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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

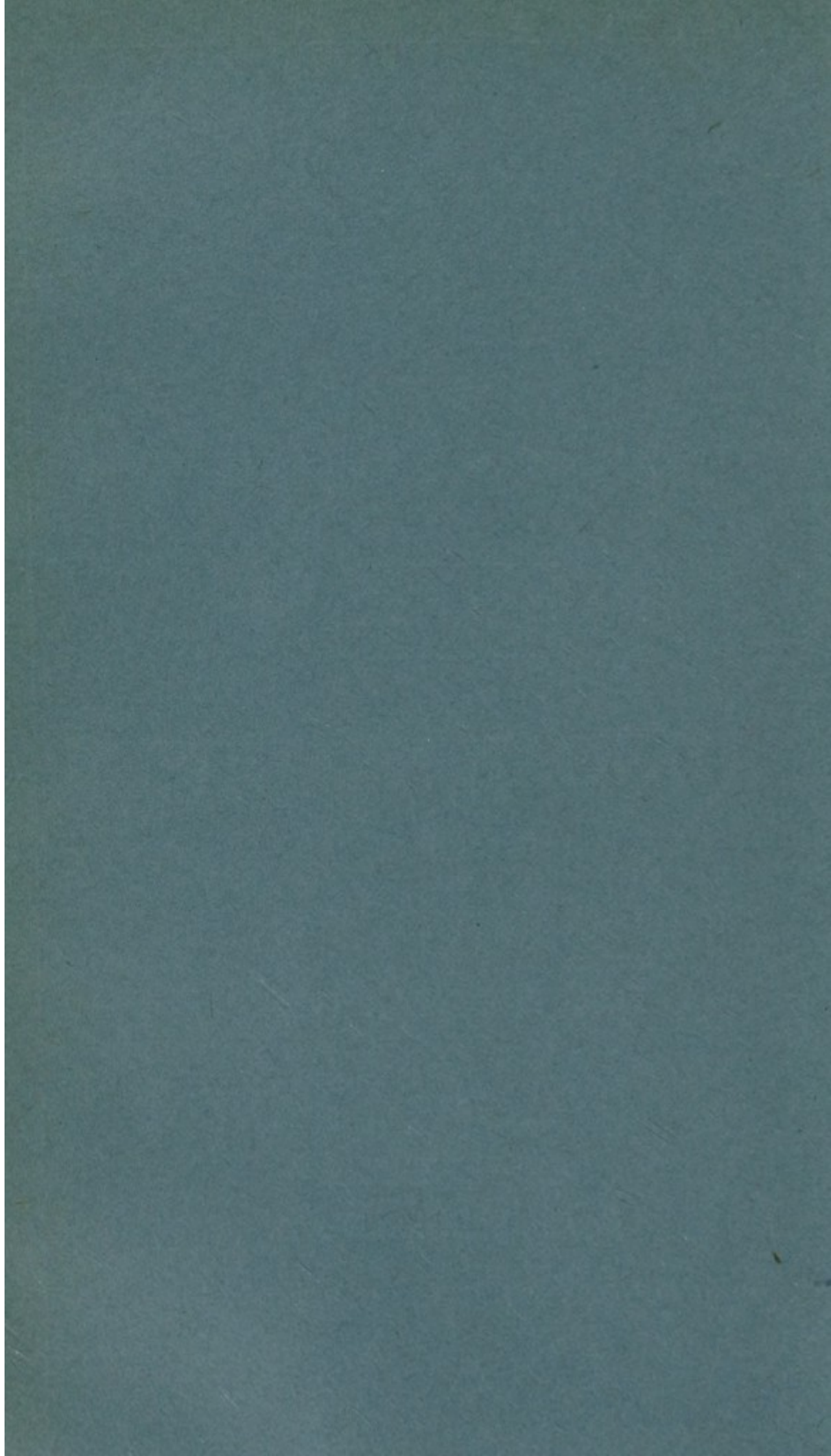
FOR THE YEAR 1948

BY

W. ALCOCK

M.B., Ch.B., B.Hy., D.P.H.

SCHOOL MEDICAL OFFICER





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Contents

Staff	5
Introduction	6
Staff Changes	8
Medical Inspection	8
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition	9
(b) Nose and Throat defects	10
(c) Ear defects	10
(d) Eye and Visual Defects	11
(e) Dental Report (Mr. Statham)	12
(f) Orthopaedic defects	14
(g) Diseases of the Skin	15
(h) Speech defects	15
(i) Infestation with vermin	16
Handicapped Pupils	17
Infectious Diseases	17
Tuberculosis	18
Deaths of children of school age	18
Minor Ailments Clinic	18
Transitionally-Assisted Schools	18
Nursery Schools	19
Employment of School Children	19
School Meals Service and Free Milk Scheme	19
Report on Physical Education	19
Report of Children's Care Committee	22
Acknowledgements	24

STATISTICAL TABLES

Children on Roll—

Maintained Schools.

