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EDUCATION
COMMITTEE



PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

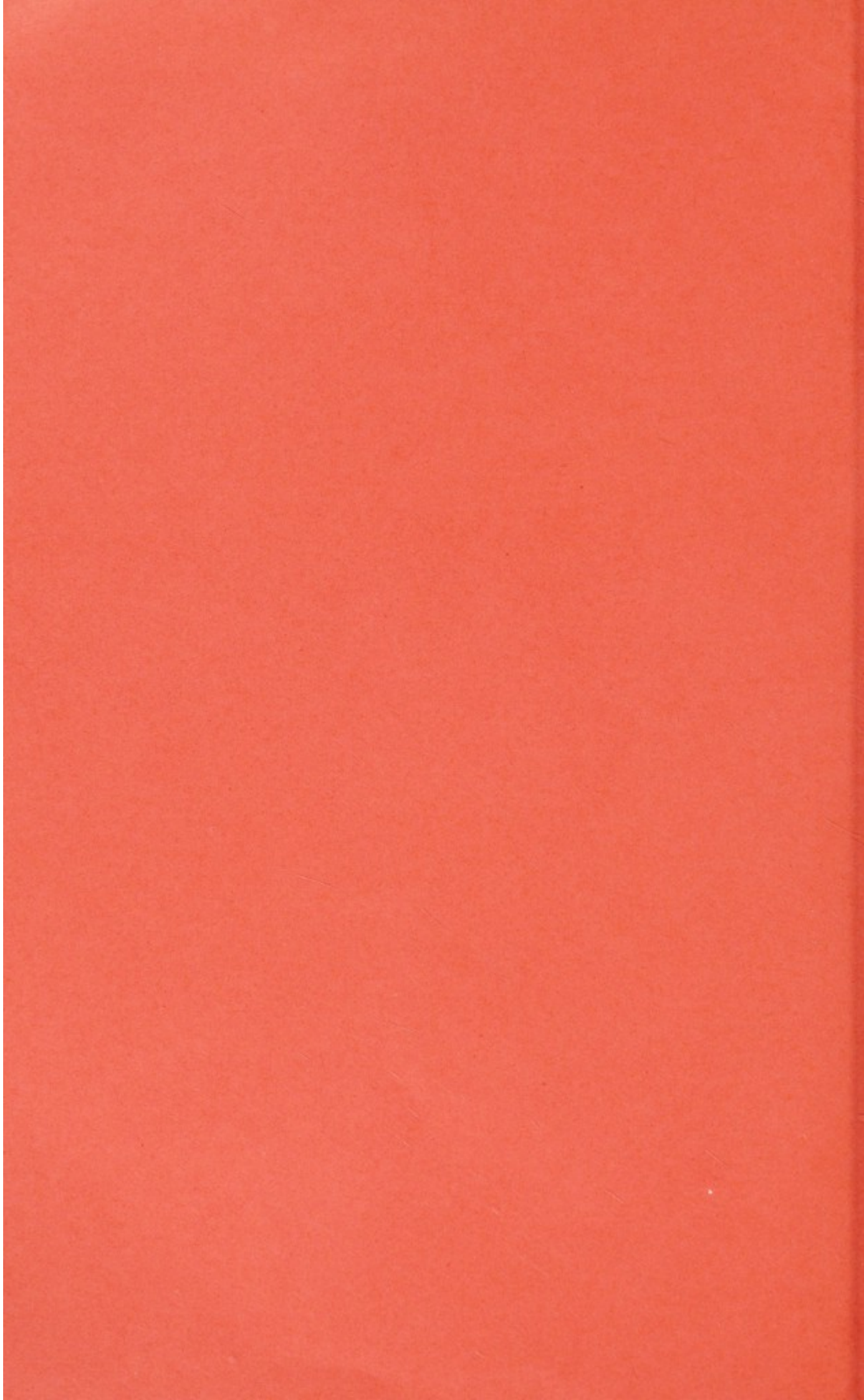
FOR THE

YEAR 1958

Adopted by the Education Committee at
its Meeting held on 28th October, 1959

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

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



CONTENTS

	<i>Pages</i>
Accidents to Pupils	22-28
Audiometry	16
B.C.G. Vaccination	31
Cardiac Register	8
Chest Radiography	31-32
Child Guidance	12-15, 40
Cleanliness	21-22, 38
Convalescent Homes	35
Deaths of School Children	34-35
Dental Inspection and Treatment	22, 41
Diphtheria Immunisation	31
Ear, Nose and Throat, Diseases of	16, 40
Educational Therapy	14
Electrical Treatment	16-17
Employment of Children	19-20
Fire Precautions	28
Haemolytic Streptococcal Infection Rate	28
Handicapped Pupils	8-12, 42
Hostels for Maladjusted Children	14-15
Infectious Diseases	3, 30
Infestation with Vermin	21-22, 38
Medical Inspection	7-8, 37-39
Minor Ailments, etc.—Treatment Arrangements	36
Nocturnal Enuresis, Treatment of	30
Nottingham Children's Homes, Skegness	35
Ophthalmic Service	17-18, 39
Orthopaedic Treatment	18, 40
Paediatric Consultative Clinic	18-19
Physical Education in Secondary Schools	34
Pipewood School	35
Poliomyelitis Vaccination	30
School Health Service in Nottingham, Early Days	5-7
School Meals Service	32-34
School Nurses	20-21
Speech Therapy	15-16, 41
Spinal Movements, Preliminary Survey of	28-29
Staff	2, 4-5
Tonsillectomy and Adenoid Operations	16
Undescended Testicles, Frequency of Occurrence	29
 Statistical Tables :	
Medical Inspection (Part I)	37-38
Defects found by Medical Inspection (Part II)	38-39
Treatment of Pupils (Part III)	39-41
Dental Inspection and Treatment (Part IV)	41
Handicapped Pupils	42

CITY OF NOTTINGHAM GENERAL INFORMATION AS AT 31ST DECEMBER, 1958

Population 313,000	No. of Schools 170
Area acres 18,364	No. on Rolls 52,242
Density of Population : 17.02 persons per acre	Average attendance 46,279
Rateable Value of the City— at 31st December, 1958, £4,085,083	Penny Rate—Produced in 1958-59 : £16,231 1s. 10d.
Rate levied for education purposes : 1958-59 8s. 4.49d.	

Central School Clinic,
28 Chaucer Street,
Nottingham.

Telephone : Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1958-59)

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VICE-CHAIRMAN: COUNCILLOR G. W. FISHER,
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ALDERMAN W. G. E. DYER (Vice-Chairman of Education Committee),
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STAFF (31st DECEMBER, 1958)

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.,
R. A. GARDEN, M.B., Ch.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),
W. WAUGH, M.A., M.Ch., M.B., F.R.C.S., L.R.C.P. (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),
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DENTAL OFFICERS:

V. C. CARRINGTON, L.D.S. (Principal School Dental Officer to 19th November, 1958),
MISS M. M. CLERKE, B.D.S., *N. E. CHETTER, L.D.S.,
K. H. DAVIS, L.D.S., *MRS. E. DURANCE, L.D.S.,
*V. C. CARRINGTON, L.D.S. (From 20th November, 1958), *E. A. MEADOWS, L.D.S.,
*R. McGOWAN, L.D.S., *H. R. L. HOWELL, L.D.S.,

CHILD GUIDANCE CENTRE:

MRS. J. FRY, M.A., Ed.B. (Senior Educational Psychologist), *MRS. M. ROBERTS, B.Com. (Psychiatric Social Worker),
MISS B. M. BALDWIN, B.A. (Child Psychotherapist), MRS. P. M. MOSS, L.C.S.T. (Senior Speech Therapist),
MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist), MISS P. A. E. GRADY, L.C.S.T. (Speech Therapist),
MISS A. WATSON, M.A. (Psychiatric Social Worker), MRS. A. J. COLDREY, L.C.S.T. (Speech Therapist),
MISS M. N. BEESON (Remedial Teacher), MISS E. A. TARBOTTON, L.C.S.T. (Speech Therapist),
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RADIOGRAPHER: A. J. WHITTAKER.

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SUPERINTENDENT SCHOOL NURSE: MISS F. PINDER

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MISS E. M. ABBOTT,	*MRS. E. BARNFATHER,	MISS K. E. L. METGE,	MISS I. M. BURROWS,
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MISS I. YOUNG, *MISS M. PIGGIN, MISS R. D. STANTON,
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PART-TIME CLINIC ATTENDANTS:

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MRS. E. M. BALL, MRS. G. J. TAYLOR, MRS. B. TAYLOR.

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Senior Clerk: J. K. KNIGHTON, D.P.A.,
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MISS V. ELSTON, MISS P. A. SLACK, P. CRAGG, G. R. SLANEY,
T. J. FOSTER, MISS K. SHAW, J. G. WILSON, MISS J. FRANCE,
MISS M. BUSH, MISS P. WILSON.

CARETAKER: E. HANDFORTH.

HOSTELS FOR MALADJUSTED PUPILS:

Silverwood: Warden and Matron: MR. and MRS. C. A. FITCH,
Assistant Matron: MISS C. I. POXON.
The Gables: Warden and Matron: MR. and MRS. A. O. BROUGHALL,
Assistant Matron: MRS. I. M. SPEAK.

* Part-time Staff.

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1958

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 this, the fiftieth Annual Report of your School Health Service. This being the Jubilee Year it is interesting to mention the early days of the Service and this I have done in the chapter following this introduction.

There is little to note about the general health of the children. The amount of epidemic disease seems steadily to decline, so that apart from small pockets of infection in such conditions as Chicken Pox, Measles and Whooping Cough there is nothing about which I need report. Sonne Dysentery, which is so often a winter infection, occurred in only a few instances and these were rapidly cleared up. This condition now causes so little trouble that children resume school attendance at the end of one week or as soon after this as symptoms have gone.

Poliomyelitis vaccination has been continued throughout the schools by the staff of the Health Department and this has progressed so satisfactorily that it is now possible to offer vaccination to all persons up to the age of 25. It seemed desirable that the staff of the School Health Service should be protected, as they come into contact with the children frequently, and so the whole staff have been vaccinated.

The number of cases on the waiting list for tonsil and adenoid operation has now settled down to a figure which is much about the same as that of a year ago. There seems no tendency for this figure to rise again, so that it is possible to continue to use the Central School Clinic for tonsil and adenoid operative work knowing that there is no persistent pressure from an out-of-hand waiting list.

The new clinic at Clifton was not opened until the early part of 1959. In the meantime the temporary clinic at the Charnwood School continued in use. This, while a little away from the centre of the Estate,

was very useful and saved parents and children the time and inconvenience of travelling to the Leenside Clinic.

I commented last year on the lack of facilities in the City and especially at Clifton for teaching swimming. There is still no improvement, and I would like to appeal for the minimum facilities at Clifton, such as a small, shallow, teaching pool which would give confidence to children and develop some enthusiasm for this finest of activities.

The new office block at Chaucer Street has now been in use for over a year and one wonders how the office staff carried on in the old, ill-heated and uncomfortably crowded room which served as an office. It is interesting to note that this room was the chapel of the charity which previously occupied the premises.

