline and freedom from fuss does a world of good. Finally, there are those children recovering from recent illness who have not returned to full health and spirits for whom the National Health Service has no accommodation. To these, a short period of quiet and rehabilitation in a convalescent home materially assists recovery to normal health and full activities.

During the year 55 children were admitted to the following Convalescent Homes for periods averaging five weeks :—

Charnwood Forest Convalescent Home, Woodhouse Eaves	42	children
Roecliffe Manor Convalescent Home, Woodhouse Eaves	11	,,
West Kirby Convalescent Home, Wirral, Cheshire ..	2	,,
	55	

PIPEWOOD SCHOOL

During the year 1,167 children were examined by the school medical officers as to their fitness for Pipewood School.

The health of the children at the school was generally satisfactory although some anxiety was caused by an outbreak of influenza during September and October.

Dr. F. G. A. Armson again acted as school medical officer, and I am grateful to him for the careful attention he gave to the children and for the prompt and effective manner in which he dealt with emergency cases.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

During the year 300 boys and 306 girls spent a holiday at the Nottingham Children's Homes at Skegness.

The children were selected by the doctors, with the assistance of the nurses and teachers, as being in need of a holiday.

PART-TIME EMPLOYMENT OF CHILDREN

During the year, 1,291 children were examined by the medical officers as to their fitness to undertake part-time employment.

The medical officers have found no evidence that such employment does harm.

THE ARBORETUM DAY OPEN-AIR SCHOOL

The Arboretum Open-Air School is very pleasantly situated. As well as having an ideal environment, there is a very happy atmosphere in the school.

The type of pupil has gradually changed over the past few years. Where previously there were more delicate children with chest conditions, the largest single category now is of cerebral palsied children.

At the end of 1957 there were in the Arboretum Open-Air School :—

18 children with cerebral palsy,
15 ,, ,, chest conditions,
6 ,, ,, disability following poliomyelitis,
4 ,, ,, congenital heart conditions,
3 ,, ,, bone and joint tuberculosis,
10 ,, ,, various rare conditions,
1 child with an acquired heart lesion.

The remainder of the children were mostly debilitated.

About 40 of the pupils are transported to and from school, so high is the proportion of the physically handicapped. Without the school, most of these children would have had to be educated in residential schools with long absences from home, and, after all, home is the best place for them to be brought up.

During the year the extension to the school was completed and opened. It consists of a large classroom, head teacher's room, nurse's room and medical officer's room. There are new toilets and washrooms for boys and girls on ground level and with several modifications to help the more handicapped children to be as independent as possible. The extension has eased the work of the school tremendously from everyone's point of view and has also allowed the teachers to have a staff room of their own. Previously the room was shared with the Head Teacher and had also to be used for medical inspection and speech therapy.

ACCIDENTS TO PUPILS

Dr. E. J. More, School Medical Officer, has submitted a comprehensive report upon the incidence, causes and severity of accidents to school children. It is impossible to print the whole of it, but the following are some of the more interesting and noteworthy extracts :—

Interest in accidents has been increasing in the past few years, as disease conditions have become less active in producing mortality in childhood. The World Health Organisation Report of an Advisory Group on Accidents in Childhood, published in 1957, underlines the importance of studying accidents and their prevention. It points out that child mortality rates have decreased steadily in recent years, while the death rate and mortality due to accidents remain high. It also states that in several countries accidents are the leading cause of death in the age groups 1 to 19 years. In the Netherlands in these age groups, accidents are responsible for 30 to 40 per cent. of all deaths ; mortality being highest at pre-school age, lowest among school children and again slightly higher in adolescence. The World Health Organisation Report also makes helpful suggestions on ways of studying the problem and on making the best use of the information available.

We in Nottingham have been collecting figures of accidents to children in the City schools since 1955, following the trend and looking further into the more serious ones to note any residual defects and to see what prevention is possible.

This year, for the first time, we have extended our scope to include road accidents to children between the ages of 5 and 15 years and accidents to children between 12 to 15 years treated at the Casualty Department of the

General Hospital. I am indebted to the Chief Constable and to Chief Inspector Spray of the City Police Traffic Department for making the figures of road transport accidents available to me, and to the Secretary of the Nottingham Number 1 Hospital Management Committee for allowing me to extract information from the Casualty Register of the General Hospital and to Sister Postlethwaite of the Casualty Department for her assistance.