Table 1.—Medical Inspection	25
Table 2a.—Defects found by Medical Inspection	26
Table 2b.—General condition	27
Table 3.—Treatment	27
Table 4.—Dental Inspection and Treatment	29
Table 5.—Infestation with vermin	29

Transitionally-Assisted Schools.

Medical Inspection	30
Defective Vision	31
Defects found by Medical Inspection	32

Contents

2	Introduction
3	Changes
3	Medical Inspection
3	Things of the Medical Inspection and Treatment of Defects
4	(a) General condition
10	(b) Nose and Throat defects
10	(c) Ear defects
11	(d) Eye and Vision Defects
12	(e) Dental Report (Mr. Statham)
14	(f) Orthopaedic defects
15	(g) Diseases of the Skin
15	(h) Speech defects
16	(i) Intestation with worms
17	Deformed Pupils
17	Other Defects
17	Summary
18	As of children of school age
18	At Alameda Clinic
18	At Alameda-School
18	At School
19	Payment of School Children
19	of Alameda-School and Free Public Schools
19	on Physical Education
19	of Children's Care Committee
20	Conclusions

STATISTICAL TABLES

22	Children on Roll—
22	Alameda-School
22	Table 1.—Medical Inspection
23	Table 2.—Defects found by Medical Inspection
23	Table 3.—General condition
23	Table 4.—Treatment
23	Table 5.—Medical Inspection and Treatment
23	Table 6.—Intestation with worms
23	Table 7.—Alameda-School
23	Table 8.—Alameda-School
23	Table 9.—Alameda-School
23	Table 10.—Alameda-School
23	Table 11.—Alameda-School
23	Table 12.—Alameda-School
23	Table 13.—Alameda-School
23	Table 14.—Alameda-School
23	Table 15.—Alameda-School
23	Table 16.—Alameda-School
23	Table 17.—Alameda-School
23	Table 18.—Alameda-School
23	Table 19.—Alameda-School
23	Table 20.—Alameda-School
23	Table 21.—Alameda-School
23	Table 22.—Alameda-School
23	Table 23.—Alameda-School
23	Table 24.—Alameda-School
23	Table 25.—Alameda-School
23	Table 26.—Alameda-School
23	Table 27.—Alameda-School
23	Table 28.—Alameda-School
23	Table 29.—Alameda-School
23	Table 30.—Alameda-School
23	Table 31.—Alameda-School
23	Table 32.—Alameda-School
23	Table 33.—Alameda-School
23	Table 34.—Alameda-School
23	Table 35.—Alameda-School
23	Table 36.—Alameda-School
23	Table 37.—Alameda-School
23	Table 38.—Alameda-School
23	Table 39.—Alameda-School
23	Table 40.—Alameda-School
23	Table 41.—Alameda-School
23	Table 42.—Alameda-School
23	Table 43.—Alameda-School
23	Table 44.—Alameda-School
23	Table 45.—Alameda-School
23	Table 46.—Alameda-School
23	Table 47.—Alameda-School
23	Table 48.—Alameda-School
23	Table 49.—Alameda-School
23	Table 50.—Alameda-School
23	Table 51.—Alameda-School
23	Table 52.—Alameda-School
23	Table 53.—Alameda-School
23	Table 54.—Alameda-School
23	Table 55.—Alameda-School
23	Table 56.—Alameda-School
23	Table 57.—Alameda-School
23	Table 58.—Alameda-School
23	Table 59.—Alameda-School
23	Table 60.—Alameda-School
23	Table 61.—Alameda-School
23	Table 62.—Alameda-School
23	Table 63.—Alameda-School
23	Table 64.—Alameda-School
23	Table 65.—Alameda-School
23	Table 66.—Alameda-School
23	Table 67.—Alameda-School
23	Table 68.—Alameda-School
23	Table 69.—Alameda-School
23	Table 70.—Alameda-School
23	Table 71.—Alameda-School
23	Table 72.—Alameda-School
23	Table 73.—Alameda-School
23	Table 74.—Alameda-School
23	Table 75.—Alameda-School
23	Table 76.—Alameda-School
23	Table 77.—Alameda-School
23	Table 78.—Alameda-School
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23	Table 80.—Alameda-School
23	Table 81.—Alameda-School
23	Table 82.—Alameda-School
23	Table 83.—Alameda-School
23	Table 84.—Alameda-School
23	Table 85.—Alameda-School
23	Table 86.—Alameda-School
23	Table 87.—Alameda-School
23	Table 88.—Alameda-School
23	Table 89.—Alameda-School
23	Table 90.—Alameda-School
23	Table 91.—Alameda-School
23	Table 92.—Alameda-School
23	Table 93.—Alameda-School
23	Table 94.—Alameda-School
23	Table 95.—Alameda-School
23	Table 96.—Alameda-School
23	Table 97.—Alameda-School
23	Table 98.—Alameda-School
23	Table 99.—Alameda-School
23	Table 100.—Alameda-School

Staff of the School Health Service

School Medical Officer :

WILLIAM ALCOCK, M.B., Ch.B., B.Hy., D.P.H.

