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**Nottinghamshire County Council**

**Education Committee**

# **ANNUAL REPORT**

OF THE

**COUNTY SCHOOL MEDICAL OFFICER**

**C. W. W. JEREMIAH,**

M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

**1957**

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**Nottinghamshire County Council**

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**Education Committee**

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# EDUCATION COMMITTEE\*

## Chairman

ALDERMAN A. THOMPSON

## Vice-Chairman

COUNCILLOR MRS. A. PUGH

## Ex-Officio

ALDERMAN W. BAYLISS, C.B.E.

ALDERMAN S. FARR

ALDERMAN F. A. SMALL

## Aldermen

AINLEY, J.

BARBER, MAJOR T. P.,  
D.S.O., T.D., D.L.

CROCKER, H. J.

HARTLAND, H.

KIRK, C. C.

SHARRARD, MRS. B.

TAYLOR, MRS. C. A.

TAYLOR, G. E., C.B.E.

TREECE, W. G.

## Councillors

BEARDSLEY, MRS. M.

BELFIELD, B. M.

BELLAMY, MRS. E. J.

BODILL, W. S.

CAMPBELL, T. J.

DAVISON, R. C.

ELLIS, J. E.

GREEN, A.

HARRISON, F. W.

HORTON, H. E.

IRELAND, W.

LEWIS, T. J.

LIMB, MRS. A. M.

MARTIN, W.

MEAD, A.

NORMAN-SMITH, A. C.

PEATFIELD, J. W.

POLLARD, B.

POUNDER, A. J.

QUIBELL, MRS. K.

RUDDER, F. N.

SINGLETON, A. E.

STRETTON, J. H.

STRINGER, C. E.

WARD, W.

WOOLLEY, MRS. D. A.

YATES, MRS. E. A.

## Added Members

MR. A. A. BOWKER

REV. M. CHARLES

AIR COMMODORE W. C. COOPER,  
C.B.E.

MR. A. H. DOWSE

PROFESSOR N. HAYCOCKS

VERY REV. H. C. L. HEYWOOD

MISS F. M. MILFORD

DR. H. SCHOFIELD, C.B.E.

MR. G. WHYLEY

MR. A. WILCOX

\*31st December, 1957



# **MEDICAL SERVICES SUB-COMMITTEE\***

## *Chairman*

COUNCILLOR J. H. STRETTON

## *Ex-Officio*

ALDERMAN W. BAYLISS, C.B.E.

ALDERMAN S. FARR

ALDERMAN A. THOMPSON

COUNCILLOR MRS. A. PUGH

## *Aldermen*

KIRK, C. C.

TAYLOR, MRS. C. A.

SHARRARD, MRS. B.

## *Councillors*

BEARDSLEY, MRS. M.

BELFIELD, B. M.

BELLAMY, MRS. E. J.

CAMPBELL, T. J.

GREEN, A.

LEWIS, T. J.

MARTIN, W.

MEAD, A.

POUNDER, A. J.

QUIBELL, MRS. K.

STRINGER, C. E.

WOOLLEY, MRS. D. A.

YATES, MRS. E. A.

## *Added Member*

MR. A. WILCOX

\*31st December, 1957

## STAFF.

The following is a list of personnel employed whole-time or part-time in the School Health Service on the 31st December, 1957 :—

*County Medical Officer and Principal School Medical Officer—*

C. W. W. JEREMIAH

*Deputy County Medical Officer and Deputy Principal School Medical Officer—*

A. R. C. MARGETTS

*Senior Administrative Medical Officer—*

R. S. MALE

*Assistant County Medical Officers and Medical Officers of Health of County Districts—*

MISS R. C. BARKER East Retford Borough and East Retford Rural District.

E. BEBBINGTON Beeston and Stapleford Urban District.

G. G. BUCHANAN Newark Borough, Newark Rural and Southwell Rural Districts.

J. D. CARROLL Mansfield Woodhouse and Warsop Urban Districts.

C. CROSS Kirkby-in-Ashfield Urban District.

J. S. DRUMMOND Mansfield Borough.

W. J. HUTCHINSON Hucknall Urban District.

M. B. McCANN Worksop Borough and Worksop Rural District.

H. D. B. NORTH West Bridgford Urban and Bingham Rural Districts.

W. R. PERRY Eastwood Urban and Basford Rural Districts.

H. D. H. ROBINSON Arnold and Carlton Urban Districts.

*Assistant County Medical Officer and Deputy Medical Officer of Health of County District—*

Vacancy Mansfield Borough.

*Senior Clinical Medical Officers—*

MISS J. M. CUMMINS

MISS U. LAWRIE

MISS E. DOUGLAS

MISS E. C. NELSON

MISS J. KEAN

*Assistant County Medical Officers—*

*Whole-time*

MISS J. BOARD

N. D. PATON

A. J. JOHNSON

*Part-time*

H. L. BARKER

MRS. L. M. CRAM

MRS. I. M. BUCKLE

MRS. P. M. GRAY

R. N. COLLEY

MRS. M. J. GRICE



*Children's Psychiatrists* (part-time service provided by the Sheffield Regional Hospital Board)—

MISS J. E. GREENER

T. A. RATCLIFFE

*Paediatricians* (part-time service provided by the Sheffield Regional Hospital Board)—

A. C. BLANDY

MISS M. MIDDLETON

*Ophthalmologists* (part-time service provided by the Sheffield Regional Hospital Board)—

A. HAMILTON BOOTH

G. E. ROBINSON

H. GOLDSMITH

N. M. WATTERS

W. T. C. LUMLEY

*Principal School Dental Officer—*

D. E. MASON

*Orthodontist—*

J. I. McCracken

*School Dental Officers—*

*Whole-time*

MISS M. ARMITAGE

S. MELLOR

MRS. A. M. E. FERGUSON

J. E. PRESTON

D. P. JAMES

B. J. SWYER

MISS A. KAVANAGH

*Part-time*

MRS. M. J. S. HUNTER

G. PEARSON

MRS. I. M. KEATES

(Vacancies equal to approximately fourteen School Dental Officers)

*Senior Speech Therapist—*

MISS M. E. CROAD

*Speech Therapists—*

MISS S. HECTOR

MRS. J. H. SANDERS

MISS M. JAMES

MISS C. M. SCHOFIELD

MISS C. P. KIMBERLEY

MISS T. TRIGG

MRS. E. J. ROLLO

*Educational Psychologists—*

M. C. E. SHEARN

MRS. J. D. CUMMINGS

One Vacancy

(part-time)

*Senior Psychiatric Social Worker—*

Vacancy

*Psychiatric Social Workers—*

MISS S. M. HEYWORTH

MISS A. C. TANNER

MRS. J. V. L. HOEY

*Play Therapist—*

C. A. WOLLEN

*Audiometricians—*

MISS M. CHEETHAM

MISS M. TORRANCE

*Superintendent Health Visitors—*

MISS E. BOWLER

MRS. C. J. MCHENRY

MISS A. COLLISHAW

*School Nurses (Whole-time)—*

MRS. Z. F. CHURCHWARD

MRS. N. H. JACQUES

MRS. E. CUMMING

MISS N. J. LEWIS

MISS J. E. EVANS

MISS J. REED

MRS. W. EVANS

MRS. G. I. SANDERSON

MRS. E. G. GREER

MISS V. E. WALLBANK

MRS. L. HILL

*Health Visitors (Combined duties)—*

MISS E. M. AMERY

MRS. D. M. JEFFORD

MISS A. BACON

MISS F. A. JONES

MISS T. BAMFORD

MRS. A. T. KING

MRS. W. M. BARKER

MISS S. M. LILLEY

MISS R. E. BARNES

MRS. D. LINSKEY

MRS. E. BEITH

MRS. I. LONG

MISS G. R. BRETLAND

MRS. A. L. LUCE

MRS. M. G. CALLAWAY

MRS. E. G. MCCORMICK

MISS E. CHADBURN

MISS E. MOORE

MRS. I. CLEGHORN

MISS N. E. PARKER

MRS. R. M. COLLINS

MISS J. PERCIVAL

MRS. A. COOPER

MISS M. PUGH

MISS J. M. COOPER

MISS E. RAITHBY

MISS B. V. W. COTTARD

MISS O. REVILL

MISS G. CREASEY

MISS E. RIDLEY

MISS P. M. DABELL

MISS J. E. ROBERTSON

MRS. A. M. ELEY

MISS D. RUTLAND

MISS E. L. ELMES

MRS. E. SADLER

MISS E. ELSWORTH

MISS M. E. SCHOFIELD

MRS. P. D. FARRANDS

MISS J. S. SCOTHON

MISS L. E. FLETCHER

MRS. M. SEYMOUR

MISS B. M. FOSTER

MRS. E. M. SHORT

MISS E. FRAZER

MISS R. A. SMITHURST

MRS. N. A. GODDARD

MISS J. STEPHENSON

MISS J. M. GOODWIN

MISS C. M. THORN

MISS J. M. HALL

MISS S. WATSON

MISS J. HEEKS

MISS A. E. WEAVER

MISS R. E. HERMES

MISS N. J. WEBB

MRS. M. P. HODGSON

MRS. E. M. WHEATLEY

MISS S. J. HOLMES

MISS R. H. WHITEHEAD

MRS. K. M. HUGHES

MRS. S. A. WORRALL

*Assistant Clinic Nurse (Combined duties)—*

MRS. M. HANES

*Oral Hygienist—*

Vacancy



*Dental Nurses—*

MISS D. M. CORDON

MISS A. M. WATERLAND

*Dental Attendants—*

MISS B. D. BRIAN

MISS S. HIND

MRS. A. M. BURLEY

MRS. B. PASS

MRS. C. GOULDER

MRS. K. QUINN

MRS. M. R. FOWLER

MISS G. SEARBY

MISS I. M. HEATH

MISS J. STENSON

MRS. B. M. HIGHAM

*Dental Laboratory Staff—**Chief Technician—*

N. HAWKINS

*Senior Technicians—*

F. ANNABLE

D. V. DAVIES

N. COOK

*Dental Technician—*

B. C. HINSLEY

*Apprentice Dental Technicians—*

A. ALLSOP

N. J. TREECE

*Lay Administrative Assistant—*

W. L. RICHARDSON

*Chief Clerk—*

J. RENSHAW

*Other Clerical Staff—**Senior Clerk, School Health Service—*

W. R. CLEMENS

*Deputy Senior Clerk, School Health Service—*

T. E. HOBBS

*Other Clerical Staff employed on School Health Service duties* ..... 22

The following changes in staff occurred during the year :—

APPOINTMENTS		TERMINATIONS	
Name	Date	Name	Date
<i>Senior Administrative Medical Officer—</i>			
R. S. Male	..... 1. 4.57		
(vice C. H. Shaw)			
<i>Assistant County Medical Officer and Deputy Medical Officer of Health of County District—</i>			
		Miss I. Caley	..... 3.12.57
<i>Senior Clinical Medical Officer—</i>			
Miss U. Lawrie	..... 2.12.57		
(vice R. A. Ingles)			

APPOINTMENTS		TERMINATIONS	
Name	Date	Name	Date
<i>Assistant County Medical Officer—</i>		R. A. Ingles .....	25. 9.57
<i>School Dental Officer—</i>		R. L. Frame .....	30. 9.57
<i>Speech Therapists—</i>		Miss R. Berry .....	1. 1.57
Miss S. Hector .....	2. 9.57		
(vice Miss D. Kidd)			
Mrs. J. H. Sanders .....	2. 9.57		
(vice Miss R. Berry)			
Miss T. Trigg .....	2. 9.57		
(vice Miss J. P. Coombs)			
<i>Educational Psychologist—</i>		M. A. Cunningham	29. 9.57
<i>School Nurses—</i>		Miss B. Pearson .....	31. 7.57
Miss J. E. Evans .....	1. 2.57	Mrs. E. Topliss .....	1. 1.57
(vice Mrs. E. Topliss)			
Mrs. N. H. Jacques .....	24. 7.57		
(vice Miss B. Pearson)			
<i>Health Visitors—</i>		Miss N. A. Armitage .....	31. 3.57
*Mrs. W. M. Barker .....	19. 8.57	Miss E. G. M. Brammer	22. 9.57
(vice Miss E. Thouard)		Mrs. N. I. Challand .....	15. 3.57
Mrs. A. M. Eley .....	11. 3.57	Miss J. E. Fensome .....	20. 3.57
(vacancy on Establishment)		Miss G. E. Johnston .....	1. 1.57
*Miss B. M. Foster .....	19. 8.57	Miss C. Moore .....	10.12.57
(vice Miss N. Armitage)		Miss S. A. Moore .....	11. 1.57
Mrs. N. A. Goddard .....	3. 6.57	Miss E. C. Taylor .....	13. 1.57
(vice Miss K. R. Smith)			
*Miss J. Heeks .....	19. 8.57		
(vice Miss S. A. Moore)			
Mrs. M. P. Hodgson .....	13.12.57		
(vice Miss C. Moore)			
*Miss S. J. Holmes .....	19. 8.57		
(vice Miss G. E. Johnston)			
*Miss J. S. Scothorn .....	19. 8.57		
(vice Miss B. A. Castle)			
Mrs. S. A. Worrall .....	12. 1.57		
(vice Miss P. Peart)			
*Former Pupil Health Visitor			
<i>Assistant Clinic Nurse—</i>		Mrs. N. H. Jacques .....	23. 7.57
<i>Oral Hygienist—</i>		Mrs. D. S. Dutton .....	31. 3.57

APPOINTMENTS		TERMINATIONS	
Name	Date	Name	Date
<i>Dental Attendants—</i>			
Miss B. D. Brian	..... 22. 7.57	Miss E. T. Crisp	..... 7. 8.57
(vice Miss E. T. Crisp)			
Mrs. B. Pass	..... 18. 2.57		
(vice Mrs. W. M. Holmes)			
<i>Dental Technicians—</i>			
B. C. Hinsley	..... 29. 4.57		
(New appointment)			



## NOTTINGHAMSHIRE COUNTY COUNCIL

---

HEALTH DEPARTMENT,  
COUNTY HALL,  
WEST BRIDGFORD,  
NOTTINGHAM.  
May, 1958.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE  
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1957.

We look back on fifty years of development since the Service came into being, and Dr. Male, in his preparation of the body of the report, has taken the opportunity to study its history in Nottinghamshire and to spotlight its principal milestones.

He draws attention to the fact that under the heading of Hygiene, in its first year, 62 per cent. of girls and 8.9 per cent. of boys showed signs of verminous infestation.

In 1958, the figures were 2.52 per cent. for girls and 0.58 for boys.

I can remember the times, during my service with the Council, when his consistent interest in "nits," often earned for the late Alderman J. N. Derbyshire—the then Chairman of the Medical Services Sub-Committee—the amusement, and sometimes the laughter, of the Education Committee.

Perhaps he was more far-seeing. Perhaps he, more than most, understood that NITS was the wrong way to spell "Hygiene."

We hear so much criticism these days of the ineffectiveness of the School Health Service. Children have left school with defects which should have been "spotted" and treated! We should discard the system of Routine School Medical Inspection! We should, apparently, rather employ a system of care for those with obvious defects—the responsibility of the Hospital, Consultant and General Medical Services!

And we should forget, apparently, that above all other faculties, the School Health Service has the primary one of Health Education.

The percentage of nits found amongst girls at school has not been reduced from 62 per cent. to 2.52 per cent. in the last fifty years purely by the use of the old "Sacker's" comb nor by the new medicated shampoos.

It is the result of the "education" which is a normal part of the routine school medical inspection of a child in the presence of its mother.

The child grows to womanhood and becomes the mother. To her, the Routine School Medical Examination is a natural facet of the educational system—and there are those who would replace it.

It is still a great moment for a mother to be told by an examining doctor that "there's nothing wrong"—the perfect testimonial of good motherhood.

No—the capacity of the Service for the ascertainment of defects depends upon the capacity, the industry, the interest and the degree of purpose of those members of its staff who work in its field.

The effectiveness of the School Health Service in the future lies in the hands of those who can decide whether or not there is a career in the clinical aspects of medical service under Local Authorities.

To review the year's work, it is to be noted that altogether, 38,013 examinations were carried out in the routine age and special groups out of a school population of 90,990.

Twenty years ago the school population was 53,103 and special examinations of children with known defects, alone amounted to 10,934. It is of interest to note that in our present school population—nearly doubled in the past twenty years—and in a year when all but three of the school departments were visited during the year, the total of special inspections was 10,473—very little more.

Arising from routine inspection it is appropriate again to draw attention to the ever developing help we receive from Consultants of the Regional Hospital Board, particularly those who carry out sessions in our own clinics.

Their availability and interest have added stature to our Service and their contributions to this report are a welcome sign of their co-operation.

During the year, special attention was given to the question of whether or not a child had had its tonsils and/or adenoids removed. For years the impression had gained force that these glands were being removed wholesale and with little regard for clinical necessity.

Our findings show that of 26,438 children examined in the routine age groups, 3,474 had had the operation, giving a percentage of 13.1.



In "entrants" the percentage was 7.74 and in "leavers" 17.6—not the figures that some critics would have expected. Suffice it to say that, in present circumstances, all suspect cases are referred for consultant opinion and the decision to carry out the operation rests solely with him.

Study of the report submitted by Mr. D. E. Mason, the County Dental Officer, shows that on 31st December, the Dental Staff was comprised of the equivalent of just over eight whole-time officers out of an establishment of twenty-two.

The story of failure to provide regular dental inspection and conservative treatment remains unaltered and the effects in our Service are brought clearly into focus when we reflect that in 1957, 6,433 permanent teeth were extracted compared with a total of 7,885 filled.

