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CITY OF PORTSMOUTH
EDUCATION COMMITTEE



REPORT

ON THE

Medical Inspection and Treatment of School Children

FOR THE YEAR 1957

BY

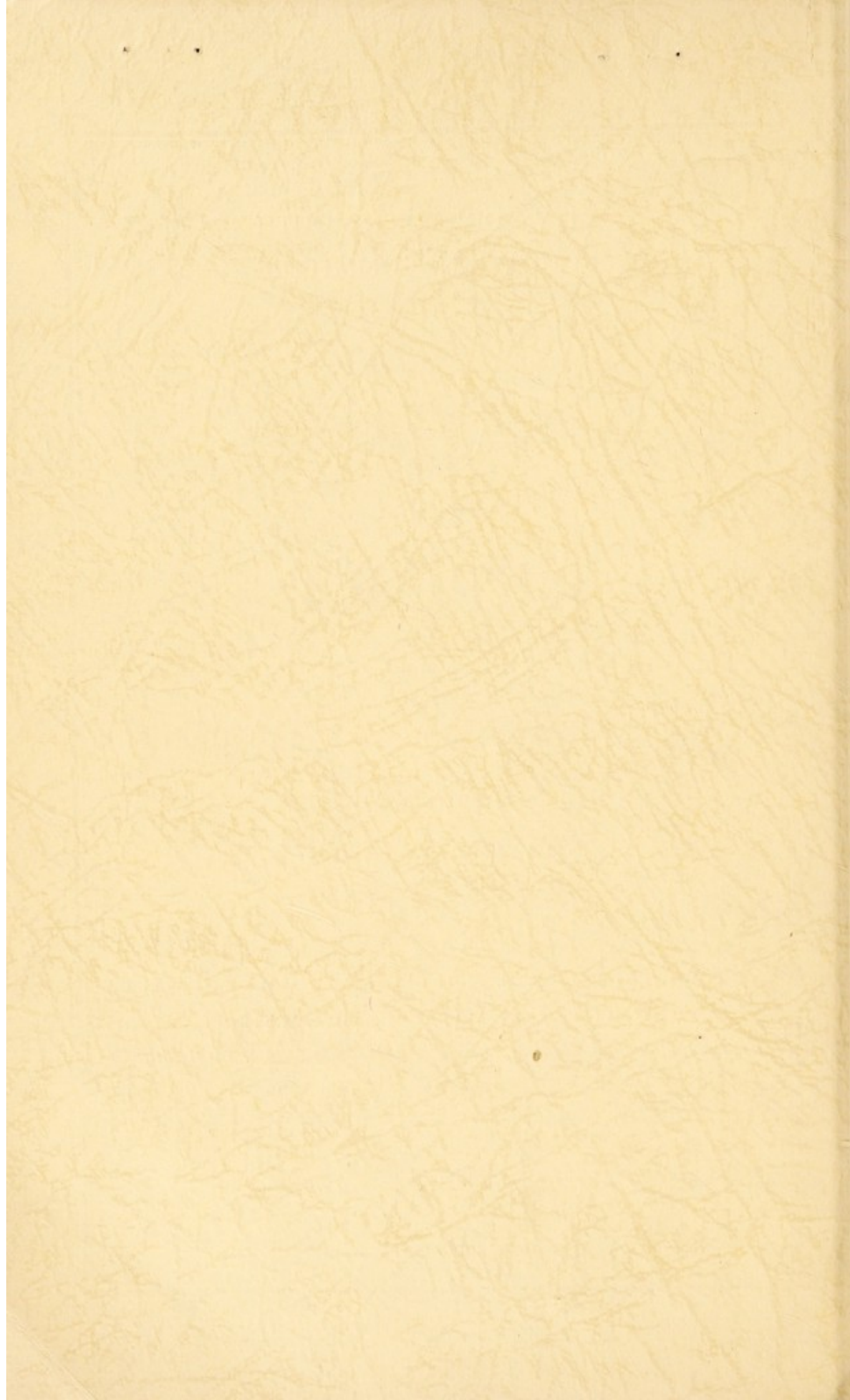
T. ERNEST ROBERTS, M.B., B.S. (Lond.), M.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H. (Camb.), F.R.S.H.

Principal School Medical Officer and Medical Officer of Health.

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Principal School Medical Officer and Medical Officer of Health.

EDUCATION COMMITTEE

JANUARY — DECEMBER, 1957.

The Right Worshipful the Lord Mayor
(COUNCILLOR A. G. ASQUITH-LEESON, J.P.)

Chairman :

COUNCILLOR A. L. BLAKE, M.C., LL.B.

Vice-Chairman :

COUNCILLOR E. O. BATESON

Aldermen :

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*S. R. THORROWGOOD

Councillors :

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Rev. T. MURPHY, B.A.	MR. H. A. I. ROPER
	DR. W. TAYLOR, F.R.I.C.

†Chairman of Special Services Sub-Committee.

*Member of Special Services Sub-Committee.

Chief Education Officer :

E. G. BARNARD, M.A.

STATISTICS

Total Population (Registrar-General's Estimate for 1957)	...	226,900
(Census of 1951)	...	233,545
Education Rate in the £, levied 1956-57	...	4s. 7.66d.
Produce of 1d. Rate 1956-57 (actual)	...	£16,220
Cost of School Health Service 1956-57:—		
Gross Expenditure	...	£35,695
Less Income	...	£2,519
Net Expenditure	...	£33,176
Government Grant	...	£18,263
Cost to Rates	...	£14,913
Cost to Rates in terms of a Penny Rate, 1956-57	...	.92d.

THE STAFF OF THE SCHOOL HEALTH SERVICE

(DECEMBER, 1957)

Principal School Medical Officer and Medical Officer of Health :

T. ERNEST ROBERTS, M.B., B.S. (Lond.), M.R.C.S. (Eng.),
L.R.C.P. (Lond.), D.P.H. (Camb.), F.R.S.H.

Deputy Principal School Medical Officer and Deputy M.O.H. :

ROBERT WOODROW, M.B., CH.B., D.P.H. (Edin.).

School Medical Officers and Assistant M.O.s.H. :

JOHN M. MOUNSEY, B.A., M.B., B.Ch., B.A.O. (Dublin), D.C.H.

EILEEN BROOKS, M.B., B.Ch., B.A.O. (Dublin).

ANN W. KILPATRICK, M.B., B.Ch., B.A.O. (Belfast), D.C.H., D.P.H.

Cardiologist (part-time) :

J. C. PRESTWICH, M.A., B.M., B.Ch. (Oxon.), M.R.C.P. (Lond.).

Principal School Dental Officer :

L. J. THRELFALL, L.D.S., R.C.S. (Eng.).

School Dental Officers :

B. A. BUTCHER, L.D.S., R.C.S. (Eng.).

W. U. AUERBACH, D.S., M.D. (Berlin).

K. GORDON-RALPH, L.D.S. (Bristol).

E. C. BEVIS, L.D.S., R.C.S. (Eng.).

Superintendent School Nurse :

MRS. D. L. COVINGTON, S.R.N., S.C.M., H.V.Cert.

School Nurses :

MRS. O. G. BROWNE, S.R.N., S.C.M.

MRS. K. BROWN, S.R.N.

MRS. S. G. SHEPHERD, S.R.N.,
C.M.B.Cert. Pt. 1

MISS V. BUCKETT, S.R.N.

MISS E. E. M. CODD, S.R.N., S.C.M., Q.N.

MRS. F. A. BOYCE, S.R.N., Q.N.

MISS A. E. SCOTT, S.R.N.

MRS. O. WELCH, S.R.N., S.C.M.

MISS B. R. WATKINSON, S.R.N., S.C.M.,
Q.N., H.V.Cert.

Physiotherapists :

MISS V. SALMON, S.R.N., C.S.M.M.G.

MISS E. E. HARVEY, M.C.S.P.

(part-time)

Dental Clerk-Attendants :

MISS M. FERBRACHE

MISS C. HOPKINS

MRS. A. DAVIS

MRS. J. GRAY

MISS I. G. SMITH

Clerical Department :

S. E. C. CORNEY

MRS. F. G. DYAS

MISS W. P. MARSH



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FOREWORD

To the Chairman and Members of the Education Committee.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the medical inspection and treatment of school children in the City for the year 1957.

Figures in brackets represent the corresponding numbers or percentages for the previous year.

CHANGES OF STAFF

During the year there were no changes in the medical staff; the dental staff, however, was increased by two—one full-time and one part-time dentist; this has brought the strength almost up to pre-war standards.

Changes in the nursing staff are detailed in the main body of the report.

CONDITIONS PREVAILING

The 120 departments of the Authority's schools now have 32,559 pupils in attendance, a decrease of some 500 since 1956. No change has been made in the general scheme for medical examination, but it has been brought to notice that, due to the intervals between periodic medical inspections, there may be some deterioration in certain children's eyesight. A scheme has now been formulated whereby all children will have a yearly vision test and this is being put into practice with the junior departments in 1958.

NUTRITION

It is always difficult to give anything other than an impression about the nutrition of school children because there is no exact clinical method of assessing it but it is thought that the general level remains very high.

Although there has been a slight decrease in the number of children having school meals, I am happy to report that the percentage taking milk is slightly higher than last year, particularly in the non-maintained schools.

INFECTIOUS DISEASES

The following table gives the notifications of notifiable infectious diseases occurring during 1957 among children between the ages of 5—15 years; there were no deaths from these diseases.

					Notifications
Measles	...	...	...	...	824 (340)
Scarlet fever	...	...	...	...	35 (69)
Diphtheria	...	...	...	...	— (1)
Pertussis	...	...	...	...	113 (97)
Acute pneumonia	...	...	...	...	25 (2)
Acute poliomyelitis	...	...	...	...	10 (6)
Meningococcal infection	...	...	...	...	— (—)
Erysipelas	...	...	...	...	— (—)
Food poisoning	...	...	...	...	2 (4)
Tuberculosis : Pulmonary	...	...	...	...	2 (10)
Non-pulmonary	...	...	...	...	1 (3)
Typhoid fever	...	...	...	...	— (—)
Paratyphoid fever	...	...	...	...	— (—)
Dysentery	...	...	...	...	7 (9)

It will be noted from the above table that almost three times as many cases of measles were notified during the year and that there was a considerable increase in the number of cases of acute pneumonia, which occurred mainly during the influenza epidemic of the latter part of the year.

