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Borough of Nuneaton

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# Annual Report

of the

School Medical Officer

for 1954

J. H. BRISCOE-SMITH, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
*School Medical Officer*





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Borough of Nuneaton

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# Annual Report

of the

School Medical Officer

for 1954

# NUNEATON COMMITTEE FOR EDUCATION

(As on December 31st, 1954)

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Alderman C. J. S. Dickens (Chairman)

The Worshipful the Mayor (Councillor L. Whetstone)

Alderman W. R. Chamberlain, M.B.E., J.P., Alderman P. Woodward,

Alderman W. S. Johnson, Alderman R. Hadden

Councillor H. A. Corbett

Councillor C. P. Mann

„ H. Deans

„ A. E. W. Southorn

„ H. J. Deeming

„ E. S. Reekie

„ L. Ford

„ F. B. J. Warr

„ W. F. Harris

„ R. Wilkinson

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## 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.

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## REPRESENTATIVES OF THE LOCAL EDUCATION AUTHORITY,

### NOMINATED MEMBERS:

County Alderman Miss A. H. Moreton

County Councillor H. Cox

County Councillor B. W. Yardley

County Councillor B. J. Garner

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



# STAFF OF THE SCHOOL MEDICAL DEPARTMENT

(As on December 31st, 1954)

School Medical Officer	{ J. H. BRISCOE-SMITH, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Assistant School Medical Officers	{ G. K. G. COOTE, M.B., B.S., M.R.C.S., L.R.C.P. L. S. STEPHENS, M.B., Ch.B., D.R.C.O.G., D.P.H. M. STEANE, M.B., Ch.B. G. HIRD, M.B., Ch.B. D.P.H.
Part-time Assistant School Medical Officer	{ P. VINCENT-DAVISS, M.B., Ch.B., M.R.C.S., L.R.C.P. (commenced 5.7.54)
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 Officer	MRS. L. J. M. KNOX, L.D.S.
Dental Attendant	MISS L. JACKSON
Consultative Psychiatrist— Child Guidance Clinic	{ K. R. THOMAS, M.R.C.S., L.R.C.P., D.P.M.
Speech Therapist	{ MISS P. A. JONES, L.C.S.T. (commenced 20.9.54)
School Nurse	MRS. L. G. BOFF
Health Visitors/ School Nurses	{ MISS K. N. DAVIES MISS K. T. FLYNN MISS M. A. HALLSWORTH MISS D. MASON MISS O. DILCOCK MISS K. DREGHORN (commenced 12.7.54) MISS A. M. NICOLLE (commenced 14.9.54) MISS M. J. HEDGES (commenced 1.7.54) MRS. S. I. JEVONS (commenced 7.12.53)

## ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE 1954

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School Medical Department,  
Council House,  
Nuneaton

Mr. Chairman, Ladies and Gentlemen,

I have the pleasure to submit to you the Annual Report on the School Health Service for the year 1954.

During the year there has been an increase in the number of children on the School Register. This increase has been most marked in the case of the Secondary Schools, where the effect of the birth rate bulge of the middle and late 1940s is beginning to make itself felt. A further increase in the children attending these schools has been due to the opening of St. Joseph's Secondary Modern School in January, 1954, and the transfer to Swinnerton School of senior pupils from Attleborough County School.

The large movement of children from Junior to Secondary Schools has resulted in no reduction in the school population in the Junior and Infant Schools as a whole, since the intake at five years of age remains high and has been augmented by the immigration into the town during the past few years of a considerable number of families with young children.

### Physical Condition of Pupils

The physical condition of pupils, as reflected in Table 7, remains good. The percentage of children classified as A (good) has risen in the case of Primary and Secondary Schools from 28.1 per cent. in 1953 to 34.6 per cent. in 1954, while in the case of the Grammar Schools the percentage of such children has risen from 40.2 per cent. to 45.5 per cent.