During the year advantage has been taken of the unique possibilities the School Health Service gives for investigations. It has been possible without making any difficulties or reducing the routine needs to investigate (1) the frequency of occurrence of undescended testicles, (2) the accident rates in school children, (3) the number of cases noted for tonsil and adenoid operation and the haemolytic streptococcal infection rate, together with the rate at operation, (4) the influence (if any) of out of school work on height and weight increases and (5) children with some limitation of spinal movement.

STAFF

Consultant Psychiatrist : Dr. J. E. Greener, the psychiatrist seconded to the Child Guidance Centre by the Sheffield Regional Hospital Board, was ill throughout the year and has retired. Her successor, Dr. Elizabeth Arkle, has now been appointed.

School Medical Officer : Dr. M. J. Clay left in July, and was replaced by Dr. R. A. Garden.

School Dental Officers : Mr. V. C. Carrington, Principal School Dental Officer, who had served the Committee for over forty years, retired in November. I wish him many years of happy retirement. He now gives part-time service in the orthodontic sphere in which he has always taken an especial interest.

Mr. Carrington has been succeeded by Mr. W. McKay who commenced duties on 5th January, 1959. At the end of 1958 there were only the equivalent of 3.5 full-time dentists employed in the School Dental Service, including Mr. K. H. Davis who resigned his appointment with effect on 31st January, 1959.

Other Staff : Miss A. Watson, Psychiatric Social Worker who had been in America on a Fulbright Scholarship returned to duty in October. Mrs. L. Dickerson Walker, an American Social Worker, undertook temporary duty from March to August. Mr. J. R. White, Psychiatric Social Worker, resigned in November.

There have been changes among the speech therapy, nursing and clerical staffs. I would like to mention particularly the retirement of Miss J. Heald, School Nurse, who had been on the staff since February,

1937, and who had endeared herself to the youngsters in the Arboretum Open-Air School and the School for the Deaf, her particular interest being in the handicapped.

Finally, I would like to refer to the loss of one whose heart had always been in the School Health Service and who had played a prominent part in building up the service in Nottingham and who had been accepted as a national figure in the special work of School Health. I refer, of course, to the late Dr. A. A. E. Newth, Principal School Medical Officer in your Service from 1929 to 1954. I shall miss him because he was ever ready with helpful advice, and his experience was so wide that his advice was well worth-while. It is nice to know that the School Health Group of the Society of Medical Officers of Health are perpetuating his memory by establishing a prize for original published work, to be awarded annually, usually to a medical officer in the School Health Service, although others may on occasion be considered.

A BRIEF HISTORY OF THE EARLY DAYS OF THE SCHOOL HEALTH SERVICE IN NOTTINGHAM

In my report for 1956 I noted that medical inspection of school children in Nottingham under the Education (Administrative Provisions) Act, 1907, started in 1909 and I suggested that it might be appropriate to make some notes about the service of fifty years ago in my report for 1958.

The first meeting of the Medical Inspection of Children Committee was held on 16th December, 1908, following a resolution of the City Council two days previously. This was purely a formal meeting and it authorised the Education Committee to carry out the medical inspection of school children.

In February, 1909, it was agreed to purchase a house in Clarendon Street for medical inspection purposes. A letter was received from the Board of Education stating that although the Committee's scheme for medical inspection appeared to be suitable the Board would be unable to give official sanction to the arrangements until a medical officer had been appointed.

In March, 1909, it was decided to make a short list of six candidates out of the twenty applicants for two medical posts and of eight candidates out of thirty-five applicants for four health visitor posts.

In April, 1909, the duties of the various individuals were approved. It was decided that until the house in Clarendon Street was available the medical inspection staff was to be accommodated in the Education Offices.

In May, 1909, the Committee really had got into its stride and received tenders for stationery, weighing machines and other necessary apparatus. The tender for stationery went to a firm who still supply the bulk of our needs, and the tender for weighing machines at 36/- each went to a well-known firm. These machines were in use until the late 1920's and although not very accurate did a good job under often very trying conditions.

On 9th June, 1909, preliminary arrangements having been completed, the work got under way. It was not long, however, before the Medical Inspectors found themselves in need of clerical assistance and in December,

1909, a clerk was transferred to the medical inspection department at a salary of £85 per annum. The total expenditure for the year on the Service was estimated at £1,500.

In February, 1910, following a letter from a parent about the ringworm his child had contracted, the Medical Officer stated that 1,000 City children (3 per cent of the school population) were believed to have ringworm. In March, 1910, it was reported that exclusions from school on medical grounds had accounted for 4,591 school days since Christmas, 1909. Government grant to the extent of approximately £48 had been lost.

In the same month a head teacher complained that his school had been closed for three weeks for contagious impetigo, but he still knew of 47 cases, and later he asked if he could treat these youngsters, a suggestion that was discouraged and frowned upon by the then Medical Officer.

In May, 1910, the question of the purchase of an X-ray apparatus for the treatment of ringworm was discussed. As the local general practitioners were concerned, the British Medical Association sent a deputation to wait on the Committee to discuss the treatment of ringworm by X-rays, the fear that free treatment would become general being uppermost in their minds. The X-ray apparatus was finally ordered in September, 1911. Later, it was necessary to have someone to operate the X-ray plant and Mr. A. J. Whittaker who was then a clerk in the office had a period of training for this work at the London Hospital. Mr. Whittaker is retiring shortly and I have persuaded him to give me a few memories of his days in the department before the first world war. He writes :

"Looking back over practically half a century one realises what a vast change has taken place in the life of the community. The chief concern of the Service in the early days was the ascertainment of defects and a general assessment of the need for treatment. Heights and weights were recorded, clothing and footgear noted, along with the degrees of personal cleanliness and hygiene. When one remembers that in those days very few houses had a bathroom, and the occupants of many terrace houses had to share an outside tap with seven or eight neighbours, it is not surprising that uncleanness was one of the main problems. So it was that one of the two school clinics—that at Eastcroft—was used primarily for baths and the treatment of scabies and verminous heads. Long hair was the order of the day. The Bob and the Eton crop were unknown and efforts to cut or even to clean and plait some crowning glories met with parental hostility and abuse.

Teachers were concerned about the time lost through prolonged exclusion from school of cases of ringworm and time lost on account of daily clinic attendance in cases of long-standing otorrhoea, blepharitis and conjunctivitis. These conditions have largely disappeared through the persistence with which they were tackled and by steady education of parents to the realisation of the necessity to secure early advice and treatment.

With a staff of only two doctors and four school nurses, much had to be done by personal persuasion, often in the face of fierce argument and threats of violence, not only from the family concerned but also from sympathising neighbours. In the poorer parts of the City quite a few children went barefoot, if not to school then frequently after school, to save boot leather. It was not surprising therefore that many cut feet

found their way to the minor ailments clinic, but plantar warts were not the problem they are today. This may perhaps be accounted for by the fact that indoor swimming facilities were less available then than now. It was by no means rare to discover a number of blithe water sprites disporting themselves in the canal after a visit to the Eastcroft Clinic for treatment to a discharging ear, when they should have hastened back to school keeping in mind the so oft repeated warning to "keep the ear dry."

After the 1914-18 War progress was made with treatment arrangements and the solution of other problems. A dental scheme was inaugurated in 1917, open-air schools were started (first in the Arboretum then in other recreation grounds in the City) and orthopaedic work was undertaken in co-operation with the Cripples' Guild. Liaison with the hospitals and general practitioners improved and at last the public realised that the Service was justified and had come to stay.

The new housing estates helped with the cleanliness problem and the changing hair styles made it possible for most girls to meet fearlessly the challenge of the visiting school nurse. The pioneers in the School Health Service no doubt made some mistakes, but with the limited facilities available they eventually overcame the hostility, prejudice and ignorance of the Mrs. Gamps, to produce a service worthy of this day and age."

MEDICAL INSPECTION

In 1958 inspection work continued along the usual lines with entrant and leaver examinations, together with intermediate examinations at or about the ages of 8 and 11 years. The number of pupils who had a periodic medical inspection (19,672) is only slightly below the 1957 figure of 19,854.

A comparison of the numbers of parents who attended with each age group shows little change from previous years. If anything, there is a tendency for fewer parents than ever to attend with the leavers. This is probably a fair reflection of the attitude, especially of boys, to parental interest and influence, and probably also to some extent suggests lack of interest on the part of parents to their child's physical and educational progress.

Group	Percentage of inspections at which a parent attended	
	1957	1958
Entrant	92.4	92.2
Intermediate (7-8 years)	87.4	86.9
Intermediate (10-11 years)	85.5	84.3
Leaver (14+ years)	41.8	39.5

Other Inspections : 27,396 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	19
College of Art and Crafts	41
People's College	62
Nursery Nurses Training Centre	37

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

Printing trade apprentices	.. ..	39
Junior nursery assistants	.. ..	8
Candidates for entry to training college	..	62
Candidates for entry to the teaching profession		113

A Substitute for Intermediate Examinations

In 1959 at Clifton, as an experiment, it is hoped to continue the usual entrant and leaver examinations, but to replace intermediate examinations with visits to the junior schools at least once a term. At these visits the following groups of children will be seen :—

- (a) children under observation for some particular defect (including handicapped pupils),
- (b) children who may be causing anxiety to parents or teachers, either physically, mentally or socially,
- (c) children who cannot take part in physical activities,
- (d) neglected children and those whose homes are known to be unsatisfactory,
- (e) children whose school attendance is unsatisfactory.

School Cardiac Register

At the suggestion of Dr. J. N. Horne, of the Ministry of Education, a record is being kept of all entrants with abnormal cardiac physical signs (heart conditions).

Approximately 5,000 children who entered school on or after 1st September, 1957, were examined in the autumn of 1958 and the following table summarises the results :—

Congenital heart lesion	.. ..	9 cases
4 had a patent interventricular septal defect,		
1 had a mild pulmonary stenosis,		
1 had a ? congenital aortic stenosis,		
3 had a congenital heart lesion of indefinite significance.		

It is interesting to note that all these children were in ordinary schools and taking part in normal activities.

Twenty-three other children were noted to have cardiac murmurs. In nineteen a diagnosis of "innocent murmur" was made, and diagnosis of the remaining four was deferred until they were re-examined.

HANDICAPPED PUPILS

The following tables show the placement of handicapped pupils at the end of January, 1959, in accordance with the School Health Service and Handicapped Pupils Regulations, 1953 :—

Blind :

Boarding Special Schools		4
--------------------------	-------	---

These are the same four children who were in boarding schools at the end of 1957. It is gratifying to note that as far as we know at present there are no pre-school children in this category. Two of the four children

are suffering from retrolental fibroplasia, a non-recurring condition, and the other two have had new growths creating their defect.

Partially Sighted :

Boarding Special Schools	..	..	..	6
Ordinary Day Schools	..	..	..	24
				30

It is interesting to note that in this group there are three pairs of full siblings all of whom have the same surname, and yet it has been impossible to find any blood relationship. The name is a fairly common one, but it would seem to be just a little more than coincidence that there should be this association with this handicap.

Deaf :

Day Special School, Forest Road	..	..	26
Boarding Special Schools	..	..	4
Independent Special School	..	..	1
			31

The number of deaf children is slightly less than last year (34). There is a definite trend for the number of younger children (nursery and infant) to become smaller and the present situation suggests a welcome fall in the number under this heading.

