

[Report 1951] / School Medical Officer of Health, West Sussex County Council.

Contributors

West Sussex (England). County Council.

Publication/Creation

1951

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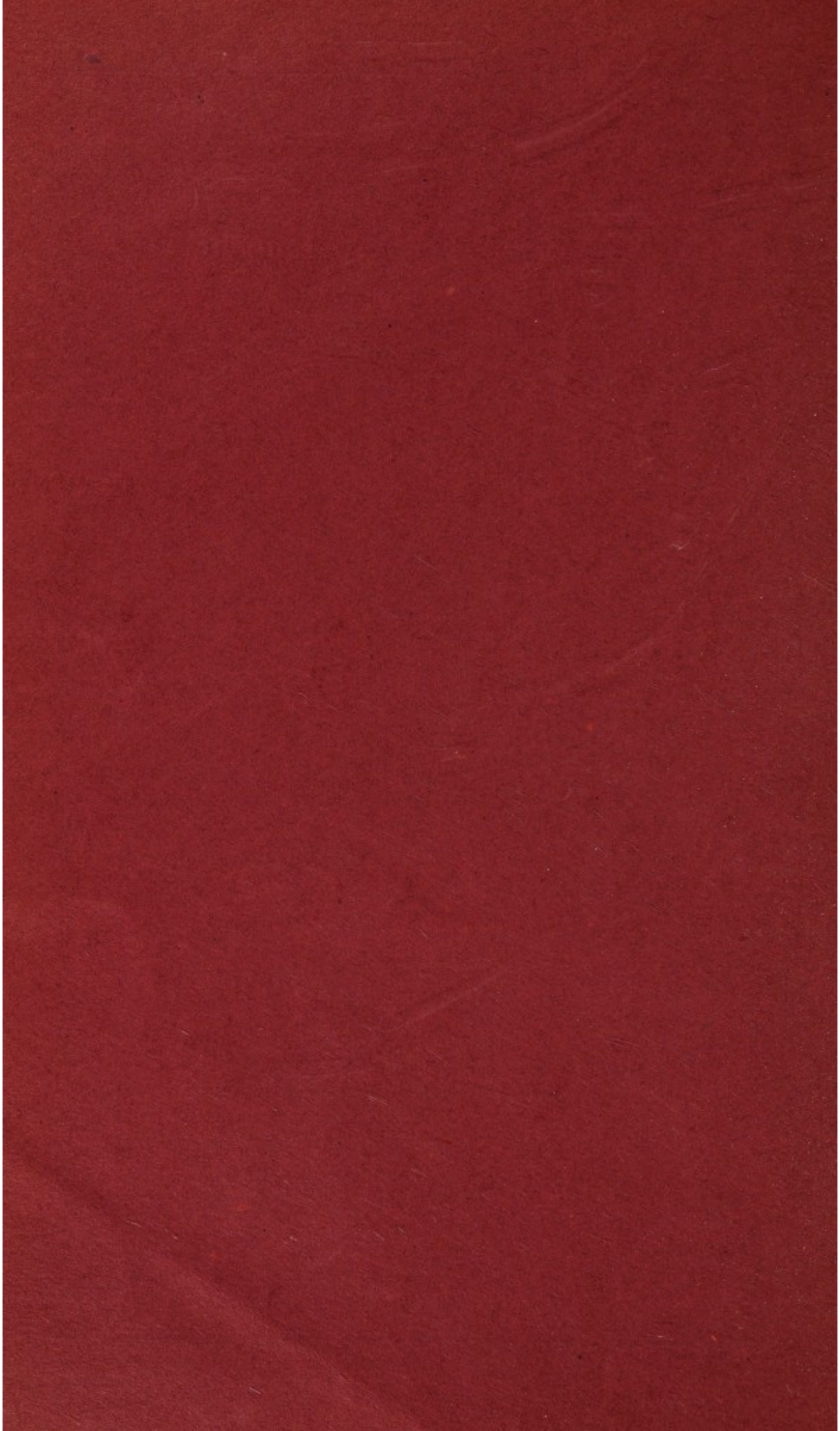
REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDED

31st DECEMBER 1951



West Sussex County Council

EDUCATION COMMITTEE




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WEST SUSSEX COUNTY COUNCIL

Annual Report of the School Medical Officer for the year 1951

To the Chairman and Members of the Primary
Education and Special Services Sub-Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I herewith submit my Report on the work of the School Health Service for the year 1951.

The work of the School Health Service has been maintained at a high level. The object of the School Health Service is to provide a comprehensive scheme of treatment and continuous supervision of the child's health and progress in school. It follows, therefore, that the inspecting Medical Officer should be well versed in nutrition, physical medicine, epidemiology, social and mental hygiene and all matters affecting the health and physical well-being of the child.

With the appointment of Dr. F. Cockcroft as Assistant County and School Medical Officer and Medical Officer of Health for Littlehampton Urban District and the Worthing Rural District, and Dr. T. Harrison as Assistant County and School Medical Officer and Medical Officer of Health of the Chanctonbury Rural District Council and the Shoreham and Southwick Urban District Councils, certain re-arrangement of the Assistant School Medical Officers' areas was necessary.

The ages at which children at school are examined remain as mentioned in my previous report, *viz.*: including special examinations and re-examinations, every child is medically inspected as an entrant (5-7 years), at 8, 11 and 14 years of age. Also children remaining at a Secondary Grammar School until a later age have an additional inspection, or if they are there until the age of 18 two additional inspections. With a few exceptions, the same Medical Officer inspects the same schools, each year.

With the introduction of the National Health Service Act, much of the success of the School Health Service depends on the co-operation with the family doctor. In spite of a multitude of hospital and specialist services to which the child may be entitled throughout his school life, it should be appreciated that with a variety of authorities it is all the more essential that the family doctor should continue the role of

family guide, philosopher and friend. All branches of the Health and Hospital Services should, therefore, take the greatest care to keep in the closest touch with the family practitioner and do everything to promote the doctor/patient relationship. In West Sussex, in connection with the School Health Service there is close co-operation with the family doctor who is kept informed of all matters of significance found at medical inspections and where treatment is carried out through the agency of the School Health Service, he is kept up-to-date on the progress of the case.

I wish I could report that our efforts to get the co-operation of the hospitals was as successful. As mentioned in my last report with the exceptions of two hospitals, the Hospital Management Committees have not been able to arrange for information to be given us as a routine by the hospitals under their control with regard to all children receiving inpatient treatment. Such information would be most valuable to the medical staff of the School Health Service. I must say, however, that when approached about particular cases which have come to our notice, I always receive the fullest information.