In better times, in 1938, the comparative figures were 6,154 and 24,598.

For a closer study of the general health circumstances of the school population, I commend Dr. Male's treatment of the subject in the body of the report and at the same time express my thanks to him for its compilation.

In bringing to a close this annual duty to present this Report, it is always a pleasurable duty to acknowledge our debt to our medical and nursing colleagues in the field; the Hospital and Laboratory Services for all their assistance; to Consultants for their guidance and to our colleagues in other Departments of the Council with whom we work so closely.

I offer my particular gratitude to Dr. Male and the members of the School Health Section of my department for their efforts during the year.

I am grateful to the Chairman and members of the Education Committee for their constant support and for their confidence in the services I administer.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH.



## SCHOOL HEALTH SERVICE

*"The childhood shows the man  
As morning shows the day."*  
(Milton—Paradise Regained).

*"The child is father of the man"*  
(Wordsworth).

In 1908, Dr. Handford began his first Annual Report as Chief School Medical Officer for Nottinghamshire with these quotations. In 1957, the School Health Service reached its fiftieth year and it may be of interest to look back over some of the progress that has been made during that time.

The Education (Administrative Provisions) Act of 1907 imposed upon all local authorities the duty to carry out the medical examination of all children in elementary schools and gave them the power to arrange treatment. The Board of Education issued a far-sighted memorandum on medical inspection which might well have been written to-day.

"The Board desire, therefore, at the outset to emphasize that this new legislation aims, not merely at a physical or anthropometric survey, or at a record of defects disclosed by medical inspection, but at the physical improvement and, as a natural corollary, the mental and moral improvement of coming generations. The broad requirements of a healthy life are comparatively few and elementary, but they are essential, and should not be regarded as applicable only to the case of the rich. In point of fact, if rightly administered, the new enactment is economical in the best sense of the word. Its justification is not to be measured in terms of money, but in the decrease of sickness and incapacity among children, and in the ultimate decrease of inefficiency and poverty in after-life arising from physical disabilities."

"A fundamental principle of the new Act is the medical examination and supervision not only of children known or suspected to be weakly or ailing, but of all children in the Elementary Schools, with a view to adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset, and furnishing the facts which will guide Educational Authorities in relation to the physical and mental development during school life."

In 1908, the Nottinghamshire School Health Service began with a staff of one Doctor and one Nurse in addition to the School Medical Officer who was also Medical Officer of Health for the County.

Two facts stand out in the Report for that year. Firstly 62% of the girls and 8.9% of the boys examined were found to be in a verminous condition. It is not surprising that at that time a certain number of nits and lice were considered by many people to be a sign of health. Secondly, 80% of the boys and 79.5% of the girls were found to have



defective teeth. In the 1956 Report, I mentioned that out of 1,094 children examined by Dr. Cummins, 724 (or 66.2%) were found to have obvious dental caries. The depletion of our dental staff is bringing us back to the dental conditions prevailing at the beginning of the century.

During the years 1909 to 1914, the service expanded and two Doctors and five Nurses were employed in addition to the Principal School Medical Officer. The first Ophthalmic Treatment Scheme was inaugurated in 1911 and provision for deaf and dumb and for blind children was recorded for the first time in 1914. A record of the examinations of alleged mental defectives appears in this year and the first Dental Officer was appointed.

The 1914-18 war brought a severe setback to the School Health Service and its activities were severely curtailed.

The years 1919 and 1920 saw the beginning of the treatment era. The staff was expanded ; school clinics were built ; dental treatment was provided; refractions were carried out and arrangements made for treatment for Tonsils and Adenoids. In 1921, the Hopwell Hall Special School for Mentally Backward Boys was opened.

In 1923, Dr. Handford retired and was succeeded by Dr. T. E. Holmes. In 1924, an Orthopaedic Treatment Scheme was initiated in connection with the Cripples' Guild and 1925 saw the birth of the Combined Nursing Service. In 1927, the first joint appointment of Medical Officer of Health for a district and Assistant County Medical Officer was made.

In 1928, Dr. Holmes died and was succeeded by Dr. Christopher Tibbits. Dr. Holmes had seen the School Health Service grow from infancy to its "coming of age" ; from small beginnings to undertake a wide range of curative and preventive measures. In this year, a scheme was introduced for the training of Health Visitors.

In 1929 and 1930, it was decided to extend the School Dental Service and introduce a scheme by which every school in the County was visited by a Dental Surgeon yearly. An annual dental inspection became the rule. A travelling dental clinic was presented to the County by the Chairman of the Medical Services Sub-Committee, the late Mr. J. N. Derbyshire.

In 1934, the School Milk Scheme was introduced. In 1936, the Speech Therapy Service began and was extended in 1938 to cover the whole County.

During the war years 1939 to 1945, the service was limited in scope. However, the Education Act of 1944, together with the Handicapped Pupils and School Health Service Regulations of 1948, brought into being the School Health Service where the emphasis was to be on prevention rather than treatment, and expanded the work of the service to cover the ages two to fifteen. The National Health Service Act of 1946 provided free medical treatment through the general practitioner and to a large extent relieved the School Health Service of the burden of treatment.



The Child Guidance Service which was established in 1942 was much enlarged in 1946 and in the same year an Orthodontic Service was initiated. During 1948, with the co-operation of Mr. Glass, the Consultant Otologist, routine audiometry was introduced in schools throughout the County.

In 1950, the Ramsdale Park Special School for Girls opened and in 1951, a specialist Ophthalmic Service was provided at school clinics. Pasteurised milk was introduced throughout the County Schools in the same year.

In 1952, Dr. Tibbits retired. He had been connected with the School Health Service since 1914 and had seen it gradually change from a curative to a preventive service.

In 1952, the post of Senior Clinical Medical Officer was introduced and by this means it was hoped that Doctors might be attracted to a career in the clinical side of the Preventive Health Service. Since that time the service has continued to grow, the medical and nursing staff has increased and we have now reached the happy state shown in this year's Report where I am able to say that our main aims in school medical inspection have been completed.

The year 1957 saw the opening of Thieves Wood School for the Severely Physically Handicapped—which I am sure will be of great benefit to the Region—and final preparation for the transfer of the Child Guidance Clinic to very much improved premises at the County Clinic, Clarendon Street, early in 1958.

What of the future? The School Health Service has as its aim the production of young men and women, healthy in body, healthy in mind, and one should add, healthy in spirit. Apart from the one unfortunate black spot caused by the lack of dental staff, the ideal of the production of the adult healthy in body is in sight of fulfilment, but there is a very great deal to be done in the field of mental health.

While almost all our children can now be said to be free from disease, there are still large numbers who are lacking in what is described to-day as positive health, or optimum health, which perhaps might be defined as that state of body and mind in which the individual is able to live his life to the limit of his capacity. This positive health can only be attained by proper care of the children, adequate sleep, adequate but not over-nutrition and adequate exercise. There is still much to be done in the education of children and indeed of the general public in the habits of health.

I would hope in the near future that it may be possible to follow the child on leaving school through the difficult years before he becomes fully adult. To provide a preventive service which stops at the age of fifteen when the child is only half a man is to "half do" the job. The years of adolescence could be covered by some form of preventive health service. Perhaps the School Health Service might be extended to cover these difficult ages in the years ahead.



Looking to the future—within the Service itself, I hope that with greater stability of Medical Staff establishment it may be possible to allot a number of schools to each individual School Medical Officer. The Medical Officer would then be responsible to me for the medical supervision of the children in these schools. He would conduct all Medical Inspections and would visit each school frequently. He would become well known to the teaching staff and I would hope would be accepted as a colleague of the staff of the school. Health impinges on almost all aspects of school life—on the school buildings; on the school furniture and equipment; on the school playing fields and on washing and toilet facilities. The Medical Officer would be available to give advice and help in all these matters. Perhaps he might be invited to take part in the teaching of health. A Medical Officer who knows the school well and who is well known in the school is far more valuable than a Doctor who is a complete stranger. This system, which is already working in the special schools in the County, is much appreciated by the teaching staff and I am hoping to be able to extend it.

It is a matter for concern that many children have to lose a considerable amount of school time in attending hospitals in the County for physiotherapy. In some cases they may have to go to hospital two or three times a week. This is at present unavoidable but I would hope that it might be possible in the future to employ a Physiotherapist to visit schools and give treatment to the children on the spot.

### MEDICAL AND NURSING STAFF.

#### Medical Officers.

	No. of Medical Officers	Equivalent Whole-time Officers
Position at 31st December, 1956	28	11.08
Position at 31st December, 1957	28	10.91

Assistant County Medical Officers are engaged in clinical duties in connection with both the Maternity and Child Welfare and School Health Services.

During 1957, the medical staffing position has remained fairly satisfactory. The Committee were able to dispense with the services of the part-time Medical Officer, specially appointed for the ascertainment of educationally sub-normal pupils, at the end of October as the size of the waiting list for these examinations had decreased to manageable proportions. However, it was possible to re-employ the Medical Officer, Dr. H. L. Barker, on other duties within the establishment.

**Nursing Staff.**

Superintendent Health Visitors engaged part-time in School Health duties .....	3	} together give an equivalent of 30.45 whole-time School Nurses.
Full-time School Nurses .....	11	
Health Visitors engaged in combined duties .....	63	

The position regarding the Nursing Staff remained substantially the same as in the previous year.

As each year goes by, the proportion of the Nurses' time occupied by attendance at the Clinics and at school inspections increases. In 1957, the record number of school inspections ; the introduction of B.C.G. vaccination and immunisation against poliomyelitis made increased demands on the Nurses with the result that time for school and home visiting was limited. Recruitment of Health Visitors remains a very great problem and, in October, the agreement of the Medical and Nursing Staffs' Joint Sub-Committee was obtained to the proposal that School Nurses might be employed where it was not possible to appoint Health Visitors. However, since this decision, there has been a good response to repeated advertisements for Health Visitors and I am hopeful that this step will not be necessary. It does seem, however, that if the Health Visitor is to continue to carry out her many activities, the establishment may need to be reviewed in the near future.

**SCHOOL POPULATION.**

Registration details on the 31st December, 1957, were as follows :—

**Number of School Departments :—**

Primary .....	331
Secondary Modern .....	56
Secondary Grammar .....	14
Secondary Technical .....	7
<b>Total</b> .....	<b>408</b>

**Number of Pupils on School Books :—**

Primary .....	58,946
Secondary Modern .....	23,446
Secondary Grammar .....	6,114
Secondary Technical .....	2,484
<b>Total</b> .....	<b>90,990</b>



## Average Attendance :—

Primary	54,297
Secondary Modern	19,391
Secondary Grammar	5,510
Secondary Technical	1,693

## MEDICAL INSPECTION.

NUMBER OF PUPILS INSPECTED AT SCHOOLS DURING THE YEAR 1957,  
TOGETHER WITH THE COMPARABLE FIGURES FOR 1956.

	1957	1956
Entrants	10,686	11,554
Intermediates	9,934	6,839
Leavers	5,818	5,980
Other periodic inspections	1,102	784
Total	27,540	25,157
Specials	10,473	8,098
Grand Total	38,013	33,255
Percentage of school population examined in periodic age groups	30.3	28.1

SUMMARY OF SCHOOL DEPARTMENTS VISITED FOR PERIODIC MEDICAL  
INSPECTION.

	Inspection commenced and completed during 1957	Inspection commenced in 1956 and completed during 1957	Inspection commenced during 1957 but not completed at 31.12.57	No. of School Departments not visited during 1957
Primary	264	4	60	3
Secondary Modern	42	1	13	—
Secondary Grammar	3	2	9	—
Secondary Technical	3	—	4	—
	312	7	86	3

The number of medical inspections carried out in 1957 constitutes a record for the Service, 38,013 children being examined. For the first time since the War, over forty per cent. of the school population were inspected during the course of the year. The three priorities which the School Health Service must attain, if it is to be considered adequate,



are the examination of all "leavers," the examination of all "entrants" and the visiting of each school during the year. In 1957, for the first time since the War, these aims have been substantially achieved. It was possible to examine all "entrants" and all "leavers." During the calendar year January to December, 1957, on which the statistics for this report are compiled, three Primary Schools were not visited. However, all the schools in the County were visited during the school year September, 1956 to August, 1957.

There was an increase of 2,383 in the number of periodic medical inspections and of 2,375 in the special inspections. The task of the School Health Service does not end with the detection of defects and each child must be followed up in order to check that appropriate treatment for the defects found at medical inspection is being obtained.

The following table gives comparative statistics :—

Year	No. of Pupils Inspected			School Population	Percentage Inspected
	At Periodic Inspections	At Special Inspections	Total		
1931	16,499	9,550	26,049	57,403	45.3
1933	16,418	9,267	25,685	56,245	45.6
1935	14,326	9,665	23,991	52,173	45.9
1937	15,081	10,934	26,015	50,353	51.6
1947	14,575	7,374	21,949	66,789	32.8
1948	18,263	8,067	26,330	69,868	37.6
1949	15,583	7,333	22,916	72,199	32.7
1950	16,166	6,611	22,777	74,490	30.5
1951	10,594	3,003	13,597	76,992	17.6
1952	17,306	7,015	24,321	80,086	30.3
1953	12,683	5,574	18,257	83,197	23.1
1954	22,588	6,111	28,699	85,145	33.7
1955	24,075	9,389	33,464	86,829	38.5
1956	25,157	8,098	33,255	89,219	37.3
1957	27,540	10,473	38,013	90,990	41.8

School medical inspections should be done in the child's own school so that the Doctor may have the opportunity of discussing problems with the teaching staff. In some of the older schools the accommodation is not suitable for medical inspection and therefore the inspections must take place in nearby Clinics or Halls.

#### Defects discovered at Periodic Medical Inspection.

Of the pupils inspected in the periodic age groups, 17.2% were recorded as having defects requiring treatment. There is no material change from the figure of 17.9% for 1956.

PERCENTAGE OF PUPILS REQUIRING TREATMENT DISCOVERED AT  
PERIODIC MEDICAL INSPECTION.

	1957	1956
Entrants .....	17.7	18.2
Intermediates .....	17.9	17.3
Leavers .....	15.9	17.4
All Groups .....	17.2	17.9

The following are brief notes on some of the conditions reported during 1957 :—

#### EYES.

Defects of vision were 37.7% of the total defects recorded at the periodic medical inspection. The following table shows the percentage of children found to have defective vision at periodic medical inspections during the last six years. These figures do not suggest that television viewing is having any appreciable effect on children's visual acuity in view of the fact that television has become so widely available in the County during the last six years.

CHILDREN EXAMINED IN PERIODIC AGE GROUPS.

	1952	1953	1954	1955	1956	1957
Percentage with defective vision .....	6.90	7.94	6.78	7.15	7.11	6.48

There were 376 cases of squint, as compared with 424 the previous year.

#### COLOUR VISION.

All children, other than entrants, are given the Ishihara Test for colour blindness as part of their medical inspection. Many children who are colour blind have no knowledge of their disability and it is possible to advise these children on which jobs they should avoid. During the year, at least one aspirant to painting and decorating was persuaded that another job might be more suitable for him.

#### NOSE AND THROAT.

As in previous years, these defects are generally the result of chronic naso-pharyngeal infection. However, of the 1,806 cases specifically reported as due to chronic infection of the tonsils and/or adenoids, only 584 were thought to be in need of active treatment. The remainder were referred for observation.



Throughout the year, Medical Officers were asked to note whether children examined had had their tonsils removed and the following table indicates their findings in the various age groups :—

Age Group	No. examined	No. with tonsils removed	Percentage of pupils with tonsils removed
Entrants .....	10,686	826	7.74
Intermediates .....	9,934	1,626	16.40
Leavers .....	5,818	1,022	17.60

#### LUNGS.

This category totalled 760 defects, including 181 due to asthma.

#### MISCELLANEOUS.

Two hundred and three pupils were considered to require treatment for foot abnormalities and thirty-seven for hernia. Thirty-five were recorded as suffering from epilepsy.

#### General Condition.

In accordance with the instructions of the Ministry of Education, Medical Officers were asked to record the general condition of the children as satisfactory or unsatisfactory. This is only the second year in which this method of classification has been used. Previously children were placed in one of three groups—good, average, or poor.

Compared with 1956, there was a slight rise in the number of children whose general condition was thought to be unsatisfactory but, as has been mentioned in previous reports, this figure is based on the individual impressions of Medical Officers who will vary to some extent in the standards of health which they expect from the children and I do not feel that this slight rise is of any significance.

More important is the number of children who are noted to be obese. A fat child is not necessarily a healthy child and at the present time the problem of obesity is much greater than that of poor nutrition. The average parent will soon consult the doctor if his child is thin but few realise that obesity is as great a danger. Obesity generally follows over-eating, although over-eating is not always responsible for obesity. As mentioned by Dr. Blandy in last year's report there are many causes of obesity—familial, emotional and very occasionally endocrine, but it is difficult to convince some parents that, whatever the basic cause, their children do not become fat without eating more than they need.



The following table shows the findings under the previous method of classification and those under the new method adopted during 1956 and 1957 :—

TABLE SHOWING THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEARS 1950 TO 1957 INCLUSIVE.