Partially Deaf :

Ordinary Day Schools	..	..	..	64
Day Special Schools	..	..	..	9
Boarding Special Schools	..	..	..	2
				75

In contradistinction to the figures for the deaf there is a definite rise in the figures for this group. I noticed this rise some little time ago and made some attempt to find an explanation, consulting the local ear, nose and throat specialists about it. They confirmed my findings but did not offer any explanation for this unexpected reversal of figures.

Partially deaf children in ordinary schools need all the help possible to allow them to keep pace with their fellows, and it has been worthwhile to arrange for them lip reading lessons on one afternoon a week at the School for the Deaf. The Head Teacher, Mr. J. R. W. French, has been very gratified to learn from his colleagues in the ordinary schools that the children concerned have shown a very definite change for the better. These lessons have been found to be an advantage to all the partially deaf children, even though they do use hearing aids.

Delicate :

Ordinary Day Schools	..	..	..	248
Day Special Open-Air Schools, Arboretum and Rosehill	..	..	..	62
Boarding Special Schools	..	..	..	15
Home Tuition	..	..	..	1
Awaiting placement	..	..	..	2
				328

One frequently reads and hears about the improved health of the school child and in no way can it be more easily shown than in the steady

decline in the numbers in this category. The reduced amount of chest infection, the improved treatment of asthma (vide page 18), the early return to full activity of the child with rheumatic carditis (heart involvement) because of reduced damage following effective antibiotic treatment, together with improved housing and hygiene, are causing steadily improving figures.

Physically Handicapped :

Ordinary Day Schools	14
Day Special Open-Air Schools, Arboretum and Rosehill	40*
Boarding Special Schools	6
Hospital Special Schools	4
Home Tuition	1
	65

* Includes one child awaiting placement in a Boarding Special School.

These figures are similar to those noted in 1957 and there is little likelihood of much change. The defects are for the most part permanent or unlikely to alter much even in the course of years. It is interesting to break down the figures of those who are in ordinary schools :—

Disease or crippling defect of fourteen physically handicapped pupils in ordinary schools

Amputation of limb	3
Cerebral palsy	2
Infantile paralysis	2
Myositis ossificans	1
Imperforate anus and colostomy	1
Fragilitas ossium	1
Still's disease	1
Tubercular hip	1
Tubercular spine	1
Asthma	1
	14

This is an interesting group of all kinds of pathological conditions, most of which are unlikely to alter, but for whom it has been possible to make whatever necessary alterations were felt desirable in curriculum, school seating, etc.

Educationally Sub-Normal :

Day Special Schools	403
Boarding Special Schools	4
Awaiting placement in Day Special Schools	75
Awaiting placement in Boarding Special Schools	1
	483

This group of youngsters is a large one. It has been necessary to remove from the waiting list those who were born in the years of high birth rate and have now reached secondary school age. The consensus of opinion amongst educators and especially those who have to deal with slow children is that most benefit can be gained when this group is ascertained early. The advantage of specially small classes of children who are all about the same low level of advancement, of teachers who realise the difficulties of the slow youngster, and the lack of that feeling of inferiority which

the dull child is constantly reminded of in an ordinary school outweigh any disadvantage there may be.

The policy now is to refer children for a check by the educational psychologist as they reach the top class in the infant schools, and arrange admission to special school as early as possible.

No child of secondary school age is referred for ascertainment unless there is some difficulty apart from his dullness. This policy has only been in operation for just over a year and there is little doubt that it is worthwhile. The special school population of the over-elevens is steady, and progress is not interrupted by frequent new admissions. Early ascertainment has also allowed the return to ordinary school of children who have really benefited by the help of special educational treatment and can probably keep pace in an ordinary school. This return to ordinary school does give the teaching staff a feeling of accomplishment and stimulation which otherwise they would not receive.

So far it has been possible to return two or three children to ordinary school each term.

Mrs. J. Fry, M.A., Ed.B., Senior Educational Psychologist, comments on the new arrangement as follows :

It is an essential that any educational retardation should be noted as soon as possible and with this aim in view the educational psychologists have been focusing most attention on the younger age groups, i.e., in the infant schools and the lower stages of the junior schools. This is particularly necessary for the early classification of those children who may be educationally subnormal to a degree which requires transfer to a special (E.S.N.) school.

If this transfer is effected early it will be in the child's best interests and will give the staffs of the special (E.S.N.) schools a greater opportunity for providing remedial measures over a longer period.

The head teachers of the infant schools, who have children in their departments whom they suspect to be very retarded, can refer these children to the psychologists from the age of five years. This enables close observation to be kept on these children until they are nearly seven years when, if they are still grossly retarded, they can be transferred with the least possible delay to the special (E.S.N.) schools.

Ideally then, if the early investigation of serious retardation is noted in the infant schools, the junior schools will benefit.

Those children, also, who are slow learners, dull or backward, will also have earlier remedial attention.

Maladjusted :

Ordinary Day Schools	16
Day Special School	1
Silverwood Boarding Home, Nottingham C.B.	4
The Gables Boarding Home, Nottingham C.B.	7
The Grove Boarding Home, New Balderton, Notts. C.C.	4
Lichfield Grammar School (as a boarder) ..	1
Independent Schools	2
	35

Although there is a decrease in these figures it does not necessarily follow that there is less maladjustment generally. There is, however,

less of the more severe types in which the children need help and treatment out of their own homes. This may only be a temporary reduction as the numbers vary from time to time for no apparent reason. Maladjustment is not something concrete which can easily be labelled, and the Principal School Medical Officers of various authorities note in their annual reports that there is no fixed proportion anywhere. Ascertainment may depend to some extent on the adequacy of a particular Child Guidance Service or on the facilities that are available.

Epileptic :

Day Special School	..	..	..	..	1
Ordinary Day Schools	..	..	..	..	83
Boarding Special Schools	..	..	..	..	5
Home Tuition	..	..	..	..	1
					90

There is a tendency for the numbers to increase. This increase may not be due to any real increase in actual cases but to improved facilities for diagnosis. For example, one child of similar twins had definite epileptic attacks and out of academic interest an electro-encephalogram was arranged for the sister although she had never had an attack. Her graph showed almost identical spike waves to those of her twin. Naturally, this youngster is under observation, but treatment is thought to be undesirable at present even as a prophylactic.

Speech Defects :

Ordinary Day Schools	..	..	..	..	2
Boarding Special School	..	..	..	..	2
Awaiting placement	..	..	..	..	2
					6

The number of children with severe defects is small, but these defects can be so serious that a prolonged period in boarding special school is the only possible solution which combines education and treatment. Serious and doubtful cases have been sent to see Dr. Worster Drought in London, and I am very grateful for his continued interest and help.

CHILD GUIDANCE

There has been no change in the arrangements. Dr. J. E. Greener, Psychiatrist, who has since retired, was away for the whole year. Dr. F. G. Thorpe was able to fill the gap to a large extent and Dr. W. L. Jones was able to give a very valuable half-day once a week, with the result that the waiting lists have been kept within reasonable proportions.

During 1958, 677 new cases were seen at the Centre. Of these, 212 attended for child guidance, 130 had special tests by the educational psychologists in connection with the Annual Selection Examination and 335 received educational therapy.

The following is a summary of the work done by the various members of the team.

Examinations :

Psychiatrists	..	..	..	..	..	172
Physician	..	..	..	..	..	168
Psychologists	..	..	..	..	..	1,175
Psychiatric social workers	..	..	..	..	..	210

Re-examinations :

Psychiatrists	..	..	..	..	..	419
Physician	..	..	..	..	..	37
Psychologists	..	..	..	..	..	7
Psychiatric social workers	..	..	..	..	..	319

Attendances and Visits :

Attendances for treatment	..	..	..	..	..	4,942
Interviews with parents	..	..	..	..	..	1,016
Interviews with others	..	..	..	..	..	355
Home visits	..	..	..	..	..	200
Schools visits	..	..	..	..	..	965
Hostel visits	..	..	..	..	..	21

Cases treated :

Psychiatrists and lay psychotherapist	..	..	..	..	..	77
Educational psychologists	..	..	..	..	..	111
Educational therapist	..	..	..	..	..	279
Boarding homes	..	..	..	..	..	30

Some of the more severely disturbed children are admitted to Harper Villa, a children's psychiatric unit, for investigation, observation and treatment. As this is a unit of special interest, not only to the City Child Guidance Centre but to many other authorities in the Midlands and the North of England, I thought some brief notes about it would be of use to others, and at the same time give some idea to the layman of its work. Dr. F. G. Thorpe has kindly contributed the following :

The Children's Psychiatric Unit, St. Ann's Hospital

Harper Villa is an in-patient unit for psychiatric observation and treatment of children under the age of 12 years. It is a non-statutory unit of 16 beds and patients can enter without any legal formality.

Situated in the grounds of St. Ann's Hospital, it is quite self-contained and separate from the neurosis unit.

The staff consists of a consultant psychiatrist who acts in an advisory capacity, a senior registrar in child psychiatry, nursing staff, a full-time teacher, a psychiatric social worker and a clinical psychologist. The children are under constant observation both day and night.

The unit aims to provide a warm, homely atmosphere where the group functions as a family unit, with the senior nurse taking on the rôle of house mother. The nurses are picked with this in mind and are generally of the warm, motherly type who find no difficulty in giving and receiving affection, and at the same time can handle emotional situations with tact.

The catchment area is very wide and includes the whole of the Midlands and Northern England. The main "customers" seem to be the Child Guidance Services and Child Psychiatry Clinics in Nottingham, Leicester, Lincoln, Birmingham, Staffordshire and Newcastle.

On admission the parents are interviewed and a full psychiatric and social history is taken.

Children are admitted to the unit for the following reasons :

(1) For observation and diagnosis, where a more accurate assessment can be made than at a Child Guidance Clinic, as the staff are seeing

the child for 24 hours a day and do not have to rely on parental observations which are often exaggerated or untrue.

(2) When there is some doubt as to the physical origin of the disturbance, such as brain damage, encephalitis, epilepsy and chorea.

(3) When the home situation is such that treatment cannot be sustained on an out-patient basis and the child is too disturbed to be considered suitable for hostel accommodation, e.g., hyperkinetic disorders, psychosis and epileptic behaviour disorders.

The following treatment is provided, in addition to the therapeutic value of the environment :

Psychotherapy, which at present is only carried out as relationship therapy ;

Pharmacological therapy : active treatment is undertaken for the seriously disturbed child, using the latest pharmacological drugs.

Rehabilitation : when suitable, the parents are encouraged to take their child home for days and week-ends so that he does not lose contact with his home environment. Parents who live at a considerable distance are encouraged to take their child into Nottingham for the afternoon when they visit.

The parents are interviewed by appointment, and the homes of City children are visited by our own psychiatric social workers, if thought necessary.

After-Care is undertaken either by the staff, with local cases who have come direct from the general practitioner or another hospital, or by the Child Guidance Clinic concerned.

Educational Therapy :

Miss M. M. Beeson, who replaced Mrs. W. O. McSloy in October, 1958, as the Remedial Teacher, has been closely associated with the treatment of backward readers.

