

[Report 1954] / School Medical Officer of Health, Peterborough.

Contributors

Peterborough (England). Council.

Publication/Creation

1954

Persistent URL

<https://wellcomecollection.org/works/gfcmrsr2>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

**PETERBOROUGH
JOINT EDUCATION BOARD**

ANNUAL REPORT

OF THE

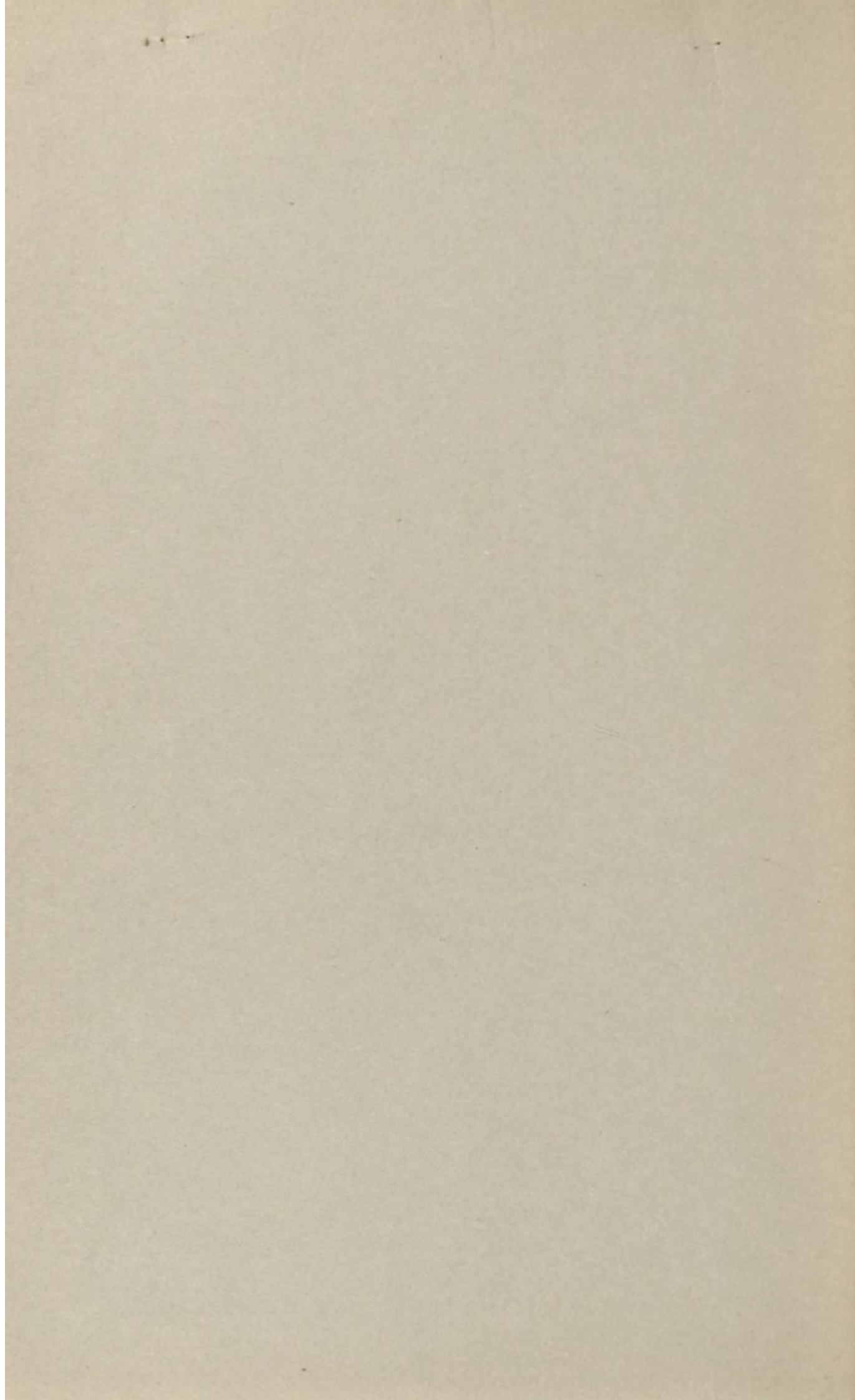
School Medical Officer

FOR THE YEAR

1954

G. NISBET, M.B., Ch. B. (Ed.) D.P.H., R.C.S. (Ed.)

SEEN BY THE
MEDICAL OFFICER



PETERBOROUGH JOINT EDUCATION BOARD
ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR 1954

GEORGE NISBET, M.B., Ch.B.(Ed), D.P.H., R.C.S., (Ed).

STAFF

Principal School Medical Officer	...	George Nisbet, M.B., CH.B., (Ed), D.P.H., R.C.S., (Ed).
Deputy Principal School Medical Officer		William D. Swinney, M.B., Ch.B., D.P.H., (Aberdeen)
Principal School Dental Officer	...	Thomas Henry Roberts, L.D.S.
School Dental Officer	... ..	Vacant
Anaesthetist (Dental) part-time	..	J. G. Inglis, M.B., Ch.B.
School Nurses	... ..	Mrs. L. Young, S.R.N., R.F.N.
(In order of length of service)		Mrs. S. A. Coward, S.R.N., B.T.A.
		Miss A. V. Sydee, S.R.N. S.C.M. (resigned 31.8.1954)
		Miss N. M. Wyatt, S.R.N., S.C.M., H.V. Cert. (appointed 13.9.1954)
Speech Therapist	... ..	Miss Sylvia Halley, L.C.S.T. (resigned 2.4.1954)
		Mrs. M. Samways, L.C.S.T. (appointed 3.5.1954)
Dental Attendant	... ..	Miss Eleanor B. Allen (resigned 23.5.1954)
		Miss D. E. Nichols (appointed 31.5.1954)
Chief Clerk (School Health Department)		J. J. Dunford.