DIPHTHERIA IMMUNISATION

The percentage of immunised school children is 82.3% (83.3%), and the number of supplementary doses given was 7,502 (8,059). The method of six-monthly visits to schools was continued and the response by the head teachers has again been excellent. There were no cases of diphtheria in the City during the year.

POLIOMYELITIS VACCINATION

The number of school children who were immunised against poliomyelitis during 1957 was 805; this number, of course, would have been very much greater had there not been a disappointing hold-up in the supplies of vaccine.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The scheme detailed in previous annual reports has continued unchanged, but each school is now visited annually instead of twice yearly and it is considered that the acceptance rate by parents of 80% is still satisfactory. No acute cases of pulmonary tuberculosis were found in school children during the year and thus no special surveys were carried out.

Comment is made later in the report on the number of teachers and other school staff who attended the Mass Radiography Unit during the year.

SPEECH DEFECTS

There was no change in the staff, and speech therapists employed by the Authority in their interesting reports (pages 17—23) show that a great deal of good work is being done in this field. The use of the audiometer which was obtained late in the year has been of some benefit to speech therapists in the handling of cases also thought to have some degree of deafness. It is felt that centralisation for the speech therapists would lead to easier working conditions, but it is difficult to find convenient premises at the moment where this would be possible without giving some of the children very long distances to travel.

It is again suggested that employment of another speech therapist would make an efficient service one to be really proud of, and would enable much more time to be spent at the day special schools, where speech therapy is a very slow process but one which is very rewarding.

DENTAL SERVICES

The appointment by the Portsmouth Group Hospital Management Committee of a Consultant Orthodontist, who has his department at the Royal Portsmouth Hospital, has been of real value to the School Dental Service in obtaining specialist advice, and sometimes treatment of difficult cases.

Mr. Threlfall's report shows another year of good work, and much credit is due to him and his team for this.

Unfortunately, it has again been impossible to inspect all the pupils and keep a balance with the numbers that can be offered treatment—this will only be possible when a full complement of dentists is employed.

It is gratifying to note that Mr. Threlfall considers there are now fewer really septic mouths than ever before, but much still remains to be done in the matter of Dental Health Education.

EDUCATIONALLY SUB-NORMAL PUPILS

Although a great deal of progress has been made in the past few years in providing special educational treatment for this type of child, the facilities cannot be looked upon as complete until sufficient places in day special schools are available. A great deal of time and thought has been given to this by the Education Committee and it is hoped that the schemes envisaged will be brought to fruition in the near future. The Day Training Centre has now been functioning some six months, and most of the children who have been ascertained as ineducable and so excluded from the educational system have been admitted there.

I should like to take this opportunity of paying a tribute to Dr. Jackson for his very meticulous and energetic work as Educational Psychologist during the past five years, and to wish him well in his new sphere of work in Canada.

DAY NURSERIES

At present the day nurseries are situated at (a) St. Peter's Institute, Somers Road—complement 40 ; and (b) Twyford Avenue, North End—complement 35.

During the year, there were 107 admissions to the day nurseries ; 7 of these were temporary, covering the period when the mother was in hospital, receiving medical treatment at home, or being confined. Compared with the number of admissions for 1956, this represents a reduction of approximately 17%.

Although the number of children in the nurseries is reduced, a great number of enquiries continue to be made ; often when applicants are informed of the cost of the service, they state they are unable to afford it.

CONCLUSION

I am sincerely grateful to the Chairman and Members of the Education Committee, especially to the Chairman and Members of the Special Services Sub-Committee, for their continued help and encouragement ; to the medical, dental and nursing staff for their competence and co-operation, and to the Chief Education Officer and his staff for their valued and readily offered help.

I am, Ladies and Gentlemen,

Your obedient Servant,

T. ERNEST ROBERTS.

April, 1958.

Report of the Principal School Medical Officer for the Year 1957

STAFF

Medical. There were no changes in the medical staff during the year and each member of the staff continued to be responsible for the same schools, clinics, etc. as in 1956.

As in past years, doctors in the School Health Service conducted regular child welfare and occasional immunisation sessions on behalf of the Health Department. 91 (139) sessions were devoted to this work.

Dental. Mr. K. Gordon-Ralph joined the staff as a full-time Dental Officer and Mr. E. C. Bevis as a part-time Dental Officer in June.

Mrs. Gray was appointed full-time dental attendant in June.

Nursing. Miss B. R. Watkinson was appointed in January and Mrs. Daines resigned on health grounds at the end of October.

The staff of three Speech Therapists remained unchanged as did the clerical staff.

STATISTICS

The number of school departments and children on roll at the end of the Autumn term was :—

	<i>Departments</i>	<i>On Roll</i>
Primary	91	19,065
Secondary Modern	23	9,501
Secondary Grammar and Technical	6	3,993
	<hr/> 120	<hr/> 32,559
	(120)	(33,031)

MEDICAL AND DENTAL INSPECTIONS

Periodic medical inspection in schools of the three age groups—entrants (5+), intermediates (10+) and leavers (14+)—was carried out as in previous years and the comparative figures of the numbers examined are :—

	<u>1956</u>	<u>1957</u>
Entrants	2,987	2,737
Intermediates	3,713	3,122
Leavers	2,610	2,394
	<hr/> 9,310	<hr/> 8,253
Other periodic inspections ...	504	466

(These are second-year pupils in grammar schools and pupils in the three day special schools).

In addition 113 children boarded out by the Children's Officer had their annual routine medical check-up.

A great deal of thought was given to the Ministry of Education's suggestion to abandon the periodic examination of children in their last year in a primary school and substitute more frequent visits by the school medical officers to those schools where children thought by the doctor, the teachers or the parents to need examination, could be seen. It is felt that most of the pupils picked out for such a survey would in fact be well known to the School Health Department and be already under frequent observation. This proved to be the case in one school; for this reason and because in most schools no medical inspection room is always readily available, so that frequent visits by the doctor would cause great inconvenience, the Ministry's suggestion has not been adopted. At a conference recently attended by the Deputy Principal School Medical Officer much time was given to discussing this subject and it was revealed that only five school health authorities had actually stopped the periodic examination at 10+ in favour of the more frequent examination of selected children.

Dental Inspection. The statistics are given below :—

		1956	1957
Periodic age groups	... ..	22,068	21,332
Specials examined	... ..	3,713	3,379
		<hr/> 25,781	<hr/> 24,711

Medical Examination of Teachers, etc. A great deal of the school medical officers' time is given to this very necessary work and the numbers examined in the various categories are shown below :—

Teachers	... ..	107
Other employees (clerks, caretakers, etc.)	... ..	140
Students prior to entry to Training College	... ..	98

No progress has been made in the discussions between the local teachers' representatives and the Education Authority regarding yearly X-rays for all teaching staff. Now that the question of "radiation hazards" is being given such publicity—mostly uninformed—it is doubtful if further progress will be made towards this end. 48% of the present male teachers and 30% of the female teachers attended the Mass Radiography Unit during the year at the special sessions arranged for them.

GENERAL CONDITION OF PUPILS

	Total No. Inspected	Satisfactory %	Unsatisfactory %
1956	9,814	96.99	3.00
1957	8,719	94.00	5.99

It will be noted from the above figures that the number of children whose general condition has been found to be unsatisfactory has doubled. As there are no definite clinical rules laid down which give the criteria for ascertaining this, it becomes a matter for each individual medical officer's own judgement, and a child whose general condition might be thought unsatisfactory by one doctor might be classed as "the wiry type" by another and so put into the satisfactory category. Although the figure shows otherwise, it is not thought that there has been any serious deterioration in the general condition of the pupils in the schools.

Obesity, though not a large problem, occurs fairly often, especially in children whose parents are themselves overweight—this is due in most cases to badly balanced diets, and health education in this field is being attempted with varying results. It is very difficult to wean a family from the frying pan, the chip basket and too many sweets and pastries.

FINDINGS OF MEDICAL INSPECTION

The percentage of children found at periodic medical inspection to require treatment for defects other than uncleanness was :—

	<i>Number Inspected</i>	<i>No. requiring treatment</i>	<i>Percentage requiring treatment</i>
Entrants	2,737 (2,987)	537 (486)	19.61 (16.30)
Intermediates	3,122 (3,713)	521 (590)	16.72 (15.88)
Leavers	2,394 (2,610)	343 (399)	14.32 (15.28)
	8,253 (9,310)	1,401 (1,475)	16.97 (15.84)

B.C.G. VACCINATION

No. of visits to schools	Forms sent out	No. of acceptances	No. tested	Absent from initial test	Already attending Chest Clinic	Negative reactors (vaccinated)	Positive reactors	M.R.U. appts.	Absent from initial reading
39	2,600	2,080	1,855	235	28	1,511 (86.7%)	231 (13.3%)	282	113

HYGIENE OF SCHOOL PREMISES

The general state of cleanliness of all school buildings continues to be of a very high order. No recommendations were made during the year for any new sanitary accommodation as, with very few exceptions, all schools come up to the Ministry's standards.

The works mentioned in last year's report were completed, viz :— replacements of obsolete type of w.c.'s and improvements to other sanitary fittings in four primary schools, additional urinal accommodation at Cliffdale Junior School, and additional staff toilet facilities in seven schools. Further priority lists are shortly to be made for improvements and additions in the next financial year.

SCHOOL MEALS SERVICE

During the year one new kitchen and dining room was opened at Kingston Modern School for Girls, St. Mary's Road, Kingston. Due to the reduced number of children taking meals it became necessary, in July, 1957, as an economy measure, to close Westover Road School kitchen.

There are now 37 schools which are supplied with meals in their own dining rooms, the remainder being provided with container meals prepared at the various kitchens. The relative figures of the numbers of children taking meals and milk are given below.

The meals are frequently inspected and all show an excellent quality. It is the aim of the Education Committee to provide a well-balanced and attractive meal which includes adequate quantities of essential carbohydrates, fats, proteins and mineral salts.

All new staff appointed to the School Meals service are medically examined and there is a close liaison between the School Meals and School Health Services.