Year	No. of Children Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1950	16,166	5,028	31.1	10,673	66.0	465	2.9
1951	10,594	4,265	40.3	6,028	56.9	301	2.8
1952	17,306	6,662	38.5	10,045	58.0	599	3.5
1953	12,683	5,381	42.4	6,984	55.1	318	2.5
1954	22,588	10,589	46.9	11,425	50.6	574	2.5
1955	24,075	11,894	49.4	11,747	48.8	434	1.8
		Satisfactory		Unsatisfactory			
		No.	%	No.	%		
1956	25,157	24,994	99.35	163	0.65		
1957	27,540	27,308	99.16	232	0.84		

#### Secondary Grammar Schools.

In 1957, it was possible to visit all the fourteen Grammar Schools for periodic medical inspection : the total number of pupils inspected was 2,278.

#### Secondary Technical Schools.

Each of the seven Secondary Technical Schools was visited during the year and 863 pupils were inspected.

Statistics relating to defects and treatment are included in the whole-County statistics already reported, as are those for Secondary Grammar Schools.

#### Nursery Schools.

The two County Nursery Schools at Worksop and Ruddington were each visited monthly throughout the year by a Medical Officer, when new entrants were examined and any necessary advice given.

Medical inspection of all children in attendance at the schools is carried out at six-monthly intervals and 193 examinations were recorded.

### PERSONAL HYGIENE.

The School Nurses visit all schools, except the Secondary Grammar and Secondary Technical Schools, to carry out routine hygiene inspections. The Secondary Grammar or Technical Schools are visited at the special request of the Head Teachers if any difficulty arises.

At these inspections the Nurses are not only interested in detection of nits and lice in the hair but review the general cleanliness and physical condition of the child and the adequacy and suitability of clothing and footwear. Foot hygiene is the greatest problem at the present time. Pupils of Secondary School age are not so closely supervised by their parents as the younger children and so the standard of foot cleanliness is very often poor, especially in boys.

There appears to be some increase in the number of cases of Athlete's Foot. This condition is extremely difficult to eradicate and is easily passed from one child to another.

Dr. Buckle comments as follows :—

“ The number of cases of Athlete's Foot and plantar warts seem to be increasing during the past year. It is checked in many cases by the physical education specialists who do routine foot inspections but in some schools this is not done and an 'epidemic' could start before it is brought to anyone's notice. I deplore the transfer of plimsolls from one child to another as this has considerable bearing on the spread of infection.”

Arising from routine hair inspection the following tables are of interest :—

NUMBER OF PUPILS INSPECTED DURING THE YEAR ENDED 31ST  
DECEMBER, 1957.

			Girls	Boys	Total
Routine Inspections	....	....	110,802	108,568	219,370
Follow-up Inspections	....	....	6,819	3,015	9,834
Total	....		<u>117,621</u>	<u>111,583</u>	<u>229,204</u>

PERCENTAGE OF PUPILS FOUND TO HAVE NITS AT ROUTINE  
INSPECTIONS DURING YEARS 1949 TO 1957, INCLUSIVE.

		Percentage Boys	Percentage Girls	Percentage All Children
1949	....	0.89	5.84	3.47
1950	....	0.82	5.49	3.2
1951	....	0.79	4.7	2.8
1952	....	0.75	4.38	2.62
1953	....	0.67	3.39	2.08
1954	....	0.71	3.34	2.05
1955	....	0.72	2.86	1.80
1956	....	0.51	2.61	1.57
1957	....	0.58	2.52	1.56



The infestation rate has remained almost stationary and it would seem that severe infestation is now almost confined to a hard core of habitual offenders. These children come from families in which not only the school children but also the infants, young adults and mothers are infested. To achieve any lasting results the whole family must be treated and not only the school child, otherwise the child will rapidly become re-infested. These families commonly present other unsatisfactory features and often come within the heading of "Problem Families."

When routine school inspection has revealed unsatisfactory conditions, the verminous pupils are inspected regularly at school until such time as their heads are clean. Home visits are made by the School Nurse and parents are offered advice and the issue of a cleansing fluid free of charge. Sacker's Combs are offered to parents for payment, but if it is considered that the parent is unable to pay the cost without hardship the School Nurse is authorised to issue a comb on loan.

During the latter part of the year, a medicated shampoo was issued to two of the Health Visitors for a trial period. It was found that better results were obtained with this shampoo as the young girls were prepared to use a preparation which they thought improved the appearance of their hair.

During the year, eighty-seven Cleansing Notices were issued under Section 54(2) of the Education Act, 1944. In addition, 507 communications of a less formal character were addressed to parents where a child was found to be infested in school. No Cleansing Orders were issued.

### TREATMENT SCHEMES.

#### Defective Vision and Squint.

Parents of pupils found to have visual defects requiring treatment are offered treatment under the special Consultant arrangements made with the Regional Hospital Board and the Hospital Eye Service. These arrangements are as follows :—

#### HOSPITAL EYE SERVICE AT COUNTY OPHTHALMIC CLINICS.

Clinic	Hospital Management Committee	Ophthalmologist	Day of Session	Remarks
Arnold	Nottingham No. 1	Mr. G. E. Robinson	Alternate Monday afternoons	
Beeston	Nottingham No. 1	Mr. G. E. Robinson	Tuesday mornings	
Carlton	Nottingham No. 1	Mr. G. E. Robinson	Friday mornings	

Clinic	Hospital Management Committee	Ophthalmologist	Day of Session	Remarks
Eastwood	Nottingham No. 1	Mr. G. E. Robinson	Alternate Monday afternoons	
Hucknall	Nottingham No. 1	Mr. G. E. Robinson	Wednesday afternoons	
Kirkby-in-Ashfield	Mansfield	Mr. A. Hamilton Booth	Alternate Monday afternoons	
Mansfield	Mansfield	Mr. A. Hamilton Booth	Wednesday mornings	
Mansfield Woodhouse	Mansfield	Mr. W. T. C. Lumley	Alternate Tuesday afternoons	
Newark	Nottingham No. 1	Dr. H. Goldsmith	Wednesday afternoons	
Nottingham Clarendon Street	Nottingham No. 1	Mr. G. E. Robinson	Alternate Thursday afternoons	
Retford	Worksop and Retford	Dr. N. M. Watters	Monday mornings	
Stapleford	Nottingham No. 1	Mr. G. E. Robinson	Alternate Thursday afternoons	
Sutton-in-Ashfield	Mansfield	Mr. A. Hamilton Booth	Alternate Monday afternoons	
Worksop	Worksop and Retford	Dr. N. M. Watters	Monday afternoons and Friday mornings	

Prescriptions issued by Consultants are dispensed by local Opticians of the parents' choice through the arrangements made by the Hospital Management Committees concerned or, as an alternative in the case of the Nottingham No. 1 Hospital Management Committee, at the Hospital Dispensary.

Dr. N. M. Watters, who attends at the Worksop and Retford Clinics, has again supplied details of his work. These are set out below and indicate the types of cases dealt with :—

#### WORKSOP AND RETFORD SCHOOL OPHTHALMIC CLINICS.

Errors of Refraction	....	708	Glasses Prescribed	....	463
Amblyopia	....	168	Referred to Orthoptist	....	48
Strabismus	....	94	No treatment needed	....	111
Congenital and Hereditary Diseases	....	21			
Other Diseases	....	13			



Dr. Goldsmith in his report mentioned that the Ophthalmic Clinics at Newark are running smoothly. He adds that the value of the Clinics is very greatly increased by the help of the School Nurse who knows every child and every difficult family in and around the Newark area.

Dr. Cummins and Dr. Douglas continue to help the Consultants at the Sutton-in-Ashfield, Newark and Mansfield Clinics. The waiting lists in some Clinics in the Nottingham area have increased and caused some anxiety. A request has been made to the Sheffield Regional Hospital Board to provide a further Consultant Session for these Clinics. In the meantime Mr. Robinson has agreed to vary his sessions in an attempt to improve the situation.

#### RETINOSCOPY EXAMINATIONS CARRIED OUT DURING 1957.

	Examinations	Requiring Spectacles	Not requiring Spectacles
By County Medical Staff	754	345	409
By Consultants	6,972	3,286	3,686
Total	<u>7,726</u>	<u>3,631</u>	<u>4,095</u>

#### REPAIR AND REPLACEMENT OF SPECTACLES.

When spectacles have been provided through the Hospital Eye Service, authorisation for replacement or repair is secured at the School Ophthalmic Clinic, either from the Consultant or from one of the School Medical Officers.

The necessary Forms O.S.C.10 are kept at all School Clinics and are issued where glasses have been supplied by a private optician under the Supplementary Ophthalmic Services.

#### ORTHOPTIC TREATMENT.

It is now very pleasing to report that the Hospital Management Committees have provided Orthoptic Departments at Newark, Nottingham, Sutton-in-Ashfield and Worksop which afford reasonable cover for the County area. These Departments have supplied the following statistics for information :—

#### ORTHOPTIC TREATMENT 1ST JANUARY TO 31ST DECEMBER, 1957.

	Nottingham	Newark	Sutton-in-Ashfield	Worksop
Cases on Register on 1.1.57	..... 329	109	185	119
New Cases referred during year	..... 88	86	128	113
	<u>417</u>	<u>195</u>	<u>313</u>	<u>232</u>

## Diseases and Defects of Ear, Nose and Throat.

### HEARING DEFECTS.

The scheme for the ascertainment of hearing defects, described in previous reports, continued very satisfactorily and the year's work is shown in the following statistics :—

#### GROUP TESTING.

Number of Schools visited by Audiometricians	....	115
Number of tests and retests carried out	....	11,239
Number of pupils tested	....	9,285
Number of pupils with normal hearing	....	8,424
Number of pupils who failed the test	....	861
	—	9,285

All children failing the group hearing test are referred for an individual "pure tone" test.

It is hoped that the Committee will agree to the introduction of the sweep testing method of testing hearing defects in 1958 as this will enable much younger children to be tested.

#### INDIVIDUAL TESTING.

(a) Pupils failing Group Test	....	*719
With normal hearing	....	317
With sub-normal hearing	....	402
(b) Pupils otherwise referred because of suspected deafness		424
With normal hearing	....	92
With sub-normal hearing	....	332
(c) Retest of pupils previously found to have sub-normal hearing	....	541
With normal hearing	....	115
With sub-normal hearing	....	426

\*This figure does not correspond with that given under the heading "Group Testing" as an interval elapses before individual tests can be carried out.

The figures for group testing show a fall on the previous year when 129 schools were visited and 14,237 tests were carried out. However, the aim of testing each school child between the age of nine to eleven was achieved and more time was available for individual testing. Individual tests totalled 1,684 as compared with 1,522 tests in the previous year.



Those who fail the individual test are first investigated by the School Medical Officers. Where possible the hearing defect is treated and 510 children were examined at the School Clinics for this purpose. When further investigation is considered necessary, children are referred to the Special Deafness Clinics to be seen, and treated when necessary, by the Consultant Ear, Nose and Throat Surgeons. These Clinics are held by Mr. E. J. Gilroy Glass at the Nottingham General Hospital; Mr. J. F. Neil at the King's Mill Hospital, Sutton-in-Ashfield and at the Newark Hospital; and Mr. P. H. Beales at the Victoria Hospital, Worksop.

A large proportion of children referred are found to have defects which can be rectified before permanent damage arises.

Mr. Glass has sent me the following comments :—

"The review of deafness in school children has continued and a considerable number have still been found requiring assessment and treatment of their deafness. In some cases a hearing aid has been required and it is likely that in the New Year transistor hearing aids will be available on the National Health Service for school children. These should prove of great benefit for those children whose education is being handicapped through defective hearing."

During the year, 365 children were given the opportunity of Consultant examination following audiometric investigation. Among the 257 new cases who attended, conditions treated were as follows :—

#### CONDITIONS TREATED.

Naso-pharyngeal infection	....	....	....	95
Otitis Media	....	....	....	25
Wax	....	....	....	20
Other Conditions	....	....	....	61
				<hr/> 201 <hr/>

In fifty-six cases no treatment was required and nineteen cases were referred for further examination.

The following pleasing testimony to the value of the Audiometric Service was received from the Headmaster of a Junior School :—

"We had a boy tested by your Audiometrician three years ago. He was fitted with a hearing-aid.

He was in the 'C' stream at this Junior School when he received the aid. Since then he has gradually progressed from the 'B' stream to the 'A' stream. He has recently been awarded a place in a Grammar or Technical School which he would never have achieved without your assistance.

Will you please convey our thanks to the Audiometric Service for a splendid job."

## TONSILS AND ADENOIDS.

The number of operations for removal of tonsils and adenoids showed a sharp fall from 2,006 to 1,590 but this was largely due to the difficulties experienced in the hospitals during the influenza epidemic. In spite of this, there was a general improvement in the size of the waiting list although the list at King's Mill Hospital rose slightly from 210 in 1956 to 247 in 1957. In view of the decreased number of operations, one must assume that many fewer children are being recommended for the operation of removal of tonsils and adenoids as otherwise the waiting list would be increasing. Great thought is now given by Consultants and School Medical Officers before the child is subjected to an operation which, like every other operation, carries with it some degree of risk.

## WAITING LISTS ON 31ST DECEMBER, 1957 AND 1956 FOR OPERATIONS UPON TONSILS AND ADENOIDS.

	31st December, 1957	31st December, 1956
Newark Hospital ....	86	61
Nottingham Children's Hospital ....	178	312
Nottingham General Hospital ....	48	54
Nottingham City Hospital ....	—	14
Sutton-in-Ashfield, King's Mill Hospital ....	247	210
Retford and Worksop Hospitals ....	243	292
Total ....	<u>802</u>	<u>943</u>

## NUMBER OF OPERATIONS CARRIED OUT ON PUPILS AT INDIVIDUAL HOSPITALS DURING 1957 AND 1956.

	1957	1956
Newark Hospital ....	122	153
Nottingham Children's Hospital ....	517	550
Nottingham General Hospital ....	167	241
Nottingham City Hospital ....	8	13
Sutton-in-Ashfield, King's Mill Hospital ....	469	729
Retford and Worksop Hospitals ....	307	320
Total ....	<u>1,590</u>	<u>2,006</u>



### Child Guidance.

The central Child Guidance Clinic was transferred from the premises at 3, Fletcher Gate, Nottingham, to new premises at 19, Clarendon Street, Nottingham, on 16th January, 1958. The Sub-Clinics are at Mansfield in the School Clinic premises at Redcliffe House; at Newark in the Old Magnus Buildings and at Worksop in the Clinic premises on Carlton Road.

The services of the two part-time Consultant Psychiatrists, Dr. J. E. Greener and Dr. T. A. Ratcliffe, are seconded to the Authority's Child Guidance Service by the Sheffield Regional Hospital Board. Unfortunately, owing to illness, Dr. Greener was absent from the beginning of August and had not returned by the end of the year. Dr. Ratcliffe, with the assistance of the other members of the Clinic Staff, has done everything in his power to ensure that an adequate service is maintained. From the tables which follow it will be seen that he has been very successful for the figures show only a slight diminution in the amount of work carried out as compared with the previous year.

I am indebted to Dr. Ratcliffe for the following comments on the year's work :—

“ In the final analysis, the work and reputation of a Child Guidance Service depends on the quality of its Staff and on the success of its contacts with other agencies and with the community. It is therefore legitimate to include in the annual report some comments on these two points.

During the last five months of the year, Dr. Greener has, unfortunately, been away on sick leave. We miss her presence a great deal and wish her a speedy recovery. Her absence has put a strain on our psychiatric resources; but we were fortunate in that the Regional Hospital Board appointed a Senior Registrar in Child Psychiatry to begin work in September at this Clinic, the Nottingham City Child Guidance Clinic and St. Ann's Children's Unit. Whilst this is essentially a 'training' appointment for the Registrar, we have found Dr. Thorpe a useful addition to our professional team. Mr. Cunningham, our Senior Educational Psychologist, left us on 28th September to take up an appointment at the Chrichton Royal Children's Unit. His departure was a very considerable loss to us; and his appointment to this very well-known Psychiatric Unit is indicative of his own professional status and of the excellent work he did whilst with us. In June, Miss Lam, who had been attached to us on a Fulbright exchange from the United States for nine months, returned to her own country. We learnt much from her during her stay and I know that we, in return, were able to give her valuable new experience. Such international exchanges can, and should, be of great benefit to both sides. We can be rightly proud that this Clinic was chosen for a Fulbright placement; such placements in provincial Child Guidance Clinics are very rare.

We have still been unable to obtain a Senior Psychiatric Social Worker and, unfortunately, we do not yet have a replacement for Mr. Cunningham. Inevitably this throws a heavy strain on the other members of the professional Clinic team. Even at the best of times, Child Guidance work cannot always be confined to 'office hours.' We are fortunate in having a Staff which will respond well to the many calls made upon their time and skill. And with this commendation of the professional team, I would also include the clerical staff, whom we have always regarded as an integral and important part of the Clinic.

As the statistical tables show, we have managed to maintain more or less the same general level of clinical work as in recent years, despite Staff changes and shortages—indeed, our increased number of Psychiatric Social Workers as compared with the earlier part of 1956 has enabled us to re-expand this part of our clinical work much nearer to its desirable level, as the increased number of 'interviews with parents' will show. It is in the field of liaison with, and consultative advice to, other agencies that our much needed expansion of the service has been most handicapped by Staff shortages.

We have recently been making a study of 'failed' referrals; that is to say, patients who have been referred to us, but who have failed to attend for all, or part, of our diagnostic interviews. In almost every instance, our impression is that these were 'bad' referrals, either because the role and function of the Clinic had not been fully discussed with the patient's parent or guardian by the referring agency, or because the nature of the problem was really outside the Clinic's scope. To say this, is not inevitably to criticise the referral agency. We are aware that these difficulties represent most frequently a failure of liaison between this Clinic and the other agencies involved. Just as the basic value of the Child Guidance Clinic lies in its use of the team method, so the Clinic itself must function as a member of a team with all the other agencies and Departments concerned with the care of the child. To achieve this, team approach requires, in each case, the acceptance of comparable standards of professional ethics; a mutual trust and respect for each other's skills and aims; a capacity to function together, each using his individual professional skills complementarily rather than as rivals and a personal knowledge of each other's role and function. The relationship which we have built up over the past ten years with the Probation Service is an excellent example of such a good team approach.