The major portion of Miss Beeson's work is in the schools, where she deals with groups, and she only brings to the Child Guidance Centre a small minority of children who require the additional impetus of an individual approach in fresh surroundings. It is an advantage to give treatment in school where the class teacher and the remedial teacher can discuss the various aspects of each child's educational problem, and work together towards a satisfactory solution.

The educational psychologists have treated individually some children who are emotionally blocked in the learning processes and who sometimes require a combination of play therapy and educational therapy. This relieves their tension and stimulates normal learning. Most stress is laid on learning to read, but there are a number of children who also require help with arithmetic and these have also received some attention.

390 children received educational therapy during 1958.

Hostels for the Maladjusted :

The work of the hostels for maladjusted pupils has been described in previous reports and I need only emphasise the fact that their object

is not to relieve a parent of responsibility, but to provide treatment which cannot be effective away from the hostel.

Children in hostels :

Hostels of this Authority :

		<i>Silverwood</i>			<i>The Gables</i>	
		<i>City</i>	<i>Notts.</i>	<i>Leics.</i>	<i>City</i>	<i>Notts.</i>
		<i>cases</i>	<i>C.C.</i>	<i>C.C.</i>	<i>cases</i>	<i>C.C.</i>
			<i>cases</i>	<i>cases</i>		<i>cases</i>
At beginning of 1958 in residence	..	8	3	1	5	2
Admitted during year	..	2	2	—	6	2
Discharged during year	..	6	—	1	4	2
At end of year in residence	..	4	5	—	7	2

City children in hostels of other Authorities :

		<i>Dr.</i>	<i>The Grove,</i>	
		<i>Barnardo's</i>	<i>Notts. C.C.</i>	<i>Staffs. C.C.</i>
At beginning of 1958 in residence	..	1	6	1
Admitted during year	..	—	1	—
Discharged during year	..	—	4	—
At end of year in residence	..	1	3	1

SPEECH THERAPY

The usual arrangements continued and we were fortunate enough to have a full staff for most of the year.

The following is a summary of the work carried out during 1958 :

Number of cases treated	..	..	399
Number of cases under supervision	..	..	655
Number of school visits	..	..	93
Number of cases discharged (supervision and treatment)	..	..	395
On waiting list 31st December, 1958	..	..	132

The local hospitals as usual had the services of one or other of the speech therapists for ten sessions each week, as under :—

<i>Name of Hospital</i>	<i>Type of Case</i>	<i>Number of weekly sessions</i>
General Hospital ..	Laryngectomy, etc.	Two
City Hospital ..	Plastic Unit, etc.	Five
Children's Hospital ..	Cerebral Palsy	Three

Miss P. A. E. Grady, Speech Therapist, has given me the following notes about the excellent relationship which exists between speech therapists and the teaching staffs. I endorse what she says.

Speech therapy, in company with all ancillary medical services, only functions effectively if there is co-operation between members of allied departments. In the School Health Service, speech therapists need to work in harmony with teaching staffs if they are to serve the schools in their particular areas efficiently.

We are fortunate in our relationship with head teachers in this City, for they not only realise that speech clinics exist but acknowledge the fact by making maximum use of them. In the past year well over 200 children have been referred by teachers alone. In addition, examination of children during routine school visits by speech therapists has been facilitated and 655 cases have been supervised in this way. Whenever possible, speech therapists prefer to discuss progress with the teaching staff rather than ask for a written report.

On several occasions, accommodation has been found on school premises for speech therapists to carry out treatment. This has prevented

mothers with young children having to make a long journey to the Child Guidance Centre. The help offered to the speech therapists in these schools has been greatly appreciated.

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 1,788 children attended for specialist examination, making 2,103 attendances. 751 operations were carried out. At the end of the year there were 337 children on the waiting list.

Tonsillectomy and Adenoid operations in children inspected at School during 1958

Group Inspected	Number of children inspected			Children who have previously had tonsillectomy					
							Percentage of those examined		
	Boys	Girls	Total	Boys	Girls	Total	1958	1957	1956
Entrant.. ..	2,814	2,661	5,475	160	134	294	5.37	5.5	6.1
Intermediate (1) : aged 7 plus	2,009	1,654	3,663	332	251	583	15.92	16.7	19.9
Intermediate (2) : aged 10 plus	2,163	2,105	4,268	539	509	1,048	24.55	21.1	26.0
Leaver : aged 14 plus ..	1,905	1,973	3,878	451	494	945	24.37	27.2	29.5
Additional Periodic Inspections :									
Remedial Classes ..	187	211	398	20	29	49	12.31	19.8	21.9
Grammar School Pupils ..	568	730	1,298	115	116	231	17.80	20.9	32.6
Special School Pupils ..	300	218	518	41	26	67	12.93	19.2	23.5
Totals ..	9,946	9,552	19,498	1,658	1,559	3,217	16.50	17.6	20.8

The above table makes some interesting comparisons with those of 1956 and 1957. The percentage of children who have had tonsillectomy is lower in all groups in 1958 than in 1957 and 1956, with the exception of the Intermediates (aged 10 plus).

Audiometry has been continued in selected cases and during the year Mr. E. F. Ward, Audiometrician, made 356 tests on 325 children.

Many of the youngsters have repeat audiograms annually and this we find highly desirable as deafness noted in the early years of school life does tend as a rule to show improvement. If no improvement or even regression is noted then it is necessary to make sure that educational arrangements are proving satisfactory. In some cases lip reading lessons may be desirable and occasionally admission to the School for the Deaf is essential.

ELECTRICAL DEPARTMENT

The following is a record of the treatment given in the Electrical Department during 1958 :

Ionisation :

No. of cases treated	..	..	..	..	262
No. of attendances	..	..	..	..	1,086

Ultra-Violet Ray :

No. of cases treated	..	..	..	..	41
No. of attendances	..	..	..	..	480

Proetz Treatment :

No. of cases treated	..	..	..	..	161
No. of attendances	..	..	..	..	954

Dental Films :

No. of dental X ray cases	..	..	..	..	167
No. of dental films taken	..	..	..	..	435

This branch of the Service is not called upon to the same extent as before the War, when cases of Ringworm of the Scalp needed epilation, and sun-ray (ultra-violet light) was highly popular. Nevertheless, it still performs a very useful function and difficulties would frequently arise if the facilities were not available.

OPHTHALMIC SERVICE

There was no alteration in the arrangements for the ophthalmic service during 1958. The number of children for whom spectacles were prescribed increased from 1,528 in 1957 to 1,660, but no significance need be attached to this.

	1953	1954	1955	1956	1957	1958
No. of pupils on rolls on 31st						
December	48,880	50,108	50,975	51,628	52,115	52,242
Pupils refracted	4,594	4,646	4,719	4,809	4,937	4,773
Percentage	9.4	9.3	9.2	9.3	9.5	9.1
Spectacles prescribed (pupils)	1,612	1,760	1,412	1,604	1,528	1,660
Percentage	3.3	3.5	2.8	3.1	2.9	3.2

Dr. N. P. R. Galloway, Ophthalmic Surgeon, reports that although the number of children with high myopia (short sight) appears to be falling, there are still too many children with amblyopia (grossly defective vision in one eye) who ought to have had treatment in the earlier years. Dr. Galloway is of the opinion that the older the child gets the more difficult it is to obtain the co-operation of parent and child. After the age of five it is so difficult, and such a tedious business to improve vision by occlusion, whereas it is so easy when the child is two or three years old.

Dr. Galloway has been trying out some of the new methods of treating amblyopic children as advocated by the Germans, but the results so far do not seem to justify the time spent on them.

Orthoptic Treatment at the Eye Hospital : Although the number of cases treated (159) was the greatest for eleven years the number of pupils awaiting test or treatment at the end of the year had risen from 11 in 1957 to 52 at the end of 1958. I am happy to report that the waiting list was considerably reduced during the early part of 1959.

Orthoptic Treatment at Eye Hospital :

	1953	1954	1955	1956	1957	1958
New cases treated	141	64	84	56	40	58
Total treated	147	109	125	155	125	159
Awaiting test or treatment at end of year	11	16	36	37	11	52

Operations for Squint at the Eye Hospital : The number of children who received operative treatment for squint was reduced very considerably because of the temporary closure of the Children's Ward.

	1953	1954	1955	1956	1957	1958
Operations	97	99	81	106	123	40
On waiting list at end of year	119	109	82	60	10	39

ORTHOPAEDIC TREATMENT

There was no modification of the work. The Orthopaedic Surgeons continued to examine at the Central School Clinic cases referred to them by the school medical officers, as well as seeing a large number of cases at the Orthopaedic Clinic and the Children's Hospital.

Examinations by orthopaedic surgeons :

At School Clinic	294
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Children treated as out-patients :

At Nottingham Orthopaedic Clinic	258
At Nottingham Children's Hospital	448

Children treated as in-patients :

At Harlow Wood Hospital	53
At Nottingham City Hospital	3

PAEDIATRIC CONSULTATIVE CLINIC

Dr. A. P. M. Page, Paediatrician, whose services are made available by the Regional Hospital Board, attended at the Central School Clinic each week throughout the year. During 1958, he examined 286 children, who made 429 attendances.

In the following report, Dr. Page refers to the major problems which concern the consultant paediatrician.

Report by the Consultant Paediatrician, Dr. A. P. M. Page.

Two of the major problems which concern the consultant paediatrician are Asthma and Obesity.

The hard core problem of the asthmatical child is loss of school attendance time in the severe case in whom lung fibrosis and emphysema have occurred. I have not the slightest doubt that long term steroid therapy has reduced the number of days of school attendance lost. Some children have now had up to three years treatment and it is now becoming possible to assess the results. Although there have been a few failures, the majority of children have responded, as shown by better school attendance, fewer severe attacks and a feeling of well-being for the first time in their school lives. Some boys have played soccer in the school team, some play Rugby football and some boys and girls have secured admission to grammar schools. It is hoped, when one hundred school children have received treatment for a reasonable time, to present the results in detail in one of the medical periodicals. The risk of severe intercurrent infection such as Measles and Influenza has proved not to be a hazard of treatment.

It is proposed to continue with this "line" of treatment in severe cases, the steroid used in most cases being Prednisolone.

The "fat" child still turns up in undiminished numbers. The endocrine group is a definite minority and the majority are the unrepentant ingesters of vast amounts of carbo-hydrate. These have to have their

feeding habits remodelled, which invariably produces results if the family as a whole co-operates.

Children with congenital heart disorders upon whom successful surgery has been performed are being followed-up in increasing numbers. There are several examples of Patent Ductus Arteriosus, Coarctation of the Aorta, Fallot's Tetralogy, Pulmonary Stenosis, and Atrial Septal Defect who have been completely relieved or improved.

Rheumatic Carditis still occurs in spite of an impression in some areas that it is a rarity. Treatment in most cases within my own hospitals is by steroid therapy by means of which the acute phase is cut short, but it is too early yet to assess the long term result on cardiac disability.

The remaining cases seen at the school clinic are largely Cerebral Palsy and Muscular Dystrophies. There are no new advances in treatment for these difficult cases.