Though we ended the year 1950 under-staffed in regard to the School Dental Service and there were vacancies during 1951, we were able, eventually, to fill these and to bring the staff up to normal requirements.

An account of the School Health Service's co-operation with the Mass Radiography Unit, which aims at discovering early cases of pulmonary tuberculosis, is described in the body of the report (*see page 18*).

Detailed statistical information as to the work carried out in the School Health Service is contained in the Ministry of Education's Tables I—V which are appended.

Once again, I wish to express my thanks to all members of the Committee, the Teaching Staffs of Schools, the Nursing Staff and all those who have taken part in one way or another in our various schemes, for the co-operation and support given me during 1951. I would like to express my appreciation of the help and co-operation received by my Department from the general medical practitioners and the various Hospitals' Staffs. My thanks are due to all members of the School Health Service Department for their loyal and whole-hearted help.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. S. BRADSHAW,
School Medical Officer.

WEST SUSSEX COUNTY COUNCIL

School Health Service — 1951

General.

The County, which is roughly 30 miles long (East to West) and 20 miles wide, has an area of 620 square miles. The estimated population mid-1951 was 317,900, of whom 23,600 were under 5 years of age and 43,780 were aged 5 to 14 years.

Schools.

Including the Borough of Worthing, there were in 1951, 193 schools in the County, of these 5 were nursery, 160 primary, 3 technical, 17 secondary modern and 8 secondary grammar schools. The average number on roll was 35,544.

Staff.

There were a number of changes in the staff during the year. Mention has already been made of the appointment of Dr. Cockcroft and Dr. Harrison. Mr. R. A. Currie resigned his appointment in February as Dental Officer, Mr. J. S. Price was appointed in September to fill the vacancy. Mr. L. D. Smith, part-time Dental Officer became a whole-time Dental Officer in March. Mr. L. F. Winbolt-Lewis was appointed part-time Dental Officer for the Worthing area in March and Mr. C. P. Urbani whole-time Dental Officer in Worthing in September. Miss B. E. Clarke, part-time Orthoptist, Chichester, resigned in February, Miss B. E. Balfour filled the vacancy until April when Miss R. E. Waller was appointed. Miss B. Foley resigned her appointment as a Dental Attendant in July to take a course as an Oral Hygienist. Miss S. M. G. Wellington was appointed in July to fill the vacancy but resigned her appointment in December. Miss M. L. Wallis was appointed Dental Attendant for the Littlehampton area in September. On the Child Guidance Clinic Staff Mrs. Kennedy and Miss Kohler resigned their appointments as Child Therapists at the Chichester and Horsham Clinics respectively on the 31st July. Miss S. Kut and Mrs. L. A. Neurath were appointed in September to fill the vacancy at Horsham ; Miss Kut for 2 sessions and Mrs. Neurath for 4 sessions per week. Miss Schnurmann was appointed in November to fill the vacancy at the Chichester Clinic. Miss R. I. Campbell, Psychiatric Social Worker at the Worthing Clinic, resigned her appointment on the 31st December, 1951.

Co-ordination with Other Health Services.

As mentioned in my previous reports there is close co-ordination with the County Health Committee as in such matters as orthopaedic treatment, treatment of the diseases of the ear, nose and throat, exam-

ination of defective vision and orthoptic treatment for squint, and speech therapy for children under school age. Also in seven instances the same buildings are used in common as clinic premises. Further, home supervision is simplified by the fact that the same Nurse acts as Health Visitor and School Nurse.

Records of all children, when they reach school age, are transferred to the School Health Service Department.

School Hygiene.

During the year representations were made to the Director of Education in respect of defects relating to heating (13), lighting (20), lavatory accommodation (28), sanitation (6), washing facilities (33) and playgrounds (3). The Borough School Medical Officer, Worthing, made representations to the Borough Education Officer in respect of defects relating to sanitation (3) and lavatory accommodation (2).

Medical Inspection.

As far as possible two visits were paid in the year to each school to complete the routine inspections, the examination of special cases and the re-examination of pupils previously found or suspected to have some disease or defect.

Owing to overcrowding it was necessary to use premises other than Schools, in a few instances, for medical inspections.

In Tables IA and IB (*page 21*) are given the number of routine medical examinations in the various age groups, the special examinations and re-examinations. The examination of handicapped pupils is not included in these figures. Section IC of this Table shows the number of pupils found at the periodic medical inspection to require treatment; the percentage of pupils requiring treatment being 10.5 compared with 12.5 in 1950 and 13.3 in 1949.

With reference to Table IIB (*page 23*) it will be seen that the general condition of 35.33% of the pupils examined was "Good," 61.42% was "Fair," and 3.24% "Poor." The Table below gives the percentages for 1947, 1948, 1949, 1950 and 1951. In the last few reports I have stated that whilst it would be unwise to attach too great a significance to the figures quoted it is interesting to note there is a continued improvement in the "Good" percentage with a corresponding decrease in the "Poor" percentage. Taking the 5 years mentioned below as a basis, I think we can safely say that the general condition of the pupils shows a definite upward trend which I have no doubt will continue.

Year	A (Good)	B (Fair)	C (Poor)
1947	19.87	68.73	11.40
1948	21.60	69.15	9.24
1949	24.13	68.69	7.17
1950	27.54	67.81	4.65
1951	35.33	61.42	3.24

Infectious Diseases.

(a) INFANTILE PARALYSIS.

There was no epidemic of infantile paralysis in the country and this county had only five cases including one under five years of age. I regret to report that two of the children died. Of the remainder, one had slight paralysis of the right leg, and the other two made a complete recovery.

(b) GENERAL.

No schools were closed on account of infectious disease, though there were a number of outbreaks at various schools. Measles accounted for 21 outbreaks, measles, associated with either whooping-cough or chicken pox and jaundice 2, chicken pox 7, whooping cough 6, whooping-cough associated with chicken pox or mumps 2, mumps 1, jaundice 1, German measles 1.

Diphtheria.

During 1951, a total of 3,120 children were immunised against diphtheria; of these 2,660 were under school age. In addition 2,797 received a third or "boosting" dose. Our records show that at the 31st December, 1951, a total of 44,685 children still under 15 years of age had been immunised against diphtheria; of these 12,094 were under the age of 5. 51% of the estimated population under 5 years of age and 74% of those aged 5 to 14 have been immunised.

MEDICAL TREATMENT.

Minor Ailments.

