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PETERBOROUGH

JOINT EDUCATION BOARD

Annual Report

of the

Principal School Medical Officer

for the Year

1955

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

PETERBOROUGH JOINT EDUCATION BOARD

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1955

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) (resigned 31.7.55).
	Gerald Dison, M.C., L.R.C.P., L.R.C.S.(ED.), L.R.F.P. AND S. (Glas), D. OBST. R.C.O.G., D.P.H. (ED.), (Appointed 5.9.55).
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 (in order of length of service) ...	Mrs. L. Young, S.R.N., R.F.N. Mrs. S. A. Coward, S.R.N., B.T.A. Miss N. M. Wyatt, S.R.N., S.C.M. H. V. Cert.
Speech Therapist	Mrs. M. Samways, L.C.S.T.
Dental Attendant	Miss D. E. Nichols
Chief Clerk (School Health Dept.) ...	J. J. Dunford.

CONSULTANT STAFF

The services of the following Consultants have been made available during the year by arrangements 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., B.CHIR., M.R.C.P., M.R.C.S., L.R.C.P., D.C.H.
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 seventh Annual Report on the health of school children in the County of the Soke of Peterborough.

In 1955, more children in the County were medically inspected than in any previous year. Routine examinations numbered 3,430, special inspections 43, and re-inspections 349 — a total of 3,822. In addition, 276 children were examined for work out of school hours. Adult medical examinations carried out on behalf of the Joint Board numbered 33, viz., college candidates 25, teachers 5, other examinations 3.

As I have pointed out in previous reports, the increasing school population has made it difficult for the present medical staff adequately to carry out all the demands of the school health service. During the year, the Joint Board decided:—

(a) that an additional School Medical Officer, preferably a woman, be appointed for, at least, half time.

(b) that the City Council and the County Council be invited to meet representatives of this Authority to discuss the possibility of enlisting the services of this additional Medical Officer for duties in the Maternity and Child Welfare Services, or elsewhere under the County Council, and with the City Council.

After discussion among representatives of the three Authorities, it was agreed that, for financial purposes, the following allocation of the services of the additional Medical Officer be as follows (subject to such review as may prove desirable later)

Peterborough Joint Education Board	School Medical Officer	seven-elevenths
Soke of Peterborough County Council	Assistant County Medical Officer	three-elevenths
Peterborough City Council	Assistant City Medical Officer	one-eleventh

Early in 1956, the post was advertised and an appointment was made. The new Medical Officer will take up her duties on May 22nd, 1956.

As will be seen from the statistical forms incorporated in this Report, 71.5% of the 3,430 children examined in the routine age groups were classified as of good general condition; 23.9% as fair, and 4.6% as of poor condition.

26,188 examinations were made by the school nurses for cleanliness. Only 74 individual children were found to be infested with vermin. Most of these were of slight severity. The general standard of cleanliness of the children in the area is excellent.

The work of the school health service has proceeded smoothly during the year and I should like to express my thanks to my colleagues (Dr. Swinney — now resigned — and Dr. Dison), to the Dental Officer (Mr. Roberts), the Speech Therapist (Mrs. Samways) and the three School Nurses for their loyal co-operation and ungrudging service. I am also

indebted to the Chief Education Officer and his staff for their helpful interest throughout the year, and to the members of the Special Services Sub-Committee of the Joint Education Board, whose continued help and interest is much appreciated.

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, above all, to Mr. John Dunford.

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		54,210
Peterborough Rural District		7,580
Barnack Rural District		4,070
Administrative County		65,860

School Population

Nursery School		77
Average number of children on registers of Primary Schools during 1955	City	5,593
	Rural	1,162
Average number of children on registers of Secondary Modern Schools during 1955		1,974
Average number of children on registers of Grammar Schools during 1955		1,221
	Total	10,027

Number of Schools

Nursery Schools	1
Primary Schools	36
Secondary Modern Schools	7
Grammar Schools	3
Total	**47**

MEDICAL INSPECTION

I append details of school medical inspections carried out during the year 1955, and for comparison the figures for 1954.

	1955	*1954*
Entrants	1450	765
Second Age Group	1089	565
Third Age Group	819	581
Other Periodic Inspections	72	39
Total Routine Inspections	3430	1950
Other Inspections		
Number of Special Inspections	43	96
Number of Re-inspections	349	105
Grand Total	3822	2151

FINDINGS OF MEDICAL INSPECTION

Diseases and Defects

Of the 3,430 children examined at the periodic medical inspections, 462 were found to be suffering from a disease or defect (other than dental diseases and infestations with vermin). This represents 13.4% of all pupils inspected compared with a percentage of 16.3% last year, 21.0% in 1953 and 20.5% in 1952. The improvement noted last year, therefore, continues.