It may be valuable, therefore, to comment briefly on the Clinic's dual role in relationship to such other agencies. The more obvious of our functions is to provide a specialised treatment service both for the child who is psychologically disturbed and for his family. But, where the child's problem is still entirely reactive to environmental or social factors, and where there is no serious emotional disturbance in the child himself, our role can be much more valuably that of providing a consultative service for the workers in the other



agency, who are trying to modify the environmental problem. For this second role to be a successful one, the professional workers in the other agencies, and in the Clinic, must feel able and willing to discuss the mutual problems fully at a person-to-person level. In such discussions, it is our task to interpret, and advise on, the psychological reactions of the child and his family. We shall continue our own efforts to provide such a service but, to be successful, the contact must come equally from the other agencies, as well as from ourselves.

The year 1957 will be our last in the Fletcher Gate Clinic. These premises have served us well for more than ten years. But the increase and development of the Clinic's staff and services has outgrown the available accommodation. We are looking forward to working in our new premises and we are most grateful to the Authority for providing the opportunities and accommodation which 19, Clarendon Street presents."





PROBLEMS	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		Lincs./Derbys.		1956 TOTAL
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	
Behaviour ....	44	24	18	14	9	5	4	9	—	—	118
Delinquency ....	6	7	—	—	5	6	—	—	—	—	49
Nervous problems ....	8	1	4	2	1	—	2	2	—	—	30
Enuresis ....	10	4	—	—	1	—	1	1	—	—	21
Backwardness ....	9	1	3	—	1	—	2	2	—	—	23
Speech problems ....	—	1	—	—	1	—	—	—	—	—	3
Physical symptoms ....	3	2	—	1	—	—	—	—	—	—	4
Special advice ....	5	7	—	1	3	2	2	1	—	—	10
TOTAL ....	85	47	25	18	21	13	11	15	—	—	258

SOURCES FROM WHICH REFERRED	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		Lincs./Derbys.		1956 TOTAL
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	
School Medical Officers	29	14	7	5	3	3	8	4	—	—	78
Juvenile Courts and Probation Officers ....	10	7	2	—	5	7	—	1	—	—	58
Director of Education and Head Teachers ....	15	7	5	2	3	1	2	5	—	—	30
General Practitioners and Hospitals ....	13	7	7	7	7	2	1	3	—	—	51
Parents ....	14	8	1	1	2	—	—	1	—	—	15
Children's Officer ....	2	4	3	2	1	—	—	1	—	—	19
Speech Therapists ....	—	—	—	—	—	—	—	—	—	—	3
Other sources ....	2	—	—	1	—	—	—	—	—	—	4
TOTAL ....	85	47	25	18	21	13	11	15	—	—	258





### Cases seen for Intensive Treatment.

(Including psycho-therapy, play therapy, remedial teaching and relationship therapy, in respect of parent or child)

	Boys	Girls	Total	1956 Total
Under treatment January 1957 .....	70	35	105	82
Treatment commenced during 1957 .....	63	33	96	116
Discharged from treatment during 1957 .....	71	36	107	93

### ANALYSIS OF RESULTS.

Satisfactory improvement .....	37	22	59	32
Partial improvement .....	28	11	39	53
No change .....	4	2	6	5
Unco-operative .....	2	1	3	3
Still under intensive treatment at 31.12.57 .....	62	32	94	105

### Cases seen for Superficial Treatment.

(Including surveys, supportive interviews, home visits, school visits, etc. in respect of parent and child)

Under treatment January 1957 .....	233	96	329	358
Treatment commenced during 1957 .....	83	44	127	120
Discharged from treatment during 1957 .....	52	43	95	149
Still under superficial treatment at 31.12.57 .....	264	97	361	329

### CASES CLOSED DURING 1957 .....

For clinical reasons ; treatment or survey terminated.

Satisfactory improvement .....	51	31	82	97
Slight improvement .....	28	9	37	26
No change .....	13	1	14	10

For other reasons; parents unco-operative, committed to approved school, left the district, etc.

Much improved .....	10	7	17	20
Slight improvement .....	19	8	27	39
No change .....	32	23	55	50

No further Child Guidance action necessary ; diagnostic or advice only.

Diagnostic .....	8	17	25	14
Advice only .....	23	19	42	63

TOTAL NUMBER OF CASES SEEN DURING 1957    465    234    699    769

NOTE :—

*Those children discharged from intensive treatment but transferred to superficial treatment during 1957 have been included under both categories.*

## Interviews during 1957.

	Nottm.	Mansfield/ W. Notts.	Newark	Worksop/ Retford	Total	1956 Total
PSYCHIATRISTS.						
Diagnostic .....	110	31	21	17	179	226
Treatment .....	401	44	38	31	514	466
Surveys .....	181	21	41	16	259	334
Parents .....	265	51	25	41	382	501
Others .....	252	28	28	12	320	297
Visits .....	13	—	15	—	28	34
PSYCHIATRIC SOCIAL WORKERS.						
Diagnostic .....	113	98	20	62	293	153
Advisory inter- views with parents	857	323	94	100	1,374	775
Advisory inter- views with others	47	34	17	16	114	43
Visits to Homes, Schools, Children's Homes, Hostels	123	103	28	45	299	151
EDUCATIONAL PSYCHOLOGISTS.						
Testing .....	184	69	27	37	317	336
Remedial teaching	440	130	10	20	600	626
School visits .....	119	46	18	35	218	268
Surveys .....	52	28	14	18	112	139
Interviews with parents .....	25	4	2	6	37	133
Visits to Children's Homes, Hostels, Remand Home, etc.	4	2	12	—	18	41
PLAY THERAPIST.						
Treatment .....	589	98	135	43	865	694
Surveys .....	44	23	3	4	74	108
Parents .....	36	15	3	8	62	155
Visits .....	28	32	16	14	90	58
Others .....	9	16	19	2	46	44
					Total	1956 Total
Total Interviews with children			.....	2,920	2,929	
Total Interviews with parents			.....	2,148	1,717	
Total Interviews with others about children			.....	480	384	
Total Visits to Homes, Hostels, Remand Home, Children's Homes, Schools			.....	653	552	



### Speech Therapy.

This year has brought considerable changes and expansion in the Speech Therapy Service. From January to August there were three vacancies on the establishment and the remaining five Speech Therapists had to cover the County with the result that the waiting list for treatment continued to increase. Since September there has been a full staff of eight Therapists. This allowed the number of sessions held at individual Clinics to be increased at Mansfield, Arnold, Eastwood, Hucknall and West Bridgford whilst the Mansfield Woodhouse Clinic has been re-opened. A weekly session has been allotted to each of the three Residential Schools for Educationally Sub-Normal Children, also the Pleasley Vale Day Special School, the Berry Hill Open-Air School and the Harlow Wood Orthopaedic Hospital. In all, twenty-seven extra sessions have been arranged. It is, as yet, too early to see any great change in the statistics following the improvement in the staffing position, for Speech Therapy must be continued over a considerable period, rarely less than three months and more often between six and eighteen months. However, it is expected that 1958 will show a welcome increase in the number of children treated. Towards the end of the year a tape recorder was purchased and is already proving its worth in demonstrating to child and to Therapist progress in treatment.

During the year, there has been a greater liaison between the Medical Officers and Speech Therapists. At intervals the Medical Officers attend treatment sessions to review progress of the child and to advise on the need for treatment of any physical abnormality which may be found.

### Statistics.

Cases receiving treatment on 1.1.57	.....	.....	.....	.....	501
Cases temporarily suspended on 1.1.57	.....	.....	.....	.....	30
Cases on waiting list 1.1.57	.....	.....	.....	.....	200
Cases admitted during 1957	.....	.....	.....	.....	384
Cases discharged during 1957	.....	.....	.....	.....	256
Cases receiving treatment 31.12.57	.....	.....	.....	.....	550
Cases temporarily suspended 31.12.57	.....	.....	.....	.....	62
Cases on waiting list 31.12.57	.....	.....	.....	.....	170

### SUMMARY OF CASES DISCHARGED.

Requiring no further treatment	.....	.....	.....	.....	223
Left school	.....	.....	.....	.....	5
Left the County	.....	.....	.....	.....	2
Transferred to Special Schools	.....	.....	.....	.....	4
Reported to Local Authority under Section 57(3) Education Act, 1944	.....	.....	.....	.....	1
Discharged under observation on account of persistent non-attendance and lack of parental co-operation	.....	.....	.....	.....	13
Discharged at request of parents	.....	.....	.....	.....	3
Unable to benefit from further treatment	.....	.....	.....	.....	2
On recommendation of Children's Psychiatrist	.....	.....	.....	.....	1
Attending Private School and having private treatment	.....	.....	.....	.....	1
Transferred to hospital Speech Therapy Clinic	.....	.....	.....	.....	1
					<u>256</u>

## RESULTS OF TREATMENT OF THE CASES DISCHARGED.

	Stammer	Other Speech Defects	Total
Achieved normal speech .....	22	136	158
Greatly improved .....	27	32	59
Showed some improvement .....	11	15	26
Showed little or no improvement .....	5	8	13
	<u>65</u>	<u>191</u>	<u>256</u>

SPEECH THERAPY SESSIONS AT CLINICS, Etc.	Number in Attendance	Number on Waiting List
Arnold .....	29	6
Beeston .....	45	2
Berry Hill Open-Air Achool .....	7	—
Bingham .....	7	8
Carlton .....	30	18
East Leake .....	7	6
Eastwood .....	24	16
Edwinstowe .....	8	1
Harlow Wood Orthopaedic Hospital .....	3	—
Harworth—Bircotes .....	19	6
Hopwell Hall Special School .....	17	—
Hucknall .....	24	10
Kirkby-in-Ashfield .....	20	11
Mansfield .....	48	19
Mansfield Woodhouse .....	9	1
Newark .....	59	7
Ollerton .....	6	5
Ramsdale Park Special School .....	7	—
Retford .....	35	7
Southwell .....	8	3
Stapleford .....	31	7
Sutton Fields House Special School .....	10	—
Sutton-in-Ashfield .....	12	6
Warsop .....	11	—
West Bridgford .....	31	13
Worksop .....	43	18
	<u>550</u>	<u>170</u>



### Minor Ailments.

Attendances at Minor Ailment Clinics continued to fall. These Clinics are gradually changing in character and perhaps "Minor Ailment Clinic" is no longer their rightful name. There is a gradual improvement in the general health of school children leading to a smaller incidence of minor ailments. Where treatment is necessary there is an increasing tendency on the part of parents to obtain treatment from the general practitioner rather than from the Minor Ailment Clinic.

The Minor Ailment Clinic may be regarded in its present form as the natural continuation of the Child Welfare Clinic. As at the Child Welfare Clinic, the mother is able to come and ask advice about the management of her child; advice on problems with which she hesitates to bother the busy general practitioner, but problems which to her are very real indeed.

Bed-wetting is extremely common in school children and almost always gradually improves, but it is small comfort to the mother of a seven-year-old child who has sheets to wash, dry and iron daily to be told that "he will be all right when he is fourteen." Such cases as these can be helped by the advice and sympathy which the Medical Officer at a School Clinic has time to give. Refusal of food, loss of appetite, obesity, the need for tonsillectomy are all problems dealt with daily at the School Clinics and the full examination and full discussion of the problems which the Medical Officer at the School Clinic is able to undertake is of the utmost help to the mother.

The Minor Ailment Clinic therefore can be said not to be a competitor to the busy surgery of the general practitioner but rather a place for the dissemination of sound advice on the problems of the child.

#### ATTENDANCES AT MINOR AILMENT CLINICS, 1951 TO 1957 INCLUSIVE.

Year	Total School Population	Total Attendances	Individual Attendances
1951	76,992	50,202	14,824
1952	80,086	48,871	14,888
1953	83,197	48,498	13,925
1954	85,145	43,520	14,581
1955	86,829	42,975	13,488
1956	89,219	36,357	11,822
1957	90,990	33,812	11,028

The nature of the minor ailments treated does not vary greatly from year to year. Injuries amounted to 786. Skin conditions totalled 1,371 and included 115 cases of impetigo, 267 of eczema and seborrhoea and 523 with warts. Minor infections of the eye and eyelids numbered 274; naso-pharyngeal infections 487; bronchitis 213 and otitis media 124. In 184 cases, wax was removed from the ears.

## CLINICS AND SESSIONS.

The following table shows the various Clinics in operation in the County and the figures shown indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC	Minor Ailments	Dental	Speech Therapy	Ophthalmic	Paediatric	Child Guidance
*Arnold—Arnot Hill Park	8	—	—	2	—	—
Arnold—Ebenezer Chapel	—	—	8	—	—	—
*Balderton	4	—	—	—	—	—
*Beeston—Dovecote Lane	8	44	16	4	—	—
*Bilsthorpe	8	—	—	—	—	—
*Bingham	—	—	4	—	—	—
*Carlton—Park House	12	36	16	4	—	—
*Clipstone	8	—	—	—	—	—
*East Leake	4	—	4	—	—	—
*East Retford	8	†20	8	4	—	—
*Eastwood	8	8	8	2	—	—
*Harworth	8	28	8	—	—	—
*Hucknall	12	44	8	4	—	—
*Kimberley	8	—	—	—	—	—
*Kirkby-in-Ashfield	8	8	12	2	—	—
*Langold	8	—	—	—	—	—
Mansfield—Redcliffe House	4	56	—	6	4	24
Mansfield—Pleasley Hill	4	—	—	—	—	—
*Mansfield—Hermitage Avenue	8	—	—	—	—	—
Mansfield—Westfield Folk House	—	—	20	—	—	—
*Mansfield Woodhouse	8	—	4	2	—	—
*Newark—The Friary	12	20	4	6	—	—
Newark—Old Magnus Buildings	—	—	12	—	—	14
Nottingham—Clarendon Street	—	†52	—	2	4	44
*Ollerton—Methodist Chapel	8	—	4	—	—	—
Ollerton—Briar Road	—	16	—	—	—	—
*Radcliffe-on-Trent	4	—	—	—	—	—
*Selston	8	—	—	—	—	—
*Southwell	4	—	4	—	—	—
*Stapleford	8	44	12	2	—	—
Sutton-in-Ashfield—Lawn House	8	36	16	4	—	—
*Sutton-in-Ashfield—Huthwaite	8	—	—	—	—	—
*Warsop	8	—	4	—	—	—
West Bridgford—Parochial Hall	4	—	—	—	—	—
*West Bridgford—Baptist Church	—	—	12	—	—	—
West Bridgford—Loughborough Road	—	†52	—	—	—	—
Worksop—Watson Road	8	16	20	8	4	—
*Worksop—Carlton Road	—	—	—	—	—	10
Mobile Dental Clinic	Not in use since 31st December, 1955, owing to shortage of Dental Officers.					

\*Denotes that premises are also used for Maternity and Child Welfare Services.

†Evening sessions included.



### ULTRA-VIOLET LIGHT TREATMENT.

On the advice of Medical Officers, ultra-violet light treatment was provided for thirteen selected cases at the Dovecote Lane Centre, Beeston, as compared with seventeen cases in 1956.

### Paediatric Service.

During the year, Dr. A. C. Blandy continued to attend weekly sessions of the Paediatric Clinics at the Mansfield School Clinic and at the County Clinic at 17, Clarendon Street, Nottingham. The special arrangement for referring cases to him at the Newark Hospital also continued. Dr. M. Middleton also conducted her weekly sessions at the Worksop School Clinic.

The services of the Consultant Paediatricians are made available through the co-operation of the Sheffield Regional Hospital Board and the following table shows the number of cases seen at the Consultant Paediatric Clinics during 1957 :—

	Mansfield	Nottingham	Worksop	Total
Sessions held during year	38	51	43	132
New Cases	95	131	92	318
Attendances—				
(a) Pre-School	30	100	61	191
(b) School	173	227	206	606
Total Attendances	203	327	267	797

The total attendances since 1951 have been as follows :—

1951	1952	1953	1954	1955	1956	1957
329	444	531	693	793	766	797

Dr. Blandy has kindly submitted the following comments :—

“ I very much appreciate this opportunity of writing a short report on the work carried out at the Consultant Paediatric Clinics during 1957.

The number of new cases seen is slightly down on previous years but the number of return visits has increased during the year.

Comparatively few cases were referred from the Infant Welfare Centres and the majority were of school age referred from routine school examinations.

Of the new cases seen no fewer than fifty-nine were suffering from nocturnal enuresis. This affliction presents a vast problem and causes much emotional distress to both parents and child. In a minority one is struck by the fact that simple measures, such

as waking the child when the parents go to bed, is sufficient to bring about a satisfactory result. Many parents have given up waking the child because they find that the bed is wet in the morning whether they do so or not. In the majority of cases, however, the enuresis is merely an expression that all is not well in the parent-child relationship and in these cases each has to be tackled as an individual problem to that family. It is interesting to compare the effects of enuresis in a household where many members are, or have been, afflicted and the condition appears to be accepted as inevitable, with those when only one member is affected. In this latter case the attitude is rather to regard the victim as an outcast. Obviously both reactions are wrong but the only method of helping the child is to try and explain the position to the parents in each case. This is a time consuming business and often is very unrewarding. I believe that there are very few cases which are due to any organic lesion though this must, of course, always be carefully excluded. It is interesting that most of these latter cases can be diagnosed after taking the history. It would, I think, be very interesting to know the extent of the problem of enuresis and for obvious reasons I am not in a position to be able to assess this.

