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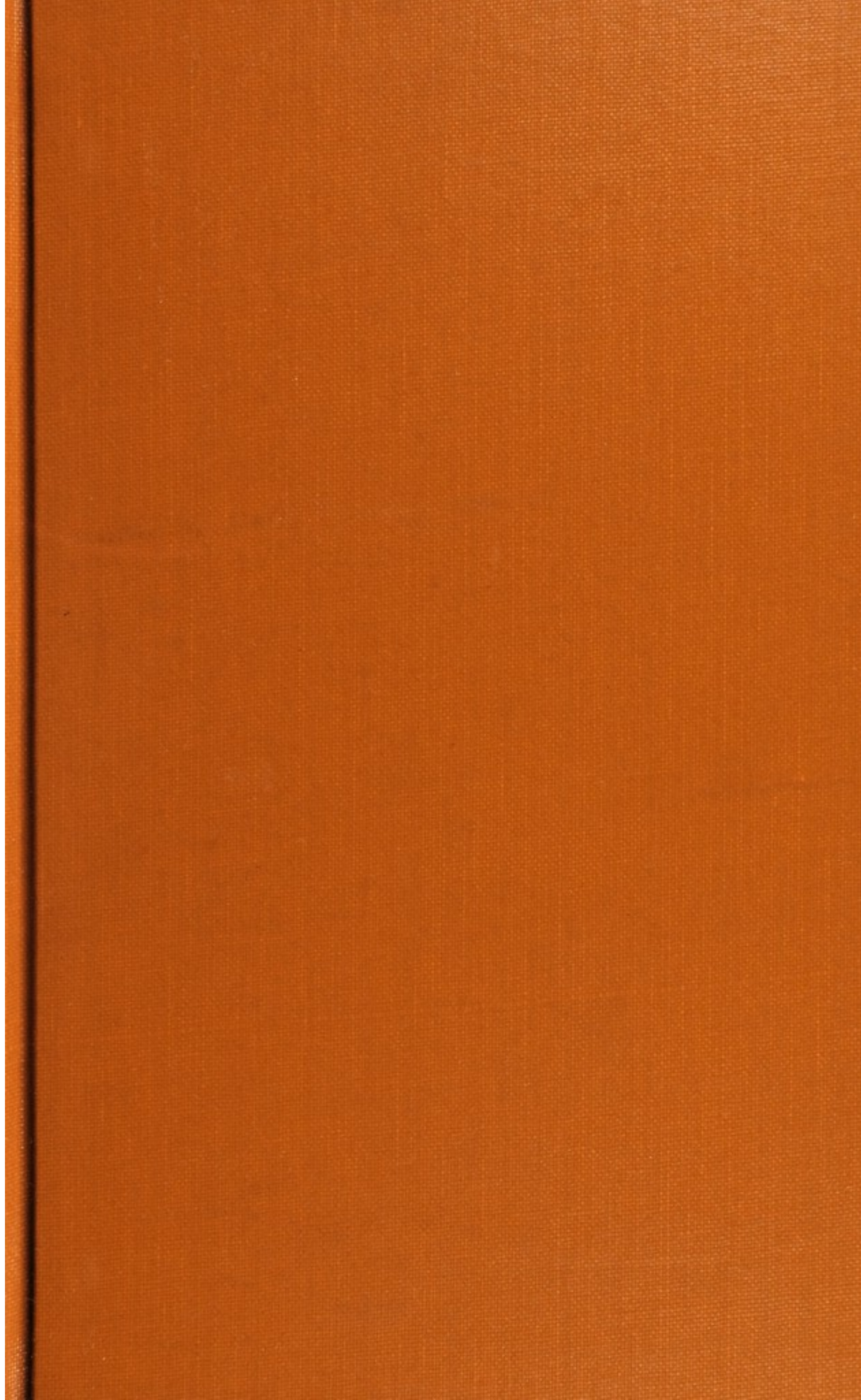
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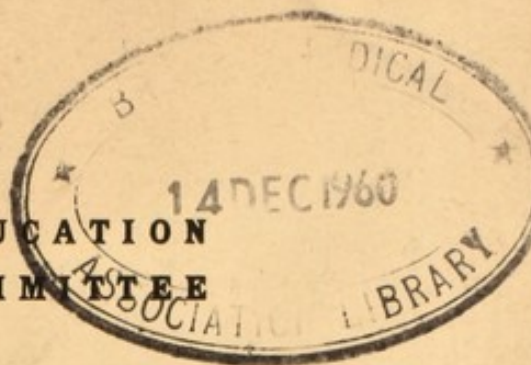
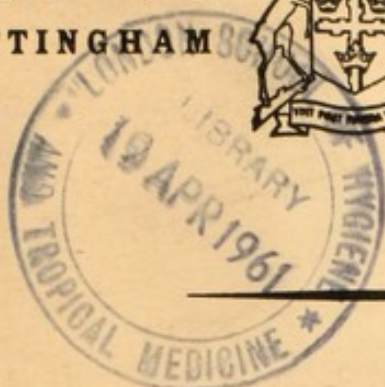
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CITY OF
NOTTINGHAM



EDUCATION
COMMITTEE



PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR 1959



Adopted by the Education Committee at
its Meeting held on 26th October, 1960



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

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

66080



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CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1959

Population	313,000	No. of Schools	169
Area acres	18,364	No. on Rolls	52,089
Density of Population: 17.02 persons per acre		Average attendance	47,315

CENTRAL SCHOOL CLINIC,
28 CHAUCER STREET,
NOTTINGHAM.

Telephone: Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1959-60)

CHAIRMAN: COUNCILLOR W. WILLIAMS
VICE-CHAIRMAN: COUNCILLOR B. A. MORLEY,
THE LORD MAYOR, COUNCILLOR JOHN W. KENYON, J.P. (Chairman of the Education Committee),
ALDERMAN W. G. E. DYER (Vice-Chairman of the Education Committee),
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COUNCILLOR R. H. ELLIS, J. D. SUNLEY, Esq., J.P.

STAFF (31st December 1959)

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)

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),
H. FRASER, M.B., Ch.B., D.O. (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., R.F.C.S., L.R.C.P. (Orthopaedic Surgeon),
A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist),
MRS. E. ARKLE, M.D., D.P.M. (Psychiatrist),
W. L. JONES, M.B., B.S., D.P.M. (Psychiatrist),
F. G. THORPE, M.B., Ch.B., D.P.M. (Psychiatric Registrar).

PART-TIME MEDICAL OFFICERS:

MISS T. M. PHELPS, M.B., B.S. F. G. A. ARMSON, M.R.C.S., L.R.C.P.,
J. L. K. WATKINSON, M.R.C.S., L.R.C.P., (M.O., Pipewood School),
MISS G. N. McCOACH, M.B., Ch.B., W. K. S. MOORE, M.A., M.B., B.Chir.,
S. J. HARRIS, M.B., B.S., M.R.C.S., L.R.C.P. (M.O., Boot's College),
MRS. J. G. S. WAUGH, M.B., B.S., M.R.C.S., L.R.C.P.

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

DENTAL OFFICERS:

W. McKAY, L.D.S. (Principal School Dental Officer),
MRS. M. P. CHADWIN, B.D.S., *N. E. CHETTLER, L.D.S.,
MISS H. WAIN, L.D.S., *MRS. E. DURANCE, L.D.S.,
MISS M. M. CLERKE, B.D.S., *E. A. MEADOWS, L.D.S.,
*V. C. CARRINGTON, 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), MISS P. A. E. GRADY, L.C.S.T. (Senior Speech Therapist),
MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist), MRS. C. H. M. ALDRIDGE, L.C.S.T. (Speech Therapist),
MISS A. WATSON, M.A. (Psychiatric Social Worker), MISS L. M. HARTLEY, L.C.S.T. (Speech Therapist),
MISS M. N. BEESON (Remedial Teacher), MISS E. A. TARBOTTON, L.C.S.T. (Speech Therapist).

ADMINISTRATIVE ASSISTANT: W. H. THORNHILL (Retired 31.12.59)

SUPERINTENDENT SCHOOL NURSE: MISS F. PINDER

SCHOOL NURSES: Twenty full-time and eight part-time
NURSES' ASSISTANTS: Seven. CLINIC ATTENDANTS: Nine *
DENTAL ATTENDANTS: Seven full-time and one part-time.

CLERICAL STAFF:

SENIOR CLERK (G. E. D. HANCOCK) and twenty-six Clerks,

HOSTELS FOR MALADJUSTED PUPILS:

SILVERWOOD: Warden and Matron: MR. and MRS. C. A. FITCH,
THE GABLES: Warden and Matron: MR. and MRS. A. O. BROUGHALL.

* Part-time Staff.

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1959

BY

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

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

LADIES AND GENTLEMEN,

I have the honour to present the 51st Annual Report of your School Health Service.

The health of the children in schools has been very satisfactory, and almost complete freedom from epidemic disease has been especially noticeable in a year notable for a summer of almost unprecedented brilliance. Whether this resulted in increased resistance or not it is difficult to say, but the percentage school attendance in the later months of the year was increased in comparison with 1958. I doubt if there is any real conclusion to be drawn from this, especially as the winter of 1959-60 was a comparatively mild and dry one.

Clifton Clinic opened on 26th January, 1959, for treatment. It has already been found inconvenient in that the waiting room can only hold thirty individuals (i.e. parents and children, often one or two of pre-school age, as well as the patient), and this number is exceeded if dental extraction and refraction sessions are running concurrently. The dental department, too, is not sufficiently isolated from the waiting room so that sounds often percolate into the waiting room and disturb parents quite unnecessarily. The recovery room in the dental department is much too small for the amount of work done in a busy extraction session.

The new Principal School Dental Officer commenced duty on 5th January, 1959. He has come back to school health work after a decade of private practice and brings with him a fresh outlook and a realisation of the difficulties of running a service which is being starved of manpower. He has expressed concern about the out-of-date apparatus in most of the dental clinics. His report appears on pages 32 to 36.

I should like again to comment on the unsatisfactory facilities for learning swimming in the City, and to stress the need for a sufficient number of teaching pools.

The Tonsil and Adenoid Department continues to use the upper floor in Chaucer Street and the waiting list for operations is possibly a little lower than it has been during the last few years. It is keeping within bounds, but only because it has become the policy to refer older children to the General Hospital, as facilities and staff for lifting them are inadequate at Chaucer Street.

The Child Guidance Centre celebrated its coming-of-age in 1959. Dr. Greener, who had been on sick leave, finally ceased to act as consultant and the Sheffield Regional Hospital Board appointed Dr. Arkle to succeed her. It may be remembered that the Consultant Child Psychiatrist is seconded to the Centre by the Board, an arrangement in which we share the time of the consultant with Nottinghamshire County Council's Child Guidance Centre and St. Ann's Hospital. This works extremely well. We have continued, of course, to have the services of the Registrar for three sessions a week so that the Centre has a considerable amount of the consultants' time.

Our investigations have been continued from last year, and we have again concerned ourselves in:

1. All accidents to schoolchildren involving attendance at or stay in hospital.
2. Following up all cases of undescended testicles and collecting new cases.
3. Observing the extent of streptococcal infections of the pharynx and tonsils.
4. Observation of children with limitation of spinal movements.
5. With the help of the School Welfare and Attendance Department comparing the number of court appearances of a group of schoolchildren engaged in part-time employment with a control group without outside commitments.

STAFF:

Part-time Consultants: Dr. J. E. Greener finally retired on pension and Dr. E. Arkle has been seconded by the Sheffield Regional Hospital Board as Child Psychiatrist.

Dr. N. P. R. Galloway, who had also been seconded to your service by the Regional Hospital Board, retired in March, 1959, and Dr. H. Fraser from Manchester took his place. We continue a very happy relationship with the consultants.

School Medical Officers: There have been no changes amongst the medical staff.

School Dental Officers. Two full-time dental officers came, one in June and one in July. These additions to the staff we hoped augured well for improved dental work but, unfortunately, they both gave notice to go in the early part of 1960. In addition, Miss Clerke, who had been a full-time officer since July, 1950, felt for health reasons that she was unable to undertake any but part-time work, so that the dental department is now at its very lowest ebb.

Other Staff: Miss Baldwin, who had been in the Child Guidance Centre since September, 1950, as Child Psychotherapist, left soon after the end of the year. It has been impossible so far to fill her post, nor that of Mr. White, Psychiatric Social Worker, who left in late 1958.

There have been changes in other staffs, but fortunately we are not otherwise understaffed except as noted above.