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 1954).

	Inspected	*Requiring Treatment*	*Percentage*
Entrants	1450 (765)	204 (151)	14.0 (22.7)
Second Age Group ...	1089 (565)	164 (90)	15.0 (21.1)
Third Age Group ...	819 (581)	93 (69)	11.1 (11.8)
Other Routine Inspections	72 (39)	1 (9)	1.4 (23.0)
Total:	3430 (1950)	462 (319)	13.4 (16.3)

Contrary to the findings in previous years, the greatest percentage of children found to require treatment occurs in the Second Age Group (15.0) and not among the Entrants as is usual, although the difference between the two groups is very small. 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 1955, 11.1% 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 69.1 per cent. of the total defects found at routine medical inspections in 1955, viz.,

Eye Defects	121	26.1%
Nose and Throat Defects	106	23.0%
Orthopaedic Defects ...	97	20.0%
Total:	324	69.1%

It will be noted that in 1955 the highest percentage of children found to require treatment were those suffering from defective vision (26.1%) which again is contrary to the findings in previous years when defects of the nose and throat formed the largest percentage of children requiring treatment.

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 1955, and for purposes of comparison a Table showing classification of children examined in 1954 is also appended:—

1955

Age Groups	*Number of Pupils Inspected*	*A* *Good*	*%*	*B* *Fair*	*%*	*C* *Poor*	*%*
Entrants	1450	1058	73.0	331	22.8	61	4.2
Second Age Group ...	1089	707	64.9	307	28.2	75	6.9
Third Age Group ...	819	624	76.2	171	20.8	24	3.0
Other Periodic Inspections ...	72	63	87.5	9	12.5	—	—
Total:	3430	2452	71.5	818	23.9	160	4.6

1954

Age Groups	*Number of Pupils Inspected*	*A* *Good*	*%*	*B* *Fair*	*%*	*C* *Poor*	*%*
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
Other Periodic Inspections ...	39	22	56.4	17	43.6	0	0
Total:	1950	1217	62.4	617	31.6	116	6.0

It will be noted that a larger percentage of children were classified as of good nutrition (A) than in 1954, and less classified as of poor condition (C).

The record cards of the 160 children classified as poor (C) in 1955 were examined in some detail — 91 were boys and 69 were girls.

It is interesting to note that eight only of 379 children examined in the rural schools (2.1%) were classified as of poor nutrition, compared with 152 out of 3,051 (5%) of those examined in the City area schools. It is also striking to record that of the eight children classified as of poor nutrition in the rural schools, four were the children of R.A.F. personnel. One of these children had had smallpox in infancy.

Five of the 160 children under review were one of twins, 28 were the only child in the family. In 40 cases the family consisted of two children; in 32 there was a family of three; in 28 there were four children, in eight, five children; in seven, six children, in three, seven children, in two, eight children, in three families nine children, and in two the family consisted of 13 children. In seven cases, no information was recorded of the number of children in the family (old type record cards).

Forty of the 160 children classified as of poor nutrition were the eldest or elder of the family and 43 the youngest.

The home circumstances were described as poor, or unsatisfactory, in 12 cases. In one of these the child was filthy, the house very dirty, and the mother worked as an office cleaner! Altogether, ten of the mothers went out to work, and another five were described as unsatisfactory. Eight of the children were "over-mothered." Four were classified as of poor physique on account of gross obesity. One boy aged 14 years weighed 206lbs.; another aged 5½ years weighed 70lbs., and a third boy aged nearly 15 years weighed 171¼lbs. A girl aged 11 years weighed 122lbs.

Twenty-one of the children under review suffered from defects of the nose and throat; four gave a history of broncho-pneumonia; three suffered from bronchitis, two suffered from asthma, one from rheumatism, one had been under treatment for heart trouble, one had been badly scalded at the age of 2½ years, one suffered from spina bifida, two were spastics, and one (a twin) had suffered from rickets; this was one of a family of nine.

Five were excitable, highly strung children, and ten were noted to have a very bad posture. In two families there was a history of tuberculosis. One child suffered from impetigo, one from scabies, one from constipation, one from eczema and one from hernia and congenital deformity of the diaphragm.