The latest returns for a day in October, 1957, show the number and percentage of children in attendance who were taking milk and/or meals to be :—

Schools	No. of children present	Total taking milk		Total taking meals	
		No.	Percentage	No.	Percentage
Maintained Primary & Secondary Schools including Special and Nursery Schools	26,854	22,936	85.4% (85.3%)	6,351	23.5% (25.5%)
Non-Maintained Schools	2,927	2,326	79.4% (73.6%)	—	—

The figures in brackets are for October, 1956

PROVISION OF CLOTHING AND FOOTWEAR

Section 5 of the Education (Miscellaneous Provisions) Act, 1948, provides that, where it appears to a Local Education Authority that a pupil at a school maintained by them is unable, by reason of the inadequacy or unsuitability of his clothing, to take advantage of the education provided at the school, the Local Education Authority may provide him with such clothing as in the opinion of the Authority is necessary for the purpose of ensuring that he is sufficiently and suitably clad while he remains a pupil at the school. The Authority are under an obligation to require the parent to pay to them, for such clothing, an amount which the Authority consider the parent is able to pay without financial hardship. The Authority is also authorised to make no charge where the circumstances are such that payment cannot be made.

The following issues were made : 263 (327) supplied free, and 156 (132) at half cost.

90 (28) applications were refused and 10 (6) referred to the W.V.S. and other voluntary organisations. Although there was about the same number of applicants this year, many were refused as the family income exceeded the scale laid down by the Authority. This scale has not been revised since 1952.

UNCLEANLINESS

The conditions ascertained at nurses' hygiene surveys were :—

Year	Number of examinations	No. of individual children unclean	%
1947	77,804	2,039	8.4
1950	65,990	1,163	3.8
1955	75,434	427	1.4
1956	66,311	261	0.74
1957	51,186	342	1.05

With fewer examinations made there has been a slight increase in the percentage of children found unclean, but this figure is still below the average of the past three years. The procedure adopted last year of spending less time in examining heads and more in examining feet for the presence of plantar warts was continued as this condition is still causing some concern.

The method of dealing with verminous children which has been fully described in previous annual reports has continued to work very satisfactorily.

Pediculosis. The decrease in attendances seen since 1952 has continued. During the year 35 households, comprising 39 families and 114 individuals, attended.

Total number dealt with during the year :—

				1956	1957
Cases	...	...	...	82	62
Contacts	...	...	...	68	52
				150	114

The distribution as to age and sex was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested ...	0	2	2	14	21	35	5	20	25	19	43	62
Not infested ...	5	6	11	8	13	21	6	14	20	19	33	52
Totals ...	5	8	13	22	34	56	11	34	45	38	76	114
Sent by private doctors ...	—	—	—	—	—	—	—	—	—	—	—	1

Attendances

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Original ...	5	8	13	22	34	56	11	34	45	38	76	114
Subsequent ...	0	1	1	14	24	38	3	12	15	17	37	54
Totals ...	5	9	14	36	58	94	14	46	60	55	113	168

56.5% (52%) of those infested were school children aged 5—15.

Thirteen of the cases were infestations of *phthirus pubis* (crab lice) and two of *pediculus corporis* (body lice).

One of the body lice infestations was an interesting demonstration of insect ecology. So heavy was the infestation of the man's body and clothing that a large number of ants and small spiders were found in the clothing apparently preying on the lice. The surface of the clothing was seething with lice.

One case was sent by a private doctor, seven cases by local hospitals and one by the City police.

Three letters giving warning of possible prosecution under Section 85 of the Public Health Act of 1936 for non-attendance at the clinic were sent : all had the desired effect. On two occasions Ambulance Service vehicles were used to fetch patients otherwise unable to come for treatment.

Treatment of choice was a proprietary emulsion containing D.D.T. and Pyrethrin. Use was also made of a concentrate of B.H.C. gamma isomer, diluted for use as required.

The following table gives comparative figures of infested persons treated at the clinic during the past ten years :—

1948 ...	573	1953 ...	479
1949 ...	826	1954 ...	279
1950 ...	916	1955 ...	135
1951 ...	733	1956 ...	82
1952 ...	850	1957 ...	62

Scabies. The downward trend in attendances continued, though there was a very slight increase in cases.

Total number dealt with during the year :—

				<u>1956</u>	<u>1957</u>
Cases	...	...	...	41	44
Contacts	...	...	...	49	36
			Totals	<u>90</u>	<u>80</u>

Twenty-three cases were sent by private doctors and local hospital out-patient departments ; the remainder by the Central School Clinic.

25% Benzyl Benzoate continued to be the main treatment with occasional use of Lorexane Cream in special cases.

Distribution as to age and sex was :—

	Under 5			5—15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases ...	2	3	5	17	7	24	4	11	15	23	21	44
Contacts ...	1	6	7	5	2	7	9	13	22	15	21	36
Totals ...	3	9	12	22	9	31	13	24	37	38	42	80
Sent by private doctors ...	—	—	—	—	—	—	—	—	—	—	—	16
Sent by hospitals	—	—	—	—	—	—	—	—	—	—	—	7
Subsequent attendances ...	2	4	6	18	9	27	5	13	18	25	26	51

Total attendances for the year :—

Original	...	...	...	80
Subsequent	...	...	...	51
			Grand Total	<u>131</u>

No warning letters of possible legal proceedings for non-attendance at the Clinic were required.

The following table gives figures for the past ten years :—

Year	Cases	Contacts
1948	357	243
1949	160	127
1950	64	76
1951	47	65
1952	109	100
1953	87	82
1954	64	21
1955	78	46
1956	41	49
1957	44	36

MEDICAL TREATMENT

School Clinics and Times of Attendance.

CENTRAL SCHOOL CLINIC, 101/105 Victoria Road North, Southsea (Tel. 2818). Daily : 9 a.m. to 12 noon ; 2—5 p.m.; Saturday 9 a.m. to 12 noon only.

BRANCH CLINICS :—

Cosham—Northern Road Branch Clinic (Tel. Cosham 76910). Minor ailments : 9 a.m. to 12 noon daily. Medical Officer attends Wednesday afternoon and Saturday morning.

Northern Parade—Hilsea Modern School for Boys, Doyle Avenue (Tel. 6483). Minor ailments : Monday, Wednesday and Friday, 2 to 4 p.m. Medical Officer attends Saturday morning once monthly.

George Street—George Street School, Copnor (Tel. 5425). Minor ailments: Monday, Wednesday and Friday, 2 to 4 p.m.

St. George's—St. George's Square, Portsea (Tel. 73440). Minor ailments : Monday, Wednesday and Friday, 9 a.m. to 12 noon.

Hillside—Hillside Junior Girls' School, Allaway Avenue (Tel. Cosham 75402). Minor ailments : Monday, Wednesday and Friday, 2 to 4 p.m. Medical Officer attends Tuesday afternoon.

Paulsgrove—Paulsgrove Secondary Modern School for Boys (Tel. Cosham 75735). Minor ailments : Tuesday and Thursday, 9 a.m. to 12 noon.

Dental Clinics.

CENTRAL SCHOOL CLINIC, 101/105 Victoria Road North, Southsea (Tel. 2818). Daily : 9 a.m. to 12 noon ; 1.30—4.30 p.m.; Saturday 9 a.m. to 12 noon. Dental Officer attends full-time.

BRANCH CLINICS :—

George Street—George Street School, Copnor (Tel. 5425). Dental Officer attends full-time.

Northern Parade—Hilsea Modern School for Girls, Doyle Avenue, Hilsea (Tel. 74276). Dental Officer attends 6 sessions weekly.

Cosham—Northern Road Branch Clinic (Tel. Cosham 76910). Dental Officer attends full-time.

There was a slight decrease in the number of cases seen and treated at the Clinics.

	<i>Treatment</i>	<i>Inspections (new and old)</i>
1946	56,169	12,287
1948	49,683	11,002
1950	45,413	10,003
1952	43,599	15,617
1954	41,620	9,877
1956	43,731	12,067
1957	39,839	10,273

Ringworm of the Scalp. Seven (5) cases of ringworm of the scalp and six (6) of body ringworm were treated during the year.

Defective Vision. Examination of eyesight by refraction, on behalf of the Regional Hospital Board, is carried out on two sessions weekly at the Central School Clinic. 1207 (1202) children were examined and for 946 (926) of these glasses were prescribed. 1,159 (1,095) children were similarly examined at the Eye and Ear Hospital, 346 (393) being ordered spectacles. All cases of squint are seen and treated by the ophthalmic surgeons at the Eye and Ear Hospital. In addition, many hundreds of parents who have been notified that their children have been found to have defective vision when examined at school choose to have further examination by ophthalmic opticians. All cases found to have some visual defect at school are re-examined at the next school medical inspection to see whether treatment has been obtained and it is found in only a very few cases that previous advice has been ignored.

Defects of Ear, Nose and Throat. The enquiry promoted last year by the Ministry of Education, regarding the number of pupils found at periodic medical inspection to have had tonsils and adenoids removed, was continued and the table below gives the results of this investigation :

	BOYS			GIRLS		
	Group I (5+)	Group II (10—11 years)	Group III (14+)	Group I (5+)	Group II (10—11 years)	Group III (14+)
No. Examined	1,393	1,549	1,109	1,344	1,573	1,285
No. who have had tonsillectomy	110	416	339	74	404	418
Percentage who had tonsillectomy	7.89	26.85	30.56	5.50	25.68	32.52

From statistics collected by the Ministry of Education it is shown that throughout the whole country 20% of children over the age of 14 have had tonsils and adenoids removed. Portsmouth is among the authorities with the highest tonsillectomy figures ; why this should be so is not known, but it can certainly be said that all children with enlarged tonsils are kept under supervision for a period before being sent to the E.N.T. surgeons who finally decide on the necessity or otherwise for an operation. There is a high incidence of catarrhal infections in this area and this may be the reason for such a high figure.

The audiometer which was delivered in September has already proved of great value in the accurate assessment of hearing. The only class of children surveyed so far has been those suffering from cerebral palsy who are in the Authority's day special schools or in the Cerebral Palsy Unit at Queen Alexandra Hospital. Others examined include cases referred by the speech therapists and by teachers and parents ; those requiring treatment are referred to the consultants at the Eye and Ear Hospital. It is hoped during 1958 to complete a survey of all children in the E.S.N. day special schools and at the Fletcher School.

Orthopaedic Treatment. The Lord Mayor Treloar Orthopaedic Hospital, Alton, is the hospital of choice for this area for long-stay cases. It is pointed out that this hospital is a hospital school, so that those children who are able can continue their education whilst patients. Three surgeons' sessions per month are held at the Central School Clinic where new cases are seen and old ones kept under review. Children are referred here for advice and treatment by the school medical officers, by many general practitioners and by doctors in the child welfare clinics.

