# Contributors

Nuneaton (England). Borough Council.

# **Publication/Creation**

1952

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NUNEATO

Borough of Nuneaton

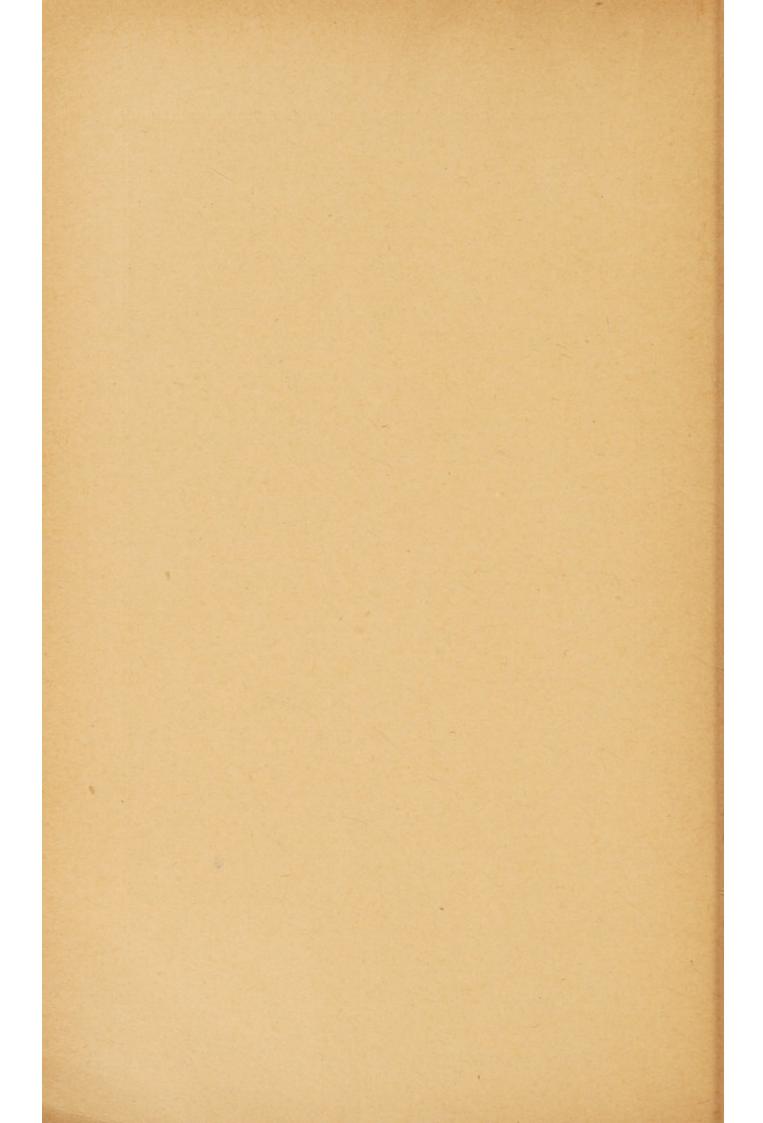
# Annual Report

of the

School Medical Officer

for 1952

G. R. KERSHAW, M.A., M.R.C.S., L.R.C.P., D.P.H. School Medical Officer





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# NUNEATON COMMITTEE FOR EDUCATION

(As on December 31st, 1952)

Alderman C. J. S. Dickens (Chairman)

His Worship the Mayor (Councillor H. A. Corbett) Alderman W. R. Chamberlain, J.P. Alderman P. Woodward Councillor R. Hadden Councillor W. F. Harris ... H. Deans ... C. P. Mann

J. H. Bostock ,, A. E. W. Southorn
F. B. J. Warr ,, E. W. Daffern
H. J. Deeming ,, L. Whetstone Councillor R. Wilkinson

### CO-OPTED MEMBERS:

The Rev. Father B. F. Cox The Rev. Canon F. S. Herbert Mr. J. Riley (N.S.P.C.C.) Mr. W. L. Smith, B.Sc.

# REPRESENTATIVES OF THE LOCAL EDUCATION AUTHORITY, NOMINATED MEMBERS:

County Alderman Miss A. H. Moreton County Councillor H. Cox County Councillor B. W. Yardley Mr. J. E. Cope, J.P.