### Infectious Diseases

The incidence of Scarlet Fever, Measles and Whooping Cough was low during 1954, and once again there were no cases of diphtheria. Only one case of Poliomyelitis was notified in Nuneaton, and this was an adult who had contracted the infection outside the Borough. The only outbreak of note was one of dysentery in the later part of the year. This was brought to light as a result of two notifications from one General Practitioner in respect of two children attending the same Infant School. Enquiries revealed that among school children the outbreak was confined almost entirely to three Infant Schools, although there were many cases among pre-school children and some in adults. The disease was discovered to be of the Sonne type, which normally gives rise to a very mild form of dysentery, often amounting to no more than a slight attack of diarrhoea lasting for two or three days. For this reason the majority of cases had not been notified, and many parents had not consulted their Doctor. Some children had not even been kept away from school during the period of diarrhoea.

Although this form of dysentery is mild in character, it is highly infectious and spreads rapidly among young children in schools



if not controlled. Action was therefore taken to exclude all children in the affected schools who had any looseness of the bowels or who lived in a house where there was a case of diarrhoea. Specimens were taken from all these children and a high proportion proved to be positive for Sonne Dysentery. Altogether 101 cases of dysentery were discovered. There were 56 cases in school children, of which 30 occurred in one Infant School.

Investigations at the schools showed that there was no evidence that the infection had been spread by food and the disease must be assumed to have been transmitted from child to child as a result of faulty toilet habits, the use of common towels and the sucking of objects such as pencils in common use. The preventive measures adopted, therefore, were prompt exclusion of all cases and contacts of the disease, the institution of strict toilet and hand washing routine and the use of separate towels. These measures appear to have been successful in preventing the spread of the outbreak and in reducing the incidence of the disease among school children, although it seems likely that infection continued to be introduced into the schools by children who were contacts of undiscovered cases in their own homes.

#### **Infestation with Vermin**

In 1953 4.7 per cent. of school children in Nuneaton were found to have evidence of lice in their hair at least once during the year. In 1954 371 individual pupils were found to be infested, representing 3.6 per cent. of the school population of 10,196. This is a very welcome improvement, but the fact that more than three in every hundred children in our schools are verminous cannot be regarded with complacency.

Whenever a child is found to have nits or lice in the hair advice is given to the parents as to the best methods of clearing up the condition. They are also advised that other members of the family may be infested and that the only satisfactory method of preventing the child from again carrying lice is to treat the heads of everyone in the home at the same time as a precautionary measure. The treatment is simple and consists merely of applying a suitable D.D.T. preparation in the form of hair cream. This will kill any live lice immediately and also any young lice which hatch out from the nits during the ensuing ten days. On the tenth day a further dose of the hair cream should be applied as a precaution against nits which are late in hatching.

With such simple treatment available it should be possible to eradicate head lice in the schools. Unfortunately, however, while the majority of parents will carry out treatment on the child when vermin or nits are discovered at inspection, they are reluctant to accept the fact that they themselves or other adult members of the family may be the source from which the child becomes re-infested.

Health Visitors are often met by considerable abuse when they suggest that the mother or an elder sister may themselves have picked up a few lice and should treat their own hair; yet infestation of the hair by lice occurs more frequently among adolescent girls and young women than any other section of the



population. Some control was previously exercised by conscientious hair-dressers, who, for the protection of their other customers, refused to deal with hair in which they found nits or lice. Now that the "home-perm" has come even this control has largely disappeared.

There is at least one shampoo on the market which contains a persistent insecticide which will kill living vermin and protect the user from re-infestation for a week or more. Used regularly in the case of school children it gives excellent results. If more manufacturers could be persuaded to incorporate D.D.T. or an allied substance in their hair preparations the louse could be almost exterminated. Soaps which protect against body odour and toothpastes which protect against bad breath have been glamourised by suitable advertising. Surely, then, a market could be created for shampoos, hair creams, setting lotions and "home-perms" giving protection against the much more real danger of infestation to which every girl and woman is exposed at some time or other.

### **Handicapped Pupils**

Although there has been a steady rise over the past few years in the number of children placed on the handicapped pupils' register each year, this does not mean that there has been an increase in the number of children in need of special educational treatment. It does indicate, however, that such children are being sought out and given every possible help to overcome their handicaps so that they can derive the maximum benefit from their education. This is especially important in the case of educationally subnormal pupils and it is among this group that the increases have occurred.