Unfortunately, the figures for accidents to children aged 5 to 12 years treated at the Children's Hospital were not available, but the hospital staff have kindly agreed to co-operate next year.

1.—**School Accidents :** Total number on rolls of maintained schools : 52,115.

(*a*) Compare the past three years :

	1955	1956	1957
Total No. of accidents reported to School Health Service	372	384	261
Percentage of Nos. on rolls	0.73	0.74	0.5
Percentage to boys	62.3	65.4	65.5
Percentage to girls	37.7	34.6	34.5

(*b*) **Serious accidents,** mainly fractures and dislocations, were followed up. The diagnosis was confirmed and the number of school days lost was checked.

	1955	1956	1957
No. confirmed serious	Not available	120	101
Percentage of all accidents		31.2	38.7
Percentage to boys		74	73.3
Percentage to girls		26	26.7
Total school days lost		888	903
Average loss per accident in school days ..		7.4	9.0

(*c*) **Accidents occurring during Physical Education or Games :**

	Percentage of all accidents		
	1955	1956	1957
Physical Education	Not available	23.7	18.0
Games		16.6	19.9

The downward trend in the total number of accidents reported during the year is interesting and one wonders if the fact that more attention is now

being paid to the subject has made all concerned rather more prevention conscious ! It is also worthy of note that though the total number of serious accidents is *less*, the total number of days absent from school is *greater* than last year. In the secondary grammar and technical schools, both the number of serious accidents and the loss of school time are down.

(*d*) Total Accidents :

(i) *Primary Schools :* number on rolls 32,007.

	1955	1956	1957
Total accidents	141	121	96
Percentage of No. on rolls	0.42	0.37	0.30

(ii) *Secondary Modern Schools :* number on rolls 16,022.

	1955	1956	1957
Total accidents	173	193	131
Percentage of No. on rolls	1.32	1.24	0.82

(iii) *Secondary Grammar and Technical Schools :* number on rolls 4,086.

	1955	1956	1957
Total accidents	58	70	34
Percentage of No. on rolls	1.81	1.84	0.83

(*e*) Serious Accidents :

(i) *Primary Schools :*

	1956	1957
Number confirmed serious	41	39
Place of Occurrence or Agent :		
Play	25	25
Physical Education or Games	13	11
Other	3	3

(ii) *Secondary Modern Schools :*

	1956	1957
Number confirmed serious	56	45
Place or Occurrence or Agent :		
Play	14	5
Physical Education or Games	34	31
Other	8	9

(iii) *Secondary Grammar and Technical Schools :*

	1956	1957
Number confirmed serious	23	17
Place of Occurrence or Agent :		
Play	9	4
Physical Education or Games	14	9
Other	—	4

Prevention and Disability : Some serious accidents were preventable and one caused by a structural defect has resulted in that defect being remedied. The majority of the accidents were unforeseeable and in the primary schools most of them occurred during play when youngsters do rather let off steam. In the secondary schools more of the serious accidents occurred during physical education and games, which is understandable since the pupils do more advanced physical education and more strenuous games. Some of the accidents were due to the pupils' own foolishness, for example, a boy working with sodium in a laboratory when he had no right to be there.

Fortunately, cases of disability have been few and slight, involving possibly loss of complete flexion or extension at an elbow, but not preventing full participation in all school activities.

It is very gratifying to see the decrease in the number of accidents in school and the lack of serious disability. It will be interesting to see if the downward trend continues next year.

2. **Road Transport Accidents in Nottingham to children aged 5 to 15 years : Details obtained from City Police :**

Number of pupils aged 5 to 15 years inclusive (maintained and private schools) 51,000 approximately.

(*a*) **Total number of accidents :** 197 or 0.39 per cent. of pupils :

Accidents to boys : 135 or 68.5 per cent. of accidents
Accidents to girls : 62 or 31.5 per cent. of accidents
Group (i) : 5 to 11 years :
On rolls : 36,000 approx.
Number of accidents : 135 or 0.37 per cent. of group
Group (ii) : 12 to 15 years :
On rolls : 15,000 approx.
Number of accidents : 62 or 0.41 per cent. of group

As in school accidents, more boys sustained injury than girls.

(*b*) **By month :**

	Jan.	Feb.	Mar.	April	May	June
No. of accidents ..	9	19	24	13	20	15
School holidays ..				17th April to 6th May		

	July	Aug.	Sept.	Oct.	Nov.	Dec.
No. of accidents ..	17	20	14	13	14	19
School holidays ..	26th July to 2nd September					20th to 31st Dec.