I should like to mention particularly the retirement of Mr. W. H. Thornhill, who had been Administrative Assistant since 1944. He had been a tower of strength in the department with his knowledge of Ministry Memoranda, Whitley and other Council awards, and the many other administrative requirements. His memory went back to the early days of the School Health Service and he had some amusing anecdotes of the way things used to be done. We have great pleasure in welcoming his successor, Mr. D. R. Freer, who was with the Derbyshire Education Committee before joining the Committee's staff in 1956.

There have been several changes in the office staff, and as suitable vacancies arose we have taken the opportunity to increase the number of male clerks without increasing the establishment. We feel it makes for fewer changes. There are now seven male members of staff (excluding the Administrative Assistant) as against three, two years ago.

Mr. A. J. Whittaker, who had been on the staff since the commencement of the School Health Service and who made some notes in last year's Annual Report, retired in August after being on the staff for nearly fifty years. His job, which after the 1914-18 war had been mainly dealing with ringworm by X-ray, had slowly developed into one in which sun-ray and electrical ionisation had been the main features. Since the 1939-45 war, sun-ray has been less and less used and now there are only a few general practitioners who ask us to arrange this treatment which was so much boosted between the wars. Most of Mr. Whittaker's work is now being undertaken by one of the nursing staff specially trained for the job.

MEDICAL INSPECTION (See Appendix, Part I, Table A).

We have been able to continue Medical Inspection work with no difficulty over staffing this year. It has been possible to complete 19,254 periodic examinations, a figure which is almost exactly the same as 1958, suggesting that we are able to keep the flow of work in the department running at a steady pace. This is excellent as long as staff remains stationary and interruptions of other kinds are small in number.

A brief comment on the routine health inspection work might be of interest.

While our conception of the general condition of each child is purely a subjective one and may vary a little with the medical officer carrying out the examination, there is no doubt that malnutrition as we knew it twenty-five years ago is no longer with us. A difficult age group in which to make a decision about malnutrition is that when most youngsters are developing their puberty. Not infrequently one finds a group of fully mature lads or lasses in a form, with the odd small undersized and as yet quite immature youngster of the same age. Are we to label that one as undernourished? I think one can receive a good deal of help in making a decision from a form master or P.E. instructor who knows what the youngster can do educationally or will try physically.

But I digress. It is funny that the number considered unsatisfactory is exactly the same as last year but, of course, it may represent the same eight children who are in our day open air schools. We see all "unsatisfactory" children in school the following year but this figure is not shown in Ministry returns so that we do not have a complete picture of the amount of under-nutrition in the whole school population. It is interesting to note that in 1934, twenty-five years ago, this figure was more than ten times the present one and referred in those days to "bad nutrition", i.e. at least a degree or so worse than our present "unsatisfactory" standard.

It is not difficult to enlarge on the subject of the *over* nourished child—he can do so for himself, his presence is only too obvious and his inability to enter into the physical activities of his class is particularly noticeable. Very few of the fatties are keen enough to diet adequately to reduce their weight and most of their parents are smug and complacent about their child's excessive girth. It is an interesting state of affairs; there has been nothing like it before and so one cannot predict the ultimate outcome of this present tendency, but is this going to have an effect on the expectation of life in the 21st century?

Nutrition now being so satisfactory, one cannot help but wonder if school milk need any longer be given to all children but could be given selectively to those recommended especially for it by the School Medical Officer, Health Visitor, or Nurse. There is certainly no doubt that the thin, skinny and active whipper-snapper is the better insurance risk in middle life and the same may apply to the young teenager in the future when national superannuation becomes an established fact.

Other Inspections (See Appendix, Part I, Table C).

These include examinations for various reasons and are an important part of our work. We see children for follow-up examinations in school—children who have been seen on one or more previous occasions, and who may have a condition which needs to be kept under observation but which does not need any treatment at the moment. Teachers, parents, family doctors, School Welfare and Attendance Department, the Children's Department, the Courts, the N.S.P.C.C., all ask us to examine and possibly treat children who may appear to be physically or psychologically unsatisfactory. One can understand, therefore, that this figure for "other inspections" can be a large one.

We still inspect students attending Institutions of Further Education, the total this year amounting to 147. Approximately this number has been seen annually over several years.

The Clifton Experiment.

As indicated in my report last year, it was our intention to give up the intermediate examinations in junior schools on the Clifton Estate, and to arrange for the Medical Officer to go into the schools once a term to see children in the following groups:—

- (a) those under observation for some particular defect (including handicapped pupils);
- (b) those who may be causing anxiety to parents or teachers, either physically, mentally or socially;
- (c) those who cannot take part in physical activities;

- (d) neglected children and those whose homes are known to be unsatisfactory;
- (e) children whose attendance is unsatisfactory; and also
- (f) those about whom the School Nurse is concerned.

The experiment began in September, 1959, at the beginning of the new educational year. Unfortunately, we got off to a bad start because almost immediately the medical officer concerned was off ill for a considerable time. While arrangements were made for other medical officers to fit in as and when they could, it did mean that the whole point of the experiment was largely lost. Ideally, one medical officer should take charge of the scheme and thereby establish a close and personal relationship both with the youngsters and the school staffs. However, we continued the experiment into 1960 and I hope to be able to report further next year.

Some Notes on Findings at Medical Inspection. (See Appendix, Part II, Tables A and B).

Skin Conditions:

The number of those noted continues to fall but there is little doubt that foot infections, whether due to epidermophyton or to the virus of warts, are increasing. In my opinion the latter are due largely to barefoot work in the gymnasias and as girls seem more interested in this than boys, so they are more commonly involved. While I agree that the modern plimsoll is not a very effective foot covering and does not allow of full play of foot movements, nor can it be sterilised easily, there are on the market thin foot coverings with a plastic sole which do allow of full foot movements and can be sterilised by boiling if necessary.

While on the subject of sterilisation of plimsolls, there is still in the schools a large number of communal ones which have still a fair amount of life in them. With the help of the Public Health Laboratory Service, we have found that these can be sterilised adequately by soaking them for two hours in two per cent chlorox and leaving them to dry. This does not appear to affect the shoe detrimentally except that the colour may be altered—possibly for the better!

Eyes — Vision

The numbers of children having treatment and under observation are still large. We are fortunate in having a total of eight sessions a week from the Consultants (seconded to us from the Regional Hospital Board) who do all the refraction work as well as treat those with squints and other eye conditions. We are also fortunate in having a very small waiting list. It is a very different story in those areas where these arrangements do not apply, and where School Medical Officers have to do their own refraction work, prescription of spectacles, etc.

Ears (a) Hearing

We do not undertake routine audiometry in this Authority but Medical Officers always consult Head Teachers about any child with a possible hearing difficulty, speech defect or showing reduced educational progress and, if necessary, they are submitted for special audiometry. I might add that all members of staff, nurses, speech therapists, educational psychologists, as well as Medical Officers, have easy access to audiometry.

(b) Otitis Media

There seems little doubt that there is a steady reduction in the number of youngsters with this condition but one cannot predict the future. A series of colds can rapidly run through any group of children and leave behind a few with infected ears, and other complications.

Nose and Throat

There seems to be now a fairly steady number of children referred for E.N.T. opinion. This number is much smaller than it used to be but nevertheless it is sufficiently large to keep the E.N.T. Consultant working (at perhaps a more leisurely pace than hitherto) and to keep his waiting list for tonsil and adenoid operations at Chaucer Street more within bounds.

Orthopaedic: Feet

There is a marked fall in the number of children noted to have foot involvements whether flat or claw in type. I think this is probably due, not to a fall in actual numbers, but to a realisation that most flat feet are of no real clinical significance.

HANDICAPPED PUPILS.**Blind**

Residential Special Schools	4
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There are still the same number of blind children attending residential schools as in 1958, and we fortunately have no knowledge of any others. We always receive information from the Health Department in ample time to make educational arrangements for handicapped children.

Partially Sighted:

Residential Special Schools	..	..	..	3
Ordinary Schools	..	..	..	24

It is noted that the numbers in residential schools are tending to be lower, although the total number of children with this handicap remains about the same. I think we are finding it an advantage to leave these youngsters in ordinary schools as long as possible, provided the Educational Psychologist is satisfied they are keeping pace educationally with their fellows. It is particularly striking to note how the intelligent partially sighted child is so much more able to overcome his handicap than the child who is not so capable, e.g., one partially sighted child in a Grammar School has done extremely well whereas an albino whose I.Q. is 85 and who is now eight is not yet able to read, while a younger sister whose I.Q. is 120+ is able to keep pace in her class.

I think with sympathetic handling, and a little individual help, some of these youngsters can manage quite well in ordinary schools, and residential school is not so essential as might be thought on first noting them.

Deaf

Day Special Schools	..	..	..	26
Residential Special Schools	..	..	..	4
Independent Special School	..	..	..	1

The numbers in this category are exactly the same as in 1958. It has not been possible to transfer any to the "partially deaf" category. The modern tendency to consider children with little islands of hearing to be partially deaf only applies to the very young. Many of our deaf children have islands of hearing but, if these cannot be used for the absorption of sound sufficiently accurately for them to learn speech which anyone can understand, then they must be considered as deaf.

I still feel that the earlier these children can go into the nursery class the better. There they can learn to use their hearing aid and to communicate with others apart from their parents. They can be under the care of experienced teachers who understand the special difficulties of the deaf child and know how to help them to develop good social habits, to make full use of their own individual aid and to benefit from the type of speech trainer which is part of the school equipment.

The new School for the Deaf to be opened in September, 1960, will have the most up-to-date auditory assistance possible including a combined group and loop aid capable of 120 decibel amplification above the threshold of normal hearing.

The Headmaster, Mr. J. R. W. French, has supplied me with the following notes—particularly emphasising his personal views as to the need for early entry into special school—which are of interest:—

“Permissive age for the entry of deaf children into school is two years. This early age of entry is desirable because:—

1. **SPEECH:** The normal age for children to acquire the art of speaking is between the ages of 18 months to 2½ years. This is the time when they are learning to put their thoughts into spoken words, although they have been listening to speech consciously or unconsciously since birth. If this is the best time in the development of normal children for learning to speak, it is also the best time for deaf children to learn speech. A school for the deaf can foster this desire to speak in young children by skilled teaching by teachers of the deaf and by giving young children the opportunity to listen to speech at amplified levels. No other system of training in this immediate area for young deaf children can give these opportunities for skilled teaching and powerful amplification. This does not mean that training given to parents to help children at home should be discontinued. This is a function which a school for the deaf should do to ensure continuity in method both at home and in school.

2. **LANGUAGE:** Deaf children are often unable to speak, because they have neither the words nor the ability to put words into their right relationship with one another to express themselves. In other words they haven't the language to talk. The acquisition of language by deaf children is a very difficult problem to which all teachers and schools for the deaf pay particular attention. Normal children acquire language unconsciously through their hearing but to these children who have no hearing, or where hearing is confused and distorted, this does not apply. It is necessary for skilled teaching from the earliest years for specialist teachers to undertake this work if deaf children are to have the best chance of learning language. Even a few months lost on these early years are difficult to make up later on in school life. This acquisition of normal language is the crux of teaching the art of communication to deaf children. They and their teachers should have every chance with an early start.

3. **LIPREADING:** Lipreading must become second nature to deaf children, so it should be begun at an early age. In this way the children are able to be in the habit of watching the lips and realising that their movement is significant. Skilled teaching by teachers of the deaf is able to give young children a very fair ability to lipread. This can also be allied to their hearing for better comprehension. Lipreading is a difficult art and is better learnt almost unconsciously when young, rather than self-consciously at a later age.

4. **SOCIAL DEVELOPMENT:** Young deaf children can be very lonely. The company of other children and of adults with whom they are able to communicate is of great psychological advantage. Teachers of the deaf are accustomed to dealing with young deaf children and can help the child to overcome many of the social maladjustments that deafness can bring. It would not be in dispute that deaf children in schools for the deaf are on the whole happy and well adjusted children.

5. **CHILDREN WITH SOME HEARING:** It has been said that young partially deaf children will lose their speech if they are in the company of other deaf children. In this school there is no evidence to support this statement, and ample evidence to prove that their speech has improved in all cases of children with partial deafness. There is also a great deal of evidence to prove that many children in normal schools with much less severe hearing loss are retarded by their handicap".

Partially Deaf

Day Special Schools	8
Residential Special Schools	2
Ordinary Day Schools	63

The numbers in this group are much the same as last year. I noted then a tendency for the numbers to increase and could find, as now, no reason for this. There has been no change in our arrangements for ascertainment and we have always kept, at medical inspections, an awareness of this handicap.

