PETERBOROUGH

JOINT EDUCATION BOARD

Annual Report

of the

Principal School Medical Officer

for the Year

1962

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 1962

Principal School Medical Officer	George Nisbet, M.B., CH.B. (ED), D.P.H., R.C.S.(ED).
Deputy Principal School Medical Officer	William Gibb Smeaton, M.B., CH.B., D.P.H., Barrister-at-Law.
Assistant School Medical Officer	Diana O. McKnight, M.B., B.S., D.C.H., D.P.H. (resigned 31. 3. 62)
Principal School Dental Officer	Alister Edwin Hurford, B.D.S.
School Dental Officer	Vacant.
Anaesthetist (part-time) *Dental*	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. Mrs. M. Parson, S.R.N., S.C.M. H.V. CERT.
Speech Therapist	Miss J. Beady, (appointed 27. 9. 62)
Dental Attendant	Miss D. E. Nichols.
Chief Clerk (School Health Service)	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 & 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.
Consultant Orthodontic Surgeon	P. H. Burke, L.D.S., B.D.S., H.D.D., R.C.S., D.D.O., R.F.P.S.

To :

THE CHAIRMAN AND MEMBERS OF THE PETERBOROUGH JOINT EDUCATION BOARD.

Ladies and Gentlemen,

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

The number of pupils on the registers of maintained primary and seondary schools on the 31st December 1962 was 11,907. The total number of children medically examined during the year 1962 was 3,959. Ten years ago, in 1952, the school population was 8,922 and the total number of children medically examined in that year was 2,897. The school population has therefore increased by 3,000 during the last ten years and over a thousand more medical inspections were carried out in 1962 than in 1952, without any increase in the school medical and nursing staff.

Although there is establishment for an Assistant Medical Officer (Dr. McKnight who held this post unfortunately having resigned at the end of March 1962) in spite of repeated advertisements it has been found impossible to fill this post. For a very short period, Dr. A. Bradley held the appointment of Assistant Medical Officer but owing to illness had to give up the post and was not able to do any appreciable amount of school medical work.

I am pleased to report that the post of Speech Therapist, which has been vacant since October 1960, was filled in September 1962, by the appointment of Miss J. Beady and the Speech Therapy Service has been re-organised and is now running smoothly.

It has not been possible to obtain the services of an Assistant Dental Officer, following the resignation of Mrs. K. Read on the 30th November 1961, and this post is still vacant.

On January 1st, 1963 the School Health Service reached the respectable middle-age of fifty five years. Many people are now asking whether it is outliving its usefulness. Should it change its ways ? What does the future hold ?

Certainly the traditional school medical inspection of the routine age-groups (entrants, intermediates and leavers) is becoming subject to increasing scrutiny—not because the School Health Service has failed in its job, but because it has done it so well.

Fifty years ago malnutrition, rickets, tuberculosis infections, ringworm of the scalp, and infestations with vermin were prevalent ; they are, one hopes, now banished for good.

The early annual reports of school medical officers show that many of the schools in use at that time were most unhealthy places.

Natural lighting was often poor, and artificial lighting even worse. Ventilation and heating presented problems. So, in rural areas, did sanitation and water supplies. Add to these difficulties the much greater prevalence of

infectious and contagious disease, and it is easy to understand why so much emphasis was laid at the start upon environmental problems. Since that time new schools have become progressively healthier places for children and consequently the School Health Service has had to concern itself less and less with the school as an adverse environment.

Everywhere in Britain today the children are healthier, of better physique, cleaner, and with a greater expectation of life than ever before. More and more one finds that the minor defects and departures from normal—conditions like knock-knee, flat feet, " the adenoidal facies," enlarged tonsils, the innocuous cardiac murmurs—deserve less and less attention.

Is it then necessary to examine medically all children three times during their school life, or should there be a selective, as opposed to periodic, inspection ?

It is of interest to note that, in a circular introducing the new medical inspection system in 1907, reference was made in somewhat deprecatory terms to the practice, already employed by some local education authorities, of examining schoolchildren on a selective basis.

The objection was that it was a haphazard selection of children obviously defective or diseased. The Board obviously felt that at that time the amount and nature of the defects of schoolchildren were such that nothing less than examinations of all children by age-groups could be relied upon.

Since 1907 new regulations governing school medical inspections have appeared on several occasions. These have given progressively greater freedom to authorities to experiment.