CONSULTANT STAFF

The services of the following Consultants have been made available during the year by arrangement with the East Anglian Regional Hospital Board :—

Consultant Ear, Nose and Throat Surgeon		A. A. Finlayson, M.B., Ch.B. F.R.C.S. (Ed).
Consultant Paediatrician	... ..	B. W. Powell, M.B., C. Chir. M.R.C.P., M.R.C.S.
Consultant Ophthalmic Surgeon	...	G. M. Barling, M.B., D.O.M.S.

TO : The Chairman and Members of the Peterborough Joint Education Board.
Ladies and Gentlemen,

I have the honour to present my sixth Annual Report on the health of school children in the County of the Soke of Peterborough.

I pointed out in my last Report that it was becoming increasingly evident that the present medical staff was insufficient adequately to carry out all the demands, especially in view of the increase of a thousand in the school population since 1951.

During the year Dr. W. Anley Hawes (who is Medical Officer of Health to the Peterborough and Barnack Rural District etc.) kindly offered some part-time service as School Medical Officer, and although he can, at present, give but 1½ elevenths of his time to school medical inspection, it was felt that this would help to relieve the accumulation of work. The Joint Board agreed to engage Dr. Hawes on this part-time basis as from January 1st, 1955.

Since young people are most precious raw material, not only in industry, but in the national life, it is a matter of great importance that their health during school years should be watched and safeguarded.

The last Report of the Chief Medical Officer of Health of the Ministry of Education (for the year 1953) states that the health of the school child throughout this country is generally satisfactory, and this statement applies to the Soke of Peterborough. The chief defects found at School Medical Inspections are nose and throat conditions, eye defects, and orthopaedic defects. These accounted for 76 per cent of the conditions requiring treatment during the year. All can be improved or remedied by operative treatment, provision of glasses or by physiotherapeutic measures. The duty of the School Medical Service is to ensure that all are available and to do all that is possible to see that necessary treatment is being carried out to the benefit of the children.

Our figures for children classed as of poor general condition are rather higher than those of the country as a whole. In 1954 6% of our children were classified as of poor general condition, and in 1953, 4.8 per cent; in England and Wales as a whole in 1953 only 2.2 per cent of school children were considered to be in poor general condition. It may be that I aim at a higher standard than is general throughout the country, the standards being personal estimates, rather than by exact measurements.

Of 250,000 children in the country who contracted infectious diseases in 1953, 95% suffered from measles, whooping cough and scarlet fever. More troublesome than these familiar friends, however, appear to be skin diseases, particularly psoriasis and allergic reactions, and while they are not the major cause of ill-health, they have a great influence in the lives of children sufferers and cause much absence from school. Impetigo has increased in the last two or three years in the country as a whole, although I am pleased to say that in this area there has been a decrease not only of impetigo, but also of scabies; in fact infectious skin diseases amongst the Soke of Peterborough children have not been a problem in 1954.

The Report of the Chief Medical Officer of the Ministry of Education states that there are still over a quarter of a million children with nits and lice. In this County in 1954 out of 25,773 inspections of children for cleanliness, 107 individual pupils only were found to be infested, or 0.04 per cent, which I regard as being not unsatisfactory. "Lousiness in children" says the Chief Medical Officer's Report, "will never be eradicated until their families become

clean," and recognising the truth of this, the school nurses and the health visiting staff of the County Council try to educate the parents and the girls. The number of lousy families in this area is remarkably small, but form a hard core of resistance to completely rendering this County free from lice. When a new case is discovered, almost any of my staff who know these chronically infected families, has only to name a few as the source of contraction of the "livestock" to be able to trace, in almost every case, the guilty party who has passed on the parasites. The question may then be asked, why the authorities have not completely eradicated the infestation of these guilty families. Even after many months of hygiene war, in many families it is tremendously difficult to ensure good personal hygiene in all members of a family unit. I welcome the modern short hair cut in the teen-age girl, as in the past, the disinclination to wash hair recently "permed" has been difficult to overcome.

In the country as a whole there has, in recent years, been a spectacular reduction in the number of deaths from tuberculosis; diphtheria and rickets have virtually disappeared, and rheumatic fever attacks only one-third to one-quarter of those children it attacked even 10 years ago. In 1953 in England and Wales, the deaths from tuberculosis amongst children aged five to 14 years was 107, compared with 973 in 1939. Only 117 children contracted diphtheria in the same year, resulting in seven deaths, although no less than 1,733 children died from this disease in 1938. I cannot stress too strongly the importance of diphtheria immunisation of all pre-school children.

At the end of the year 1953 the equivalent of 945 full time dentists in the school dental service was a record total. A survey carried out in a number of areas covering over 30,000 children showed, however, that there was a marked increase in dental decay compared with 1948. Only 12 per cent of the 12 year old children examined had no decayed, missing or filled teeth. It seems that sweet sticky articles of diet are the chief factor in causing tooth decay. It is perhaps significant, the report states, that the consumption of sugar per head in this country rose in 1946 and has remained at a high level. A campaign against the unrestricted consumption of such foods and indulgences in sweets and similar substances between meals might help to reduce considerably dental caries in children. Whereas a generation ago children had but a few coppers to spend weekly on sweets, every "Tuck Shop" appears to be crowded with children prior to school on every day of the week now, and I am told by the proprietor of one such shop that many children spend at least half-a-crown a week on sweets. The adequacy of the breakfast partaken of by many children would seem to be lacking in carbohydrates.

Some of the far-reaching suggestions on the treatment of handicapped children are made in the report of the Chief Medical Officer to the Ministry. These children, it is argued, should remain in ordinary schools whenever possible; most of them have to enter industry immediately they leave school, and too sheltered a life is no help to them. I can bear this out from my own experience in this area.