The Director for Education: Mr. R. F. Hargreaves, B.Sc.

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School Medical Officer	{	G. R. KERSHAW, M.A., M.R.C.S., L.R.C.P., D.P.H.
Assistant School Medical Officers		<ul> <li>G. K. G. COOTE, M.B.B.S., M.R.C.S., L.R.C.P.</li> <li>L. S. STEPHENS, M.B., Ch.B., D.R.C.O.G., D.P.H.</li> <li>D. S. WILLIAMS, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.) (transferred 30.4.52)</li> <li>M. J. KELLY, L.R.C.P.I., L.M. (National University of Ire- land), L.R.C.S.I., L.M., D.P.H. (resigned March, 1952)</li> <li>M. STEANE, M.B., Ch.B. (commenced 1.5.52)</li> <li>W. E. RIGBY, M.B., Ch.B. (commenced 11.11.52)</li> </ul>
Part-time Assistant Schoo Medical Officers	1	<ul> <li>E. A. LUMLEY, C.B.E., M.C., M.D. (Dublin), M.B., B.Ch., B.A.O., D.P.H.</li> <li>(commenced 4.6.52)</li> <li>B. SLOAN, M.B., Ch.B.</li> <li>(commenced 10.3.52)</li> </ul>
Consultant and Surgeon— Orthopædic Clinic	{	J. H. PENROSE, M.B., B.Chir., F.R.C.S., M.R.C.S., L.R.C.P.
School Oculist	{	C. E. CLARK, M.B., Ch.B., D.O.M.S.
School Dental Officers (Part-time)		MRS. L. J. M. KNOX SGNCMDR. S. BROWN, R.N. (commenced 27.2.52) W. H. FERRISS (commenced 7.7.52) (resigned 19.8.52) MISS L. JACKSON
Dental Attendant Consultative Phychiatrist-	- {	K. R. THOMAS, M.R.C.S.,
Child Guidance Clinic Speech Therapist	(	L.R.C.P., D.P.M. MISS M. THOMAS, L.C.S.T.
School Nurse		MRS. L. G. BOFF
Health Visitors School Nurses		MISS K. N. DAVIES MISS K. T. FLYNN MISS I. SNAPE MISS M. A. HALLSWORTH MISS G. SCHOFIELD (commenced 1.11.52) MISS E. FIFE (commenced 1.11.52) MISS E. FOX (resigned 30.7.52)
Clerical Staff		W. WOOD (Chief Clerk)

### STAFF OF THE SCHOOL MEDICAL DEPARTMENT

# SCHOOLS WITHIN THE BOROUGH

# PRIMARY SCHOOLS

County Schools		No. on	the	roll	31-12-52
Attleborough (Senior, Junior)					493
Attleborough (Infants)					204
Chilvers Coton (Junior)					367
Chilvers Coton (Infants)					253
Galley Common (Senior, Junior,	In	fants)			189
Heath End (Junior, Infants)					166
Higham Lane (Junior)					373
Higham Lane (Infants)					232
Queen's Road (Junior)					592
Outcom's Dood (Infonta)					376
Shepperton (Junior)					365
Stockingford Boys (Senior, Junio					469
Stockingford Girls (Senior, Juni					445
Stockingford (Infants)					302
Middlemarch (Junior)					124
Voluntary Schools					
Abbey Street C.E. (Junior)					333
Abbey Street C.E. (Infants)					209
Attleborough C.E. (Infants)					121
Chilvers Coton C.E. (Infants)					216
Stockingford C.E. (Senior, Junio)	r, I	nfants)			251
Vicarage Street C.E. (Junior)		***		***	222
Vicarage Street C.E. (Infants)					127
St. Joseph's R.C. (Senior, Junior,	In	fants)	***		385
A REPORT OF STREET, ST					
SECONDARY SC	но	OLS			
Arbury (Modern)					502
Higham Lane (Modern)					344
Manor Park (Modern and Techn	ical				472
Swinnerton (Modern)					423
High School for Girls (Grammar)					470
ange bonoor for early (er and					
Voluntary Schools					
					0.00
King Edward VI (Grammar)					366
NURSERY SCH		1000			
Avenue Road					40
Stockingford					40
Total number of children on school	re	gister:			Contraction of the
Primary Schools					6,814
Secondary Schools					2,577
Nursery Schools					80
				-	
					9,471
					CONTRACTOR OFFICE