Looking at the figures for each month, there is no marked increase in the number of road accidents during school holidays as one might expect. The

figures for August do not differ substantially from those of February, March, May and December, and yet the City schools were closed for the whole of August.

(*c*) **Week-days and week-end days :**

131, or 66.5 per cent., of the accidents occurred during week-days, an average of 0.5 accidents per week-day.

66, or 33.5 per cent., occurred during Saturdays and Sundays, an average of 0.6 accidents per week-end day.

It would appear (if this is a valid comparison) rather unexpectedly, that children are not much more unsafe at the week-ends. Of course, during school terms they are going to and from school at or near peak traffic times, especially in the morning and at lunch time. 27.4 per cent. of the accidents occurred at about lighting-up time, a difficult time for drivers.

71.0 per cent. of the accidents were slight.

26.9 per cent. of the accidents were serious.

2.1 per cent. of the accidents were fatal.

Four fatal accidents occurred, one in each month of December, January, February and March.

55.3 per cent. of the accidents occurred to pedestrians.

40.6 per cent. of the accidents occurred to cyclists.

4.1 per cent. were unspecified.

It is rather surprising, knowing the amount of traffic and the congestion on the City's roads, that the number of accidents to the 5 to 15 year olds was not greater, though it is high enough.

(*The high proportion of accidents involving cyclists is worth noting. Although this is well known, many parents ignore the danger when buying a cycle for their youngster*).

3. Children aged 12 to 15 years treated at the Casualty Department, General Hospital :

(*a*)	Number of children aged 12 to 15 years attending maintained and private schools in the City :		15,000 approx.
	Total number treated		1,094
	Percentage of pupils		7.3
(*b*)	Boys treated	739, or	67.5 per cent.
	Girls treated	355, or	32.5 per cent.
(*c*)	Treated during school hours		50.6 per cent.
	Treated outside school hours		49.4 per cent.
(*d*)	Injuries treated which were serious, e.g., fractures or needing in-patient treatment, etc.		22.0 per cent.

(*e*) Holidays compared with school terms :

(i)	Easter Holiday	18 days (including week-ends)
	Number of accidents ..	53
	Average per day	2.9 accidents
(ii)	Summer Holiday	37 days (including week-ends)
	Number of accidents ..	103
	Average per day	2.8 accidents
(iii)	First term (January to April)	101 days (including week-ends and mid-term holiday)
	Number of accidents ..	304
	Average per day	3.2 accidents
(iv)	Second term (May to July) ..	82 days (including week-ends and Whitsuntide holiday)
	Number of accidents ..	264
	Average per day	3.2 accidents

Again, as in road and school accidents, more boys have accidents than girls, and again in similar proportions.

It is interesting that there is no real difference between the number of children aged 12 to 15 years needing treatment for an accident during school hours and those outside school hours. Also, there is little real difference between the average number needing treatment per day during the school terms and during the holidays; in fact the average during term time is slightly higher.

(This is an interesting point which Dr. More makes. One sees so often in the Press or in Letters to the Editor that children are constantly in danger in the holidays that one had almost come to believe that it really was so, but these figures, for 1957 at any rate, seem to suggest that there is no difference between holidays and school terms in accident rates. It would have caused the Education Authority seriously to think if there had been a high proportion of accidents during school holidays).

DEATHS

The number of deaths of school children is almost twice the figure for 1956 (1957 : 25, 1956 : 13). Those of a violent nature are also higher, a state of affairs which makes one think seriously about the actual causes. Four deaths from drowning are a high cost which the City pays for having a large river and a canal within its boundary. Every encouragement should therefore be given to the teaching of swimming in schools. I have commented elsewhere on the lack of facilities in the City.

It is with the utmost regret that I note a death following tonsillectomy at the Central School Clinic. This is the only fatal accident to have occurred in the thirty thousand children who have received operative treatment since the Tonsil and Adenoid Department first functioned in 1926. I regret this unfortunate happening most sincerely, not only because of the parents' tragic loss, but because of the effect it had on the staff.

TOBACCO SMOKING

The Minister of Health in a statement to the House of Commons on 27th June, 1957, referred to tobacco smoking and its dangers and stated that everyone who smoked would have to measure the risks and must be relied upon as a responsible person to act as seemed best.

Boys at school cannot be considered as responsible persons, but nevertheless there is no doubt that many of them indulge in the smoking habit. In an attempt to find out how widespread smoking has become amongst school children I have made enquiries in a number of schools.

