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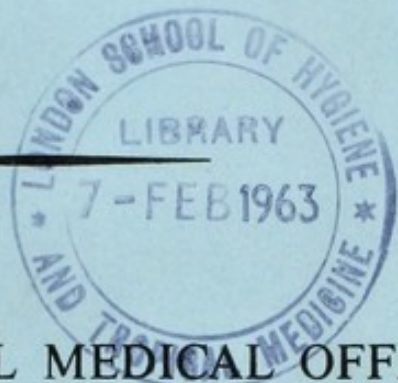
CITY OF
NOTTINGHAM



EDUCATION
COMMITTEE

NOV 1962

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PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR 1961




Adopted by the Education Committee at its Meeting held
on 24th October, 1962, for submission to the City Council.



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

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



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CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1961

Population	313,280	No. of Schools	170
Area acres	18,364	No. on Rolls	51,694
Density of Population: 17.06 persons per acre		Average attendance	90.7%

CENTRAL SCHOOL CLINIC,
28 CHAUCER STREET,
NOTTINGHAM.

Telephone: Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1961-62)

Chairman : Councillor H. WILSON

Vice-Chairman : Councillor B. MORLEY

Councillor W. DERBYSHIRE
(Chairman of the Education Committee)

Councillor J. W. KENYON, J.P.
(Vice-Chairman of the Education Committee)

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Councillor C. BENNETT
W. W. DIXON, Esq., M.Sc., A.R.I.C.
J. D. SUNLEY, Esq., J.P.

STAFF (31st DECEMBER 1961)

Principal School Medical Officer :

R. G. SPRENGER, M.B., Ch.B.

Deputy Principal School Medical Officer :

ELEANOR J. MORE, M.B., Ch.B., D.P.H.

School Medical Officers :

W. M. HUNTER, M.B., Ch.B.
BARBARA WARD, M.B., B.S., D.A., D.C.H.
R. A. GARDEN, M.B., Ch.B.
R. H. BROWNING, M.B., B.S. (resigned 30.4.61)
MARJORIE A. WROUGHTON, M.B., Ch.B. (from 1.9.61)

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., J.P. (Paediatrician)
W. WAUGH, M.A., M.Chir., M.B., F.R.C.S., L.R.C.P. (Orthopaedic Surgeon)
A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist)
ELIZABETH ARKLE, M.D., D.P.M. (Psychiatrist)
T. W. ROGERS, M.B., Ch.B., D.P.M. (Psychiatric Registrar)
UNA E. BATT, L.R.C.P.S.I., L.M. (Registrar)

Part-time Medical Officers :

THELMA M. PHELPS, M.B., B.S.
J. L. K. WATKINSON, M.R.C.S.,
L.R.C.P.
W. K. S. MOORE, M.A., M.B., B.Chir.,
(M.O., Boots' College)
S. J. HARRIS, 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)
 LINDA E. POOLEY, B.D.S. *ENID DURANCE, L.D.S.
 (from 1/9/61) *E. A. MEADOWS, L.D.S.
 *V. C. CARRINGTON, L.D.S. *W. TORZ, B.D.S. (from October 1961)
 *N. E. CHETTLE, L.D.S. *MARY M. CLERKE (resigned July 1961)

Child Guidance Centre :

MRS. J. FRY, M.A., Ed.B. MISS P. A. E. GRADY, L.C.S.T.,
 (Senior Educational Psychologist) (Senior Speech Therapist)
 A. GORTON, B.A., (Junior Educational Psychologist—resigned 31/7/61) MISS L. M. HARTLEY, L.C.S.T.
 (Speech Therapist)
 MISS M. M. BEESON (Remedial Teacher) MISS R. E. SIMMS, L.C.S.T. (Speech
 Therapist)
 MRS. E. WILL (Social Worker— from 1/4/61) MISS R. SHONE, L.C.S.T. (Speech
 Therapist—from 4/9/61)
 MISS A. STEWART, L.C.S.T. (Speech Therapist—from 4/9/61)

Administrative Assistant : D. R. FREER, D.P.A.

Superintendent School Nurse : MISS F. PINDER, S.R.N., S.C.M.

School Nurses : Nineteen full-time and six part-time

Nurses' Assistants : Six *Clinic Attendants :* Nine part-time

Dental Surgery Assistants : Five full-time and one part-time

Clerical Staff : Senior Clerk (G. E. D. HANCOCK) and twenty-three Clerks

Hostels for Maladjusted Pupils :

ORSTON HOUSE—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, 1961

BY

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

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

LADIES AND GENTLEMEN,

I have the honour to present this report, the 53rd, on the work of your service.

In these opening remarks, it is usual to comment on the general trends of the work because it is rare that there is anything striking in the way of happenings to report. The routine work goes on from day to day with little apparent change but, to those of us who can look back to the days well before the last war, there are many comparisons of especial interest. In those days there was no immunisation programme. There were no school meals and arrangements for milk were sketchy and on a voluntary basis only, when malnutrition was really marked, and although malnutrition was much commoner than it is to-day, it was not a common condition.

Still about fifteen in every hundred children seen during 1961 at the medical examination on first starting school were found to have defects that required treatment; often parents had not realised the defect, and so had not gone for treatment through the usual National Health Service channels.

Facilities for treatment are adequate and it is rare for us to find any difficulty over making necessary arrangements, and rarer still for us to find anything but complete co-operation from the homes except occasionally with older boys.

In the "Health of the School Child—1958 and 1959" (the latest report of the Chief Medical Officer of the Ministry of Education) there is given a number of tables in the appendix. These refer to defects found at medical inspections in the various County and County Borough areas. Naturally we cannot help but compare the findings in one's own area with those in others of equivalent standing or in contiguous areas and wonder why at times there should be such considerable differences in the findings. It has to be borne in mind, of course, that like the policeman who finds the largest number of traffic offences, it does not necessarily mean that large numbers mean efficient work.

I'm sure the Ministry must be intrigued to know why, in some areas, for example, visual defects are over 20% yet in others the figure is as low as 4%; why in some areas squints are as infrequent as 3 per 1,000, in others as high as 80 per 1,000; why otitis media suppurative in some areas is as frequent as 180 per 1,000 and in others, as sparse as under 0.5 per 1,000. One could possibly say that climate (or humidity) and industrialisation might influence the frequency of chest conditions when one area on the West coast can show a figure of 70 per 1,000 and one on the East coast as low as 5 per 1,000.

These remarks, of course, are leading up to the self satisfied attitude which we, in Nottingham, may be justified in holding that our figures are mostly a happy mean between the top and the bottom and, therefore, more likely to be nearer the correct mark. It is to be hoped, however, that this will not produce in either our professional or administrative staffs that feeling of complacency and laissez-faire which means the loss of stimulation and encouragement so persistently necessary in a department such as ours.

The dental department has remained poorly staffed and much of the work has continued on an emergency or first aid level. The staffing outlook is, however, a little better and we have now, as I write (early 1962), one extra full-time dentist, another to start about Easter and also some additional part-time assistance from recently qualified practitioners, so that by Easter, 1962 the staff will consist of the equivalent of five full-time officers. Incidentally, we shall have the help of a dental auxiliary from September, 1962. Her duties may consist of the extraction of deciduous teeth under local anaesthetic, simple dental fillings, scaling, cleaning, etc., under the supervision of a qualified dental officer.

INVESTIGATIONS :

I am always in favour of encouraging the Medical Officers to undertake tasks of this kind either on their own initiative or at my instigation. It adds to the interest of the work, it helps them to go beyond the usual medical officer/patient relationship and often to delve into the social attitudes of parents (something about which we are singularly ignorant) and in doing so to get a better insight into the emotional or behaviour difficulties of youngsters.

This year we have interested ourselves in :—

1. **Foot infections and plantar warts** not so much from the personal angle and the need for treatment as from the epidemic angle and advice regarding prevention of the spread of the condition and its frequency when associated with school physical activities. (see page 36).
2. **The age of onset of puberty in boys** and a comparison of this with girls ! (see page 30).

We are continuing our investigations into :—

3. **Cardiac defects**—we have continued to make a return to the Ministry of all new cases of cardiac defect and later in the report (see pages 30-32) you will find details of our own results and a brief mention of results in the North Midlands area.

4. Spinal and other movements—this was a continuation of our original toe touching investigation and some notes will be found on page 27.

5. Infective organisms in removed tonsils—this has continued along the same lines as previously when some association was noted between excessive numbers of infected tonsils and rheumatic and other infections.

6. Numbers of old and new cases of undescended testicles—this is, of course, a long term survey but each year we try to show the numbers found to be involved in this developmental defect, if only to check on figures in each age group and the changes as boys grow older. (see page 32).

7. Colour blindness—some authorities have given up testing girls for this defect but it does occur in girls and we are interested in this defect in the families of the girls involved. It is surprising how co-operative families will be if they feel they are taking part in some investigation which may improve general scientific knowledge or help mankind generally and I would like to thank those who have so willingly helped us in this little inquiry (see page 26).

8. Acne—one of the common skin diseases of teenagers which probably needs some investigation is acne vulgaris. We are uncertain of the sex distribution and the frequency and are proposing to go into this carefully. There is nothing else which can produce so much self consciousness and diffidence at a time when youngsters are usually proud to display their physical charms.

9. Hernia—we are collecting figures not only of the youngsters with an actual hernia but also of those who have had operation. It seems to be difficult to find out how frequent this condition really is. It is cause for satisfaction that none was found at leaver examinations. (see page 33).

10. Muscular dystrophy—there would appear to be some association between muscular dystrophy and poor intellectual development. There are some notes of interest on this point on page 19.

The above are a few of the inquiries which we are carrying on at the moment. Few of them require any special arrangements for the main points and are pulled in with the normal medical inspection work. Statistical figures are collated by our office staff who, accustomed as they are to working with figures, easily deal with the few needed in special investigations of the kinds noted.

There are some things which we would like to enquire into, such as the emotional background of the home in cases of asthma, and one could wish there were some easy way of measuring emotional tensions not only for this purpose but for others, such as smoking in teenagers and their homes, attitudes to authority and to other people's property, etc.

We have this year dropped Dr. More's "Accidents to school children" enquiry. It was felt that every avenue of prevention had been covered, and that the authority had taken every precaution to safeguard youngsters while in their care and that any further enquiry was only collecting figures for figures sake. Dr More will, however, still retain an active interest in accidents which occur on school premises during organised activities.

STAFF :

We were fortunate with professional staff during the year, and although Dr. Browning left to go to Devon for domestic reasons, his place was taken almost immediately by Dr. Wroughton who was no stranger to Nottingham, having been a registrar at the General Hospital for some time previously and we welcome her to the staff.

Miss Pooley, an ex-Manning School girl, came to us as a dental colleague and was a most welcome addition to the staff.

It might be mentioned that Mr. Torz, who is a part-time dental officer, is also a product of a local grammar school so that local representation stands high.

Child Guidance Centre : Vacancies have continued which we have been unable to fill. We have no psycho-therapist or psychiatric social worker still and our junior educational psychologist having left in the summer, the post has remained vacant. This last position being unfilled means that we have only Mrs. Fry as a senior educational psychologist and the brunt of the work falls on her. Her waiting list of cases requiring her advice is building up steadily and delays are unavoidable. This means a day-to-day manner of work which, of course, is never satisfactory.

The speech therapy staff is at full strength.

Other Staff:

Nurses : There have been one or two changes but there has been no difficulty in filling vacancies and applicants have been really good.

Office staff : This has been slightly streamlined with, I think, advantage and I am grateful that the rapid turn-over of a year or two ago has now stopped.

MEDICAL INSPECTION :

As there have been fewer staffing difficulties, we have completed slightly larger numbers of routine inspections than last year. The number of defects found remains very slightly greater than in 1960 and still relates to about fifteen per cent of the children examined. This figure has remained fairly steady for the past several years and although it is a little lower than prior to the establishment of the National Health Service, a number of groups of defects are actually higher.