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### CLINICS

Service.	Situation of Premises.	Days Open.		
Minor Ailment Clinics	Riversley Park, Coton Road	Monday and Thursday, 9—12 noon. Medical Officer in attendance.		
tent antidates and a	Cross Street, Stockingford	Tuesday and Friday, 9—12 noon. Medical Officer in attendance.		
Treatment Clinics	Riversley Park, Coton Road	Every week-day morn- ing, 9—10 a.m.		
been and the second lines	Cross Street, Stockingford	Every week-day morn- ing, 9—10 a.m.		

The following Clinics are by appointment only:

Eye Clinic	Riversley Park, Coton Road	<ol> <li>Monday Twice monthly, at 9 a.m.</li> <li>Every Tuesday at 9 a.m.</li> <li>Alternate Fridays at 9 a.m.</li> </ol>
Orthopædic Clinic	Riversley Park, Coton Road	Intermediate treat- ment: Monday 9-12 noon. Tuesday and Friday 2-5 p.m. Con- sultant in attendance on the last Friday of each month.
Ultra-Violet Light Clinic	Riversley Park, Coton Road Cross Street, Stockingford	Monday and Thursday at 2 p.m. Monday and Thursday at 10-45 a.m.
Dental Clinic	Riversley Park, Coton Road	Monday, Tuesday, Wed- nesday, Thursday and Friday, 10—12.30 p.m. Tuesday and Thursday 2—5 p.m.
Speech Therapy Clinic	Riversley Park, Coton Road	Every Monday, 10 a.m. -1 p.m. Every Wednesday 9 a.m. -1 p.m., 2-5 p.m.
Child Guidance Clinic	Riversley Park, Coton Road	Wednesday and Friday, 10-12 noon.

School Medical Department, Council House, Nuneaton 16.5.53

To The Chairman and Members of the Committee for Education, Nuneaton:

Mr. Chairman, Ladies and Gentlemen,

The total number of children on the school register has increased by rather more than one thousand during the course of the year, and approximately one third have been examined at periodic medical inspections.

At the start of the year an epidemic of measles was in full swing, and although this had substantially declined by the end of February cases continued to occur in fair numbers until mid summer; throughout the year there has also been a considerable amount of scarlet fever, mostly very mild, and other strepococcal infections. I believe these two diseases have been responsible for a great deal of minor ill-health among school children throughout the year.

The latter is reflected in the rather higher proportion of defects detected upon periodic medical inspection, of which onethird were due to upper respiratory disorders or their sequelæ; defects of vision constituted one-sixth and orthopædic defects one-ninth of the total. The assessment of general condition may have been similarly affected, though this is subject to some variation due to changes of staff and climatic conditions at the time of examination.

When addressing a Parent-Teacher Association recently I was able to show, by reference to the School Medical Officer's Report for some twenty-five years ago, that the main advance appears to have been the diminished number of children who are unclean and the corresponding diminution of skin disorders; it is disappointing to have to record, therefore, that during the year one child in every forty-three examined for this purpose was found to be infested with head lice. As I have reported previously, there is no excuse for this at a time when advice and effective remedies are to be easily obtained without direct charge.

From the statistical report it will be seen that a very large number of pupils continue to attend the minor ailment clinics held in the town, that 169 children were examined for employment, that 39 handicapped pupils were ascertained during the course of the year; these figures do not include 136 miscellaneous examinations carried out at places other than the schools or clinics nor considerable number of examinations of children previously ascertained to be handicapped and the subject of periodic review.

For the second year in succession attention has been directed especially to handicapped pupils and potentially handicapped pupils with the result that the number on the register now stands higher than previously; if sufficient staff are available it is likely that this total will be increased during the course of the next few years and it is probable that the number of pupils who are educationally sub-normal would be sufficiently large to warrant a special school for this purpose within the Borough.