Assistant School Medical Officers :

LESLIE A. McDOWELL, M.B., B.Ch., D.P.H.

E. ANNE PERROTT, M.B., B.S., D.P.H.

School Ophthalmologist (part-time) :

EDWIN R. JAGGER, M.R.C.S., L.R.C.P., D.O.M.S.

School Dental Officer :

J. E. W. STATHAM, L.D.S.

Dental Attendant :

MRS. N. E. WOOLLEY

Cleansing Attendant (part-time) :

MRS. A. WYATT

Clerks :

MRS. G. H. WATSON

MISS M. WYATT (temporary)

(left 7th February, 1948)

MISS M. BANNISTER

(commenced 5th April, 1948)

Consultant Orthopaedic Surgeon :

MR. R. BEWICK, M.B., F.R.C.S.

Consultant Aural Surgeon :

MR. R. L. FLETT, M.D., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P.

Consultant Paediatrician :

DR. D. V. HUBBLE, M.D., B.S., M.R.C.S., L.R.C.P.

School Nurses :

MISS M. MOORE, S.R.N., S.C.M.

MISS M. E. COLEMAN, S.R.N., S.C.M. (temporary)

Medical Gymnast :

MISS B. DORMER

Annual Report of the School Medical Officer

For the Year 1948

To the Chairman and Members of the Education Committee.

I have much pleasure in presenting the Report of the School Health Service for 1948.

The year has seen the introduction of the National Health Service. Its final effect on the School Health Service has yet to be seen and it is to be hoped that with the complete integration of the two services, the health and well-being of the school child will be enhanced.

I regret to have to report that Mr. Jagger, School Ophthalmologist, found it impossible to continue the Eye Clinic for School Children, which has been in existence for many years. Although every child can, through the National Health Service, obtain the advice of an Ophthalmologist, there is a long waiting period, and more important, there is no longer the close liaison between the Ophthalmic Surgeon and the School Medical Officers. I hope that it will be found possible to re-establish this clinic when the plans of the Regional Hospital Board for an Ophthalmic Service have been finally crystallized.

In last year's Report, I commented on the lack of facilities for Educationally Subnormal Children. After full discussion with the Director of Education, it has been recommended that special classes be started during 1949, at Waterside, Wetmore Road and Grange Street Schools. These classes will take Educationally Subnormal Children of the age range 7—10 years. A beginning has been made, and I am hopeful that it will be possible to tackle this problem more thoroughly as staff and buildings become more readily available.

I believe that a new era lies in front of the School Health Service. The aim of the service must be the prevention of defects rather than their detection and treatment. There is great scope here for health education amongst pupils. We tend to forget sometimes that the pupils of today will be the parents and citizens of tomorrow. Until

there are more houses and less overcrowding, and until the schools themselves are roomier, brighter, cleaner and built in more open surroundings, progress in this sphere must necessarily be slow.

I wish to thank the Committee for their consideration and support, the staff of the School Health Service for their loyalty and service during the year, and to acknowledge the assistance of Dr. McDowell who has been responsible for the preparation of this Report.

W. ALCOCK,

School Medical Officer.

1. Staff Changes. There were no changes in the full time Medical, Dental or Nursing Staffs during 1948. Dr. Jagger resigned his post as part time School Ophthalmologist, on the 21st September. Miss Dormer, Medical Gymnast, was appointed as teacher on a full time basis, as from the 1st August, and so left the School Health Service.

Miss M. Bannister took the place of Miss M. Wyatt (resigned) as temporary clerk in the School Clinic.

2. Medical Inspection. Medical Inspections, 1948, saw the revised Medical Inspection Scheme firmly established. It may be of interest to give a description of this scheme. All pupils at maintained schools are medically inspected three times in their school life. These times are determined by Regulations and are—

1. On first admission to a maintained school.
2. During his last year of attendance at a maintained Primary School.
3. During his last year of attendance at a maintained Secondary School.

The pupil is therefore examined between the ages of 5 to 6, 10 to 11 and 14 to 15. As there is a long gap between these inspections it was decided to establish a routine inspection by the School Nurses of all children in their eighth and twelfth years. At these inspections the children are weighed and their visual acuity determined. Any loss of weight or impaired vision is reported to the Assistant School Medical Officers, who then see the child and take such action as may be necessary.

In addition to these statutory "Periodic" inspections, the Assistant School Medical Officers visit every School each term to re-inspect children referred from previous inspections. It is open to any teacher or parent to bring forward a child for examination during any of these re-inspection sessions. The parent also may consult one of the Medical Officers at the School Clinic any morning between 9 a.m. and 10 a.m., or at another time by appointment. It will be clear therefore, that both parent and teacher have ample opportunities for bringing the child to the Medical Officer for examination.