The following Table shows the Clinics held and the number of children attending thereat:—

Clinic	No. of children treated	No. of attendances
Bognor Regis	467	1565
Chichester	304	1463
Crawley	22	35
Horsham	131	652
Lancing	52	220
Littlehampton	271	1679
Selsey	11	11
Shoreham	68	100
Worthing	1053	3049
TOTAL	2379	8774

Summarising this statement, the above records show that 2,379 children made 8,774 attendances at the Clinics during 1951. This compares with a total of 2,402 children who made 10,099 attendances in 1950. It will be appreciated that in addition a large number of children were treated at home and in the schools by the Nurses. For further information as to defects treated, Table IV, Group I (*page 24*) should be consulted.

Diseases and Defects of the Ear, Nose and Throat.

With reference to Table IV, Group 3, (*page 25*) it will be noted that 276 children received operative treatment, a decrease of 68 cases. Of these 269 were in respect of adenoids and chronic tonsillitis, a decrease of 63 cases. It should be mentioned that no child is referred for operative treatment, unless absolutely necessary, the emphasis being on conservative treatment. The majority of cases have been kept under observation for a period before being referred for operative treatment.

In regard to diseases of the ear, it will be noted from the following table that during 1951, 42 Clinics were held at Chichester, Horsham or Worthing. No sessional clinics were held at the Brighton (Sussex, Throat and Ear) Hospital or at the Worthing Hospital. Individual appointments were made for children to be seen at these two hospitals.

Clinic	Sessions held	No. of Cases Seen			Total Attendances	No. Discharged
		New	Old	Total		
Brighton ..	—	5(—)	2(—)	7(—)	7(—)	—
Chichester..	11	69 (5)	34(—)	103 (5)	114 (5)	7(—)
Horsham ..	14	21(—)	6(—)	27(—)	29(—)	6(—)
Worthing ..	17	139(34)	42(10)	181(44)	225(56)	86(18)
Worthing) Hospital)	—	10(—)	2(—)	12(—)	14(—)	2(—)
TOTAL ..	42	244(39)	86(10)	330(49)	389(61)	101(18)

(Figures in brackets refer to children under school age and are included in the totals).

Defective Vision and Squint.

The examination of eye cases at the Bognor Regis, Chichester, Lancing, Shoreham and Worthing Clinics is carried out under arrangements with the Regional Hospital Board. There has been no change of the Specialist employed.

In Table IV, Group 2, (page 24) it will be seen that 2,879 cases were examined in 1951. This compares with 2,601 in 1950. Refraction work is undertaken at ten centres. A number of cases were recommended for and received operative treatment for squint. Orthoptic treatment was continued at the Chichester, Horsham and Worthing Clinics.

During the year 291 school children received treatment from the Orthoptists. In addition a number of children under school age also received treatment. During treatment by the Orthoptist a child is periodically referred back to the Ophthalmic Surgeon and, of course, no child is considered "cured" until it has been seen and agreed again by the Ophthalmic Surgeon.

Supply of Spectacles.

As previously mentioned, spectacles are now provided under the National Health Service Act. It will be remembered that in 1949 the delay in the supply of spectacles was very acute; in 1950 the situation improved and during 1951 the supply of spectacles had returned to normal. During the year 1628 children had spectacles prescribed, of these 1521 had been obtained by the 31st December, 1951.

Crippling Defects and Orthopaedics.

The following tables show the number of Clinics held, the number of cases and the conditions seen by Mr. Cholmeley, Orthopaedic Surgeon.

From the following table it will be seen that during the year 60 clinic sessions were held at which 701 children, including 221 under school age, made 1305 attendances.

Clinic	No. of Sessions	No. of Cases Seen			Total Attendances
		New	Old	Total	
Chichester..	24	121(48)	164(36)	285(84)	535(167)
Horsham ..	14	71(32)	97(28)	178(60)	323(122)
Lancing ..	10	44(25)	57(13)	101(38)	185 (74)
Worthing) Borough)	12	81(30)	56(17)	137(47)	262 (81)
TOTAL ..	60	317(135)	374(94)	701(229)	1305(444)

(Figures in brackets refer to children under school age, and are included in the total figures).

The following table shows the types of cases seen by the Orthopaedic Surgeon during the year. The numbers include children under school age—shown in brackets.

DIAGNOSIS	No. of		TOTAL
	Boys	Girls	
CONGENITAL DEFECTS:			
Club Foot	22(15)	6 (2)	28(17)
Dislocation of Hip	2 (1)	15 (4)	17 (5)
Spastic Paralysis	13 (4)	13 (4)	26 (8)
Spina Bifida	1(—)	7 (2)	8 (2)
Other Conditions	60(22)	61(30)	121(52)
BIRTH INJURIES:			
Torticollis	8 (3)	11 (5)	19 (8)
Other Conditions	2 (2)	4 (3)	6 (5)
RICKETY DEFORMITIES:			
Bow Legs	8 (8)	4 (3)	12(11)
Knock Knees	7 (7)	—	7 (7)
Other Conditions	3 (2)	1(—)	4 (2)
KNOCK KNEES (NON-RICKETY) ..	34(19)	31(22)	65(41)
POSTURAL DEFECTS OF THE SPINE	9 (1)	15(—)	24 (1)
STRUCTURAL CURVATURE OF THE SPINE	8 (3)	10(—)	18 (3)
FLAT FEET, ETC.	80(20)	90(22)	170(42)
INFANTILE PARALYSIS	27 (8)	39 (4)	66(12)
FRIEDREICH'S ATAXIA	1 (1)	1(—)	2 (1)
FRACTURES	2(—)	11 (1)	13 (1)
TUBERCULOUS JOINTS	2(—)	3 (2)	5 (2)
OTHER BONE DISEASES (NON-TUBERCULAR):			
Epiphysitis of the Spine	—	1(—)	1(—)
Perthe's Disease	5(—)	1 (1)	6 (1)
Schlatter's Disease	4(—)	2(—)	6(—)
Apophysitis of the Os Calcis, etc.	1(—)	—	1(—)
Osteochondritis	3 (2)	4(—)	7 (2)
OSTEOMYELITIS	6(—)	1(—)	7(—)
PSEUDO-HYPERTROPHIC MUSCULAR DYSTROPHY	5 (2)	1 (1)	6 (3)
OTHER CONDITIONS	21 (4)	29 (7)	50(11)
TOTAL	334(124)	361(113)	695(237)

Two cases were receiving inpatient treatment at the Royal National Orthopaedic Hospital, Stanmore, at the beginning of the year, 51 cases were admitted or re-admitted to the Royal National Orthopaedic Hospital, and 48 cases were discharged during the year, leaving three cases still receiving inpatient treatment at the end of the year.