In addition 31 persons entering the teaching profession or applicants for entrance to a Training School have been examined during the course of the year, in accordance with Ministerial Circulars 248 and 249, which give effect to the recommendations of the Joint Tuberculosis Council made in 1950.

During the course of the year the Mass Miniature Radiographic Unit of the Birmingham Regional Hospital Board visited the town, and by arrangement with the Director this facility was made specially available to all school teachers and to all schoolleavers. 1.135 school leavers were examined, of which 546 were boys and 589 were girls, and of this number there were referred to the Chest Clinic four inactive cases of tuberculosis and two active post primary cases, both of which were pupils. Upon the previous occasion when this Unit visited the Borough 856 school children were examined of whom five were referred to the Chest Physician, but of the nature of their complaints I have no record.

#### Ear, Nose and Throat Clinic

Upon the establishment of the National Health Service in 1948 it was made clear, by Circular 179, that Hospital Boards would normally take over the responsibility for providing outpatient specialist services for school children, hitherto provided by the local Education Authorities, when they were in a position to do so. In this way the Ear, Nose and Throat Clinic at Riversley Park was transferred to the Birmingham Regional Hospital Board in June, 1952, and has since then been conducted at the local Hospital as part of the Out-Patients Department.

Upon his appointment in April, 1946, Mr. Ogilvy Reid conducted a clinic for consultation and treatment at Riversley Park Clinic, and performed operative treatment at the Manor Hospital upon those cases requiring it: since 1948 operative treatment has been carried out by other Regional Hospital Board Surgeons in addition, and since 1950 at Bramcote Hospital.

During 1951, the last complete year, there were 606 first attendances at Riversley Park Clinic and 176 subsequent attendances, made by children from Nuneaton and surrounding districts; of these 475 were referred for operation and 498 tonsillectomies were performed during the year on these and other children already awaiting the operation.

It was in January, 1951, that a Circular was received from the Ministry advising School Medical Officers to keep the less urgent cases under observation before referring them to the Ear, Nose and Throat Surgeon for his opinion, and as is shown in tables 2A for 1951 and 1952 this has been carried out to a much greater extent than formerly.

The demand remained heavy, however, for at the beginning of May, 1952, there were 120 cases awaiting consultation and over 300 awaiting operation. It is, therefore, somewhat surprising that the Hospital Ear, Nose and Throat Out-Patient Department, which had 689 fresh cases of all ages in 1950 and 721 in 1951, contemplated taking over the 600 additional new patients annually from Riversley Park Clinic without first augmenting the consultative facilities. The number of children awaiting operation has since then been reduced considerably, and so also has the number awaiting consultation, but the latter has only been achieved by over-crowding the Out-patient Department, and one is bound to question the advisability of tonsillectomy upon such a large scale.

One of the important physiological functions of tonsils and adenoids is believed to be a sort of biological filtration, preventing the general spread of local infections. Their enlargement at the time of infection, however, and often the accompanying deafness, provoke patients to open their mouths in order to breathe and to hear better; frequently repeated infections, therefore, may result in the patient breathing through his mouth continuously, instead of through his nose, and this in turn ensures that the local infection is perpetuated.

This is the sequence of events that causes much minor illhealth, that predisposes to other and often more serious conditions, and which is responsible for about one child in three in Nuneaton undergoing operation for the removal of tonsils and adenoids before leaving school. This very expensive Hospital treatment causes discomfort to the patient, and some anxiety to the parents, who pay for it indirectly, but could in many cases prevent it.

There are indeed some children who on account of some defect, may inevitably require operative treatment of some kind, but there are many more whom wise parent-craft could spare this unpleasantness. Simple, homely care—good food, rest as well as exercise, suitable clothing, and dry footwear, would prevent many colds; but above all the provision and use of handkerchiefs when the child has a cold would help to restore a proper nasal airway.

These are ways in which parents, not teachers or doctors, can help their children and themselves and by moderate expenditure could substantially reduce the very high cost of the health services, which in this respect can scarcely be considered economical any more.

Dr. K. R. Thomas has kindly provided a note on the work of the Child Guidance Clinic during the year, and I would not like to let this opportunity pass without thanking the many consultants, almoners and administrative staff of the hospital and specialist services, and local general practitioners for their help, and in particular for the provision of clinical reports.