	1947	1955	1956	1957
Clinics held	12	21	20	21
New cases seen	117	127	102	113
Re-examinations	538	681	605	590
Total attendances	655	808	707	703

Attendances at minor orthopaedic clinics 577 (625).

Included in the above figures for this year are 14 new and 35 old cases of pre-school children seen. Only three new cases of bony tuberculosis were seen and 73 re-examinations made of old cases.

Two sessions per month are devoted to examining and advising on minor orthopaedic conditions by one of the school medical officers. At these clinics 177 new cases (13 pre-school) were seen and 400 (45 pre-school) visits were made by old cases.

Admissions to Alton Hospital :

	1947	1955	1956	1957
In Hospital, 1st January ...	29	31	30	27
Admitted during year ...	56	55	58	63
Total treated ...	85	86	88	90
Discharges ...	55	56	61	68
Remaining 31st December	30	30	27	22

Cases treated at remedial orthopaedic clinics by physiotherapists :—

	1956	1957
Number remaining from previous year ...	240	246
New cases taken on during the year ...	225	190
Total number treated ...	465	436
Cases discharged ...	219	230
Remaining on treatment at end of year ...	246	206
Sunlight treatments ...	3,575	3,862
Total attendances for treatment ...	9,293	9,785

It will be noted that there has been some increase in the number of sunlight treatments and total attendances—this is due to more children being recommended for Ultra-Violet Light and breathing exercises on account of respiratory complaints. Cases of asthma and bronchitis are helped very greatly by this treatment.

SPEECH DEFECTS : Reports of Speech Therapists.

REPORT OF MRS. C. E. DELAP—Southsea Area.

“The work in this area has progressed steadily during the past year, though considerable interruption was caused by the influenza epidemic.

The children receiving treatment were grouped as follows :—

Defect	New Cases	Cases Treated	Obsvn. and temp. susp'n	Discharged	Discontinued
Dyslalia ...	39	62	20	27	5
Sigmatism ...	5	14	3	5	3
Stammer ...	24	40	10	10	4
Stammer & Dyslalia ...	3	8	2	3	1
Dysarthria ...	1	4	2	0	1
Dyslalia & Partial Deafness	1	3	0	0	1
Rhinolalia ...	2	5	2	0	0
Alalia ...	1	0	1	0	0
	76	136	40	45	15

New cases, cases treated and cases discharged correspond with last year's figures, but there is an increase in children under observation or temporary suspension. This is related to an interesting point—the number of new stammerers has risen from 12 last year to 24, and those treated from 22 to 40. It is not usual to discharge a stammerer after treatment, except the younger ones, but to keep them under review to see if the stammer recurs. Therefore they are placed on temporary suspension.

It is difficult to decide whether the disorder of stammering is becoming more prevalent due to present day conditions, or whether the increase is attributable to the larger number of referrals from private doctors, as well as the school medical officers and head teachers. Ten of the cases are secondary school boys and one a girl. The progress in some cases is very encouraging but in others slow and fluctuating. It is hoped that it will soon be possible to appoint a consultant psychiatrist for sessional work who would if necessary confirm and augment diagnosis and direct lines of treatment. This is particularly necessary with some severe stammering cases and psychogenic dyslalias, many of whom are often too complicated to treat unaided but may not have such deep-seated disturbance as to need intensive psychiatric treatment.

Of those pupils discontinued, three have left the area, one has been transferred to the Spastic Unit, three to other areas in the city, one to a school for the deaf, one to Cliffdale Junior School, two have left school, and four were non-co-operative.

Every Wednesday morning has been devoted to the 17 pupils of Cliffdale Secondary School needing therapy—5 should receive weekly treatment, 5 fortnightly and 7 occasional treatment. I am sure speech therapy is of value for educationally sub-normal children but progress is slow and much repetition needed. The class teachers give the therapist assistance by co-operating along the lines of treatment, thus helping to establish a particular sound which might not otherwise have been retained over a period of seven days.

The waiting list of referrals in the area is 41, but while all these will be interviewed, not all will need regular treatment.

With the awareness of the importance of the spoken word, the advancements in the field of neurology, and improved techniques of surgery, it is not surprising that the demand for speech therapy grows. In the early days at Portsmouth in 1943, one therapist covered the entire city, as well as visiting the Isle of Wight; now three therapists are employed in the school clinics. An increasing number of referrals of children from 3—4½ years old through the infant welfare classes, private doctors, the Educational Psychologist and Child Guidance Services is noticeable, and remedial and preventive work could be given to pre-school groups, as well as advice to parents were it possible for an additional therapist to be appointed. It is felt that the organisation of the speech therapy service so that it functions at preventive level is a wise policy.

The ability to refer children with suspected hearing difficulties for an audiometric test to be carried out at the School Clinic has saved considerable time, and is very satisfactory. I would like to thank Dr. Woodrow for his prompt help and ready co-operation.

Treatment is given as soon as possible to those children in the infant reception class with gross dyslalia, who are in consequence unable to make themselves understood. In mild cases the help given by the reception class teacher, and especially the companionship of other children, will often resolve their difficulties; and it is sometimes advisable to delay referral for minor articulatory defects until at least one term has elapsed. This is not so with a stammer, where an early check-up often means the prevention of what may become a serious handicap.

The biggest hurdle for the older stammerers seems to be answering questions in class. The anxiety attached to this is understandable—the reply must be prompt and correct. One boy, although he knew the answer, could not achieve “sodium-chloride”, and in desperation substituted “salt”—he was allowed only a half mark! The difficulties of large classes and a full

syllabus, as well as the fact that privileges may be abused, is readily accepted, but every allowance should be made for the stammerer, and as much time and encouragement given as possible.

This advice and assistance given by the school medical officers has been much appreciated and once again may I express my thanks to them and to the Educational Psychologist and his staff, and to wish Dr. and Mrs. Jackson every success in Canada.

It becomes evident that this is an age of teamwork ; parents and teachers play an important part in achieving successful treatment and without their help and co-operation the therapist would have a much more difficult task".

REPORT OF MISS O. BURCHELL—Cosham Area.

"The following table shows in detail the work carried out in the speech clinic during the past year. The totals follow quite closely those of last year.

<i>Defect</i>	<i>New admissions</i>	<i>Cases Treated</i>	<i>Supvn. or temp. suspn.</i>	<i>Dis-charged</i>	<i>Dis-contin'd</i>	<i>Observation</i>
Dyslalia	27	54	9	16	5	21
Sigmatism	14	25	7	12	1	
Stammer	16	21	8	5	1	3
Stammer & dyslalia		1	—		—	
Cleft palate	3	6	1	4	1	
Dysphasia	—	1	—	—	—	
Dysphonia	1	—	—	—	—	—
Dysarthria	1	3	—	2	1	
Dyslalia with partial deafness	3	3	1	—	—	
Alalia	1	1	—	—	—	
Withdrawal with refusal to speak	2	2	—	—	—	
	68	117	26	39	9	24

There were 117 children treated for speech defects, compared with 112 in 1956, of whom 68 were new cases, compared with 71 the previous year. From the number of cases treated, 26 were kept under supervision or temporarily suspended.

The discharge figure of 39 is very slightly higher than last year (38).

For the following reasons 9 children discontinued treatment :—

Left the City	...	3
Transferred or left school	...	5
Non-attendance	...	1

The reason for the additional column headed "Observation" is that it has been found easier to make a distinction between the cases who have been taken on for a period of treatment and have been temporarily suspended, either because a maximum attainment has been reached for the present or because a "rest" period seems indicated, and those who have not been admitted for treatment but are kept under observation.

The majority of cases in the observation category are found among children in their first year at infant school or the pre-school children. The former are usually referred by class teachers who find difficulty in understanding the child's speech. With many, this is just "baby talk" and, due to the stimulating effect of mixing with their contemporaries and joining in school activities, the infantile speech tends to mature spontaneously without the aid of speech therapy. These cases, however, are re-checked at intervals. The prolongation of "baby talk" is termed "dyslalia" and cases of this type are

picked out in the latter part of the first or the beginning of the second year at school. Quite frequently when a pre-school child is referred to the clinic immediate treatment is not necessary, but for various reasons, e.g. an intelligent child finding his speech handicap frustrating, or over-anxiety on the part of the mother, regular or intermittent visits are arranged, thus easing the situation.

Among the cases of lateral sigmatism (an 'S' sound which can be most closely compared to the Welsh Ll sound) who were referred during the past year, about half have had side teeth extracted owing to caries at an early age, usually when they were still at primary school. These extractions left large gaps—larger if teeth had been removed from both the lower and upper jaws—thus encouraging a habit to be established of allowing air to escape from the sides of the mouth when the 'S' sound is articulated and also including sometimes the CH, J or SH sound. However, there are cases where no dental anomalies occur but, nevertheless, lateral sigmatism is present. The cause is then thought to be psychological and not physiological.

Stammering still seems to provide an indeterminable problem for which no one definite cause or cure has yet been evolved. So often when a probable reason for the stammer is discovered, the environmental factors and the force of habit are found to be irreversible. In spite of these difficulties much benefit can be achieved for the stammerer by the parents' co-operation and adjustment of their attitude. This is found particularly so with the young child whose stammer is still at a primary stage, that is, an occasional rhythmical repetition of sounds or words. Parents can be advised as to the best way of preventing the stammer becoming worse and encouraging fluent speech.

The parents of many speech-defective children are often over-anxious about their child or too ambitious, expecting results far beyond the child's capabilities. Anxiety and more especially academic pressure only aggravates and seems to manifest the speech defect. It has been found that the mere fact of being able to discuss problems with someone who has a little time to listen often helps to dispel some of the parents' anxiety. Talking about worries does help the mother (it is normally the mother who is interviewed) to see her difficulties and mistakes in handling her child more clearly. She is then often able to provide the solution herself and can try to rectify or adjust the adverse influences affecting her speech-defective child.