It will be noted, therefore, that 57 of the 160 children (35.6%) 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, 1955.

		Meals supplied
(a)	City Schools — container meals	1121
(b)	City Schools — own canteens	1356
(c)	Rural Schools — container meals	71
(d)	Rural Schools — own canteens	901
(e)	Total number of meals supplied	3449
(g)	Percentage of meals taken	33.47

At the end of 1954, 30.90% of children in attendance at schools in the area were having school meals.

Cleanliness

The three school nurses carried out a total of 26,188 examinations for cleanliness in the schools during 1955, compared with 25,773 inspections carried out in 1954 and 23,686 in 1953. This is the highest number of inspections ever recorded in one year in this area.

It is satisfactory to report that out of the 26,188 inspections for cleanliness, only 74 individual pupils were found to be infested with vermin, compared with 107 last year, and 73 in 1953. Cleansing orders were issued in respect of 32 children, against 67 last year.

All cases of infestation, however slight, are recorded. In the few children with serious infestation, pressure is constantly being brought to bear upon the parents. On the whole, the standard of cleanliness among the Peterborough children is satisfactory, and the number of "problem families" in this respect is very small.

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.

Close liaison is maintained with the specialists at the Memorial Hospital, and where necessary visits are paid by the school nurses where, for example, a parent fails to keep an appointment at the Hospital for an eye or nose and throat examination. A considerable number of children fail to keep their first appointments with the Ophthalmic Surgeon, and it is surprising how many parents never take the trouble (or have the courtesy) to inform the Hospital authorities of their inability to keep the appointment. We hear much about doctors keeping their patients waiting, but rarely about the thoughtless patients who keep the specialists waiting!

The school nurses often render valuable service by impressing upon parents that, if for any reason, they cannot keep an appointment at the Hospital for their children they should immediately let the hospital authorities know. Early notification means that some other child can be sent for and the clinics are not disrupted.

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 and special inspections, and Table IV deals with the 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. 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	2
Scabies	4
Impetigo	9
Other skin diseases	21
Minor ear defects (aural wax, etc.)	46
Minor eye defects	3
Miscellaneous conditions	196
Minor injuries	12
Total	293

In 1954, 327 minor ailments were treated at the Clinic.

The number of cases of skin disease is again low, a total of 36, compared with 37 last year and 83 in 1953.

All the cases were slight in severity and quickly responded to treatment.

Defective Vision

Dr. G. M. Barling, the Consulting Ophthalmologist of the Regional Hospital Board continues to carry out the school ophthalmic work at the Peterborough Memorial Hospital, and I would here like to express again my thanks to Dr. Barling and also to Sister Lindsay for their co-operation and help.

During 1955, 454 children suffering from errors of refraction (including squint) were referred by me to the Ophthalmic Surgeon. Glasses were prescribed for 339 of these children and were obtained by the end of the year or early in 1956.

Three children suffering from slight blepharitis were treated by me at the School Clinic during the year.

Defects of nose and throat.

112 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 349 pupils required to be kept under obversation for enlarged tonsils and adenoids. Therefore, 13% 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, compared with nearly 17% in 1954.

Emphasis is placed on conservative treatment, and no child is referred as likely to require operation unless this appears to be absolutely necessary. It will be observed that three times as many children were kept under observation than were referred for treatment. It is surprising to find how many children have never learned the simple art of blowing their noses properly, and I make a point of impressing upon the parents the need to teach their children to perform this simple but necessary operation, clearing each nostril separately.

During the year, 292 children were operated on for adenoids and chronic tonsillitis, and three received operative treatment for disease of the ear. 194 of these were treated at the Peterborough Memorial Hospital, 78 at Stamford Hospital, and 23 at the R.A.F. Hospital, Ely. At the end of the year 1955 there were 718 schoolchildren in the area awaiting operative treatment for enlarged tonsils and adenoids, compared with 640 waiting at the end of 1954.

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

48 children suffering from ear defects (chiefly aural wax) and 7 suffering from otitis media were found at the routine medical examinations. 75 other children with a minor degree of otitis media or aural wax were under observation and treated by conservative measures during the year. Four children examined in the routine age groups were referred for treatment on account of deafness, and another 14 were kept under observation for defective hearing.

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 46 such children were treated by the School Medical Officers during the year. Another seven children were treated at the Peterborough Memorial Hospital for minor ear and nose conditions.