I wish to thank all members of the school health service for their industry, the Borough Education Officer for his help and his advice, and am very grateful to you, Mr. Chairman, and the members of your Committee for your sympathetic consideration during 1952.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant, G. R. KERSHAW,

School Medical Officer.

### SCHOOL MEDICAL SERVICE

### ANNUAL RETURNS FOR THE YEAR ENDING DECEMBER 31st, 1952

### TABLE I

Medical Inspection of Pupils attending Maintained and Secondary Schools.

## 1.-PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY MODERN SCHOOLS

A-Number of inspections	in	the	prese	ribed	Group	os:	
Entrants							1,395
Second Age Group							766
Third Age Group							465
					Total		2,626
8 years old (Vision)	•••					•••	708
				Gran	d Total		3,334
B-Other inspections:							
Number of Special Ins	spec	etion	s				147
Number of Re-Inspect	ion	s					394
					Total		541

### 2-PUPILS ATTENDING MAINTAINED SECONDARY GRAMMAR SCHOOLS:

A-Number of inspections in the p	rescribed	Groups:	
Third Age Group			128
B-Other inspections:			
Number of other periodic Inspec Age Groups	tions:		
Aged 13 years		49	
Aged 12 years		102	
Aged 14 years		8	
			159
Number of Special Inspections			37
Number of Re-inspections			29
		Total	225

## TABLE I (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	For defective vision (excluding squint)	For any other condi- tions recorded in Table IIa	Total Individual Pupils
1	2	3	4
1. Pupils attending Maintained Primary and Secondary Modern Schools:			
Entrants	17	207	202 (14.5%)
Second Age Group	20	120	132 (17%)
Third Age Group	23	19	36 (7.7%)
Total (prescribed groups)	60	340	370 (14%)
8 years old (vision)	63	3	65
Grand Total	123	343	435
2. Pupils attending Maintained Secondary Grammar Schools:			
Third Age Group	6	1	7

### TABLE II (A)

### RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED DECEMBER 31st, 1952 1. Pupils attending Maintained Primary and Secondary Modern Schools

Periodic Special Inspections Inspections Prescribed Do not Groups and include re-8 years old inspections No. No. of Defects No. of Defects Requiring to be kept under observation but not requiring treatment. Requiring treatment. Requiring to be kept under observation but not requiring Defect Code DEFECT OR DISEASE Requiring treatment. 4 Skin 17 30 2 3 . . . . . ... ... ... ...  $\overline{5}$ Eyes: (a) Vision 123 106 6 7 ... .. .. ... . . (b) Squint ... 21 25 5 ... ... 1 .... ... (c) Other 1 4 8 . . . . .. . . 6 Ears: (a) Hearing 1 12 1 1  $\sim 10^{-1}$ . . . . . . (b) Otitis Media 3 34 1 2 .... 1.1 . . . . (c) Other ... 2 11 ... . . -----. . 7 Nose or Throat 44 179 5 13 . . . . .. . . Speech 3 8 15 1 .. 1 . . . . 9 Cervical Glands 2 105 3 -..... ... . . Heart and Circulation 11 18 10 2 -----... .. . . 11 Lungs 7 116 9 .. .. .. ... . . . 12 Developmental: (a) Hernia .... 1 1 4 ... . . . . (b) Other .. .. 6 43 2 1.1 ... . . 13 Orthopædic: (a) Posture ... 3 29 ... .. . . . . 1 1 (b) Flat Foot 13 40 .. ... . . . . 22 4 (c) Other 51 1 .. . . ... ... . . 14 Nervous System: (a) Epilepsy 1 1 ... ... . . . . (b) Other .. 1 19 3 . . ... ... . . 15 Psychological: 1 20 1 2 (a) Developmental 1.1 1.1 .... 3 24 (b) Stability 1 -... . . . . . . 10 16 Other (excluding Dental defects) ... 116 181 5 1006 Totals .. .. .. .. .. 466 27 78

### RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED DECEMBER 31st, 1952

#### Periodic Other Inspection. Periodic Special leavers Inspections Inspections Defect Code No. Requiring to be kept under observation Requiring to be kept under observation tequiring to be kept under observation Requiring to be Requiring Requiring treatment Requiring DEFECT OR DISEASE Skin 1 4 . . . . . . . . 5 Eves: 6 2 8 6 2 (a) Vision 1 . . 2 1 (b) Squint . . --. . 2 (c) Other . . . . 6 Ears: (a) Hearing (b) Otitis Media -\_ -. . 1 (c) Other . . . . 7 1 Nose or Throat .. 2 • • 8 Speech •• \_ \_ . . .. 1 9 Cervical Glands ... ----1 2 10 -Heart and Circulation -2 2 11 Lungs .. . . . . 12 Developmental: (a) Hernia . . ----... (b) Other 3 . . \_ 13 Orthopædic: (a) Posture(b) Flat Foot 1 . . . . 2 1 ... 1 (c) Other 1 5 1 ... . . 14 Nervous System: (a) Epilepsy . . 2 (b) Other \_ . . 15 Psychological: (a) Developmental . . (b) Stability . . 16 Other (excluding Dental Defects) 1 3 1 . . \_ 7 12 33 3 Totals .. . . . 5 ő. 1.1

### 2. Pupils attending Maintained Secondary Grammar Schools

### TABLE II (B)

AGE GROUPS	Number of Pupils		A od)		B uir)		0 00r)
	inspected	No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6	7	8
1. Pupils attending Maintained Primary and Secondary Modern Schools Entrants Second Age Group Third Age Group	1395 766 465	572 299 65	41.1 39 14	815 454 396	58,4 59,2 85,1	8 13 4	.5 1.8 .9
2. Pupils attending Maintained Secondary Grammar Schools							-
Third Age Group	128	48	37,5	80	62,5	-	-

# CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS

### TABLE III-INFESTATION WITH VERMIN

1—Total number of examinations in the schools by the school nurses or other authorised persons	14,292
2—Total number of individual pupils found to be infested	331
3-Number of individual pupils in respect of whom cleansing notices were issued	_
4—Number of individual pupils in respect of whom cleansing orders were issued	_

# -14-

### TABLE IV

Treatment known to have been provided for children from maintained primary and Secondary Schools by the Regional Hospital Board.

			Number			ated
	Skin					
	(a)	Deda				Ξ
	(b)	Scabies				_
	(c)	Impetigo				_
	(d)	Other Skin Diseases				8
2.	Eye (t	reatment other than that given i	n our ou	wn cl	inics)	
	(a)	External and other (exclud refraction and squint)				_
	(b)	Errors of refraction (including squint other than orthoptic which see Table V)	treatme	ent,	for	9
	(c)		spectacl	es w	ere	_
	(d)	Number of pupils for whom obtained	spectacl	es w	ere	-
3.	Ear, N	lose and Throat				
	(i) Re	ceived operative treatment				
	(a)	for Diseases of Ear				1
	(b)	for Adenoids and Chronic Ton:	sillitis			259
	(c)	for Other Nose and Throat Cone	ditions			-
	(ii) Re	eceived other forms of treatment	t			3
<b>1</b> .		treatment given (excluding C Guidance)	Orthopæ	dic	and	
	(a)	Respiratory Conditions and In	fectious	Dise	ase	37
	(b)	Abdominal Conditions				11
	(c)	Accidents				11
	(d)	Heart Conditions, Chorea and I	Rheuma	tism		11
	(e)	Other Conditions				70

### TABLE V

# TREATMENT OF EYE DISEASES, DEFECTIVE VISION AND SQUINT AT COUNTY EYE CLINICS Ophthalmic Part-Time Staff

### No. of Sessions-68

### DR. C. E. CLARK

Number of children who attended in 1952;	
New cases	318
Re-examinations	371
Number of children prescribed spectacles in 1952:	
New cases	174
Re-examinations	194
Number of pupils for whom spectacles were obtained	259
Number of children referred for orthoptic treatment:	
(a) by County Orthoptists	
(b) by R.H.B. Orthoptists	62
Number of children known to have received orthoptic treatment during the year:	
(a) by County Orthoptists	
(b) by R.H.B. Orthoptists	43
Number of children treated for Eye Diseases at clinics	
(excluding errors of refraction and squint)	5
Total cases on register at 31st December, 1952	1,083