Medical inspection work has continued otherwise along the usual lines and the tables on pages 44 to 47 give some idea of the number dealt with.

We endeavour as far as possible to arrange for our lady doctors to examine the girls and the male members of the staff to examine the boys. Boys are much more self-conscious about being examined by the ladies than the girls are by the men.

I have noted elsewhere about the diffidence and shyness of boys over wearing hearing aids, and the same applies often over spectacles and the wearing of drawers inside their trousers, or in any other way being different from the general run of fashion and yet they do not mind drawing attention to themselves by wearing gaudy jeans and cardigans which would compete with Joseph's coat of many colours.

The Clifton Experiment.

In the Clifton area we have continued the arrangements noted in last year's annual report—that is to say, the school medical officer visits all junior schools each term and sees those particular children who are in apparent need of medical attention or supervision. (This system replaces in Clifton the routine Intermediate inspections whereby *all* children are seen by the doctor, but much less frequently).

After my report was published last year, I received a letter from a medical officer at the Ministry of Education making a number of constructive criticisms of our comments on the progress of the experiment. I had, for example, said that some of my professional colleagues felt "too much is left to chance" in the experiment—i.e. if a child was referred to the doctor for a particular complaint, the doctor would naturally concentrate on that complaint and perhaps miss something else. The Ministry Medical Officer thought that this should not be: "the school doctor should arrange a conference between himself, the head teacher and school nurse; all three should meet, and examine the register. Absentees should be discussed. Class teachers should be visited, and any doubtful children considered for examination. P.E. teachers should be seen. Ideally, a questionnaire should be sent to parents."

Let me say at once that I am wholeheartedly in agreement with what the Ministry's officer said, but I think there are two very important considerations which have to be borne in mind. Firstly, while we pride ourselves that in Nottingham the School Health Service staff enjoy the most co-operative relationships with schools and school staffs (a situation not always to be found throughout the country as my colleagues in other areas have been at pains to tell me), a scheme like the Clifton experiment must rely for its *complete* success on continuity of staff—the same head teacher, the same class teacher (so often in the Primary School the all-purpose—including P.E.—teacher!) and the same doctor and nurse. But this just does not happen! Changes of medical officer are inevitable because of a steady (though, I'm glad to say, not rapid) turnover of staff. Therefore, as I said last year, we try to do our best, but some element of chance in the medical inspection of selected youngsters still exists.

And, secondly, I think we in the School Health Service have got to remember our place, as our Victorian forebears would say. As I have already said, we are on the best of terms with the staffs of schools. But we must recognise that a Head Teacher's job first and foremost is to provide the children in his school with education. He will go to endless

pains to help the School Health Service in an emergency, but he cannot be expected with good grace to subject himself and his staff to regular and lengthy disruptions in timetable for the sake of an ancillary service not directly connected with education.

The Ministry's reference to parents completing questionnaires is worth commenting upon. At routine inspections we do indeed ask parents to let us know about recent illnesses, prophylaxes, etc., but I must say I am not terribly keen on them. Frequently, as far as the medical staff are concerned, they are not answered very sensibly. For example, some parents gloss over—or fail to remember—a child's ailments or behaviour difficulties, while others play up, excessively, minor conditions or other divergencies from what they feel is normal. At this stage, I should not like to ask the Clifton parents to fill in a termly questionnaire, nor do I think it would really help.

The Committee have agreed to continue the Clifton experiment for a further period. As a refinement of it, to cover those apparently healthy youngsters who may never be seen by the school doctor in the junior school, we plan to arrange for the school nurses to see all the children in their last year in the junior school. These will not rank as medical inspections—the children will not, for example, have to undress—but the nurse will check height and weight, vision and generally satisfy herself that all seems to be well. In addition she will check on vision (only) of all the children in their first year in the junior department.

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

It has been usual to comment on some of the larger figures of defects found at medical inspections—for example, on the large number of Ear, Nose and Throat defects, or Squints; but this year I thought it might be more interesting to break down some of the not so large figures and see whether they showed anything out of the usual, or, indeed, whether they were really worth noting at all.

It is not easy, short of tracing back through each and every inspection, to break down the main defects into smaller groups but some interesting points have emerged from the cross-section survey we carried out.

Defect 12 (b) "Developmental—Other than hernia." Part II Table A (see page 46) shows that 130 defects were noted as requiring observation. Included in this figure are :—

- 34 cases of undescended testicles.
- 7 cases of overweight conditions (all girls !).
- 1 case of varicose veins.
- 7 cases of "small and undersized for age"
- 2 cases of malformation.

Part II Table B (see page 47) shows that 202 cases were noted for observation at special inspections. We find in them :—

- 68 cases of undescended testicles.
- 30 cases of overweight.
- 10 cases of anomalies of growth.
- 6 cases of malformation of one sort or another.

Defect 13 (c) "Orthopaedic—Other than posture and feet." In Part II Table A, 140 youngsters were having or needed treatment, and another 80 were under observation. This large group includes such odd things as indefinite joint and bony deformities, and also a rather large number of cases of Hallux Valgus among senior girls. This deformity is too common and would bear further investigation.

Defect 14 (b) "Nervous System—other than epilepsy."

Part II Table A indicates that 12 youngsters were having or needed treatment and 84 were under observation. Similarly, Table B shows corresponding figures of 11 and 61 respectively. The figures in this group include a fairly high proportion of enuretics (bed-wetters)—in fact 116 of the 168 cases in the group fall into this category. There are some notes about this condition on page 35 under the heading of Enuresis Clinic. This remains a problem in many households, and it seems almost impossible to get an accurate figure of the incidence at any age, as not only children but often parents are diffident about saying that this condition is in fact present.

**Defects 15 (a) "Psychological—Development."
and 15 (b) "Psychological—Stability."**

Part II Table A shows up for defect 15 (a) some 17 cases having or in need of treatment and 43 under observation; and for defect 15(b) 17 and 53 cases respectively. These groups include not only those who are dull and slow and lagging educationally, but those who are quarrelsome, aggressive and have temper tantrums and those who are shy, retiring, lacking in self confidence, etc. These latter groups are, I'm sure, worthy of some investigation. We ought to know more about how they fit (or don't) into the school situation, what kind of parents they have, their attitude to parents, etc., etc. This has been said on many occasions previously and it is not always easy for a School Medical Officer, in the limited time at his disposal at a routine inspection, to put down his thoughts on the child and his or her background.

HANDICAPPED PUPILS :

These children are well known to the staff and all of them have been drawn to the notice of the Special Services Sub-Committee who take a keen interest in their placement. Pre-school children who may be handicapped are brought to our notice by the Maternal and Child Health Department. This co-operation is one which both departments find very useful administratively but which is essentially to the advantage of the child who may need all the help we can give him as a handicapped pupil; and to the advantage of the parents because of the help we can arrange for those who may find it impossible to cope with an ineducable infant, by early referral to the Mental Health Department. This close collaboration has helped especially in the cases of children suspected of deafness with whom my policy is early admission to a nursery class for observation and investigation. It is not easy to be certain of the amount of deafness or other handicap present in a two year old and I am always grateful to be able to make use of the facilities of the Ewing Deaf School Nursery Class and to have the benefit of the long period of observation possible there, with the child under the eyes of qualified teachers and in the care of an experienced nursery nurse.

Blind :

Residential Special Schools	5
-------------------------------------	---

This is the same small group of children who comprised our "blind" figures last year. It is made up as follows :—

Retrolental fibroplasia	2
Mildly malignant growths (glioma)	2
Meningioma (? removed completely)	1

It is interesting to look back in previous annual reports and note what the position has been. Until 1924 the blind and partially sighted were all put together and numbers reached as high as 50 in 1911 with 60 in 1920. After 1924 the two categories were separated and those who were completely blind then numbered 12 in 1925 and this figure varied little until 1939 when it was 14. Following the war and, of course, the introduction of the antibiotics the number fell to five where it has remained almost unchanged until the present day, when it would actually be three (the two retrolental fibroplasias due to the excessive use of oxygen at birth would not have occurred but for our temporary ignorance of the result) where it is likely to remain until we know more of the origin and early (or preventive) treatment of tumour growth.

When looking back to the early days of this handicap, we are grateful for the enlightened attitude of the present day towards myopia (short sight). It was feared at one time that progressive myopia would result finally in blindness but this fear was unfounded and we know that while it may result in diminished vision, this rarely, if ever, is severe enough to be considered blindness. Some further notes on myopia can be found on page 26 under "Ophthalmic Service."

Partially sighted :

Residential Special Schools	2
Ordinary Schools	23

This group in Residential Schools remain a small number and there is nowadays little likelihood of much change. There may be an odd one added but over the years I confidently expect little change.

The two in residential schools have both congenital conditions which have in all probability a hereditary basis.

Those in ordinary schools, all with congenital conditions of one sort or another, are made up as follows :—

Congenital cataracts operated on with some improvement	3
Myopia, severe in type, often with nystagmus	8
Congenital albinotic type of retina	6
Albinos	4
Following rubella in mother	1
Congenital nystagmus (hereditary)	1

This is an increase in the figure since last year, there being no obvious reason for this. Our methods of ascertainment and observation remain the same (but it is noticeable that there is an increase in the numbers of albinos). This is not the place to enter into a discussion on albinism but suffice to say that we realise they belong to families at risk and we are continuing to keep a register of these not only for this but for all handicaps.

Deaf :

Day Special Schools	..	..	..	..	29
Residential Special Schools	..	..	..	..	3
Independent Residential Special School	..	..	..	..	1

It is interesting to make some attempt at a definite diagnosis in all cases of deafness which are put into this category but it is extremely difficult to do so. Indeed it is impossible to find a reason for the deafness in most cases, and even when there is a definite familial deafness, it is difficult to give a genetic reason for a child's inability to appreciate sound.

A slight increase in the numbers is due to admission of small youngsters to the nursery class, their deafness being congenital, with the reason inconclusive but possibly due to foetal brain damage. (I realise this is an all inclusive term, vague and indefinite, but in our present state of knowledge, probably as near as we can get to a cause).

I am concerned about the late stage at which we have been finding the deaf youngster and recently, following the Ministries of Health and Education memorandum No. 23/61, we have tightened up our liaison with the Health Department and I feel now we are able to give to parents and children the earliest help possible by the provision of hearing aids and the early training which parents need so essentially. Most deaf youngsters have a limited amount of hearing but if this is not constantly stimulated—and this can only be achieved by the parents making contact and keeping up communication—then it can be lost.

Partially deaf :

Day Special Schools	..	..	..	..	15
Residential Special Schools	..	..	..	..	2
Ordinary Day Schools	..	..	..	..	65

There is a quite inexplicable increase in our numbers of partially deaf this year. We have always been acutely conscious in Nottingham of the need to check hearing as early as possible in a child's school life and to have audiograms done on all who might be at risk so that an appreciable change in our figures is not likely to be purely a temporary one. In addition we have checked many of these to rule out the possibility of a temporary catarrhal deafness giving us a misleading figure and there is little doubt that this is a real increase.

Incidentally the group of children with a high frequency loss is interesting. They often pose a problem to the speech therapists with their inability to produce sibilants correctly, but they almost all seem to develop quite good speech finally, and are able to overcome or ignore their difficulty with considerable ease.

Boys with hearing aids who have arrived at the selfconscious, gauche age of pubescence pose a problem by refusing to wear their aids. It is an astounding thing that in this age when they like drawing attention to themselves by wearing bizarre and unorthodox clothing, they should show any diffidence about wearing an almost invisible hearing aid.

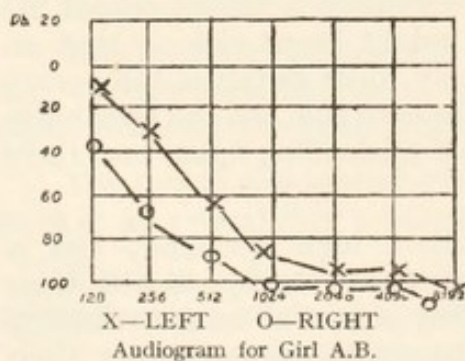
Youngsters in this group who have the added difficulty of dullness (not necessarily the E.S.N.) seem to be much more handicapped than those whose intelligence is satisfactory and this is something which has always to be borne in mind when the partially deaf are under consideration and also when dealing with those who are dull.