Several factors have combined to make the better ascertainment of these children possible. Help has been available from the Educational Psychologist employed by the County Council who has carried out preliminary tests in the schools, and medical staff suitably qualified for this work have been available to conduct the subsequent examinations. Further, with the prospect of a day special school in Nuneaton in the near future, teachers have been more willing to draw attention to backward pupils than they were when the only alternative to allowing the child to continue in an ordinary school was admission to a residential special school. This applies particularly in the case of the younger children, where previously there was a natural reluctance to take a step which might result in their being sent away from home.

The ascertainment of children at an early age is extremely important. Special education, if it is to have its maximum effect, must be commenced early. There are few greater tragedies than the spectacle of a handicapped child who has spent a number of years struggling unsuccessfully to keep up with a large class in an ordinary school. Such a child is facing impossible odds in the attempt to keep pace with his contemporaries. Each year under such conditions leads to an increasing sense of frustration and makes it more likely that he or she will respond by anti-social behaviour, apart from reducing the available number of years of school life during which help can be given, by the individual attention of specially qualified teachers, to develop his or her

natural abilities to the full. It is with some satisfaction, therefore, that I am able to report the steady progress which has been made in this work.

I wish to thank Dr. K. R. Thomas for the notes on the work of the Child Guidance Clinic which he has kindly prepared for inclusion in this report and also to thank the many other colleagues, both administrative and clerical, in hospital and specialist services and in general practice who have been so helpful during the year. Thanks are also due to the Borough Education Officer and his staff and the Headmasters and Headmistresses of the schools and their staffs for their unfailing help and co-operation.

The staff of the School Health Service, doctors, nurses and administrative staff, have worked conscientiously and well and I would like to express my appreciation of their support.

Finally, may I express my gratitude to you, Mr. Chairman, and to the members of the Committee for your continued help and consideration during 1954.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. H. BRISCOE-SMITH,

School Medical Officer.

18th October, 1955.



**Table I**  
**SCHOOLS WITHIN THE BOROUGH**

**PRIMARY SCHOOLS**

**County Schools**

	<i>No. on the roll 31-12-54</i>
Attleborough (Junior) ... ..	400
Attleborough (Infants) ... ..	198
Chilvers Coton (Junior) ... ..	396
Chilvers Coton (Infants) ... ..	230
Galley Common (Senior, Junior, Infants) ... ..	204
Heath End (Junior, Infants) ... ..	178
Higham Lane (Junior) ... ..	375
Higham Lane (Infants) ... ..	203
Queen's Road (Junior) ... ..	580
Queen's Road (Infants) ... ..	348
Stockingford Boys (Senior, Junior) ... ..	512
Stockingford Girls (Senior, Junior) ... ..	479
Stockingford (Infants) ... ..	322
Middlemarch (Junior) ... ..	188
Caldwell (Junior) ... ..	356

**Voluntary Schools**

Abbey Street C.E. (Junior) ... ..	361
Abbey Street C.E. (Infants) ... ..	247
Attleborough C.E. (Infants) ... ..	205
Chilvers Coton C.E. (Infants) ... ..	165
Stockingford C.E. (Senior, Junior, Infants) ... ..	241
Vicarage Street C.E. (Junior) ... ..	217
Vicarage Street C.E. (Infants) ... ..	96
St. Joseph's R.C. (Junior, Infants) ... ..	394

**SECONDARY SCHOOLS**

Arbury (Modern) ... ..	641
Higham Lane (Modern) ... ..	375
Manor Park (Technical) ... ..	566
Swinnerton (Modern) ... ..	632
High School for Girls (Grammar) ... ..	490
St. Joseph's R.C. (Modern) ... ..	176

**Voluntary Schools**

King Edward VI (Grammar) ... ..	343
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**NURSERY SCHOOLS**

Avenue Road ... ..	40
Stockingford ... ..	40
<b>Total number of children on School Register:</b>	
Primary Schools ... ..	6,895
Secondary Schools ... ..	3,223
Nursery Schools ... ..	80
	10,198