Now that early auditory training including instruction in lip reading and in the use of hearing aids is being given, more children with defective hearing will be able to attend ordinary schools in the future, while an increasing number of partially sighted children are already attending ordinary schools. In general, all children with defects of speech can be taught in ordinary schools, receiving special speech therapy sessions at the clinic. I should like again to express my thanks to the Chief Education Officer and his staff for their interest and co-operation throughout the year, and to the members of the Special Services Sub-

Committee of the Joint Education Board, whose help and interest is much appreciated.

To the Dental Officer (Mr. Roberts), the Speech Therapist (Mrs. Samways) and the school nurses I am particularly grateful for their loyal co-operation and ungrudging service in many ways.

Finally I should like to thank my own clerical staff who have done so much towards the smooth and efficient running of the School Health Service during the year.

I have the honour to be,

Your obedient servant,

GEORGE NISBET
County Medical Officer
and
Principal School Medical Officer to
the
Joint Education Board

Public Health Department,
County Council Offices,
Bridge Street,
Peterborough.

GENERAL STATISTICS

Area

Area of Administrative County (in acres)	53,464
--	-----	-----	-----	--------

Civilian Population

City of Peterborough	...	...	...	54,240
Peterborough Rural District	...	...	...	7,560
Barnack Rural District	...	...	...	3,800
Administrative County	...	...	...	<u>65,600</u>

School Population

Nursery Schools	...	...	...	77
Average number of children on registers of Primary Schools during 1954				
	City	...	...	5,504
	Rural	...	...	1,094
Average number of children on registers of Secondary Modern Schools during 1954	...	...	...	1,864
Average number of children on registers of Grammar Schools during 1954	...	...	...	1,235
			Total	<u>9,774</u>

Number of Schools

Nursery Schools	...	...	...	2
Primary Schools	...	...	...	37
Secondary Modern Schools	...	...	...	7
Grammar Schools	...	...	...	3
			Total	<u>49</u>

MEDICAL INSPECTION

I append details of school medical inspections carried out during the year 1954 :—

Entrants	765
Second Age Group	565
Third Age Group	581
Additional Periodic Inspections	39
Total Routine Inspections	1,950

Other Inspections

Number of Special Inspections	96
Number of Re-inspections	105

Grand Total 2,151

FINDINGS OF MEDICAL INSPECTION

Diseases and Defects

Of the 1950 children examined at the periodic medical inspections, 319 were found to be suffering from a disease or defect (other than dental diseases and infestations with vermin). This represents 16.3% of all pupils inspected compared with a percentage of 21.0 last year, and 20.5 in 1952. The improvement is therefore considerable.

The following Table shows the number of pupils inspected and the number found to be in need of treatment in the various age groups. (The figures in brackets refer to 1953).

Age Group	Inspected	Requiring Treatment	Percentage
Entrants	765 (1132)	151 (270)	20.0 (22.7)
Second Age Group	565 (630)	90 (133)	16.0 (21.1)
Third Age Group	581 (587)	69 (92)	11.8 (16.7)
Other Routine Inspections	39 (0)	9 (0)	23.0 (0)
Total	1,950 (2349)	319 (495)	16.3 (21.0)

As in previous years the greatest percentage of children found to require treatment occurs in the Entrant group (20%) and among "Other Periodic Inspections" (23%). This latter group consists of children attending the Nursery Schools. By the time a child leaves school, defects such as defective vision, nose and throat and orthopaedic defects should normally have been treated and remedied, and therefore the number of children among the "Leaver" group requiring treatment is considerably less. In 1954 11.8 per cent only of such children were found to have defects requiring treatment.

Defective vision, nose and throat defects and orthopaedic conditions accounted for as many as 76.1 per cent of the total defects found at routine medical inspections in 1954 viz :

Nose and Throat Defects	99	31.0%
Eye Defects	74	23.2%
Orthopaedic Defects	70	22.0%

Total 243 76.1%

As in previous years, the highest percentage of children found to require treatment were those suffering from defects of the nose and throat (31%), compared with 37.7% in 1953, 36.1% in 1952, and 25.2% in 1951. Care is taken not to refer such children for operative treatment unless considered absolutely necessary.

General Condition

Children are classified under the following three categories, and each child examined in the routine age groups is assessed under these headings:—

A.—Good health and nutrition.

B.—Fair health and nutrition.

C.—Poor health and nutrition.

The following Table shows the classification of pupils examined at routine inspections during 1953, and for purposes of comparison a Table showing classification of children examined in 1954 is also appended:—

		1954							
		Number of		A		B		C	
Age Groups		pupils		Good	%	Fair	%	Poor	%
		Inspected							
Entrants	765	528	69.0	213	28.0	24	3.0
Second Age Group	565	353	62.5	165	29.2	47	8.3
Third Age Group	581	314	54.1	222	38.2	45	7.7
Additional Periodic Inspections			39	22	56.4	17	43.6	0	0
Total	1950	1217	62.4	617	31.6	116	6.0

		1953							
Entrants	1132	761	67.3	285	25.1	86	7.6
Second Age Group	630	439	69.6	176	28.0	15	2.4
Third Age Group	587	418	71.2	158	26.9	11	1.9
Total	2349	1618	68.9	619	26.3	112	4.8

It will be noted that a smaller percentage of children were classified as of good nutrition (A) in 1954 than in 1953, and more were classified as poor (C), but the percentages are not strikingly different and call for no comment.

The medical record cards of the 116 children classified as poor (C) in 1954 were examined in some detail. 68 were boys and 48 were girls. 19 were the only child in the family (16%). In 27 the cases the family consisted of two children (23%) in 15 there was a family of three (13%); in 14 there were four children (12%), in eight, five children (7%) in 10 there were six children (8%) in three, seven children (2%) and in three other cases the family consisted of eight, 11 and 14 children respectively. In 17 cases no information was available of the number of children in the family. The home circumstances were described as poor or unsatisfactory in 15 cases. In one of these the father was in prison. A mother of a family of six children confessed to smoking 30 cigarettes a day!