As long ago as 1935 the Chief Medical Officer to the Ministry of Education endorsed the view that after examination on school entry children might with advantage be selected rather than taken in periodic age-groups. The School Health Service Regulations, 1959, impose no requirements at all as to school medical inspection. It remains, therefore, that this must be carried out in accordance with the Education Act, 1944, that is : " at appropriate intervals."

No rigid direction being laid down, the tendency to depart from the periodic (age-group) basis of inspection and to select children according to their needs is gathering strength. The greater freedom given to local education authorities has led to a number of experiments in selective inspections.

In particular, in Hampshire, the method of selective inspection has been adopted. As I once served in this County, I have naturally been interested in changes there, but I still, here in Peterborough, have adhered pretty closely to the three medical examinations during school life—the first as soon as possible after school entry, the second about the last year at primary school and the third just before leaving school altogether. These, of course, are supplemented by medical officers selecting cases for re-inspection, i.e. children with known defects, and by other cases brought forward by the School Nurses following their routine visits to the schools.

There are others who consider that the School Health Service, by assiduously searching out for early signs of disease and abnormalities (which, if left untreated, would lead to disability and handicap), is the embodiment of preventive medicine.

They say that the School Health Service is indispensable in an age when young wives are less sure of themselves and less knowledgeable concerning children than were their mothers before them ; and especially when so many mothers work in office and factory, returning home at night to prepare an evening meal, too tired to be bothered with children, so that signs of ill-health may go unheeded.

Furthermore, routine medical examinations, involving personal interviews with mothers, have a tremendous educational value in health matters of a direct individual kind. If the doctor's examination of the child is thorough, the mother will always be impressed. The establishment of a good relationship with mothers is an important part of the work.

A great deal is talked about health education, but in the personal explanations of a school doctor to mothers it is possible to produce results.

As to the argument that children are now so healthy that routine medical examination at school is unnecessary, it is pointed out that obesity is at present attracting as much attention as under-nutrition once did. That asthma has an increased incidence in young children is fairly certain ; a recent enquiry among schoolchildren in one big city revealed its presence in 1.4 per cent. Again, in an investigation in a working-class area of Birmingham, with a child population of 15,000, the incidence of chronic suppurative ear disease was found to be higher than before the war—and this among children who have grown up on a surfeit of antibiotics.

In an age which has been called the age of anxiety and compulsion, the maladjusted and insecure child is frequently seen—the frantic nail-biter, the shame-faced bed-wetter. (In his later years to become, perhaps, the furious smoker, and finally the chain-smoker ?)

Those who work in the School Health Service and follow children through the years of their growth and development should be well qualified to assess and advise on many problems of the school child and perhaps contribute much in understanding the underlying causes.

Whether one accepts the selective or the periodic method of school medical examination, it seems obvious that at the age of 55 years the School Health Service still has many more years of active and useful life before it.

I would like to express my thanks to my colleague, Dr. Smeaton, to the Dental Officer and to the School Nurses for their continued loyal service.

I am also indebted to the Chief Education Officer and his staff for their

help and co-operation and to the members of the Special Services Sub-Committee of the Joint Education Board, whose continued help and interest is greatly appreciated.

Finally my thanks are due to my own clerical staff, under the able guidance of Mr. John Dunford, who have contributed much to the efficient running of the School Health Service.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

County Medical Officer
and Principal School Medical Officer
to the Joint Education Board.

GENERAL STATISTICS

Area

Area of Administrative County (in acres)	53,464

Civilian Population

City of Peterborough	63,430
Peterborough Rural District	8,230
Barnack Rural District	5,740
Administrative County	77,400

School Population (as at January 1963)

Nursery School	40
On Registers of Primary Schools	7,263
On Registers of Secondary Modern Schools	3,092
On Registers of Grammar Schools	1,519
	11,914

Number of Schools

Nursery Schools	1
Primary Schools	35
Secondary Modern Schools	7
Grammar Schools	3

MEDICAL INSPECTION

A total of 3,005 children were examined in the routine age groups during the year 1962, compared with 3,312 examined in the previous year. 94 Special Inspections were carried out (compared with 71 in 1961), and 860 re-inspections (compared with 1,051 last year). The total number of children, therefore, examined in 1962 was 3,959. In 1961 a total of 4,434 children were medically examined.

With the exception of one school (where it was not convenient to hold a medical inspection in 1962) every school in the County was visited at least once during the year for the purpose of medical inspection.