The first thing of note is that it is not easy to establish figures. Boys may boast of their smoking habits to their pals, but refuse to confide in their teachers or even prefects. Stories from other boys are completely unreliable, as they may report odd instances of smoking or even exaggerate in an attempt to ingratiate themselves with the questioner.

Although my enquiries referred only to secondary modern schools for boys the habit is not unknown in secondary modern schools for girls and, I am told, occasionally in junior schools.

One particular head teacher who has been interested in this subject found that in his C and D forms the proportion of smokers was as high as 80 per cent., but was considerably less in A and B forms, depending, he thought, on the sense of responsibility in the home. In this school the habit has become a problem to such an extent that smoking has been prohibited in certain streets abutting on the school.

Another head teacher of a secondary modern boys' school who made a definite enquiry in his school found that of over 500 on roll exactly half did not smoke. Two-thirds of the remainder smoked occasionally and a small proportion smoked a few cigarettes regularly. Some 49 pupils smoked cigarettes whenever they could get them. An interesting but unsatisfactory finding was that five first form boys smoked regularly. Almost all the regular smokers were in C and D forms.

A boy usually starts to smoke because of the example of his school fellows, but I am assured that there are times when a child is bullied into starting. The bullying may be physical, but is more often by persistent and contemptuous references to lack of spirit and manliness. Parents, I am afraid, must accept considerable responsibility for the development of this habit. Occasionally mothers admit to me that they supply the extra money or even the cigarettes, but that they do it behind father's back. Usually there is a lack of responsibility in the home, limited knowledge of what the children do in their spare time and of their out of school activities.

It seems to me that more interest should be taken in the age period at which smoking usually starts, to prevent the formation of a habit which statistics strongly suggest is the reason for the considerably increased death rate from cancer of the lung.

SWIMMING

I have mentioned the question of swimming in my preamble. As a result of circulating some of the secondary modern schools to ascertain how many swimmers there were of both sexes I was surprised to find that a girls' school had considerably more swimmers than any of the boys' schools, almost twice as many in fact and nearly twice the percentage. Incidentally, the girls in a mixed school had the lowest percentage, but this school is located in an area where there are no facilities.

The returns I received show that 24.1 per cent. of the girls and 24.0 per cent. of the boys are able to swim two lengths. I think that these figures do suggest the need for more facilities.

VACCINATION AGAINST POLIOMYELITIS

The Medical Officer of Health reports that no vaccine was available from January to mid-March, but subsequently vaccination of children up to the age of ten years was carried out. The arrival of supplies at somewhat irregular intervals and in varying quantities made planning difficult and the outbreak of influenza in the autumn seriously hampered the work. However, by the end of the year the majority of registered school children had received two injections.

Number given	two injections	.. 10,475
,,	,, one injection	.. 804
,,	,, no injection	.. 423

All those who had received no injection had been given at least one appointment.

In December, children aged 11 to 14 years of age became eligible for vaccination and 14,500, or threequarters of the total, registered. In addition all children previously eligible were given another opportunity, and of these 9,000 registered.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis was continued throughout 1957 by the staff of the Health Department. The Medical Officer of Health has kindly supplied the following statistics :—

	1954	1955	1956	1957
Schools visited	38	54	45	47
No. of 13 year olds ..	3,289	3,850	4,359	5,284
No. of acceptances	2,599	2,867	3,052	3,925
No. of refusals	648	946	1,173	1,243
No. of others	42	37	134	116
No. tested	2,516	2,769	3,058	3,912
Negative reactors vaccinated ..	1,884	2,148	2,339	3,154
Positive reactors	557	589	660	658

IMMUNISATION AGAINST DIPHTHERIA

The following figures showing the total number of children immunised against diphtheria in each age group at the end of 1957 have been supplied by the Medical Officer of Health :—

Years of Birth	1950	1951	1952	1953
No. of children immunised ..	4,122	3,877	3,471	3,138
Years of Birth	1954	1955	1956	1957
No. of children immunised ..	1,487	3,816	2,862	2,950

CHEST RADIOGRAPHY

Dr. A. E. Beynon, Medical Director of the Chest Radiography Centre, has very kindly given me some remarks and figures concerning Chest Radiography. He notes as follows :—

During the year 1957 almost the same numbers of children were X-rayed as in 1956, but there has been an increase in cases of active tuberculosis found. Although the overall incidence rate of tuberculosis in the school groups is at a satisfactory low level it does demonstrate the continued need for vigilance.