Twenty-two of the children classed as of poor general condition suffered from defects of the nose and throat, five were excitable, highly strung children, four gave a history of bronchitis, two had received operative treatment for removal of appendix, three children had otorrhoea, or discharging ears, one had enlarged cervical glands, two mastoid disease, one tuberculous glands of the neck, two were asthmatic, one had recently had pneumonia, one suffered from bronchiectasis, one was subject to hay fever, one had recently had congestion of the lungs, three were contacts to tuberculosis patients, and although they were free from tuberculosis they were under observation at the Chest Clinic and were far from robust. Five of the children were noted to have very bad posture. One suffered from eczema and another from boils, and one child suffered from congenital heart disease.

It will be observed that as many as 57 (or nearly 50%) of the 116 children classified as of poor general condition suffered, or had recently suffered from some medical, surgical or psychological defects.

School Meals Service

School Canteens are in operation in 16 Schools. The following Table shows the number of school meals supplied to school children on a typical school day in December 1954 :—

	Meals supplied
(a) City Schools—container meals ...	983
(b) City Schools—own canteens ...	1,186
(c) Rural Schools—container meals ...	91
(d) Rural Schools—own canteens ...	785
(e) Total number of meals supplied ...	3,045
(f) Number on roll ...	9,854
(g) Percentage of meals taken ...	30.90

At the end of 1953, 31.01% of children in attendance at schools in the area were having school meals.

Cleanliness

The three school nurses carried out a total of 25,773 examinations for cleanliness in the schools during 1954, compared with 23,686 inspections carried out in 1953, and 21,057 in 1952. The number of cleanliness inspections carried out in 1954 is the highest ever recorded in this area.

The total number of individual pupils found to be infested with vermin was 107, compared with 73 in 1953 and 110 in 1952. Cleaning orders were issued in respect of 67 children (against 43 last year). All cases of infestation, however slight, are recorded and in fact most of the cases were of but slight infestation. In the few children with serious infestation pressure is constantly being brought to bear upon the parents. Too often I find, on visiting the household, that the source of the infestation to the school child is the "teenage" girl of the household, or even the mother, too careful of the "perm" or hair waves, to wash hair regularly.

FOLLOWING-UP

Children found to be suffering from defects or diseases are followed up by visits to the homes by the school nurses and by re-examination, either in schools or at the School Clinic, by the medical staff and the school nurses. I

find that the School Nurse, taking an intelligent interest in the results of the medical inspection, can play a big part in the follow-up and re-inspection programme, quite often eliminating the necessity for a medical re-inspection. A lot depends on the relationship of the School Medical Officer and the general practitioners concerned. I value the great co-operation, on the whole, which pertains in this area.

Close liaison is maintained with the specialists at the Memorial Hospital, and in many ways assistance is rendered. If, for example, a parent fails to keep an appointment at the Hospital for an eye or nose and throat examination, I am informed by the Hospital authorities and arrange for a school nurse to follow up, enquiring the reason, and stressing attendance at a future appointment. In cases where there is domestic difficulty (e.g. where the mother is ill) the school nurses take the child to hospital for examination. Encouragement to pursue the recommended treatment, is, of course, routine.

TREATMENT OF DEFECTS

The arrangements, whereby all treatment, other than speech therapy and minor ailments treatment, are carried out by the National Health Service, have continued to work satisfactorily.

Table II of the Statistical Summary in the Appendix of this Report details the defects found at the routine inspections, and Table IV deals with defects treated.

MINOR AILMENTS

A Minor Ailments Clinic is held at the School Clinic premises, Town Hall, Peterborough, each Monday morning, and if necessary, on other days, when I personally take charge of the Clinic. A school nurse attends to treat minor ailments on other mornings between 9 and 10 a.m. and between 4 and 5 p.m. in the afternoons, when I am also available to see children considered by the nurses to require my attention or advice.

I append details of the minor ailments treated during the year :—

	Number of Defects Treated				
Ringworm of body	1
Scabies	4
Impetigo	7
Other skin diseases	25
Minor eye defects	9
Minor ear defects (aural wax etc.,)	59
Miscellaneous conditions	195
Minor injuries	27
					Total
					327

In 1953 298 minor ailments were treated at the Clinic.

It is with pleasure I note a reduction in the number of cases of skin disease. In 1953, 83 cases of skin disease were treated at the minor ailments clinic. In 1954 37 such cases were treated.

DEFECTIVE VISION

The School Ophthalmic work is carried out by Dr. G. M. Barling, the Consulting Ophthalmologist of the Regional Hospital Board, at the Peterborough Memorial Hospital, and I would like here to express my thanks to Dr. Barling for his co-operation and help.

327 children suffering from errors of refraction (including squint) were referred by me to the Ophthalmic Surgeon during the year. Glasses were prescribed for 206 of these children, and were obtained by the end of the year or early in 1955.

DEFECTS OF NOSE AND THROAT

113 children examined in the routine age groups or as "specials" were referred to the E.N.T. Surgeon for his opinion regarding operative treatment, and another 233 pupils required to be kept under observation for enlarged tonsils and adenoids. Therefore, nearly 17% of all children examined in the routine and special groups during the year were found to be suffering from a greater or lesser degree of defects of the nose and throat, antra or sinuses.

Care is taken to see that no child is referred as likely to require operation unless this appears to be absolutely necessary, the emphasis being placed on conservative treatment. It will be noted that more than twice as many children were kept under observation than were referred for treatment. I find that many children have never learned to blow their noses, and I make a point of impressing upon the parents, the need to teach their children to perform this simple operation, clearing each nostril separately.