The Ministry of Education requires the pupils examined to be classified in age groups, by year of birth. Details of the number of children inspected in each age group are given below :—

Age Groups Inspected (by year of birth)	*No. of Pupils Inspected*
1958 and later	28
1957	453
1956	407
1955	62
1954	23
1953	34
1952	25
1951	691
1950	304
1949	2
1948	481
1947 and earlier	495
Total	3,005

The routine age groups for medical inspection are the same as in previous years, viz., Entrants (children recently admitted to school); Intermediates (those in the last year at primary schools); and Leavers (children who are expected to leave school during the ensuing twelve months).

In addition, any child considered by the parents or teachers to be delicate or maladjusted can be brought before the school medical officer and examined as a " Special." 94 such children were so examined during the year.

In addition to the above examinations 193 children were examined by the school medical staff for work out of school hours.

Adult medical examinations carried out on behalf of the Joint Board numbered 74, viz. college candidates 33, teachers 30, other examinations 11.

FINDINGS OF MEDICAL INSPECTION

Diseases and Defects

Of the 3,005 children examined at the periodical medical inspections, 229 were found to be suffering from a disease or defect requiring treatment (other than dental diseases and infestations with vermin). This represents 7.6 per cent. of all pupils inspected, compared with a percentage of 10.5 last year, 9.9 in 1960, 8.8 in 1959 and 12.7 in 1958. It will be seen, therefore, that in 1962 the percentage of children found to require treatment was appreciably less than in recent years.

Full details of the number of defects found in the various age groups will be found in the Appendix, Table A.

Cleanliness

During the year 28,401 individual examinations were made by the three school nurses for cleanliness. A total of 114 individual pupils were found to be infested with vermin, which is a decrease on the figures for 1961, when 198 individual pupils were found to be unclean. In previous years the numbers were : 1960—113 ; 1959—142 ; 1958—117. 320 visits were paid by the school nurses to the homes of children found to be verminous.

Cleansing orders were issued in respect of 15 children, and cleansing notices in respect of another 70.

General Conditions

The general condition of the children examined in 1962 was excellent. Four pupils only were classified as " Unsatisfactory," a percentage of 0.1, compared with 0.33 per cent in 1961, and 4 per cent in 1960 and 1959.

Among children classified as " Unsatisfactory " in recent years are some who are too fat rather than children who are in any way undernourished, among whom was a girl who at the age of 14 years and 3 months weighed 210 lbs. She was kept under observation and regularly weighed until she left school, when her weight was 229¾ lbs., in spite of all medical and nursing advice.

Full details of the findings under the above heading will be found in the Appendix, Table A.

Following-Up

All children found to be suffering from defects or diseases, as well as those found to have some condition requiring observation, are noted for re-inspection, and are followed up at school and seen by the school medical officer on his next visit. 860 re-inspections were carried out in the schools during the year. Visits are paid to the homes of children by the school nurses where necessary, particularly to children who are noted as " Unsatisfactory " or where there is reluctance on the part of parents to obtain any necessary treatment.

Close liaison is maintained with the Consultants at the Peterborough Memorial Hospital. When children fail to keep hospital appointments without explanation, the school nurses visit the homes to find out the reason. This applies chiefly to those who fail to keep appointments with the Ophthalmic Surgeon. The excuses are many and varied ; " We forgot all about it," " Mary didn't feel well," " The appointment was too early for us." It is surprising how few parents take the trouble to inform the Hospital when, for some reason, they are unable to keep the appointments.

Treatment of Defects

All treatment, other than speech therapy and minor ailments, is carried out under the National Health Service. This arrangement works satisfactorily.

Table A, Part II, in the Appendix of this Report details the defects found at the routine and special inspections, and Part III deals with the defects treated.

School Clinics

There is one central school clinic, situated in the Town Hall, Peterborough, which is easily accessible for all schools in the City area, there being a good 'bus service to the City centre. A school medical officer is always in attendance on Monday mornings and is available for consultation on other mornings from 9 to 10 o'clock, and from 4 to 5 p.m. At these clinics minor ailments and miscellaneous injuries and defects are treated by the doctors or nursing staff. Children infested with vermin are also requested to attend at the school clinic for cleansing.

In addition, special examinations, which require a longer period than that normally available at a routine inspection at the school, are also carried out in the school clinic.