Orthopaedic Defects.

The number of children with orthopaedic defects is still high. Out of a total 3,473 children examined in the routine and "special" age groups, as many as 399, or 11.4% were found to have orthopaedic defects of a greater or lesser degree, viz.,

Posture	86
Foot defects	171
Other	142
Total:	399

In 1954, 13% of the children examined were found to have orthopaedic defects, and in 1953, 14%.

Child Guidance.

The number of maladjusted children in this area known to me is extremely small. I have knowledge of seven who may be classified under this heading. No doubt if a Child Guidance Clinic was available to this Authority and located in Peterborough, the number of cases of maladjustment diagnosed and treated would increase.

I have not experienced any great difficulty in dealing with the few cases which have come to my notice. Dr. R. E. Glennie the Consultant Child Psychiatrist to the Cambridgeshire Education Committee kindly saw two boys during the year, and the Consultant Psychiatrist of Rauceby Hospital, Sleaford, saw one boy and one girl. I am much indebted to these Consultants for their help and willing co-operation.

The diagnosis of maladjustment is not always simple; we have to be careful to draw a line between maladjustment and delinquency. I am told there is now a saying in remand homes, "Delinquency will jolly well make you work; maladjustment provides a shirk." Certain cases of "maladjustment" (and deliquency) can be speedily rectified by methods which do not necessarily require the co-operation of the children, but the active co-operation of the parents, namely, the use of that now out of date but once useful article — father's strap! Most of us found it a pretty effective deterrent to juvenile misbehaviour before the word "Maladjustment" had been invented! In cases of maladjustment, particularly when parental co-operation is difficult or unobtainable, then the only remedy is the Child Guidance Clinic.

In October, 1950, a Committee was appointed by the then Minister of Education, with the following terms of reference:

"To enquire into and report upon the medical, educational and social problems relating to maladjusted children, with reference to their treatment within the educational system."

The Committee issued their Report in October, 1955, entitled "Report of the Committee of Maladjusted Children"— (H.M. Stationery Office —6s.).

The Report reaches a high standard, is well written and easily read, and is the first of its kind to be published.

Maladjustment is defined as follows:—

> "In our view, a child may be regarded as maladjusted who is developing in ways that have a bad effect on himself or his fellows and cannot without help be remedied by his parents, teachers, and other adults in ordinary contact with him."

The incidence of maladjustment which was assessed as the result of special surveys is reported to be 5.4% in Berkshire; 7.7% in Birmingham, and 11.8% in Somerset. In this area the known incidence is 0.07% but, as I have intimated, if we had a Child Guidance Service the numbers would undoubtedly increase.

The Report makes it clear that a school pyschological service which performs many functions which are not directly concerned with maladjusted children is the responsibility of the Chief Education Officer. On the other hand, Child Guidance Clinics which are provided by the Local Education Authority, form part of the school health service and responsibility for their general functioning res's with the Principal School Medical Officer.

The part to be played by the School Health Service is again referred to, as follows (para. 171)

> "It has always been a fundamental part of the duties of the school health service to care for the emotional as well as the physical well-being of children. In its early days, the service had to concentrate mainly on physical defects, but as the physical health of children has improved, school medical officers and school nurses have been able to devote more attention to emotional behaviour difficulties."

It is further stated (para. 176)

> "Irrespective of whether a child guidance clinic is provided by a local education authority or a regional hospital board, it should be available to all boys and girls, including children under 5 and pupils at independent schools. It is desirable that up to the age of 18, young people who have left school should have access to child guidance clinics if there is no more suitable service providing the help they need."

The Committee advocate that the team should consist of a psychiatrist, an educational psychologist and a psychiatric social worker under the clinical direction of the psychiatrist.

> "It is assumed that all three members of the clinic team will be in close touch through the Principal School Medical Officer with the School Health and Child Welfare Services."

In para. 193, the Committee make some observations on premises and equipment. While a clinic needs to be adequately housed, there is no reason why a new building should be needed. Indeed, in some ways an old house makes a better setting, as it is easier to create there a friendly atmosphere, and it is often an advantage for a child guidance clinic to strike a different note from the other kinds of clinic and hospital departments which children may have attended previously.

With regard to the suggestion of "an old house" which may be preferred by some psychiatrists, it should be pointed out that the child guidance service is one which has to be interpreted to the public. It is a medical service, and surely there is an advantage in the clinic being held in premises used by such well established and well received services as the School Health and Maternity and Child Welfare Services.