During the year 297 children were operated on for adenoids and chronic tonsillitis, and one received operative treatment for disease of the ear. 175 of these were treated at the Peterborough Memorial Hospital, 105 at Stamford Hospital, and 17 at Ely Hospital. There were, at the end of the year, 640 school children in the area awaiting operative treatment for enlarged tonsils and adenoids.

I should like to express here my thanks to Mr. A. S. Finlayson, the E.N.T. Surgeon, and the Registrar, Dr. M. E. Johnston for their valued co-operation and assistance.

54 children suffering from ear defects (chiefly aural wax) and six suffering from otitis media were found at routine medical examinations. Two "specials" were found to have wax, and one otitis media, requiring treatment.

36 other children with a minor degree of otitis media or aural wax were under observation and treatment by conservative measures during the year.

All children requiring treatment for removal of aural wax etc., were immediately treated by me at the school, or were asked to come to the Minor Ailments Clinic at the Town Hall, and 59 such children were treated by the school medical officers during the year. As usual I found that children use their ears as receptacles for such things as buttons, beads, paper, sealing wax, corn etc ; in fact I found almost everything except shoes and ships, cabbages and kings !

One child examined in the routine age groups required treatment for deafness, and six were kept under observation for this condition.

CHILD GUIDANCE

As there is no Child Guidance Clinic maintained by the Education Authority, I have experienced some difficulty in dealing with the cases which have come to my notice.

Dr. R. E. Glennie, the Consultant Child Psychiatrist to the Cambridgeshire Education Committee, kindly saw one boy during the year, but Cambridge is a long way from Peterborough and it is not easy for parents to take their children so far. It would be of great help if a Child Guidance Clinic could be established in Peterborough, and I have had correspondence with the Regional Hospital Board on this matter during the year.

Besides the difficulty of obtaining staff with the necessary qualifications, the medical members usually being employed by the Regional Hospital Board, the lay members by the Education Authority, there are, at present, no suitable premises in which to hold such a clinic. One of the features of a child guidance clinic is that a room should be available for "play therapy," often a very messy procedure, involving paint, water etc., with room for the activity to take place. The number of children requiring this type of treatment is becoming quite a problem, which will require quite an effort to solve in the coming year.

ORTHOPAEDIC DEFECTS AND PHYSICAL TRAINING

The number of children with orthopaedic defects is still high. Out of a total of 1950 children examined in the routine and "special" age groups, as many as 266, or 13%, were found to have orthopaedic defects of a greater or lesser degree, viz.

Posture	...	...	...	74
Foot defects	...	...	...	155
Other	...	...	...	37
			Total	266

Last year 14% of the children examined were found to have orthopaedic defects, and in 1952, 12.3%.

SPEECH THERAPY

The report of Mrs. Samways, the Speech Therapist, is appended :—

"During the year 1954, there was a change over of Speech Therapists. Miss Halley left at the end of March, and I took over at the beginning of May.

Owing to the short time lag whilst I visited the schools and interviewed parents and children, the Clinic was not in full swing again until the beginning of June.

Between us Miss Halley and I have treated 101 children suffering from speech defects. 30 children were discharged and 46 admitted. Since May, weekly sessions were held as follows:—

- (a) 8 sessions at the Town Hall (7 after November).
- (b) 1 session at Dogsthorpe School.
- (c) 1 session at Eastholm School.
- (d) ½ session at Arthur Mellows Village College (since November).
- (e) ½ session at Glington Primary School.

I have made 32 home visits and 38 school visits in connection with various children. A great many speech recordings have been made on the tape recorder.

The co-operation and help of the teachers and of colleagues in the school medical service have been much appreciated, and I should like to express my thanks to all those who have made my first year with this Authority a very happy one.

MARGARET SAMWAYS, L.C.S.T."

SPEECH THERAPY TABLE

	Admit- ted	Receiv- ing Treat- ment	Dischar- ged	Left Dist.	Unco- opt.	Total
Dyslalia	35	11	18	—	1	65
Stammering	9	8	7	1	—	25
Cerebral Palsy (spastic)	1	1	3	—	—	5
Dysphonia	1	1	—	—	—	2
Cleft Palate	—	2	—	—	—	2
Multiple Physical Handicap and others	—	—	2	—	—	2
Total	46	23	30	1	1	101

Home visits 32. School visits 38. Total 70.

HANDICAPPED PUPILS

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of two years.

Handicapped children are those suffering from disability of mind or body to such an extent that they require education by special methods.

During the year 1954, Orton Hall near Peterborough was opened as a Special School for Educationally Sub-normal Girls. Orton Hall (which is situated in the County of Huntingdonshire) has been adapted as a Special School by Huntingdonshire County Council in conjunction with the neighbouring authorities of Peterborough, Cambridgeshire and the Isle of Ely. There is accommodation for 100 children (46 boarders and 54 day pupils).

At the end of the year 22 girls from the Soke of Peterborough were in attendance at Orton Hall, 20 as day pupils and 2 as boarders.

The difficulty of finding accommodation in special schools for educationally sub-normal boys is as acute as ever, and it is now many years since a boy from this area was admitted to such a school.

The following Table shows the number of handicapped pupils on the Register during the year 1954 :—

Blind or partially Blind	...	...	4
Other visual defects	...	...	3
Deaf or partially deaf	...	...	7
Delicate	...	...	59
Epileptic	...	...	5
Educationally sub-normal	...	...	65
Physically handicapped	...	...	67
Maladjusted	...	...	6
		Total	216

At the end of the year 1953, 175 children were on the Register.

SPECIAL SCHOOLS

One blind girl was educated at the Barclay School for Partially-sighted girls at Sunninghill, Berks., and a boy was admitted from the Royal Blind School, Sheffield to the Royal Normal College during the year. One blind girl was discharged from the Dorton House School, Bucks, upon reaching the age of 16 years. The fourth, (a girl who is partially deaf) was admitted early in 1955 to the Birmingham Royal Institution for the Blind.