In addition two children under school age were receiving inpatient treatment at the Royal National Orthopaedic Hospital at the beginning of the year, 19 cases were admitted or re-admitted and 18 were discharged during the year, leaving one case still receiving inpatient treatment at the end of the year.

During the year, special boots and appliances were supplied under our scheme, through the National Health Service to 211 cases, including 46 children under school age.

One hundred and seventy-seven cases were X-rayed during the year, including 31 children under school age.

The following table is a summary of the cases treated by the Physiotherapists who hold clinics at the various health centres and visit children in their homes, when necessary.

No. of Cases Treated			Total Attendances
Old	New	Total	
483(169)	642(187)	1125(356)	6318(1226)

(Figures in brackets refer to children under school age, and are included in the total figures).

Miss Maynard, the Physiotherapist for the East and North Eastern half of the County regularly visits Wedges Camp School for the purpose of supervising and giving instructions in exercises for any asthma cases at the school.

Scabies.

During the year 14 cases were treated. Of these, 3 were in the Borough of Worthing. In 1950, the figures were 15 and 3.

Child Guidance Service.

(a) National Conference.

In November, 1951 a conference was called by the National Association for Mental Health to discuss the follow-up of Child Guidance cases, and as to whether any uniform method should be employed in future by the Authorities, with a view to a comprehensive assessment of results being carried out. Delegates were drawn from the staffs of many local authorities, and Dr. James, the Psychiatrist at the Horsham Child Guidance Clinic spoke on the West Sussex experience in using the Pro Forma which had been devised by the National Association for Mental Health for the following up of cases attending the Child Guidance Clinics. I attended as an observer and found the conference very

interesting, particularly the evidence of the variety that existed in the staffing of the Clinics and in the nature and intensiveness of treatment given there. With regard to the results ^{of} such follow-up surveys as had already been carried out, it was reported that 358 cases showed no symptoms at the time of the enquiry, 225 showed slight symptoms, 106 showed no change and 16 showed deterioration.

It was obvious that the conference proved of value to those attending it and it was suggested that the follow-up should be continued for a period of years and should be accepted as a part of normal clinic practice; the evaluation of results following as a routine procedure. It was also suggested that the National Association for Mental Health should be asked to set up an *ad hoc* committee, to deal with the follow-up survey and the evaluation of results. This committee, if established, might be allowed to appoint a research group of those specially skilled or interested in research of this kind.

(b) *Child Guidance Clinics.*

During the year 326 cases were referred to the Child Guidance Clinics for investigation and 80 were awaiting investigation at the beginning of the year, having been referred in 1950.

Seventy-seven cases were withdrawn before investigation and 252 were fully investigated, leaving 77 awaiting investigation at the 31st December, 1951. Of the 252 fully investigated 212 were found to be maladjusted. A total of 166 cases were treated during the year.

The following table gives an analysis of the method of referral, results of investigation, numbers treated and results of treatment, etc.

CASES REFERRED FOR INVESTIGATION.

	Attending School	Not Attending School		Total
		Under 5	Over 5	
Referred through County and School Medical Officer ..	128	13	5	146
Referred by Courts and Probation Officers	21	—	10	31
Referred from other sources:—				
Parents and others ..	57	12	6	75
Hospitals	8	2	—	10
Social Agencies	4	1	3	8
Private Doctors	32	15	—	47
Private Schools	3	—	—	3
Residential Hostels & Schools	2	1	—	3
Other Child Guidance Clinics	2	—	1	3
Brought forward from previous year (awaiting investigation on January 1st)	69	9	2	80
TOTAL	326	53	27	406

CASES REFERRED FOR INVESTIGATION—*cont.*

	Attending School	Not Attending School		Total
		Under 5	Over 5	
RESULTS OF INVESTIGATION:				
Fully investigated during year and found to be:—				
Maladjusted	170	28	14	212
Ineducable	2	1	2	5
Educationally sub-normal ..	24	4	2	30
Normal	4	1	—	5
Awaiting investigation at December 31st	65	7	5	77
Withdrawn before investigation	61	12	4	77
TOTAL	326	53	27	406
NO TREATMENT RECOMMENDED (Diagnostic Cases)				
	73	10	10	93
CASES RECOMMENDED FOR TREATMENT:				
Under treatment on January 1st	74	9	1	84
Fully investigated 1950, but treatment not commenced until 1951	7	3	—	10
Recommended for treatment during year and treatment commenced	56	13	3	72
Recommended for treatment but treatment not commenced at December 31st	23	1	—	24
Treatment recommended but subsequently not required ..	2	1	—	3
Treatment recommended but not carried out for reasons unconnected with the Clinic	17	3	1	21
RESULTS OF TREATMENT:				
Treated during year and closed satisfactory	33	5	1	39
Treated but closed unsatisfactory	17	1	—	18
Closed inconclusive	36	9	—	45
Still under treatment at December 31st	51	10	3	64
TOTAL	137	25	4	166
RECOMMENDATIONS AS TO SPECIAL SCHOOLS AND HOSTELS:				
Maladjusted children recommended during year for:—				
Special Schools for Maladjusted	4	—	2	6
Boarding Schools	3	1	—	4
Boarding Homes	9	1	1	11
Foster Homes	—	—	—	—
ATTENDANCES AND VISITS:				
Total No. of clinic attendances made during year	4092	356	212	4660
Total No. of domiciliary visits made during year	431	30	6	467

Handicapped Pupils.

During the year 57 children were admitted to Residential Special Schools, as follows:—

Category	No.	Category	No.
Blind	—	Delicate	26
Partially Sighted ..	6	Physically Handicapped	4
Deaf	1	Maladjusted	17
Partially Deaf	—	Epileptic	3

The following table is from the Return Form 21M submitted to the Ministry of Education at the end of the year and shows the position in regard to handicapped pupils requiring education at special schools or boarding in Boarding Homes:—

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind		(3) Deaf		(5) Delicate		(7) Educa-		(9) Epi- leptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
In the calendar year ended 31st Dec., 1951:—										
A. Handicapped Pupils newly placed in Special Schools or Homes	—	6	1	—	26	4	—	17	3	57
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	—	4	4	1	27	4	46	16	2	104

Number of children reported during the year:

(a) under Section 57(3) (excluding any returned under (b))	..	19
(b) under Section 57(3) relying on Section 57(4)	.. .. .	—
(c) under Section 57(5)	.. .. .	22

of the Education Act, 1944.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL
SCHOOLS OR BOARDING IN BOARDING HOMES—*cont.*