Seven cases were referred because of mal-descended testicles. Some of these had retractile testicles and will develop normally without any treatment. The age at which to carry out any operative procedure in the other cases is a very difficult problem but many testicles do descend of their own accord just before puberty. In this respect it should be remembered that these children do tend to mature rather later than average.

Twenty-two cases were referred because of being overweight. In the vast majority other members of the family were found to be overweight and there is no doubt that this condition tends to be familial. On the whole they have responded well to simple dietetic measures but the difficulty is to gain their co-operation in this respect.

Only ten cases of bronchial asthma were referred—none of them very severe. We now have a very powerful weapon in cortisone to treat these children in the severer attacks but I am not yet convinced that cases should be treated with this drug continuously over a period of months. There were only eight cases in which it was thought that bronchospasm was secondary to infection in the upper respiratory tract. There was only one case in which the chest symptoms appeared to date from an attack of whooping cough.

Fifteen cases were seen as behaviour problems and the symptoms presented were largely due to the way in which the children were handled at home. There were also fifteen cases where the child was backward for no very obvious cause.

There were seven cases of cerebral palsy of varying degrees of severity. Most of these are now receiving treatment at the Physiotherapy Department at the Children's Hospital. The



response in these cases depends so much on the co-operation of the parents over the months and years that treatment continues. I have been very interested in seeing the children who have been to the Moor House Residential School for Children with Speech Defects.

As usual there were a number of cases referred because of cardiac murmurs. Eight of these were thought to have a functional systolic murmur. Many of the others have been referred to Dr. James Brown for assessment and I am very grateful to him for his help with these children. In these days when the scope of cardiac surgery is widening so rapidly I do feel that it is most important that children with congenital heart lesions should be thoroughly investigated in the hope that something can be done for them. It is still inevitable that there will be those who will be disappointed but I think that the possible benefit to some must outweigh the disappointment of the others.

There were six cases of Grand Mal Epilepsy and only one of Petit Mal Epilepsy. On the whole these children respond very satisfactorily to treatment with modern drugs but I think that it is important that they should be given regularly over many months. There were five cases of migraine and they respond well to treatment carried on continuously for a few months.

I would like to thank the Medical Officers for referring these cases and I hope that my reports have answered the queries that they have raised and helped them in their work with the children.

I am very grateful to the Health Visitors who have helped me throughout the year at the Clinics and my best thanks are due to the Clerical Staff both at County Hall and at the Clinics for all they do to make my work easier."

### **Tuberculosis.**

As County Medical Officer, I was informed during the year of the notifications of thirty-nine cases of pulmonary and twelve cases of other forms of tuberculosis amongst school children. Two of the former (one pulmonary and one non-pulmonary) were subsequently removed from the notification register.

The number of County school children who received in-patient treatment was forty-eight as compared with fifty in 1956.

As a result of the County Scheme for B.C.G. vaccination of contacts, 364 school children were vaccinated during 1957.

When a case of tuberculosis is found, the school is visited by the Medical Officer of Health for the district who reports on the need for further investigation. The children and teachers in contact with the child are checked for tuberculosis. In most cases the child's class and his class teacher are X-rayed by the Mass Radiography Unit. I would like to take the opportunity of expressing my gratitude to the Staff of the Mass Radiography Units who have co-operated so willingly in the examination of these contacts and to the staff of the Director of Education who have made arrangements for transport—no small task when, as happened during 1957, all the pupils of a school had to be brought from Mansfield to Nottingham for X-ray, as a result of the peripatetic duties of an infected member of the staff.

### Mass Radiography.

I am indebted to Dr. A. E. Beynon, Medical Director of the Nottingham No. 1 Mass Radiography Unit for the following report :—

“ During 1957, this Unit operated almost exclusively at Postern Street, but small groups of school children were X-rayed by our Mobile Unit at Sutton Bonington.

There has been a substantial increase in the number of school children referred to this Centre in the Contact Groups and, although the incidence of pulmonary tuberculosis is not high, nevertheless it is significant. The incidence of pulmonary tuberculosis in other groups, as in the past years, remains at a satisfactory low level.

You will be aware of a recent memorandum issued by the Ministry of Health advising selective radiography and advising against the wholesale X-ray of school children, so that from this year onwards we shall concentrate on those groups where there is a significant incidence of pulmonary tuberculosis i.e., Contacts, Mantoux Positive Reactors and School Leavers, so that the effectiveness and efficiency of this service as a case finder will be increased rather than diminished in the years ahead.”

#### SUMMARY OF NOTTINGHAMSHIRE COUNTY SCHOOL CHILDREN EXAMINED BY CHEST RADIOGRAPHY AT THE CHEST RADIOGRAPHY CENTRE, NOTTINGHAM, DURING THE YEAR ENDED 31ST DECEMBER, 1957.

##### 1. PUPILS SUBMITTED TO CHEST RADIOGRAPHY :

	UNDER 14	14	OVER 14	TOTAL
(a) Grammar Schools :				
Males .....	365	155	294	814
Females .....	170	83	208	461
(b) Secondary Schools :				
Males .....	23	357	440	820
Females .....	31	341	371	743
(c) Special Schools :				
Males .....	1	—	10	11
Females .....	25	9	11	45
(d) Mantoux Positive Reactors :				
Males .....	41	9	—	50
Females .....	31	4	—	35
(e) Contacts :				
Males .....	455	168	20	643
Females .....	990	321	38	1,349
Grand Totals :				
Males .....	885	689	764	2,338
Females .....	1,247	758	628	2,633
Combined .....	2,132	1,447	1,392	4,971



## 2. NUMBER OF SIGNIFICANT CHEST CONDITIONS DISCOVERED :

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

	UNDER 14	14	OVER 14	TOTAL
(i) Grammar and Secondary Schools :				
Males .....	(+1)	—	—	(+1)
Females .....	1 & 1	—	1	3
	Dr's Patient			

(ii) Contacts :

Males .....	—	—	—	—
Females .....	2	1	—	3

(iii) Mantoux Positive Reactors and Special Schools : No cases of Active or Suspected Pulmonary Tuberculosis

(b) Bronchiectasis :  
(all groups)

Males .....	2	—	—	2
Females .....	3	1	—	4

(c) Heart Conditions :  
(all groups)

Males .....	—	2	2	4
Females .....	4	2	1	7

(d) Other Conditions :  
(all groups)

Males .....	5	6	2	13
Females .....	4	4	1	9 "

I am also indebted to Dr. V. E. Sherburn, Medical Director of the South Yorkshire Mass Radiography Unit, for the following statistics from the North of the County :—

## SCHOOL CHILDREN OF 13 YEARS AND OVER.

	M.	F.	TOTAL
Total radiographed .....	532	570	1,102
Referred to Chest Clinic .....	2	4	6
Referred to Own Doctor .....	1	—	1

# SCHOOL DENTAL SERVICE.

## Report of the Principal School Dental Officer, Mr. D. E. Mason.

### " DENTAL STAFF.

The following table which sets out the approved establishments of the various types of officers employed within the County School Dental Service, together with the actual numbers employed on 31st December, 1956 and 31st December, 1957, illustrates only too clearly the extent to which this service continues to be handicapped through the impossibility of obtaining the required number of Dental Officers to meet the treatment needs :—

	Establish- ment on 31.12.57	Employed on 31.12.57	Employed on 31.12.56
Principal Dental Officer .....	1	1	1
Orthodontist .....	1	1	1
Dental Officers (whole-time) .....	22	7	8
Dental Officers (part-time) .....	—	3	3
Medical Anaesthetists (part-time) .....	—	5	5
Dental Nurses .....	—	2	2
Dental Attendants (whole-time) .....	24	7	7
Dental Attendants (part-time) .....	—	3	2
Oral Hygienist .....	1	—	—
Chief Technician .....	1	1	—
Senior Technicians .....	3	3	1
Dental Technicians .....	1	1	3
Apprentice Dental Technicians .....	2	2	2

NOTE :—(a) On 31st December, 1957, the three part-time Dental Officers were giving service equivalent to one and three twenty-seconds whole-time officers.

(b) During the year the establishment of the dental laboratory staff was varied to read 'one Chief Technician, three Senior Technicians, one Dental Technician and two Apprentice Technicians.'

One Dental Officer who was a whole-time officer at the beginning of the year became a part-time officer in February and then terminated his appointment in September.

Three additional Dental Officers (two part-time and one whole-time) provided short periods of service during the year but had terminated their respective periods of temporary employment before the end of the year.



The several changes in the numbers of Dental Attendants employed were made necessary by changes in the numbers of Dental Officers employed.

An additional Dental Technician commenced duty during April.

#### ADMINISTRATION.

The general administration of the service continued unaltered, the Dental Officers providing as much treatment as their limited resources would permit for children attending maintained schools (approximately 90,000 children) and also for expectant and nursing mothers and children under school age. Except in a few isolated exceptions such as the Residential Special Schools, all the treatment was provided at fifteen Dental Clinics, the majority of which were manned on a part-time basis in order that the services of the available officers could be distributed as fairly as possible throughout the whole of the administrative County. Evening sessions, in addition to morning and afternoon sessions, were conducted at the Clinics at West Bridgford, Beeston, Hucknall, Nottingham (Clarendon Street), Mansfield and Retford. The total number of these evening sessions conducted during the year was 414.

Special provision had to be made to meet the very heavy demands for emergency treatment. The number of children who received treatment under the heading of 'Emergency' during the year reached the disturbing figure of 10,297 and the major portion of the time of the Dental Officers had, of necessity, to be devoted to this work.

#### ROUTINE DENTAL INSPECTIONS.

As far as possible routine dental inspections in schools, as required under the Education Acts, were conducted but owing to the heavy demands for emergency treatment only 12,413 children out of a school population of 90,000 (approximately) were inspected at their schools by the Dental Staff.

Of the total number of children inspected (22,710), including the emergency cases, 21,253 were found to be dentally defective and 18,632 were referred for treatment.

#### DENTAL TREATMENT.

Treatment was provided for 14,624 children and included the extraction of 6,433 permanent teeth and 15,157 temporary teeth; a general anaesthetic (usually nitrous oxide) being given in 2,158 instances. Fillings numbered 8,626 in permanent teeth and 724 in temporary teeth, and 'miscellaneous operations' numbered 7,380.

### ORTHODONTIC TREATMENT.

This service is, in the main, provided by the whole-time County Orthodontist, but the more simple cases are dealt with by individual Dental Officers.

At the beginning of the year, 878 children were undergoing treatment and 457 new cases were referred during the year to the Orthodontist. Treatment for 176 children was completed during the year and in a similar number of cases (176) treatment was discontinued, although not completed to the entire satisfaction of the Orthodontist or the Dental Officer concerned. The reasons for discontinuing treatment fall under one or more of the following headings :—

- (a) the child reaches school leaving age.
- (b) the child leaves the district.
- (c) the child transfers to a private school.
- (d) the parent is satisfied with the improvement obtained and does not desire the child to have further treatment.
- (e) the child or the parent (or both) lose interest and fail to continue to give the necessary co-operation.

During the year, the Orthodontist considered it desirable to postpone the treatment of 117 children for periods of between twelve and eighteen months in order to permit permanent teeth to erupt. As these children received no active orthodontic treatment during the year their names have been deleted from the list of children undergoing treatment but they will be re-included at a later date.

Taking into account completed, discontinued and postponed cases, the names of 866 children were on the active orthodontic treatment list on 31st December, 1957 and this number will be carried over for continuation of treatment in 1958.

### PROVISION OF ARTIFICIAL DENTURES.

Partial dentures were provided for 221 children, mostly for the purpose of replacing front teeth which had been extracted or lost as a result of extensive decay or accident. In seventeen instances the dentures were for the lower jaw.

### DENTAL LABORATORY.

The staff at the end of the year consisted of a Chief Technician, three Senior Technicians, one Technician and two Apprentice Technicians.



Details of work done for school children in the Dental Laboratory during the year are :—

Dentures supplied	240
Dentures repaired	38
Special Trays made	4
Fixed orthodontic appliances supplied	50
Removable orthodontic appliances supplied	609
Removable orthodontic appliances remade or repaired	185
Study models supplied	1,666
Miscellaneous :	
Gold inlays	6
Jacket crowns	2
White gold backing inserts	1

#### GENERAL COMMENTS.

An outstanding feature which became noticeable during the year was the very big increase in the numbers of children receiving dental treatment (including, in particular, filling work) from private dental practitioners working under the General Dental Services Scheme of the National Health Service. Under the National Health Service Acts, children can receive free dental treatment from the private dental practitioner of their choice and the findings at routine dental inspections in schools convey that many parents are now able to find dental practitioners who are willing to accept their children as patients. Even with this welcome change, however, the depleted staff of School Dental Officers still continue to find it impossible to give anything like complete treatment to the many children who still continue to apply for treatment and the fact that over 10,000 applications for emergency treatment were received is clear proof that the accumulation of arrears of treatment work is still a serious problem.

It proved impossible, during the year, to secure the services of any additional Dental Officers to the permanent staff. Dental practitioners who have become established in private practices are too busily occupied in their practices to seek employment in the Local Authority Service and the numbers of newly qualified dental surgeons who are interested in the Local Authority Service seem insufficient to balance the annual loss from this Service. It would appear therefore that, given a continuation of the existing state of affairs within the profession of dentistry, the numbers of whole-time Local Authority Dental Officers will continue to decrease and more and more reliance for the staffing of the School Dental Service will have to be placed on part-time Dental Officers."

## HANDICAPPED PUPILS.

### Educationally Sub-Normal Pupils.

On the 31st December, 1957, there were 120 children awaiting intelligence tests. The waiting list has now been reduced to manageable proportions and in view of this the appointment of a part-time Medical Officer solely employed for intelligence testing was terminated on the 31st October, 1957. The Medical Officer, Dr. H. L. Barker, whose skill, patience and kindness have made these examinations a pleasure for the children, is not to be lost to the Committee as it has been possible to re-employ him in a part-time capacity on general school medical work.

During 1957, 623 children were examined as compared with 784 in the previous year.

At my request the Director of Education asked the Head Teachers of Infant Schools to report any child thought to be in need of special education as a follow-up to the previous circular letter in 1955 when approximately 950 children were referred for intelligence testing.

The following table gives details of the recommendations :—

#### Educationally sub-normal—

For special treatment in ordinary class .....	149
For special treatment in special class .....	178
For special school .....	106
Not educationally sub-normal .....	20
For report to Local Authority—	
Sect. 57(3) Educ. Act, 1944 .....	36
Examined under Sect. 57(5) Educ. Act, 1944—	
Requiring supervision after leaving school .....	51
Not requiring supervision after leaving school .....	9
Final decision as to educability deferred .....	74
	623

The numbers of admissions and discharges at the three residential special schools and the Pleasley Vale Day Special School during 1957 are given in the table which follows, together with the numbers on the waiting lists at the end of the year :—

	No. of Places	Admitted	Dis- charged	Waiting List 31st December	Visits by Medical Officer during year
Hopwell Hall (boys)	96	15	12	110	13
Sutton Fields House (girls)	45	17	20	36	22
Ramsdale Park (girls)	41	20	18*	4	22
Pleasley Vale (boys)	60	28	1	—	7

\*Includes 17 pupils transferred to Sutton Fields House.



A Medical Officer was attached to each of the schools and where possible made a regular fortnightly visit. More visits have therefore been paid to the schools than in previous years and this has enabled regular reassessment of the children to take place and the Head Teachers have expressed their appreciation of the extra facilities provided. A Speech Therapist now attends each of the Special Schools regularly and there has already been considerable improvement shown. It is to be hoped that the present satisfactory position of a full complement of Speech Therapists may be maintained.

A review of the hearing of the children at Hopwell Hall was undertaken but no severe defects were discovered. Swimming has now been introduced at Ramsdale Park and as a precaution all the children are medically examined before they are allowed to go to the swimming baths. It is to be hoped that these facilities may be extended to other schools.

Dr. Johnson has given the following account of the new special school which is open at Pleasley Vale :—

“In an attractive limestone valley through which the Meden flows is situated a Special Day School for boys who are educationally subnormal. This school at Pleasley Vale was only opened as a Special School on the 20th September, 1956, though the buildings are much older. The school is not well known and since it is away from main roads in a quiet but beautiful part of the country, it is unlikely to have the publicity which other schools receive.

The first mention of a school is in an 1859 directory :—

‘Near the Mills is a daily school, promoted and supported by William Hollins, Esquire, more particularly for the use of those employed at the works.’

It is believed the school was started by William Hollins in the fifties and it was supervised by the Unitarian Minister from Mansfield. The Mill children of Pleasley attended the school in the morning one week and in the afternoon the next. Later the school was maintained by the Derbyshire Education Authority and then from 1950 to 1953 it came under the authority of this County and was used as a temporary overflow for the schools in Mansfield Woodhouse. From 1953 until 1956 the school was closed and then re-opened as a Special School in September, 1956.

There are forty-four boys on the roll and vacancies for a further sixteen. Boys only of eleven years or older are admitted and they may come from a distance as far as seven to eight miles away. They use public transport from their home towns and converge on to Mansfield to a central meeting point and from there a school bus conveys them to the school. Similarly the school bus at the end of the day takes the children back to Mansfield from where

they use public transport. All the children take advantage of the school dinner which is cooked in the kitchens of the Robin Hood School at Mansfield Woodhouse.