A Ministry of Health circular recommends that selective radiography be employed in the future and advises against the X-ray of large numbers of school-children, although it does recommend the continued X-ray of Mantoux positive reactors and contacts and school leaver groups. Therefore, in the future we shall have to abandon the widespread X-ray of school-children and concentrate on these three important case finding groups. I am sure the effect of this change will be an increase in the efficiency in case finding among school-children.

Chest Radiography of older pupils :

	Under 14	14	14+	Total
Secondary Grammar Schools	1,915	553	1,103	3,571
Secondary other than Grammar Schools ..	145	1,287	2,051	3,483
B.C.G. (Mantoux Positive Reactors) ..	1,327	755	—	2,082
Contacts	502	245	—	747

Number of significant chest conditions discovered :

Active Pulmonary Tuberculosis (with Suspected Cases, still under observation, shown in brackets) :

	Under 14	14	14+	Total
All Secondary Schools	3	—	5 (+ 3)	8 (+ 3)
Mantoux Positives	2 (+ 1)	1	—	3 (+ 1)
Contacts	(+ 1)	—	—	– (+ 1)

Dr. Beynon often finds and notes for the information of the school medical officers other abnormalities, such as heart conditions (20) and severe chronic bronchial infections, such as bronchietasis (9). This information is recorded on the child's medical record card and is of considerable assistance to the medical officers when seeing the child on another occasion.

As the Chest Radiography Centre and Nottingham and District Chest Centre work in close co-operation a further note on conditions found at the latter is of particular interest at this point. Their principal disease finding screen is among contacts of known cases of tuberculosis. Their figures for 1957 which follow are noteworthy at a time when the man in the street is of the opinion that tuberculosis is almost a thing of the past.

Number of City school children—new patients	195
Number of definite cases who were the subject of notification ..	47
Number under observation	69
Number discharged as non-tuberculous	79

The following also had chest X-ray :—

46 employees of the School Health Service ;
8 Refectory Staff of the Nottingham and District Technical College ;
41 members of the teaching and domestic staff at Pipewood School ;
188 candidates for appointment as teachers or for admission to training colleges ;
36 Nursery Nurse Trainees ;
11 Junior Nursery Assistants ;
805 employees of the School Meals Service ;
5 members of the domestic staff of the Nottingham Children's Homes, Skegness.

PHYSICAL EDUCATION

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

Body, Mind and Spirit

In education to-day the importance of the individual's development is stressed ; his rate of progress is studied and his personal qualities are observed. Every effort is made to see that the individual child's needs are not overlooked when a class is being dealt with as a whole or when a head teacher is surveying the over-all progress of his school. In the classroom or practical room the

child's mind, spirit and body may perhaps be regarded by the educationalist in that order, but with due thought and care for all three.

It seems essential that, for the part of the school day in which the child is receiving physical education, the accent should merely shift, so that the focus of attention is then on body, spirit and mind. No really able teacher will pursue his classroom teaching regardless of the child's physical condition, his state of health and fatigue, his posture and the warmth and ventilation of the classroom. Similarly, when teaching any form of physical education the teacher needs to keep a lively mind focussed on the opportunities which occur for extending the child's general knowledge and developing his character and initiative, though his main purpose will be directed to improving the child's physical potentialities.

Just as activity methods which are not planned purposefully fail in their objective of all-round education of the mental faculties, so in physical education mere activity is not enough. It must lead to progression and improvement in skill, technique and physical health, and the child and teacher alike need to be able to see, and sometimes to measure, this improvement. A valuable aid here is the " beat your own record principle " where the child competes not against the other members of his class, but against his own previous best performance. With a large class of mixed ability it is wise to have some standards of performance against which the children can measure their skill.

Activities with apparatus should be graded in height or width or skill, so that the child can promote himself to the more difficult task when he is ready for it, and so that the timid child is not alarmed by the performance demanded of him and the able child not held back by his weaker companions. Physical *Education* merits its name when it goes hand in hand with educational developments as applied to the whole child.