One day a week is devoted to the treatment of children with speech difficulties at Clifdale Junior School. Here the normal variation of speech defects is found, the prominent type being dyslalia. The educationally sub-normal child is more likely to have delayed speech and language development than the child with average intelligence, because the level of speech progress tends to correspond with the level of mental ability. Therefore a child with a mental age of 4 years but chronological age of 6 years may only have the level of speech development of a 4 year old or younger. Since the increase of staff during the past year and the insufficient accommodation at Clifdale, speech treatment has unfortunately rather suffered. It is especially important that a room as free from interruption as possible can be used when treating an educationally sub-normal child, as these children are easily distracted and concentration is limited. No such room at present is available, but application is being made for the erection of additional rooms, so that an existing class room can be used for speech therapy and other school purposes.

The assistance and co-operation from those who also have the welfare of the school child at heart has once again proved indispensable. In particular, may I express my gratitude to the Educational Psychologist and other members of the Child Guidance Service; and to the members of the medical and teaching staff of this area".

REPORT OF MISS D. CAREN—Hilsea and North End Area.

"During 1957 many more children have been kept under observation than in previous years. At the end of 1956 the waiting list for immediate interview of new referrals was so high—there were 44 cases—that since then I have tried to see all children, at an interview with their parents, as soon as they have been referred, whether or not time for treatment is available. At the end of 1957 only two children had not been seen, and those because their parents were unable to attend the appointments given them. In this way the parents of speech-defective children can be given advice, and often be relieved of much unnecessary anxiety far earlier than if their children had been kept on a waiting list. Sometimes treatment is not necessary, though it might have been had the defect developed through the parents' anxiety, while waiting to be seen. Referrals for hearing or intelligence tests can be made earlier than otherwise, and when treatment time is available it can be given to the child needing it most. Observation and suspension figures have risen by 33 cases: in 1956 there were 37 cases: in 1957, 70.

Inevitably, when there are so many children being kept under observation, time for treatment is unfortunately lessened. In 1956 there were 142 cases, in 1957 113. This fall in numbers is due also to the type of case treated during the year: it has been impossible to arrange much group treatment—in all there were six groups, and two children have received treatment twice weekly. My absence through illness of seven weeks in the autumn affected treatment figures, too.

There have been 89 new admissions in 1957, a slightly higher figure than the 83 of 1956.

The number of cases discontinued is much the same, 32 instead of 29. Of those discontinued, six cases left the area, four being referred for speech therapy under other authorities, one having too slight a defect to refer and one going abroad. Nine cases have been referred: four to speech therapy at Cosham and Southsea, two to the School Clinic, two to the Child Guidance Service and one to a school for the partially sighted. In four cases speech therapy was contra-indicated. 13 cases have been non co-operative; parents have either written to say they do not want help or they have ignored a number of appointments.

It is interesting to note that the discharge rate has been maintained at much the same level as last year—56 instead of 58 cases. I feel this proves the success of having more children under observation, which, with the continually increasing pressure of work, seems the only means of providing an efficient Speech Therapy Service for the children of all thirty-seven schools in the area.

The timetable was not altered in 1957. Each week there were three sessions at the Speech Therapy Clinic, Victoria Road North, four at George Street and three at Northern Parade. One session was devoted to interviewing new cases at Victoria Road or school visiting. All three clinics now have more equipment, including toys and games, to encourage the younger children to speak, really interesting books on a number of subjects and some models for the older children.

I would like to stress again, as other therapists have in earlier reports, the many difficulties which arise because of lack of a Central Speech Therapy Clinic for this area. When treatment time is so valuable it does seem wasteful to spend it sorting equipment for the week's appointments in different clinics,

making notes on the scattered case histories, continually getting out and putting away painting and models in the school clinics, and, sometimes, treating separately cases who would benefit from group treatment but who cannot now attend together.

This year work has begun on putting in order all the case histories of the area which have accumulated since speech therapy began here, and some new office furniture which should arrive early in 1958 for the Victoria Road Clinic will greatly facilitate this. In 1957 a number of the secondary school children referred had been seen or received treatment many years ago and the old case histories were most useful. When the case histories are in complete order, it is hoped to resume the speech survey which it has been impossible to continue in 1957.

The number of pre-school children, referred by their own doctors, child welfare clinics and various other agencies, has much increased during the year. I attended a conference of the College of Speech Therapists recently, where the question of speech therapy for pre-school children was discussed. The meeting was whole-heartedly in favour of observation, for diagnostic purposes, of very young children, so that referrals for hearing, neurological and psychological tests could be made as early as possible. One therapist felt that frequent treatment of very young children was essential, while another felt that some of her young patients had improved because of the indirect treatment she gave them during the sessions of observation.

Stammerers and dyslalics continue to form the two largest groups of cases. The speech clinic is comforting to the stammerer in that it is the one place where it is normal to be speech defective. When stammerers, particularly those at secondary and junior school, have attended clinic for a few sessions they begin to experience the relief of being able to discuss their stammer and all the embarrassment it causes them. The development in a patient of an objective attitude towards his stammer can be the beginning of a real cure. One particularly satisfying case in 1957 was that of a boy who developed such an excellent attitude towards his speech that he passed the first interview for entry to Dartmouth. His earlier embarrassment about his stammer, and a most noticeable concomitant eye-blink, had completely disappeared and his lessened speech defect was not regarded as a handicap.

Dyslalics, too, often change remarkably through coming to a clinic. The mastery of a sound that was difficult gives a new self-confidence and desire to communicate through speech. Some children seem to mature by years during the months they receive treatment. "S" defects, sigmatisms, continue to be the most stubborn of articulatory disorders to cure. Curiously enough, many children with a number of faulty sounds say "S", physiologically the most difficult, perfectly. It seems as if sigmatics have unconsciously, yet deliberately, chosen this one sound to make themselves different from others—a lateral "S" to show their determination or the interdental lisp to reveal their charm.

The tape recorder continues to give great encouragement to many patients, while the audiometer, acquired by the School Clinic, has made referrals for hearing tests so much easier and quicker for the speech therapist.

May I once again express my gratitude for all the help given by the school medical officers, the Educational Psychologist and their staffs. Parents have been most co-operative and school staffs most encouraging during the year".

<i>Defect</i>	<i>New Admissions</i>	<i>Cases Treated</i>	<i>Observation or temp. susp.</i>	<i>Dis-charged</i>	<i>Dis-continued</i>
Stammer ...	17	30	13	12	6
Stammer with dyslalia	4	5	4	3	3
Dyslalia ...	47	48	35	29	15
Sigmatism ...	13	16	12	9	5
Dyslalia with partial deafness	3	5	4	—	1
Dysarthia ...	—	2	—	1	1
Alalia ...	—	1	—	—	1
Rhinolalia ...	2	4	1	1	—
Dysphonia ...	3	2	1	1	—
	89	113	70	56	32
	—	—	—	—	—

DENTAL TREATMENT

The report of the Principal School Dental Officer, Mr. L. J. THRELFALL, is appended :

"The report on the operation of the School Dental Service and on the dental health of the school children for 1957 must inevitably be repetitive in character, for the circumstances and conditions which create the need for the service and those which hinder and delay the attainment of its ultimate objective have changed but little. The only variations in the report will be found in the domestic arrangements within the Service and in the figures relating to the work carried out.

During the first half of the year, the staff consisted of the equivalent of 2.8/11ths full-time dental officers ; this is the lowest for many years. Nevertheless, four clinics were kept open for treatment :— Victoria Road North, which serves the largest area, full-time ; George Street for eight sessions weekly ; Cosham and Northern Parade for five each. Some adjustment was made from time to time to meet the varying demands in each area. In this way the service this small team of dentists was capable of providing was distributed as evenly as possible throughout the City, and it is questionable whether many of the public were aware of the difficulties the staff depletion was causing, so little was the inconvenience or delay experienced when in need of treatment.

In June the Committee were fortunate in obtaining the services of two additional dental officers :— Mr. Gordon-Ralph, full-time, and Commander Bevis, part-time. These appointments augmented the staff by the equivalent of 1.6/11ths full-time dentists, bringing it up to 4.3/11ths, which approaches numerically the pre-war strength ; this enabled a full-time service to be provided in the Cosham and George Street areas and Northern Parade to have seven or eight sessions a week. Mr. Gordon-Ralph was given charge of the Cosham Branch and Commander Bevis worked at the Central Clinic. Unfortunately, the latter was off duty for seven weeks for health reasons.

It can again be stated with confidence that at no time throughout the year was there any need for a child to go without reasonable treatment, or to have to wait long or travel far to obtain it, if it was sought in the orthodox manner, namely, by application to the head teacher or school secretary. The by-passing of this long established procedure at times leads to complaints and dissatisfaction because certain parents—so often those who when offered treatment for their children previously had declined it—decide, after their child has had toothache for several days, to take the child to a clinic without ascertaining whether a dentist is there at the time. On discovering their mistake they proceed to a chemist's shop, doctor's or dentist's surgery or hospital, complaining bitterly of the inefficiency of this Service. Fortunately these episodes are few and far between but always seem to occur in the same area.

Throughout the year an effort was made to continue the policy of maintaining routine school inspections. The small proportion of a dental officer's time so spent makes all the difference between an organised, smooth-working service and an erratic disorganised one. As stated last year, the key to an organised service is routine inspection and, without it, each clinic would soon become an emergency treatment centre, the dentist's time being mostly used—and that at an irregular rate, for the flow can never be steady—in extracting aching teeth, whereas now 70% of the treatment given is as a result of routine inspections. Thus, much of the toothache is forestalled and the treatment rendered easier for both dentist and patient because it is much more difficult to treat children who have had toothache for several days and nights than those who have not yet had the pain and loss of sleep. Further, with a pre-knowledge of what treatment is required, more work can be done per session because a definite and pre-selected amount can be booked in a methodical manner. What is also important is the fact that, because of inspection, parents can be advised of approaching trouble in time for many teeth to be saved at the clinics or by practitioners. A further proof of the value of this policy to those working in the Service is the fact that, contrary to expectation, the number of special applications for emergency treatment was less than last year, although three clinics were only working part-time. The greatest number of applications was, as was anticipated, received from the Cosham area.

Approximately 73% of the children on school registers, i.e. 24,711, were seen by a dentist during the year either at school or as specials, and, of these 15,188 were found to have varying forms of dental defects. Treatment was offered to 12,936 of whom 8,279 were actually treated, making 13,667 attendances at clinics. Others accepted treatment but later withdrew or failed to keep appointments. Of those declining treatment many were patients of "private" practitioners but others were merely postponing treatment until they had toothache.