Table II

## CLINICS

Service.	Situation of Premises.	Days Open.
Minor Ailment Clinic	Riversley Park, Coton Road	Monday and Thursday, 9—12 noon. Medical Officer in attendance.
	Cross Street, Stockingford	Tuesday and Friday, 9—12 noon. Medical Officer in attendance.
	Ramsden Avenue, Camp Hill.	Every Friday morning. Medical Officer in attendance.
Treatment Clinics	Riversley Park, Coton Road	Every week-day morn- ing, 9—10 a.m.
	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	Every Tuesday at 9 a.m. Alternate Fridays at 9 a.m.
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	Monday and Thursday at 2 p.m.
	Cross Street, Stockingford	Monday and Thursday at 10-45 a.m.
Dental Clinic	Riversley Park, Coton Road	Every week-day, 9.30 a.m.—12.30 p.m., 2— 5 p.m.
Speech Therapy Clinic	Riversley Park, Coton Road	Every Wednesday, 9 a.m. —1 p.m., 2—5 p.m.
Child Guidance Clinic	Riversley Park, Coton Road	Every Wednesday 10— 12 noon.



## SCHOOL MEDICAL SERVICE

ANNUAL RETURN FOR THE YEAR ENDING  
DECEMBER 31st, 1954

Table III

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

1—PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY MODERN SCHOOLS									
A—Number of inspections in the prescribed Groups:									
Entrants	...	...	...	...	...	...	...	...	1,033
Second Age Group	...	...	...	...	...	...	...	...	916
Third Age Group	...	...	...	...	...	...	...	...	502
Total ...									2,451
8 years old (vision)	...	...	...	...	...	...	...	...	576
Grand Total									3,027
B—Other inspections:									
Number of special inspections	...	...	...	...	...	...	...	...	243
Number of re-inspections	...	...	...	...	...	...	...	...	426
Total ...									669
2—PUPILS ATTENDING MAINTAINED SECONDARY GRAMMAR SCHOOLS									
A—Number of inspections in the prescribed Groups:									
Third Age Group	...	...	...	...	...	...	...	...	145
B—Other Inspections:									
Number of other Periodic Inspections									
(aged 11 years)	...	...	...	...	...	...	...	...	9
Number of Special Inspections	...	...	...	...	...	...	...	...	—
Number of Re-Inspections	...	...	...	...	...	...	...	...	17
Total ...									26

Table IV

**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 conditions recorded in Table V	Total Individual Pupils
1	2	3	4
<b>1. Pupils attending Maintained Primary and Secondary Modern Schools:</b>			
Entrants	11	125	122
Second Age Group	39	59	91
Third Age Group	22	11	33
Total (prescribed groups)	72	195	246
8 years old (vision)	54	—	54
Grand Total	126	195	300
<b>2. Pupils attending Maintained Secondary Grammar Schools:</b>			
Third Age Group	25	3	26



**Table V**  
**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN**  
**THE YEAR ENDED DECEMBER 31st, 1954**

**1. Pupils attending Maintained Primary and Secondary  
Modern Schools**

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections Prescribed Groups and 8 years old		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
4	Skin .. .. .	30	9	3	2
5	Eyes:				
	(a) Vision .. .. .	126	90	12	8
	(b) Squint .. .. .	22	6	1	3
	(c) Other .. .. .	15	2	2	—
6	Ears:				
	(a) Hearing .. .. .	2	4	3	7
	(b) Otitis Media .. .. .	6	12	3	3
	(c) Other .. .. .	2	2	—	—
7	Nose or Throat .. .. .	39	65	10	8
8	Speech .. .. .	1	3	6	36
9	Cervical Glands .. .. .	3	16	1	4
10	Heart and Circulation .. .. .	1	20	2	7
11	Lungs .. .. .	6	61	1	11
12	Development:				
	(a) Hernia .. .. .	6	3	—	—
	(b) Other .. .. .	6	20	—	1
13	Orthopaedic:				
	(a) Posture .. .. .	3	14	2	11
	(b) Flat Foot .. .. .	3	3	1	2
	(c) Other .. .. .	28	30	4	11
14	Nervous System:				
	(a) Epilepsy .. .. .	2	—	—	1
	(b) Other .. .. .	3	7	1	18
15	Psychological:				
	(a) Development .. .. .	1	13	29	3
	(b) Stability .. .. .	1	6	—	25
16	Other (excluding Dental defects) ..	15	20	—	9
	Totals .. .. .	321	406	81	170