The section of the Report in which the Committee set out their views on the pattern of provision is of interest.
Para. 200 states—

> "A pattern of provision has developed in a number of areas since the inception of the National Health Service which seems most likely to lead to the fulfilment of the various conditions which we have set out.....We should therefore like to re-

commend this pattern for favourable consideration. Under it, the local education authority provide the clinic, and employ the educational psychologists (who also work in the school psychological service) and the psychiatric social workers, while the regional hospital boards provide and pay for the psychiatrists....."

In due course, the setting up of a Child Guidance Service may be a subject for consideration by the Peterborough Joint Education Board, in consultation with the East Anglian Regional Hospital Board. Without doubt, this "Report of the Committee on Maladjusted Children" will prove most valuable and influential.

Speech Therapy

The report of Mrs. Samways, Speech Therapist, is appended.

This has been my first complete year as Speech Therapist to the Joint Education Board.

134 children suffering from speech defects have been treated; 61 children were admitted during the year, and 47 discharged.

An additional centre was commenced in June at Walton School, and I hope to start a weekly session at Eye Infants' School in the New Year.

Weekly sessions have been held as follows:—

(a) 7 sessions at the Town Hall (6 since June).
(b) 1 session at Dogsthorpe School.
(c) 1 session at Eastholm School.
(d) 1 session at Glinton Primary School.
(e) 1 session at Walton (since June).

Children in the Rural areas still have difficulty in reaching the Town Hall but I hope that eventually they will be able to attend Centres in the Soke.

SPEECH THERAPY TABLE

	Admitted	*Discharged*	*Brought forward from 1954*	*Left district*	*Uncooperative*	*Deceased*	*Total*
Dyslalia ...	45	40	11	—	—	—	96
Stammering ...	8	4	8	—	—	—	20
Cerebral Palsy ...	1	1	1	2	—	—	5
Dysphonia ...	3	1	1	—	—	—	5
Cleft Palate ...	1	—	2	—	—	—	3
Multiple Physical Handicaps and others ...	3	1	—	—	—	1	5
Total:	61	47	23	2	0	1	134

Home visits—35 School visits—24 *Total* 59

Margaret Samways, L.C.S.T.

Handicapped Pupils.

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of two years. Handicapped infants are brought to my notice by colleagues in the Hospital Service, by the General Practitioners, as well as by the Health Visitors employed by the Soke of Peterborough County Council, when such children are seen by the Medical Officers at the Child Welfare Clinics. These children are therefore known to me before they reach school age.

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, an attempt was made to find out the exact number of educationally sub-normal children in the schools, by circulating all head teachers. A total of 147 children (71 boys and 76 girls) were listed by the teachers as educationally sub-normal, although the majority of these (especially the boys) who were known to this Department had not been tested or fully examined by the school medical ascertainment officers. The reason for this is that for many years there has been great difficulty in finding accommodation in special schools for educationally sub-normal boys, and it is now many years since a boy from this area was admitted to such a school.

The problem of educationally sub-normal girls has been largely solved by the opening of Orton Hall, near Peterborough, where 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 following Table shows the number of handicapped pupils on the Register during the year 1955:—

Blind or partially blind	3
Other visual defects	3
Deaf or partially deaf	9
Delicate	48
Epileptic	7
Educationally sub-normal	147
Physically handicapped	88
Maladjusted	7
Total	312

At the end of the year 1954, 216 children were on the Register; the increase in numbers is due to the revision of the list of educationally sub-normal children.

Special Schools

One blind girl was educated at the Barclay School for Partially-Sighted girls at Sunninghill, Berks., and another girl (who is partially deaf) was admitted early in the year to the Birmingham Royal Institution for the Blind.One boy was at the Royal Normal College during the year.

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. One deaf boy was admitted to Donnington Lodge Nursery School for the Deaf, Newbury, Berks., during the year. A girl is at the Yorkshire Residential School for the Deaf, Doncaster.

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

Port Regis Open-Air School, Broadstairs (Girls)	18
Holy Cross Open-Air School, Broadstairs (Boys)	23
St. John's Open Air School, Woodford Bridge	1
St. Patrick's Open-Air School, Hayling Island	2
Tadworth Court Hospital, Surrey	3
Total	47

In the previous year, 48 children were in open-air schools.