One deaf boy is being educated at the Royal School for the Deaf, Derby. Two others (brothers) are at St. John's Residential School for the Deaf, Boston Spa, Yorks, and a girl is at the Yorkshire Residential School for the Deaf, Doncaster. The three latter cases were transferred from other areas during the year.

Forty-eight delicate children were in residential open-air schools during the year, viz :—

Port Regis Open-Air School, Broadstairs (Girls) ...	25
Holy Cross Open-Air School, Broadstairs (Boys) ...	18
St. John's Open-Air School, Woodford Bridge ...	1
St. Patrick's Open-Air School, Hayling Island ...	3
Tadworth Court Hospital, Surrey	1
	—
Total	48
	—

In the previous year 61 children were in open-air schools.

Fourteen children suffering from pulmonary tuberculosis were in residence at the Children's Sanatorium, Holt during the year. One boy suffering from a tuberculous spine was at the Manfield Orthopaedic Hospital, Northampton.

A girl aged 10 years, suffering from tuberculous meningitis was admitted to Radcliffe Hospital, Oxford, where she unfortunately died. A diabetic girl was discharged from St. Monica's Hostel for Diabetic Children, Deal, on 24.7.54.

A girl aged eight years suffering from Still's Disease was at Great Ormond Street Hospital during the year.

A spastic boy aged 10 was admitted to St. Vincent's R.C. Orthopaedic Hospital School, Pinner on 6.5.54.

One physically handicapped boy, aged 13 years, was in residence at Exhall Grange Special School, Warwickshire. Another boy aged eight years was recommended for admission to a residential school for maladjusted boys, but up to the time of writing a vacancy has not been found for him.

It is expected that during the present year, Tixover Grange (which is some 15 miles from Peterborough) will be opened as a school for Spastics (to be called the "Wilfred Pickles School"). There are a number of children in this area who appear to be suitable candidates for admission to this School, when it opens. I have a personal interest in this School, in that outwith my official position in this County, I have been asked to serve on the Management Committee of the School.

CO-OPERATION WITH TEACHERS, PARENTS AND DOCTORS

I should like to express my thanks to the Teachers for their continued co-operation. I know that school medical inspections upset the school curriculum and interfere with examinations, games, swimming, puppet shows, film shows, and other academic pursuits, but most of the head teachers give me every facility and I much appreciate their help and kindness.

Every effort is made to secure the co-operation of the parents. Letters are sent from my office to the parents or guardians of all children due for routine examination—usually a week in advance—informing them of the exact time and place of the inspection and inviting their attendance.

As many as 65% of the parents attended the medical examination of their children, compared with 74% last year, and 75% in 1952. Practically all the parents of Entrants (infants) attend the medical examination, but few of the parents of the Leavers. These husky youths and buxom young women usually prefer to be examined without their parents being in attendance, and as their medical history is more often than not known to the School Medical Officer, it is not really essential, in the majority of cases, for the parents of Leavers to be present, but they are always invited and are welcomed.

Very few parents refused to allow their children to be medically examined. In the three or four instances that have occurred a letter was sent, pointing out that medical inspection of school children is statutorily compulsory. This resulted in the child being brought up for examination by the School Medical Officer. One parent only threatened to go to prison rather than allow his offspring to be examined by the School Medical Officer, but after a visit from a school nurse, he obviously thought better of it, for the child was produced for examination the next day, much to the pleasure of the mother.

The parents of three children refused their consent to their children being sent to an open-air school. In one of these cases the home conditions were very bad, but in my experience the poorer the home the more difficulty one has to persuade parents to allow their children to take advantage of a period at an open-air school situated in ideal surroundings near the sea. I cannot help but think that the children themselves would prefer the sun to the slum.

51 boys and 53 girls—a total of 104—were absent from school on the day appointed for their examination. Their absence was due in most instances to illness or infectious disease. When it is suspected that a child has been deliberately kept away from school on the medical inspection day to avoid examination, a letter is sent to the parents requesting that the child be brought to the school clinic. All children were examined.

VACCINATION AND DIPHTHERIA IMMUNISATION

A note is made on each child's medical inspection card as to whether vaccination and diphtheria immunisation has been carried out.

1,267 of the 1,950 children examined in the routine age groups had been immunised against diphtheria, or 65% compared with 64% in 1953 and 58% in 1952.

513 of the 1,950 children were known to have been vaccinated or 26.3% compared with 26.5% last year and 28% in 1952.

For the fifth year in succession no cases of diphtheria were notified in the County.

SCHOOL DENTAL SERVICE

I append a report of Dental Inspection and Treatment of school children for the year 1954, as submitted by Mr. T. H. Roberts, to whom I am much indebted for his co-operation and interest.

**REPORT OF DENTAL INSPECTION AND
TREATMENT OF SCHOOL CHILDREN FOR THE YEAR**

— 1954 —

This is my sixth consecutive Annual Report. Dr. Wynne, an Inspector from the Ministry of Education, visited the Clinic on December 14th and 15th, and made certain recommendations.

These were :—

- (1) At least one Assistant Dental Officer is required, and possibly two, depending upon the acceptance rate. There are 10,000 children attending the schools, and each child should be inspected and treated once a year.
- (2) A new dental chair is needed for the second dental surgery.
- (3) A new chairside light is also needed in the same surgery.
- (4) A new General Anaesthetic machine is needed. Dr. Inglis has already made application for this, as the present one is old-fashioned.
- (5) An extra help is required during the General Anaesthetic sessions to attend to the children whilst they are recovering from the anaesthetic.
- (6) A recovery couch is needed.
- (7) A recovery room is also needed. The second surgery could be divided by a partition, and more wash basins installed.