Recently we have been concerned with one or two youngsters in this partially deaf group who come from homes where English is not the language in common use. They have obviously been out of place in an ordinary school and from our angle difficult to assess because of their limited knowledge of English. I have been able to persuade Mr. French to have them in the Ewing School where their hearing difficulty can be understood and catered for, and where they can have all the advantages to be gained from education in the very small classes there. This is a solution for the few with a deafness handicap but there are some with the handicap of dullness who are posing us a problem because of their slowness in learning English. I might add that most of the young immigrants whose native tongue is not English rapidly assimilate a fair vocabulary extremely quickly.

The peripatetic teacher who visits schools with partially deaf children has continued in this work. There are 30 children amongst her protégés who wear hearing aids, and I find her advice helpful over the question of others who might benefit from the use of an aid; and also on occasion about those whose hearing has improved or who are making enough progress in lip reading or the use of their intelligence as to be able to manage without an aid at any rate for the time being. As far as this last point is concerned we who are not afflicted have to bear in mind that employers still look askance at an employee with an aid, at any rate while they are newcomers.

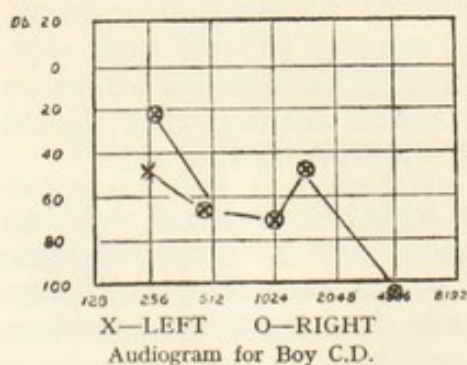
The Ewing School for the Deaf.

Further to my concern about the late stage at which some youngsters are coming to this school, Mr. French, the Head Teacher, has given me some notes from which I have extracted the following :—

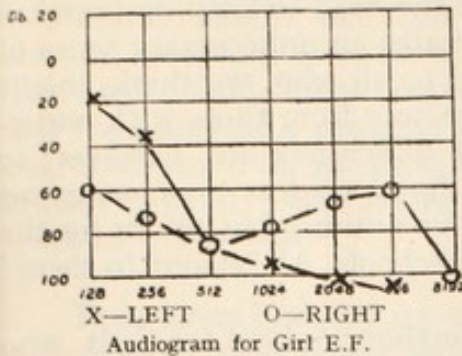


School for Deaf. Speech none too good and often difficult to follow.

GIRL—A.B. : Taken for medical advice at age 14 months because speech was backward. Deafness was not thought of as she made some sounds and seemed to follow what was said to her. Tried on speech therapy with no benefit. Had adenoids removed, again without benefit. Finally it was realised she was deaf at age 4 years 4 months, fitted with hearing aid and admitted to



BOY—C.D. : Deafness suspected at 2 years but no action taken. Attended at hospital but unaccountable delay for a year. Peep-show audiometry at age 3 years, and at nearly 4 years fitted with hearing aid and admitted to School for Deaf. Speech is not very good, and he does not help himself in lip reading.



GIRL—E.F. : Taken for medical advice at 3 years as she did not behave normally. Seen at hospital but no action taken. Went to normal school at age 5 years where she was very backward and at hospital later deafness diagnosed. Came into School for Deaf at age $7\frac{1}{2}$ years. Speech is not very good, consonants often faulty although, as one would expect from her audiogram, vowels usually correct. She is not unintelligent.

These children all have hearing which, I feel, if it had been stimulated earlier, would have resulted in better speech at this stage. It will be interesting to note their progress.

Delicate :

Day Special Schools	..	..	..	..	..	30
Residential Special Schools	..	..	..	..	..	14
Ordinary Day Schools	..	..	..	..	..	191

As expected and as hoped, the figures in this group are smaller than last year. The group is made up of a variety of conditions usually of a mild type. It includes those whose swimming must be stopped by reason of persistent patent perforations in ear drums, the result of otitis media often with accompanying loss of hearing.

Physically handicapped :

Day Special Schools	..	..	..	..	..	60
Residential Special Schools	..	..	..	..	..	10
Hospital Special Schools	..	..	..	..	..	2
Ordinary Day Schools	..	..	..	..	..	14
Home Tuition	..	..	..	..	..	2
Awaiting placement	..	..	..	..	..	1

There seems to be the expected slight increase in numbers in this group. It may mean that there really are more of them and that this is a true increase. When the question of increasing and improving the accommodation at the Arboretum School some years ago was raised, I said then that there would almost certainly be increased numbers, apart altogether from the "bulge", because Maternal and Child Welfare departments and medicine generally were making for an improved outlook and saving lives which were lost a few years previously. We have now almost reached the stage where Arboretum accommodation is severely taxed and is full to capacity for younger age groups.

I would like at this point to thank the Red Cross Society for their kindness in arranging a special holiday at Hopwell Hall for a number of youngsters in this category who would not have otherwise had a holiday.

Educationally sub-normal :

Day Special Schools	..	..	..	..	..	409
Residential Special Schools	..	..	..	..	..	5
Awaiting placement in Day Special Schools	..	..	..	..	..	45*
Awaiting placement in Residential Special Schools	..	..	..	..	..	1

*37 of these were admitted to Day Special Schools in January, 1962

We continue to have a waiting list and the need to keep up pressure on the Head Teachers of Special Schools creates an unnecessary sense of urgency at times. However, we give a trial to all who, we think, might benefit from the help which they can receive only from those with understanding of their problems. Their learning difficulties are, however, so often associated with behaviour problems that I confess to showing no envy of the task of teaching them and I have nothing but praise for the attitude of dedicated teachers in our special schools. All honour to them !

Miss Brookes, the Head Teacher of Westbury School for Girls, who takes a keen interest in the social development of her scholars has given me a few notes on some of her old ones which I think are very interesting and go to show how these handicapped pupils have benefited from the training and education in a special school.

Miss Brookes says :—

“The purpose of Education in a school for subnormal children is to help them to form concepts sufficiently adult for them to take a share in the life of the community, and to lead as far as possible a full and normal life. To ascertain how far, in Nottingham, education for subnormal girls was fulfilling these functions, a sample was taken consisting of the girls who left school between Easter 1956 and December 1958. They have been left school long enough for their assimilation into the community to be judged, and for a pattern of social behaviour to show itself.

Previous experience leads us to think that without special education almost all these girls would have been totally unable to fit into society. The highest basic intelligence was 7/10ths of normal, the lowest less than half the normal, the great majority being between half and 3/5ths of normal. The majority come from homes where all standards, particularly personal standards, are low. In some cases there had been a rise in the standards of the homes through the influence of the children. Of the forty-three girls taken for the sample, thirteen are still in the same job they had when they left school, twelve did not settle in their first job, but settled in the second. It is significant that where they persisted in obtaining unsuitable employment they were unable to cope, but soon settled down when employment that was suitable was found. One of these has deteriorated badly, and one with an unhappy home background did well until she became involved with a married man at the age of nineteen. Eight of them had difficulty in making the adjustment between school and work. We had known that this would be so, and had referred them for further supervision. After several jobs and much social work six of them finally settled down, two originally from very bad homes have deteriorated, and reverted to type. Thus thirty-one out of forty-three have settled into the community. From contacts that we have had with them, they seem to be maintaining their personal standards, and to be free from serious difficulties. Four of them are married, and they appear to be happy. Two of them have two children, and one has one child, their homes and their children are apparently well cared for. Twelve are engaged and are planning for marriage in the normal way.

Five were of such low intelligence that they proved to be unemployable. Two came from good homes, and they have lived at home, and given no trouble, one from a poor home has maintained her standards

to a certain extent, one from a "problem family" married at the age of sixteen, and has now three children, one from a bad home has an illegitimate child. These people will always need help from the community, and they provide a problem for time to come. It is difficult to see what education could do for them apart from training them to use their very limited capacity, and trying to ensure adequate supervision for them when school is over.

Four never had any intention of working for a living, and have lived with various men. Their families regard this as quite normal. Three of them have kept up their standards of personal cleanliness, etc. and none of them has been in trouble with the law. It is difficult to estimate the success or failure of education in relation to them, for one cannot hope to eliminate poor moral concepts formed from very early years, in highly sexed girls, without sufficient intelligence to realise the social impact of their conduct, especially when this conduct provides them with a means of living which suits them.

Education could do very little to fit those of very low intelligence for life in the community, except training them in stable habits, so in this context it really means that it was possible to do something for thirty-eight out of the forty-three. Of these twenty-five fitted easily, five fitted after a struggle, four became immoral but derived some benefit in personal habits, and the ability to read and use money, two fitted at first then sex proved too strong for them, and two were complete failures in every respect. One cannot hope for complete success in this field, but on the above basis it would appear that education for subnormal girls is effective to a very large extent, and that the expenditure of time, money and energy is worthwhile."

Maladjusted :

Ordinary Day Schools	..	..	..	..	20
Day Special Schools	..	..	..	..	2
Residential Hostels	..	..	..	..	11
Residential Independent Schools	..	..	..	..	4

This small group continues to cause us more anxiety almost than all the others put together. The difficulty here is that of finding places in residential schools when psychiatric advice is to the effect that no other placement is possible. Most of these youngsters can be placed in our own hostels, or in the hospital school in St. Ann's but the odd ones who will not be suitable for either mean we have to go the round of all the possible boarding schools literally touting for vacancies and often being unsuccessful. Several of these youngsters are in Roman Catholic Schools and this religious group seems to have more facilities than others. One wonders if the Church of England Authorities could not "have a go" at catering for some of these. There seems little doubt that a return to the religious disciplines of our parents would have nothing but a beneficial effect on youngsters who are still at an impressionable age. I might add here that the warden of one of our hostels, being the son of a parson with a resultant religious background, is particularly successful in his handling and rehabilitation of some of our maladjusted young people.

Epileptic :

Day Special Schools	8
Residential Special Schools	10
Ordinary Day Schools	82

There is a minor increase in figures generally but I am pleased to note improved results of treatment and very satisfactory reports from the residential schools. I am concerned that one or two youngsters do not maintain this improvement when they leave school, possibly because the period of puberty results in an increased tendency to become unstable or because the regular medication necessary becomes haphazard and irregular. This can be most unfortunate in the world of employment where employers continue to be chary about employing anyone who has fits. This is an old story with no hope of a successful sequel.

It is interesting to note the large percentage in special day schools. This may be evidence of the association of epilepsy and intellectual immaturity secondary to brain damage but short of making a close study of the particular cases, this is only a shot in the dark and I am not inferring that epilepsy and dullness are always associated.

Speech Defects:

Ordinary Day Schools	2
Residential Special Schools	1

The figures refer only to children with the grossest of defects. The two in ordinary schools are awaiting places in residential school and as I write I hear the third has improved to such an extent that she may return home and attend ordinary school after discharge in the near future.

Children with dual or multiple handicaps :

Major Handicap	Other Handicap						
	<i>Partially Sighted</i>	<i>Partially Deaf</i>	<i>Delicate</i>	<i>Physically Handicapped</i>	<i>E.S.N.</i>	<i>Mal-adjusted</i>	<i>Epileptic</i>
Partially Deaf	2	—	2	—	12	1	—
Delicate ..	—	—	—	—	10	—	1
Physically Handicapped	—	1	—	—	6	—	4
E.S.N. ..	—	—	1	—	—	—	—
Epileptic ..	—	—	1	—	13	—	—
Speech ..	—	—	—	1	—	—	—
Partially Sighted ..	—	—	—	—	2	—	—

This small but important group leaves us with the necessity to make decisions which, while not giving a child the best of two worlds, will at any rate give the best of one world with the realisation that the secondary handicap is not being neglected. As long as teachers in Special Schools realise that a child has a second handicap they will do their best to help. I would add that I have nothing but admiration for the way in which teachers give help and encouragement and special care to those in this group.