	(1) Blind (2) Part- ially sighted		(3) Deaf (4) Part- ially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub- normal (8) Malad- justed		(9) Epi- leptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about Dec. 1st, 1951:—										
c. Number of Handi- capped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ..	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	9	11	15	2	13	10	8	4	4	76
(ii) boarded in Homes	—	—	—	—	—	1	—	15	—	16
(iii) attending independ- ent Schools under arrangements made by the Authority ..	—	—	7	1	—	2	3	10	—	23
TOTAL (c) ..	9	11	22	3	13	13	11	29	4	115
D. Number of Handi- capped Pupils being educated under arr- angements made under Section 56 of the Education Act, 1944—										
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere ..	—	—	1	—	—	6	—	—	—	7
E. Number of Handi- capped Pupils from the area requiring places in Special Schools (including any such unplaced chil- dren who are tempor- arily receiving home tuition)	1	3	6	3	7	5	243	10	1	279

Speech Therapy.

Speech Therapy Clinics are held at Bognor Regis, Chichester, Horsham, Lancing, Shoreham and Worthing for children suffering from speech defects. All cases referred to the Speech Clinics are first seen by the Speech Therapist, to decide any treatment necessary and the urgency of the case. The following Table shows the number of Clinics held, cases treated, etc., and the attendances at the various clinics. In view of the small numbers at the Lancing Clinic, arrangements were made for the children to attend a session at the Shoreham Clinic.

Clinic	No. of Sessions	No. of Children Treated			Total Attendances
		New	Old	Total	
Bognor Regis ..	79	8	7	15	234
Chichester ..	100	16	12	28	389
Horsham ..	86	15	7	22	282
Shoreham ..	80	12	4	16	259
Worthing ..	82	18(3)	22	40(3)	344(3)
TOTAL ..	427	69(3)	52	121(3)	1508(3)

(Figures in brackets refer to children under school age and are included in the totals).

In addition to her regular Clinics the Speech Therapist also held a session at Littlehampton and two at Midhurst for the preliminary interviews.

The Speech Therapist reports that:—

“Children attend weekly for treatment, and, in some cases, at 2—4 weekly intervals as they improve.

The period of treatment depends upon the defect, but is usually at least 6—12 months.

The time allotted for each treatment again depends upon the defect, but is never less than 30 minutes.

There is no group treatment as a rule, but occasionally two or three children with the same defect may be treated together, where it is thought that this may be of benefit.

At the conclusion of treatment, children attend in 6—12 months for a follow-up examination and either final discharge, or re-admission, where a further period of treatment is necessary. (*e.g.*: Cleft Palate cases who require periods of treatment over several years).

All children must be accompanied by a parent, preferably the mother, for the first interview.

Teachers are also invited to attend but are seldom able to do so, and, owing to the time and distance usually involved, school visiting is possible only for special cases.

However, Head Teachers are requested to give a report on each child at the commencement of treatment, and at regular intervals reports are exchanged between school and clinic concerning these children, and those under observation (*see below*).

Progress and practice can be discussed at each attendance in the case of young children accompanied by their mothers.

With older children, the parents are requested to come to the clinic at regular intervals for a talk with the Speech Therapist, or where necessary, the homes are visited.

No treatment is given during the school holidays.

This time is used for interviewing parents and new cases, for follow-up examinations, for seeing those children who do not receive regular treatment but who attend occasionally for observation only, and for home visiting.”

The following table shows the types of cases attending at the various Clinics:

On Register 1.1.51.

	Bognor	Chichester	Horsham	Shoreham	TOTAL
Cleft Palate	1	—	2	—	3
Dyslalia	3	9	5	2	19
Stammering	4	4	2	6	16
Deaf	—	—	1	—	1
Spastic	—	—	1	—	1
TOTAL	8	13	11	8	40
<i>Admitted:</i>					
Cleft Palate	1	—	2	—	3
Dyslalia	6	10	6	7	29
Stammering	4	4	2	3	13
Spastic	—	1	—	—	1
TOTAL	11	15	10	10	46
<i>Discharged:</i>					
(1) Defect corrected: not to attend for follow-up—					
Dyslalia	2	5	1	6	14
(2) Defect corrected: to attend for follow-up—					
Cleft Palate	—	—	1	—	1
Dyslalia	4	7	3	1	15
Stammering	1	3	1	8	13
TOTAL	7	15	6	15	43

In addition to the above there were 52 children whose regular attendances at the clinics were unnecessary or inadvisable, *e.g.* very young stammerers. An occasional visit and contact with parents and school, however, were carried out.

In addition to the forty-three mentioned above as discharged, one child was admitted to The Heritage Craft Schools, Chailey, and two children left school before treatment was completed. Seven who had had treatment in 1950 attended for final discharge. Seven did not attend for follow-up. Ten attended for interview only, neither

treatment nor observation being considered necessary. Twenty-two did not attend for interview, though offered several appointments, and eight were discharged because of poor attendances and progress.

Mass Radiography.

I mentioned in my report for 1950 the fact that the Mass Radiography Unit from Portsmouth had visited Horsham in October, 1950. As a result of the examination no case of pulmonary tuberculosis was discovered amongst children attending the county schools. In August, 1951, a girl aged 13 years attending one of our schools was diagnosed as suffering from pulmonary tuberculosis. Subsequently, arrangements were made in November, 1951, for a chest survey to be carried out of the pupils attending this school. This was preceded by a weeding-out of those children who had not been infected at any time with tuberculosis as shown by the results of the skin test. Only those whose reaction was positive were X-rayed by the Mass Radiography Unit. Consents were obtained from the parents of 546 pupils out of 570 for their children to have the skin test. Two hundred and seventy had a positive reaction and were X-rayed. No obvious case of active tuberculosis was found in any of them, though it was suggested that four girls should be referred to the Chest Physician for observation. This can be accounted a very satisfactory result of co-operation between the Hospital Board's Services and the School Health Service, with the local Medical Officer of Health acting as Liaison Officer as well as Assistant School Medical Officer.

In March, 1951 the Mass Radiography Unit from Portsmouth visited Chichester and arrangements were made to offer its facilities to all children aged 14 and over from the schools in the area. It was estimated that approximately 95 per cent of the parents of the pupils accepted the offer and had their children X-rayed. In addition teachers were enabled to attend as private individuals and special sessions were arranged for them where necessary. No active case of tuberculosis was discovered, but a few cases were referred to the Chest Physician.

Nutrition Cases.