The staff consists of a Headmaster and two Assistant Teachers and all three members of the staff have had experience either in teaching children in special classes or in teaching in Special Schools. The school is visited by a Speech Therapist once a week ; a Medical Officer visits once a fortnight and a Health Visitor makes routine periodic inspections. It is accepted that the type of child admitted may and probably will have great difficulty in learning simple reading, writing and arithmetic. Every effort is made by the staff to stimulate and maintain the child's interest in these subjects so that when leaving the school he will have mastered elementary principles. Then having left the school he can make further progress particularly in reading, should his interest be sustained, and this very often does occur.

Handicrafts are of major importance to these children. It is essential to combat the frustration and consciousness of failure resulting from their difficulties in learning scholastic subjects. This can be achieved by encouraging the child to succeed in actually doing or making something with his own hands. Stress is then laid on the handicrafts and experience is obtained in book-binding, weaving, gardening, pottery and bee-keeping. The child at last can feel he is no longer a failure when he can successfully grow vegetables, produce some honey or take home a scarf or pottery ornament. This success can influence his whole mental outlook and he can again turn to the more difficult scholastic subjects with renewed interest. Similarly the children are taken on nature expeditions into the neighbouring woods. The children are allowed to use a swimming bath, which is adjacent to the school. This is a pleasure denied to many other schools.

All schools have an important duty to perform, a duty which becomes of even greater importance where these handicapped children are concerned. The child has to learn that there is a social pattern into which he has ultimately to fit. It can be called the cultivation of social awareness as the Headmaster aptly describes this side of the school life. The child must be prepared so that after leaving school he has an opportunity to earn his own living and, if necessary, to be independent of others. He has to learn the virtues of cleanliness, obedience, loyalty and honesty. He has to learn to be accepted by and be popular with his friends in his social sphere. He has to learn to face his own problems and finally to obtain happiness from all that life offers. A residential school has greater opportunities to develop these traits and to mould the child's character. The staff are aware of this and because of this recognition, they make every effort to improve the child's outlook on life and to teach him to take a pride in his appearance and an



interest in all that is around him. It is with pleasure one sees how, by tactful handling and gentle guidance, the children develop a sense of pride and the early signs of good citizenship.

A former Headmaster when closing the school in 1953 wrote, 'The splendid fresh air, the swimming bath, the woods surrounding the school, all offer scope in directions which are unobtainable in Mansfield Woodhouse.' These assets are unfortunately seldom found at other schools."

### Other Categories of Handicapped Pupils.

The following table shows the recommendations made in respect of categories of handicapped pupils, other than educationally sub-normal and maladjusted, ascertained during the year :—

	Special Educational Treatment in an Ordinary Primary or Secondary School	Special Day School	Residential School	Home Tuition	TOTAL
Blind	—	—	3	—	3
Partially Sighted	1	—	5	—	6
Deaf	—	—	1	—	1
Partially Deaf	—	—	—	—	—
Epileptic	—	—	2	—	2
Physically Handicapped	1	6	9	33	49
Delicate	—	29	26	—	55
Speech Defect	—	—	3	—	3
Total	2	35	49	33	119

### THIEVES WOOD SPECIAL SCHOOL FOR SEVERELY HANDICAPPED PUPILS.

It was anticipated that the Thieves Wood Special School would accept the first pupils in October, 1957, but staffing difficulties prevented this happening. However, all children in the County known to be physically handicapped were reviewed by Dr. Male in order to decide on their suitability for admission to the school.

Seventy-five children were visited at their homes in the course of the year. As a newcomer to the County, Dr. Male could not fail to be impressed by the warmth and friendliness of the welcome he received from parents of these handicapped children. In every case the parents were most anxious to do the best for the child although by no means all were at first agreeable to the child leaving home for a Boarding School. The criteria for admission were that the child should

be so severely physically handicapped that he would be unable to attend other schools and that he should be mentally able to benefit from the education provided at the school. The following table shows the cases reviewed :—

Handicap	Boys	Girls	Total
Cerebral Palsy .....	15	11	26
Pseudo-hypertrophic Muscular Dystrophy .....	10	2	12
Spina Bifida .....	3	5	8
Bronchiectasis .....	1	5	6
Paralysis following Poliomyelitis .....	3	2	5
Tuberculosis of the Hip .....	3	2	5
Osteomyelitis .....	1	—	1
Perthé's Disease .....	—	1	1
Congenital Heart Disease .....	3	1	4
Rheumatic Heart Disease .....	—	1	1
Haemophilia .....	2	—	2
Achondroplasia .....	—	1	1
Hemiplegia .....	1	—	1
Bilateral Dislocation of the Hip .....	—	1	1
Asthma and Eczema .....	1	—	1
Total .....	43	32	75

Twenty-six children with Cerebral Palsy were seen and of these seven were recommended for admission. Four further children were thought to be suitable but were already attending other Special Schools and the parents preferred that they should continue at these schools. Four children were thought unsuitable for the present but may be admitted later, whilst eleven children were unsuitable. Amongst the twelve children with Muscular Dystrophy there were two instances in which two children were affected in a family. All the children were remarkably cheerful and accepted their handicaps as a part of their life in a way in which the adult who becomes disabled finds very difficult. Neither parent nor child complained of their misfortune but were only anxious to overcome their disabilities. These visits were primarily intended to select children who were suitable for admission to Thieves Wood but it was found in many cases help could be given in other ways. Many Specialists' appointments were made, dental treatment was provided, arrangements were made for the loan and supply of wheel-chairs and, through the Director of Education, transport to and from school was arranged.



## HOME TUITION.

Home tuition is recommended only when other methods of education are impracticable and then wherever possible as a temporary measure. Where the need is a continuing one, the medical condition and other circumstances are carefully reviewed from time to time. In these cases it is the practice for a Medical Officer to visit children in their homes so that he may be better able to assess the educational needs of the child. It is expected that with the opening of Thieves Wood the number of children receiving home tuition will decrease. Some of the children receiving home tuition have been awaiting admission to schools for the physically handicapped and will be admitted to Thieves Wood.

Home tuition is always a poor substitute for education in school as the child taught at home misses that part of education which results from his association with other children.

## STATISTICS.

Receiving tuition 31.12.56	Recommended in 1957	Terminated in 1957	Receiving tuition on 31.12.57
25	33	26	32

The efforts of the Director of Education and his colleagues in obtaining the services of suitable tutors for these children are very much appreciated.

## SPECIAL TRANSPORT.

Transport to school was provided on medical grounds for thirty-eight handicapped pupils of whom nineteen were conveyed, at no additional cost, in vehicles already provided by the Authority for pupils living beyond walking distance from their schools. Special transport arrangements were made for the remaining nineteen pupils.

An example of the co-operation between the Health and Education Departments of the County and City Authorities was that of a girl who qualified for admission to a Grammar School. She was severely physically handicapped by paralysis following poliomyelitis and was unable to walk any distance or to climb stairs. The County Grammar Schools within reasonable distance were two or three storeys high and therefore an approach was made to the Nottingham City Authorities who were able to take the girl into a suitable one-floor Grammar School. She goes to school daily by taxi and it is very pleasing to hear that she is making good progress.

## BERRY HILL OPEN-AIR SCHOOL.

The Berry Hill Open-Air School provides facilities for delicate children in the West Nottinghamshire Divisional Executive area. The school is visited by Dr. J. S. Drummond and each child is examined once a term.

During the year, twenty-eight pupils were admitted and fifty-seven were discharged either on attaining school leaving age or on transfer to an ordinary school. On the 31st December, 1957, eighty-nine pupils were on the school register.

The successful running of this school is ably assisted by the supervision of the health of the pupils by Dr. Drummond who has submitted the following interesting comments :—

“ During the educational year under review, the physical standard of the entrants to the Berry Hill Open-Air School seemed to be lower by comparison with previous years. Why this should be so is difficult to assess. Many of these children are in the group whose birth and infant nurture could not have been influenced by any of the hazards, hardships or deprivations caused by War or unemployment. They had been nourished from the earliest date in a Welfare State enjoying full employment and they had had the benefit of every possible welfare provision. It may be that the cause is genetic as some of these entrants are the children of former pupils. Or, the cause may lie in sub-standard household management with, in particular, an unbalanced unsuitable diet. It is noticeable that many of these children improve and put on weight during school term but they lose a little of it during the holidays. Therefore the excellent well-balanced mid-day school meal which each child must have and with which there is no stint is an important part of the therapeutics of the school and does much in many instances to offset the deficiencies of the home diet. Or, the poorer type of entrant may have come from a more rigid standard of selection adopted in view of the limited accommodation available and a genuine desire to do as much as possible with the means at our disposal for those whose need is greatest.

The activities of the school are always being directed on lines adapted to the physical capabilities of its handicapped and less favoured children. Accordingly the main lay-out of the grounds and gardens has been completed on a plan which will allow of more easy maintenance with the help of these children and it is further intended to encourage interest in horticulture by forming a gardening club.

An exhibition of the children's art studies and handicraft revealed the exceptional standard which had been attained in all age groups and demonstrated that a physical handicap need not stultify the imagination or creative ability.

During recent years a comprehensive reference library has been built up and this year I saw some of the first fruits of it in the very interesting and informative work produced.

Our children will never become stars of track or field so we can never hope to compete successfully with other schools in athletic events. Whenever we do compete our lack of stamina and our physical handicap always proves too much for us and we usually lose. But we accept defeat gallantly in the best sporting spirit and we are always willing to try again in the hope of better luck



next time. Courage is never lacking among the physically handicapped and is usually allied to a cheery optimism. However, over the Chess Board we can meet any opponents on equal terms and so far the School Chess Club has been particularly successful and is undefeated.

The infants are an increasing community in the school but they are the least favoured section. There is no infant department equipped with all the amenities of the plush modern infants school now being extensively built throughout the County. Some years ago a strong plea was made for a properly designed infant department complete with rest hall. So far nothing has been done. The need is pressing and is becoming more urgent as the years go by. Let there be no further delay. Let 1958 be a year of progress in this respect and not one of further frustration and delay.

And this brings me to my last comment. The remedial benefits which the children can obtain from this school can be immeasurably increased by suitable physical education. This means that each case must have its physical education conditioned to its individual needs. This cannot be done unless there is someone on the staff with the specialised training and knowledge of a remedial gymnast or physio-therapist. There is a vacancy and a need for such a person at this school, and therefore I repeat and underline my request for the assistance of a suitably trained person to supervise the physical education of the children at this school. Their courageous striving toward a fuller and freer life is worthy of the help of all of us and especially of the powers that be."

#### Nature of Defects.

##### CIRCULATORY

Congenital Heart .....	6
Anaemia .....	5

##### NUTRITIONAL

Sub-normal Nutrition .....	2
General Debility .....	11

##### NERVOUS SYSTEM

Spastic Paralysis .....	5
Spastic Paralysis and Congenital Heart .....	1
Paralysis following Poliomyelitis .....	1
Pseudo-hypertrophic Muscular Dystrophy .....	2
Petit Mal .....	1

##### TUBERCULOSIS (QUIESCENT)

Pulmonary .....	3
Cervical Glands .....	1
Meningitis .....	2
Contact .....	3
Spine .....	1

NATURE OF DEFECTS — *continued*

RESPIRATORY			SKELETAL		
Bronchitis .....	22		Spina Bifida .....	1	
Bronchitis and Asthma .....	4		Valgus Ankle .....	1	
Bronchiectasis .....	8				
Asthma .....	8				
Post-lobectomy .....	1				

**Hostels for Maladjusted Pupils.**

The treatment of certain maladjusted children by residential care continued throughout the year. The Grove Hostel at Balderton, which is maintained by the Authority, carried on its valuable work and members of the Child Guidance Team paid regular visits in the general supervision of County pupils. Wherever possible either Dr. Greener or Dr. Ratcliffe, the Children's Psychiatrists, attend meetings of the Management Committee. The hostel accommodates girls of school age and boys up to the age of eleven years. At the end of the year there were fourteen children on the roll.

Under the reciprocal arrangements with the City of Nottingham Authority, three girls and two junior boys from the City were admitted to the Grove Hostel and two boys from the County area were admitted to hostels maintained by the City Authority.

**CONVALESCENCE.**

On the recommendation of the Authority's Medical Officers, eighty pupils were provided with free holiday convalescence during the year as shown below. The selected cases are those where rest, good food and fresh air are the essentials to recovery—as distinct from the convalescence provided through the National Health Service where active medical treatment is also involved.

Pupils usually remain at the homes for four weeks and following discharge are medically examined to assess the benefit received and to determine their fitness to return to school.

The Hunstanton Convalescent Home, Hunstanton, Norfolk .....	33
The Charnwood Forest Convalescent Home, Woodhouse Eaves, Near Loughborough .....	34
The Roecliffe Manor Convalescent Home, Woodhouse Eaves, Near Loughborough .....	12
The Swanscoe House Convalescent Home, Macclesfield	1
	<hr/>
	80



In addition, three children attended a holiday camp organised by the British Epilepsy Association and five children attended holiday camps under the auspices of the British Diabetic Association.

Dr. McCann contributes the following report on the value of convalescence :—

“ During 1957, I recommended many children for convalescent home treatment. The children were debilitated as the result of one of the following diseases or conditions :—Influenza, Pneumonia, Bronchitis, Measles, Whooping Cough, effects of surgical operations, etc.

The changes brought about in the physical and mental condition of these children following a four weeks' stay in a convalescent home was really striking. An improvement in colour and increase in weight were consistent features. The truth of the cliché ‘ Variety is the spice of life,’ was demonstrably true in these children.

The convalescent home, with its invigorating atmosphere, gives a marked boost to the natural resilience of youth.

The parents were delighted with the obvious improvement in their children. The provision of convalescent home treatment by the County Council is one of the many services for which parents are sincerely grateful.”

A typical letter from a parent is as follows :—

“ I would like to thank all concerned for making the holiday possible for Barbara. She had a lovely time and made many friends.”

## OTHER INCIDENTAL SERVICES.

### Employment of School Children.

In accordance with the Children and Young Persons Act, 1933, and the Committee's Bye-Laws, Medical Officers issued 1,266 medical certificates in connection with the part-time employment of pupils.

### Youth Employment Service.

The liaison with the Youth Employment Officer continues and there is general appreciation of the sound work done by this service for pupils leaving school.

During 1957, all “ school leavers ” were examined and it was possible to give advice on medical conditions which might influence employment.

In the autumn term a Careers Convention was held at the Henry Mellish Boys' Grammar School and this was attended by a doctor and dental surgeon from my Department who were able to give information about the careers available in the Health Services.

## Other Medical Examinations.

### SPECIAL EXAMINATIONS.

In addition to the special examinations recorded elsewhere in the report, 759 other examinations were carried out. Most of them were carried out at the request of the Director of Education in connection with suspected defects requiring special medical or educational consideration and for non-attendance or irregular attendance at school.

### MISCELLANEOUS EXAMINATIONS.

County Council Staff	.....	398
Candidates for Naval Apprenticeship	.....	5
Candidates for Apprenticeship to the Printing Trade	.....	32
Prospective Teachers and Entrants to the Teaching Profession	.....	420
School Crossing Patrols	.....	160
Total	.....	<u>1,015</u>

All candidates wishing to enter a Teachers' Training College must be examined by a Medical Officer of a Local Education Authority. In addition, persons who enter the teaching profession, other than through a Training College, must receive an examination, including an X-ray. An X-ray is not required by this Authority in the case of teachers transferring from another Education Authority.

## INFECTIOUS DISEASES.

When a Head Teacher has reason to believe that a pupil may have contracted an infectious disease, the fact is reported at once both to me and to the District Medical Officer of Health. This enables prompt action to prevent the spread of infection and I am grateful to Head Teachers for the help they have given in 1957.

### WORK CARRIED OUT BY SCHOOL NURSES IN CONNECTION WITH THE CONTROL OF INFECTIOUS DISEASES DURING 1957.

Visits to Schools	.....	1,764
Visits to Pupils' Homes	.....	3,602



NUMBER OF CASES OF INFECTIOUS DISEASES RECORDED AS OCCURRING  
IN SCHOOLS DURING 1957 TOGETHER WITH COMPARABLE FIGURES FOR 1956.

	1957	1956
Food Poisoning .....	3	2
Scarlet Fever .....	372	399
Diphtheria .....	—	—
Measles .....	4,915	349
German Measles .....	451	732
Whooping Cough .....	379	472
Mumps .....	541	512
Chicken-pox .....	822	660
Poliomyelitis .....	29	10
Jaundice .....	16	15
Dysentery .....	369	308
Meningitis .....	9	35

There was no case of diphtheria in a child of school age. This is the eighth successive year in which no cases were notified. Nevertheless, the threat of diphtheria still remains and the only sure means of protection is immunisation. It is important that, in their desire for protection against poliomyelitis, the public should not forget the need for diphtheria immunisation.

As expected there was an increase in the number of cases of measles in 1957. The tendency for measles to increase in alternate years is well-known but 1957 was a bumper year. However, measles is now a comparatively mild disease and the complications of pneumonia and otitis media that were so common in the past are rarely seen.

There were twenty-nine cases of poliomyelitis and no deaths. It is to be hoped that in 1958 the results of the poliomyelitis vaccination will be reflected in a fall in the number of cases reported.

There was an outbreak of sonne dysentery in the Arnold and Mansfield areas in the early part of the year. Dysentery is a disease which can be prevented from spreading by scrupulous attention to personal hygiene. Washing the hands after the use of the toilet will check the spread of infection. However, it is very little use washing the hands if they are dried on a damp, dirty roller towel. This may have been used by other children who believe that the purpose of a towel is to clean the hands rather than to dry them. At present, paper towels are only provided in schools where an outbreak of dysentery occurs. It is hoped that in the future paper towels will be provided in all schools, for dysentery appears to be increasing in frequency and all possible preventive measures should be taken.