PART-TIME EMPLOYMENT OF CHILDREN

During the year the school medical officers made 1,287 examinations of children as to their fitness for part-time employment.

Some authorities feel that part-time employment of school children is undesirable. Occasionally it is not permitted, the usual reason being the child's inability to benefit fully from education because of tiredness. This has often seemed to me an unjustifiable attitude. Are the benefits not sufficient to nullify this suggestion, provided that home conditions of food and rest are satisfactory and that hours of employment are controlled?

In these circumstances I think that part-time employment is advantageous because :—

- (a) the child has additional exercise and fresh air,
- (b) early rising and a habit of work help him to develop a sense of responsibility and self-reliance,
- (c) some financial gain gives him a feeling of independence,
- (d) it is some preparation for full-time employment with a measure of discipline and supervision,
- (e) the child learns the geography of his area.

Dr. Goldston in *Mental Hygiene* 1958 asserts that town children usually have insufficient to occupy their time and tend to drift into delinquency as a result.

A survey was undertaken of a group of children born between September, 1943, and April, 1944, in part-time employment and a similar group not in employment.

The two groups were weighed and measured in the winter of 1957/58 and again six months later. The following is a summary of the results :

<i>Group</i>	<i>Average Gain in Height</i>		<i>Average Gain in Weight</i>	
	<i>In inches</i>	<i>%</i>	<i>In lbs.</i>	<i>%</i>
Children not employed	1.00	1.64	4.15	4.16
Children in part-time employment	1.18	1.90	4.57	4.42

Although these results suggest that physically the youngster in part-time employment is improving slightly more rapidly than his fellow who disdains this form of labour, there is so little difference between the figures that probably the only conclusion one can reach is that part-time work does no harm.

While thinking about the above and Dr. Goldston's remark, it might be worth-while to check the delinquency rate among those in part-time employment. Is it lower or higher than amongst those not in part-time work?

SCHOOL NURSES

Report by Miss F. Pinder, Superintendant School Nurse.

The work of the school nurses has continued much as before. A special effort has been made with regard to home visiting, this being an essential duty, forming an important link between home and school, and being of the utmost value to head teachers and school medical officers. The visits are made for various reasons and considerable time is spent on them, particularly as so many mothers are working full-time. Home visits in respect of uncleanness have almost doubled compared with 1957. Persistent home visiting, although time-consuming and exacting, will it is hoped eventually lead parents of the more difficult families to realise their responsibilities.

In some schools there is very little privacy for the school nurse and it is therefore necessary for her to visit the homes in order to have a quiet talk with the parents. At these visits the home conditions and the attitude of the parents are observed, the children's problems are discussed and appropriate advice is given. A background picture of the home and family is of the utmost help to the school medical officers and is most important for future reference.

Types of Home Visits : Most visits come under one or other of the following headings :

1. Handicapped pre-school children :

- (a) to note the general condition of the child and his mental and physical development,
- (b) to obtain the parents' attitude towards school and form some impression as to the type of school for which the child may be suitable,
- (c) to obtain the history of the case, the name of the family doctor, details of any hospital treatment received and the name of the consultant,
- (d) to observe the type of home, family care, and the attitude of parents and family to the child's disability.

2. Children attending Reception Classes in Infant Schools : The parents of children suffering from defects are visited and advice and help are given where necessary. The family history of the child is noted by the nurse and is often of great help.

3. Cases referred to the Paediatrician : The homes are visited, the

family background, parents' interest and possibility of co-operation being noted for the information of the Paediatrician.

4. **Absentees from specialist examinations :** The parents of persistent absentees are seen and urged to make a special effort to attend when a further appointment is arranged.

5. **Absentees from medical inspection in schools :** The parents of children who are absent from medical inspection are seen if the cause of the absence is not known to the head teacher. The school nurse tries to arrange a further appointment for the child to see the medical officer at school.

6. **Absentees from Children's Hospital Out-Patient Clinics :** The school nurses visit the homes of children who are absent from the out-patient clinics on two or more occasions. A report is made to the hospital staff who arrange another appointment. This work is gradually increasing with better liaison with the hospitals.

7. **Following-up of other cases :** Visits are paid to the homes of other cases, for example, children absent from treatment at the minor ailments clinics and children referred to the family doctor or hospital. Occasionally, the home of a child suffering from a skin infection is visited to ensure that other members of the family who may need treatment receive attention.

School Visits : School visiting continues as before. Each school is visited at least once a month to follow-up individual cases and to discuss with the head teacher problems concerning new admissions and other children. Nursery schools and classes are visited each week, when the school nurse makes a general survey of all the children.

As in other authorities, problem families take up a good deal of time, but co-operation with other departments is good. Members of the school nursing staff attend meetings of the local Co-ordinating Committee convened by the Children's Officer. At these meetings the many difficulties in connection with the problem families are discussed and a joint course of action is agreed upon.

Health Visitor Students and Queen's Nurse Students have again paid observation visits with the school nurses to schools, clinics and homes as part of their practical work.

The following is a summary of the school nurses' work during 1958:

Visits to schools for routine medical inspection	..	..	1,772
" " " following up cases of defect	..	..	51
" " " uncleanliness	..	..	409
" " " investigation of infectious disease	..	..	12
" " " other purposes	..	..	1,051
Visits to homes for uncleanliness	..	..	952
" " " deafness and other ear conditions	..	..	127
" " " absentees from ophthalmic clinic	..	..	485
" " " absentees from T. and A. clinic	..	..	90
" " " follow-up after T. and A. operation	..	..	23
" " " miscellaneous reasons	..	..	130
Clinic sessions	..	..	5,326

CLEANLINESS

It seems impossible to reduce the figure of children found unclean. A few persistent offenders create a focus of infestation. This year the

number of actual examinations has been cut and more time spent on known cases of unsatisfactory cleanliness. This has made some minor reduction in incidence but there is no doubt that family infestation is the root of the difficulty. Until it is possible to treat a whole family at once there is little likelihood of much change in the following unsatisfactory figures.

	1953	1954	1955	1956	1957	1958
On school rolls	48,880	50,108	50,975	51,628	52,115	52,242
Examinations	191,248	183,170	185,525	187,112	182,949	161,622
Number found unclean ..	4,882	4,955	6,403	5,975	5,615	5,326
Percentage of the number on rolls	9.9	9.9	12.5	11.5	10.8	10.2
Statutory notices to parents	39	32	41	26	29	51
Children cleansed	30	14	34	24	22	37

DENTAL INSPECTION AND TREATMENT

The following tables give some comparisons over the past three years. There is little change except that, as expected, and in view of the nation wide deterioration in children's teeth there is a considerable increase in the number of permanent teeth removed. A 30 per cent. increase in the 1958 figure compared with 1957 merely reflects the increasing difficulty which the dental profession is finding in keeping pace with the rather high and rising incidence of caries.

	1956	1957	1958
Inspection Sessions	54	50	51
Treatment Sessions	1,765	1,670	1,978
Total Sessions	1,819	1,720	2,029
% of Inspection Sessions ..	2.9	2.9	2.5
Periodic Inspections	11,073	10,820	11,493
Emergency Treatments	6,136	5,901	5,822
Permanent Teeth Extracted ..	4,061	3,580	4,663
Temporary Teeth Extracted ..	15,438	10,969	11,678
Total Teeth Extracted	19,499	14,549	16,341
Permanent Teeth Fillings ..	6,963	6,840	9,467

Orthodontic Treatment :

	1956	1957	1958
No. of cases treated	122	103	72
No. of cases completed	69	73	54
No. of dentures fitted or repaired ..	145	155	131
Removable appliances fitted ..	103	85	67
Fixed appliances fitted	3	—	1

INVESTIGATIONS BY SCHOOL MEDICAL OFFICERS : ACCIDENTS TO PUPILS

Report by Dr. E. J. More, School Medical Officer.

The School Health Service is notified of accidents involving children in school, and with the help of the school nurses I followed up those which appeared serious, noted if prevention was possible, if any disability resulted, and how much school time was lost.

The City Police Traffic Department supplied details of road accidents to city children aged 5 to 15 years.

The Casualty Department at the General Hospital again co-operated

and from their register have been extracted the figures for accidents to children aged 12 to 15 years.

The Casualty Department at the Children's Hospital very kindly adapted their record keeping from 1st March, 1958, so that figures relating to children aged 5 to 11 years could be extracted.

I should like to thank the Chief Constable, Chief Inspector Spray and Constable Liddell of the City Police Traffic Department, the Secretaries of the Nottingham Nos. 1 and 2 Hospital Management Committees, Sister Postlethwaite of the Casualty Department at the General Hospital and Mr. Town, Records Clerk at the Children's Hospital, for the help they have given me in extracting the necessary figures from their records.

1.—**School Accidents :** Total number on rolls of maintained schools on 31st December, 1958 : 52,242.

(a) Compare the past four years :

	1955	1956	1957	1958
Total no. of accidents reported to School Health Service	372	384	261	227
Percentage of nos. on rolls	0.73	0.74	0.5	0.43
Percentage to boys	62.3	65.4	65.5	64.8
Percentage to girls	37.7	34.6	34.5	35.2

(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	1958
No. confirmed serious	Not available	120	101	91
Percentage of all accidents		31.2	38.7	40
Percentage to boys		74	73.3	69.2
Percentage to girls		26	26.7	30.8
Total school days lost		888	903	756
Average loss per accident in school days..		7.4	9.0	8.3

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

	Percentage of all accidents			
	1955	1956	1957	1958
Physical education	Not available	23.7	18.0	18.5
Games		16.6	19.9	21.6

It is interesting to note once more that the total number of accidents reported to the School Health Service has decreased. The decline in

serious accidents and school days lost is especially worth noting. One hopes that teachers and pupils alike are becoming more accident conscious and so preventing many mishaps.

(d) **Total Accidents :**

(i) *Primary Schools :* number on rolls on 31st December, 1958 : 31,214.

	1955	1956	1957	1958
Total accidents	141	121	96	89
Percentage of no. on rolls	0.42	0.37	0.30	0.28

(ii) *Secondary Modern Schools :* number on rolls on 31st December, 1958 : 16,658.

	1955	1956	1957	1958
Total accidents	173	193	131	99
Percentage of no. on rolls	1.32	1.24	0.82	0.59

(iii) *Secondary Grammar and Technical Schools :* number on rolls on 31st December, 1958 : 4,370.

	1955	1956	1957	1958
Total accidents	58	70	34	39
Percentage of no. on rolls	1.81	1.84	0.83	0.89

(e) **Serious Accidents :**

(i) *Primary Schools :*

	1956	1957	1958
Number confirmed serious	41	39	30
Place of occurrence or agent :			
Play	25	25	15
Physical education or games	13	11	10
Ice	—	—	4
Other	3	3	1

(ii) *Secondary Modern Schools :*

	1956	1957	1958
Number confirmed serious	56	45	43
Place of occurrence or agent : Play	14	5	7
Physical education or games	34	31	30
Ice	—	—	1
Other	8	9	5

(iii) *Secondary Grammar and Technical Schools :*

	1956	1957	1958
Number confirmed serious	23	17	18
Place of occurrence or agent : Play	9	4	—
Physical education or games	14	9	14
Ice	—	—	—
Other	—	4	4

Prevention and Disability : Again, this year, the majority of the serious accidents were unforeseeable, and none was due to a structural defect in school premises. In Primary Schools serious accidents occurred mostly at play, while in Secondary Schools they happened during physical education or games. A few were due to the carelessness of the pupil.