Nutrition Clinics continue to be held periodically at the Health Centres in the County. In addition the Medical Officers at each visit to the country schools, review all cases classified as of sub-normal nutrition. During 1951 a total of 1,879 individual children were examined, the attendances totalling 4,109. This compares with 3,357 making 7,712 attendances in 1950.

Midday Meals in Schools.

By the end of 1951, there were in operation in the County, three Central Kitchens and 119 School Canteens. Only one school is now without a school meals service.

Children and Young Persons Act, 1933.

213 cases were examined during the year, the majority being dealt with under Section 35 which requires a medical report in all cases to

be brought before the Juvenile Court. In addition 19 children were examined under Section 52 in connection with their appearances in public entertainments.

Wedges Camp School, Itchingfield.

By arrangement with the National Camps Corporation, the County Council in 1946, established a Camp School at Wedges Farm, Itchingfield, for children who needed "building up" in health. The Camp School is and has been of great benefit to the children. All recommendations are made on medical grounds and on admission children are examined by an Assistant School Medical Officer and about one month prior to end of term the children are all again examined. Recommendations for a further term being made at this inspection. Parents ask for permission for their children to attend for a second or third term but these are only agreed when recommended by the medical officers.

During the year 871 cases of minor ailments were treated by the Resident Nurse, the majority being cases of minor injuries, sores, etc. 74 cases were admitted to the sick ward during the year.

Provision of Milk for School Children.

One-third pint of milk under the Milk in Schools Scheme is provided free of charge to all pupils attending school. As mentioned in previous reports efforts continue to be made to supply Tuberculin Tested or Pasteurised Milk to every school and to obtain the milk in third-pint bottles. At the end of 1951, 192 out of 199 schools were being supplied with Tuberculin Tested or Pasteurised milk. No schools were without a milk supply.

School Nurses.

The arrangements remain the same as in previous years. The School Nurses attend and assist at Routine Medical Inspections, Clinics and Diphtheria Immunisation sessions, in addition to following up children at home and making special visits to schools.

Infestation by Lice.

On referring to Table III (*page 23*) it will be seen that a total of 89,265 examinations in schools were made by the School Nurses. Of the total number of individual children inspected 568 had nits or vermin in their hair. The figures for 1950 were 86,067 and 777 and for 1949, 84,709 and 912 respectively. It will be noted that there has been a gradual decrease in the number of children found to be infested in any way.

Physical Education.

The report for the year 1951 of the Organisers of Physical Education is appended.

Dental.

Table V (*page 27*) gives particulars of the work of the School Dentists and I am indebted to Mr. H. D. Hall, the Senior School Dentist for the following report on the School Dental Service:—

"The year 1951 was notable inasmuch as the dental staff

situation brightened up extraordinarily after a long period of difficulty. The "excepted area" of Worthing was without any dental officer after the departure of Miss Levy in July, 1950 until September, 1951. During this period members of the County Staff kept the Worthing Clinic open for three days a week and so prevented a complete collapse. This meant "spreading the butter" a little more thinly over the County area, but it was managed. In September, 1951 Mr. Urbani was appointed full-time to Worthing and Mr. Winbolt-Lewis appointed on a part-time basis of two days a week. Both are very experienced school dentists. In the Chichester area Mr. Currie resigned in February. Mr. Price was appointed to succeed him in September. During the intervening time other County Officers kept the Chichester Clinic manned and the scheme working adequately. With these appointments our dental staff has now reached its full establishment, a state of affairs which no other county in the South of England enjoys. In only one place, Worthing, are there arrears of work to be overtaken. In all other areas the intervals between inspections are approximately twelve months and the scope of the treatment provided has been extended to include full conservation of the temporary teeth, which in times of stress had had to be reduced or suspended.

Since the beginning of the General Dental Service under the National Health Act there has been an increase in the number of school children who obtain treatment from private practitioners. This is still free of charge since the new regulations were introduced, and since adults were made the subject of a charge of the first £1 for treatment the private dentists have had more time which they were willing to devote to children. Nevertheless the demand for treatment at our clinics does not fall. The vast majority of parents still adhere to the school clinic as the place of their choice for the dental treatment of their children, and this is encouraging to the staff. Our consent rate does not fall and we are all fully occupied in coping with the demand. All this means that the standard of dental health among the children in this county is being raised to a high level. This happy state of affairs does not obtain everywhere, particularly in the heavy populated areas in the Midlands and the North. It does show, however, that the place of the School Dental Service in the scheme of things is impossible to fill by other means, if all the teeth of the children are to be maintained in a healthy state.

It is a matter for great satisfaction that throughout the years of difficulty of the war and the post-war era, our school dental service in West Sussex has never broken down. It has had a tough time and been forced to reduce its scope, but its essentials have never been withdrawn in any part of the County. With a full staff we look forward to consolidating what we have managed to hold."

TABLE I — 1951.

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

1st January, 1951 to 31st December, 1951.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—			
Entrants	..	..	4845
Second Age Group	..	..	2721
Third Age Group	..	..	2625
		TOTAL	10191
Number of other Periodic Inspections			2825
GRAND TOTAL			13016

(b) OTHER INSPECTIONS.

Number of Special Inspections	..	..	4270
Number of Re-Inspections	..	..	16907
		TOTAL	21177

(c) PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at
Periodical Medical Inspections to require
treatment (excluding Dental Diseases and
Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	50	444	464
Second Age Group ..	174	171	320
Third Age Group ..	185	129	303
Total (Prescribed Groups)	409	744	1087
Other Periodic Inspections ..	134	146	277
GRAND TOTAL ..	543	890	1364

TABLE II

(a) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1951.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under ob- servation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under ob- servation but not requiring treatment (5)
4	Skin	45	103	112	67
5	Eyes: <i>a.</i> Vision	543	512	245	51
	<i>b.</i> Squint	75	115	26	12
	<i>c.</i> Other	31	37	81	11
6	Ears: <i>a.</i> Hearing	7	64	39	17
	<i>b.</i> Otitis Media ..	13	46	47	21
	<i>c.</i> Other	32	45	55	43
7	Nose or Throat	240	986	154	122
8	Speech	29	154	66	11
9	Cervical Glands ..	1	642	27	74
10	Heart and Circulation	12	129	19	6
11	Lungs	20	220	45	40
12	Developmental:				
	<i>a.</i> Hernia	7	21	1	1
	<i>b.</i> Other	4	99	13	8
13	Orthopaedic:				
	<i>a.</i> Posture	41	167	32	25
	<i>b.</i> Flat Foot	61	224	39	44
	<i>c.</i> Other	112	358	106	36
14	Nervous System:				
	<i>a.</i> Epilepsy	3	11	2	4
	<i>b.</i> Other	—	14	23	25
15	Psychological:				
	<i>a.</i> Development ..	8	75	14	10
	<i>b.</i> Stability	9	99	31	8
16	Other	138	118	377	116