It was decided that it would be in the best interests of the child if the rate of medical inspection could be slowed up. Accordingly, during the routine inspection of entrants, teachers were asked to call forward children and their parents at the rate of 8 children per hour (instead of 12 per hour as formerly). The extra time gave the Medical Officer a better opportunity of winning the child's confidence and of being able to devote more time to discussing any problems with the parent.

Once again, the co-operation and assistance of the teachers at the inspections have been of great value to the Medical Officers.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** As pointed out in last year's Report, the Ministry of Education revised the classification of categories of general condition.

- "A—good" is the old "A—excellent."
- "B—fair" is the old "B—normal."
- "C—poor" is a combination of the old "C—slightly sub-normal" and "D—bad."

Except in the case of entrants, it is not possible to give comparisons with other years, as the second and third age groups now refer to different ages.

The following tables show how the general condition of entrants during 1948 compares with the assessment of nutrition of entrants as recorded in previous years.

Entrants			A—good	B—fair	C—poor
1948	..	..	19.8	71.1	9.1
1946	..	..	16.1	65.9	17.9
1945	..	..	20.5	66.7	12.7
1944	..	..	21.8	66.2	11.9
1943	..	..	17.0	65.7	10.3
1942	..	..	20.3	70.8	8.9
1941	..	..	14.3	79.0	6.7
1940	..	..	11.3	85.1	3.6

(b) **Nose and Throat Defects.** Medical Inspection revealed 253 defects of the Nose and Throat. As usual the great majority were enlarged tonsils and adenoids.

As mentioned in last years report, Mr. R. L. Flett, F.R.C.S., attended the School Clinic to see children referred by the Medical Officers. Of the 74 children examined by Mr. Flett, 28 were accepted for removal of tonsils and adenoids, 1 for tonsils only, and 5 for adenoids only. 137 children had their tonsils and/or adenoids removed at Burton Infirmary during 1948. This number only slightly reduces the waiting list which at the 31st December was 108.

(c) **Ear Defects.** There has been a decrease in the number of cases of otorrhoea and otitis media found among school children during the year. These cases are treated at the Minor Ailments Clinic, and the more resistant to treatment are referred to Mr. Flett at the Burton Infirmary for advice.

The table below shows the number of examinations and treatments carried out during the year.

Number of ear examinations (excluding otoscopy at
the Medical Inspection) 183

1. Minor conditions :—

Wax impaction	13
Defective hearing	1
Furunculosis	—
Catarrh of middle ear	—
Otalgia	7
	—
	21
	—

2. Otorrhoea. Result of Treatment :—

Ears dry	2
Improved	1
To Infirmary	3
As before	2
Ceased attending	5
	—
	13
	—

Deafness. Two children were resident in the Royal Institute for the Deaf at Derby during part of the year. One of these children was discharged in March, and has since been able to continue with his education at an ordinary school.

(d) **Defects of Vision.** The Eye Clinic, with Mr. Jagger as School Ophthalmologist continued to function until the introduction of the National Health Service in July, when Mr. Jagger found himself obliged to give up his position. The Medical and Nursing staff of the School Health Service had thus the chagrin of observing the disintegration of a most efficient and well run eye service. The only alternative open was to make use of the Supplementary Ophthalmic Regulations. Under these Regulations, the parent can take his child to the Doctor with whom he is registered and obtain a certificate that it is necessary to consult an Ophthalmic Surgeon. The Ophthalmic Surgeon, after examining the child, may or may not prescribe glasses. The prescription is then taken to a Dispensing Optician, and the glasses obtained.

A letter was sent to parents of children, who, at the commencement of the Winter term were still on the waiting list for eye testing. This letter told the parents what steps to take to get their child's eyes examined and glasses prescribed. Very few of the parents acted on this advice. When these children were seen again at a re-inspection and it was found that no action had been taken, the parent was asked to come to the School Clinic. Here a Medical Officer explained the position. Most parents, anxious on their children's behalf, then took the necessary steps to obtain advice. Many soon came back to the School Clinic to see if there was any alternative arrangement, or if something could be done to shorten the waiting period. What was actually happening was this. In December, a child had to wait 2 to 3 months before he could be examined by an Ophthalmologist, and it was assumed that a further two months would elapse before he could get his glasses dispensed by an Optician. Such a position is quite intolerable, especially in the case of children who are studying for examinations and who must use their eyes for near work not only in School but at home by artificial light.

Regional Hospital Boards, it is understood, have been instructed that the establishment of an eye service for School Children must be given high priority. The staff of the School Health Service are ready and eager to co-operate in such a scheme.

The work done at the Clinic during the first seven months of the year is tabulated as follows :

TREATMENT OF DEFECTIVE VISION, 1948

	1947	1948
Total number of children* attending Refraction Clinic	358	197
Total number of attendances	935	676
Number prescribed glasses	328	174
Number found not to require glasses	25	21

*Includes children from transitionally assisted schools.