The following schools were inspected during the year :—

City of Peterborough	Soke of Peterborough	Grammar
Fulbridge Junior	Eye Infants	County—part of
Eastholm Infants	Eye Juniors	Deacon's
Eastholm Senior Boys	A.M.V.C.,—part of	
New Fletton Infants		
St. Nicholas Home		
Eastholm Juniors		
St. Mark's Infants		
Longthorpe		
Eastholm Senior Girls		
Cromwell Road Infants		
Walton Infants		
Woodston C.E.		
Newark C.E.		

The following figures and remarks amplify the statistical return required by the Ministry of Education.

Between 9 a.m. and 10 a.m. is set aside for the treatment of "specials", chiefly children suffering from toothache; 926 children were treated as "specials", and 398 of these required more than one visit; in other years these 398 would have been given a Routine Inspection, and this number added to the children who had routine inspections at schools. 3,183 children were given routine inspections at the schools, and with the 926 specials, make a total of

4,109 inspected during the year ; 3,414 (83%) required treatment, and of these 3,006 (88%) were referred for treatment, 2,576 (86%) were actually treated. These 2,576 children paid 4,525 visits to the Clinic for treatment. There were 2,539 permanent teeth filled and they had 2,671 fillings put in them, and one front tooth required a root filling as well. There were 48 temporary teeth filled. The rate of permanent teeth filled to permanent teeth extracted is $2539 : 314 = 8 : 1$ and of these permanent teeth extracted 18 of them were sound but were extracted because of overcrowding. There was also one supernumary tooth (extra tooth) extracted because of overcrowding, and 87 temporary teeth were extracted because of overcrowding.

The 389 other operations in permanent teeth consisted of scalings, orthodontic treatment, gum treatment and zinc oxide dressings in large cavities, and the fitting of dentures ; the 1,180 dressings in temporary teeth consisted of treatment with a solution of silver nitrate, which hardens the decay and so saves the teeth from being extracted.

There were 11 new orthodontic cases started during the year and the results were most successful. They were cases of one or two upper front teeth in bad alignment and the result had a marked improvement in the appearance of the children. Each case took about three months to complete. There were also two children whose orthodontic treatment was such that it would require two years or more to complete, and on discussing the treatment with Mr. Haxton of the Peterborough Memorial Hospital, I referred them to Mr. Ballard the Orthodontic Specialist to the Eastman Dental Clinic, London.

Five dentures were completed during the year, one of these was a re-make of a denture which had been made some years ago, but which had been badly broken. There were also seven repairs to dentures.

Children of pre-school age (under five years) were given treatment at the Clinic. 40 of them were examined by me, and three of them were sound, and 37 required treatment, and were given complete treatment. They visited the Clinic 69 times and had two temporary teeth filled, 74 temporary teeth extracted, 27 teeth were treated with silver nitrate solution. General anaesthetics were given on 22 occasions. Seven local anaesthetics and 17 regional local anaesthetics were given.

Four children from other areas were treated during the year ; they paid four visits to the Clinic and had three temporary teeth extracted, one permanent tooth filled, two temporary teeth filled, and one local anaesthetic was given.

Two children were sent to have their unerupted teeth X-rayed.

The School Medical Officer and the Deputy School Medical Officer, referred 84 children for treatment and they visited the Clinic 142 times. They were children who had not been inspected for some time and required a number of teeth extracting because of pain and sepsis. The teeth were usually septic and treatment resulted in healthy mouths and improvement in their general health. A few of them required teeth extracting because of overcrowding in the mouth.

1,693 local anaesthetics were given, and of these 1,421 were regional local anaesthetics consisting of 771 mandibular injections, 583 middle superior alveolar, and 67 anterior superior alveolar.

General anaesthetics were given on 263 occasions, occupying 39 half sessions (1¼ hours), an average of 6.8 per half session.

I gave three talks on oral hygiene to senior schools during the year. I also gave talks on "Dentistry as a Career" to the County Grammar School and the Deacon's Grammar School.

The average number of children inspected at each session was 106. In the case of Infant Schools the mothers were invited to attend and 631 did attend these inspections. The whole dental scheme was explained to them individually, and also the condition of the child's mouth and advice given. This meant that only 60 children could be inspected at each session, but the acceptance rate was good.

Number of children given Routine Inspections at Schools in each age group :—

(-5)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
71	307	374	377	365	258	235	314	242	274	234	72	35	19	6	
								Total		—		3,183			

The average for each treatment session was :—

10 children treated — 6 teeth extracted — 5.9 fillings — 4.5 dressings.

There were five sessions taken up in showing Miss Nichols her duties.

I have occasionally referred patients to Mr. Haxton, the Dental Surgeon to the Peterborough Memorial Hospital, and wish to thank him for his help in diagnosing the correct treatment.

I wish to thank the Medical Officers, Head Teachers and Nurses for their able co-operation, which has been a great help to me in the success of the Scheme.

Miss Allen resigned her position as Dental Attendant and Miss Nichols was appointed in her place on May 31st, 1954. I wish to thank Miss Nichols for her help in the completion of the statistics for this Report.