(b) **CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	No. of pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4845	1804	37.24	2884	59.52	151	3.24
Second Age Group	2721	867	31.86	1782	65.50	72	2.65
Third Age Group	2625	968	36.87	1586	60.42	71	2.71
Other Periodic Inspections ..	2825	959	33.95	1745	61.78	121	4.26
TOTAL ..	13016	4598	35.33	7997	61.42	421	3.24

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons ..	89265
(ii)	Total number of individual children examined ..	Not known
(iii)	Total number of <i>individual</i> children found to be infested	568
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	3
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, *i.e.* whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group 1. Diseases of the Skin (excluding uncleanliness for which see Table III).

	Number of Cases Treated or under Treatment during the year	
	By the Authority	Otherwise
Ringworm: (1) Scalp	—	—
(2) Body	13	—
Scabies	12	2
Impetigo	51	2
Other Skin Diseases	454	28
TOTAL	530	32

Group 2. Eye Diseases, Defective Vision and Squint.

	Number of Cases Dealt With	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	303	22
Errors of refraction (including squint) ..	719	1835
TOTAL	1022	1857
Number of pupils for whom spectacles were:—		
(a) Prescribed	464	1164
(b) Obtained	434	1087

Group 3. Diseases and Defects of Ear, Nose and Throat.

	Number of Cases Treated	
	By the Authority	Otherwise
Received Operative Treatment:—		
(a) For diseases of the ear	—	1
(b) For adenoids and chronic tonsillitis ..	—	269
(c) For other nose and throat conditions ..	—	6
Received other forms of Treatment	186	54
TOTAL	186	330

Group 4. Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospital ..	51*	
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> in clinics or out-patient departments	769	11

*Includes twelve cases re-admitted during the year.

Group 5. Child Guidance Treatment.

	Number of Cases Treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	166	—

Group 6. Speech Therapy.

	Number of Cases Treated	
	By the Authority	Otherwise
Number of Pupils treated by Speech Therapists	118	1

Group 7. Other Treatment Given.

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	1526	32
(b) Other		
1. Orthoptic	32	259
2. Displacement Treatment for chronic nasal catarrhal conditions ..	39	—
TOTAL	1597	291

TABLE V.
DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic age groups	..	..	..	..	29094
(b) Specials	..	..	..	..	1923
TOTAL (1)				..	31017
<hr/>					
(2) Number found to require treatment	..	..	..	..	15421
(3) Number referred for treatment	..	..	..	..	15421
(4) Number actually treated	..	..	..	..	11339
(5) Attendances made by pupils for treatment	..	..	..	..	20702
(6) Half-days devoted to:	Inspection	..	..	..	284
	Treatment	..	..	..	2974
TOTAL (6)				..	3258
<hr/>					
(7) Fillings: Permanent Teeth	..	..	..	..	13468
Temporary Teeth	..	..	..	..	1839
TOTAL (7)				..	15307
<hr/>					
(8) Number of teeth filled:	Permanent Teeth	..	..	..	11803
	Temporary Teeth	..	..	..	1723
TOTAL (8)				..	13526
<hr/>					
(9) Extractions:	Permanent Teeth	..	..	..	1198
	Temporary Teeth	..	..	..	9539
TOTAL (9)				..	10737
<hr/>					
(10) Administration of general anaesthetics for extraction	..	..	..	..	664
(11) Other operations:	Permanent Teeth	..	..	..	2984
	Temporary Teeth	..	..	..	870
TOTAL (11)				..	3854
<hr/>					

Organisation of Physical Education, 1951

REPORT BY THE ORGANISERS OF PHYSICAL EDUCATION.

Training Course.

The Organisers of Physical Education have been anxious during this year to complete the plan giving teachers of all the age groups an opportunity to study modern trends of teaching in Physical Education. Training courses were therefore arranged for Teachers of Infants and held in four centres at which teachers attended on one afternoon each week for six weeks.

Other courses arranged during the year were:—

ATHLETICS, in conjunction with the Amateur Athletic Association, primarily for teachers in Full Range Schools. A two-day mid-week course.

BOXING, in conjunction with the S.A.B.A., to qualify teachers as referees, judges and instructors. A week-end course.

FOOTBALL, in conjunction with the F.A., to enable teachers to qualify as coaches. A series of six two-day sessions held in three centres of the County.

NETBALL, umpiring and coaching, arranged by the Sussex County Netball Association. Half-day courses.

CRICKET. Twelve selected teachers attended a three-day course for coaches arranged by the Sussex County Cricket Club at the Hove County ground.

Future Courses.

Plans were made for further courses in:—

Physical Education, in the form of Lecture Demonstrations.

Music and Movement and Dancing.

Cricket.

Netball.

Athletics.

PROVISION OF EQUIPMENT.

Agility Apparatus.

Money included in the estimates for the year made it possible to provide apparatus in six Primary Schools and this took the form of climbing frames, or frames to take climbing ropes, rope ladders, trapeze and/or scramble nets. A number of schools, realising the value of the apparatus, raised money to buy their own or to supplement that provided by the Authority.

All new Primary Schools opened during the year have been provided with agility apparatus.

Gymnastic Equipment.

With the adaptation to a gymnasium of the hall at Lancing County Secondary School, the plan to convert easily school halls suitable for the purpose to gymnasia was completed.

In two Secondary Schools where the halls are not suitable for conversion, a scheme to provide out-door tubular steel apparatus failed owing to the cost. The Organisers consider that there is scope for experiment in this field, particularly where there is a mixed school and only one gymnasium is provided.

Games Equipment.

Full Range Primary Schools.

The need was recognised for help with major games equipment in these schools and money was provided in the estimates so that opportunity could be given to children of secondary age in the Full Range Schools to start tennis, hockey, etc.

Secondary Schools.

The supply of equipment to these schools took the form of hockey sticks and tennis equipment with the emphasis on developing tennis.

Some of the boys' schools were provided with matting to cover cinder wickets which they had constructed themselves.

Playing Fields.

Although the upkeep and preparation of playing fields, particularly of cricket wickets, is still a cause of concern to the Organisers, they have been most grateful for the co-operation of the Adviser on School Playing Fields, appointed in January, 1951.