### TABLE VI (A)

### SPEECH THERAPY

Number of sessions		 120
Number of children attending at 1st January	y, 1952	 22
Number of first attendances during 1952		 27
Number of children recalled during 1952 after stood down in a previous year		5
Total number of children treated during 195	52	 54
Number discharged during 1952:		
(a) Treatment completed and N.A.D.		 5
(b) Stood down under review		 10
(c) Left district		 10
(d) Ceased attendance		 3
Total number of attendances		 681

# CLINICAL ANALYSIS OF SPEECH DEFECTS TREATED DURING 1952

Defect			No.	treated
Dyslalia				17
Sigmatism				
Late developme	nt of	spee	ch	
Dysarthria				
Spastic speech				4
Stammer				22
Dysphonia				-
Hyperrhinophon	nia			1
Cleft palate				4
Chronic mouth	brea	ther		2
Idioglossia				1
Deaf				2

# TABLE VI (B)

### SPEECH THERAPY

# Completed Treatment

Type of dep	fect				ired or improved	Moderate improvement
Stammer					 3	1
Dyslalia					 -	-
Sigmatism					 	Cash In There is a
Cleft palat	е				 nicely and a	Nan <u>da</u> r of child
Late develo	pme	nt of	spee	ech	 	State to a density
Spastic spe	ech				 	
Other defe	cts				 -	—
Totals					 3	1

# TABLE VII MINOR AILMENT CLINICS

Only children actually treated at the clinics, not those referred elsewhere for treatment.

	Nuneato	on Clinic	Stockingford Clinic			
	227 s	essions	203 sessions			
DEFECT OR DISEASE	No. of first attendances	No. of subsequent attendances	No. of first attendances	No. of subsequent attendances		
Skin:						
Ringworm—Scalp	2	6	- 110	-		
Body	5	42	10	10		
Scabies	6	27	1	1		
Impetigo	12	26	38	96		
Other Skin Diseases	297	720	255	401		
Eye:						
Blepharitis	1	2	9	. 4		
Conjunctivitis	25	24	30	50		
Other minor eye conditions	81	72	88	47		
Ear:						
Miscellaneous minor ear conditions	56	153	59	94		
Nose and Throat:		and the log	Manne			
Miscellaneous minor nose and throat conditions	24	17	75	37		
All other minor ailments	762	1313	950	796		
Totals	1271	2402	1515	1536		

### NUMBER OF CHILDREN REFERRED TO PÆDIATRICIANS

Disease	Number of cases
Petit Mal	1
Epilepsy	3
Respiratory Infection	
Cervical glands	
Nephritis	2
Obesity	4
Enteritis	
Infective Hepatitis	
Colitis	
Diabetes	
Enuresis	
Heart conditions	
Icthyosis	
Chorea	
Asthma	
Anæmia	
Pyrexia	
Fainting attacks	
Constipation	
Nervousness Abdominal Pains	
Mesenteric Lymphade	nitis 1
Tuberculous Cervical	nitis 1
Dhamatian	
Scars after burning	
Virus Meningitis	
Lymphadenopathy	1

### EMPLOYMENT OF CHILDREN BYE-LAWS

Number of children examined under employment of children by e-laws:

Number	of children examined	 	169
Number	of certificates granted	 	169

### ORTHOPÆDIC CLINIC

### ANALYSIS OF CHILD CASES, 1952

Number of cases cont	inued	trea	tmer	nt fre	om	1951	224
Number of new cases							167
Tuberculosis							14
Spastic paralysis							12
Infantile paralysis							10
Rickets			in.				1
Bone injuries							24
Spinal deformities							32
Flat foot							124
Club foot							8
Osteomyelitis							2
Knock Knees							104
Other conditions							198
Number treated in Hos	pital						28
Instruments supplied							170
Clinics attended by Co	onsult	ative	Surg	geon			11
Attendances at same							566
Attendances at Treatm	nent	Clinic	cs				4,074
Total attendances							4,640
Number discharged							54