**Table VI**  
**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN**  
**THE YEAR ENDED DECEMBER 31st, 1954**

**2. Pupils attending Maintained Secondary Grammar Schools**

Defect Code No.	DEFECT OR DISEASE	Periodic Inspection. leavers		Other Periodic Inspections		Special Inspections	
		Requiring treatment	Requiring to be kept under observation	Requiring treatment	Requiring to be kept under observation	Requiring treatment	Requiring to be kept under observation
4	Skin .. .. .	1	—	—	—	—	—
5	Eyes:						
	(a) Vision ..	25	1	—	—	—	—
	(b) Squint .. ..	—	—	—	—	—	—
	(c) Other .. ..	—	—	—	—	—	—
6	Ears:						
	(a) Hearing	1	—	—	—	—	—
	(b) Otitis Media ..	—	—	—	—	—	—
	(c) Other .. ..	—	—	—	—	—	—
7	Nose and Throat .. ..	—	—	—	—	—	—
8	Speech .. .. .	—	—	—	—	—	—
9	Cervical Glands .. ..	—	—	—	—	—	—
10	Heart and Circulation	—	—	—	—	—	—
11	Lungs .. .. .	—	—	—	—	—	—
12	Developmental:						
	(a) Hernia .. ..	—	1	—	—	—	—
	(b) Other .. ..	1	1	—	—	—	—
	Totals .. .. .	28	3	—	—	—	—



Table VII

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

AGE GROUPS	Number of Pupils inspected	A (good)		B (fair)		C (poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
1	2	3	4	5	6	7	8
<b>1. Pupils attending Maintained Primary and Secondary Schools</b>							
Entrants	1033	358	34.6	666	64.5	9	.9
Second Age Group	916	298	32.5	609	66.5	9	1.0
Third Age Group	502	192	38.2	308	61.4	2	.4
Total	2451	848	34.6	1583	64.6	20	.8
<b>2. Pupils attending Maintained Secondary Grammar Schools</b>							
Third Age Group	145	66	45.5	79	54.5	—	—

**Table VIII**

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

							Number of individual children treated
1.	Skin						
	(a)	Ringworm—Scalp	...	...	...	...	1
		Body	...	...	...	...	—
	(b)	Scabies	...	...	...	...	—
	(c)	Impetigo	...	...	...	...	1
	(d)	Other Skin Diseases	...	...	...	...	10
2.	Eye (treatment other than that given in our own clinics)						
	(a)	External and other (excluding errors of refraction and squint)	...	...	...	...	—
	(b)	Errors of refraction (including treatment of squint other than orthoptic treatment for which see Table X)	...	...	...	...	—
	(c)	Number of pupils for whom spectacles were prescribed	...	...	...	...	—
	(d)	Number of pupils for whom spectacles were obtained	...	...	...	...	—
3.	Ear, Nose and Throat						
	(i)	Received operative treatment for					
		(a) Diseases of the ear	...	...	...	...	6
		(b) Adenoids and chronic tonsillitis	...	...	...	...	222
		(c) For other nose and throat conditions	...	...	...	...	7
	(ii)	Received other forms of treatment	...	...	...	...	58
4.	Other treatment given (excluding orthopaedic and child guidance)						
	(a)	Respiratory conditions and infectious disease					51
	(b)	Abdominal conditions	...	...	...	...	13
	(c)	Accidents	...	...	...	...	4
	(d)	Heart conditions, chorea and rheumatism	...	...	...	...	11
	(e)	Other conditions	...	...	...	...	57

**Table IX**

**INFESTATION WITH VERMIN**

1.	Total numbers of examinations in the schools by the school nurses or other authorised persons	...	...	...	23,168
2.	Total number of <i>individual pupils</i> found to be infested				371
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	...	...	...	—



**Table X**  
**TREATMENT OF EYE DISEASES, DEFECTIVE VISION AND**  
**SQUINT AT COUNTY EYE CLINICS**

Ophthalmic Part-Time Staff

DR. C. E. CLARK

No. of Sessions—59.