Fortunately, cases of disability from serious accidents were few and slight. In three cases pupils were not taking part in full physical education and games three months after the accident.

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 :** 243 or 0.48 per cent. of pupils (1957, 197 or 0.39 per cent.).

Accidents to boys : 159 or 65.4 per cent. of accidents (1957, 135 or 68.5 per cent.).

Accidents to girls : 84 or 34.6 per cent. of accidents (1957, 62 or 31.5 per cent.).

Group (i) : 5 to 11 years :

On rolls : approx. 35,000.

Number of accidents : 172 or 0.49 per cent. (1957, 135 or 0.37 per cent.)

Group (ii) : 12 to 15 years :

On rolls : approx. 16,000.

Number of accidents : 71 or 0.44 per cent. (1957, 62 or 0.41 per cent.).

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

(b) By month :

		Jan.	Feb.	Mar.	April	May	June
No of accidents, 1957	..	9	19	24	13	20	15
1958	..	15	17	18	26	27	33
School holidays, 1958	..				2-21 April		
		July	Aug.	Sept.	Oct.	Nov.	Dec.
No. of accidents, 1957	..	17	20	14	13	14	19
1958	..	26	17	16	19	18	11
School holidays, 1958	..	24th July - 3rd September					19-31 December

The number of road accidents for 1958 is greater than in 1957, but again there is no peak during school holidays.

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

		1957	1958
Accidents on week-days :	Number	131	188
	Percentage	66.5	77.4
	Average per day	0.5	0.7
Accidents on Saturdays and Sundays :	Number	66	55
	Percentage	33.5	22.6
	Average per day	0.6	0.5

As with 1957, there seems no real difference in the number of accidents during week-days and week-end days.

*Analysis of Accidents**Percentage*

		1957	1958
Slight accidents .. ..	.. ..	71.0	71.2
Serious accidents .. ..	.. ..	26.9	27.2
Fatal accidents .. ..	.. ..	2.1	1.6
Accidents to pedestrians .. ..	.. ..	55.3	59.3
Accidents to cyclists .. ..	.. ..	40.6	35.4
Accidents to passengers in or on vehicles .. ..	.. ..	—	5.3
Unspecified .. ..	.. ..	4.1	—

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

		1957	1958
(a) Approximate number of children aged 12 to 15 years attending maintained and private schools in the City .. ..	.. ..	15,000	16,000
Total number treated .. ..	.. ..	1,094	1,329
Percentage of pupils .. ..	.. ..	7.3	8.3
(b) Boys treated .. ..	.. ..	739 or 67.5 per cent.	892 or 67.1 per cent.
Girls treated .. ..	.. ..	355 or 32.5 per cent.	437 or 32.9 per cent.
(c) Treated during school hours .. ..	.. ..	50.6 per cent.	65.8 per cent.
Treated outside school hours .. ..	.. ..	49.4 per cent.	34.2 per cent.
(d) Injuries treated which were serious, e.g., fractures or needing in-patient treatment, etc. .. ..	.. ..	22.0 per cent.	23.2 per cent.
(e) Holidays compared with school terms :			
(i) Easter Holiday :			
Number of days (including week-ends) .. ..	.. ..	18	18
Number of accidents .. ..	.. ..	53	61
Average per day .. ..	.. ..	2.9	3.4

(ii) Summer Holiday :						
Number of days (including week-ends)	37	40				
Number of accidents	103	133				
Average per day	2.8	3.3				
(iii) Spring term :						
Number of days (including week-ends and mid-term holiday)	101	86				
Number of accidents	304	300				
Average per day	3.2	3.5				
(iv) Summer term :						
Number of days (including week-ends and Whitsuntide holiday)	82	95				
Number of accidents	264	375				
Average per day	3.2	3.9				

The only point where there seems to be a noticeable change from 1957 is in the increased proportion of children attending for treatment during school hours. Again, there is little real difference between the average number needing treatment per day during school terms and during the holidays.

4. Children aged 5 to 11 years treated at the Casualty Department of the Children's Hospital from 1st March to 31st December.

(a)	Approximate number of children aged 5 to 11 years attending maintained and private schools in the City	35,000
	Total number treated	2,710
	Percentage of pupils	7.7
(b)	Boys treated	1,794 or 66.2 per cent.
	Girls treated	916 or 33.8 per cent.
(c)	Treated during school hours	1,677 or 61.9 per cent.
	Treated outside school hours	1,023 or 37.7 per cent.
	Treated at unspecified time	10 or 0.4 per cent.
(d)	Place of occurrence of accident (where specified) :	
	(i) School	273 or 10.1 per cent.
	(ii) Home	662 or 24.4 per cent.
	(iii) Road transport accidents	71 or 2.6 per cent.
	(iv) Outside school or home	702 or 25.9 per cent.
	(v) Unspecified	1,002 or 37.0 per cent.
(e)	Cause of accident :	
	(i) Fall	814 or 30.0 per cent.
	(ii) Dog bite	80 or 3.0 per cent.
	(iii) Foreign body	55 or 2.0 per cent.
	(iv) Burn or scald	17 or 0.6 per cent.
	(v) Other or unspecified	1,744 or 64.4 per cent.
(f)	Number requiring in-patient treatment	107 or 3.9 per cent.

As in school and road accidents, boys again sustain more accidents than girls. It is interesting to note that 60 per cent. of the children were treated during school hours at the General and Children's Hospitals. The comparison between the percentages of known accidents occurring at home (24.4 per cent.) and at school (10.1 per cent.) is thought provoking.

* * *

Dr. E. J. More, School Medical Officer, has been taking an active interest in accidents to school children for several years past. Although she has made a return each year, it has been impossible to get the complete

figures for comparison with those of the previous year. It is hoped, however, to compare the figures next year with those of 1958, as we now receive them in a form which allows of comparison.

Fire Precautions

As outbreaks of fire are usually accidental in origin, it is perhaps appropriate to insert here a few notes about the fire precautions in operation at the Central School Clinic.

Each member of the staff has been instructed what action to take in the event of a fire alarm and the task of ensuring the safety of the children has been delegated to certain officers. The children in the T. and A. Wards present the major problem, but the nursing staff have been well drilled in their duties and each one knows precisely what to do. I am pleased to report that the Secretary-Superintendent of the neighbouring Royal Midland Institution for the Blind has very kindly offered to provide temporary accommodation at the Institution for the children in the T. and A. Wards should it become necessary to evacuate the clinic premises.

Fire drill is carried out at least once each term in order to familiarise the staff with the routine procedure.

THE HAEMOLYTIC STREPTOCOCCAL INFECTION RATE IN CASES NOTED FOR TONSIL AND ADENOID OPERATION AND THE RATE AT OPERATION

During the year the Public Health Laboratory have kindly checked on throat swabs and tonsils after removal, for the presence of the streptococcus type A. It has been found that 21.6 per cent. of 398 tonsils sent to the laboratory had haemolytic streptococci in or on them, whereas only 7.5 per cent. of throat swabs were positive. With the kind co-operation of the laboratory staff I hope to continue this investigation to note whether there is a rise or fall in the present figure of 21.6 per cent. of tonsils with haemolytic streptococci and to produce statistics which may act as a prediction of the return of streptococcal manifestations, such as scarlet fever and rheumatic conditions.

I would like to thank Dr. E. R. Mitchell, Director of the Public Health Laboratory Service, for placing the facilities of the Service at our disposal.

A PRELIMINARY SURVEY ON SPINAL MOVEMENTS

It has been suggested that a condition known as osteochondritis of the spine (Scheuermann's disease) is the result of excessive flexion of the spine during exercises in childhood. In an endeavour to find out how many children are unable to touch their toes without bending their knees and with feet together either sitting or standing, Drs. E. J. More and B. Ward, school medical officers, have done a rapid check on 1,806 children, aged 7, 8 and 9 :

Total seen : 1,806. Unable to touch their toes : 229 or 12.7 per cent.

Of the 229 who were unable to touch their toes,

159 (69.4 per cent.) were boys,

70 (30.6 per cent.) were girls.

It is interesting to note how many more boys than girls were unable to complete this simple test. It does not seem to be confined to any one particular physical group, e.g., the fat, the thin or the muscular.

It is hoped to repeat surveys of these same groups annually for several years. This seems to be the only way to note any changes in the ability to move the spine.

I have received the following letter from Dr. A. M. Allan, Medical Officer of No. 6 Area of the National Coal Board :

I have just completed the latest batch of school leavers entering the industry following the Easter vacation. I am still of the opinion that the average spinal mobility is relatively poor.

As part of my examination I request each boy to touch his toes. I would estimate that only 25 per cent. can touch their toes with feet together, and approximately 10 per cent. cannot do so even with the feet wide apart. Lateral movements seem to be within satisfactory limits.

It is interesting to note that only 25 per cent. of prospective entrants to the mining industry are able to do this simple test, which would rather suggest that the school figure of 12.7 per cent. will rise as the children reach secondary school age. It will be interesting to see if this really is so.

THE FREQUENCY OF OCCURRENCE OF UNDESCENDED TESTICLES

During 1957 and 1958 all the school medical officers have been noting children with undescended testicles. Drs. W. M. Hunter and B. Ward, School Medical Officers, have reported on this survey, which so far as is known has not been done in this form previously. It is proposed to continue the survey for several years, and follow-up individual cases until they develop their puberty or leave school.

The figures are shown in the form of a table (below) with a peak at the 10-11 year period. It is difficult to explain this peak, as one would expect it to be highest in the infant range, falling away gradually until puberty. One cannot put it down to observer error as in both 1957 and 1958 the peak occurs at about the same age point. Possibly, retraction is more likely in the intermediate groups.

However, this survey shows that at puberty there is only a very small proportion of youngsters who have not complete descent of both testicles.

(Drs. Hunter and Ward have done a good deal of work in this survey and it is hoped to publish a report with the Committee's permission).

Report upon 19,024 boys who were examined in 1957-58.

Age Group : years	No. of boys examined	Unilateral undescended testicles				Bilateral undescended testicles		Total	
		Right		Left		No.	Percent- age		
		No.	Percent- age	No.	Percent- age			No.	Percent- age
5 to 6	5,139	34	0.66	14	0.27	36	0.70	84	1.63
7 to 8	4,204	94	2.24	37	0.88	53	1.26	184	4.38
10 to 11	4,970	109	2.19	41	0.82	83	1.67	233	4.68
14 to 17	4,711	8	0.17	5	0.11	1	0.02	14	0.30

THE TREATMENT OF NOCTURNAL ENURESIS (BED WETTING)

We have been using a pad and bell method of treatment for two years for this upsetting and often persistent complaint. It has been difficult to organise an adequate arrangement and to keep a check on the apparatus and the child over any length of time. The following are a few of the difficulties of a practical nature which prevent satisfactory use :—

the parents' inability to provide the patient with a bed to himself ;

lack of co-operation by the parents, as for example, a mother who is not prepared to get up for a night or two at the beginning of treatment to show the child how to switch off the bell ;

complaints from other members of the family at being awakened by the bell.