Fifteen 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 discharged from the Manfield Orthopaedic Hospital at the end of the year.

A girl suffering from spastic paraplegia who is at the Palace School, Ely, was referred to this Authority on 7-11-55, her parents having removed to Peterborough. A girl suffering from rheumatic chorea was at St. Patrick's Open-Air School, Hayling Island, during the year, and another girl suffering from a tuberculous hip was at the Boston Orthopaedic Hospital Special School for a short period in 1955.

So far as special schools are concerned, the event of the year was the opening (in October) of the "Wilfred Pickles" School, Tixover Grange, Near Stamford, for Spastic Children. As this school is but 15 miles from Peterborough, it has been possible for six children from the City to be admitted as day pupils, in addition to two others who have been admitted as boarders. I have a personal interest in this School, being a member of the Management Committee.

Co-operation with Teachers, Parents and Doctors

I should like to express my thanks to the teachers of Peterborough Joint Education Board for their continued co-operation. In all the schools in which inspections by medical officers and nurses were made, the head teachers gave every facility possible and their help and liaison is much appreciated. Medical examinations were carried out in all schools during the year, with one exception.

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.

73.8 per cent of the parents attended the medical examination of their children, compared with 65% last year, and 74% in 1953. Almost all the parents of infants (Entrants) attend the medical examination (in some schools as many as 100%), but few of the parents of the "Leavers" attend the medical examinations, possibly at the instigation of the children themselves, who have not the same appreciation of the presence of their parents at the inspections as have the school medical officers. There were no cases of parents refusing to allow their children to be medically examined during the year under review. When it is suspected that a child has been deliberately kept away from the school on the day of the medical examination, a letter is sent to the parents pointing out that medical examination is compulsory, and inviting them to bring the child to be seen by the school medical officer at the Town Hall Clinic.

35 boys and 62 girls — a total of 97 — were absent from school on the day appointed for their examination. Their absence was due in most instances to illness or infectious disease.

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.

2,234 of the 3,430 children examined in the routine age groups had been immunised against diphtheria, or 65.4% compared with 65% in 1954, and 64% in 1953.

1,048 of the 3,430 children were known to have been vaccinated, or 30.4% compared with 26.3% in 1954 and 26.5% in 1953.

For the sixth 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 1955, 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, 1955.

This is my seventh consecutive Annual Report.

During the year, the recommendations of Dr. Wynne, an Inspector of the Ministry of Education, were put into effect. These were—

(1) A Recovery Room was made by a dividing wall in the Second Surgery, with two small wash basins installed for children. There is also a Recovery Couch. It is a most suitable Recovery Room and will be much appreciated by myself and an Assistant Dental Officer, when the latter is appointed.

(2) A new general anaesthetic machine is now in use and Dr. Inglis reports that it is much better than the old one, uses less gas and oxygen, and so is more economical. It is also a much safer machine.

(3) A new dental chair is in use in the first surgery and this is much better than the old one. It has a small child's seat attached to it so that young children can sit more comfortably in the chair.

(4) A new chairside light has also been installed which I use specially during extractions under gas and oxygen.

(5) Extra help is given by a nurse during the General Anaesthetic sessions, and by this means I am enabled to treat more patients per session.

The following schools were inspected during the year:—

City	*Soke*	*Grammar*
1. Orchard Street	1. Arthur Mellows V.C.	1. County (Part)
2. All Souls' R.C.	2. Wittering C.E.	2. King's.
3. Dogsthorpe Infants	3. Marholm C.E.	
4. Dogsthorpe Juniors		
5. St. Mark's Junior		
6. St. Nicholas Home		
7. Longthorpe C.E.		
8. West Town Infants		
9. Werrington C.E.		
10. St. John's 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. There were 4,031 children examined during the year, made up of 3,118 children examined at schools and 913 Specials examined at the clinic. Of the 4,031 examined, 3,234 required treatment (82.%) and 3,005 were referred for treatment (93%) and of these 2,512 (83.6%) were actually treated. These 2,512 children paid 4,480 visits to the clinic for treatment.

There were 2,721 permanent teeth filled, and they had 2,908 fillings put in them, and 2 upper front teeth required root fillings as well. There were also 73 temporary teeth filled. There were 411 permanent teeth and 2,698 temporary teeth extracted. The ratio of permanent teeth filled to permanent teeth extracted is 2,741 : 411 = nearly 7 : 1. There were 10 permanent teeth and 102 temporary teeth and one supernumerary tooth extracted because of overcrowding. There were 756 other operations in permanent teeth, consisting of scalings, orthodontic treatment, gum treatment, zincoxide dressings in large cavities and the fitting of denture and orthodontic plates.