The lip reading classes have continued on an increased scale, and we now have a peripatetic teacher of the deaf who holds classes in schools in suitable areas and who keeps close contact with the child's own school. This has the advantage that all possibly deafened children are brought to her notice even although at times there is no real handicap but only a poor ability to listen. It gives us also the opportunity to check their hearing by pure tone audiometry when convenient. I am afraid we find that deafness is not always the only cause of slowness as inattention and lack of interest are not infrequently present.

Delicate

Day Special Schools	45
Residential Special Schools	13
Ordinary Day Schools	241

The numbers in this group continue to decrease. There is little doubt that there is all round improvement in the health of the school community, but we still have youngsters who do not enjoy full health and who, for some physical (and not infrequently combined psychological) reason are unable to benefit fully from education. One can note the asthmatic child who is still with us, albeit in smaller numbers, the child who has frequent chest trouble (also becoming rarer), the youngster who—try as we will while he is at home—refuses to put on weight and produce the glow of health which we all like to see but cannot measure.

There are still, included in this group, children who have had rheumatic hearts but modern treatment has shown such good results that the bulk of them do not remain handicapped for long and our paediatrician advises, for almost all of them, a complete return to all activities in less than a year.

Children with old standing otitis media for whom swimming is undesirable are also included in this list and, although they form a fairly large proportion of the numbers, this figure too is falling steadily.

Physically Handicapped

Day Special Schools	41
Residential Special Schools	9
Hospital Special Schools	4
Ordinary Day Schools	15
Home Tuition	3

There is an increase in the number of physically handicapped children known to us, (largely accounted for by children in the Day Open Air Schools). While one does not like to feel that there are more in this group, it does show that we are able to cater, in our Day Open Air Schools, for children who previously would have had to remain at home or go to residential schools.

The Nottinghamshire County Authority have taken into Thieves Wood School several severely handicapped children who, we felt, were not placed to the best advantage in our day special schools. We know that parents are grateful that their children can be so near home and in such modern and up-to-date surroundings with all the facilities needed for their treatment and care.

I have been concerned about the number of children with muscular dystrophy who are known to us; the total figure in the City and including all in residential and day special schools and pre-school children, is nine. In discussing this comparatively high figure with colleagues from other areas, we seem to have a higher than normal proportion in this area. It is impossible to give a reason for this. There is not a great deal known about the condition, except that there is almost invariably a hereditary influence, and that the prognosis is black. This latter results in a great deal of depression if there is a group of these youngsters together.

The figures for physically handicapped children in ordinary schools remain much as last year. We have to bear in mind that in this group there may be children who are not out of place in an Infant Department but who may not fit into a Junior School; and, again, there may be some who, having developed a large measure of independence, can take their place in a Secondary School. Our policy is to get children wherever possible into an ordinary school for their last year or so. This cannot always be done, of course, but as most of them have to take a place in the competitive world of employment, it is wise to see how they react when removed from the sheltered existence of Day or Residential Special Schools.

Educationally Sub-normal

Day Special Schools	417
Residential Special Schools	2
Awaiting placement in Day Special Schools ..	76*
Awaiting placement in Residential Special Schools	Nil

*19 of these were admitted to Day Special Schools in January, 1960

As usual, this group is a large one, and there does not seem to be much likelihood of any change in numbers. We have removed from the waiting list those who are of secondary school age. This has not created much

difficulty in the secondary modern schools where one or two educationally sub-normal pupils can be catered for reasonably well in classes where there are already several border-line children. So far, we have had only two complaints from Head Teachers and had to admit children to the special schools at this late stage, and much against the desire of the Head Teachers of Special Schools.

Decisions about admission to special schools are not easily made, one needs the helpful advice of the Head Teacher of a child's school, and often the personal co-operation of the class teacher concerned. If a remedial teacher has had dealings with a youngster (as often happens) she can help a medical officer in making a decision and, finally, as the educational psychologist will have seen every child in school, it is on her recommendation that the medical officer sees a child for ascertainment. This seems a long story but my point in telling it is to point out that, in Nottingham, a decision about special school education is a co-operative one, and not a decision of a medical officer alone.

The rather large waiting list is not unwieldy. There will be about thirty children leaving special schools by midsummer, 1960, and this number, together with a rather large number of children who may prove ineducable and are only in special schools "on probation", will bring the waiting list down to reasonable proportions.

Nevertheless, as the waiting list is always there, it means that, if there is any doubt, it can influence a decision about admission or otherwise to a special day school. Decisions about special educational treatment should be quite unbiassed and uninfluenced by shortage of accommodation. As I write, the Ministry have agreed to the building of a further school for educationally sub-normal children in the Clifton area, with eighty places, so that we shall be adequately catered for when it is finished.

Maladjusted

Ordinary Day Schools	14
Day Special Schools	1
Residential Hostels	16
Grammar School (boarding)	1
Independent School	1

This is not a very large group but we only note children who are in need of residential or intensive child guidance treatment as out patients. There is a large amount of minor maladjustment in the general school population, much of which can be helped by child guidance advice. Equally, much of it never comes to the knowledge of the Child Guidance Centre because parents and children are helped by the good advice and sensible attitude of experienced teachers, especially teachers who know their families. One ill effect of the rapid changeover of teachers is that it falls to Headteachers to carry the responsibility of knowing their families as they cannot depute this if their staffs are constantly changing.

We have continued to use our hostels for the reception of those who the psychiatrist feels will benefit from a period of residence. During this time, as close a relationship as possible has been maintained with the home, so that youngsters can return to and be accepted in their homes whenever it is felt that the old difficulties have gone.

There is always an occasional child who refuses to make a sufficiently satisfactory recovery to return. These do create difficulties but if they have made a reasonably close relationship with the warden and his wife, the outlook is good. This is one of the unpaid jobs the wardens (and their wives) take and accept as part of their work, as also is the interesting, but not always easy, task of keeping in touch with them after they leave the hostel or leave school.

Epileptic

Day Special Schools	1
Residential Special Schools	7
Ordinary Day Schools	96
Awaiting placement	1

In this group, there is a minor increase in figures since last year. As I said then, this is probably the result of increased facilities for diagnosis. Our policy has always been to get these children stabilised if at all possible while they remain in their own homes and attend an ordinary school. If this proves a forlorn hope, then I feel it wise to recommend residential school and treatment to parents, and this sufficiently early in the child's life to give him time at the residential school to get adequate stabilisation before he leaves school and goes into the world of employment. There is not much sentiment or charity in this workaday world and employers are not prepared often to give an epileptic a trial in a job because they are really afraid, not merely of the risk to the employed, but of this known and possibly troublesome handicap.

Speech Defects

Ordinary Day Schools	4
Residential Special Schools	1

This is a small group but our figures do not of course include all those minor degrees of speech difficulty which our own speech therapists are quite capable of treating adequately, nor those children who need to be observed from time to time to assure their correct development and progress. Those noted in the figures above have such severe defects that their speech can only be followed with the utmost difficulty. They include such children who, for example, having reached the Secondary School, are retaining a really noticeable defect which may make life miserable for them because of teasing, of difficulty in making themselves understood, or (as happens in the case of one boy whose speech defect is associated with spelling difficulty) of finding themselves too prominently in the teacher's eye.

After Care of Handicapped Pupils:

Because of the difficulties found occasionally in the placement in employment of handicapped pupils, it was felt that a small "liaison" committee could usefully be formed, composed of representatives of staff of the various branches of the Education and other services, who might know and might be interested or able to help in the placement of all handicapped pupils. Fairly early each term, the following meet to review the cases of all handicapped pupils about to leave school and those who left school at the previous term end or earlier, where difficulty might be experienced in getting or keeping a job:—

Deputy Director of Education (Chairman),
 Superintendent of School Welfare and Attendance Department,
 Youth Employment Officer,

Head Teachers of all Special Schools in the City,
 Representative of the Welfare Department,
 Representative of Ministry of Labour and National Service,
 Principal School Medical Officer,
 Medical Officer representing the Local Mental Health Authority,

Each handicapped youngster is individually discussed and recommendations made about the type of work suitable for him or her. It has been possible to check up on those who have changed their jobs too frequently, on the attitude of employers to handicapped pupils employed by them, and—on occasion—to recommend to the medical officer responsible for those referred to the Local Mental Health Authority that any form of work seems beyond them without some training or other help. While this does not ensure that all handicapped school leavers are in suitable employment, it does go a long way to helping them.

Child Guidance:

We were fortunate to have Dr. E. Arkle seconded to us by the Sheffield Regional Hospital Board in July and as Dr. F. G. Thorpe, the Senior Registrar, was also available for the whole year, we were able to deal with the back-log of cases and to bring ourselves up-to-date, or nearly so. Unfortunately, our junior educational psychologist and child psychotherapist both gave notice to leave shortly after the end of the year, and as we had been a psychiatric social worker short most of the time, the outlook is not so good as it might otherwise be. Psychiatric social workers, especially, seem to be particularly difficult to get. (Indeed, at the time of writing, we are having to manage without them because Miss Watson, our other psychiatric social worker, has also left).

The following is a summary of the work done by the various members of the Child Guidance team:—

Examinations:

Psychiatrists	..	..	..	..	..	163
Physician	..	..	..	..	..	122
Psychologists	..	..	..	..	..	1,083
Psychiatric Social Worker	..	..	..	..	..	168

Re-examinations:

Psychiatrists (excluding treatment interviews)	268
Physician (" " ")	23
Psychologists (" " ")	9
Psychiatric Social Worker (" " ")	40

Attendances and Visits:

Attendances for treatment	..	..	..	10,224
Interviews with parents..	..	..	..	922
Interviews with others ..	..	..	..	62
Home visits	..	..	..	29
School visits	..	..	..	969
Hostel visits	..	..	..	11

Cases treated:

Psychiatrists and child psychotherapist	..	74
Educational psychologists	..	108
Educational therapist	..	484
Boarding homes	..	23

During 1959, there were 645 new cases seen at the Centre. Of these, 189 attended for child guidance, 142 had special tests by the educational psychologists in connection with the Annual Selection Examination, and 314 received educational therapy.

It is of interest that 1959 saw the coming-of-age of the Child Guidance Service. Started originally in 1938 with a Medical Superintendent and a staff made up as follows:—Part-time psychiatrists, two educational psychologists and a psychiatric social worker, with the necessary clerical assistance, it has continued to expand until now when the staff is approximately that advised in the report of the Committee on Maladjusted Children for an area with 50,000 schoolchildren.

We have continued to keep the child's general practitioner informed of our opinion if we felt there was a physical or psychological basis to the youngster's problem. When, however, the difficulties were mostly of an educational nature, we did not feel it was necessary to worry the general practitioner with the details.

One of the fairly common causes of referral to the Child Guidance Centre this year has been difficulty over school attendance, commonly known as "school phobia"—incorrectly so, but this is nevertheless a term which may come into popular use. Not all of these youngsters are the type who would play truant but on going into the history thoroughly, there is little doubt that there is a fear of separation, usually from the mother, and that this fear is stronger than the fear of any consequences of not going to school. I might add that these youngsters usually have I.Qs. at or above normal level.

One of the essentials of a Child Guidance Service—and indeed of a School Health Service—is to remember that prevention is always kept to the fore. Thinking of many school reports on children who are about to appear before the Juvenile Courts, and of many who, to our own knowledge, are going to become delinquents, one wonders what can be done to help these youngsters before it is too late. Discussing them with their teachers, one cannot help but note that the staff almost categorically will tell you that they can predict which children are going to find themselves up against the Law. Isn't it possible to run a hostel for pre-delinquent boys, where they can live, have adequate supervision and sensible discipline, and learn, for example, that freedom does not mean licence or lack of respect for the property of others?

Another group who give rise to concern are the physically mature but emotionally and intellectually immature teenage girls who find themselves in Court as consenting parties to sexual offences committed against them. Should these have some help; are their homes satisfactory enough to give them the help, advice and supervision they ought to have? Or would some form of residential supervision, with a sensible and understanding woman in charge, be less expensive than the present system, and, moreover, lead to a reduction of the present high illegitimate birth rate?

Educational Therapy

Miss Beeson has continued her work mostly in the schools, where her remedial work is much appreciated and where she is able to deal with small groups.

The educational psychologists have also undertaken a large amount of this work especially where the educational difficulties have also been associated with emotional or behaviour problems, e.g. in the cases of those children who, having fallen behind educationally, are unable to

take an interest in the work of the class and become attention-seeking, noisy, and cause interruptions and upset in the discipline of the class. If, with special help, they are able to catch up with the general class level, their difficulties are resolved and they once again can take a place with the others.