In the rural areas a weekly clinic is held on Monday mornings at Arthur Mellows Village College Medical Inspection Room by the school nurse who is responsible for the village schools, and at other times as necessary. Other cases of minor ailments are treated by the nurse, either in the schools or are brought to the Town Hall Clinic.

Minor Ailments

Details of the minor ailments treated at the school clinics during the year are as follows :—

Scabies	8
Ringworm of body	1
Impetigo	7
Other skin diseases	17
Removal of aural wax	12
Minor eye defects	3
Minor injuries	6
Ear disease	2
Miscellaneous conditions	294
Total	350

In addition to the above, 21 individual children attended the Clinic for cleansing of heads, making a total of 29 attendances. Another 34 children attended for re-checking of vision.

Defective Vision

The school ophthalmic work continues to be carried out at the Peterborough Memorial Hospital by Dr. G. M. Barling, the Consultant Ophthalmologist of the Regional Hospital Board. I should like to express here my thanks to Dr. Barling and to Sister Lindsay for their continued co-operation.

During the year 1962, 394 children suffering from errors of refraction (including squint) were referred to the Ophthalmic Surgeon. Glasses were prescribed for 314 of these.

Defects of Ear, Nose and Throat

Less and less children examined at school medical inspections are now referred to their general practitioners as being considered in need of operative treatment. Ten children only examined in the routine age groups or as "Specials" were referred through their general practitioners to the E.N.T. Surgeon at the Hospital for his opinion regarding operative treatment (compared with 27 last year). Another 112 pupils required to be kept under observation for enlarged tonsils and adenoids. Therefore 3.9 per cent of all children examined in the routine and special groups during the year were found to be suffering to a greater or lesser degree from defects of the nose and throat, antra or sinuses, compared with 4.1 in 1961, 6 per cent in 1960, and 10 per cent in 1959.

In cases where the children are referred for observation for these conditions the parents are given a special pamphlet with instructions about mouth breathing, etc.

During the year, 152 children were operated on for adenoids and chronic tonsillitis, 4 for other nose and throat conditions, one for disease of the ear, and 14 received other forms of treatment. The Majority of these had been referred to the hospitals by their own general practitioners without being referred from a school medical inspection, or were cases brought forward on the waiting list from previous years.

In past years the Ministry of Education asked for a note to be made of all children examined in the routine age groups who had previously been operated upon for enlarged tonsils and adenoids. Although this information is not now requested, I did, in this County, keep the information up-to-date.

I found that a total number of 341 children (11.3 per cent.) of those examined had previously received operative treatment, compared with 12.2 per cent. last year.

Details are as follows :-

Age Group (by year of birth)	Boys	Girls
1957	8	1
1956	4	5
1955	1	2
1954	—	2
1953	—	2
1952	—	3
1951	49	44
1950	32	28
1949	—	—
1948	49	57
1947 and earlier....	19	35
Totals	162	179

It was noticed that double the percentage of children attending City schools had had operative treatment compared with children attending rural schools, i.e. 12.5 per cent compared with 6.4 per cent. 20 per cent of the pupils attending Grammar Schools had received operative treatment for enlarged tonsils and adenoids compared with 14.3 per cent of the children attending Modern Schools.

I again express my thanks to Mr. A. A. Finlayson, the E.N.T. Surgeon, and to the Registrar, Mr. M. E. Johnston, for their continued co-operation and help.

Three children examined in the routine age groups were referred for treatment on account of deafness, and a further 26 were kept under observation for hearing defects.

Four children are known to have been provided with hearing aids during the year, and a further eight children had been provided with such aids in previous years.

Orthopaedic Defects

Children with orthopaedic defects still comprise a considerable percentage of those found at medical inpection to require either treatment or to be referred for observation. Out of a total of 3,005 children examined in the routine age groups 161, or 5.3 per cent., were found to have orthopaedic defects of a greater or lesser degree of severity, viz :—

Bad posture	....	45
Foot defects	....	63
Other defects	....	52

In 1961 and 1960, 7.7 per cent. of the children examined were found to have orthopaedic defects.

Advice is given about exercises to children found with bad posture, flat feet, etc. Bad posture is particularly noted among the older girls.

Children with orthopaedic and postural defects requiring treatment are referred to their own medical practitioner who may, in turn, refer them to the Orthopaedic Surgeon at the Peterborough Memorial Hospital, Mr. Noel Smith. 153 such children are known to have been thus referred during the year.