(e) Report of the School Dental Officer.

The School Dental Year for 1948 has consisted almost wholly of the comparatively non-spectacular Dental Inspection, and, after inspection, the subsequent treatment of such of those inspected who have returned consents for treatment. The number inspected during the year compared with the number referred for treatment shows that approximately 65% have been found to require treatment. The percentage of those for whom consents have been received compared with those referred for treatment is approximately 62.7%.

Among the number referred for treatment an unsatisfactorily large proportion are referred because of an absence of any evidence of personal oral cleanliness, in fact, dirty mouths. Under the heading "Other Operations" figuring in the statistical report found elsewhere are included a large number of these, and such is the condition of many that the task of attempting a clean-up of the condition, or "Scaling and polishing" as it is technically called, is not a matter disposed of in a few minutes. The time spent on this aspect of Dental treatment is quite considerable. In the light of publicity given to Dentistry nowadays, this neglect can only be attributed to indifference. Unfortunately, the time spent on this is, in too many cases absolutely wasted. The number of children who are referred for this particular blemish and who naively exhibit ignorance of simple oral cleanliness is astonishing. Propaganda on this point would seem to be clearly ineffective. A bout of pain often proves to be the stimulus that turns an unwilling into a willing patient.

The year 1948 has also seen the completion of inspecting all the Schools coming under the Local Education Authority. In this connection the question of again visiting a School already inspected is

frequently raised, and whilst it may be quite practicable to inspect all the Schools during any particular year, it is quite another matter to carry out the treatment of all the Schools, also in the same year.

The policy has been to inspect Schools only when there have been reasonable grounds for believing that the consequent treatment will follow at a comparatively early date. It is of little advantage to have Schools inspected in such reserve that, as has happened in the past, no treatment whatever has been possible due in the most part, to inability to cope with the numbers, and therefore, to insufficiency of staff. In any case, for the same reason, a number of treatments must necessarily be left over from one year to another.

It seems superfluous to mention that the year under review has also seen the inception of the National Health Service, giving rise to rather notorious reference to Dental matters. It would appear that the numbers of adult Dental patients has reached such a state that the practice of children visiting private practitioners has received a check, for the number of "Specials" amounting to nearly 700, has included many who have previously refused treatment. It is not unreasonable to suppose that many of these have themselves now been refused treatment. In fact, there is evidence in support of this, and it cannot be regarded as highly satisfactory. There is perhaps a connection to be found in the fact that the number of children actually treated is not far off double the number for whom consents have been received during the year, the excess being made up of "Specials," those left over from Schools previously inspected, and those who had previously refused treatment.

Two questions of Dental importance are fairly frequently raised. The topical subject of sweets or toffees in relation to the incidence of caries comprises one, and diet, also in relation to caries, the other. It may be there is a connection between the two. On the one hand it is claimed in the Dental world that control of caries can be obtained by building sound tooth structures, which, it is also claimed, is largely dependent on nutritional factors. Evidence is readily obtained to show that a well constructed and well calcified tooth does not readily succumb to the attractive but possibly destructive blandishments of the humble sweetmeat. On the other hand, countries which have had very severe food restrictions, particularly of refined carbohydrate,

have reported a decrease in the incidence of caries, despite the shortage of foodstuff known to be essential for good tooth structure. It should be stressed therefore, that to aim at a fall in the incidence of caries, careful attention to the nutritional requirements of the mother during pregnancy, as well as during the lactation period, assuming the child is naturally fed, as it should be, is of prime importance. Now when once a reasonably sound dentition has thus been produced, it is well not to over-do matters by an excess of refined carbohydrates in the form of sweets. The practice of sucking for a long time a large mass of this material held on the end of a stick and the occupation of a disproportionate length of time in its consumption, renders the mouth liable to become a first rate place for the promotion of fermentation. There is heat, darkness, moisture and a suitable medium, sugar, all present to comprise a fine bacteriological incubator, and this is thought to be a real factor in the progress of decay by giving conditions favourable to fermentative processes.

One can therefore assume that good plain food is an essential in the production of good teeth, and it is not advisable to abuse and misuse them by undue exposure to the possibly harmful conditions promoting stagnant fermentative processes. When asked to define what is meant by good plain food, the answer, usually on the lines of roast lamb, boiled or baked potatoes, fresh as distinct from tinned or dried vegetables, with milk pudding and fruit tart, or fresh fruit finally, has not infrequently been received with unmistakable derision. More's the pity.

J. E. W. STATHAM,

School Dental Officer.

(f) **Orthopaedic Defects.** The Orthopaedic Clinic which had re-opened in September, 1947, continued to function until July, 1948. With the appointment of Miss Dormer, Medical Gymnast, as full-time teacher, the Clinic did not re-open after the summer holidays. Orthopaedic defects are now referred to Burton Infirmary for treatment.

From January to July, 37 fresh cases were added to the Clinic Register and the total number of treatments given during the seven months was 1128. The table below gives an analysis of cases treated during 1948.