There were 940 dressings in temporary teeth, consisting of treatment with a solution of silver nitrate which hardens the decay and so saves the teeth from being extracted. There were 9 Regulation cases started during the year and 7 of these were completed; the other 2 cases will be completed early in 1956. There were 104 visits to the clinic for orthodontic treatment.

There were 15 dentures fitted and one denture repaired; these required 54 visits to the clinic.

The orthodontic cases consisted of one or more upper front teeth in bad alignment, and the results had a marked improvement in the appearance of the children. Each case took about three months to complete. There were two children whose teeth were so irregular that it would require two or more years to complete the treatment, and these were referred to Mr. Ballard, Orthodontic Specialist at the Eastman Dental Clinic, London.

55 children under school age were examined and 10 were sound, 45 required treatment and 44 were treated. They attended on 76 occasions and had 10 temporary teeth filled, 54 temporary teeth extracted, 38 temporary teeth treated with a solution of silver nitrate. General anaesthetics were given on 10 occasions and 17 local anaesthetics were used.

The School Medical Officer and Deputy School Medical Officer referred 139 children for treatment and they paid 257 visits to the clinic. They were children who had not been inspected for some time, and required a number of teeth extracting because of pain or sepsis. The teeth were usually septic and treatment resulted in healthy mouths and an improvement in their general health. A few of them also required teeth extracting because of overcrowding in the mouth. Two children were sent to have their unerupted teeth X-rayed.

Children from Mrs. Cheney's class were examined and two required treatment. There were five visits to the clinic; 8 temporary teeth were extracted and also one supernumerary tooth. General anaesthetics were used on two occasions and also one local anaesthetic.

7 children from other areas were treated and they attended the clinic on ten occasions and had six fillings put into four permanent teeth and 12 temporary teeth were extracted. One general anaesthetic and six local anaesthetics were used.

1,773 local anaesthetics were given. Of these 1,467 were regional local anaesthetics, consisting of 873 mandibular injections, 563 middle superior alveolar and 31 anterior superior alveolar.

General anaesthetics were given on 310 occasions, occupying 38 half sessions (1¼ hours) which averages slightly more than 8 patients treated per session.

I also gave one talk on Oral Hygiene to a Senior School during the year.

One boy was brought to the clinic on a stretcher, lying face downwards and I filled a lower permanent tooth and extracted a lower temporary tooth whilst he was lying in that position. The stretcher was brought near the dental chair, and with the aid of a mandibular injection I was able to give the treatment. The boy was a good patient. He was brought by ambulance from his home and returned by ambulance after treatment.

The average number of children inspected at each session at schools was 100. In the case of infant schools, the mothers were invited to attend and 432 did attend. The whole dental scheme was explained to the mothers individually and the condition of the child's teeth and 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 Dental Inspections at Schools — in Age Groups

-5	5	6	7	8	9	10	11	
22	275	311	308	426	355	349	333	
12	13	14	15	16	17	18	19	*Total*
222	158	213	62	43	28	11	2	3118

The average for each treatment session was:—
10.1 children treated
6.3 teeth filled
8 teeth extracted
4 dressings

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

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

I should like 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.

1955

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's dental officer:	
	(*a*) Periodic age groups	3,118
	(*b*) Specials	913
	Total (1) ...	4,031
(2)	Number found to require treatment	3,234
(3)	Number referred for treatment	3,005
(4)	Number actually treated	2,512
(5)	Attendances made by pupils for treatment	4,480
(6)	Half-days devoted to inspections	31
	Half-days devoted to treatment	441
	Total (6) ...	472
(7)	Fillings: Permanent Teeth	2,908
	Temporary Teeth	73
	Total (7) ...	2,981
(8)	Number of teeth filled: Peermanent teeth	2,721
	Temporary teeth	73
	Total (8) ...	2794
(9)	Extractions — Permanent teeth	411
	Temporary teeth	2,698
	Total (9) ...	3,109
(10)	Administrations of General Anaesthetics	310
(11)	Other operations — Permanent teeth	756
	Temporary teeth	940
	Total (11) ...	1,696
(12)	Number of Regulation Cases started	9
	Number of Regulation Cases completed	7
	Number of visits for orthodontic treatment	104
	Number of Dentures completed	15
	Number of Repairs to dentures	1
	Number of visits to clinic —re dentures	54