Child Guidance

Up to the present, a Child Guidance Clinic has not been established in Peterborough. Once again, however, Dr. R. E. Glennie and Dr. B. F. Whitehead, the Consultant Child Psychiatrists of the East Anglian Regional Hospital Board, have seen Soke of Peterborough children referred by me or by their own medical practitioners. Eleven children from this area were seen by these Consultants during the year, and I am greatly indebted to them for their helpful co-operation.

Speech Therapy

I am glad to report that another Speech Therapist was appointed during the year (Miss J. Beady) who took up her duties on 27th September 1962.

The post had been vacant since Miss Wright resigned her post in September 1960.

I append the report of the Speech Therapist for the period of her appointment to the end of the year :

SPEECH THERAPY — REPORT FOR 1962.

Miss P. Wright resigned her position in 1960, and I took up my appointment on September 27th, 1962. The two year lapse without a therapist made reorganisation of the service necessary.

The junior and infant schools which had formerly schooled children under treatment were visited.

The Principal School Medical Officer sent letters to the head teachers of the schools in the area asking for the names of all children considered to need help with their speech. These children were then seen by the school medical officers who, if they considered speech therapy necessary, referred the cases to me.

Parent interviews were arranged for all the children who had been under treatment or on the waiting list when Miss Wright resigned, and also for the new referals.

I am now holding five weekly sessions at The Cottage (rear of Town Hall) and weekly sessions at the following schools :

Eastholm Infants' School	1
Dogsthorpe Infants' School	2
Fulbridge Junior School	1
Newark Hill Infant School (until Nov.)	1

There are about 75 children now undergoing regular treatment. This number is still increasing and it is hoped to arrange an extra session at Eye Infants' School and possibly at Wittering in the near future.

There is a great variety of cases, including dyslalia, dyspraxia, dysphonia, language retardation, mental handicap, and stammering.

J. BEADY

Handicapped Pupils

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

As the Medical Officer is responsible for the administration of the Maternity and Child Welfare Service of the Local Health Authority, these children are usually known to me before they reach two years of age, and are already classified in my records as " Handicapped Infants."

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

The following Table shows the number of handicapped pupils on the Register during the year 1962 :—

Blind or partially blind			9
Other visual defects			10
Deaf or partially deaf			35
Delicate			7
Epileptic			25
Educationally sub-normal.	Boys	100	182
	Girls	82	
Physically handicapped			123
Maladjusted			7
		Total	398

At the end of the year 1961, 388 children were on the Register.

Miss Hay, the Head Mistress of the Caverstede Road Nursery School has taken a great interest in deaf children and has given special care and training to two deaf children and one grossly physically handicapped child who were at the Nursery School during the year. I, personally, have greatly appreciated the good work that Miss Hay has done in this connection.

Blind

One partially blind boy was being educated at Rushton Hall School near Kettering during the year.

The parents of another boy who was being educated at Blatchington Court, Seaford, removed to Peterborough and responsibility for this case was accepted from 17. 3. 62 to 4. 9. 62.

Another partially sighted boy, who had been ascertained in Peterborough and recommended for admission to a Blind School at Gorleston, removed from the County at the end of the year.

A partially blind girl was at Addenbrooke's Hospital, Cambridge, during the year.

Deaf

One boy is being educated at St. John's Residential School, Boston Spa, one at Rudolf Steiner School, Aberdeen, one at Donnington Lodge School, Newbury, Berks., and a fourth at Nutfield Priory Secondary School, Redhill.

Delicate

The number of children classified as "delicate" decreases each year. In 1962 seven children only received convalescent treatment under School Health Service arrangements. Three boys and one girl were at Port Regis Open-Air School, Broadstairs. Two girls were at St. Patrick's School, Hayling Island, and one boy, who was formerly at Broadstairs, was transferred to Hatchford Park School, Cobham, early in 1962. Most of these children basically were asthmatics.

Tuberculosis

A boy aged four years was treated at the Manfield Orthopaedic Hospital, Northampton for a tuberculous hip during the year. A girl aged twelve years was at Bourne Sanatorium on account of primary tuberculosis, and a boy aged ten years, suffering from primary tuberculosis, was treated at Papworth Hospital.

Epilepsy

No epileptic children from this area are being treated in hospitals or epileptic colonies. Twenty-five children who suffer from minor epileptic fits are known to me. They are able to attend ordinary schools, the teachers being aware of their condition and the possibility of fits occurring.