	<i>Total</i>
Number of children who attended in 1954:	
New Cases ... ..	249
Re-examinations ... ..	392
Number of children prescribed spectacles in 1954:	
New Cases ... ..	127
Re-examinations ... ..	242
Number of pupils for whom spectacles were obtained ...	271
Number of children referred for orthoptic treatment:	
(a) by County Orthoptists ... ..	—
(b) by R.H.B. Orthoptists ... ..	27
Number of children known to have received orthoptic treatment during the year:	
(a) by County Orthoptists ... ..	—
(b) by R.H.B. Orthoptists ... ..	11
Number of children treated for eye diseases at clinic (excluding errors of refraction and squint) ... ..	3
Total cases on register at 31st December, 1954 ... ..	1,201

**Table XI**  
**SPEECH THERAPY**

Number of sessions ... ..	64
Total number of attendances ... ..	381
Number of children attending at 1st January, 1954 ... ..	36
Number of first attendances during 1954 ... ..	20
Number of children recalled during 1954 having been stood down in the previous year ... ..	9
Total number of children treated during 1954 ... ..	65
Number discharged during 1954	
(a) Treatment completed ... ..	16
(b) Left district ... ..	8
(c) Ceased attendance ... ..	6
Number stood down under review ... ..	10
Number remaining on register at 31st December, 1954 ... ..	35

Table XII

**CLINICAL ANALYSIS OF SPEECH DEFECTS TREATED  
DURING 1954**

<i>Defect</i>	<i>No. treated</i>	<i>Treatment Cured or much improved</i>	<i>Completed Moderate improvement</i>
Stammer ... ..	12	2	—
Dyslalia ... ..	40	12	—
Sigmatism ... ..	3	2	—
Cleft Palate ... ..	3	—	—
Dysphonia ... ..	1	—	—
Chronic mouth breather ...	1	—	—
Spastic Speech ... ..	2	—	—
Nasal speech ... ..	1	—	—
Indistinct speech ... ..	1	—	—
Hyperrhinophonia ... ..	2	—	—
Total ... ..	66	16	—

Table XIII

**DENTAL INSPECTIONS AND TREATMENT**

1—No. of children inspected by Dental Surgeon:	
(a) Routine Age Groups ... ..	1,342
(b) Specials ... ..	1,310
(c) Total Routine and Special ... ..	2,652
2—No. of new cases treated ... ..	1,277
3—No. of cases completed ... ..	1,126
4—No. of attendances made by children for treatment ... ..	3,937
5—No. of sessions held for	
(a) Inspection ... ..	16
(b) Treatment ... ..	437
6—Fillings:	
(a) Permanent teeth ... ..	1,172
(b) Temporary teeth ... ..	191
7—Extractions:	
(a) Permanent teeth ... ..	518
(b) Temporary teeth ... ..	2,619
8—Administration of general anæsthetic for extraction ... ..	648
Administration of local anæsthetic for extraction ... ..	431
9—Other operations:	
(a) Permanent teeth ... ..	546
(b) Temporary teeth ... ..	43



Table XIV

**ULTRA-VIOLET LIGHT CLINIC—RIVERSLEY PARK**

Number of cases treated ... ..	80
Period of treatment ... ..	3—8 weeks
Cases cured ... ..	26
Cases much improved ... ..	32
Cases improved ... ..	7
Cases with condition not changed ... ..	1
Course not completed ... ..	—
Under observation at end of year ... ..	14

**ULTRA-VIOLET LIGHT CLINIC—STOCKINGFORD**

Number of cases treated ... ..	24
Period of treatment ... ..	6—8 weeks
Cases cured ... ..	1
Cases much improved ... ..	5
Cases improved ... ..	10
Cases with condition not changed ... ..	3
Course not completed ... ..	5
Under observation at end of year ... ..	3