Muscular Dystrophy.

Dr. E. J. More, Deputy Principal School Medical Officer, has let me have the following notes about our pseudo-hypertrophic muscular dystrophy children.

"From observation of the children with pseudo-hypertrophic muscular dystrophy whom we have seen over the years, we have had the impression that they were mostly of low intelligence. We decided to check on those whom we have of school age.

There are 6 at present, 2 in residential schools for the physically handicapped, 2 in Day Special Schools for E.S.N. pupils, and 2 in Day Open Air Schools for the physically handicapped. (One child was referred to the Local Health Authority last year as unsuitable for education with an I.Q. of 46).

The I.Qs. of the 6 within our education system are :—

1. I.Q. 108 in 1959 (age 10) and I.Q. 95, 3 years later—family 1.
2. I.Q. 77 in 1962 (age 9)—family 2.
3. I.Q. 76 in 1962 (age 14)—family 3.
4. I.Q. 73 in 1962 (age 5)—family 2.
5. I.Q. 61 in 1957 (age 8)—family 4.
6. I.Q. 60 in 1960 (age 8)—family 5.

It is interesting that only one of these children (all boys) is of average intelligence—the others being well below. It may be worthwhile to retest intelligence at intervals to see if, along with physical deterioration, there is any deterioration of intellectual capacity.

Our numbers are so small that no conclusion can be drawn from them, but it would be very interesting to have the results over a large area

A rough check on the other members of the families gives the following result :—

1. 4 siblings—G 51, B 53, B 58, B 60.
 G 51 } at ordinary Junior Schools. Said to be of average in-
 B 53 } telligence.
 B 58 } appear to be at average stage in development.
 B 60 }
 Mother and Father attended Secondary Modern Schools.
2. One sister aged 4—seems about average.
3. B 42 died with muscular dystrophy in 1959.
 B 44 attended Secondary Modern School—now working as a clerk in an office.
 G 46 attended Secondary Modern School—now working as a machinist.

4. B 52—at our Rosehill E.S.N. School.
G 50—at Secondary Modern School.
B 47—at Secondary Modern School.
G 44—attended Secondary Modern School—now a machinist.
G 45—attended Secondary Modern School—now a machinist.
5. B 58—seems at average stage of development.”

After-Care of Handicapped Pupils.

Our informal Committee has continued to meet each term. Despite “the bulge” which concerns us this year and next (more probably next as many handicapped pupils remain until 16 years of age), there has been no difficulty in placing almost all who are keen to work with the possible exception of the epileptic group.

Together with the Youth Employment Officer’s staff, we have encouraged all suitable cases to have their names entered on the Disabled Persons Register and have pointed out to them the advantages of doing so. This recommendation has been passed on to the general practitioner to keep him in the picture. Since many of those concerned have spent a good deal of their lives in residential schools and are much better known to the School Health Department than to the family doctor, I have the permission of the Committee to keep an up-to-date register of all handicapped pupils from which details can go to whoever may be concerned with any future treatment or care found necessary.

CHILD GUIDANCE :

Arrangements have continued on much the same lines as previously but I would like to add that the fact that Mapperley Hospital is on our doorstep is proving of considerable advantage in that we can have the help of many who have come for postgraduate teaching. During 1961 for example we not only had Dr. Rogers as Senior Registrar but also Drs. Hakki and Batt were able to give us some of their time both for treatment and review sessions and this has proved very useful to us and I hope to them. I would like to thank Dr. MacMillan for his assistance in seconding these psychiatrists to us, and am also grateful to them for their valuable help.

Examinations :

Psychiatrists	..	..	..	..	..	176
Physician	..	..	..	..	..	118
Educational Psychologists	..	..	..	..	..	1,009
Social Workers	..	..	..	..	..	103

Re-examinations :

Psychiatrists (excluding treatment interviews)	..					204
Physician	..	..	..	..	..	12
Educational Psychologists	..	..	..	..	..	11
Social Workers	..	..	..	..	..	100

Attendances and Visits :

Attendances for treatment	..	..	..	6,984
Interviews with parents	..	..	..	1,172
Interviews with others	..	..	..	80
Home visits	..	..	..	102
School visits	..	..	..	669
Hostel visits	..	..	..	65

Cases treated :

By Psychiatrists	..	..	..	84
By Educational psychologists	..	..	..	113
By Educational therapist	..	..	..	358
In Boarding homes	..	..	..	23

During 1961, there were 454 new cases seen at the Centre. Of these, 228 attended for child guidance, 37 had special tests by the educational psychologists in connection with the Annual Selection Procedure, and 189 received educational therapy.

I think it is worthwhile giving examples of the type of conditions dealt with in the clinic and naturally one would first of all consider ones in which a quick and excellent result was given.

1. A teenager who was unhappy about her school progress and who attempted suicide which fortunately was stopped by her father. A rather solitary type, not very sociable with her school contemporaries. Very capable scholastically, she was inclined to overdo her outside activities and felt out of it when her friends in the neighbourhood, who went to work, were able to afford pleasures which she could not. Her over conscientious attitude tended to create some anxiety and to make her magnify her difficulties.

With the help of sedatives (which are finding a useful place in psychiatric treatment) she gradually improved, started going to Church again and to find school work less difficult. With the continued support of the child psychiatrist who saw her weekly it was possible to discharge her after three months, with the proviso that the family refer her back again if untoward symptoms appear.

2. A pre-school youngster who had been involved in some physical violence by an older child. Since this she had been difficult, was venting her aggressions on her mother, and generally taking advantage. The over protective home attitude had to be got rid of by general handling advice and the child's anxiety, etc., controlled by suitable sedatives. This was done, temper tantrums settled down, the rest of the family were given helpful advice and faults in handling corrected. After three months there was no further difficulty and there was no need to keep in touch even, as the mother was quite happy about the behaviour.

It is possible to write about failures, of course, and it does happen that we are unable to help on occasion especially when co-operation from parents is incomplete. It is not uncommon when a youngster gets into

trouble and appears in court for us to hear from a parent that "I never could do anything with him". This is a social attitude which does not augur well for the youngster's future and often means that we cannot help in the Child Guidance Centre.

Educational Therapy :

We have continued arrangements for special help to backward children. Most of this work is done in junior schools and in special cases where the Child Guidance team felt that educational assistance would help to overcome some superimposed behaviour difficulty at the Child Guidance Centre.

Miss Beeson, the Remedial teacher, has given me these notes about her work during the year :—

"Though efforts have again been concentrated on the junior schools, it has been necessary to devote one session per week to work with older children. Investigation has made it distressingly clear that unless remedial help can continue until the initial success is consolidated, progress will not be maintained at a satisfactory level.

In an effort to deal with this problem, reading groups were arranged in "neighbouring" primary and secondary modern schools. Children still requiring help at the time of transfer to senior school were thus able to continue in a reading group with the same teacher until a suitable standard had been reached. This has proved a most satisfactory arrangement for all concerned and one that could well be repeated in the future.

The question of continuity is felt to be of the utmost importance if remedial teaching is to be effective. Groups at Clifton have continued without interruption for some years now. They are well established and work progresses very satisfactorily.

In all areas of remedial work, a word of thanks is due to the Head Teachers and staffs of the schools visited. Their ready co-operation in the organisation of the groups is an invaluable asset."

Miss Beeson was concerned especially about youngsters who deteriorated badly during the long school holiday and the Committee gave permission for a good deal of her work to be continued during this period. As can be seen from Miss Beeson's report which follows, she felt that the results were well worth the effort, and I know the Committee will join with me in thanking Miss Beeson for the time she gave up in her holidays to help these youngsters along.

Remedial Teaching—Holiday Programme.

31st July—23rd August, 1961.

"When it was decided that Remedial Teaching groups should continue after the schools closed in July, 70 children most likely to benefit were invited to attend during the first four weeks of the holiday. Their respective holiday plans had to be taken into account, but after consulting the parents it was found that only two of the selected number would be unable to attend at any time during the weeks suggested. The idea was well received by the parents, and with their co-operation it was possible to arrange a timetable accommodating all known holiday plans.

Of the 68 children who were given appointments, only 5 failed to make any appearance whatsoever. 2 children had to withdraw because of sickness, one because of a change in holiday plans, and 2 failed to send any explanation regarding their absence. The remaining 63 children attended well, with only seven "occasional" absences due to sickness or unexpected family outings. 23 sessions were held (11 at Child Guidance Centre and 12 at Clifton Clinic) and attendances totalled 206.

The enthusiasm of parents for such a scheme was not altogether unexpected but the reaction of the children was awaited with some interest. It was on the whole, remarkably good. Most of the children arrived well ahead of their appointed time and many were accompanied by young friends and relatives requesting admittance to the groups! With few exceptions work was as well prepared as in term time, and in all cases a steady progress was maintained.

A few benefits resulting from this holiday experiment have already been noticed. 7 children who would have required help for a limited period after the long school holiday were ready for discharge in August. The vacancies thus created can be filled immediately.

14 new children who would normally have waited until September for appointments joined the groups in July, and were able to take advantage of the holiday tuition.

Work was resumed with the "holiday" groups as soon as schools re-opened, and with the amount of time spent on re-organisation and revision cut to a minimum."

HOSTELS FOR MALADJUSTED CHILDREN :

Children in hostels :

	Hostels of this Authority :			The Gables			
	City cases	<u>Orston House</u> Notts. C.C. cases	Ministry "Pool" case	City cases	Notts. Grimsby C.C. cases	C.B. cases	West Riding C.C. case
At beginning of 1961 in residence	8	2	1	6	2	1	1
Admitted during year	3	1	—	3	2	—	—
Discharged during year	6	—	1	5	2	1	1
At end of year in residence	5	3	—	4	2	—	—

City children in hostels of other Authorities :

		The Grove, Notts. C.C.	Staffs. C.C.
At beginning of 1961 in residence .. ..	..	—	1
Admitted during year .. ..	..	2	—
Discharged during year .. ..	..	—	1
At end of year in residence .. ..	..	2	—

It will be seen from these figures that two children from outside Authorities were transferred from Harper Villa (the unit attached to St. Ann's Hospital) to our Gables Hostel. They showed improvement but the distance from their own homes and their relatives precluded their gaining the full advantage of care in a settled environment. Even with our own City youngsters, if we do not get adequate co-operation from and association with the parents and the home, results will not be as good as we would like.

SPEECH THERAPY

The following is a summary of the work carried out in 1961 :—

Number of :				
Cases treated	..	..	..	370
Cases under supervision	..	..	..	859
Cases discharged*	..	..	..	322
School visits	..	..	..	102
Cases awaiting treatment at end of year	..	..	..	196

*Analysis of 322 cases discharged :

Maximum benefit	..	..	..	255
Improved	..	..	..	13
No co-operation	..	..	..	15
Removed from waiting list	..	..	..	7
Left school or district	..	..	..	29
Referred to Child Guidance	..	..	..	1
Referred to Remedial Teacher	..	..	..	1
Treated elsewhere, etc.	..	..	..	1

Miss Grady has given me the following notes regarding these figures :—

1. Compared with 1960 there is only a reduced figure of 14 noted as discharged either having improved or gained maximum benefit.
2. It has been impossible to deal with unco-operative children or parents and so it has been necessary to arrange treatment only of those prepared to attend regularly and co-operate adequately.
3. Again it has been impossible to treat those of low intelligence who take up an abnormally large share of time which could be spent to the advantage of those who would benefit.
4. There is a smaller number of those on the list awaiting treatment who had to be discharged. This has been due to a reduction in the time lag between referral and first interview.
5. We were short of a speech therapist from January to September, 1961.