Educationally Sub-Normal

The largest number of handicapped pupils are those who come under the category of educationally sub-normal. A hundred boys and eighty-two girls were on the register at the end of the year.

Educationally sub-normal girls in the area are catered for at the Special School at Orton Hall near Peterborough, where there is accommodation for one hundred girls (forty-six boarders and fifty-four daily pupils). Fifteen girls from the Soke of Peterborough were in attendance as day pupils, and three as boarders. Two girls are being educated at the Greenwood School, Halstead, Essex.

Nothing further has developed to provide a special school in the area for educationally sub-normal boys. Some 22 boys are known to me and have been assessed as suitable and are receiving education in a special class in ordinary schools.

At the present time, accommodation for educationally sub-normal boys is sought outside the area. At the end of the year twenty such boys from the County were resident in Special Schools, viz. :

Stubton Hall, Newark	6
Littleton House, Girton	5
St. John's School, Brighton	4
Besford Court R.C. School	2
Badby Vicarage School, Daventry	1
St. Joseph's School, Cranleigh	1
East Hill School, Colchester	1

At the close of the school year, seven boys were awaiting admission to Special Schools.

Spastics

Most of our severely spastic children are educated at The Wilfred Pickles School, Tixover (about 15 miles from Peterborough).

Seven day pupils from the Soke of Peterborough are attending this school.

One spastic boy from Peterborough was resident at Hawksworth Hall School. Another boy was transferred from Hawksworth Hall to Ingfield Manor School, Billingshurst, Sussex in May 1962.

In September this Authority accepted responsibility for a girl attending Margaret Barclay Residential School, Mobberley, Cheshire, her father having removed to the Soke of Peterborough.

Others

A few children with various defects, e.g. acute nephritis, asthma, chorea etc. were treated at different hospitals during the year, and a number who were unfit to attend school received home tuition for varying periods.

Diabetic

A diabetic boy is still being educated at Shaftesbury House Hostel for Diabetic Children, Rustington, Sussex.

Maladjusted

A maladjusted girl was admitted to Stockwell Hall Hostel, Billericay during the year. One boy is still being educated at St. Michael's School, Ingoldisthorpe, near King's Lynn.

These are the only Peterborough children at present receiving institutional education, although a number of maladjusted children were seen by the Consultant Child Psychiatrists.

CO-OPERATION WITH TEACHERS, PARENTS AND DOCTORS.

I again express my thanks to the teachers of the Peterborough Joint Education Board for their continued help and co-operation. In schools where there is no medical inspection room, the annual routine medical examinations can be rather disrupting but, without exception, the head teachers have done everything possible to ensure smooth running.

Every endeavour is made to obtain and encourage 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. At the same time, parents are asked to complete a simple form, giving the family and the child's previous medical history which is, of course, confidential to the school medical staff. Only in a very few instances have the parents declined to give this information.

As many as 77.8 per cent of the parents attended the medical examination of their children, compared with 68 per cent last year, and 74.6 per cent in 1960. Not many parents attend the examination of senior boys, although nearly all attend at the medical examination of infants.

43 boys and 23 girls—a total of 66—were absent from school on the day appointed for their examination. In the majority of cases the absence was due to illness or similar causes. Children absent from school on the day of the routine inspection are examined when the school medical officer next visits the school, or are seen at the School Clinic, Town Hall at the earliest opportunity.

A school medical officer is always in attendance at the Town Hall School Clinic on a Monday morning, and head teachers are at liberty to refer any child about whose health they are concerned to be examined at these clinics.

Close liaison is maintained with general practitioners. If it is necessary to refer a child to his own doctor, a letter is sent to the doctor concerned stating what has been found amiss by the School Medical Officer.

Vaccination and Diphtheria Immunisation

2,339 of the 3,005 children examined in the routine age groups had been immunised against diphtheria, or 77.8%, compared with 71.9% last year and 71% in 1960.

1,818 of the 3,005 children were known to have been vaccinated against smallpox, or 60.5%, compared with 37.3% in 1961, and 32.7% in 1960.

REPORT OF DENTAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN FOR THE YEAR 1962

The total number of children inspected during the year was 2,676 ; of these 1,825 (or 68.2 %) required treatment.

Full details of treatment carried out at the School Dental Clinic is given in the Appendix at the end of this Report.