T. H. ROBERTS, L.D.S.
Principal School Dental Officer.

— 1954 —

Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officer.			
(a) Periodic Age-groups	... ..	3,183	
(b) Specials	... ..	926	
			Total (1) 4,109
(2) Number found to require treatment	... ..	3,414	
(3) Number referred for treatment	... ..	3,006	
(4) Number actually treated	... ..	2,576	
(5) Attendances made by pupils for treatment	... ..	4,525	
(6) Half days devoted to Inspection	... ..	30	
Treatment	... ..	457	
			Total (6) 487
(7) Fillings—Permanent Teeth	... ..	2,671	
Temporary Teeth	... ..	48	
			Total (7) 2,719
(8) Number of teeth filled—Permanent Teeth	... ..	2,539	
Temporary Teeth	... ..	48	
			Total (8) 2,587
(9) Extractions—Permanent Teeth	... ..	314	
Temporary Teeth	... ..	2,492	
			Total (9) 2,806
(10) Administration of General Anaesthetics for extractions	... ..	263	
(11) Other operations—Permanent Teeth	... ..	889	
Temporary Teeth	... ..	1,180	
			Total (11) 2,069

APPENDIX

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE 1

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	...	...	...	...	...	765
SECOND AGE GROUP	...	...	...	...	...	565
THIRD AGE GROUP	...	...	...	...	...	581
					Total	1,911
Number of Periodic Inspections—additional	...	...	...	...	...	39
					GRAND TOTAL	1,950

(B) Other Inspections

Number of Special Inspections	...	...	...	...	...	96
Number of Re-inspections	...	...	...	...	...	105
					Total	2,151

(C) Pupils found to require treatment.

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Diseases and Infestation with vermin).

Age Groups Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11A	Total Individual pupils
(1)	(2)	(3)	(4)
ENTRANTS	—	151	151
SECOND AGE GROUP	28	64	90
THIRD AGE GROUP	22	51	69
TOTAL	50	266	310
Additional Periodic Inspections	—	9	9
GRAND TOTAL	50	275	319

APPENDIX II

(A) Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1954.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring to be kept under observation, but not requiring treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring treatment
I		2	3	4	5
4.	Skin	15	34	4	2
5.	Eyes—				
	a. Vision ...	50	54	14	1
	b. Squint ...	21	12	1	—
	c. Other ...	3	4	—	—
6.	Ears—				
	a. Hearing ...	1	6	—	—
	b. Otitis Media ...	6	20	1	2
	c. Other ...	54	13	2	1
7.	Nose or Throat ...	99	224	14	9
8.	Speech	8	11	5	1
9.	Cervical Glands ...	3	20	1	1
10.	Heart and Circulation	2	18	2	—
11.	Lungs	1	35	3	1
12.	Developmental—				
	a. Hernia ...	3	7	—	—
	b. Other ...	2	9	—	—
13.	Orthopaedic—				
	a. Posture ...	7	66	1	—
	b. Flat Foot ...	55	92	6	2
	c. Other ...	8	27	1	1
14.	Nervous system—				
	a. Epilepsy ...	1	—	1	—
	b. Other ...	—	4	—	1
15.	Psychological—				
	a. Development	1	27	—	5
	b. Stability ...	1	3	1	2
16.	Other	1	6	—	—

(B) Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups Inspected	Number of pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
ENTRANTS	765	528	69.0	213	28.0	24	3.0
SECOND AGE-GROUP	565	353	62.5	165	29.2	47	8.3
THIRD AGE-GROUP	581	314	54.1	222	38.2	45	7.7
Additional Periodic Inspections	39	22	56.4	17	43.6	—	—
Total	1,950	1,217	62.4	617	31.6	116	6.0

APPENDIX III

INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by the School Nurse or other authorised persons	...	...	...	25,773
(II) Total number of individual pupils found to be infested	...			107
(III) Number of individual pupils in respect of whom cleansing notices were issued (section 54 (2) Education Act, 1944)				—
(IV) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)				67

GROUP 4 ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	—
(b) Number treated otherwise e.g., in clinics or out-patients departments	—	150*

* Figures obtained from Local Orthopaedic Surgeon. From S.M.O.'s knowledge, only 49 cases dealt with (according to records and correspondence).

GROUP 5 CHILD GUIDANCE TREATMENT

	Number of cases treated in the Authority's	
	Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	1*

* No Local Child Guidance Clinic as such, although the School Medical Officers treat such children at the Weekly Clinics.

GROUP 6 SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by the Speech Therapist	101	1

GROUP 7 OTHER TREATMENT GIVEN

		Number of cases treated	
		By the Authority	Otherwise
(a)	Miscellaneous minor ailments	195	—
(b)	Other than (a) above (specify)		
i.	Minor injuries	27	—
	Total	<u>222</u>	<u>—</u>

APPENDIX IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

GROUP 1. DISEASES OF THE SKIN (Excluding uncleanliness).

		Number of cases treated or under treatment during the year	
		By the Authority	Otherwise
Ringworm (I)	Scalp	—	—
	(II) Body	1	3
Scabies	... ..	4	—
Impetigo	... ..	7	—
Other Skin diseases	... ..	25	—
	Total	<u>37</u>	<u>3</u>

GROUP 2 EYE DISEASES, DEFECTIVE VISION AND SQUINT

		Number of cases dealt with	
		By the Authority	Otherwise
External and other, excluding errors of refraction and squint	... ..	9	—
Errors of refraction (including squint)	... ..	—	327
	Total	<u>9</u>	<u>327</u>

Number of pupils for whom spectacles were

(a)	Prescribed	...	...	...	...	206
(b)	Obtained	...	...	...	...	206

GROUP 3 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	—	1
(b) for adenoids and chronic tonsillitis ...	—	297
(c) for other nose and throat conditions ...	—	—
Received other forms of treatment	59	—
	<hr/>	<hr/>
Total	59	298
	<hr/>	<hr/>

APPENDIX V

Dental Inspection and Treatment Carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officer :—		
(a) At periodic inspections		3,183
(b) As Specials		926
	Total (1)	<hr/> 4,109
(2) Number found to require treatment		3,414
(3) Number offered treatment		3,006
(4) Number actually treated		2,576
(5) Attendances made by pupils for treatment		4,525
(6) Half days devoted to : Periodic Inspection		30
Treatment		457
	Total (6)	<hr/> 487
(7) Fillings : Permanent Teeth		2,671
Temporary Teeth		48
	Total (7)	<hr/> 2,719
(8) Number of teeth filled : Permanent Teeth		2,539
Temporary Teeth		48
	Total (8)	<hr/> 2,587