During the year, about 500 children received help either in their own schools, in the nearby clinic in groups, or at the Child Guidance Centre.

Hostels for the Maladjusted:

The work of the hostels for maladjusted pupils has often been described in previous reports and I need only emphasise again 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>cases</i>	<i>Notts.</i> <i>C.C.</i> <i>cases</i>	<i>City</i> <i>cases</i>	<i>Notts.</i> <i>C.C.</i> <i>cases</i>	<i>Grimsby</i> <i>C.B.</i> <i>cases</i>
At beginning of 1959 in residence ..	4	5	7	2	—
Admitted during year	4	—	3	1	1
Discharged during year	2	2	4	—	—
At end of year in residence	6	3	6	3	1

City children in hostels of other Authorities:

	<i>The Grove,</i> <i>Notts. C.C.</i>	<i>Staffs. C.C.</i>
At beginning of 1959 in residence ..	3	1
Admitted during year	1	—
Discharged during year	—	—
At end of year in residence	4	1

During the year the Education Committee completed their plans for the conversion of Orston House—their former housewifery centre in Third Avenue, Sherwood Rise, Nottingham—to a hostel for maladjusted boys, and I report for the record that the boys and staff hitherto housed at the Silverwood Hostel, Beeston, moved into their new premises at Easter, 1960.

SPEECH THERAPY

Although Mrs. Moss, the Senior Speech Therapist, and Mrs. Coldrey left during the year, we were fortunate in being able to replace them without too much loss of time.

Miss Grady, who is now Senior Speech Therapist, is keen to do as much investigation as possible, especially as there is a number of conditions causing speech difficulty which have been very inadequately looked into. The fact that our speech therapists spend some part of their time in hospital makes any investigation much simpler as all notes and any other examinations can easily be co-ordinated.

The following is a summary of the work carried out in 1959:—

Number of:

Cases treated	288
Cases under supervision	603
Cases discharged*	334
School visits	93
Cases awaiting treatment at end of year ..	173

***Analysis of 334 cases discharged:—**

Maximum benefit	242
Improved	12
Refused treatment	9
No co-operation	34
Removed from waiting list	5
No result	2
Mentally retarded (Ineducable or E.S.N.) ..	6
Referred to School for Deaf for lip-reading..	2
Left district, school, etc.	22

Miss Grady has given me the following notes which may be found of interest:—

“Each year over a thousand children are examined and treated by speech therapists in school clinics in this City. It may, therefore, be of general interest to comment briefly on some of the disorders of speech and language suffered by these children.

ANALYSIS OF CASES UNDER TREATMENT DURING 1959

Children with:—

1. Stammer	17.5%
2. Voice disorders	2.8%
3. Defective Consonants.	24.3%
4. Grossly defective articulation due to:—	
Brain damage	8.0%
Cleft palate	5.0%
Hearing loss	2.3%
Dental irregularities	3.4%
Delayed speech development	35.6%
Bi-lingualism	1.1%

Therapists meet far fewer children these days with all the characteristics of a severe stammer. This may be because children are referred at an earlier age with a result that parents can be given help and guidance. Radio and television have perhaps demonstrated emphatically that a slight stammer does not necessarily prevent a person from communicating ideas and opinions, and the general public is growing increasingly tolerant towards individual differences.

Many stammerers, unfortunately, are still offered too much unsolicited advice when their hesitation becomes obvious to the listener. It is frequently suggested that the stammerer should take a deep breath, speak slowly or stop to think before he utters a word. It cannot be stressed too often that these so-called aids to fluent speech make the stammerer self-conscious about his halting speech and this will only impede his fluency even further.

Many of the causes of grossly defective speech, tabulated above, are self-explanatory. It is well known that many children who are slightly deaf, or born with no roof to their mouth (cleft palate) as well as some who have irregular teeth, may not speak clearly. Some explanation, however, may be required about those classed as ‘late talkers’.

Many children pass through a stage, generally between one and four years of age, when their speech cannot be understood except by members of their own family. Often it is a case of ‘What did Horace say, Winnie?’ the parents having to rely on an older child to translate what a younger one is saying. By school age most of them can speak clearly, but a few may be unable to do so: these are the ones referred to a speech therapist.

It is exceedingly difficult to give positive reasons why a child's speech should not keep pace with his other development, both mental and physical. It is easier to state what these children are not. They are not lazy, they are not 'short-tongued', they do not need to have a tongue-tie cut and they are not usually lacking in intelligence, but they have a real problem in so far as they find some speech sounds impossible to pronounce.

As a means of explaining this difficulty, it is probable that English people will stumble when they read—Rhosllanershrugog—for the first time. Having done so, to the amusement of their Welsh friends, they may feel able to spare sympathy for children who confuse sounds in the new words being added to their vocabulary; and these children have not learned to read! Once it has been realised that an actual difficulty exists, it should be obvious that bribery, ridicule or bullying of the child will not help him to get rid of his disability any more quickly; treatment and training will be needed.

Although there is a large non-English speaking community in the City, it is some indication of a child's remarkable adaptability that so few find English hard to learn and require specialised help.

In addition to their work in the School Health Service, speech therapists are seconded for sessions in the three main hospitals in the City. Adult and other cases referred to them for treatment are as follows:—

GENERAL HOSPITAL

1. Patients requiring to be taught to use a pseudo-voice, after surgical removal of the larynx.
2. Patients in need of re-education of their speech and use of language consequent on a 'stroke'.
3. Patients requiring voice therapy either after surgery or due to persistent mis-use of voice.
4. Stammerers.

CITY HOSPITAL

Any adult patients in the above categories may be referred in addition to cases from the Plastic Surgery Unit and Orthopaedic Wards.

CHILDREN'S HOSPITAL

All types of speech defectives of pre-school age, but these are mostly cerebral palsied."

CLASSES FOR ADULT ILLITERATES

These have continued to be held at the Child Guidance Centre with increasing numbers of requests for help including some from West Indian and other immigrants who realise the need to be able to read in their jobs. A total of fourteen attended during the session 1958-59; their ages ranging between 18 and 60 years.

Most of the pupils are slow learners and some are actually of low intelligence. It is doubtful if pupils with intelligence below a certain level can really benefit from the classes and they tend to slow up the general pace of the work so that it is felt they should be carefully checked before admission. I feel myself that all who are keen enough to attend should have a limited trial period and if progress is unsatisfactory, they could be diplomatically discharged.

There is little doubt that these classes fulfil a long-felt want, and are a well worthwhile form of further education.

DISEASES OF THE EAR, NOSE AND THROAT

The arrangements with the Sheffield Regional Hospital Board have continued and the Consultant has examined 1,918 children, some of them on more than one occasion, at Chaucer Street Clinic.

990 cases were operated on from the waiting list in the Tonsil & Adenoid ward at Chaucer Street Clinic, and at the end of the year, there remained 206 names on the list. We have tried to keep the number of operations small during the winter, especially in the foggy winter months, and to work to capacity in the summer. Restrictions associated with polio injections have made for some difficulty in working; these are easing now as most schoolchildren have completed their three injections and we have insisted on parents who have refused them signing that they will take responsibility if anything untoward happens.

Audiometry

We have continued the arrangements whereby we are selective in arranging audiometry. Mr. Ward attends on two to four sessions per month. The youngsters dealt with are usually known to us already as partially deaf, and the main reason for audiometry is to get some idea of the degree of hearing loss which can be checked against further audiograms at a later period. Incidentally, Mr. Ward has a complete peep show audiometer which is very useful for testing pre-school or other immature children.

Mr. Ward tested 315 children mostly on a single occasion but some had a second test, making a total of 324 tests.

ELECTRICAL TREATMENT

Ultra-Violet Ray:

No. of children treated	58
No. of attendances	637

Some general practitioners still like their young patients to have ultra-violet ray. It is unusual for a School Medical Officer to recommend this treatment. There may be a good deal to say for it. It gives an appearance of rude health, and if the alternative is a bottle of medicine, there is little doubt about which parents and children prefer.

Ionisation:

No. of children treated	187
No. of attendances	947

We were without the apparatus for this treatment for some time so that a long waiting list, especially of plantar warts, built up. There is little doubt that this is the most effective treatment for the plantar type of wart. It is not so dramatic with the others except for molluscum contagiosum.

Proetz:

No. of children treated	153
No. of attendances	1,207

This suction form of treatment for nasal catarrh and sinus infections is useful and effective. Parents are full of praise for the comparatively quick way in which it clears their child's running nose.

OPHTHALMIC SERVICE

There was no alteration in the arrangements for the ophthalmic service during 1959.

	1954	1955	1956	1957	1958	1959
No. of pupils on rolls on 31st						
December	50,108	50,975	51,628	52,115	52,242	52,089
Pupils refracted	4,646	4,719	4,809	4,937	4,773	4,786
Percentage	9.3	9.2	9.3	9.5	9.1	9.2
Spectacles prescribed (pupils)	1,760	1,412	1,604	1,528	1,660	1,603
Percentage	3.5	2.8	3.1	2.9	3.2	3.1

In addition our school nurses held 168 sessions (102 sessions with one nurse in attendance and 66 sessions with two nurses in attendance) at the Chaucer Street and Clifton Clinics, when they dealt with repairs to children's spectacles. This is one of the additional duties of the nursing staff. In these sessions, they not only deal with repairs, assess whether spectacles have been damaged by accident or lack of care, but they check on the lenses prescribed by the consultants and supplied by opticians, and they are able to advise children and parents on how to take care of their spectacles, how to put them down, keep them clean and prevent breakage or distortion of the frame.

The Eye Hospital:

It is pleasing to report that the ophthalmic surgeons at the Eye Hospital have been able to deal with larger numbers of cases referred to them for orthoptic treatment and operations for squint, as the following statistics show:—

Orthoptic Treatment at the Eye Hospital:

	1954	1955	1956	1957	1958	1959
New cases treated	64	84	56	40	58	130
Total treated	109	125	155	125	159	291
Awaiting test or treatment at end of year	16	36	37	11	52	12

Operations for Squint at the Eye Hospital:

	1954	1955	1956	1957	1958	1959
Operations	99	81	106	123	40	69
On waiting list at end of year	109	82	60	10	39	39

Spectacle Frames:

While one of the Ministry's Medical Officers was visiting Westbury School last year, in the course of conversation it was suggested that metal spectacle frames as supplied by the National Health Service were more liable to breakage than plastic frames. In an endeavour to prove or disprove this, we asked a number of Head Teachers for some information on this point. The schools were Secondary Girls' Schools to compare with the youngsters at Westbury.

The sample survey—and I would emphasise that it was only a sample—bore out the suggestion made at Westbury School, as it showed that metal frames suffered double the breakages to plastic frames. Nevertheless, we must not overlook two relevant factors. Firstly, whereas the standard metal frames are provided free under the National Health Service, a charge—either in whole or in part—is made to parents for plastic frames. Secondly, the older girls seem, not unnaturally, to prefer the more glamorous plastic frames. It is, therefore, likely, on both counts, that the girls take more care of the plastic frames.

ORTHOPAEDIC TREATMENT.

The arrangements have continued along the same lines as in past years. The number of children dealt with does not alter much.

Examinations by orthopaedic surgeons:

At School Clinic	—	260
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Children treated as out-patients:

At Nottingham Orthopaedic Clinic	207
At Nottingham Children's Hospital	445

Children treated as in-patients:

At Harlow Wood Hospital	43
At Nottingham Children's Hospital	233

PAEDIATRIC CONSULTATIVE CLINIC

The work of the Paediatric Consultant, Dr. Page, has continued on the usual lines. The fact that we can ask him for an opinion on any paediatric subject is very useful but particularly so in the case of children with doubtful or definite heart conditions. He can advise on when he thinks an unusual heart sound is of no consequence, or when it may be necessary to restrict activities, or limit them completely until an infection settles down.

The following is a breakdown of the numbers of children who have attended his clinic during the year:—

<i>Defect</i>	<i>No. of cases</i>	<i>No. of attendances</i>
Heart conditions	100	157
Undescended testicles	55	90
Obesity, development, etc.	117	193

SCHOOL NURSES

The work of our nursing staff has been reported on very fully in previous annual reports and I do not propose to enlarge on it on this occasion save to mention the work of the Co-ordinating Committee on which our nursing staff (usually Miss Pinder, our Superintendent Nurse) play their part.