### Influenza.

Influenza affected almost all schools in the County during the autumn term. The table opposite, shows the percentage of absences in all areas compared with 1956 :—

I am indebted to Dr. Bebbington for the following report from Beeston and Stapleford :—

“ During the autumn term, an epidemic of an influenza-like illness was reported in the schools in the Beeston and Stapleford area. Absenteeism reached its peak in the third week in September, when some 1,500 children and ten teachers were away from school. By November, the usual seasonal level of absenteeism was again reached, although there seems to have been a minor flare-up in late December.

Some 40-45% of school children were affected and investigation into the symptomatology of some 180 older children in the Grammar, Technical and Modern Secondary Schools showed the illness was of a more severe type than the virus B epidemic of 1954. Some 10% of children complained of a second attack. There were no deaths amongst school children.

The following table compares the symptomatology of 1957 and 1954 :—

Symptom	1954	1957
	Children investigated : 165	Children investigated : 179
Headache .....	78.1%	90.5%
Shivering .....	32.7%	56.7%
Sweating .....	30.3%	85.0%
Pains in arms, legs or back	26.0%	45.0%
Temperature or Fever .....	36.9%	75.5%
Cold in the nose	69.6%	70.0%
Sore Throat .....	63.0%	79.0%
Cough .....	73.6%	79.0%
Pain on Coughing	33.3%	45.0%
Vomiting .....	10.3%	19.0%
Feeling of sickness	36.3%	41.6%
Pain in stomach	18.1%	17.8%
Diarrhoea .....	9.6%	10.6%
Weakness .....	40.0%	72.9% ”

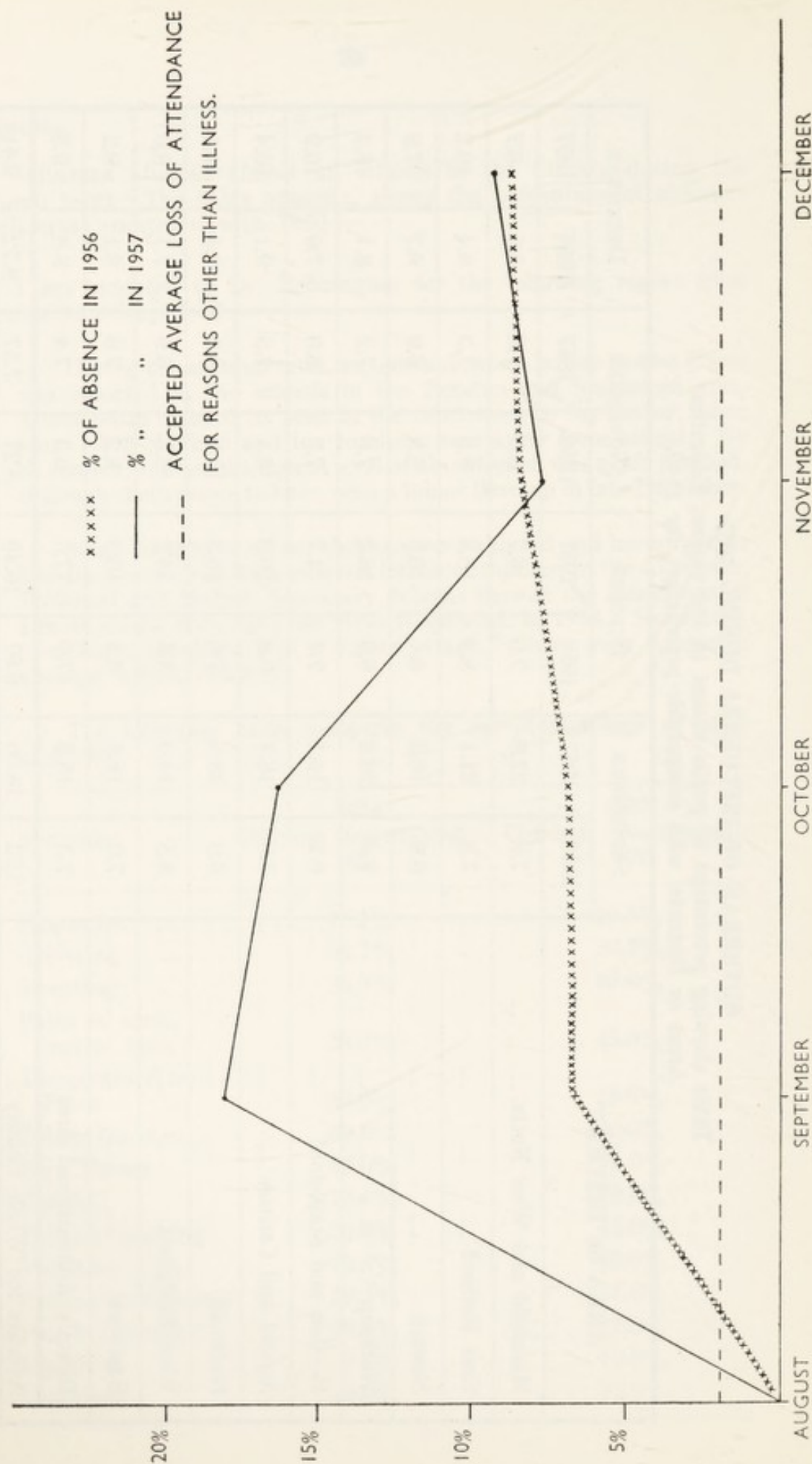


**OUTBREAK OF INFLUENZA DURING 1957.**  
Table showing percentage of pupils absent in the various Education Areas or Districts, with comparable percentages for 1956.

AREA OR DISTRICT	SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	1956	1957	1956	1957	1956	1957	1956	1957
Mansfield and West Notts. ....	7.8	22.8	7.3	16.7	8.8	7.8	8.5	8.7
East Retford ....	7.3	21.1	8.2	15.8	9.5	7.3	9.4	10.2
Newark ....	6.9	16.5	6.1	16.9	6.9	6.9	9.7	7.9
Worksop ....	7.3	22.2	6.9	16.2	7.6	7.2	8.1	8.2
Beeston and Stapleford ....	6.2	14.1	7.7	14.7	7.7	8.0	7.9	10.9
Arnold and Carlton ....	7.0	16.1	6.8	16.8	8.1	7.3	9.1	10.4
Hucknall ....	6.9	18.5	7.6	16.3	10.2	9.3	10.5	11.1
West Bridgford ....	5.5	14.0	5.6	18.2	6.8	6.9	7.1	8.0
Eastwood ....	7.0	18.5	6.5	16.3	8.2	7.6	8.1	9.2
Directly Administered Area ....	7.3	16.8	7.0	17.0	8.3	7.4	8.8	9.5
Average for Whole County ....	6.92	18.06	6.97	16.49	8.21	7.57	8.72	9.41

N.B.—The average loss of attendance per year for reasons other than illness is approximately 2%.

## OUTBREAK OF INFLUENZA





In the very great majority of cases the illness was mild and had run its course within three to four days. The main complication was pneumonia and there was an increase in a number of cases notified during this period which is demonstrated in the following table :—

INCIDENCE OF PNEUMONIA NOTIFIED DURING THE  
OUTBREAK OF INFLUENZA 1957.

<i>Month</i>	<i>No. of Cases</i>
September .....	13
October .....	23
November .....	6
December .....	5
Total .....	47
No. of deaths from Pneumonia .....	3

#### **Poliomyelitis Vaccination.**

At the beginning of 1957, altogether 3,773 children born in the years 1947-1954 (inclusive) were registered and awaiting vaccination with two injections against poliomyelitis and, in accordance with Ministry of Health Circular 22/56, the parents of these children were then informed that they might choose, if they wished, to have their children vaccinated by their own doctor—if he, or she, should be willing to do so.

In June, 1957, the offer of vaccination was extended to children born in the years 1955 and 1956, and in September, 1957, to children born in the years 1947-1954 (inclusive) whose parents did not register them for vaccination when the offer was first made to this group.

The first delivery of vaccine was received in March, 1957, and thereafter supplies arrived at approximately monthly intervals throughout the year. By 31st December, sufficient vaccine had been received to complete the vaccination with two injections of all children originally registered early in 1956, and to commence the vaccination of children born in the years 1955 and 1956 registered for vaccination during 1957.

The position at the end of the year was as follows :—

	<i>Children born in 1947-1956 (inclusive)</i>
No. vaccinated in 1957 .....	3,521
No. given first injection only .....	543
No. registered and awaiting vaccination at 31.12.57 .....	43,798

At the same time, arrangements were also being made for a further extension of the offer of vaccination to include children up to fifteen years of age, and expectant mothers, and to vaccinate large numbers before the summer of 1958 by using imported supplies of Salk vaccine from Canada and the U.S.A. temporarily to supplement the available supplies of British vaccine.

#### **B.C.G. Vaccination of School Children.**

The scheme for the vaccination of school children against tuberculosis came into operation during 1957. The vaccination takes place in the thirteen-year-old age group; 1,487 children were skin tested during the year and 1,149 were found to need vaccination. Of these, 1,139 were vaccinated. Where it is found on testing that children do not need the vaccination because they have been previously infected with tuberculosis, arrangements have been made with the Mass Radiography Units to X-ray these children in order to check that there is no evidence of active tuberculosis remaining.

### **HEALTH EDUCATION.**

The following report touching upon the work of the Health Education Service, as it affects school children, has been submitted by Mr. A. H. Marrow, the County Health Education Officer :—

“ A limited amount of work has been carried out, in schools and with other organisations concerned with children of school age, during the past year. Whilst the amount of work done with children in the schools is necessarily limited for various reasons, it should be emphasised that of all the Health Education carried out in the County area, a very large part of it is concerned, directly or indirectly, with the health and well-being of the child of school age.

#### **SCHOOL CHILDREN.**

##### **IN SCHOOLS.**

At the request of Head Teachers, talks on appropriate subjects (Cleanliness, Growing-up, etc.) are given in schools to groups of children.

##### **IN OTHER GROUPS.**

Talks were also given to boys' and girls' organisations in Beeston, Langold, Ollerton and West Bridgford. The subjects of these talks included the Physiology of Sex and Reproduction, Sex Hygiene, Responsibility for Health, Mental Health, Care of the Eyes, and the School Health Service. I gave eleven of these talks, Mr. Wass (Assistant Health Education Officer) gave two, and three talks



were given by a Consultant Gynaecologist. The films 'Old Wives' Tales,' 'Modern Guide to Health,' 'Children's Eyes,' 'Surprise Attack,' and 'Protective Foods,' were shown to illustrate some of the talks.

#### PARENT-TEACHER AND OTHER ADULT GROUPS.

Meetings of Parent-Teacher Associations and other similar groups were held in Beeston, Calverton, Carlton, Chilwell, Collingham, East Leake, East Retford, Forest Town, Hucknall, Kingston, Langold, Lowdham, Mansfield, Newark, Ruddington, Skegby, South Clifton, Southwell, Stapleford, Sutton-in-Ashfield and West Bridgford. At these meetings thirty-six talks were given to audiences totalling 1,200 men and women. The subjects of the talks were :— Mental Health of the Child ; Parents' Responsibility for the Child's Health ; Health of the School Child ; Home Accident Prevention ; School Health Service ; Care of Eyes ; Care of Feet ; Children's Teeth ; The Handicapped Child ; Problems of Children's Sleep ; Behaviour Problems ; Mental Development of the Child ; Sex Education, and Prevention of Infectious Disease. The lecturers were the Health Education Officers and Medical and other members of the Staff of the Health Department and the School Health Service. At seven of the meetings films were shown to illustrate the talks given and the following films were shown :— 'The Body's Defences,' 'Surprise Attack,' 'Protective Foods,' 'Teeth,' 'Your Children's Eyes,' 'Another Case of Food Poisoning,' 'Immunisation,' and 'Children Growing Up with Other People.'

#### SCHOOL MEALS SERVICE STAFF.

In furtherance of the promotion of good health and of the prevention of disease in the school child, members of the School Meals Staff are given helpful guidance in Food Hygiene whenever possible. In this connection, three talks on Digestion and three on Hygiene were given to thirty-two members of the School Kitchen and Canteen Staff.

#### EXHIBITION.

A major event during the year was the opening of Thieves Wood School. The Education Department then held, for one month, an exhibition at the new school, the subject being :— 'One Hundred Years of Education in Nottinghamshire.' At the same time an exhibition on 'The Growth of the School Health Service during Fifty Years' was also held at Thieves Wood. This exhibition was designed by the Health Education Officers and Mr. D. E. Mason, the Principal School Dental Officer, with considerable help from other members of the School Health Service. The exhibits showed the growth of the many different branches of the Service, the increase of staffing, the steady increase of clinic facilities and the present

scope of the entire facilities available to maintain the health of the school child ; to prevent disease and to detect incipient ill-health. All of these were shown to have developed from the discoveries of the main statutory obligation—Routine Medical Inspection. Modern dental equipment, including X-ray apparatus, was shown alongside portable equipment used in the early days of the Service. Smaller displays illustrated the decline over almost fifty years of verminous infestation and the changes during the same time in children's dental health. The exhibition was visited by approximately 20,000 adults and school children. Many members of foreign embassies were conducted round and talks were given to a number of adult and school groups during their visits. Printed notes on the History of the School Health Service in Nottinghamshire, and on the School Dental Service were prepared and were available for distribution to visitors."

### SCHOOL HYGIENE.

Medical Officers continued to carry out inspections of the general hygiene of school premises on the occasion of their visits to schools to perform routine medical inspections, and unsatisfactory conditions were reported to the Director of Education.

In addition to these inspections Mr. G. H. Earnshaw, the County Health Inspector, makes regular visits to schools and school kitchens throughout the County to advise on the hygiene arrangements.

Mr. Earnshaw has submitted the following comments :—

#### " SCHOOL MEALS.

During the year regular visits to school kitchens were continued. It is a pleasure to note the erection of more new kitchens at a number of schools to replace unsuitable accommodation.

Some of our schools have a surprisingly high number of children who regularly stay for the school meal ; in some cases as high as a hundred per cent.

In all cases, but particularly in these, one would like to see improved washing facilities with hot water laid on to the wash basins.

#### SCHOOL MILK.

All schools were supplied with pasteurised milk throughout the year and as in former years a full programme of sampling kept a careful watch on the various supplies. A total of 104 samples submitted to the Public Health Laboratory showed a very high standard, only one sample failing to conform to the statutory requirements.



## SCHOOL PREMISES.

Regular visits were made to schools throughout the County and during the year, for all purposes, a total of 265 were recorded and, where appropriate, reports were submitted to the Director of Education.

Extension of the piped water supply progressed well and at the close of the year only one school remained outside the area of a public supply. In this case, water for consumption is transported daily from a public supply.

## SPECIAL SCHOOLS.

Seventeen visits were made to Special Schools during the year. Two water samples submitted to the Public Analyst for chemical and bacteriological examination received satisfactory reports.

Sewage disposal works serving these schools were periodically inspected and five samples of effluent were sent for examination by the Public Analyst. These were all satisfactory. One such treatment works, owing to its situation near a source of public water supply, has the additional safeguard of a chlorinated effluent and samples are taken quarterly."

**New Schools and Additions and Improvements to School Premises.**

During the year, twenty-three projects or instalments of projects were completed and taken into occupation. These comprise :—

One Secondary Grammar School.

Two Secondary Technical Schools.

Eight Secondary Modern Schools and one instalment of a new Secondary Modern School.

Six Primary Schools and three instalments of new Primary Schools.

Major extensions at one Secondary Modern School, three Primary Schools and two Technical Colleges.

Additions and improvements were carried out to the premises at eleven schools as follows :—

SCHOOL	NATURE OF WORK
Bircotes North Border County Secondary School .....	Extension of central heating system.
Langar C. of E. ....	New out-offices.
Arnold High Street County Infants	Improvements to sanitary accom- modation.
Bircotes North Border Junior Mixed and Infants .....	Improvements to sanitary accom- modation.

SCHOOL	NATURE OF WORK
Clarborough County Primary .....	New classroom, heating chamber and conversion of out-offices.
Farndon C. of E. ....	Erection of assembly hall, classroom, heating chamber and toilet accommodation.
Harby Queen Eleanor .....	Improvements to sanitary accommodation.
Worksop Haggonfields County Junior .....	Improvements to sanitary accommodation.
Stapleford Arthur Mee County Secondary .....	Additional sanitary accommodation.
Carlton Mapperley Plains County Primary .....	Additional sanitary accommodation.
Brincliffe County Grammar .....	Additional sanitary accommodation, etc.

#### SCHOOL MEALS SERVICE AND MILK IN SCHOOLS SCHEME.

The following report and statistics have been contributed by the Director of Education :—

“ This has been another year of progress and achievement in the School Meals Service. The number of kitchens has increased from 98 to 113 and many improvements have been effected at existing kitchens and dining rooms. Better furniture and equipment are gradually replacing the old and careful attention is being given to appearance as well as efficiency. ‘ Canteen ’ methods continue to give way to ‘ family service ’ with children dining in small self-contained units.

The implementation of the Food Hygiene Regulations has gone ahead as quickly as possible and the following items are given as main examples of the work being done :—

1. Plastic working surfaces are being fitted to kitchens and sculleries.
2. Stainless steel sinks are being provided wherever possible.
3. Better quality small equipment is being used.
4. Overalls of better quality are being worn.
5. Better quality meat slicing machines are now supplied.
6. ‘ No Smoking ’ notices are displayed in kitchens and dining rooms.
7. Mr. Marrow of the Public Health Department will be giving lectures on ‘ Hygiene ’ to Schools Meals Staff.