Swimming.

The shortage of swimming facilities within the county is unfortunate, there being only two baths within the County area, available to the Authority's schools. Two of the Boys' Secondary Schools on the coast were able to obtain swimming instruction although this involved considerable travelling to baths outside the County.

West Sussex Girls' and Boys' Sports Association.

Both Associations had another successful year.

The girls extended their activities to include a Hockey Rally.

As this was Festival of Britain year, a special effort was made over the Festival of Dancing and in conjunction with the High School for Girls, Chichester, a most colourful and enjoyable evening was held, English Folk and Maypole Dances being followed by National Dances in costume.

The Boys' Association completed a successful programme in Boxing, Football, Cricket and Swimming.

The combined representative Athletics Team distinguished itself at the Schools County Athletic Meeting by coming top in all three sections, and members were chosen to represent the County at Southampton.

The Teachers in all schools connected with these Associations have reason to be pleased with the success of these out-of-school activities for which they were responsible.

Physical Education in Youth Service.

There was the usual interest in football, netball, stoolball, cricket and athletics and an added interest in boxing, details of which are given below.

Boxing.

A Boxing Advisory Committee set up by the County Youth Committee organised a number of Novices Tournaments throughout the boxing season. No attempt was made to run open tournaments either on a regional or county level since it was felt that the various clubs and organisations interested in boxing cover this field adequately and rely to a very great extent on such events for their income. The Novices Tournaments are intended to supplement the training that boys get in their own clubs and to give them wider experience in competitive boxing before entering an open tournament. The officials and judges are recruited from the ranks of the Southern Counties Amateur Boxing Association to which the Advisory Boxing Committee is affiliated.

In practice, this scheme is working out extremely well. It enables the Committee to watch the progress of each boy throughout his junior boxing career and by working closely with the schools, the clubs, and the Amateur Boxing Association, to prevent exploitation or overworking of an individual. Throughout the season some 5 or 6 Tournaments were organised and at each Tournament between 12 and 15 bouts were arranged. It is hoped at some future date to arrange a course for trainers, judges and referees. This course will be organised by the Boxing Advisory Committee under the direction of the Southern Counties Amateur Boxing Association.

Representation on County Committees.

The County Organisers maintained links with various County Sports bodies by serving on the Committees of the following:—

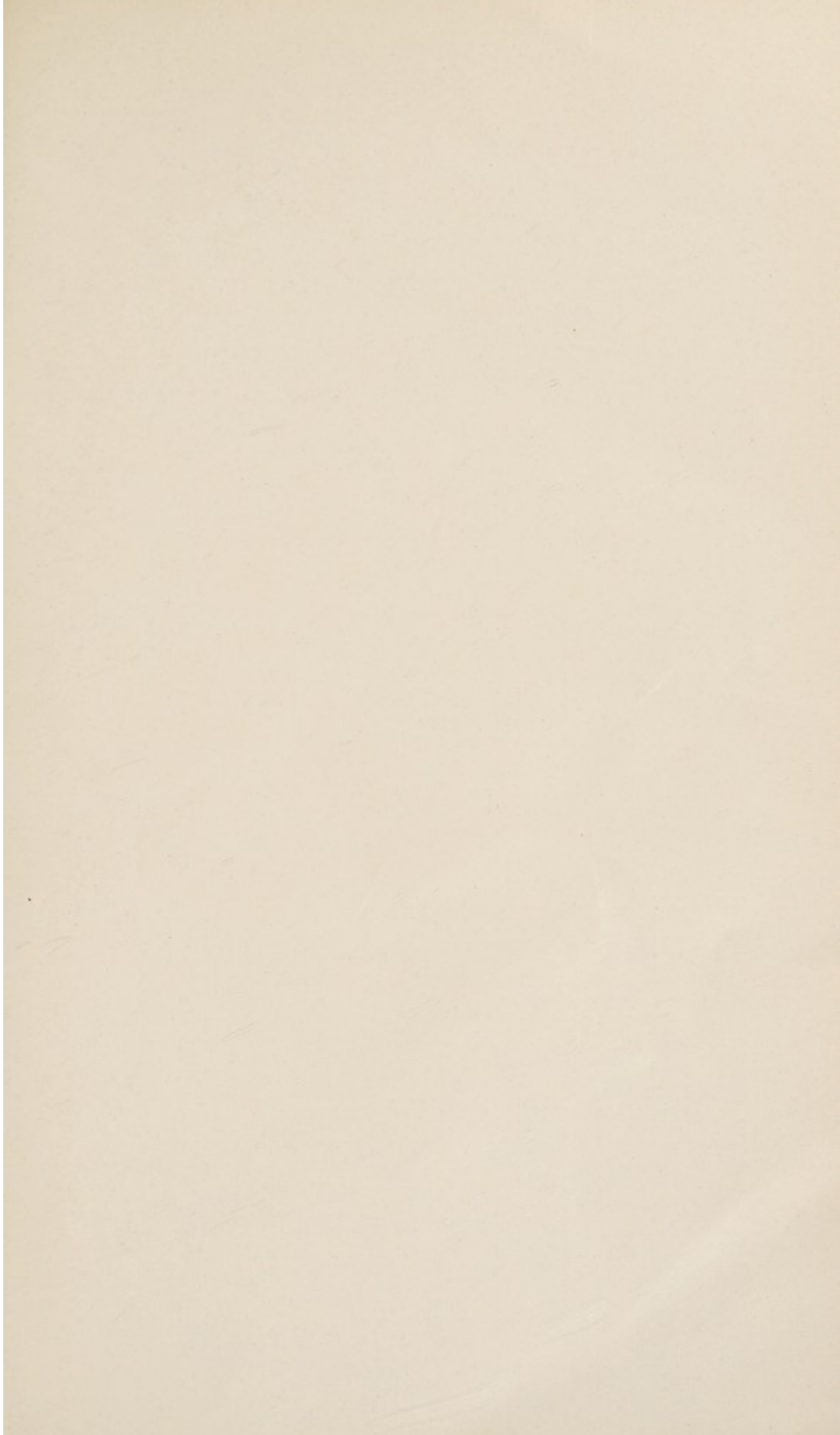
Sussex Playing Fields Association,
Sussex Amateur Athletic Association,
Sussex Women's Amateur Athletic Association,
Sussex Schools Amateur Boxing Association,
Sussex County Cricket Club,
Sussex Youth Cricket Council,
Sussex County Netball Association,
Sussex Branch English Folk Dance and Song Society.

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2 Goldstone Street, Hove 3.