The Children's Officer, (Mr. R. B. Woodings) is the convening officer for the Co-ordinating Committee Meetings which are held monthly or as required. Invitations are sent, not only to representatives of many Departments of the Nottingham Corporation concerned with the Social Services, but also to Voluntary bodies, the National Society for the Prevention of Cruelty to Children, etc., to Central Government Departments such as the Ministry of Labour, National Assistance Board and to Probation Officers. The meetings are very well attended and during the year those members of the School Health nursing staff who have attended have found it most interesting and helpful to meet the other members of the Social Services, to listen to their point of view, to pool knowledge of families needing extra help and support and to discuss the best use of the available services to be given to each individual case. The result has been that the full resources of the available social services have been brought into use to alleviate the need of these families. Usually, only two representatives visit the homes of these families and they are in a position to offer the support and help of all the Departments represented on the Co-ordinating Committee: and for their part, the family concerned gets to know well the appointed visitors, rather than being bewildered by numerous ones.

The following is a summary of the school nurses' work during 1959:

Visits to schools for routine medical inspection	1,783
" " " following up cases of defect	32
" " " uncleanliness	391
" " " investigation of infectious disease ..	22
" " " other purposes	1,041
Visits to homes for uncleanliness	1,163
" " " deafness and other ear conditions ..	67
" " " absentees from ophthalmic clinic ..	530
" " " absentees from T. and A. clinic ..	113
" " " follow-up after T. and A. operation ..	9
" " " miscellaneous reasons	1,167
Clinic sessions	5,880

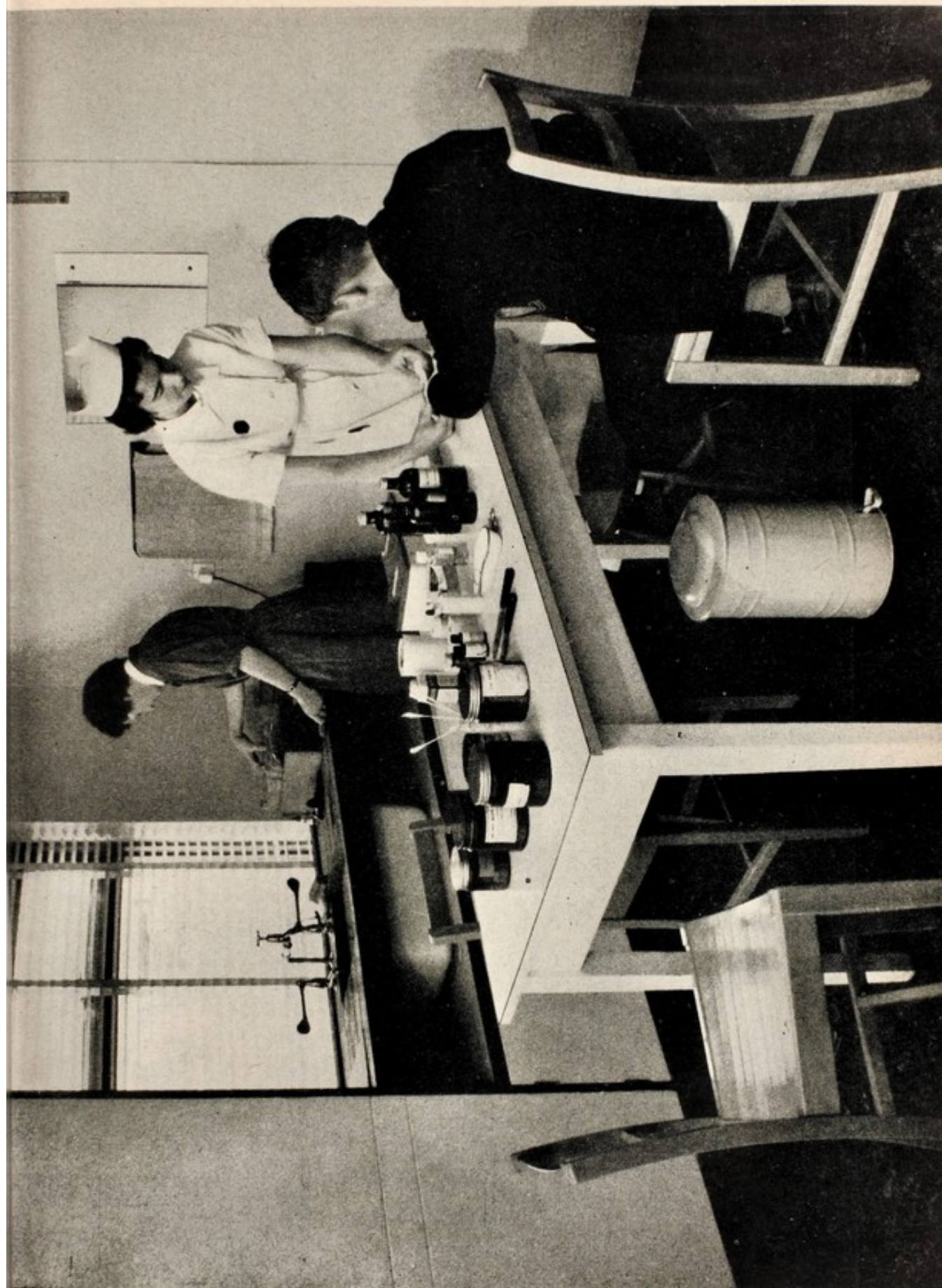
CLEANLINESS

	1954	1955	1956	1957	1958	1959
On school rolls	50,108	50,975	51,628	52,115	52,242	52,089
Examinations	183,170	185,525	187,112	182,949	161,622	160,796
Number found unclean ..	4,955	6,403	5,975	5,615	5,326	4,848
Percentage of the number on rolls	9.9	12.5	11.5	10.8	10.2	9.3
Statutory notices to parents	32	41	26	29	51	73
Children cleansed	14	34	24	22	37	54

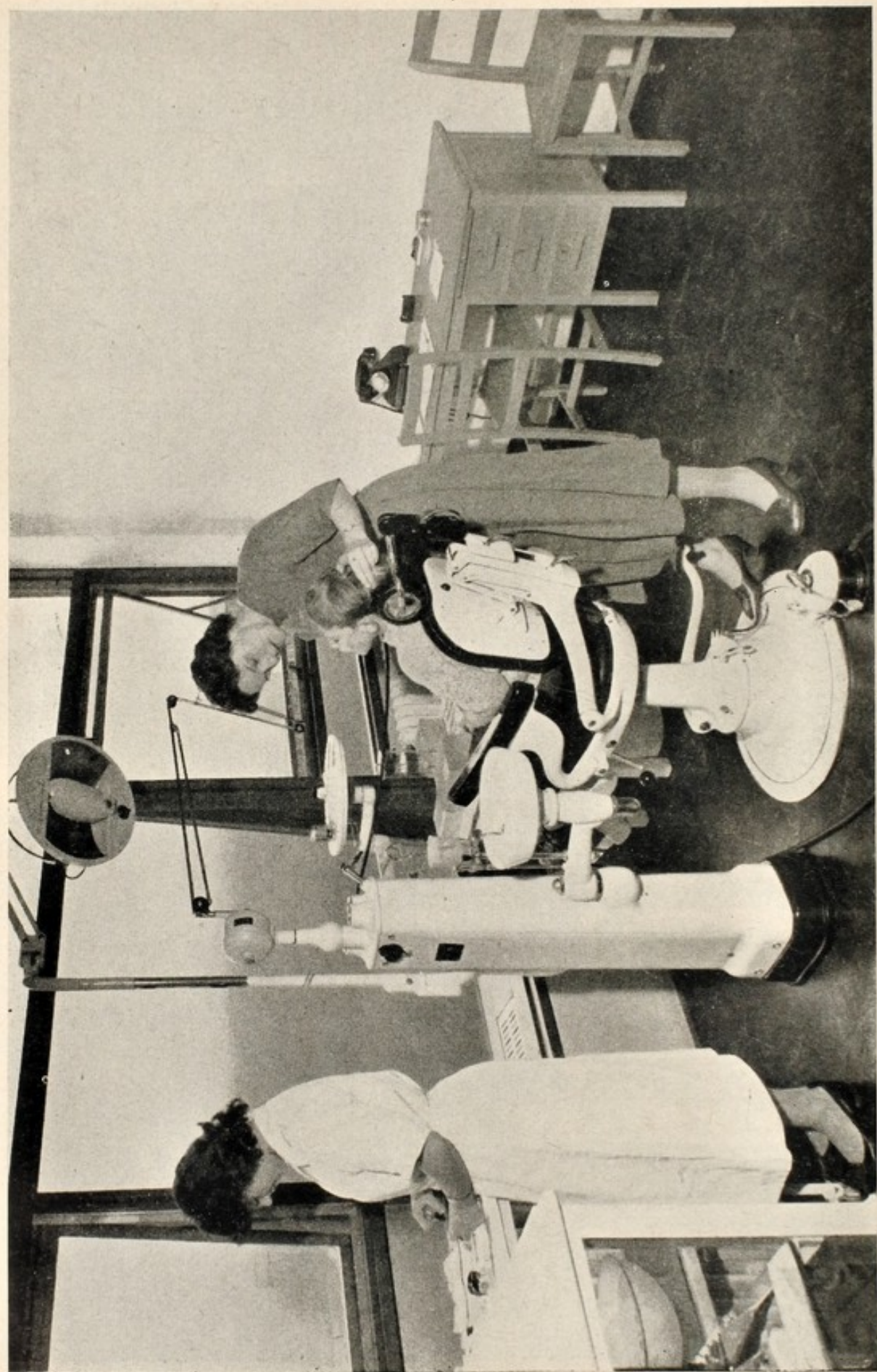
This work has continued and has to continue. Most of it deals with family infestation and as the whole family cannot be treated at once, there is always a persisting source of infection. The fashion of permanent waving has not helped in this difficulty, as it has made it difficult to use a fine comb in the hair.

The ideal insecticide is not on the market. D.D.T. preparations are usually obvious and objectionable. A spirit soap containing paradichlorobenzene is effective but must be rinsed off thoroughly. Preparations containing gammexane, whether as shampoo or suspensions, are effective but must be used according to instruction or the full effect is lost. The ideal would be a watery solution of insecticide which retained its potency if the stopper is left off and which could be sprinkled straight on the head and leave no evidence of its presence by appearance or smell, unless the smell is not unattractive. The cleanliness staff use a gammexane preparation when they do cleaning of heads, but the preparation has to be diluted with water and used reasonably quickly or else the gammexane is thrown out of suspension. It would not be a suitable preparation to give to parents to use.

The statistics quoted above show very little improvement on previous years. It is, perhaps, interesting to note that the cost of the service (mainly taken up with salaries of nurses' assistants, but also including the cost of medical preparations, postages, etc.) is just over £3,000 per year. This works out at about 4½d. per examination.



CLIFTON CLINIC
Treatment Room



CLIFTON CLINIC—Dental Surgery

INVESTIGATIONS BY SCHOOL MEDICAL OFFICERS:

ACCIDENTS TO PUPILS

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

As in previous years, the figures have been obtained from various sources. The School Health Service is notified of accidents involving children in school, and with the help of the School Nurses, I have followed up those which appeared serious.

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

The Casualty Department at the General Hospital again co-operated and from their register, I have extracted the figures for accidents to city children aged 12 to 15 years.

The Casualty Department at the Children's Hospital very kindly adapted their record keeping from March, 1958, and so I was able to extract figures for accidents to city children aged 5 to 11 years, for the whole of 1959.

I should like to thank the Chief Constable, the Secretaries of the Nottingham Nos. 1 and 2 Hospital Management Committees, Sister Postlethwaite of the Casualty Department of the General Hospital, and Mr. Town, Records Officer 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, 1959: 52,089.

(a) Compare the past five years:

	1955	1956	1957	1958	1959
Total no. of accidents reported to School Health Service	372	384	261	227	286
Percentage of nos. on rolls	0.73	0.74	0.5	0.43	0.55
Percentage to boys	62.3	65.4	65.5	64.8	65.7
Percentage to girls	37.7	34.6	34.5	35.2	34.3

(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	1959
No. confirmed serious	Not available	120	101	91	86
Percentage of all accidents		31.2	38.7	40	30.1
Percentage to boys		74	73.3	69.2	73.2
Percentage to girls		26	26.7	30.8	26.8
Total school days lost		888	903	756	700.5
Average loss per accident in school days ..		7.4	9.0	8.3	8.1

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

	Percentage of all accidents				
	1955	1956	1957	1958	1959
Physical education	Not available	23.7	18.0	18.5	15.4
Games		16.6	19.9	21.6	25.5

(d) **Total Accidents:**

- (i) *Primary Schools:* number on rolls on 31st December, 1959: 30,297.