APPENDIX

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE I

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

(A) Periodic Medical Inspections

Number of Inspections in the prescribed Groups:	
Entrants	1,450
Second Age Group	1,089
Third Age Group	819
Total ...	3,358
Number of Periodic Inspections — additional	72
Grand Total ...	3,430

(B) Other Inspections

Number of Special Inspections	43
Number of Re-inspections	349
Total ...	392

(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 IIA*	*Total Individual Pupils*
(1)	(2)	(3)	(4)
Entrants	3	201	204
Second Age Group ...	54	115	164
Third Age Group ...	37	57	93
TOTAL ...	94	373	461
Additional Periodic Inspections ...	—	1	1
GRAND TOTAL ...	94	374	462

(A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955

TABLE II

Defect Code. No.	*Defect or Disease.*	*Periodic Inspections No. of Defects*		*Special Inspections 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*
	(1)	(2)	(3)	(4)	(5)
4.	Skin	47	60	2	—
5.	Eyes—				
	(*a*) Vision ...	94	62	1	1
	(*b*) Squint ...	23	24	2	—
	(*c*) Other ...	4	15	—	—
6.	Ears—				
	(*a*) Hearing ...	4	14	—	1
	(*b*) Otitis Media	7	47	—	1
	(*c*) Other ...	48	28	1	—
7.	Nose or Throat	106	345	6	4
8.	Speech ...	48	27	2	—
9.	Cervical Glands	5	20	1	1
10.	Heart and Circulation ...	1	64	—	—
11.	Lungs ...	9	103	—	1
12.	Developmental—				
...	(*a*) Hernia ...	4	26	1	2
	(*b*) Other ...	1	64	—	—
13.	Orthopaedic—				
	(*a*) Posture ...	15	70	—	1
	(*b*) Flat Foot ...	49	121	1	—
	(*c*) Other ...	33	108	—	1
14.	Nervous system				
	(*a*) Epilepsy ...	—	4	—	—
	(*b*) Other ...	2	8	—	—
15.	Psychological—				
	(a) Development	1	30	—	3
	(*b*) Stability ...	1	24	—	1
16.	Other	1	6	—	1

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

Age Groups Inspected	*No. 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)
Entrants	1450	1058	73.0	331	22.8	61	4.2
Second Age Group ...	1089	707	64.9	307	28.2	75	6.9
Third Age Group ...	819	624	76.2	171	20.8	24	3.0
Additional Periodic Inspections ...	72	63	87.5	9	12.5	—	—
	3430	2452	71.5	818	23.9	160	4.6

TABLE III

INFESTATION WITH VERMIN

(I)	Total number of examinations in the schools by the School Nurse or other authorised persons	26,188
(II)	Total number of individual pupils found to be infested ...	74
(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) ...	32

Group 4. ORTHOPAEDIC AND POSTURAL DEFECTS

		By the Authority	*Otherwise*
(*a*)	Number treated as in patients in hospitals ...	—	1
(*b*)	Number treated otherwise, e.g., in clinics or out-patient departments ...	—	72

Group 5. CHILD GUIDANCE TREATMENT

		Number of cases treated	
		In the Authority's Child Guidance Clinics	*Elsewhere*
(*a*)	Number treated at Child Guidance Clinics	—	4

Group 6. SPEECH THERAPY

	Number of cases treated	
	By the Authority	*Otherwise*
Number of pupils treated by Speech Therapists	134	Nil

Group 7. OTHER TREATMENT GIVEN

		Number of cases treated	
		By the Authority	*Otherwise*
(*a*)	Miscellaneous minor ailments	196	—
(*b*)	Other than (*a*) above (specify) 1. Minor Injuries	12	—
	TOTAL:	108	—

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY (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	2	2
Scabies	4	—
Impetigo	9	—
Other skin diseases	21	—
TOTAL:	36	2

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	3	—
Errors of refraction (including squint)	—	454
TOTAL:	3	454
Number of pupils for whom spectacles were—		
(*a*) Prescribed		339
(*b*) Obtained	—	339

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 ...	—	3
(*b*) for adenoids and chronic tonsillitis	—	292
(*c*) for other nose and throat conditions	—	—
Received other forms of treatment	46	7
TOTAL:	46	302