It is felt that as far as possible every effort should be made to notify the parents of all children examined who have "savable" permanent teeth provided, of course, it is thought that the information would be valued and acted upon. Although no attempt is made to persuade patients to have cavities filled i.e. to "sell fillings", offering to do so much conservation work entails a certain amount of risk; in fact it is a gamble, but experience has shown that the number refusing brings the amount within manageable limits. All children seen with septic or aching teeth, or teeth likely to reach this stage in a short time or with any dental condition likely to hinder their growth, development and general well-being are of course offered treatment. Those not offered treatment are at liberty to apply when they think it has become necessary, and a passage from last year's report regarding them is quoted verbatim as it still applies:—

"They consist mainly of children with carious temporary teeth, many of which might be preserved for their normal term by filling, but it is beyond the capacity of the staff to carry out this work on the temporary dentition and so, when it is felt that there is a reasonable chance of these teeth remaining comfortable and relatively harmless for a further period of 6—8 months, they are not offered treatment.

Others in this group consist of children with carious permanent posterior teeth, in which the decay has advanced to a degree which makes the chances of permanently restoring them remote. They are chartered as "unsavable" and scheduled for later extraction. Others consist of children whose parents have consistently refused conservation treatment and also those who, by the condition of their mouths, show that they do not appreciate the preservation of their teeth and accept the ultimate use of dentures at an early age as inevitable.

In cases where it is obvious that a child is in the regular care of another dentist it is not usual to offer treatment, but at times this is done when it is felt that an earlier appointment with the dentist should be sought than the time for their next check-up."

Most of the time, i.e. about 93%, was spent in giving treatment and 1,545 sessions, out of a total of 1,669, were spent in this way, including sessions where a dentist was acting as an anaesthetist

The necessity of making these sessions as efficient as possible, by balancing the type of work and patient so that the maximum amount of work can be done, is constantly kept before the clerk-attendants whose responsibility it is to make the bookings. The skilful exercise of this policy is a great help to the dentist and delays the point when fatigue becomes a hindrance.

It was expected that, because fewer sessions were worked this year, less work would be done; this is the case, but the difference is slight—less than was expected—and credit is due to the staff during the first half of the year for the effort made to cope with the situation. It is gratifying to note that more fillings were done last year; this is in some measure due to the increasing number of patients who require multiple fillings; often more than one filling being done at a sitting, thus saving time in changing patients and preparing the instruments and surgery for the next one.

The forms of treatment given consist largely of extractions and fillings but a smaller proportion embraces a comprehensive variety including orthodontics, dentures, crowns, inlays; treatment of front teeth broken in accidents; root treatment and fillings; the application of silver nitrate; the treatment of the soft tissues of the mouth, gingivitis, stomatitis, ulcers, scaling and polishing the teeth, etc. With the exception of orthodontics and dentures, all this is grouped under the heading "other operations".

The number of teeth extracted was 10,201, of which 2,891 were permanent teeth. This is 2,444 fewer than the number of permanent teeth saved by fillings; an improvement on last year's proportion but still well below the pre-war figure.

Approximately twice as many extractions were done with local anaesthesia as with "gas". This is the reverse of the situation existing in most Local Authority Dental Services and our figure of 1,124 "gas" cases appears small in comparison. In fact in some places "gas" is used almost exclusively. It has its advantages and disadvantages; of the latter the principal one is the provision of competent anaesthetists and in Portsmouth this problem has always been present. At the moment it is impossible to increase the number of "gas" sessions unless the increasingly popular practice of engaging part-time medical anaesthetists (if obtainable) were adopted.

The number of fillings done was 5,649; with the exception of 43 they were all permanent teeth. It is unfortunate but absolutely unavoidable that this should be the case, for it causes unfavourable comments, at times almost amounting to accusations of negligence, from some parents or practitioners who see our patients. In spite of the strong arguments in favour of the conservation of the temporary teeth it is economically impossible to spend time on them at the expense of the permanent teeth. The demand for fillings, although bearing little relation to the need, is probably greater than at any time in the history of this Service. No one who specifically asks for fillings is refused on the grounds of lack of time, provided always that their interest is genuine and the work done for them will be valued and cared for, and that the condition of the tooth warrants filling, by which is meant that it can be permanently and usefully restored and not merely "patched up" in order to postpone its extraction.

Observation over many years shows that attempts are often made to "fill" teeth which it would be better to extract ; this applies particularly to the first permanent molars. There is no doubt that the extraction of these teeth at a judiciously selected age is of real benefit to many children, but it requires, on the part of the parents, great faith and trust in the judgement of the dentist to agree to the sacrifice of four seemingly savable teeth for a benefit which cannot be foreseen. The dentist must also have the courage of his convictions to advise such a line of treatment when some of the teeth concerned are in a savable condition.

The problem of providing conservation treatment is greatly relieved by the amount of work done by the practitioners in the General Dental Service. In some parts of the City this amount is very considerable indeed, while in other areas is negligible. This obviously depends on the willingness of the practitioners in the district to undertake the treatment of children and to encourage their regular attendance for examination.

The number of orthodontic cases, i.e. treatment for the correction of irregularity of the teeth, is almost the same as last year, and the number of cases completed is also about the same ; namely 37 new cases and 21 finished. This is a comparatively small amount in relation to the needs and demand, and it would be easy for a dental officer interested in this work to find that the number of cases he had undertaken had built up to such an extent that their supervision was taking time which he should be giving to more urgent treatment. A watchful eye must therefore be kept on the number of new cases started so that they are related to the number finished.

The number of requests for orthodontic treatment has not increased—in fact it would appear to have decreased ; this it is felt is because an increasing number of practitioners are prepared to undertake this work, further, those seeking this type of therapy are usually in the more progressive classes of the community who are now mostly in the care of practitioners. Some years ago few practitioners found themselves able to undertake this work and so the help of the School Dental Service was more frequently sought. In this connection a most valuable service was made available in Portsmouth in July, by the appointment by the Portsmouth Group Hospital Management Committee of a Consultant Orthodontist and the establishment of an Orthodontic Department at the Royal Hospital. As the service available is purely a "Consultant Service" it does not follow that all cases over and above those we can undertake can be referred to the hospital. It is only those presenting more than average complexity and those about which a dental officer feels he would like the opinion of a specialist which can be referred. This is not clearly understood by many parents who, having read about the new hospital department, express annoyance when told they cannot be sent there ; or by others who think that it will completely satisfy the demand for orthodontics in the City. Approximately 30 cases were referred to the Consultant, Mr. G. C. Dickson, some of which were entirely taken over by him although most were referred back with an indication of the line of treatment advocated.

In a city of Portsmouth's size, with so wide a variety of the community attending the maintained schools, the mental picture formed of the dental health of the children is, at any one time, influenced by the area in which observations are made. There is an incredible difference between what may be described as the "top" and the "bottom" and the reaction resulting from the observations may be one of joyful optimism or woeful pessimism. At the "top" dental health is better than it has ever been during the past 25 years, while at the "bottom" it is hard to say if there is any improvement at all ; however, the proportion in the two extremes is changing and there are fewer

in the lower category, but unless an observer had been familiar with local conditions over a long period this would not be apparent.

Two features of the dental condition of the children are very noticeable ; one, it is almost certain that never before have there been so many children in the schools who have had extensive conservation dentistry done, a large proportion of it under the General Dental Service. The other is the large number of children with incipient caries, by which is meant the large number of "fillable" cavities present in their teeth. This is somewhat frightening to behold, as dental decay is rarely self-arresting ; thus it is envisaged that these people will soon join the ranks of those with "rampant" dental disease and a time is pessimistically foreseen when there surely must be an overwhelming number of unsavable teeth. However, this visionary avalanche of aching teeth and swollen faces just does not seem to happen, does not catch us up, and so far the profession is just keeping ahead. At the top of the social scale, the practitioners are now mainly responsible for treatment, those for whom our conservation work is done being in the middle of the scale, whereas a few years ago they were at the top. In other words this Service has lost its "best patients", i.e., those working for whom gave the most satisfaction. It is now pioneering in another field and the acceptance of the wisdom of regular dental supervision and treatment is gradually becoming apparent to another section of the community. It is reasonably safe to say that over the whole city the amount of gross dental disease, that is, the number of really dirty septic mouths affecting the general health of the host—although regrettably still too numerous—is smaller than at any time, excepting perhaps during the latter part of the war. Although so many people still look upon dental decay as inevitable—as something which just happens—it is still generally accepted by those best competent to judge to be the result of dietetic errors, at present particularly, the habit of persistent sweet sucking, and that curtailment of this habit, coupled with the intelligent practising of oral hygiene, would vastly reduce the amount of decay.

Observation of many mouths over long periods has shown that the knack of cleaning the teeth with the tongue, lips, cheeks and saliva—a natural, but so often latent function of these muscles—can go a long way to off-set bad dietetic habits. The adoption of this practice is worthwhile at any age but to begin it or let it develop in early childhood is of inestimable value to those who "must" eat between regular meals.

In conclusion it must be stated how much the help given by the head teachers and their staff is appreciated. This particularly applies to arranging for dental inspections for it is realised that these, especially in the older schools, cause considerable inconvenience and upset because of lack of suitable accommodation".

SPECIAL SCHOOLS

Cliffdale Secondary School.

The school population has grown by 30 children during the year—this was brought about so that there would be less hold-up for children from the Junior E.S.N. School who attained secondary school age. All the children attending still do so with very obvious benefit both to their education and their general behaviour. The co-operation with the parents, which is even

more vital in this type of school, is excellent. The numbers in attendance were as follows :—

				<i>Boys</i>	<i>Girls</i>
January, 1957	...	...	...	60	41
December, 1957	...	...	...	71	58
Left—over age	...	...	...	3	—
—district	...	...	...	—	3

Cliffdale Primary (Junior) School.

The school has now had the benefit of enlarged and improved playground and games space for a year and this has shown itself very markedly in the physical condition of the children—they all now look well and eat well. Many of the parents have remarked on the improvement in their children's health as well as the benefit to their education and socially.

The numbers in attendance were as follows :—

				<i>Boys</i>	<i>Girls</i>
January, 1957	...	...	...	49	35
Intake	...	...	...	18	22
Discharged :—					
To Cliffdale Secondary School	...	...	...	12	10
Under Section 57(3) of the Education Act, 1944				1	2
To other areas	...	...	...	2	1
Remaining December, 1957	...	...	...	52	44

Futcher School.