ANALYSIS OF CASES TREATED

Type of Defect	Total Nos. in Year	Dis- charges	Nos. remaining in July
General Posture	33	10	23
Flat Feet	15	3	12
Knock Knees	4	—	4
Asthma	3	1	2
Scoliosis	4	—	4
Hemiplegia	1	—	1
Diplegia	1	—	1
General nervous defect	1	—	1
Torticollis	5	1	4
Erb's Paralysis	1	—	1
Club Foot	1	—	1
Weak adductor muscles	1	1	—
Slightly flexed elbow	1	1	—

(g) **Diseases of the Skin.** The number of cases of scabies fell sharply from 113 in 1947, to 23 in 1948. Other skin diseases, including Impetigo totalled 139 this year as compared with 191 in 1947.

(h) **Speech Defects.** The Speech training classes continued to provide a valuable auxiliary service.

The classes are held on Wednesday mornings and Friday afternoons, in depressing surroundings in the Education Offices, in Guild Street.

Very good results have been obtained and tribute must be paid to the enthusiasm of Miss M. E. Coleman, S.R.N. for the work she has done.

The following tables show the types of defects treated and the results obtained.

DEFECTS TREATED

Defective Consonants	Stammering	Cleft Palate	Total
78	12	1	91

STAMMERING

Number	Degree			Result			
	Slight	Con- sider- able	Severe	Cured	Much Improved Occasional Difficulty when excited	Im- proved	Un- changed
12	2	5	5	5	6	1	—

DEFECTIVE ARTICULATION

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
78	34	42	2	—

CLEFT PALATE

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
1	—	1	—	—

(i) **Infestation with Vermin.** Although there was a reduction in the number of children found to be infested with vermin, the proportion of pupils infested (8.5%) remained far too high.

The worst offenders were the older girls who resented their parents' interference, and yet did not appear to have acquired that sense of self-respect which should have shamed them into keeping their heads clean. Secondly there was an attitude of mind among such girls which regarded a dirty head as being more or less inevitable and the School Clinic the obvious place to get such a head cleansed. The result was that the Cleansing Department at the School Clinic became congested with girls aged 12 years and over waiting to have their heads cleansed.

In order to improve the position and show others what was expected of them, those children of this age group (12—15) with verminous heads were excluded from school until certified clear. The home circumstances and the facilities available for the proper washing of the hair at home were, of course, taken into consideration before issuing an exclusion order. The effect of this action was soon noticed in the fewer numbers attending for cleansing. The staff were thus able to devote their time and energy to dealing with those cases of infestation where the assistance of a skilled worker was most required.

It will be noticed from the tables that 520 children were found to be infested with vermin, and that there were 135 exclusions from School Clinic.

No cleansing notices were issued in 1948, nor were any cleansing orders made.

4. **Handicapped Pupils.** The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Receiving special Educational Treatment	At ordinary School	At no School	Total not receiving special Educational Treatment
Blind	1	—	3	3
Partially Sighted	1	—	—	—
Deaf	2	—	—	—
Partially Deaf	—	—	—	—
Delicate	—	13	1	14
Educationally Subnormal	—	50	—	50
Epileptic	—	—	—	—
Physically Handicapped ..	2	1	1	2
Maladjusted	10	—	—	—
Speech Defect	—	1	—	1
Diabetic	—	—	—	—
	16	65	5	70

Ascertainment continued throughout the year. It is hoped that with a satisfactory solution to the Medical staffing problem, the Deputy Medical Officer of Health (who is also Assistant School Medical Officer) will be less occupied with the routine inspections and will be able to devote more time to this important task. There is a large leeway to be made up.

When special classes for educationally subnormal pupils are started, it is to be expected that the requests from teachers for ascertainment of allegedly educationally subnormal pupils will be greatly increased.

5. **Infectious Diseases.**

Diphtheria and Diphtheria Immunisation. There were no cases of Diphtheria recorded in the Borough this year. The results of the Diphtheria Immunisation campaign are now beginning to be seen.

During 1948, 884 School Children were given a reinforcement or "Booster" Dose against Diphtheria. It is estimated that 94% of School Children in the Borough are protected against Diphtheria.

Scarlet Fever. There were 92 cases of Scarlet Fever during 1948. 35 of these cases were admitted to Hospital.

Measles. Only 45 cases of Measles were notified this year as compared with 356 in 1947. A larger number of cases may be expected during 1949.

6. Tuberculosis.

There were 5 cases of respiratory tuberculosis in School Children notified during 1948. Three of these were admitted to the Sanatorium.

Of the 5 cases of non-respiratory tuberculosis, one was admitted to the Sanatorium, and one to Burton Infirmary.

7. Deaths of Children of School Age.

There were 3 deaths amongst school children. One died of Meningitis, one of Heart failure following Rheumatic Fever, and the third of Broncho-pneumonia.