	1955	1956	1957	1958	1959
Total accidents	141	121	96	89	96
Percentage of no. on rolls	0.42	0.37	0.30	0.28	0.32

- (ii) *Secondary Modern Schools:* number on rolls on 31st December, 1959: 17,286.

	1955	1956	1957	1958	1959
Total accidents	173	193	131	99	139
Percentage of no. on rolls	1.32	1.24	0.82	0.59	0.80

- (iii) *Secondary Grammar and Technical Schools:* number on rolls on 31st December, 1959: 4,506.

	1955	1956	1957	1958	1959
Total accidents	58	70	34	39	51
Percentage of no. on rolls	1.81	1.84	0.83	0.89	1.13

(e) **Serious Accidents:**

- (i) *Primary Schools:*

	1956	1957	1958	1959
Number confirmed serious	41	39	30	25
Place of occurrence or agent:				
Play	25	25	15	7
Physical education or games ..	13	11	10	10
Ice	—	—	4	1
Other	3	3	1	7

(ii) *Secondary Modern Schools:*

	1956	1957	1958	1959
Number confirmed serious	56	45	43	44
Place of occurrence or agent:				
Play	14	5	7	7
Physical education or games ..	34	31	30	27
Ice	—	—	1	—
Other	8	9	5	10

(iii) *Secondary Grammar and Technical Schools:*

	1956	1957	1958	1959
Number confirmed serious	23	17	18	17
Place of occurrence or agent:				
Play	9	4	—	1
Physical education or games ..	14	9	14	11
Ice	—	—	—	—
Other	—	4	4	5

Prevention and Disability:

As before, the majority of serious accidents were not foreseeable. It is interesting that this year the number of serious accidents occurring at play has gone down. Fortunately, cases of disability were again few.

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

(a) Number of pupils aged 5 to 15 years inclusive, 50,000 approx.

	1957	1958	1959
Total No. of accidents ..	197	243	225
% of Nos. on rolls	0.39	0.48	0.45
% to Boys	68.5	65.4	68.9
% to Girls	31.5	34.6	31.1

Group (i): 5 to 11 years. No. on rolls=34,000 approx.

	1957	1958	1959
No. of accidents	135	172	141
% of Nos. on rolls	0.37	0.49	0.41

Group (ii): 12 to 15 years. No. on rolls=16,000 approx.

	1957	1958	1959
No. of accidents	62	71	84
% of Nos. on rolls	0.41	0.44	0.53

(b) **By Month:**

		Jan.	Feb.	Mar.	Apr.	May	June
No. of accidents	1957 ..	9	19	24	13	20	15
	1958 ..	15	17	18	26	27	33
	1959 ..	15	9	17	20	20	26
School holidays	1959 ..	25th Mar to 13th Apr.					
		July	Aug.	Sept.	Oct.	Nov.	Dec.
No. of accidents	1957 ..	17	20	14	13	14	19
	1958 ..	26	17	16	19	18	11
	1959 ..	15	17	27	25	20	14
School holidays	1959 ..	24th July to	7th Sept.			22-31 Dec.	

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

		1957	1958	1959
Accidents on week-days:	Number	131	188	167
	Percentage	66.5	77.4	74.2
	Average accidents/day	0.5	0.7	0.6
Accidents on Saturdays and Sundays:	Number	66	55	58
	Percentage	33.5	22.6	25.8
	Average accidents/day	0.6	0.5	0.6

Analysis of Accidents

		1957	Percentage 1958	1959
Slight accidents .. ..	.. ..	71.0	71.2	73.4
Serious accidents .. ..	.. ..	26.9	27.2	24.4
Fatal accidents .. ..	.. ..	2.1	1.6	2.2
Accidents to pedestrians .. ..	.. ..	55.3	59.3	59.6
Accidents to cyclists .. ..	.. ..	40.6	35.4	37.3
Accidents to passengers in or on vehicles .. ..	.. ..	—	5.3	3.1
Unspecified .. ..	.. ..	4.1	—	—

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

		1957	1958	1959
(a) Approximate number of children aged 12 to 15 years on rolls .. ..	.. ..	15,000	16,000	16,000
Total number treated .. ..	.. ..	1,094	1,329	1,515
Percentage of pupils .. ..	.. ..	7.3	8.3	9.5
(b) Boys treated .. ..	.. ..	739 or } 67.5% }	892 or } 67.1% }	1,014 or } 66.9% }
Girls treated .. ..	.. ..	355 or } 32.5% }	437 or } 32.9% }	501 or } 33.1% }
(c) Treated during school hours .. ..	.. ..	50.6%	65.8%	66.3%
Treated outside school hours .. ..	.. ..	49.4%	34.2%	33.7%
(d) Injuries treated which were serious, e.g., fractures, or needing in-patient treatment, etc. ..	.. ..	22.0%	23.2%	14.5%

(e) Holidays compared with school terms:

(i) Easter Holiday:

Number of days (including weekends)	18	18	18
Number of accidents	53	61	52
Average per day	2.9	3.4	2.9

(ii) Summer Holiday:

Number of days (including weekends)	37	40	49
Number of accidents	103	133	146
Average per day	2.8	3.3	2.9

(iii) Spring term:

Number of days (including weekends and mid-term holidays)	101	86	79
Number of accidents	304	300	253
Average per day	3.2	3.5	3.2

(iv) Summer term:

Number of days (including weekends and Whitsuntide holiday)	82	95	103
Number of accidents	264	375	521
Average per day	3.2	3.9	5.1

4. Children aged 5 to 11 years treated at the Casualty Department of the Children's Hospital:

(a) Approx. number of children aged 5 to 11 years on rolls	34,000
Total number treated	3,249
Percentage of pupils	9.6
(b) Boys treated	2,134 or 65.7%
Girls treated	1,115 or 34.3%
(c) Treated during school hours	2,063 or 63.5%
Treated outside school hours	1,186 or 36.5%
(d) Place of accident (where specified):	
(i) School	517 or 15.9%
(ii) Home	1,127 or 34.7%
(iii) Outside school or home (road, yard, garden, swimming bath, park, etc.)	1,345 or 41.4%
(iv) Unspecified	260 or 8.0%
(e) Cause of accident (where specified):	
(i) Fall	982 or 30.2%
(ii) Dog Bite	107 or 3.3%
(iii) Foreign body	159 or 4.9%
(iv) Road transport	108 or 3.3%
(v) Burn or scald	59 or 1.8%
(vi) Blows, traps, sharp implements	109 or 3.3%
(vii) Other	1,725 or 53.2%
(f) No. requiring in-patient treatment	84 or 2.6%

5. Fatal Accidents: From Registrar General's Returns:

Total number	8
Accidents to Boys	6
Accidents to Girls	2
Road Transport	3
Railway	1
Drowning	1
Shock from falling in river	1
Accident—unspecified	1
Murder	1
(Ages ranged from 5 to 12 years)	

FAT OR OVERWEIGHT CHILDREN

This condition is commented on by most Principal School Medical Officers in their annual reports, because, I think, these youngsters are particularly obvious and because they are increasing in numbers.

It may be recalled that in 1957 in a rapid survey by the nurses, the number of fat children was about 600. In a further survey carried out recently, the figure has now risen to 821.

On this occasion, we have separated boys and girls, and the female of the species certainly shows up well in this group, the figure for girls being nearly twice that of the boys (541 to 280). It looks as though we may have dealt harshly with the boys in referring to fatties as "Billy Bunters"—should they not have been "Bessies"?

HAEMOLYTIC INFECTION OF REMOVED TONSILS

The Public Health Laboratory has kindly continued to examine all removed tonsils and swabs taken before operation. There appears to be an increase in the numbers of infected tonsils; for whereas in 1958 it was found that 21.6% of the tonsils had haemolytic streptococci in or on them, the comparable figure for 1959 is 28.2%.

What conclusions can one draw from this result? As the youngsters involved are drawn from all areas of the City, it cannot be that this increase is due to an epidemic affecting one area, so that we must draw the conclusion that there is an increased infection by haemolytic streptococci.

PART-TIME EMPLOYMENT OF CHILDREN

It may be remembered that last year a survey of youngsters who were in part-time employment showed that physically they were, if anything, better than those not in work. I was interested to read recently in the *TIMES EDUCATIONAL SUPPLEMENT* of a correspondent who had been attempting to compare the effect on Grammar School boys of work out of school. His conclusions were that casual work did not appear to affect school performance. While these findings applied to Grammar School boys, I think my findings in Secondary Modern boys were much the same.

This year, we have tried to associate casual work and delinquency. The figures given below are interesting (but not very enlightening).

	<i>Boys Employed</i> (See Note 1)		<i>Boys not Employed</i> (See Note 2)	
	<i>Number</i>	<i>% of Group</i>	<i>Number</i>	<i>% of Group</i>
Brought before Juvenile Court*	40	8.0	53	7.6
In Court after reaching age of 13	17	3.4	14	2.0
In Court once only	33	6.6	28	4.0
In Court more than once ..	7	1.4	25	3.6
Sent to Approved School ..	1	0.2	14	2.0

* These figures relate to boys brought before the Juvenile Court because of misdemeanour. They do not include those committed to the care of the Local Authority for other reasons.

Notes: 1. **The employed group** consisted of 500 schoolboys employed in part-time employment for a minimum of one year.

2. **The non-employed group** consisted of 700 schoolboys of comparable age not employed in any capacity.

In both groups, all the boys had attended City Schools throughout their school life.

Does the boy in work have more temptations than the one not? Does this increase his tendency to become a delinquent? Are we living in an age, as the police suggest, when everyone has plenty and is not satisfied? Are we paying for never having had it so good?

SHOE FITTING

There have been numerous surveys on the condition of children's feet with particular relation to the effect on the foot of too short shoes. A recent series of figures taken in various age groups shows a steady increase in the numbers with hallux valgus, the figures increasing from 2% at age 7 to 15% at age 15+ in boys, and 3% at 7 to 55% in girls at 15+.

As stated, these figures are from a recent series of surveys carried out in other counties, but I think they can be taken to apply in most areas. There seems little doubt that the young women of to-day are building up a great deal of foot trouble for themselves in later life. If one says anything to them in the way of helpful advice, it is not received willingly or gratefully except on odd occasions when one has an understanding parent who has some influence over her teenage daughter.

Is there any answer to this difficulty?

SPINAL MOVEMENTS SURVEY

We have continued with this survey, but as it is really of long-term interest, there is nothing of note to report.

However, Mr. Waugh, the Orthopaedic Surgeon seconded to us by the Sheffield Regional Hospital Board, has taken an interest in this survey. He feels that not only could spinal movements be investigated, but also the movements of many other joints and he hopes to go into this in much more detail during 1960. Meantime, the two Medical Officers who started this survey will continue to see the same group of children and continue to follow them up into the Secondary Modern or Grammar Schools. They feel at the moment that inability to touch toes is not something which is necessarily always present, but it may be affected by exercise, increase or decrease in weight, recent illness and, of course, practice may make much difference.

INFECTIOUS DISEASES.

The figures over the past five years for the more common conditions are given in the following table. They are compiled from weekly returns received from Head Teachers and do not necessarily bear any relationship to the Health Department statistics. It is interesting to note that, with the exception of measles, figures for all infectious diseases were up on the previous year's but most conditions were mild.

	1954	1955	1956	1957	1958	1959
Chicken Pox.. ..	1,589	1,966	1,257	1,617	1,412	2,560
Measles	300	2,723	123	2,005	1,401	1,388
Mumps	2,114	584	796	2,080	266	879
Scarlet Fever	319	85	147	244	216	304
Whooping Cough	427	326	711	169	194	339

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 1959:

Poliomyelitis Vaccination

Children born 1944 to 1954:

Complete course of three injections	31,178
Received second injection	4,183
Received first injection	1,847
Awaiting vaccination	726

B.C.G. Vaccination

	1955	1956	1957	1958	1959
Schools visited	54	45	47	44	50
No. of 13 year olds	3,850	4,359	5,284	4,165	5,197
No. of acceptances	2,867	3,052	3,925	2,791	3,455
No. of refusals	946	1,173	1,243	1,294	1,595
No. of others	37	134	116	80	147
No. tested	2,769	3,058	3,912	2,592	3,265
Negative reactors vaccinated	2,148	2,339	3,154	2,155	2,814
Positive reactors	589	660	658	371	372

Immunisation against Diphtheria

Years of Birth	1952	1953	1954	1955	1956	1957	1958	1959
No. of children immunised ..	3,805	3,552	1,698	3,902	2,987	3,436	3,467	3,070

CHEST RADIOGRAPHY

Dr. A. E. Beynon, Chest Physician and Medical Director of the Chest Radiography Centre has very kindly given me some remarks and statistics about Chest Radiography during the year, for which I am grateful.