One of the school nurses has now been placed in charge of the arrangements and she visits the home of each child referred for pad and bell therapy to try to secure the understanding and sympathy of the whole family and to advise the mother in the correct use of the apparatus.

Results on the whole have been excellent, but it has been found undesirable to continue treatment any longer than three weeks by which time most children have reacted. The waiting list is so long (100 caess) that it is impossible to give the many an opportunity to use the apparatus if parents have it for longer than this, and in any case results have not justified a longer period.

INFECTIOUS DISEASES

The figures for the more common conditions are given in the following table. They are compiled from returns received weekly from head teachers and do not necessarily bear any relationship to the Health Department statistics. The 1958 figures for all conditions are, by and large, the lowest for years. The Whooping Cough figure is probably now being affected by the Health Committee's policy of immunising for Whooping Cough together with Diphtheria.

	1953	1954	1955	1956	1957	1958
Chicken Pox	1,165	1,589	1,966	1,257	1,617	1,412
Measles	1,289	300	2,723	123	2,005	1,401
Mumps	415	2,114	584	796	2,080	266
Scarlet Fever	282	319	85	147	244	216
Whooping Cough	575	427	326	711	169	194

IMMUNISATION AND VACCINATION

I am indebted to the Medical Officer of Health for the following information about the immunisation and vaccination of school children during 1958 :

Vaccination against Poliomyelitis :

Children born 1943 to 1953:

Number given three injections	359
Number given two injections	24,427
Number given one injection	25,950
Number awaiting vaccination	1,761

B.C.G. Vaccination :

	1954	1955	1956	1957	1958
Schools visited	38	54	45	47	44
No. of 13 year olds	3,289	3,850	4,359	5,284	4,165
No. of acceptances	2,599	2,867	3,052	3,925	2,791
No. of refusals	648	946	1,173	1,243	1,294
No. of others	42	37	134	116	80
No. tested	2,516	2,769	3,058	3,912	2,592
Negative reactors vaccinated	1,884	2,148	2,339	3,154	2,155
Positive reactors	557	589	660	658	371

The figures for B.C.G. vaccination are rather smaller than usual, because vaccination against poliomyelitis has had priority.

Immunisation against Diphtheria :

Years of Birth	1951	1952	1953	1954
No. of children immunised	4,000	3,704	3,390	1,537
Years of Birth	1955	1956	1957	1958
No. of children immunised	3,862	2,947	3,351	3,028

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 for which I am grateful. He notes as follows :—

This is the first year that we have concentrated on the radiography of Mantoux Positive Reactors and school leavers, and consequently the overall total of 5,832 school children X-rayed shows a reduction of 4,000 compared with the total of 1957.

Secondly, only one case of active pulmonary tuberculosis, together with three cases which are being investigated to assess activity, were discovered during 1958, which is an appreciable reduction on the figures of 1957 (11 confirmed and 5 pending cases), and indeed this year's incidence is the lowest on record for the City school children attending this Centre.

Nevertheless, this policy of selective radiography will continue to provide a valuable preventive health service for the children under the care of the School Health Service, and it will be interesting to see the pattern which the results will follow in the years ahead.

Pupils submitted to Chest Radiography :

	Under 14	14 years	Over 14	Totals
Secondary Schools				
Males	—	360	1,855	2,215
Females	—	328	1,297	1,625
Mantoux Positive Reactors				
Males	464	286	—	750
Females	470	220	—	690
Contacts				
Males	56	67	51	174
Females	148	108	122	378
Grand Totals				
Males	520	713	1,906	3,139
Females	618	656	1,419	2,693
Combined (Males and Females)	1,138	1,369	3,325	5,832

Number of significant chest conditions discovered :

Active Pulmonary Tuberculosis (with suspected cases, still under observation shown in brackets) :

					<i>Under 14</i>	<i>14 years</i>	<i>Over 14</i>	<i>Totals</i>
Secondary Schools								
Males	..	..	..	..	—	—	1	1 (—)
Females	..	..	..	..	—	— (1)	—	— (1)
Mantoux Positive Reactors								
Males	..	..	..	..	—	—	—	— (—)
Females	..	..	..	..	— (2)	—	—	— (2)

The numbers who have had chest radiography show a marked fall on those of last year, as indicated in Dr. Beynon's note. This seems desirable, especially in view of the publicity which radiation hazards have acquired recently. The risk is an extremely small one, but any risk should be avoided.

It is now routine to Heaf or Mantoux test all contacts and then X-ray only those who give a positive result.

The following also had chest X-ray :—

- 36 employees of the School Health Service ;
- 3 members of the domestic staff of Pipewood School ;
- 156 candidates for appointment as teachers or for admission to training colleges ;
- 37 Nursery Nurse trainees ;
- 8 Junior Nursery Assistants ;
- 914 employees of the School Meals Service ;
- 7 members of the domestic staff of the Nottingham Children's Homes, Skegness.

SCHOOL MEALS SERVICE

School Meals supplied during 1958 were :—

Dinners served to Grammar Schools	..	..	..	298,271
Dinners served to Special Schools	..	..	..	101,383
Dinners supplied to other schools	..	..	..	2,503,672
Breakfasts supplied	..	..	..	30,167

Miss E. N. Beard, Organiser of the School Meals Service, has made the following observations on the Service :

The School Meals Service during the past year has operated in much the same way as previously. It has experienced the usual hazards—shortage of staff, limited materials, constant pin pricks, etc. In spite of everything, the number of children dining has increased, and in October the highest average daily figure ever reached in Nottingham was attained—16,071. As this also coincides with the experience throughout the country it is satisfactory to know that we do not lag behind.

This Authority has felt for some time that there should be an increased allowance of meat for older children, and representation has been made to the Ministry of Education. While the Minister seems to agree that Secondary School children should have more meat than those in Primary Schools, he suggests that the L.E.A. should make its own

adjustments at the expense of the younger children. It is not felt here that the allowance is more than adequate for primary school age children, and to increase protein content with cheaper substances (e.g. dried milk) is not desirable.

The School Meals Service is an important part of the education system and as such should teach children to recognise what is good to eat and should show various ways of cooking and serving the ordinary types of food. It seems, therefore, not an answer to increase the protein content with what is virtually an invisible substance, and one which has a taste peculiar to the School Meals Service, dried milk being unobtainable by the householder. It may be true that one can give the body all it needs in tablet form, but how dull life would be without the appetising smells and tastes of good cooking and the social occasions associated with a meal!

It is hoped that the School Meals Service will be helped by the Report of the Chief Medical Officer of the Ministry of Education for 1956 and 1957 in which he states that children are getting fatter. This overweight may well be due in some measure to the excess of sugar foods which have to be offered in a school meal in order to provide the "packing" required by older children.

To provide more meat, fish and eggs in the diet would cost the School Meals Service in England and Wales an estimated £2½ million a year. This is a considerable amount of money. To counteract this there could be a slight saving on preparation costs in that fewer steamed puddings would be needed and fresh fruit could be substituted.

This matter does need a good deal of consideration. The health of the rising generation is most important, and in Nottingham we are hopeful that we shall be allowed to make some small contribution, by our agitation for a larger visible protein allowance.

* * *

Miss Beard makes an interesting point about the school meal and children becoming fatter. One should not overlook also the spoiled child, whose parents think school meals inferior and allow him to eat what he demands rather than a balanced diet.

Dr. W. M. Hunter has contributed the following notes about school meals :

The school medical officers partook of 64 school dinners at different times during the past year. Each day of the school week was included and various types of menus were eaten. In no instance was a really poor meal recorded although, occasionally, some small part of the menu was open to criticism. The quality of the food was excellent, but the transport of meals from kitchen to school did tend to destroy the flavour, and schools with a kitchen on the premises were at a distinct advantage.

Generally, the appearance of the meal was very good and the provision of the necessary cutlery, condiments and drinking water was satisfactory, although my colleagues and I would like to see more schools provided with table cloths. Kitchens generally were well looked after and clean, although the dining rooms in some of the older schools were very often dull and dreary. The storage of food in all cases seen was

satisfactory and hygienic, but the washing facilities for the kitchen staff in some schools were not all that could be desired.

To sum up, the meals themselves are very satisfactory and generally well received by both children and teachers and are of a high nutritional content. The dining rooms and kitchens are well looked after.

PHYSICAL EDUCATION IN SECONDARY SCHOOLS

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

Over the past twenty to thirty years there has been an ever-growing tendency to replace corrective Swedish exercises with a wide range of training in recreational pursuits and with systems of training in bodily movements where aesthetic qualities outweigh anatomical considerations.

Experience has shown that in the hands of the skilful teacher recreational training and movement training produce as good results in terms of well balanced physical growth as does the mass presentation of Swedish gymnastics to normal classes. Neither method, however, sets out to correct postural faults.

The great majority of postural faults are of a minor nature of which some are so minor as to be corrected naturally in the course of growth. Many are regarded as a slight handicap which it is hoped will not become more than a nuisance in later life. A few are serious.

The serious cases are, of course, the responsibility of the medical profession but the remainder create a problem with which the existing facilities cannot cope adequately.

The obvious answer to the problem is to train physical education specialists in simple remedial gymnastics and to carry out the treatment of minor cases in schools under the supervision of the School Health Service.

At one time this was common practice in grammar schools and interfered little with the specialist's normal duties.

A small amount of suitable equipment in the medical inspection room of every secondary school would cost little and the cost would be more than compensated by the savings in children's education and 'bus fares in visiting hospitals and clinics.

DEATHS OF CHILDREN OF SCHOOL AGE DURING 1958

Analysis of Causes :

Road accidents	6
Other accidents (1 drowning, 1 gun-shot wound, 1 burns)	3
Leukaemia	2
Acute Nephritis	1
Broncho Pneumonia	1
Hodgkin's Disease	1
Hydrocephalus (child unfit for school)	1
Idiot (? inanition)	1
Lympho Sarcoma (with Leukaemia)	1
Malignant growth of jaw	1
Rheumatic Carditis	1
	19

Of the above, three children would have been unable to go to school because of brain damage, five had conditions which did not respond

satisfactorily to treatment in our present state of knowledge and nine died as a result of preventable accidents. It seems a high premium to pay for modern civilisation.

Most of the deaths occurred in the 7-8 year age group. This seems to be a period when the child feels its independence and when there is some release of the apron strings, and parental control over street activities is relaxed.

CONVALESCENT HOME TREATMENT

During the year 68 children were sent to the following convalescent homes, compared with 55 in 1957 :

Charnwood Forest Convalescent Home, Woodhouse Eaves..	27 children
Roecliffe Manor Convalescent Home, Woodhouse Eaves ..	41 children
	68

I am grateful to the matrons and staffs of the convalescent homes for the kindly attention they gave to the children in their care and on occasion for helpful notes about behaviour and other difficulties.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

The school medical officers are privileged to select children between 7 and 11 years of age for the Nottingham Children's Homes at Skegness.

During the year, 643 boys and 650 girls were recommended as likely to benefit by a holiday at the seaside and of these, 404 boys and 412 girls went to the Skegness Homes for a stay of three weeks. One of the routine duties of the school medical officers is to examine each group of boys and girls prior to their departure to Skegness.