I might add that at the instigation of the Ministry of Education's medical officer and with the help and encouragement of Professor Lewis and Dr. Daniels of the University of Nottingham Department of Education, speech therapists are just beginning a complete statistical survey of all Junior and Infant Schools to find out what the incidence of speech defects actually is. This is something which should prove of use not only to us locally but to the country generally, as there is no actual and accurate picture of this and it is needed for decisions on the therapist requirements everywhere. This survey will be reported on completely next year.

CLASSES FOR ADULT ILLITERATES

These classes have continued to be held in the Child Guidance Centre, being arranged by the Further Education Department. I have reported more fully on them in previous reports and can only say again with what interest I have watched their progress; and to put on record

my admiration for the diligent and painstaking—but, nevertheless, I hope rewarding—efforts of the teachers. I am sure these classes fulfil a great need among those adults who, although in many cases well past school age, strive to learn to read.

EAR, NOSE AND THROAT DISEASES

The present arrangements with the Regional Hospital Board have continued, consultation sessions and operative work being in the hands of Mr. Marshall, the Consultant seconded to our service, and the Principal School Medical Officer in charge of the administrative arrangements.

We have now included in our waiting list a number of children from the conurbation who are not resident in the City. Their parents are extremely grateful that they are at long last going to have their operation done in the near future, and our arrangements with the County are running on the whole very smoothly, there being only a minor difficulty over dental treatment.

The waiting list on 31st December, 1961, was 402.

Audiometry :

This has continued on a selective basis. Mr. Ward, the Audiometrician, gave some thirty sessions during the year, in which he tested 295 children. Mostly these were on a single occasion, but some had a second test, making a total of 312 tests.

ELECTRICAL TREATMENT

Ultra-Violet Ray :

No. of children treated	..	..	..	..	22
No. of attendances	..	..	..	..	190

We are probably a little old fashioned in continuing this form of treatment but there is still some demand from general practitioners and parents for it. However much a sunburned appearance may flatter to deceive, there can be no doubt that an appearance of health can impress parents and thus have quite a psychological effect on both parent and child.

Proetz:

No. of children treated	..	..	..	..	101
No. of attendances	..	..	..	..	881

This is a useful and simple form of treatment which can be very effective in clearing acute and subacute sinus involvement.

Ionisation:

No. of children treated	..	..	..	..	124
No. of attendances	..	..	..	..	960

This has continued for warts and is especially effective for the plantar types and others in which infection is fairly recent.

We have recently done a survey of schools in an endeavour to get some fairly accurate figure for the incidence of foot infections and plantar warts (see page 36).

OPHTHALMIC SERVICE

There was no alteration in the arrangements for the ophthalmic service during 1961 :—

	1956	1957	1958	1959	1960	1961
No. of pupils on rolls on 31st December	51,628	52,115	52,242	52,089	51,691	51,694
Pupils refracted	4,809	4,937	4,773	4,786	4,562	4,536
Percentage	9.3	9.5	9.1	9.2	8.8	8.8
Spectacles prescribed (pupils)	1,604	1,528	1,660	1,603	1,607	1,504
Percentage	3.1	2.9	3.2	3.1	3.1	3.1

In addition, our School Nurses held 204 sessions at the Chaucer Street and Clifton Clinics when they dealt with repairs to children's spectacles.

It is surprising how little change there is in the percentage of those requiring spectacles. 640 of the 1,504 are cases of myopia with a further 59 cases of myopia with associated astigmatism. 441 of the 640 youngsters are in Secondary Modern or Secondary Grammar Schools. Almost half (170) are in Grammar Schools, i.e. just over four per cent. of all Grammar School youngsters are myopes and wearing glasses for correction. This is not perhaps a very true picture of the position as it is well known that myopia often shows up only at maturity and the younger age groups in Grammar Schools are not mature, especially among the boys. This might be a little investigation which would be of interest.

The absentee rate among those noted for examination by the consultants remains, I'm afraid, rather high.

Orthoptic Treatment at the Eye Hospital :

	1956	1957	1958	1959	1960	1961
New cases treated	56	40	58	130	38	72
Total treated	155	125	159	291	164	165
Awaiting test or treatment at end of year	37	11	52	12	11	5

Operations for Squint at the Eye Hospital :

	1956	1957	1958	1959	1960	1961
Operations	106	123	40	69	52	41
On waiting list at end of year	60	10	39	39	33	22

COLOUR VISION

Leaver Group	Children with defective colour vision		
	Boys	Girls	Total
Secondary Modern Schools ..	125	10	135
Grammar Schools	20	1	21
	145	11	156

It will be noted that there is still a small number of girls with defective colour vision and we are continuing to try to get a complete family incidence whenever possible.

ORTHOPAEDIC TREATMENT

The arrangements have continued along the same lines as in past years.

Examinations by orthopaedic surgeons :

At School Clinic	176
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Children treated as out-patients :

At Nottingham Orthopaedic Clinic	114
At Nottingham Children's Hospital	382

Children treated as in-patients :

At Harlow Wood Hospital	72
At Nottingham Children's Hospital	224

Mr. Waugh who deals with our orthopaedic difficulties has continued the survey of spinal and other joint movements. This is now nearing completion and results will be available for next Annual Report.

Meantime, running almost parallel with Mr. Waugh's survey, Dr. More and Dr. Ward have for some years been keeping track of quite a large group of youngsters in an attempt to see how the ability to touch one's toes varies over the years at school. We are watching this survey with interest and will report in due course.

PAEDIATRIC CONSULTATIVE CLINIC

This has continued as in previous years and we are very grateful for Dr. Page's help over the diagnosis of heart conditions and the capacity for exercise of those concerned, over his help in the dieting of fatties, and the interest he takes in the more difficult cases of undescended testicles. It is to him we look for a final decision about those who go on our Cardiac Register.

The following is a breakdown of the numbers of children who have attended Dr. Page's clinic during the year :—

	<i>No. of cases</i>	<i>No. of attendances</i>
Heart conditions	71	134
Undescended testicles	56	92
Obesity, development, etc.	80	157

SCHOOL NURSES

The work of the School Nurses has continued as usual throughout the year, and is summarised as follows :—

Visits to schools for routine medical inspection	1,627
" " " uncleanliness	401
" " " investigation of infectious disease	5
" " " other purposes	1,669
Visits to homes for uncleanliness	849
" " " deafness and other ear conditions	73
" " " absentees from ophthalmic clinic	617
" " " absentees from T. and A. clinic	78
" " " follow-up after T. and A. operation	5
" " " miscellaneous reasons	1,918
Clinic sessions	5,907

I should like once again to place on record my appreciation of the work done by our nurses, under the direction and guidance of our Superintendent, Miss Pinder. We are fortunate in Nottingham in having an excellent team who give loyal and efficient service. A particular word of thanks is due to Miss Pinder herself who, owing to the lengthy absence through sickness of a senior member of the Tonsil and Adenoid Ward night staff, has recently put in many hours of additional night duty in the ward so as to keep the service going: we are most grateful to her for the unhesitating and uncomplaining way in which she took on these additional duties.

CLEANLINESS

	1956	1957	1958	1959	1960	1961
On school rolls	51,628	52,115	52,242	52,089	51,691	51,694
Examinations	187,112	182,949	161,622	160,796	165,719	162,576
Number found unclean ..	5,975	5,615	5,326	4,848	4,424	4,458
Percentage of the number on rolls	11.5	10.8	10.2	9.3	8.5	8.6
Statutory notices to parents	26	29	51	73	79	61
Children cleansed	24	22	37	54	61	53

The work in this field has continued as usual throughout the year.

I don't know whether as members of a department which is concerned with health, we should look for excuses for the shortcomings of those who offend. I cannot help but wonder at times whether the parents (usually the mother) of children found to be unsatisfactory have not noticed that presbyopia has crept up on them, and that as a result they cannot see nits or tell the difference between them and scurf. I think this does happen on occasion and I'm sure many people who rarely read may not have realised how poor their near vision has become.

I cannot speak too highly of the work of our cleanliness staff. They really must be congratulated on the quiet and unhurried way in which they tackle a task which is not everyone's cup of tea. They have become the real experts in spotting any unsatisfactory cleanliness situation either in a single child or in members of a family and, of course, they know and are constantly helping the chronic offenders who are unquestionably being reinfected from younger or even older members of their own families. I asked Miss Pinder, the Superintendent School Nurse, to write a few notes on more detailed duties of the staff and she says:—

"The Principal School Medical Officer has already paid tribute to the high standard of the work carried out by the nurses' assistants. I would like to endorse this.

Perhaps it is not generally known that these six ladies are continuously engaged in inspecting the heads of schoolchildren during term time.

They advise the older children, send warning notices to parents and in many cases, give a good deal of practical help to the children of parents whose response to notices is often tardy and indifferent.

The general and follow-up inspections are carried out with consideration and tact, often under difficult working conditions, particularly in the old type of school.

It is pleasing also to note the pleasant and friendly relationships they have formed with the nursing staff, Head Teachers and school secretaries, all of which helps considerably to smooth the way in this rather trying but very rewarding work."

SEX DISTRIBUTION

Last year I was intrigued to note that in one or two areas of the city, there were more girls than boys on the school rolls. These areas contained families which belonged largely to the Registrar General's Social Classes I and II. (Professional and higher administrative in finance and commerce; and employers in industry and retail trade) so that there seems little doubt that the nutritional state of parents has some influence on the sex ratio of the family.

This is something which the Royal Commission on Population did not comment on in their Report of 1949.

Taking it for granted that on the whole the nobility would come into a well nourished parental group, Dr. Hunter has checked on the family size and sex ratio of a large number in Debrett, to find that there are 57% girls and 43% boys in the group, a fact which means many having to marry out of their social class, or does it ?

EARLIER MATURITY IN BOTH SEXES

It seems at present fashionable to comment on sex and the need for sex education because of this earlier maturity. There is a large amount of literature on the subject much of it written in a pseudo scientific way so that the prudish who may read it can salve their conscience by asserting that they are endeavouring to enlarge their education. This assertion may be true as there are few of us who are unwilling to learn and especially to learn to get rid of the superstitions and ridiculous fetishes attached in the lay mind to sex and procreation. It would be better that young people be advised to read one of these "treatises" when parents feel they have not the know-how to instruct personally than to leave them to pick up scraps of knowledge from street corner gossip and lavatory walls.

The Welfare State with easy and complete medical treatment for everything including the modern and easy treatment for V.D. has removed the fear of a disease associated with sexual intercourse. This has produced less thought of tomorrow and added to the spirit of irresponsibility always associated with youth. It seems an undoubted fact that there is much more living for the moment.

It is particularly striking when one is examining the "leaver" medical inspection groups to note the attitude of parents and children towards one another. It is no longer the child-parent relationship but the young adult to the old fashioned, stuffy, and ignorant square who happens to be the parent (usually the mother, of course) and who, quite often, has to accept the dictatorial and overbearing attitude of their young people without being able to keep their end up. One can understand that this lack of mutual understanding can make it difficult or impossible for any receptive attitude on the part of the youngsters to attempts by parents to discuss maturity, sex, etc., with them, and understand also the reasons for the small number of parents who attend with their offspring at the leaver examinations.

MATURITY IN BOYS

Last year a quick survey of girls' schools produced the interesting fact that there were no immature girls among the leavers. It has always been known that boys lagged behind the opposite sex in the development of many physical milestones (and mental ones) but we did not know what the position really was like. I felt that P.E. instructors in schools, being those who saw boys in their pants with or without vests, could easily give us a figure and so the following letter went to Head Teachers.

"As you probably know we in the School Health Service and myself in particular have been taking an active interest in the age of onset of puberty in our school population. Last year we were able to show that no girls in the general school population reached school leaving age who were not fully mature, but it has not proved so easy to do a quick survey of the position with regard to boys. I have the impression that quite a number of boys have not reached puberty by the time they leave school.