Nevertheless, in the Physical Education period we must be sure that the needs of the body are *first* catered for. Throughout the child's school life the teacher is dealing with a growing and developing body. The limbs need free exercising ; the lungs need deep breathing ; the skin needs toning up with fresh air, and attention must be paid to personal cleanliness. The body needs to be cared for so that it grows straight and true and uncramped by the environment. Lessons must be full of vigour and vitality, whether their purpose is to give scope for gymnastic prowess, games skills or creative dancing. There is sometimes a danger with the modern approach to movement training that the sound physiological principles which used to guide our aims in physical training may be overlooked and the growing child's physical welfare and posture may be disregarded a little in pursuit of artistic expression. By all means let us have both, but let us keep the accent on " body, spirit, mind " during the comparatively short period of the school day in which the child finds himself in a large open space and free to use his body unhampered by furniture.

The teacher who has the welfare of the whole child at heart cannot neglect the old principles which underline the importance of fresh air, the value of vigorous exercise causing the skin to function and the necessity for changing the clothes for such exercise so that cleanliness is maintained and the child's postural characteristics can be observed and if necessary corrected.

* * *

I am very grateful to Miss Munden for her notes on body, mind and spirit. She does not mention, however, that body receives only a very small proportion of the time of the school curriculum, not nearly enough to make the partnership an equal one.

SCHOOL MEALS SERVICE

School Meals supplied during 1957 were :—

Dinners served to Grammar Schools	287,570
Dinners served to Special Schools	95,051
Dinners supplied to other schools	2,433,936
Breakfasts supplied	27,149

Miss E. N. Beard, Organiser of the School Meals Service, has the following remarks to make on food and on the Service itself :—

In planning meals for school children one has to consider the food value and balance to provide variety in relation to the cost.

The Ministry of Education lay down standard nutritional requirements—20 grammes protein for *all age* children, 25 to 30 grammes fat and 650 to 1,000 calories according to age. A Unit Cost per meal is also notified to each local education authority according to the local buying arrangements. This means that an authority who buys well does not reap material benefit for its own School Meals Service.

Throughout the years it has not been an easy task to teach children to eat and enjoy meat. Now that this is in some way achieved the bare allowances appear insufficient for the higher age groups. 1½ oz. approximately of meat when cooked, is the portion for *all ages*.

Children, in the main, like stews, pies and minces, and show a preference for beef rather than mutton. Sausages, though low in protein value, are a great favourite. Bacon is popular, and cold ham is becoming so. Fish, offal and cheese, which have to appear sometimes, are only tolerated. A few schools really enjoy them. Most vegetables are taken well by the children with the exception of onions, leeks, swedes and parsnips. Raw vegetables and salad are popular in most schools.

For children the highlight of the meal is still the sweet course, and most puddings are enjoyed. In secondary boys' schools steamed sponges take first place, but in secondary girls' schools they are the least liked. All children like pastry sweets and Nottingham's favourite is butterscotch tart. Girls and small children like milk pudding, though cornflour mould is not always liked.

Sometimes one is apt to forget that the school meal is part of the education service, and that the caterer must endeavour to teach the children what is good to eat, and not always to pander to likes and dislikes. In some homes the diet is not very varied, and it is desirable for the children to know what adjuncts go with which main dish.

The reasons why children stay at school for dinner are legion ; both parents working, and distance from school and home are the main ones. There are, however, a number of mothers who realise the value of a well balanced meal at mid-day for the child and who, needing to cook a meal in the evening for father, manage for themselves at mid-day or, alternatively, get a post in the School Meals Service.

It is noted that in secondary girls' schools numbers are low in proportion to attendance, due to the fact that these girls are useful at home for shopping, preparing evening meals, etc. Some of these girls do not have a good meal themselves before coming back to school.

The demand for meals has dropped each time there has been a price increase, as in April, 1957, when there was between 6 per cent. and 7 per cent. decrease. Later in the year there was a good deal of absenteeism due to

Asian Flu and numbers again were kept low. At the end of the year, however, numbers were back to normal level. The seasonal drops and increases in demand are usually in relation to the attendance. In the summer some parents take children on holiday during term time and older children find things to do to help the family.

* * *

Miss Beard makes some interesting points :—

(1) It is obvious that the school meals service has a large educational side to it, and children like many of us in the past have to learn to eat things which are good for them.

(2) Miss Beard makes an interesting note in her penultimate paragraph, and one which may be well worth following up.

(3) The Ministry's requirements as far as protein is concerned may be sufficient for the earlier age groups but must quite definitely be inadequate for secondary school pupils. The daily requirements of protein are difficult to assess exactly, but must be between 50 and 100 grammes. As the school meal is only presenting 20 grammes, this seems to leave the much larger remainder to be supplied at home.