8. Minor Ailments Clinic.

During 1948 there were 4,398 attendances at the clinic for treatment of minor ailments (excluding attendances for uncleanliness).

Although it is too early yet to form an opinion as to whether the establishment of the National Health Service, which offers free treatment for children by General Practitioners, will affect attendances at this Clinic, it is interesting to note that in the second six months of 1948, there were 1,529 attendances compared with 2,869 in the first six months of the year.

9. Transitionally-Assisted Schools.

The following Medical Inspections are carried out at the Grammar School and the Girls' High School.

(a) Periodic Medical Inspection of

1. Entrants coming from Primary maintained schools, who were not inspected during their last year at the Primary School.
2. Entrants coming from a Private School or from a School maintained by another Authority, and whose record cards do not show that a recent Medical Inspection has been held.
3. Children on the roll on attaining the ages of 13, 15 and leavers of 17 years or over.

(b) Re-inspection of selected cases referred from previous inspections.

(c) Inspection of special cases brought forward by the Head Master or Headmistress.

The tables at the end of this report record the Inspections carried out and the defects found.

10. Nursery Schools.

The nursery classes at Christ Church, Stafford Street and Short Street Schools continued in operation throughout the year. New toddlers were seen with the entrants each term, and re-inspection was carried out when required.

11. Employment of School Children.

The following table shows the number of children examined and passed fit for employment :—

			Boys	Girls	Total
Newspaper delivery	..	..	72	12	84
Parcel delivery	....	..	2	—	2
Shop assistant	..	..	—	4	4
Errands	..	..	16	—	16
General duties	..	..	1	—	1
			<hr/>	<hr/>	<hr/>
			91	16	107
			<hr/>	<hr/>	<hr/>

12. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	..	..	..	462,057
Staff and Helpers	..	..	..	44,918
Students	..	..	..	7,143

6,187 Children were supplied with free milk during the year.

13. Physical Education.

General. The year has been one of consolidation coupled with a gradual extension in all branches of Physical Education. The full year's service rendered by the Committee's Woman Physical Education Organiser has ensured that the physical welfare of the infants and girls has been promoted and encouraged by a specialist. Efforts were

continued to improve the facilities so that Physical Education could be carried out smoothly with a minimum of interruptions in the continuity of lessons and also without undue dislocation of the normal school routine. Such facilities, together with the zeal of the teaching staffs, allow the pupils to receive their full share of the time allocated for movement for the training in skills and for exhilarating joyous physical activities.

Visits to Schools. Miss Hawkes, H.M.I. Physical Education, visited the Borough's schools during November, with particular reference to the work for infants, juniors and secondary modern girls. Her encouragement and guidance had a tonic effect.

The Committee's Organisers made frequent visits to the schools, playing fields and swimming baths. Their observations were discussed with the responsible teachers. Where detailed rather than general guidance was thought necessary, the Organiser arranged to take a series of demonstration lessons for the teacher, who observed and discussed the work taken. This method has advantages over the course-type teacher guidance. It can be devised to meet the particular difficulties of a teacher, and the particular conditions of a school. Perhaps its most valuable aspect is to give the teacher an opportunity of standing back to watch, to observe known pupils and how they respond to the methods and approach of another teacher.

The headteachers have valued this method of guidance and have been fully informed of the main points dealt with.

Organised Games. During the year the Committee arranged to use three playing fields newly developed by the Parks' Department at Stapenhill, Horninglow and Wetmore. Their use has reduced the time of travel to playing fields besides distributing the wear over a larger number of playing fields. More important still is its contribution to the realisation of an ideal where every neighbourhood has its own playing field.

The joint use of School and Park Department's playing fields has made it possible for all secondary pupils to play games on turf each week. The children in their last year at the junior schools also enjoy this amenity.

Tennis for secondary girls has seen a considerable extension, while an experiment was made with junior boys for playing informal 7 aside football instead of the adult form of the game. The boys

responded favourably to the smaller teams, the greater participation in the game and the opportunity to play with a minimum of teacher control.

Swimming. The policy has been continued of giving all children in their final year at the primary school an opportunity of attending the Baths regularly during their last term. As all-the-year swimming continues to increase in both primary and secondary schools, some of the primary children bathe for the whole of their final year.

In the secondary schools the incentive to improve swimming standards has been furthered by Graded Tests leading to the Advanced Test for which a swim suit woven badge is awarded. In addition the Education Committee awarded 50 scholarships to pupils between 10 and 18 years who showed special aptitude in swimming. The scholarship took the form of an Annual admission ticket to the Baths.

Athletics. The expansion in the number of Playing Fields has resulted in an increased amount of time devoted to Athletics. Most of the junior schools held their Field Days when games and activities of an athletic type made up the programmes. Parents were invited and their attendance was an opportunity of linking them with the school's life.

Formal athletics are taken in the secondary schools. There has been a widening of the coaching to include jumping and throwing events, while purpose has been given to the training by participation in Athletic Meetings at school, inter-school, County and National levels.