PIPEWOOD SCHOOL

1,435 children were examined by the school medical officers before their departure for Pipewood.

The health of the children during the 1958 season was most satisfactory and there was nothing in the nature of an epidemic infection.

The routine work and the odd case of difficulty were ably looked after by Dr. F. G. A. Armson, the medical officer to the school.

CONCLUSION

In conclusion I would like to take this opportunity of thanking all members of the Committee for their encouragement during the year and for their continued collaboration in the welfare of the children. I hope you will find something of interest in a report which deals largely with routine matters. It is a pleasure to refer to the continued loyalty and co-operation of the School Health staff both professional and clerical and to acknowledge the assistance received from head teachers and others, without which our work would be much more difficult. My thanks are also extended to the Director of Education and his staff for their continued support.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

TREATMENT ARRANGEMENTS

<i>Clinic</i>	<i>Address</i>	<i>Treatment Carried out</i>	<i>Doctor attends</i>	<i>Children's attendances during 1958 for minor ailments</i>
Central	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, Ear, Nose and Throat	Tuesday and Friday a.m.	†11,676
Bulwell	Main Street, Bulwell and Springfield School	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	8,510
Clifton	Southchurch Drive, Clifton	Minor Ailments, Speech Therapy	Wednesday p.m.	4,157
Ernest Purser	Wilford Road	Minor Ailments, Speech Therapy	—	1,278
Jesse Boot*	Jesse Boot School	Minor Ailments	—	1,493
Leenside	Canal Street	Minor Ailments, Dental, Speech Therapy	Thursday p.m.	6,515
Padstow	Henry Whipple Infant School, Padstow Road & Burford School	Minor Ailments	Monday a.m.	19,705
Pipewood School*	Blithbury, Staffs.	Minor Ailments, and in-patient treatment of acute conditions	Daily, as required	2,291 (Part year only)
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	21,135
Portland	Portland Junior School, Westwick Road	Minor Ailments, Speech Therapy	—	2,750
Rosehill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Therapy	Tuesday p.m.	10,753
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	6,540
William Crane	Aspley Estate	Minor Ailments, Speech Therapy	Wednesday a.m.	7,182
Arboretum	Arboretum Day Open-Air School	Speech Therapy	—	—
Child Guidance	34 Clarendon Street	Speech Therapy	—	—
Greencroft	Greencroft Infant School	Speech Therapy	—	—
Orthodontic Clinic	36 Clarendon Street	Orthodontia	—	—

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

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1958.

Part I—Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

<i>Age Groups Inspected (By Year of Birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	726	726	100	—	—
1953	2,766	2,765	99.96	1	0.04
1952	1,977	1,977	100	—	—
1951	1,661	1,660	99.94	1	0.06
1950	1,938	1,938	100	—	—
1949	428	428	100	—	—
1948	262	261	99.62	1	0.38
1947	4,231	4,227	99.91	4	0.09
1946	752	751	99.87	1	0.13
1945	201	201	100	—	—
1944	1,742	1,742	100	—	—
1943 and earlier ..	2,988	2,988	100	—	—
Total	19,672	19,664	99.96	8	0.04

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC
MEDICAL INSPECTION (excluding Dental Diseases and
Infestation with Vermin)

<i>Age Groups Inspected (By Year of Birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part II</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1954 and later	9	128	137
1953	64	500	534
1952	80	379	417
1951	77	185	255
1950	95	223	299
1949	27	83	97
1948	31	51	77
1947	403	621	950
1946	121	99	208
1945	30	21	50
1944	174	193	338
1943 and earlier ..	291	258	510
Total	1,402	2,741	3,872

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	16,412
Number of Re-inspections	..	..	..	..	..	..	10,984
Total							27,396

TABLE D.—INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	161,622
(b)	Total number of individual pupils found to be infested	..	..				5,326
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..	..	..			44
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	..	..	..			37

Part II—Defects found by Medical Inspection during the year

TABLE A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
4	Skin	77	7	54	3	198	44	329	54
5	Eyes—								
	(a) Vision ..	153	120	318	23	931	232	1402	375
	(b) Squint ..	181	27	47	1	283	36	511	64
	(c) Other.. ..	17	6	7	—	28	2	52	8
6	Ears—								
	(a) Hearing ..	25	31	16	8	75	67	116	106
	(b) Otitis Media..	26	18	22	7	64	33	112	58
	(c) Other.. ..	13	4	19	—	28	12	60	16
7	Nose or Throat ..	391	176	30	5	257	128	678	309
8	Speech	34	37	3	1	39	23	76	61
9	Lymphatic Glands	3	20	—	—	5	12	8	32
10	Heart	6	34	6	7	11	83	23	124
11	Lungs	27	103	5	19	49	155	81	277
12	Developmental—								
	(a) Hernia ..	9	12	—	1	11	15	20	28
	(b) Other.. ..	13	50	8	3	34	182	55	235
13	Orthopaedic—								
	(a) Posture ..	4	13	24	6	42	41	70	60
	(b) Feet	89	69	37	7	147	68	273	144
	(c) Other.. ..	58	41	37	11	87	96	182	148
14	Nervous System—								
	(a) Epilepsy ..	1	5	1	5	12	24	14	34
	(b) Other.. ..	2	11	2	3	11	81	15	95
15	Psychological—								
	(a) Development	1	18	—	1	6	31	7	50
	(b) Stability ..	11	26	4	7	27	53	42	86
16	Abdomen	—	7	—	2	1	8	1	17
17	Other	6	21	1	2	9	43	16	66

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	291	15
5	Eyes—(a) Vision	1,739	2,326
	(b) Squint	290	535
	(c) Other	100	12
6	Ears—(a) Hearing	8	302
	(b) Otitis Media	44	38
	(c) Other	304	40
7	Nose or Throat	785	462
8	Speech	5	30
9	Lymphatic Glands	6	2
10	Heart	6	133
11	Lungs	5	270
12	Developmental—		
	(a) Hernia	—	10
	(b) Other	11	122
13	Orthopaedic—		
	(a) Posture	6	8
	(b) Feet	193	50
	(c) Other	79	72
14	Nervous System—		
	(a) Epilepsy	2	53
	(b) Other	2	29
15	Psychological—		
	(a) Development	140	68
	(b) Stability	63	211
16	Abdomen	2	15
17	Other	977	396

Part III—Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1,069
Errors of refraction (including squint)	5,474
Total	6,543
Number of pupils for whom spectacles were prescribed	2,228

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear	138
(b) for adenoids and chronic tonsillitis ..	1,235
(c) for other nose and throat conditions ..	121
Received other forms of treatment	2,035
Total	3,529
Total number of pupils in school who are known to have been provided with hearing aids.. ..	
(a) in 1958	18*
(b) in previous years	47†

* Includes one pupil living in the Derbyshire County Council Area.

† Includes 8 pupils living in the Nottinghamshire County Council Area.

Includes 3 pupils living in the Derbyshire County Council Area.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	706
(b) Pupils treated at school for postural defects	—
Total	706

TABLE D.—DISEASES OF THE SKIN (excluding uncleanness for which see TABLE D of Part I).

	Number of cases known to have been treated
Ringworm— (a) Scalp	11
(b) Body	17
Scabies	65
Impetigo	216
Other Skin Diseases	2,300
Total	2,609

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	498*
* By Psychiatrists and Lay Psycho-Therapist 77	By Educational Therapist .. 279
By Educational Psychologists 111	In Boarding Homes .. 31

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists	399

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	9,224
(b) Pupils who received convalescent treatment under School Health Service arrangements..	68
(c) Pupils who received B.C.G. Vaccination..	2,155
(d) Other than (a), (b) and (c) above :	
1. by the Authority : U.V.R.	41
2. at hospital : general medicine	459
3. at hospital : general surgery	584
4. at hospital : paediatrics	177
Total (a) — (d)	12,708

Part IV—Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :	
(a) At Periodic Inspections	11,493
(b) As Specials	5,822
Total (1)	17,315
(2) Number found to require treatment	13,917
(3) Number offered treatment	13,912
(4) Number actually treated	10,655
(5) Number of attendances made by pupils for treatment (including orthodontics)	18,235
(6) Half days devoted to : Periodic School Inspection	51
Treatment	1,978
Total (6)	2,029
(7) Fillings : Permanent Teeth	9,467
Temporary Teeth	—
Total (7)	9,467
(8) Number of teeth filled : Permanent Teeth	7,997
Temporary Teeth	—
Total (8)	7,997
(9) Extractions : Permanent Teeth	4,663
Temporary Teeth	11,678
Total (9)	16,341
(10) Administration of general anaesthetics for extractions	8,917
(11) Orthodontics :	
(a) Cases commenced during the year	42
(b) Cases carried forward from previous year	30
(c) Cases completed during the year	54
(d) Cases discontinued during the year	—
(e) Pupils treated with appliances	72
(f) Removable appliances fitted	67
(g) Fixed appliances fitted	1
(h) Total attendances	632
(12) Number of pupils supplied with artificial teeth	112
(13) Other operations : Permanent Teeth	509
Temporary Teeth	9
Total (13)	518

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

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handi- capped (6)	Educa- tionally Sub- normal (7)	Mal- adjusted (8)	Epileptic (9)	Total 1-9 (10)
During the calendar year ended 31st December, 1958, number of handicapped pupils :—										
A. newly placed in special schools or boarding homes	—	—	4	1	39	9	78	9	1	141
B. newly assessed as needing special educational treatment at special schools or in boarding homes	—	—	3	1	39	11	133	9	2	198
On or about 31st January, 1959, number of handicapped pupils from the area :										
C. (i) on the registers of special schools as :—										
(a) day pupils	—	—	26	9	62	40	403	1	1	542
(b) boarding pupils	4	6	4	2	15	6	4	—	5	46
(ii) on the registers of independent schools under arrangements made by the Authority ..	—	—	1	—	—	—	—	2	—	3
(iii) boarded in homes and not already included under (i) or (ii) above	—	—	—	—	—	—	—	16	—	16
Total (C)	4	6	31	11	77	46	407	19	6	607
D. being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(i) in hospitals	—	—	—	—	—	—	—	4	—	4
(ii) at home	—	—	—	—	1	1	—	—	1	3
E. requiring places in special schools :										
(i) day	—	—	—	—	—	—	75	—	—	75
(ii) boarding	—	—	—	—	2	1*	1	—	—	4

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

F. Number of children on registers of hospital special schools on or about 31st January, 1959 54

G. Number of children reported to the Local Health Authority during the calendar year ended 31st December, 1958 :

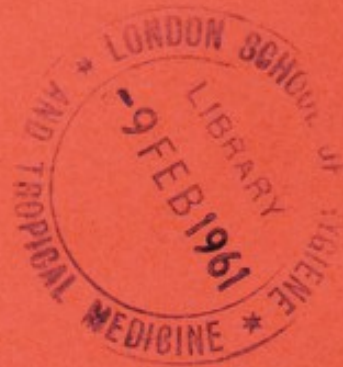
(i) under Section 57(3) of the Education Act, 1944 24

(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 6







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