Table XV

**CHILDREN REFERRED TO PÆDIATRICIANS**

<i>Disease</i>	<i>No. of Cases</i>
Respiratory ... ..	44
Orthopædic ... ..	3
Genito-urinary ... ..	8
Abdominal ... ..	10
Ears ... ..	1
Nose and throat ... ..	7
Cardio-vascula ... ..	3
Nervous System ... ..	22
Skin ... ..	—
Rheumatism ... ..	2
T.B. (a) Lungs ... ..	1
(b) Other ... ..	1
Other Conditions ... ..	25
<hr/>	
Total	127

**Table XVI**  
**MINOR AILMENT CLINICS**

DEFECT OR DISEASE	Nuneaton Clinic		Stockingford Clinic	
	249 sessions		223 sessions	
	No. of first attendances	No. of subsequent attendances	No. of first attendances	No. of subsequent attendances
<b>Skin:</b>				
Ringworm—Scalp ..	—	—	—	—
Body ..	2	—	2	2
Scabies .. .. .	—	—	1	5
Impetigo .. ..	8	37	41	127
Other Skin Diseases	363	801	389	526
<b>Eye:</b>				
Blepharitis .. ..	19	9	10	7
Conjunctivitis .. ..	32	48	47	64
Other minor eye conditions .. ..	87	81	64	55
<b>Ear:</b>				
Miscellaneous ear conditions ..	58	123	65	63
<b>Nose and Throat:</b>				
Miscellaneous minor nose and throat conditions .. ..	58	56	138	132
All other minor ailments .. ..	456	829	633	570
<b>Totals .. .. .</b>	<b>1083</b>	<b>1984</b>	<b>1390</b>	<b>1551</b>
Grand Total—6,008				



**Table XVII**

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

No. of visits on account of:

(a) Personal Hygiene	...	...	...	...	760
(b) Other—follow up	...	...	...	...	1,761

**Table XVIII**

**HANDICAPPED PUPILS**

**DETAILS OF PUPILS ON HANDICAPPED PUPILS REGISTER  
AT 31-12-54**

CATEGORY	Previously Ascertained	Ascertained in 1954	Total on Register
A. Blind	1	—	1
B. Partially Sighted	2	—	2
C. Deaf	5	1	6
D. Partially Deaf	5	—	5
E. Educationally Subnormal	61	42	103
F. Epileptic	3	—	3
G. Maladjusted	8	6	14
H. Physically Handicapped	23	3	26
I. Speech	—	—	—
J. Delicate	4	6	10
Mentally Deficient	50	11	61
<b>TOTAL</b>	<b>162</b>	<b>69</b>	<b>231</b>

**Table XIX**

**EMPLOYMENT OF CHILDREN BYE-LAWS**

Number of children examined under Employment of Children  
Bye-laws:

Number of children examined ...	...	...	178
Number granted certificates ...	...	...	175

**TABLE XX**

**DIPHTHERIA IMMUNISATION**

No. of children who have been immunised up to 31st  
December, 1954:

<i>Age</i>					<i>No.</i>
15 years	...	...	...	...	561
14 years	...	...	...	...	603
13 years	...	...	...	...	573
12 years	...	...	...	...	697
11 years	...	...	...	...	729
10 years	...	...	...	...	718
9 years	...	...	...	...	658
8 years	...	...	...	...	910
7 years	...	...	...	...	1,110
6 years	...	...	...	...	832
5 years	...	...	...	...	674
Total					8,065



**RIVERSLEY PARK CHILD GUIDANCE CLINIC**  
**ANNUAL REPORT, 1954**

New cases referred	...	...	...	...	...	...	50
Old cases	...	...	...	...	...	...	38
							<hr/> 88

**Analysis of presenting symptoms of new cases :**

Backwardness	...	...	...	...	9
Habit disorder	...	...	...	...	9
Delinquent	...	...	...	...	5
Behaviour disturbance	...	...	...	...	25
Physical problem	...	...	...	...	2