The benefits to health, and incidently to their education, gained by children who attend this day special school must be seen to be believed—the most marked improvement is often seen in cases of asthma who, because of their frequent attacks, lose a lot of school and so become worried about their inability to keep up with their fellows. Transfer to Futcher School in such cases helps them in every way—they can work in a class more suited to their ability (mostly disregarding age), have regular rest periods and in most cases Ultra Violet Light and breathing exercises several times weekly from a visiting physiotherapist. This breaks the vicious circle which has been set up so that the frequency of asthmatic attacks diminishes and very often ceases altogether.

The number of children in attendance was as follows :—

				<i>Boys</i>	<i>Girls</i>
Admitted	...	...	...	14	10
Discharged :—					
To district schools	...	...	...	3	5
To Grammar schools	...	...	...	1	1
Over age	...	...	...	3	4
Left district	...	...	...	2	—
Re-admitted Alton	...	...	...	—	1
On Roll December, 1957	...	...	...	46	49

HANDICAPPED PUPILS.

The following table gives a summary of handicapped pupils receiving special educational treatment, whether in residential special schools, day

special schools (i.e. Fitcher or Cliffdale), or having home tuition, together with the number on the waiting list for residential special schools :—

	<i>In Residential Special or Hosp. Schools</i>	<i>In Day Special Schools or Classes</i>	<i>Having Home Teaching</i>	<i>On waiting list for Spec. School</i>	
				<i>Res.</i>	<i>Day</i>
Blind	7	—	—	—	—
Partially sighted	4	—	—	1	—
Deaf	13	—	—	1	—
Partially deaf	5	—	—	3	—
Delicate	3	53	—	1	1
Physically handicapped	12	31	8	—	1
Educationally sub-normal	25	235	—	1	30
Maladjusted	14	—	—	2	—
Epileptic	1	—	—	—	—

31 children were receiving education whilst inmates at local hospitals, and 11 at the Cerebral Palsy Unit.

In addition, 366 children with speech defects were treated by the speech therapists, as detailed in their reports.

CHILD GUIDANCE SERVICE

The Educational Psychologist, DR. C. H. JACKSON, reports as follows :—

"This is the fourth annual report of the Authority's Child Guidance Service. A statistical analysis of referrals is given in the appendix. The figures given concern only children referred during the year 1957 unless otherwise stated. Tables of data follow closely in form those given in previous reports to facilitate comparison. Considerable caution should, however, be exercised in drawing inferences from the tables on account of the relatively small number of children in the various categories.

It will be seen that 346 children were referred during the year, almost exactly the same number as in the previous year. Of these, 308 were seen during the year, so that 38 were waiting initial interview at the end of the year. This is a much more satisfactory position than in the previous year, when 95 pupils were still on the waiting list at the end of the year.

It will also be observed that the cases of 289 children were being currently dealt with at the end of the year, compared with 297 last year. In this respect, the position is rather better than it has been for the past two years. The improvement is due partially to the efforts of the remedial teachers, who have enabled many children to make such substantial progress that cases have been successfully terminated during the year.

The appointment of a second remedial teacher has, however, been the main cause of the present satisfactory position. The establishment created last year was filled on 1st September by secondment of Mr. J. Freeland from Paulsgrove Primary Boys' School. This enabled some re-organisation of work and a vigorous drive to reduce the swollen waiting list. The considerable success achieved justifies a confident expectation that by the end of January, 1958, all children referred during 1957 will have been given an initial interview. This is an important step towards the desirable ideal that referrals should be dealt with as and when referred. In view of the large case load necessarily carried forward from one year to another, this is, however, unlikely to be achieved until additional psychological help is available.

The number of visitors continues to increase every year, and during 1957 more teachers and student teachers were welcomed than ever before, both

from the City and from other Authorities. With the increasing development of provisions to meet the needs of handicapped pupils, it is again suggested that such visits would be a most valuable contribution to the professional training of all student teachers. A visit by Dr. C. Asher, Ministry of Education, was specially appreciated, and enabled discussion of some important problems in the education of maladjusted pupils.

In connection with the training of educational psychologists, facilities were once again extended to enable a psychologist, Miss J. H. Kirby, training in the Tavistock Clinic, London, to spend a month in Portsmouth to gain experience of psychological work with a Local Education Authority.

Once again, remedial teaching work accounted for the largest portion of the work of the year. Some 60% of all interviews were devoted to remedial teaching, mainly of children retarded in reading. With the secondment of Mr. Freeland, who from the beginning of his work showed considerable interest in the teaching of arithmetic, it has been possible to develop further this important aspect of remedial teaching.

Though the proportion of dull children referred was about twice the incidence of such children in the school population, it was again substantially smaller than in previous years, being only about two-thirds that of last year. This tends to support the view, tentatively put forward in the report of last year, that the number of undiscovered severely educationally sub-normal children in the ordinary schools is progressively decreasing. On the other hand, the number of bright children referred has shown only a very slight increase. It is hoped that the increase will be much larger next year, as these children can most specially benefit by remedial and psychological help.

Parent interviews again showed a substantial increase, being some 25% higher than in the previous year. This seems associated with the increase in remedial teaching work, leading to increased parent contacts to ensure continuity between help given by teacher and help given by parent, and assistance given to parents of young children in play technique, where both parent and child have been present together.

The visiting of residential schools used by the Authority for the education of maladjusted children, begun during the previous year, was completed during 1957; and a report was submitted to the Special Services Sub-Committee. It is hoped that follow-up visits will be made to all of these schools at least twice a year. Specially important would be visits by the Social Worker to ensure liaison between home and school, so that the problems and difficulties of each, as well as their positive contributions, might be understood and complemented by the other. The visiting of residential schools for other categories of handicapped pupils should be instituted during the year.

These visits, however, involve greater cost in time and money than is available with the existing staff establishment and financial provision; and even so, they are at best an inadequate liaison. The many problems and difficulties which arise from boarding children considerable distances from their homes, and the generally unsatisfactory nature of this method of helping families in which there are handicapped pupils, indicates that the Authority should consider as a matter of some urgency the suggestion previously made for establishing in its area small residential schools for maladjusted and for educationally sub-normal pupils needing residential care.

The need for the establishment of day special classes for maladjusted children and for educationally sub-normal children is again urged. Some detailed suggestions concerning this, and the need for pupils requiring residential care, were put forward in the report of last year. Earlier reports have also indicated the need for special classes for partially-sighted and partially deaf pupils.

A reduction of some 10% in the number of young children referred, and specially of those of pre-school age, is regretted. However valuable help may be at the Junior and Secondary school stages, the preventive value of work done in the earlier years is far greater. Attention is, therefore, drawn to the four important needs of the young child detailed in the report of last year. In this connection, it is interesting to note that since the inception of the Service, in September, 1953, nearly 70% of the 1,718 children referred have been of Primary School age. With the exception of Cliffdale Secondary School, which has been open only about 18 months, every school in the City has referred children for advice or help, the average number of referrals being 16 pupils from Primary and 12 from Secondary Schools. About 5% of all referrals have been in respect of pre-school children, ranging from 23 months.

It is desired to thank Dr. Hutton, who deputised in St. James Hospital whilst Dr. Haffner was in the United States of America, for the splendid help she gave during the year. Her lucid, practical reports, and promptness in handling referrals, were greatly appreciated. It is regretted that the services of a visiting child psychiatrist, to give consultations at the Victoria Road North Centre, promised by the Regional Hospital Board in 1955, have not yet been provided. Active negotiations with St. James Hospital are, however, proceeding and it is hoped that the necessary facilities may be made available during the coming year. This would enable increased facilities to be offered in the training of psychologists, with both short and long term benefit all round.

In addition to figures in the appendix, 93 children and their parents, who have not otherwise been included in this report, were seen in connection with official ascertainment of pupils under Sections 34 and 57 of the Education Act, 1944.

It is desired to thank the Principal School Medical Officer and all members of his staff for their generous co-operation during the year, and specially Dr. Woodrow and Dr. Mounsey for their constant help. Thanks are also extended to the Chief Education Officer and his administrative and teaching staffs and to the Speech Therapists for their never-failing courtesy and assistance.

APPENDIX

TABLE I.

(Referrals analysed by age)

Below 5 years	9	Pre-School children	...	9
5 years, but not 6	20	Primary (Infant) School pupils		50
6 " " 7	30			
7 " " 8	75			
8 " " 9	48	Primary (Junior) School pupils		181
9 " " 10	26			
10 " " 11	32			
11 " " 12	27	Secondary School pupils	...	91
12 " " 13	22			
13 " " 14	20			
14 " " 15	22	Secondary School or post-school		15
Above 15 years	15			
				346

Of the Secondary School pupils 8 attended Grammar or Technical Schools. Private Schools referred 13 pupils.

TABLE II.

(Referrals analysed according to reasons given by those making referral)

Assessment of mental and/or personal development ...	108
Failure to make normal school progress ...	92
Difficult behaviour ...	72
Educational guidance ...	46
Emotional difficulties ...	21
Various—unclassified ...	7
	<hr/> 346 <hr/>

As in previous years the number of boys referred was nearly twice as great as that of girls, exact figures being 217 and 129 respectively.

TABLE III.

(Referrals analysed according to source or agency of referral)

Schools : by Head Teachers ...	187
Home : by parents ...	48
School clinic : by Principal School Medical Officer ...	44
Other Medical Agencies and Hospitals ...	38
Local Education Authority Officers ...	19
Court and Probation Officers ...	8
Various—unclassified ...	2
	<hr/> 346 <hr/>

TABLE IV.

(Referrals analysed according to mental ability level)

<i>Intelligence Quotient</i>			
Below 55	? educable	Children likely to need provision outside the scope of the Education Act, 1944 ...	12
55- 69	dull	Children likely to need special educational provision, probably in Special Schools ...	29
70- 74		Children likely to need special educational provision, probably in Remove Classes ...	13
75- 84		Children likely to need considerable individual help in small classes ...	34
85- 94	average	Children of low average ability : perhaps "C" stream in a three-stream school ...	76
95-104		Children of average ability : perhaps "B" stream in a three-stream school ...	39
105-114		Children of high average ability : perhaps "A" stream in a three-stream school ...	18
115-129	bright	Children well above average ability : likely to benefit by higher education at Secondary Stage (Technical or Grammar) ...	21
130 and above		Children of unusually high ability : likely to benefit ultimately by higher education at post-school stage (possibly University) ...	7
		Not tested ...	97
			<hr/> 346 <hr/>

The 97 children not tested were accounted for as follows:—

Not yet seen	38
Testing deferred for psychological reasons	18
Transferred directly to more appropriate agency	32
Left district before appointment offered	4
Failed appointments and/or parents unco-operative	5
	<hr/> 97

Intelligence quotients given are in most cases those obtained on the Revised Stanford-Binet Scale, though exceptionally other scales have had to be substituted.