CONCLUSION

In the pages of an official report it is impossible to enlarge upon every aspect of the year's work, but I have tried to comment upon points of particular interest.

It would not be fitting to close this report without acknowledging the assistance of the local health services and other organisations, both voluntary and statutory, that exist for the promotion of child welfare. In this connection I would mention particularly the excellent co-operation of the Medical Officer of Health and the Children's Officer and their staffs and the consultants and almoners of the local hospitals.

To my colleagues I extend my thanks for their loyal service over the past year. On their behalf and on my own I thank the members of the Special Services Sub-Committee and the Director of Education for their interest and encouragement 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, 1957

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	4,348
Intermediate (7-8 years)	4,331
Intermediate (10-11 years)	4,609
Leaver	3,431
Total ..	16,719
Additional Periodic Inspections	3,837
Grand Total	20,556

B.—OTHER INSPECTIONS

Number of Special Inspections	14,136
Number of Re-Inspections	10,969
Total ..	25,105

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	79	312	388
Intermediate (7-8 years)	163	301	450
Intermediate (10-11 years)	178	168	342
Leaver	129	61	187
Total	549	842	1,367
Additional Periodic Inspections ..	107	127	231
Grand Total	656	969	1,598

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	4,348	4.348	100.00	—	—
Intermediate (7-8 years) ..	4,331	4,331	100.00	—	—
Intermediate (10-11 years) ..	4,609	4,609	100.00	—	—
Leaver	3,431	3,431	100.00	—	—
Additional Periodic Inspections ..	•3,135	3,134	99.97	1	0.03
Total	19,854	19,853	99.995	1	0.005

• 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	182,949
(ii)	Total number of individual pupils found to be infested	5,615
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	29
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	22

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1957

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	11	7	10	—	74	23
5	Eyes—						
	(*a*) Vision	79	121	129	9	656	300
	(*b*) Squint	32	16	7	1	108	34
	(*c*) Other	1	1	1	—	13	4
6	Ears—						
	(*a*) Hearing	6	13	3	7	27	67
	(*b*) Otitis Media	2	12	8	12	21	53
	(*c*) Other	1	7	4	—	12	22
7	Nose or Throat	152	151	12	1	329	251
8	Speech	12	33	1	1	31	52
9	Lymphatic Glands	1	13	—	—	5	27
10	Heart	1	21	—	1	6	64
11	Lungs	2	42	—	8	14	145
12	Developmental—						
	(*a*) Hernia	1	12	—	—	7	29
	(*b*) Other	3	45	1	2	8	208
13	Orthopaedic—						
	(*a*) Posture	4	5	6	2	40	63
	(*b*) Feet	59	63	5	2	159	130
	(*c*) Other	19	47	3	6	70	129
14	Nervous System—						
	(*a*) Epilepsy	—	4	—	1	3	23
	(*b*) Other	1	4	—	—	1	39
15	Psychological—						
	(*a*) Development	1	7	—	2	3	27
	(*b*) Stability	1	34	—	—	9	65
16	Abdomen	—	5	—	—	—	9
17	Other	4	31	—	—	38	86

TABLE III (*continued*)

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1957

B.—Special Inspections

Defect Code No. (1)	*Defect or Disease* (2)	*Special Inspections*	
		Requiring Treatment (3)	*Requiring Observation* (4)
4	Skin	414	13
5	Eyes—(*a*) Vision	716	2,002
	(*b*) Squint	336	581
	(*c*) Other	103	26
6	Ears—(*a*) Hearing	6	213
	(*b*) Otitis Media	25	12
	(*c*) Other	176	24
7	Nose or Throat	632	445
8	Speech	15	29
9	Lymphatic Glands	1	13
10	Heart	4	116
11	Lungs	5	246
12	Developmental—		
	(*a*) Hernia	2	14
	(*b*) Other	8	98
13	Orthopaedic—		
	(*a*) Posture	16	2
	(*b*) Feet	249	53
	(*c*) Other	53	38
14	Nervous System—		
	(*a*) Epilepsy	—	25
	(*b*) Other	—	27
15	Psychological—		
	(*a*) Development	120	40
	(*b*) Stability	69	179
16	Abdomen	1	3
17	Other	799	308

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	796	299
Errors of refraction (including squint)	—	5,647
Total	796	5,946
Number of pupils for whom spectacles were prescribed	—	2,186

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	—	145
(*b*) for adenoids and chronic tonsillitis	—	1,865
(*c*) for other nose and throat conditions	—	68
Received other forms of treatment ..	1,081	478
Total ..	1,081	2,556
Total number of pupils in schools who are known to have been provided with hearing aids :		
(*a*) in 1957	2	6*
(*b*) in previous years	—	43†

* Includes one pupil living in the Nottinghamshire County Council Area.
† Includes 6 pupils living in the Nottinghamshire County Council Area.