Within the last generation remarkable improvements have taken place in the health of the community, with the exception of coronary heart disease, lung cancer, and dental caries. So far as the latter is concerned, it has now been scientifically proved that if fluoride in a minute proportion (one part per million parts of water) is added to a public water supply that is deficient in fluorine, dental decay in children and young people using such water will be reduced by as much as two-thirds.

Fluoridation has been recommended by a wide variety of scientific and professional bodies, including the British Dental Association, the British Medical Association, the American Medical Association, and the Canadian Dental Association, as well as by the World Health Organisation. Recently the Ministry of Health expressed approval for arrangements being made with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. The Ministry also issued a statement which said :

" There is no evidence that the consumption of water fluoridated to a level of about 1 part per million has any harmful effects on those who drink it . . . "

At the time of writing this report the question of the fluoridation of the local water supply is being considered by the appropriate authorities, and I confidently await the outcome of these discussions.

Orthodontics

As will be seen from the Appendix, 45 new cases were treated by means of orthodontic appliances during the year, also 6 cases were continued from the previous year.

General Anaesthesia

During the year, 254 children had extractions under general anaesthesia compared with 273 in the previous year.

The routine administration of general anaesthesia is carried out by Dr. J. G. Inglis, to whom I should again like to express my thanks. I should also like to thank my Dental Attendant, Miss Nichols for her continued help.

N.B. Since writing the above I learn with dismay that the City Council have decided against recommending the fluoridation of the local water supply. I cannot help thinking that this is a very retrograde step, when at so little trouble so much good could have been done for the prevention of dental decay in children.

A. E. HURFORD,
Principal School Dental Officer

PART I **APPENDIX**

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

TABLE A. PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected. (By year of birth)	*No. of Pupils Inspected*	*Physical condition of Pupils Inspected*			
		Satisfactory		*Unsatisfactory*	
		No.	*% of Col. 2.*	*No.*	*% of Col. 2.*
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	28	28	100.0	—	0.0
1957	453	453	100.0	—	0.0
1956	407	404	99.3	3	0.7
1955	62	62	100.0	—	0.0
1954	23	23	100.0	—	0.0
1953	34	34	100.0	—	0.0
1952	25	25	100.0	—	0.0
1951	691	690	99.8	1	0.2
1950	304	304	100.0	—	0.0
1949	2	2	100.0	—	0.0
1948	481	481	100.0	—	0.0
1947 and earlier	495	495	100.0	—	0.0
Total	3005	3001	99.9	4	0.1

TABLE A. **(continued)**

Age Groups inspected (By year of birth)	*For Defective Vision (Excluding squint)*	*For any of the other conditions recorded at Part II*	*Total Individual Pupils*
(1)	(2)	(3)	(4)
1958 and later	—	—	—
1957	6	31	36
1956	9	33	40
1955	5	4	8
1954	1	3	4
1953	1	5	6
1952	1	2	3
1951	29	28	55
1950	10	18	27
1949	—	—	—
1948	20	12	32
1947 and earlier	15	3	18
Total	97	139	229

TABLE B. OTHER INSPECTIONS.

Number of Special Inspections	94
Number of Re-Inspections	860
Total	954

TABLE C. INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	28,401
(b)	Total number of individual pupils found to be infested	205
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	70
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	15

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A. PERIODIC INSPECTIONS

Defect Code No.	*Defect or Disease*	*Entrants*		*Leavers*		*Others*		*Total*	
		(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	16	26	1	17	17	20	34	63
5	Eyes (a) Vision	22	26	35	12	40	21	97	59
	(b) Squint	13	18	—	1	5	3	18	22
	(c) Other	2	7	—	—	2	8	4	15
6	Ears (a) Hearing	2	18	—	1	1	7	3	26
	(b) Otitis Media	2	16	—	2	1	3	3	21
	(c) Other	5	2	9	1	7	3	21	6
7	Nose and throat	6	78	2	9	1	25	9	112
8	Speech	4	21	—	2	—	4	4	27
9	Lymphatic Glands	3	9	—	—	—	2	3	11
10	Heart	1	29	—	5	—	15	1	49
11	Lungs	3	26	1	7	1	17	5	50
12	Developmental :								
	(a) Hernia	4	10	1	—	2	1	7	11
	(b) Other	26	1	7	5	24	4	57	10
13	Orthopaedic :								
	(a) Posture	2	9	—	12	5	17	7	38
	(b) Feet	12	28	1	5	8	9	21	42
	(c) Other	5	15	—	13	3	16	8	44
14	Nervous system :								
	(a) Epilepsy	—	6	—	5	—	2	—	13
	(b) Other	—	19	—	1	—	5	—	25
15	Psychological :								
	(a) Development	—	6	—	—	—	6	—	12
	(b) Stability	—	22	—	1	2	21	2	44
16	Abdomen	—	3	—	1	1	2	1	6
17	Other	—	4	—	2	2	3	2	9

TABLE B. SPECIAL INSPECTIONS.