I have discussed this with an expert and he tells me that maturity is not complete until all the male characteristics are present including axillary hair (hair in the armpits). I wonder if you could prevail on your P.E. instructor to help me in this? I am not going to ask him to do any more than give me the numbers of male youngsters who have no axillary hair against the total of boys who could leave up until July, 1962, (i.e. having by then reached the age of 15 years). I am asking him to do this as he is *the* member of your staff who sees them in gym vests and can easily decide on their progress towards manhood. Any growth of hair in the armpit is enough on which to make a decision.

To summarize, therefore, what I should like from your P.E. instructor by the end of this term is a note saying:—

- (a) How many boys (eligible to leave at Easter and July, 1962) have been "observed."
- (b) Of these, how many appear to be "immature."

The majority of schools with boys were able to help in this little investigation and from their returns, it seems that of 1,453 boys observed, some 392 appeared to be immature according to this rather rough and ready rule of thumb.

These covered boys who were in their last year in Secondary Modern Schools and were due to leave in July, 1962, i.e. who were 15 between September, 1961 and July, 1962. This is not a complete cross section of the whole year group but is I think a fairly representative cross section.

Some 27% of leavers were, therefore, immature on leaving school.

CARDIAC REGISTER

This has continued now for five years and we are including in it, all new cases found at Entrant examination which have a discernible cardiac defect. The figures are being included by Dr. Simpson of the Ministry of Education in a complete survey of the whole North Midland area covering school population of approximately 500,000.

Details of our cardiac register as at the end of the year are given below.

As in previous years the small number of rheumatic (i.e. acquired) cases is noticeable and is indicative of the effectiveness of present day treatment of rheumatism and of its prophylaxis.

CARDIAC REGISTER—31st December, 1961

1. Total number of children on the register as at 1.1.61	17
Added to the register during the year (None removed from the register)	3
Total number on register 31.12.61	20

2. Diagnoses

Patent interventricular septal defect	6
Aortic stenosis uncomplicated	1
Mild pulmonary stenosis	1
Tetralogy of Fallot	3
Tetralogy of Fallot with right-sided aortic arch	1
Tetralogy of Fallot with a further undiagnosed lesion	1
Aortic stenosis with another unidentified congenital defect	1
Patent interventricular septal defect and ? pulmonary stenosis	1
Patent ductus arteriosus, ligated, has now developed a ductus aneurysm	1
Patent ductus arteriosus successfully ligated	1
Patent interauricular septum (left to right shunt)	1
Unidentified acyanotic heart lesion with multiple congenital defects	1
Rheumatic carditis	1

3. (a) Details of alterations in diagnoses

- (1) **Girl Born 14.9.53.** Patent ductus arteriosus ligated in 1957 with immediate improvement and able to manage all activities. Some time ago she became increasingly breathless on exertion. The heart still shows a continuous loud systolic murmur in all areas. Further investigations showed the presence of an aneurysm of the ductus. She is now under observation for possible surgery later.
- (2) **Boy Born 31.8.56.** He was given the loose diagnosis of cyanotic heart disease. Further investigation has been made with the result that he is now thought to have Fallot's Tetralogy and some other unidentified lesion. His condition remains unchanged.

(b) Changes in condition

- (1) **Girl Born 11.9.55.** Diagnosed as having Fallot's Tetralogy. During the last few months she has become cyanosed more readily and is less able to keep up with the others. She has therefore been transferred to a Day Special School for Delicate Children.
- (2) **Girl Born 14.9.53.** (Same child as 3a(1)) Deterioration in condition led to further investigation and the diagnosis of aneurysm of the ductus.

4. 17 Children attend ordinary schools.

3 Children attend Day Special Schools for Delicate Children as follows :—

- Boy Born 31.8.56.** Fallots Tetralogy and another lesion (3a(2))
- Girl Born 29.4.54** Tetralogy of Fallot
- Girl Born 11.9.55** Tetralogy of Fallot

5. No children in the age group covered have developed a rheumatic heart lesion during the past year.

6. Heart surgery

3 children have been subjected to heart surgery (not within the last year however).

Girl Born 14.9.53 Ligation of patent ductus 1957, subsequently developed a ductus aneurysm with calcification of the aorta. See 3a(1).

Boy Born 20.5.54 Tetralogy of Fallot. Operation in Birmingham in 1956. Very great improvement maintained—can manage all physical activities.

These two children appeared in last year's cardiac register.

Girl Born 6.7.56 A patent ductus arteriosus ligated August, 1960 with excellent results and the ability to take part in all activities. . .

UNDESCENDED TESTICLES SURVEY

It may be remembered that in earlier reports I have referred to a survey which Dr. Barbara Ward and Dr. William Hunter carried out in 1957 and 1958. (I might add that their report was later published as a paper by the B.M.A.). They found a peak in the 10-11 year period, and at the time we thought this a little strange, as one would have expected this peak to be highest in the infant range.

Dr. Ward has carried on with her survey and has compiled further statistics based on the findings of the medical officers at routine medical inspections. Her results for the three years 1959-61 are shown below :—

AGE of boys	No. of boys examined over period 1959-1961	Unilateral undescended testicles		Bilateral undescended testicles	Total	
		Right	Left		No. of cases	% of age group
Up to 5 yrs ..	2,433	3	6	9	18	0.74
5 yrs. ..	3,706	9	11	10	30	0.81
6 yrs. ..	2,179	4	9	14	37	1.70
7 yrs. ..	806	5	3	4	12	1.49
8 yrs. ..	2,058	12	11	11	34	1.65
9 yrs. ..	720	12	6	10	28	3.89
10 yrs. ..	1,782	20	3	6	29	1.63
11 yrs. ..	3,006	23	15	7	45	1.50
12 yrs. ..	1,755	7	9	10	26	1.48
13 yrs. ..	917	5	4	1	10	1.09
14 yrs. ..	4,442	3	2	3	8	0.18
15 yrs. and over	2,577	3	—	—	3	0.12
Totals	26,381	116	79	85	280	1.06

Dr. Ward has drawn these conclusions :—

1. The right testicle is more frequently undescended than the left.
2. The peak continues to be at its highest at the age of 9-10 years and then falls away to very low at 14-15 years.

Dr. Ward points out that her survey upholds the hypothesis that the descent of the testicle frequently occurs naturally in the years preceding puberty, as none of the boys included in the survey had had any medical treatment. No other unusual features were noted.

I have asked Dr. Ward as a matter of interest to continue her survey for a further period.

HERNIA SURVEY (1960 and 1961)

For the past couple of years, Dr. Barbara Ward has been looking into the incidence of hernias in our school population. It will be seen that over the two years in question, there were 127 cases investigated. A breakdown by age groups is shown on page 34.

The hernias were much more common in boys than girls (109 cases against 18), and in the boys there were more cases of left hernia than right. Bilateral hernias were relatively uncommon.

Dr Ward has broken down the boys' and girls' statistics in this way :—

	1960	1961
Boys (109 cases over two year period)		
Number having had one successful operation ..	27	20
Number already awaiting operation	6	6
Number having had an unsuccessful operation ..	5	1
Number who had had more than one operation ..	2	—
Number of cases of hernia complicated with hydrocele or undescended testicles	1	—
Number of cases already under observation by G.P. ..	5	5
Number of cases where treatment was refused ..	1	1
Number unaware of any defect, and referred for treatment	16	13
	<hr/>	<hr/>
	63	46
	<hr/>	<hr/>
Girls (18 cases over two year period)		
Number having had successful operation	9	2
Number already awaiting operation	—	2
Number unaware of any defect, and referred for treatment	2	3
	<hr/>	<hr/>
	11	7
	<hr/>	<hr/>

It can be seen from these figures that a large proportion of the hernias in both boys and girls had already been successfully treated, and another group were awaiting operation. In only a small number of cases were the operations unsuccessful. It is gratifying to see that the School Health Service was able to refer for treatment some 29 boys and 5 girls who with their parents were quite unaware of anything amiss.

Hernia Survey — 1960 and 1961

Age Group	No. of children inspected over two years	Cases of hernia—BOYS				Cases of hernia—GIRLS					
		Right	Left	Both	Total	% of boys inspected	Right	Left	Both	Total	% of girls inspected
Up to 5 yrs.	1,356	8	3	2	13	1.92	-	-	-	-	-
5 yrs.	3,512	11	8	1	20	1.14	-	1	3	0.17	
6 yrs.	4,180	13	18	2	33	1.58	1	-	2	0.09	
7 yrs.	516	3	6	-	9	3.49	-	-	1	0.39	
8 yrs.	2,480	3	1	1	5	0.40	-	-	2	0.16	
9 yrs.	1,192	1	2	-	3	0.50	-	-	-	-	
10 yrs.	2,833	1	3	-	4	0.28	2	-	2	0.14	
11 yrs.	3,952	4	9	-	13	0.66	3	1	4	0.20	
12 yrs.	1,610	1	2	-	3	0.37	-	-	-	-	
13 yrs.	690	-	2	-	2	0.58	-	-	-	-	
14+ yrs.	11,512	2	2	-	4	0.07	4	-	4	0.07	
	33,832	47	56	6	109	0.64	12	5	18	0.11	

OUT OF SCHOOL EMPLOYMENT

The medical officers while examining leavers have discussed in an informal way with Head Teachers the question of out-of-school employment. The general opinion is that this is not detrimental to school work, that it often adds to a youngster's feelings of responsibility and gives him a better attitude to the value of money, but that there are some, especially in the grammar schools and in the grammar and technical streams of bilateral schools, who need the time for homework and cannot, therefore, academically afford it for out-of-school employment and that there were really few families where the money was really needed. Incidentally, medical officers find that teachers on the whole take a very keen interest in the out-of-school activities of their charges and often give a helpful word of advice at the right time.

ENURESIS CLINIC

The pad and bell apparatus has continued to be used to help boys and girls who suffer from enuresis—bed-wetting.

The results are good but not 100 per cent. Nevertheless, the apparatus can act as a very good sorting device, and it can be a useful guide to the home emotional set-up and attitude to this usually upsetting condition. The following factors will mar the effective use of the apparatus :—

- (a) Poor co-operation from child and parents.
- (b) Child and/or parent being timid of the apparatus.
- (c) Sound-sleeping youngsters who fail to wake.

It is surprising how often the mere fact that the pad is in position and the bell is set to ring results in no further wet beds.

No. of boys treated	..	..	..	..	43
No. of girls treated	..	..	..	..	35
No. of boys sent for—did not attend	..	..	..	..	3
No. of girls sent for—did not attend	..	..	..	..	4

6 boys and 4 girls did not improve mainly due to the lack of co-operation from the children, or parents, or both.

18 boys and 10 girls improved and the parents were pleased to state they did not require the loan of the pad and bell apparatus and their names were removed from the waiting list.

We have had instances where later the parent has asked for the help of the pad and bell and where we were not sure of the truthfulness of the parents' original statement, but we did think it was evidence of emotionalism—? inability to face facts, self-delusional attitude or lack of desire to let their offspring grow up.

In the case of two boys and one girl, from the result of home visits, these children were not regarded as suitable for the pad and bell because of poor and overcrowded sleeping accommodation.

There is obviously no point in attempting to use a pad and bell if a youngster shares a bed with another member of the family, if bed clothing is inadequate or if night discipline in the bedroom is unsatisfactory, e.g. changing about in beds as happens on occasion if a child has not a bed to call his own.

The number of boys and girls treated this year has risen in comparison with the figures of 1960. The waiting list is again relatively high, but the supply of the necessary equipment is now adequate to deal with these increases, although the wastage of the pads remains at its previous high level.

There seems little doubt that this form of treatment is popular with parents, G.Ps. and consultants—judging by the requests we get from all three sources, and it would seem that the good results obtained on the whole are encouraging parents to bring into the open a condition which they normally feel ashamed of. It is this latter attitude which makes it impossible to get any accurate figure of the frequency of enuresis in the general school population.