# DENTAL INSPECTIONS AND TREATMENT

1-No. of children inspected by Dent	al Surgeo	on:
(a) Routine Age Groups		n
(b) Specials		1,425
(c) Total Routine and Special		1,425
2.—No. of new cases treated		1,101
	children	
treatment	•••	2,694
5.—No. of sessions held for:		
(a) Inspection		
(b) Treatment		275
C. THURSDAY		
6.—Fillings:		Country and
Permanent teeth		1,604
Temporary teeth		289
7.—Extractions:		
(a) Permanent teeth		661
(b) Temporary teeth		1.154
8. Administration of general an	onthatia	for
		404
Administration of local anæ		
extraction	Surcere	445
9.—Other operations:		
Permanent teeth		615
Temporary teeth		255

### ULTRA-VIOLET LIGHT CLINIC-RIVERSLEY PARK

Number of cases treated			 		144
Period of treatment			 3—	-8 W	eeks
Cases cured					48
Cases much improved			 		49
Cases improved			 		19
Cases with condition no	ot ch	anged			4
Course not completed			 		6
Under observation at end	d of	year	 		18

# ULTRA-VIOLET LIGHT CLINIC-STOCKINGFORD

Number of cases treated			 	62
Period of treatment			 3—	6 weeks
Cases cured			 	42
Cases much improved			 	10
Cases improved			 	1
Cases with condition not	char	nged	 	2
Course not completed			 	4
Under observation at end	l of !	year	 	3

# HOME VISITS PAID BY THE SCHOOL NURSE AND HEALTH VISITORS/SCHOOL NURSES

No. of visits on accoun	t of	:			
Personal Hygiene			 	 	255
Others-follow up			 	 	453

### DIPHTHERIA IMMUNISATION

Number of children who have been immunised up to 31st December, 1952:

Ag	ie			No.
15	years	 	 	696
14	years	 	 	626
13	years	 	 	460
12	years	 	 	639
11	years	 	 	517
10	years	 	 	609
9	years	 	 	635
8	years	 	 	706
7	years	 	 	706
	years	 	 	672
	years	 	 	106

Total . . 6,412

and international distance

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# HANDICAPPED PUPILS

# DETAILS OF PUPILS ON HANDICAPPED PUPILS REGISTER AT 31-12-52

CATEGORY	Previously Ascertained	Ascertained in 1952	Total or Register	
A. Blind	1	-	1	
B. Partially sighted		1	1	
C. Deaf	5	1	6	
D. Partially deaf	2	-	2	
E. Delicate	4	3	7	
F. Diabetic	-			
G. Éducationally subnormal	56	20	76	
H. Epileptic	5		5	
I. Maladjusted	2	1	3	
J. Physically handicapped	15	8	23	
Mentally deficient	29	5	34	
TOTAL	119	39	158	

### **RIVERSLEY PARK CHILD GUIDANCE CLINIC**, 1952

The figures for 1952, in general, comparable to those for previous years, though the temporary rise in new referrals was not maintained.

The clinic team has remained the same, with Miss E. A. Eattell as Senior Clinical Psychologist and Mrs. Joan Williams as Psychiatric Social Worker. Miss J. Cooper, Assistant Clinical Psychologist, who had been particularly concerned with playroom therapy and whose contribution to the work of the clinic had been a most valuable one, has left to return to Australia, and her place has been taken by Miss P. Daniels.

The good relations existing between clinic, Education and Medical Authorities, and parents, noted in the last report, was maintained, but it is felt that improved equipment would lead to a considerable gain in efficiency, and this matter is now receiving careful attention.

### KENNETH R. THOMAS,

Consultant Psychiatrist.

### Analysis of Cases

New Cases				 		 	47
Old Cases				 		 	21
Complaint							
Behaviour pr	oblem			 	1	 	26
Backward or	M.D.			 		 	9
Habit disord	er			 		 	33
Result							
Continued to	reatme	nt		 		 	35
Referred to	other :	agen	cies	 		 	10
Discharge				 		 	23

Printed by NUNEATON NEWSPAPERS, LTD Bond Gate, Nuneaton.

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