TABLE V.

Case state on 31st December, 1957

Number of children referred and seen during 1957	308
Number of those needing no further interview on 31.12.57	181
	<hr/>
Number carried forward into 1958	127
Number referred prior to 1.1.57 and still being seen at 31.12.57	124
Number referred during 1957 and still awaiting initial appointment at 31.12.57	38
	<hr/>
Total number brought forward from previous years, to be dealt with during 1958	289

TABLE VI.

Analysis of Interviews

Child interviews	1,961
Parent interviews	771
Home visits	469

DEPARTMENT OF CHILD PSYCHIATRY

We are indebted to Dr. W. Liddell Milligan, Physician Superintendent, St. James Hospital, for the following statistics:—

Cases seen at Department of Child Psychiatry, St. James Hospital.

Total of New Referrals for 1957	297
Sources of Referral: General Practitioners	99
School Health Service	30
Specialists	39
Juvenile Court	71
Probation Officer	7
Education Authority	37
Others	14
	<hr/> 297

In addition, 23 cases were referred who had previously been before the Juvenile Court.

Total number of new cases seen during 1957	260
Total number of return cases seen during 1957	1,767
	<hr/>
Total attendances	2,027

MENTAL DEFICIENCY

Close co-operation has been maintained with the Mental Health Service. 24(20) children were notified under section 57 of the Education Act, 1944, and dealt with under the Mental Deficiency Acts by the Mental Health Service; 1(5) of these required supervision after leaving school on account of educational sub-normality. This supervision is undertaken by the Mental Health Service under section 28 of the National Health Service Act, 1946. Children notified under the provisions of the Education Act, 1944, to the Local Health Authority as being ineducable are eligible for admission to the Day Training Centre for mental defectives organised by the Mental Health Service. By arrangement with the latter, children are occasionally admitted for observation and report before it is decided whether or not to notify them as above.

EMPLOYMENT OF SCHOOL CHILDREN

We are indebted to Mr. Adams, the Youth Employment Officer, for the following figures :—

During the year ended 31st July, 1957, 1,213 (1,184) children 788 (782) boys and 425 (402) girls, were certified fit for part-time employment.

Licences were also granted to 39 (38) children (aged 12—15 years) to appear in theatrical performances during the year. 16 (27) applications were made during the year for registration under the Disabled Persons (Employment) Act, 1944 ; the number of children now on this list is 38 (54) —all in employment.

HEALTH EDUCATION

As in the previous years talks on the work of the School Health Service have been given to various organisations by school medical and dental officers and school nurses. This included participation in a "Study Day" organised by the Royal College of Nursing.

Many students from the local Training College, from the health visitors' course at Southampton University, and local pupil midwives have also visited the clinics and had discussions on the work done. A great amount of health education is given individually by the doctors, dentists and nurses during school medical inspection and at the various clinics.

CONCLUSION

We would like to take this opportunity to express our thanks to the Chairman and Members of the Special Services Sub-Committee for their encouragement and consideration and to the Chief Education Officer and his staff for their patient and painstaking co-operation.

We have the honour to be, Ladies and Gentlemen,

Your obedient Servants,

T. ERNEST ROBERTS

R. WOODROW

APPENDIX

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Pupils examined :—

Entrants (Age 5+)	...	...	...	...	...	2,737
Intermediates (Age 10—11)	...	...	...	...	...	3,122
Leavers (Age 14+)	...	...	...	...	...	2,394
					Total ...	8,253
Additional Periodic Inspections	...	...	...	...	...	466
					Grand Total ...	8,719

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	16,653
Number of Re-inspections	...	...	...	...	...	13,361
					Total ...	30,014

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment.
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants ...	86	469	537
Intermediates ...	183	349	521
Leavers ...	124	236	343
Total ...	393	1,054	1,401
Addnl. Periodic Inspections	12	75	83
GRAND TOTAL ...	405	1,129	1,484

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED
IN THE AGE GROUPS RECORDED IN TABLE I.A.**

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	2,737	2,501	91.37	236	8.62
Intermediates	3,122	2,948	94.42	174	5.57
Leavers	2,394	2,300	96.07	94	3.92
Addn'l Periodic Insp'ns.	466	447	95.92	19	4.07
Total ...	8,719	8,196	94.00	523	5.99

TABLE II
INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school					
nurses or other authorised persons	...	...	...	...	51,186
(ii) Total number of <i>individual</i> pupils found to be infested					
...	...	...	...	...	342
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)					
...	...	...	...	...	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)					
...	...	...	...	...	Nil
(v) Number of individual children referred to Public Health Department Disinfestation Centre					
...	...	...	...	...	21

TABLE III
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observa- tion (8)
		Requir- ing Treat- ment (3)	Requir- ing Observa- tion (4)	Requir- ing Treat- ment (5)	Requir- ing Observa- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin ...	29	4	30	2	96	11
5	Eyes— <i>a.</i> Vision ...	86	25	124	41	405	143
	<i>b.</i> Squint ...	32	5	2	1	56	15
	<i>c.</i> Other ...	10	2	28	6	50	9
6	Ears— <i>a.</i> Hearing ...	2	10	3	11	11	27
	<i>b.</i> Otitis Media ...	15	9	6	—	29	11
	<i>c.</i> Other ...	49	2	56	2	205	7
7	Nose and Throat ...	143	123	21	13	230	247
8	Speech ...	37	11	2	2	54	14
9	Lymphatic Glands...	—	5	1	—	3	6
10	Heart ...	15	3	3	5	24	16
11	Lungs ...	35	16	8	5	63	46
12	Developmental—						
	<i>a.</i> Hernia ...	6	7	—	—	11	9
	<i>b.</i> Other ...	9	5	7	—	32	20
13	Orthopaedic—						
	<i>a.</i> Posture ...	6	1	13	3	38	6
	<i>b.</i> Feet ...	29	3	14	1	71	6
	<i>c.</i> Other ...	37	32	33	10	137	77
14	Nervous system—						
	<i>a.</i> Epilepsy ...	4	3	—	3	8	12
	<i>b.</i> Other ...	6	3	2	1	11	12
15	Psychological—						
	<i>a.</i> Development ...	—	—	—	—	2	1
	<i>b.</i> Stability ...	3	1	—	—	3	2
16	Abdomen ...	11	2	3	—	19	4
17	Other ...	20	6	9	7	46	27

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin ...	676	32
5	Eyes— <i>a.</i> Vision ...	72	7
	<i>b.</i> Squint ...	16	1
	<i>c.</i> Other ...	224	15
6	Ears— <i>a.</i> Hearing ...	119	41
	<i>b.</i> Otitis Media ...	17	4
	<i>c.</i> Other ...	141	8
7	Nose and Throat ...	190	72
8	Speech ...	37	13
9	Lymphatic Glands ...	61	11
10	Heart ...	12	2
11	Lungs ...	159	23
12	Developmental—		
	<i>a.</i> Hernia ...	1	1
	<i>b.</i> Other ...	68	6
13	Orthopaedic—		
	<i>a.</i> Posture ...	32	—
	<i>b.</i> Feet ...	49	13
	<i>c.</i> Other ...	73	24
14	Nervous system—		
	<i>a.</i> Epilepsy ...	7	1
	<i>b.</i> Other ...	89	12
15	Psychological—		
	<i>a.</i> Development ...	53	9
	<i>b.</i> Stability ...	56	12
16	Abdomen ...	14	14
17	Other ...	523	79

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools)

GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	2,338	640
Errors or refraction (including squint) ...	1,207	1,159
TOTAL	3,545	1,799
Number of pupils for whom spectacles were prescribed ...	946	346

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	-	82
(b) for adenoids and chronic tonsillitis ...	-	903
(c) for other nose and throat conditions ...	-	171
Received other forms of treatment	621	1,715
TOTAL	621	2,871
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1957	-	6
(b) in previous years	-	19

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	184	317

GROUP 4—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp	7
(ii) Body	6
Scabies	24
Impetigo	35
Other skin diseases	3,591
TOTAL	3,662

GROUP 5—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	176
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GROUP 6—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	366
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GROUP 7—OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	619
(b) Pupils who received convalescent treatment under School Health Service arrangements...	—
(c) Pupils who received B.C.G. vaccination ...	1,511
(d) Other : Minor injuries	3,464
TOTAL (a)—(d)	5,594

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections	21,332
(b) As Specials	3,379
TOTAL (1) ...	24,711
(2) Number found to require treatment	15,188
(3) Number offered treatment (including 'specials')	12,936
(4) Number actually treated	8,279
(5) Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) overleaf	13,667
(6) Half days devoted to : Periodic (School) Inspection	124
Treatment (including administration of anaesthetics by dental officer)	1,545
TOTAL (6) ...	1,669
(7) Fillings : Permanent Teeth	5,605
Temporary Teeth	43
TOTAL (7) ...	5,648
(8) Number of teeth filled : Permanent Teeth	5,234
Temporary Teeth	43
TOTAL (8) ...	5,277

(9) Extractions : Permanent Teeth	...	...	...	...	2,891
Temporary Teeth	...	...	...	...	7,310
TOTAL (9) ...					10,201
(10) Administration of general anaesthetics for extraction	...	...	...	...	1,124
(11) Orthodontics :					
(a) Cases commenced during the year	...	...	...	...	37
(b) Cases carried forward from previous year	...	...	...	...	13
(c) Cases completed during the year	...	...	...	...	21
(d) Cases discontinued during the year	...	...	...	...	9
(e) Pupils treated with appliances	...	...	...	...	38
(f) Removable appliances fitted	...	...	...	...	55
(g) Fixed appliances fitted	...	...	...	...	3
(h) Total attendances	...	...	...	...	737
(12) Number of pupils supplied with artificial dentures	...	...	...	...	38
(13) Other operations :					
Permanent teeth (including visits for dentures)	...	...	...	...	2,182
Temporary teeth	...	...	...	...	1,037
TOTAL (13) ...					3,219