FOOT INFECTIONS AND PLANTAR WARTS SURVEY

Athlete's Foot :

As noted in the preliminary remarks we have done a survey of feet in most of the secondary schools including Grammar. This included infections known popularly as athlete's foot, foot rot, etc. but officially and correctly a skin infection usually due to an epidermophyton fungus. It is not easy to collect specimens of this for laboratory examination but the clinical appearance is fairly typical with mild reddening of the skin between toes 4 and 5, often peeling of the skin, going on to mild or on occasion marked ulceration in the same area. The condition may be quiescent and almost unnoticed in the cold weather (when our survey took place) and the position may be reversed in the summer months.

Of rather more than 13,000 children inspected by the nurses, nearly 700 were found to have athlete's foot.

It seems that some form of foot infection is practically endemic in the schools, that the schools from which large numbers go to the swimming baths are not more involved than others, and that there is no established association between foot infections and barefoot P.E., etc. It is interesting to note that one boys' and one girls' school in the same area seemed to have a clear bill.

Plantar warts :

In the same group of about 13,000 children inspected, rather more than 450 were noted as having plantar warts.

I'm afraid these are becoming more common and that no single reason can be blamed for their increase in occurrence. It is often felt that girls are more frequently involved than boys but in this survey we did not find this to be true. The explanation possibly is that girls' footwear is more flimsy than that worn by boys and, therefore, the pressure of a wart is more noticeable so that they complain more frequently.

There doesn't seem to be any direct association with dry barefoot work such as in the P.E. room or in dancing.

INFECTIOUS DISEASES

The figures over the past seven years for the more common conditions are given below :—

	1955	1956	1957	1958	1959	1960	1961
Chicken Pox	1,966	1,257	1,617	1,412	2,560	2,662	784
Measles	2,723	123	2,005	1,401	1,388	2,128	1,589
Mumps	584	796	2,080	266	879	3,965	318
Scarlet Fever ..	85	147	244	216	304	167	74
Whooping Cough ..	326	711	169	194	339	329	88

These do not tell us much of interest but clinically most of them are of a comparatively mild type.

There has been no case of diphtheria in the City but again I would like to stress that this does not mean we can be complacent about the situation, and immunisation should not be neglected. The stampede for vaccination against smallpox when a few cases occurred in Bradford can make one realise the need for arrangements being kept up to date when there is no need for urgency. We can be sure then that records are accurate (it is recording that takes time and not the actual clinical work).

IMMUNISATION AND VACCINATION

I am indebted to the Medical Officer of Health for the following statistics. Dr. Dodd points out that the figures for poliomyelitis and diphtheria refer to the whole child population of school age in the City, whereas the figures for B.C.G. vaccination apply only to those schools maintained by the Education Authority.

Poliomyelitis Vaccination :

The following table shows the number of children aged 5—14 years who have received 3 injections at 31st December, 1961.

<i>Year</i>	<i>No. of Children</i>	<i>Estimated Population</i>	<i>%</i>
1958	693	49,200	1.4
1959	32,166	49,300	65.2
1960	37,140	49,000	75.8
1961	38,028	48,400	78.6

Diphtheria Immunisation :

The table shows the number of children aged 5—14 years who have been immunised against diphtheria at 31st December, 1961.

<i>Year</i>	<i>No. of Children</i>	<i>Estimated Population</i>	<i>%</i>
1958	42,840	49,200	87.0
1959	40,658	49,300	82.4
1960	41,398	49,000	84.5
1961	40,724	48,400	84.1

B.C.G. Vaccination :

	1957	1958	1959	1960	1961
Maintained Schools visited ..	47	44	50	43	45
No. of 13 year olds	5,284	4,165	5,197	6,149	4,938
No. of acceptances	3,925	2,791	3,455	4,235	3,606
No. of refusals	1,243	1,294	1,595	1,804	1,224
No. of others	114	80	147	110	108
No. tested	3,912	2,592	3,265	3,957	3,394
Negative reactors vaccinated ..	3,154	2,155	2,814	3,388	3,050
Positive reactors	658	371	372	498	285

CHEST RADIOGRAPHY

I am grateful for this summary from Dr. A. E. Beynon, Medical Director of the Chest Radiography Centre. I realise that complacency might be a mistake but the overall picture is very good and one can be forgiven a feeling of optimism under the circumstances.

Dr. Beynon says :—

“During the year 1961, 1,521 senior school children (males 878—females 643) attended for a routine chest x-ray examination.

Chest conditions discovered—during 1960 and for the very first time since the chest x-ray examination of the school groups commenced in 1945 there were no cases of active pulmonary tuberculosis discovered. However, during the year 1961 one active case in a boy 17 years of age was found. Subsequently, the contacts in his form are being followed up with a regular serial chest x-ray examination.

Very few abnormalities of any significance were found in these senior students and this is undoubtedly due to the fact that these children have had repeated chest x-ray examinations at yearly intervals since the scheme was introduced in 1945. During the last few years this has been supplemented by routine Mantoux Skin Testing of the 13 year old age group, and over, and the subsequent vaccination of the negative Mantoux Skin reactors. I would point out that as a result of a reciprocal arrangement the Mantoux Positive reacting school children are now x-rayed at the Forest Dene Chest Clinic.

Isolated cases of active pulmonary tuberculosis are still found among the school children referred to this Centre by their General Practitioners, but in the past few years there has been a gratifying reduction in the number of such cases found at this Centre.

While the over-all picture revealed by the Chest x-ray of the above groups of school children is a good one, this is not the time for complacency. Indeed, we must continue to keep a close watch on the situation, as any laxity in the periodic examinations of the school children may lead to a deterioration in the picture and might well lead to the reintroduction of our earlier comprehensive scheme of annual chest x-ray examination of all the senior students and all school leavers.”

Dr. W. H. Roderick Smith of the Nottingham and District Chest Centre has sent me these notes about Tuberculin Positive School Leavers :—

"During the year 318 children, aged 13 to 14 years, who had a positive tuberculin reaction at school, were x-rayed at the Chest Clinic.

3 children with healed or healing primary lesions are being kept under clinical and radiological observation.

2 children were found to have small active tuberculosis lesions requiring Hospital treatment.

51 children had evidence of healed lesions which did not require further investigation.

17 children, who had a particularly strong reaction to the tuberculin test, were x-rayed after an interval of three months and were found to have remained clear.

245 children had normal x-rays."

DEATHS OF CHILDREN OF SCHOOL AGE DURING 1961

Analysis of causes :

Road accidents	2
Other accidents	1
Drowning	2
Malignant Growths	4
Cerebral conditions and complications	7
Muscular Dystrophy	1
Acute infectious conditions	3
Leukaemia	1
Congenital heart	1
Rheumatic heart	1
Total ..	23

In addition, four ineducable youngsters of school age died, the causes being :—

Hydrocephalus	2
Leukaemia in a Mongol	1
Bronchopneumonia	1

There is one redeeming feature attached to this rather depressing list, the number of deaths due to accidents of one kind or another is smaller than for several years past. It is difficult to say whether this is just luck or whether continuous propaganda by the Societies for the prevention of accidents is having an effect through both parents and schools. Whatever the reason, it is something we are pleased to see.

CONVALESCENT HOME TREATMENT

During the year 66 children were sent to the following convalescent homes, compared with 41 in 1960 :

Charnwood Forest Convalescent Home, Woodhouse Eaves ..	35 children
Roecliffe Manor Convalescent Home, Woodhouse Eaves ..	31 children

It may be recalled that the 1960 number of 41 children going to these Homes was inexplicably low, and the 1961 figure is back to normal. We find these Homes most useful in helping to build up the youngsters who could do with a short-term stay of convalescence, and I am grateful to the Matrons and staffs for the kindly attention they invariably give to the children in their care.

SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports :

Premises and Equipment :

Although no new premises were completed during 1961, further minor improvements were made to the old ones and new equipment is slowly being installed in all clinics.

Staff :

On 31st December, 1961, the staff consisted of :—

	<i>Full-time</i>	<i>Part-time</i>
Principal Dental Officer ..	1	—
Orthodontist ..	—	.6
Dental Officers ..	1	1.2
Medical Anaesthetists ..	—	1.0

I have much pleasure in welcoming Miss Linda E. Pooley to the full-time dental officer staff and hope that she will spend many happy years in the service of the Authority.

Policy :

Most of our attention has been devoted to the Infant and Junior Schools during 1961 and a further drop in the patient-inspired casual rate was noticed.

Dental Inspections :

During the year, 9,151 children (or 18% of our school population) received a routine dental inspection and 32 dental officer sessions were devoted to this work. Of the children thus inspected, 8,303 (or 91%) were found to require treatment and treatment was offered to 6,429. 3,859 (or 60%) consented to treatment compared with 71% last year.

Dental Treatment :

During 1961, some 1,231 dental sessions were devoted to treatment (including orthodontics) and of those sessions, 425 were reserved exclusively for extractions under general anaesthesia. 14,420 attendances were made by school children and the following treatment was carried out :—

Fillings :	Permanent teeth	4,026
	Temporary teeth	21
		4,047
Extractions :	Permanent teeth	6,596
	Temporary teeth	17,115
		23,711

A general anaesthetic was given for extractions on 8,349 occasions and a local anaesthetic on only 61 occasions.

In contrast, a local anaesthetic was given for fillings on 665 occasions.

Other operations :	Permanent teeth	384
	Temporary teeth	1
		385
Number of diagnostic X-ray films taken		452

In the prosthetic and orthodontic department, 284 sessions were devoted to this work and 1,991 attendances were registered (included in 14,420 above).

194 new dentures were supplied to our children and 32 dentures were repaired.

44 cases were completed during the year and 87 orthodontic appliances (all removable) were fitted.

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

During 1961, arrangements continued to be supervised by the Principal School Dental Officer. Treatment for children of pre-school age was made available at all of the school dental clinics, thereby reducing delay in the treatment of urgent cases. Dental treatment of mothers continued to be available at the General Dispensary and at the Central School Clinic in Chaucer Street, where dental x-ray examinations were also carried out.

No dental inspections were attempted at welfare centres or nurseries owing to lack of dental officer staff. Patients continue to be referred by medical officers of welfare centres and by general medical practitioners.

<i>Dental Inspection and Treatment</i>	<i>Mothers</i>	<i>Children</i>
No. examined	497	407
No. needing treatment	497	399
No. treated	477	398
No. made dentally fit	430	109
No. of sessions	99	18
No. of attendances for inspection and treatment	1,424	460
Scaling and gum treatment	40	1
No. of fillings	32	—
Silver nitrate treatment only	3	—
No. of crown and inlays	—	—
No. of teeth extracted under general anaesthetic	2,458	1,148
No. of teeth extracted under local anaesthetic	534	—
No. of general anaesthetics	493	446
Dentures provided :		
full upper or lower	211	—
partial upper or lower	211	—
Radiographs	17	—
Other operations	470	—

Once more, we have to express our gratitude to Head Teachers and teaching staffs, the staffs of the Education and Health Departments and to the Hospital services, for their invaluable co-operation and support. The Chairman and members of the Committee may like to know that although there has been no marked change in the staff situation, the dental staff is still continuing to do its best to cope with a difficult situation and that their encouragement and understanding of the problems involved are very much appreciated.

W. McKAY, L.D.S., R.C.S. (Edin.),

Principal School Dental Officer.

SCHOOL MEALS SERVICE

As part of their routine duties, the School Medical Officers have dinner from time to time at the school where there is a medical inspection in progress. They then put in reports on the quality of the meal and also on the general standards of cleanliness and hygiene in the dining room and kitchen. It is pleasing to note that the high standard of the School Meals Service in Nottingham Schools has been maintained. In all cases the quantity of food supplied has been adequate, and Miss Beard and her staff are to be commended on the initiative they show in ringing the changes of menu on what is bound to be a limited budget.

I am sure the school dinner also provides an excellent ground for social training. A lot has been said about who should give this training and I do not wish to get myself involved! Suffice it to say that there are many youngsters to-day who, by taking school dinner, not only enjoy a nourishing meal but also benefit very much from being part of a communal group, where the friendly but firm discipline stands them in good stead as part of their general training.