The one-year training course for cook supervisors and cooks which ended in July was an outstanding success. Thirty-two of the forty-seven students took the East Midlands Educational Union Examination with no less than thirty passes in practical cookery and twenty-six passes in theory. Unfortunately it has been necessary to defer further training temporarily because of the resignation of the training adviser.

The very high demand for meals was maintained during the early part of the year (with an all-time record during January of 37,350 meals per day) but the price increase from 10d. to 1/-d. on 1st April resulted in an immediate reduction to 33,400 meals per day. This year the recovery was slower than is usual after a price increase and numbers were kept down during the autumn term by the abnormal absence due to the influenza epidemic. The effect of the epidemic upon the demand for milk under the Milk-in-Schools Scheme was not as pronounced because many children continue to have their school milk at home when they are ill.

In 1956, the normal daily number of children taking meals was approximately 33,100 and the number taking milk (including Independent Schools) approximately 72,000. The figures for 1957 are as follows :—

	MEALS		MILK	
	Daily Average	Percentage of Pupils	Daily Average	Percentage of Pupils
Secondary Schools	14,350	46	19,800	67
Primary Schools .....	17,850	34	49,180	92
Nursery Schools .....	75	100	75	100
Independent Schools	—	—	3,260	82
	<u>32,275</u>	<u>39</u>	<u>72,315</u>	<u>84 "</u>

### PHYSICAL EDUCATION.

The Director of Education has submitted the following report from the Senior Physical Education Adviser :—

“ The year began auspiciously with the appointment of a Woman Adviser which gave grounds for the hope that the physical education work in Girls' and Infant Schools would receive adequate attention in the months ahead. This appointment has realised every hope and the work in these schools is showing steady improvement.

During the educational year, opportunities have occurred for surveying the ever widening field of physical education, to assess that which has been achieved and to look forward in an endeavour

to plan for future needs. As so often is the case, cost is the limiting factor of progress. In this connection the work of the County Architect has been able to reduce constructional costs and thereby created opportunities for extending the range of provision for Physical Education in schools and yet remain within the ceiling figure. In this task of re-planning, excellent co-operation has been maintained between the County Architect's staff and the Physical Education Advisers—premises and facilities have been designed and are now being incorporated in new schools which will go far to meet the needs of present and future pupils for many years to come.

Over the past twenty years, many moves have been made to improve the Physical Education facilities in schools. Gymnasias have been increased in area from 60-ft.  $\times$  30-ft. to 70-ft.  $\times$  40-ft. and playing fields have been standardised in area and content by the Ministry of Education Building Bulletin No. 10. Again the old 'herding' playground has been avoided and its equivalent area has been given over to tennis courts while pupils have been encouraged to use and enjoy the greatly improved school surrounds during periods of relaxation. Athletic jumping pits and training areas are now stipulated as are hard surfaced cricket practice areas.

Despite these improvements, it was thought that the traditional provision for Physical Education had not altogether met the requirements of the individual child in his development. Thinking on these lines, the County Advisers considered that the time and opportunity had now arrived when a break away from the traditional of yesterday might be contemplated.

The Advisers thought that the improved gymnasium of 70-ft.  $\times$  40-ft. was in itself too large for the basic vaulting, agility and apparatus work. With modern trends depending more and more upon concentration of effort and purpose in the gymnasium, often in the form of circuit training and other techniques demanding sustained effort, less area could be used and yet the same results be achieved. On the other hand, however, the same gymnasium of 70-ft.  $\times$  40-ft. was far below the needs of the multitude of skills and minor games which, owing to the vagaries of the British climate, had to be undertaken in this space. Basketball, badminton, skills for soccer, hockey, rugby, athletics, cricket, tennis, rounders and many other games were sadly handicapped, even to the point of making them artificial and non-effective.

The gymnasium had to cater both for boys' and girls' activities and time-tabling often proved difficult, particularly when inclement weather forced two or three forms from the playing fields to the indoor accommodation. These conditions obtained in all Secondary Schools of three form entry size. Schools designed to take a two form entry, however, were not able to achieve a separate gymnasium and hall, the two being combined as one unit resulting in innumerable limitations of equipment and use and presenting such problems in time-tabling which often lead to a general reduction in the time which could be devoted to the subject. Furthermore the Primary



Schools with their increased hall and apparatus provision coupled with the marked improvement in teaching techniques are producing pupils needing a new challenge and extended opportunities for more advanced work on their move to Secondary School premises. Facilities would have to be developed in such a way as to retain all the many excellent advantages which existed in the old traditional provision and yet for the same cost provide for an overall expansion.

All two and three form entry schools now have full changing facilities with showers, draining areas and clothes storage. In the case of the large single sex school two such areas are now provided, one for the lower school and one for the upper. The gymnasium is so planned as to provide a larger range of apparatus but it is now housed in an area of 50-ft.  $\times$  40-ft. for pure basic gymnastics. Directly linked with the changing facilities and gymnasium is a large covered games training area. This has both natural and artificial lighting and is 3,800 sq. ft. in area, bounded on two sides by brick wall surfaces and the remaining space can be totally enclosed by terylene screening. It is large enough to cater for indoor cricket (three nets), basket or netball (two courts), badminton courts (two), half tennis court and high and long jump pits which are capable of being covered when not in use. The whole structure is sufficiently high to give uninterrupted play in any minor game or skill practice. The whole area is capable of being subdivided by high retractable nets to enable a large variety of activities to take place at any one time. It will enable a continuous training to be undertaken in a variety of physical activities which have hitherto been impossible owing to the inclement nature of the English weather. Normal tennis court provision is retained outside, closely linked with this building, as are the outdoor athletic training areas and the normal games pitches on the playing field are still available.

The current year has also seen a surge of activity in a branch of Physical Education which is coming more and more to the fore—sailing and canoeing. In co-operation with the Handicraft Adviser, fourteen schools are each building their own sailing dinghies of the G.P.14 class. A complete scheme of construction and development has been drawn up and approved by the Education Committee. Teachers have been trained in the use and maintenance of the boats and are now in the process of giving instruction to selected boys and girls who have the necessary swimming qualifications to undertake this beneficial and stimulating activity. Eventually County Secondary Schools will turn their attention to the construction of the Cadet class of boat. These will be used by trained pupils while the G.P.14s will continue as training and staff boats. Area Sailing Associations are already in existence as is a County Association, and there is no doubt that many regattas will be held on the reservoirs and rivers of Nottinghamshire and these in turn will lead to inter-County and even National events.

Camping is now well established and has been practised in County Schools for ten years. The scheme is steadily expanding and many schools not only hold an annual training camp but are



now branching out more and more into light-weight camping which tests the experience, confidence, self-reliance and ability of the individual. As a natural follow-up the Committee have agreed to send an increasing number of pupils to Outward Bound Courses and those pupils who have been selected by the County thus far, have acquitted themselves well and proved the value of the very careful screening to which they are subjected prior to being allowed to attend the chosen course.

Swimming continues to be a very popular activity and, despite many difficulties, the proportion of children who have learned to swim during the year has been maintained at a high figure. Hucknall Bath, one of the main all-the-year-round indoor heated baths, which has been closed for several years due to mining subsidence, has now been reopened and has proved a very welcome addition to those baths available for County use. Unfortunately this gain has been offset through the loss of the bath at Arnold, which is now out of commission owing to mining subsidence. This loss has been further aggravated by the almost complete exclusion of County pupils from the various covered and heated baths in the City of Nottingham. The Authority are not complacent in face of these difficulties but wherever possible arrange to transport pupils to more distant baths for they fully appreciate the value of this physical activity and are aware of the social values that go with it. It is hoped that the time will not be far distant when circumstances will permit many more swimming baths to be built and the possibility of schools constructing their own instruction baths is under constant review.

All manner of games both for boys and girls are still flourishing. The basic teaching in schools is of a high order and this is put to the test by holding inter-school, inter-area, and inter-County matches and games. County pupils have achieved some notable results in these activities and their performances speak highly of the basic work undertaken within the school time-tables. The out-of-school activities are most ably run by Area and County Associations and much credit is due to those teachers who give of their time so generously and to such good purpose. Area and County Associations now exist for soccer, rugby, cricket, netball, hockey, swimming, athletics, sailing, basketball and cross-country running. With the increased facilities now being provided, tennis is rapidly coming into its own and no doubt those interested will soon form their own Association.

Special thanks are due to the Playing Fields Officer and his Staff for the outstanding contribution they have made in creating and maintaining school grounds and pitches.

Basic training in schools has made good progress with the greater use of apparatus so generously supplied by the Committee. Many demonstration classes for teachers have been held during the year and all have been well attended. By this means much new material has been presented to schools and many opportunities



have arisen for the valuable inter-change of ideas and standards which are a natural outcome of such meetings.

The Authority have continued to supply essential basic clothing and footwear for pupils of both sexes, but with the development of team matches on a local and area basis, it is hoped that pupils, particularly girls, will consider acquiring more suitable clothing for these various team activities rather than continue to press into service the knickers and blouses which are initially provided for gymnastics. Boys have a tradition in this and it is hoped girls will follow suit now they have shown their enthusiasm for competitive sport.

It is being increasingly accepted that Physical Education not only trains the body and mind and thereby promotes health and well being, but enables each individual to try a variety of activities and by so doing find his own interests which can be developed further in the years after school. It can be truly said that Physical Education not only fits the child to take his rightful place in the world of work to-day but also enables him to enjoy more profitably his leisure time, preventing him from becoming a watcher and stimulating him to take a lively and active interest in healthy physical pursuits."

## STATISTICAL TABLES.

Year ended 31st December, 1957.

Table I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL  
SCHOOLS).

## A.—Periodic Medical Inspections.—

Number of Inspections in the prescribed Groups—

Entrants	.....	.....	.....	.....	10,686
Intermediates	.....	.....	.....	.....	9,934
Leavers	.....	.....	.....	.....	5,818
Total					26,438
Number of Additional Periodic Inspections					1,102
Grand Total					27,540

## B.—Other Inspections—

Number of Special Inspections	.....	.....	18,352
Number of Re-inspections	.....	.....	6,061
Total			24,413

## C.—Pupils found to require Treatment—

Number of Individual Pupils found at Periodic Medical Inspection  
to require treatment (excluding Dental Diseases and Infestation  
with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIIA (3)	Total individual pupils (4)
Entrants	328	1,488	1,732
Intermediates	793	983	1,676
Leavers	544	381	875
Total (prescribed groups)	1,665	2,852	4,283
Additional periodic inspections	120	94	200
Grand Total	1,785	2,946	4,483



TABLE I.—*continued.***D.—Classification of the Physical Condition of Pupils inspected during the Year in the Age Groups.**

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants .....	10,686	10,519	98.44	167	1.56
Intermediates .....	9,934	9,888	99.54	46	0.46
Leavers .....	5,818	5,799	99.67	19	0.33
Additional Periodic Inspections .....	1,102	1,102	100.0	—	0.0
Total .....	27,540	27,308	99.16	232	0.84

Table II.

**INFESTATION WITH VERMIN.**

(i)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons .....	229,204
(ii)	Total number of <b>individual</b> pupils found to be infested .....	1,882
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	87
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	Nil

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

**A.—Periodic Inspections**

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Total (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment (7)	Requiring Observation (8)
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)		
4. Skin .....	.....	152	68	104	27	438	147
5. Eyes—(a)	Vision	328	339	544	108	1,785	711
	(b) Squint .....	173	94	44	23	376	177
	(c) Other .....	39	30	4	9	79	62
6. Ears—(a)	Hearing	89	116	7	20	150	216
	(b) Otitis Media	60	131	19	16	109	186
	(c) Other .....	41	25	12	8	83	51
7. Nose and Throat—							
	(a) Tonsils/ Adenoids	440	916	32	53	584	1,222
	(b) Other .....	36	52	5	9	59	90
8. Speech .....	.....	91	244	10	2	141	279
9. Lymphatic Glands .....	.....	22	233	2	1	33	282
10. Heart .....	.....	67	145	32	49	144	301
11. Lungs .....	.....	119	351	20	45	190	570
12. Developmental—							
	(a) Hernia	24	36	2	—	37	47
	(b) Other .....	34	320	14	25	104	497
13. Orthopaedic—							
	(a) Posture	11	54	10	31	50	146
	(b) Feet .....	88	207	21	56	203	421
	(c) Other .....	116	238	35	52	237	443
14. Nervous system—							
	(a) Epilepsy	17	17	5	7	35	43
	(b) Other .....	11	40	3	4	29	81
15. Psychological—							
	(a) Development	17	98	7	8	34	177
	(b) Stability	17	119	5	14	52	207
16. Abdomen .....	.....	6	28	—	—	8	34
17. Other .....	.....	23	16	13	10	73	41



TABLE III.—*continued.***B.—Special Inspections**

Defect Code No.	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4. Skin .....	.....	2,234	172
5. Eyes—(a)	Vision .....	1,205	415
	(b) Squint .....	241	95
	(c) Other .....	424	46
6. Ears—(a)	Hearing .....	580	271
	(b) Otitis Media .....	197	113
	(c) Other .....	327	71
7. Nose and Throat—			
	(a) Tonsils/ Adenoids .....	509	871
	(b) Other .....	482	156
8. Speech .....	.....	235	159
9. Lymphatic Glands .....	.....	27	161
10. Heart .....	.....	231	277
11. Lungs .....	.....	383	460
12. Developmental—			
	(a) Hernia .....	15	57
	(b) Other .....	79	445
13. Orthopaedic—			
	(a) Posture .....	31	123
	(b) Feet .....	190	226
	(c) Other .....	126	365
14. Nervous system—			
	(a) Epilepsy .....	45	45
	(b) Other .....	63	70
15. Psychological—			
	(a) Development .....	66	180
	(b) Stability .....	157	153
16. Abdomen .....	.....	17	14
17. Other .....	.....	1,661	168

Table IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).**

**Group 1.—Eye Diseases, Defective Vision and Squint.**

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	353	7
Errors of refraction (including squint)	—	8,896
<b>Total</b> .....	<b>353</b>	<b>8,903</b>
Number of pupils for whom spectacles were prescribed .....	—	3,631

**Group 2.—Diseases and Defects of Ear, Nose and Throat.**

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .....	—	16
(b) for adenoids and chronic tonsillitis .....	—	1,590
(c) for other nose and throat conditions .....	—	22
Received other forms of treatment .....	1,085	704
<b>Total</b> .....	<b>1,085</b>	<b>2,332</b>

Total number of pupils in schools who  
are known to have been provided  
with hearing aids—

(a) In 1957 .....	—	13
(b) In previous years .....	—	37

**Group 3.—Orthopaedic and Postural Defects (excluding fractures).**

	By the Authority	Otherwise
Number treated at clinics or out- patient departments .....	116	334



TABLE IV.—*continued.***Group 4.—Diseases of the Skin** (excluding uncleanness, for which see Table II).

				Number of cases treated or under treatment during the year by the Authority
Ringworm (i) Scalp	.....	.....	.....	2
(ii) Body	.....	.....	.....	15
Scabies	.....	.....	.....	27
Impetigo	.....	.....	.....	115
Other skin diseases	.....	.....	.....	1,212
Total	.....	.....	.....	<u>1,371</u>

**Group 5.—Child Guidance Treatment.**

Number of pupils treated at the Authority's Child Guidance Clinics	699
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**Group 6.—Speech Therapy.**

Number of pupils treated by Speech Therapists under the Authority's arrangements	915
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**Group 7.—Other Treatment given.**

(a) Number of cases of miscellaneous minor ailments treated by the Authority	2,510
(b) Pupils who received convalescent treatment under School Health Service arrangements	80
(c) Pupils who received B.C.G. vaccination	1,503
Total	<u>4,093</u>

Table V.

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(a) Periodic age groups .....	12,413	
	(b) Specials .....	10,297	
	Total (1) .....	—	22,710
(2)	Number found to require treatment .....		21,253
(3)	Number offered treatment .....		18,632
(4)	Number actually treated .....		14,624
(5)	Attendances made by pupils for treatment .....		30,829
(6)	Half-days devoted : Inspection .....	123	
	Treatment .....	4,103½	
	Total (6) .....	—	4,226½
(7)	Fillings : Permanent teeth .....	8,626	
	Temporary teeth .....	724	
	Total (7) .....	—	9,350
(8)	Number of teeth filled : Permanent teeth .....	7,885	
	Temporary teeth .....	715	
	Total (8) .....	—	8,600
(9)	Extractions : Permanent teeth .....	6,433	
	Temporary teeth .....	15,157	
	Total (9) .....	—	21,590
(10)	Administration of general anaesthetics for extractions .....		2,158
(11)	Orthodontics—		
	(a) Cases commenced during the year .....		457
	(b) Cases carried forward from previous year .....		878
	(c) Cases completed during the year .....		176
	(d) (i) Cases discontinued during the year .....		176
	(ii) Cases for whom the commence- ment of active treatment has been postponed for a year or more and whose names have therefore been deleted from the active orthodontic list .....		117
	(e) Pupils treated with appliances .....		457
	(f) Removable appliances fitted .....		540
	(g) Fixed appliances fitted .....		50
	(h) Total attendances .....		4,746
(12)	Number of pupils supplied with artificial dentures .....		221
(13)	Other operations—		
	Permanent teeth .....	6,507	
	Temporary teeth .....	873	
	Total (13) .....	—	7,380













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