Defect Code No. (1)	*Defect or Disease* (2)	*Special Inspections* *Pupils Requiring treatment* (3)	*Pupils Requiring Observation* (4)
4	Skin	1	—
5	Eyes : (a) Vision	—	1
	(b) Squint	—	2
	(c) Other	—	—
6	Ears : (a) Hearing	4	1
	(b) Otitis Media	—	1
	(c) Other	—	—
7	Nose and Throat	1	—
8	Speech	14	2
9	Lymphatic Glands	—	—
10	Heart	—	3
11	Lungs	—	—
12	Developmental		
	(a) Hernia	—	1
	(b) Other	—	1
13	Orthopaedic		
	(a) Posture	—	2
	(b) Feet	2	1
	(c) Other	1	2
14	Nervous System		
	(a) Epilepsy	—	—
	(b) Other	—	1
15	Psychological		
	(a) Development	—	1
	(b) Stability	—	2
16	Abdomen	—	—
17	Other	—	—

PART III.

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

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	No. of cases known to have been dealt with
External and other, excluding errors of of refraction and squint	3
Errors of refraction (including squint)	394
Total	397
Number of pupils for whom spectacles were prescribed	314

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	152
(c) for other nose and throat conditions	4
Received other forms of treatment	14
Total	171

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

(a) in 1962	4
(b) in previous years	8

TABLE C

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients department	153
(b) Pupils treated at school for postural defects	—
Total	153

TABLE D

DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm - (a) Scalp	—
(b) Body	1
Scabies	8
Impetigo	7
Other skin diseases	17
Total	33

TABLE E

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	11*

TABLE F

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	87

TABLE G

OTHER TREATMENT GIVEN

		Number of cases known to have been dealt with
(a)	Pupils with minor ailments	294
(b)	Pupils who received convalescent treatment under School Health Service arrangements	6
(c)	Pupils who received B.C.G. vaccination	36
(d)	Other than (a), (b) and (c) above.	
	Minor injuries	6
	Total (a) — (d)	342

* While no pupils were treated under arrangements made by the Authority, eleven were treated during the year by the Consultant Psychiatrist of the Regional Hospital Board by personal arrangements made by the Principal School Medical Officer or General Practitioners.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Forms 7, 7M and 11 Schools.

(a)	Dental and Orthodontic work			
	I. Number of pupils inspected by the Authority's Dental Officers :			
	i. At Periodic Inspections	937		
	ii. As Specials	1739	Total I	2676
	II. Number found to require treatment			1825
	III Number offered treatment			1646
	IV Number actually treated			1545
(b)	Dental work (other than orthondontics)			
	I. Number of attendances made by pupils for treatment excluding those recorded at (c) I below			2996
	II. Half days devoted to :			
	i. Periodic (School) Inspection	6		
	ii. Treatment	386	Total II	392
	III. Fillings :			
	i. Permanent Teeth	1469		
	ii. Temporary Teeth	80	Total III	1549
	IV. Number of Teeth Filled :			
	i. Permanent Teeth	1313		
	ii. Temporary Teeth	80	Total IV	1393
	V. Extractions :			
	i. Permanent Teeth	319		
	ii. Temporary Teeth	622	Total V	941
	VI. Administration of general anaesthetics for extraction			254
	VII. Number of pupils supplied with artificial teeth			15
	VIII. Other operations :			
	i. Permanent Teeth	1766		
	ii. Temporary Teeth	221	Total VIII	1987
(c)	Orthondontics			
	i. Number of attendances made by pupils for orthodontic treatment			212
	ii. Half days devoted to orthodontic treatment			26
	iii. Cases commenced during the year			45
	iv. Cases brought forward from the previous year			6
	v. Cases completed during the year			38
	vi. Cases discontinued during the year			1
	vii. Number of pupils treated by means of appliances			14
	viii. Number of removable appliances fitted			14
	ix. Number of fixed appliances fitted			—

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