NOTTINGHAM CHILDREN'S HOME, SKEGNESS

During the year 570 boys and 583 girls were recommended as likely to benefit from a holiday at the seaside and of these 379 boys and 381 girls went to the Skegness Homes for a stay of three weeks.

Arrangements for collection of names, medical examination prior to going to Skegness, etc., have continued as previously. This is a very useful pick-me-up for children who are below the weather or who need a holiday, and on occasion we have been able to arrange for children to go when mother has been ill or in hospital, etc. There is no doubt that the children benefit from the "bracing" air of "Nottingham by the Sea" and from the communal life they lead while there. As further evidence of earlier maturity, there seems to be increasing number in the later years of the 7-11 age group who do not want to take advantage of this holiday and the majority belong to the younger groups who seem for the most part quite happy to go and leave parents without too much fuss. There are still some who need the comfort and support of a mother figure.

CONCLUSION

In conclusion I should like once more to thank the members of the Special Services Sub-Committee for their encouragement during the year. I am very conscious of their wholehearted support in matters which I and my colleagues recommend in the interests of the health of the children of Nottingham Schools, and I am personally grateful for it. Dare I say I know they would do even more in the way of better clinic premises and the like if funds were available, but we live in an age when every penny of the rates is carefully allocated !

It is again a pleasure to refer to the continued loyalty and devotion to duty of the staff of my department, both professional and administrative; and to acknowledge with gratitude the assistance received from Head Teachers and others, without which our work would be much more difficult.

And finally, my thanks are extended to the Director of Education and his staff for their continued support, which has been greatly appreciated.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1961

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)
1957 and later	798	798	100	—	—
1956	2,109	2,109	100	—	—
1955	2,384	2,383	99.96	1	0.04
1954	277	276	99.64	1	0.36
1953	2,375	2,375	100	—	—
1952	1,072	1,072	100	—	—
1951	176	176	100	—	—
1950	59	59	100	—	—
1949	198	198	100	—	—
1948	554	553	99.82	1	0.18
1947	4,563	4,562	99.98	1	0.02
1946 and earlier	3,123	3,123	100	—	—
Total	17,688	17,684	99.98	4	0.02

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

<i>Age Groups Inspected (By Year of Birth)</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Part II</i> (3)	<i>Total individual pupils</i> (4)
1957 and later	8	97	99
1956	84	321	392
1955	128	406	514
1954	15	65	73
1953	132	259	389
1952	71	133	201
1951	20	35	53
1950	15	9	24
1949	24	20	41
1948	74	45	118
1947	501	434	884
1946 and earlier	258	121	370
Total	1,330	1,945	3,158

TABLE C.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	..	..	14,047
Number of Re-inspections	..	..	..	..	..	..	..	9,357
							Total	<u>23,404</u>

TABLE D.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	162,576
(b)	Total number of individual pupils found to be infested	—	..	..			4,458
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	..		60
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	..	..	..	..		53

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	
		(3)	(4)	(5)	(6)	(7)	
4	Skin	T	58	97	69	224	
		O	15	8	14	37	
5	Eyes—						
		(a) Vision	T	223	687	457	1,367
			O	248	50	184	482
	(b) Squint	T	149	142	196	487	
			O	29	—	19	48
	(c) Other	T	18	15	7	40	
			O	1	—	4	5
6	Ears—						
		(a) Hearing	T	21	13	62	96
			O	21	5	31	57
	(b) Otitis Media ..	T	16	19	9	44	
			O	11	7	8	26
	(c) Other	T	12	10	4	26	
			O	7	1	2	10
7	Nose or Throat ..	T	404	66	143	613	
		O	197	15	62	274	
8	Speech	T	22	12	34	68	
		O	25	1	8	34	
9	Lymphatic Glands ..	T	1	1	—	2	
		O	5	1	6	12	
10	Heart	T	9	13	11	33	
		O	25	9	43	77	
11	Lungs	T	30	29	21	80	
		O	47	13	36	96	
12	Developmental—						
		(a) Hernia	T	14	1	3	18
			O	19	1	11	31
	(b) Other	T	22	16	15	53	
			O	54	20	56	130
13	Orthopaedic—						
		(a) Posture	T	3	8	8	19
			O	2	7	6	15
	(b) Feet	T	22	14	30	66	
			O	20	7	14	41
	(c) Other	T	32	58	50	140	
			O	26	18	36	80
14	Nervous System—						
		(a) Epilepsy	T	3	8	12	23
			O	10	1	20	31
	(b) Other	T	3	5	4	12	
			O	15	2	67	84
15	Psychological—						
		(a) Development ..	T	5	2	10	17
			O	26	1	16	43
	(b) Stability	T	2	5	10	17	
			O	11	7	35	53
16	Abdomen	T	4	1	1	6	
		O	5	1	3	9	
17	Other	T	4	—	7	11	
		O	32	16	33	81	

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	132	45
5	Eyes— (a) Vision	1,003	2,464
	(b) Squint	245	497
	(c) Other	42	4
6	Ears— (a) Hearing	45	255
	(b) Otitis Media	28	45
	(c) Other	138	13
7	Nose or Throat	642	356
8	Speech	28	58
9	Lymphatic Glands	—	10
0	Heart	8	138
1	Lungs	7	270
12	Developmental—		
	(a) Hernia	3	14
	(b) Other	28	202
13	Orthopaedic—		
	(a) Posture	—	13
	(b) Feet	37	59
	(c) Other	46	109
14	Nervous System—		
	(a) Epilepsy	2	84
	(b) Other	11	61
15	Psychological—		
	(a) Development	76	136
	(b) Stability	136	149
16	Abdomen	—	22
17	Other	476	837

**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	880
Errors of refraction (including squint)	5,474
Total	6,354
Number of pupils for whom spectacles were prescribed	2,056

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	102
(b) for adenoids and chronic tonsillitis	1,172
(c) for other nose and throat conditions	100
Received other forms of treatment	1,380
Total	2,754
Total number of pupils in school who are known to have been provided with hearing aids :—	
(a) in 1961	10*
(b) in previous years	70†

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

† { Includes nine pupils living in the Nottinghamshire County Council Area.
 { Includes three 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	496
(b) Pupils treated at school for postural defects	—
Total	496

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	—
(b) Body	3
Scabies	57
Impetigo	155
Other Skin Diseases	2,139
Total	2,354

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Number of pupils treated at Child Guidance Clinic	576*
*By Psychiatrists 82	By Educational Therapist .. 358
By Educational Psychologists 113	In Boarding Homes 23

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	370

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	6,693
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	66
(c) Pupils who received B.C.G. Vaccination ..	3,050
(d) Other than (a), (b) and (c) above:	
1. by the Authority: U.V.R.	22
2. at hospital: general medicine	384
3. at hospital: general surgery	509
4. at hospital: paediatrics	76
5. by the Authority: paediatrics	136
Total (a)—(d)	10,936

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	9,151	} Total (1)	14,693
(b) As Specials	5,542		
(2) Number found to require treatment			13,361
(3) Number offered treatment			11,430
(4) Number actually treated			8,751
(5) Number of attendances made by pupils for treatment (including orthodontics)			14,420
(6) Half days devoted to: Periodic School Inspection	32	} Total (6)	1,688
Treatment	1,656		
(7) Fillings: Permanent Teeth	4,026	} Total (7)	4,047
Temporary Teeth	21		
(8) Number of teeth filled: Permanent Teeth	3,567	} Total (8)	3,585
Temporary Teeth	18		
(9) Extractions: Permanent Teeth	6,596	} Total (9)	23,711
Temporary Teeth	17,115		
(10) Administration of general anaesthetics for extractions			8,349
(11) Orthodontics :			
(a) Cases commenced during the year			47
(b) Cases brought forward from previous year			23
(c) Cases completed during the year			44
(d) Cases discontinued during the year			—
(e) Pupils treated with appliances			53
(f) Removable appliances fitted			87
(g) Fixed appliances fitted			—
(h) Total attendances			996
(12) Number of pupils supplied with artificial teeth			226
(13) Other operations: Permanent Teeth	384	} Total (13)	385
Temporary Teeth	1		

APPENDIX

TREATMENT ARRANGEMENTS

<i>Clinic</i>	<i>Address</i>	<i>Treatment carried out</i>	<i>Doctor attended</i>	<i>Children's attendances during 1961 for minor ailments</i>
Central	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, Ear Nose and Throat	Tuesday and Friday a.m.	8,097*
Bulwell	Main Street, Bulwell and Springfield School	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	7,311
Clifton	Southchurch Drive, Clifton	Minor Ailments, Refractions, Dental, Speech Therapy	Wednesday p.m.	5,598
Ernest Purser	Wilford Road	Minor Ailments, Speech Therapy	—	1,045
Leenside	Canal Street	Minor Ailments, Dental	Thursday p.m.	7,434
Padstow	Henry Whipple Infant School, Padstow Road & Burford School	Minor Ailments	Monday a.m.	13,455
Player	Beechdale Road	Minor Ailments, Refractions, Dental, Speech Therapy	Monday and Thursday a.m.	14,160
Portland	Portland Junior School, Westwick Road	Minor Ailments	—	2,131
Rosehill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Therapy	Thursday p.m.	9,926
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	3,995
William Crane	Aspley Estate	Minor Ailments, Speech Therapy	Monday a.m.	6,181
Arboretum	Arboretum Day Open-Air School	Speech Therapy	—	—
Child Guidance	34 Clarendon Street	Speech Therapy	—	—
Orthodontic Clinic	36 Clarendon Street	Orthodontic	—	—

*Including U.V.R., Ionisation and Proetz cases.

Handicapped Pupils requiring Education at Special Schools or Boarding Homes

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Physically Handi- capped (5)	Delicate (6)	Mal- adjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	Total Cols. (1)-(10) (11)
A. During the calendar year ended 31st December, 1961, number of handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	2	—	1	3	15	25	9	59	—	1	115
B. (i) of the children included at A, number newly placed in special schools (other than hospital special schools) or boarding homes (ii) of the children assessed prior to 1st Jan- uary, 1961, number newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	2	12	20	8	23	—	—	65
	—	—	—	—	2	5	1	37	3	—	48
Total (B(i) and B (ii))	—	—	—	2	14	25	9	60	3	—	113
C. At 20th January, 1962, number of handicapped pupils:—											
(i) requiring places in special schools—											
(a) day	—	—	—	—	—	1	—	16	—	—	17
(b) boarding	1	1	—	—	1	2	—	1	—	—	6
(ii) included at (i) who had not reached the age of 5 awaiting:—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	1	—	—	—	—	—	—	—	—	—	1
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, awaiting:—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	—	—	—	—	—	—	—	—	—	—

Handicapped Pupils requiring Education at Special Schools or Boarding Homes (continued)

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Physically Handi- capped (5)	Delicate (6)	Mal- adjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	Total Cols. (1)-(10) (11)
D. At 20th January 1962, number of handicapped pupils											
(i) on the register of (1) maintained special schools as:—											
(a) day pupils	—	—	10	26	54	30	2	409	1	1	533
(b) boarding pupils	—	1	—	—	5	4	—	1	3	—	14
(2) non-maintained special schools as:—											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	6	1	4	2	5	9	—	4	6	1	38
Total	6	2	14	28	64	43	2	414	10	2	585
(ii) on the registers of independent schools under arrangements made by the Authority	—	—	1	—	—	—	4	—	—	—	5
Total (D(i) and D(ii))	6	2	15	28	64	43	6	414	10	2	590
(iii) boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	18	—	—	—	18
Total (D(i), (ii) and (iii))	6	2	15	28	64	43	24	414	10	2	608
E. On 20th January, 1962, number of handicapped pupils (irrespective of the areas to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944:—											
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	2	—	—	—	—	—	2
F. During the calendar year ended 31st December, 1961											
(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944											21
(ii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57A(2) of the Education Act, 1944											1