1. Pupils submitted to Chest Radiography

	Males	Females	Total
(a) Secondary Schools (pupils rising 15 and over) ..	1,390	1,090	2,480
(b) Mantoux Positive Reactors (pupils 13/14 years)	265	188	453
(c) Contacts	No large groups of school contacts were X-rayed during 1959.		

2. Number of significant chest conditions discovered

(a) **Active Pulmonary Tuberculosis.**—Only one case was found during the year, a boy of 15 years. It is interesting to note that another boy of the same age and at the same school was discovered and subsequently notified as an active case nine months earlier, he being a General Practitioner's referral.

Another 15 year old boy, from another school, was referred to the Chest Centre by his General Practitioner and is under close observation.

Dr. Beynon draws attention to the fact that these cases represent the very low incidence rate of 0.4 per 1,000 of schoolchildren of the City X-rayed during the year.

(b) **Bronchiectasis.**—Four cases discovered (three boys, one girl).

(c) **Heart Conditions.**—Two cases (one boy, one girl) found to have cardiac conditions requiring further investigation.

(d) **Other Conditions.**—Some eighteen other conditions (among eight boys and ten girls), of sufficient importance to be recorded, were brought to light.

Dr. Beynon refers to the report of the Adrian Committee on the "Radiological Hazards to Patients" (1959) which states "... with reference to Mass Miniature Radiography, the dangers of radiation are negligible in comparison with the immense benefits which arise from such examination", but they recommend that Mass Miniature Radiography should not be used in X-raying schoolchildren and ante-natal cases—not because the procedure is dangerous, but because these groups should not be subjected to any unnecessary radiation. Dr. Beynon comments that as a result of the Adrian Committee Report, his department has abandoned the large-scale X-ray of schoolchildren, Mantoux positive reactors and ante-natal cases. The latter two groups are now X-rayed using large chest X-ray films.

During the year, the usual arrangements were made, as required, for the chest X-ray of adults—mainly employees of the School Meals Service and candidates for appointment as teachers or for admission to teacher training colleges, nursery nurse trainees, etc.

DEATHS OF CHILDREN OF SCHOOL AGE DURING 1959

Analysis of Causes:

Road Accidents	3
Diesel train	1
Drowning	1
Vagal inhibition and shock owing to accidental fall into river	1
Other accident resulting in fracture of skull ..	1
Murder	1
Wilms Tumour of kidney	1
Malignant Synovisma, secondaries in lungs ..	1
Cerebral Tumour	1
Acute lymphoblastic leukaemia	1
Hypoplastic anaemia	1
Monocytic Leukaemia	1
Oedema of glottis and Toxaemia	1
Toxaemia and Influenzal Pneumonia	1
Acute heart failure, etc.	2
Acute respiratory failure and post-influenzal encephalitis	1
Emphysema and Asthma	1
Perforated appendix, etc.	1
Rupture of cerebral abscess and cong. heart failure.. .. .	1
	<hr/>
	22
	<hr/>

It will be seen that eight of these deaths were from causes other than pathological conditions.

CONVALESCENT HOME TREATMENT

During the year 60 children were sent to the following convalescent homes, compared with 68 in 1958:

Charnwood Forest Convalescent Home, Woodhouse Eaves ..	25 children
Roecliffe Manor Convalescent Home, Woodhouse Eaves ..	34 children
Hunstanton Convalescent Home	1 child

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.

THE SCHOOL DENTAL SERVICE

PREMISES

The year 1959 has seen one notable improvement so far as premises are concerned, in the opening of a new two-surgery dental section in the Clifton Estate. This is highly necessary as there are no dental practitioners on the estate and there are over 6,500 children (or one-eighth of the City's school population) living there. Surgery No. 1 was staffed as from 15th June, 1959, and Surgery No. 2 as from 1st July, 1959. Unfortunately, at the time of writing, both dental officers have resigned for family reasons and have not been replaced owing to the national shortage of school dental officers.

STAFF

The Ministry of Education recommendation for dental staff in this Authority is one Principal School Dental Officer, one orthodontist and seventeen dental officers. On 31st December, 1959, the staff consisted of:—

	<i>Full-time</i>	<i>Part-time</i>
Principal School Dental Officer	1	—
Orthodontist	NIL	.6
Dental Officers	3	.8
Medical Anaesthetists	NIL	1.2

There were then the equivalent of five officers (dental or medical) to deal with the routine dental needs of 52,000 schoolchildren. (At the time of writing, as indicated above, the position has worsened so that we have no full-time dental officers). In addition to ministering to the dental needs of our schoolchildren, our school dental service is required to give one-eleventh of sessions worked during each year to the Maternal and Child Welfare Service (expectant and nursing mothers and children of pre-school age) of the Health Department. A summary of this latter work is included at the end of this report.

POLICY

It was obvious by March, 1959, that the most that could be offered in the way of dental treatment was an emergency or break-down service. There was then a weekly average of about 150 requests for emergency dental treatment from schoolchildren and about 12 from children of pre-school age. This work occupied the equivalent time of one dental officer and one medical officer anaesthetist employed half-time each week and took no account of the very many cases of gross caries and oral sepsis which were known to exist from the few routine dental inspections then being done—cases which were urgently in need of treatment though not so acute that they forced parents to seek immediate attention for their children. It was, therefore, decided to concentrate our limited resources on a policy of the greatest good for the greatest number of children rather than one of offering full dental treatment to a few. This policy involves the inspection of all our Infant Schools as soon as possible and completing all necessary extractions for those who accept treatment. Junior Schools will be taken into the scheme as Phase II and Secondary Schools later on. This policy is not intended to rule out routine dental treatment as it is understood ideally to be. All forms of dental treatment are in fact carried out, depending upon the availability of dental officer staff.

Dental Inspections

During the year only 9,632 children (or 18.5% of our school population) received a routine dental inspection and 52 dental officer sessions were devoted to this work. Of the children thus inspected, 9,032 (or 93.8%) were found to require treatment and treatment was actually offered to 8,282. (The apparent discrepancy here is partly due to those children who normally attend their family dental practitioners and partly due to our inability to offer certain treatment owing to lack of staff). Only 4,416 (or 53%) consented to treatment during the year and this is a rough indication of the apathy shown in many Nottingham homes concerning the condition of children's teeth.

In addition, 6,221 children were seen as "specials" or emergencies and some form of treatment or advice was given in each case. This gives an average of approximately 120 children per week, over all 52 weeks of 1959, in need of immediate attention.

Despite the staff shortage, it was thought worthwhile to carry out a short survey of decayed, missing and filled teeth, as suggested in "The Health of the School Child, 1939-45", and further reported in the same publication of 1952-53.

Dr. Wynne's figures for 1945 are given first, followed by the national figures for 1948 and 1953, followed by the Nottingham figures for 1959.

	5+ AGE GROUP			12+ AGE GROUP		
	No. exam'd.	% Nil D.M.F. teeth	Average No. of D.M.F. teeth per child examined	No. exam'd.	% Nil D.M.F. teeth	Average No. of D.M.F. teeth per child examined
1945	<i>circa 500</i>	20+%	4+ teeth	—	—	—
1948	15,158	21.7%	4.3 "	10,854	19.2%	2.9 teeth
1953	17,080	14.8%	5.1 "	14,344	12.0%	3.8 "
1959	373	11.3%	5.7 "	681	3.7%	5.5 "

No survey of this kind had been made in the City of Nottingham previously. The sample of 373 in the 5+ age group is less than the recommended 500 and a further survey during 1960, of this age group, has already begun. No further survey of the 12+ age group is contemplated for five years. The Nottingham figures may not be statistically comparable with the others, but they do suggest what we have felt for some time namely, that dental caries, or tooth decay, in children is very markedly on the increase. The most glaring depreciation is in the 12+ age group in Nottingham, if we compare our figures with the national ones for 1953.

When we look back at the figures for 1939-45 (and there are other figures published for that period, not detailed in this report) when we had to eat sparingly of a fairly well-balanced diet, it could be argued that the rationing of certain commodities (even their absence from our diet) was an extremely good thing from the dental point of view.

Dental Treatment

During 1959, some 1,859 dental sessions were devoted to treatment. 18,174 attendances were registered by children for treatment and the following treatment was carried out:—

Fillings	Permanent teeth	8,930
	Temporary teeth	3
	TOTAL ..	8,933
Extractions:	Permanent teeth	7,547
	Temporary teeth	18,059
	TOTAL ..	25,606

A general anaesthetic was given for extractions on 8,968 occasions and a local anaesthetic on only 376 occasions.

In contrast, a local anaesthetic was given for fillings on 1,528 occasions.

Other operations:	Permanent teeth	579
	Temporary teeth	4
	TOTAL ..	583
Number of diagnostic X-ray films taken	..	336

184 new dentures were supplied to our children during the year. This number is higher than last year (112) and may partly reflect the rising incidence of dental caries. On the other hand, most of the dentures supplied are to replace front teeth knocked out, or extracted, because of mishap or accident.

Mr. V. C. Carrington, the retired Principal School Dental Officer, continues to serve us in a part-time capacity in the Orthodontic Department. 41 orthodontic cases were completed during the year. 697 attendances (included in 18,174 above) were registered by children in his department and 63 orthodontic appliances were fitted.

General Remarks and Conclusions.

There is no short cut to the dental health of our schoolchildren. The problem is not a simple one capable of being solved by any panacea. The stark truth is that a rapidly dwindling dental staff is expected to do battle with a rising incidence of dental caries. The reason for the dwindling staff, nationally, is simply that there are too few dental surgeons being produced by our Universities; and of those who qualify, it is only the *rara avis* who is so keen on this type of work that he would accept the salary, conditions of service and poor prospects of advancement in the school dental service, which compare unfavourably with other branches of the dental profession. Ways and means of improving the staffing position are beyond the scope of this report but ways and means of improving, if only eventually, the dental state of our school leavers are not.

The First Permanent Molar

There has always been much controversy concerning the foolishness or otherwise of trying to save a carious first permanent molar. The dental profession to-day seems to be more in favour of its extraction than its retention. The retentionists argue that it is the keystone of the dental arch and must be preserved at all costs. The extractionists argue that its removal makes for a reduced tendency to overcrowding of the other teeth, leading to reduced food stagnation and dental caries, less need for orthodontic treatment and less trouble from impacted wisdom teeth (if present!). Whatever we believe, it is obvious that we will be forced into the extractionist camp because of the shortage of dental staff. It would seem irresponsible indeed to waste valuable time filling dubious carious first permanent molars when the time could be spent filling teeth which no member of the dental profession could deny ought to be filled. Obviously, the extractionist policy has not to be followed too slavishly but tempered with sound common sense.

Fluoridation of Water Supply

It has clearly been shown in many parts of the world that where the water supply has a fluoride content of 1 or more parts per million, there is a marked reduction in the incidence of dental caries. In areas where the water supply contains much more than 1 part per million thought to be the desirable optimum, there is a tendency to unsightly mottling of the tooth enamel. In some areas where the water is deficient in fluorides—less than 1 part per million—and Nottingham probably varies between .02 and .06 parts per million—it is the policy to add fluorides to the water supply to make up its deficiency and thereby reduce the incidence of dental caries. This policy has the backing of the World Health Organisation, the Society of Medical Officers of Health, The Royal Society of Health, the British Dental Association and now the British Medical Association. The matter of fluoridation experiment in this country is in the hands of the Ministry of Health who are conducting a controlled trial. This is in the best tradition of British caution. But we have international evidence which has convinced the learned bodies mentioned above. How much longer must the children of Nottingham have to wait for their rightful share of fluorides? A note of warning is appropriate here, however. The fluoride content of the water supply is not by any means the whole answer to our problem of dental caries. One part per million in Nottingham would not put back the clock or undo the ravages of dental decay which have been referred to elsewhere in this report. It would probably have more effect on the developing teeth as they are being calcified and the greatest benefit would accrue to the generations of children yet unborn—and that would be a firm step in the direction of *mens sana in corpore sano*.