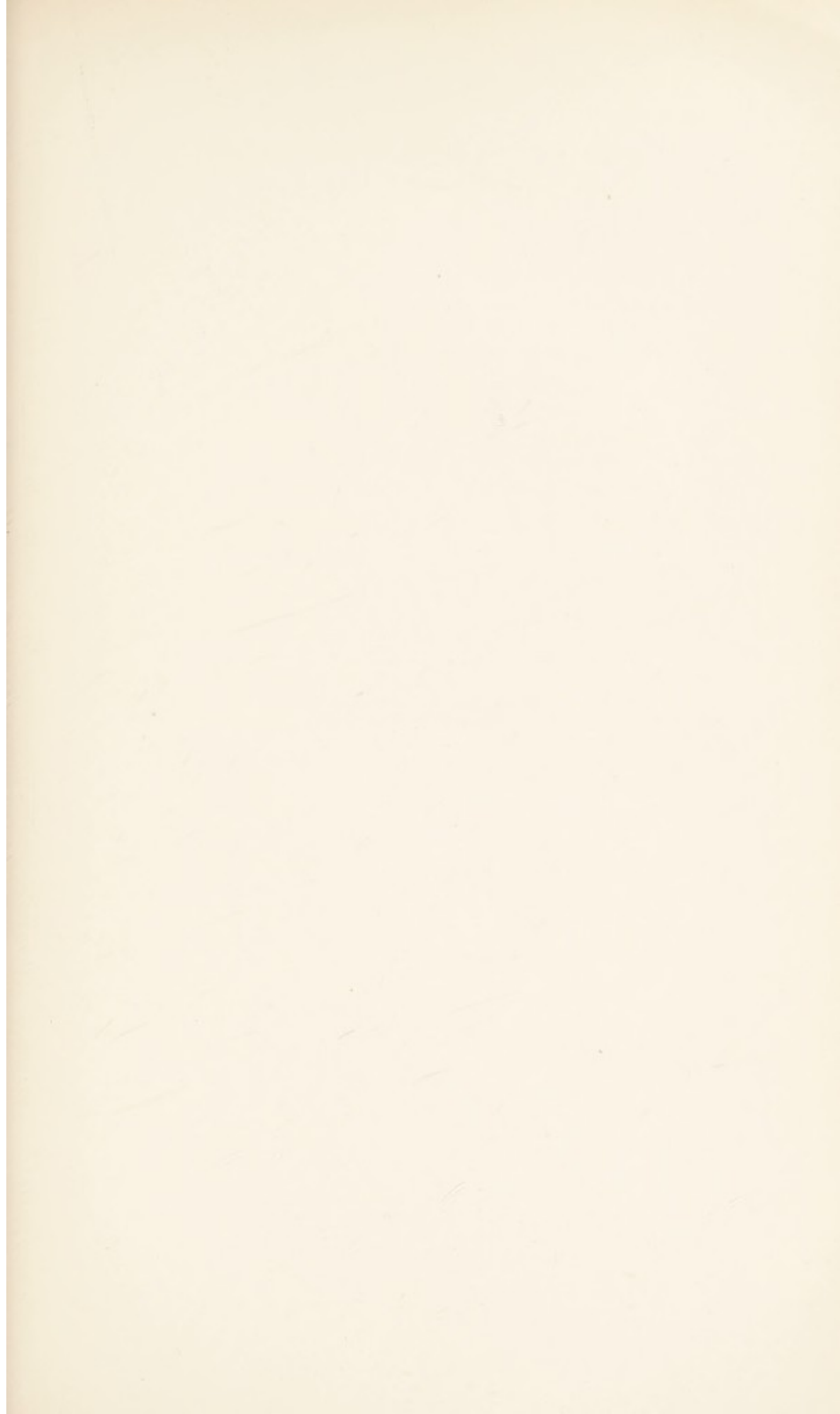
Cases discharged or referred to other agencies ... 39

Work at this Child Guidance Clinic has continued satisfactorily during the past year and this has been largely due to the high degree of co-operation we have obtained both from the Education Authority and the parents, as noted in an earlier report.

The only changes in the clinic team have been the replacement of Miss P. Daniels by Mr. G. Irving, who has this term taken over the supervision of the playroom for the treatment of a selected group of children.

The Friday afternoon sessions, where suitable cases are seen for individual therapy, have continued to prove their value.

KENNETH R. THOMAS,  
Consultant Psychiatrist.





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