Group 3—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments ..	—	874

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	3
(ii) Body	9
Scabies	23
Impetigo	167
Other skin diseases	1,514
Total ..	1,716

Group 5—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority *616

* Cases treated :—

by Psychiatrists and Lay Psycho-Therapist ..	85	by Educational Therapist ..	330
by Educational Psychologists	166	in Boarding Homes ..	35

Group 6—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority 387

Group 7—OTHER TREATMENT GIVEN

(*a*)	Number of cases of miscellaneous minor ailments treated by the Authority	10,557
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	55
(*c*)	Pupils who received B.C.G. vaccination	3,154
(*d*)	Other than (*a*), (*b*) and (*c*) above :	
	1. by the Authority : U.V.R.	56
	2. at hospital : general medicine	483
	3. at hospital : general surgery	579
	4. at hospital : paediatrics	125
	5. at hospital : miscellaneous diseases of the skin	1,072
	Total (*a*) - (*d*)	16,081

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	10,820
	(*b*) As Specials	5,901
	Total (1)	16,721
(2)	Number found to require treatment	13,149
(3)	Number offered treatment	13,102
(4)	Number actually treated	9,455
(5)	Number of attendances made by pupils for treatment (including orthodontics)	15,109
(6)	Half-days devoted to : Periodic School Inspection	50
	Treatment	1,670
	Total (6)	1,720
(7)	Fillings : Permanent Teeth	6,840
	Temporary Teeth	—
	Total (7)	6,840
(8)	Number of teeth filled : Permanent Teeth	5,635
	Temporary Teeth	—
	Total (8)	5,635
(9)	Extractions : Permanent Teeth	3,580
	Temporary Teeth	10,969
	Total (9)	14,549
(10)	(*a*) Administration of general anaesthetics for extraction	7,587
	(*b*) Administration of local anaesthetics for extraction	381
	Total (10)	7,968
(11)	Orthodontics :	
	(*a*) Cases commenced during the year	60
	(*b*) Cases carried forward from previous year	43
	(*c*) Cases completed during the year	73
	(*d*) Cases discontinued during the year	—
	(*e*) Pupils treated with appliances	103
	(*f*) Removable appliances fitted	85
	(*g*) Fixed appliances fitted	—
	(*h*) Total attendances	846
(12)	Number of pupils supplied with artificial dentures	108
(13)	Other operations : Permanent Teeth	400
	Temporary Teeth	16
	Total (13)	416

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, 1957, number of :										
A. handicapped pupils newly placed in Special Schools or Boarding Homes	1	1	5	—	47	9	87	11	—	161
B. handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	—	1	5	—	44	8	105	11	1	175
On or about 31st January, 1958, number of handicapped pupils from the area :										
C. (i) on the registers of Special Schools as : (*a*) day pupils	—	—	32	9	73	34	376	3	2	529
(*b*) boarding pupils	4	6	1	1	15	3	3	—	3	36
(ii) on the registers of independent schools under arrangements made by the Authority ..	—	—	1	—	—	—	—	4	—	5
(iii) boarded in homes and not already included under (i) or (ii) above	—	—	—	—	1	—	—	22	—	23
Total (C)	4	6	34	10	89	37	379	29	5	593
D. being educated under arrangements made under Section 56 of the Education Act, 1944 : (i) in hospitals	—	—	—	—	—	—	—	3	—	3
(ii) at home	—	—	—	—	—	3	—	—	—	3
E. requiring places in Special Schools : (i) day	—	—	—	—	2	—	63	—	—	65
(ii) boarding	—	—	1*	—	—	—	—	—	1	2

* Included also in Section C (i) (*a*)

F. Number of children reported to the Local Health Authority during the calendar year ended 31st December, 1957 :

(i) under Section 57(3) of the Education Act, 1944	41
(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	11

G. Number of children on registers of hospital special schools on or about 31st January, 1958 69

George Searson Limited
Letterpress Printers
40 Blue Bell Hill Road
Nottingham Tel. 44652