Dietary habits and Oral Hygiene

Assuming that we had a fluoride utopia at this moment, we would still have enough dental caries to keep us busy. The fluoride content of our water supply, no doubt, has been fairly constant over the years, but the caries incidence has been on the increase. And the dietary habits of our children have been changing. The process of dental decay has been shown to be very largely a process of corrosion of non-resistant tooth structure by acids (probably mainly lactic acid). Infection of the "decayed" portion of the tooth occurs after corrosion. Much of the damage is done by

stagnation of certain foods in the nooks and crannies of the biting surfaces of the back teeth, round the necks of all teeth and in between the teeth—particularly if they are irregular or tightly packed together and not easily cleansed by the tongue and the saliva. The foods which cause most of the trouble are the carbohydrates, particularly the refined ones. Toffee is probably the worst offender among the sweetmeats by virtue of its adherent properties. All sweets are what we call cariogenic. Biscuits, buns and bread, cakes and candy are all cariogenic—which simply means that they cause tooth decay. The school tuck shop is certainly not on the side of the school dental service. But we must be realistic. We cannot prevent children eating these things. What we can do is to encourage them in the correct use of a toothbrush, if possible within fifteen to twenty minutes of indulging themselves and indeed, after every meal. Let us give them as much meat, eggs, butter, cheese, fish, raw vegetables and salads, fresh fruit, as we can afford. An apple a day does help to keep the dentist at bay. In short, teach the children to choose wisely what they chew, and that will help to cut down their suffering from this dread disease of “civilisation and progress”—dental caries.

Summary of dental treatment carried out, under the Local Health Authority Maternal and Child Health Scheme, by the School Dental Service Staff.

There were 363 expectant and nursing mothers and 441 children of pre-school age referred for dental treatment by medical officers of welfare centres. 108 sessions were devoted to the mothers and 22 to the children.

	<i>Mothers Children</i>	
Fillings	100	8
Extractions	2,783	1,073
General anaesthetics	545	480
Other operations	66	—
Radiographs	14	—
Dentures provided	214	—
Attendances for treatment	1,449	493

We have to express our gratitude to Head Teachers and teaching staffs, the staffs of the Education and Health Departments and to the Hospital service, for their invaluable co-operation and support. The continued interest and encouragement of the Chairman and members of the Committee, with their desire that the service should continue to improve its premises and equipment and attract much needed dental officer re-inforcement, is a constant inspiration to all members of this very small dental service staff.

W. McKAY, L.D.S., R.C.S.(Edin.),
Principal School Dental Officer

SCHOOL MEALS

This service continues to supply quite an appetising meal at a cheap rate. There are criticisms, of course, especially of meals which have had to be carried in containers and there is little doubt that it is difficult or impossible to produce (especially potatoes and other vegetables) from containers in the best of condition. In schools, however, which have their own kitchens, the meals can be excellent and a credit to a service which does not always receive all the credit due.

The need for a greater amount of protein in the meals of secondary schoolchildren is one which is difficult to fulfil, because the cost would become excessive. Part of the protein content of the meal has to be supplied in the form of dried milk, used mainly in the form of custard or milk puddings to which it may give its own distinctive flavour. One may wonder why this dried milk could not perhaps be economically converted into ice cream and used as a sweet, but I gather from Miss Beard, the School Meals Organiser, that there are practical difficulties, particularly so far as equipment is concerned. Nevertheless, it certainly would make a popular addition to the diet even in the winter months!

Over the past three years, free meals were supplied to the following numbers of children:—

1957	..	..	..	..	..	1,334	children
1958	..	..	..	..	..	1,682	..
1959	..	..	..	..	..	2,206	..

This steady increase in the figures over the last three years reflects possibly the poorer economic position of the families who make up the near-problem group of the population.

NOTTINGHAM CHILDREN'S HOME, 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, 744 boys and 793 girls were recommended as likely to benefit by a holiday at the seaside and of these, 403 boys and 396 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

1,172 children were examined by the school medical officers before their departure for Pipewood.

The health of the children during the 1959 season was most satisfactory, apart from a very minor epidemic of sore throats in May.

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 should again 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 administrative, 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.

APPENDIX

TREATMENT ARRANGEMENTS

<i>Clinic</i>	<i>Address</i>	<i>Treatment Carried out</i>	<i>Doctor attends</i>	<i>Children's attendances during 1959 for minor ailments</i>
Central	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, Ear, Nose and Throat	Tuesday and Friday a.m.	†11,488
Bulwell	Main Street, Bulwell and Springfield School	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	7,764
Clifton	Southchurch Drive, Clifton	Minor Ailments, Refractions, Dental, Speech Therapy	Wednesday p.m.	6,273
Ernest Purser	Wilford Road	Minor Ailments, Speech Therapy	—	1,371
Jesse Boot* ‡	Jesse Boot School	Minor Ailments	—	869
Leenside	Canal Street	Minor Ailments, Dental, Speech Therapy	Thursday p.m.	6,433
Padstow	Henry Whipple Infant School, Padstow Road & Burford School	Minor Ailments	Monday a.m.	15,249
Pipewood School*	Blithbury, Staffs.	Minor Ailments, and in-patients treatment of acute conditions	Daily, as required	2,292 (Part year only)
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	21,177
Portland	Portland Junior School, Westwick Road	Minor Ailments, Speech Therapy	—	2,291
Rosehill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Therapy	Tuesday p.m.	10,126
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	6,583
William Crane	Aspley Estate	Minor Ailments, Speech Therapy	Wednesday a.m.	6,707
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., Ionisation and Proetz cases.

‡Closed down in July.

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1959.

Part I—Medical Inspection of Pupils attending Maintained 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>
		(3)	(4)	(5)	(6)
1955 and later	711	711	100	—	—
1954	2,012	2,011	99.95	1	0.05
1953	1,225	1,223	99.84	2	0.16
1952	1,901	1,901	100	—	—
1951	2,054	2,053	99.95	1	0.05
1950	733	733	100	—	—
1949	249	249	100	—	—
1948	1,680	1,679	99.94	1	0.06
1947	1,096	1,094	99.82	2	0.18
1946	183	183	100	—	—
1945	3,899	3,898	99.97	1	0.03
1944 and earlier	3,511	3,511	100	—	—
Total	19,254	19,246	99.96	8	0.04

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC
MEDICAL INSPECTION (excluding Dental Disease 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)
1955 and later	2	87	87
1954	37	283	242
1953	47	167	208
1952	87	255	338
1951	112	267	364
1950	43	77	112
1949	19	18	37
1948	96	131	221
1947	97	101	191
1946	23	22	41
1945	367	293	634
1944 and earlier	333	193	505
Total	1,263	1,894	2,980

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	16,095
Number of Re-inspections	11,533
Total	27,628

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	160,796
(b) Total number of individual pupils found to be infested	4,848
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	65
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	54

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	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	39	11	66	1	73	8	178	20
5	Eyes—								
	(a) Vision	101	154	625	68	537	157	1,263	379
	(b) Squint	112	22	100	4	181	12	393	38
	(c) Other	6	3	18	—	19	8	43	11
6	Ears—								
	(a) Hearing	10	25	12	8	45	51	67	84
	(b) Otitis Media	17	18	22	3	31	12	70	33
	(c) Other	3	1	8	—	16	6	27	7
7	Nose or Throat	262	164	76	21	250	111	588	296
8	Speech	13	35	6	—	24	14	43	49
9	Lymphatic Glands	3	11	—	—	3	5	6	16
10	Heart	3	27	1	11	11	48	15	86
11	Lungs	23	61	29	10	41	91	93	162
12	Developmental—								
	(a) Hernia	7	16	—	—	9	10	16	26
	(b) Other	6	44	10	10	22	99	38	153
13	Orthopaedic—								
	(a) Posture	2	12	13	7	14	24	29	43
	(b) Feet	20	29	21	6	58	34	99	69
	(c) Other	25	31	48	15	50	45	123	91
14	Nervous System—								
	(a) Epilepsy	—	16	3	4	4	24	7	44
	(b) Other	1	16	3	2	4	85	8	103
15	Psychological—								
	(a) Development	1	22	—	4	13	17	14	45
	(b) Stability	5	24	4	2	26	32	35	58
16	Abdomen	2	6	—	1	—	6	2	13
17	Other	2	23	1	2	9	17	12	42

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
	Skin	215	32
	Eyes— (a) Vision	964	2,451
	(b) Squint	289	508
	(c) Other	82	16
	Ears— (a) Hearing	22	315
	(b) Otitis Media	30	44
	(c) Other	285	21
	Nose or Throat	827	384
	Speech	4	35
	Lymphatic Glands	2	6
	Heart	11	172
	Lungs	4	298
	Developmental—		
	(a) Hernia	—	16
	(b) Other	25	185
	Orthopaedic—		
	(a) Posture	5	23
	(b) Feet	52	60
	(c) Other	51	105
	Nervous System—		
	(a) Epilepsy	3	59
	(b) Other	3	40
	Psychological—		
	(a) Development	109	73
	(b) Stability	79	225
	Abdomen	1	29
	Other	647	476

**Part III—Treatment of Pupils attending Maintained 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	1,013
Errors of refraction (including squint)	5,745
Total	6,758
Number of pupils for whom spectacles were prescribed	2,394

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

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	146
(b) for adenoids and chronic tonsillitis	1,548
(c) for other nose and throat conditions	121
Received other forms of treatment	1,604
Total	3,419
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1959	10*
(b) in previous years	55†

* Includes two pupils living in the Nottinghamshire County Council Area.

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

 Includes five 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-patients departments	653
(b) Pupils treated at school for postural defects	—
Total	653

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

	Number of cases known to have been treated
Ringworm— (a) Scalp	1
(b) Body	8
Scabies	62
Impetigo	169
Other Skin Diseases	2,843
Total	3,083

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinics	689**

**By Psychiatrists and Child Psychotherapist 74 By Educational Therapist 48

By Educational Psychologists 108 In Boarding Homes .. 23

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	288

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	8,147
(b) Pupils who received convalescent treatment under School Health Service arrangements..	61
(c) Pupils who received B.C.G. Vaccination ..	2,814
(d) Other than (a), (b) and (c) above:	
1. by the Authority: U.V.R.	58
2. at hospital: general medicine	535
3. at hospital: general surgery	480
4. at hospital: paediatrics	121
Total (a) — (d)	12,216

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	9,632
(b) As Specials	6,221
Total (1)	15,853
(2) Number found to require treatment	14,900
(3) Number offered treatment	14,045
(4) Number actually treated	10,184
(5) Number of attendances made by pupils for treatment (including orthodontics)	18,174
(6) Half days devoted to: Periodic School Inspection	52
Treatment	2,264
Total (6)	2,316
(7) Fillings: Permanent Teeth	8,930
Temporary Teeth	3
Total (7)	8,933
(8) Number of teeth filled: Permanent Teeth	7,454
Temporary Teeth	3
Total (8)	7,457
(9) Extractions: Permanent Teeth	7,547
Temporary Teeth	18,059
Total (9)	25,606
(10) Administration of general anaesthetics for extractions	8,968
(11) Orthodontics:	
(a) Cases commenced during the year	60
(b) Cases carried forward from previous years	18
(c) Cases completed during the year	41
(d) Cases discontinued during the year	—
(e) Pupils treated with appliances	50
(f) Removable appliances fitted	62
(g) Fixed appliances fitted	1
(h) Total attendances	697
(12) Number of pupils supplied with artificial teeth	184
(13) Other operations: Permanent Teeth	579
Temporary Teeth	4
Total (13)	583

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, 1959, number of handicapped pupils:—										
A. newly placed in special schools or boarding homes	—	—	3	2	29	20	82	9	5	150
B. newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	3	2	31	19	94	10	4	164
On 22nd January, 1960, number of handicapped pupils from the area:										
C. (i) on the registers of special schools as:										
(a) day pupils	—	—	26	8	45	41	417	1	1	539
(b) boarding pupils	—	2	1	—	3	6	—	1	4	17
(c) ditto., (Non-maintained special schools)	4	1	3	2	12	4	3	—	3	32
(ii) on the registers of independent schools under arrangements made by the Authority	—	—	1	—	—	—	—	1	—	2
(iii) boarded in homes and not already included under (i) or (ii) above	—	—	—	—	—	—	—	16	—	16
Total (C)	4	3	31	10	60	51	420	19	8	606
D. being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals	—	—	—	—	—	—	—	1	—	1
(ii) at home	—	—	—	—	1	2	—	—	—	3
E. requiring places in special schools:										
(i) day	—	—	—	—	—	1	65	—	—	66
(ii) boarding	—	—	—	—	—	—	—	1	1	2

F. Number of children on registers of hospital special schools on 22nd January, 1960 74

G. Number of children reported to the Local Health Authority during the calendar year ended 31st December, 1959:

(i) under Section 57(3) of the Education Act, 1944 38

(ii) under Section 57(3) of the Education Act, 1944, relying on Section 57(4)