Out-of-School Activities. The Schools' Athletic Association has again been responsible for promoting out-of-school competitions in Association Football, Netball, Athletics and Swimming. These activities are realised to be a necessary and valuable part of a pupil's leisure by their provision of normal competitive outlets for pupils with athletic interests and aptitudes. In Association Football and Athletics, national competitions were entered, while an inter town match was arranged for swimming.

The teaching staffs have given their time generously to the coaching, the arrangements for the games and the organisation of the competitions.

Facilities. Levelling of the school playing field at Belvoir Road has increased its effective size by two football pitches. The ground was further improved by the completion of a standard size jumping pit by the Victoria Road Boys' Secondary Modern School, and by the erection of a pavillion giving accommodation for six teams.

The school playgrounds are becoming educational spaces once again by the demolition of A.R.P. Shelters, the re-surfacing, the alteration in levels and the renewal of wire fences. Together with this has been a corresponding demand by the schools for adequate and necessary marking for games.

In most schools the halls are used for assemblies, physical activities and mid-day meals. A case has been made out that the amount of cleaning should be in proportion to the usage. This can be implemented by insisting that the caretaker sweeps the hall after the mid-day meal and by providing gymnasium swabs to be used between the other activities.

14. Children's Care Committee. There follows the report of the Children's Care Committee. This Committee again gave valuable assistance by arranging periods of Convalescence for children who needed it.

CHILDREN'S CARE COMMITTEE

Report for the Year 1948

The Children's Care Committee was re-appointed by the Education Committee in November, 1947, and was constituted as follows :—

Mrs. Curzon, Miss Evershed, Mrs. George, Mrs. Lorimer, Mrs. Macgilp, Mrs. Piddocke, Mrs. Rowland, Mrs. Templeman, Mrs. F. G. Thompson and Mrs. Walley.

The Officers were elected for 1948 viz. :—

<i>Chairman</i>	..	..	..	..	Mrs. Rowland
<i>Vice-Chairman</i>	..	..	..	..	Mrs. Macgilp
<i>Hon. Secretary and Treasurer</i>	..	..	..	..	Miss Evershed

The Committee met six times during the year.

34 Cases were reported to them and were dealt with as follows :—

1. Girl* aged 10 years. Sent to Convalescent Home. Southport for 4 weeks.
2. Girl aged $8\frac{1}{2}$ years. do. Charnwood Forest for 10 weeks.
3. Boy* aged $5\frac{1}{2}$ years. do. Rhyl for 3 weeks.
4. Boy aged 8 years. do. Rhyl for 3 weeks.
5. Girl aged 11 years. do. Rhyl for 3 weeks.
6. Girl aged 10 years. do. Rhyl for 3 weeks.
7. Girl* aged $7\frac{1}{2}$ years. do. Rhyl for 3 weeks.
8. Boy aged 9 years. do. Rhyl for 4 weeks.
9. Girl* aged 12 years. do. Southport for 4 weeks.
10. Boy aged $11\frac{1}{2}$ years. do. Rhyl for 5 weeks.
11. Boy aged 6 years. do. Rhyl for 3 weeks.
12. Girl* aged 8 years. do. Southport for 4 weeks.
13. Boy aged $8\frac{1}{2}$ years. do. Rhyl for 3 weeks.
14. Girl aged $11\frac{1}{2}$ years. do. Rhyl for 3 weeks.
15. Girl aged $12\frac{1}{2}$ years. do. Rhyl for 3 weeks.
16. Girl aged 11 years. do. Rhyl for 3 weeks.
17. Girl* aged $7\frac{1}{2}$ years. do. Southport for 4 weeks.
18. Boy* aged 8 years. do. Southport for 4 weeks.
19. Boy aged $10\frac{1}{2}$ years. do. Southport for 4 weeks.
20. Girl aged 10 years. do. Southport for 4 weeks.
21. Girl* aged 14 years. do. Southport for 4 weeks.
22. Girl aged 7 years. do. Southport for 4 weeks.
23. Boy aged 9 years. do. Charnwood Forest for 3 weeks.
24. Girl aged 5 years. do. Charnwood Forest for 6 weeks.
25. Girl* aged 14 years. do. Southport for 4 weeks.
26. Boy* aged 8 years. do. Southport for 4 weeks.
27. Boy aged 6 years. do. Rhyl for 3 weeks.
28. Boy aged 11 years. Provided with surgical boots. under the New Health Service.
29. Boy Sent to Convalescent Home, Bournemouth. His Father removed him after 4 days as he did not settle down.
30. Boy aged 14 years. Recommended for Convalescent Home treatment. When at last a Home at Broadstairs was found to take him, his parents would not let him go.
31. Girl aged 11 years. Recommended for Convalescent Home treatment, and an admission date for Southport was obtained, but she refused to go.
32. Boy aged $10\frac{1}{2}$ years and
33. Boy aged 10 years. Recommended for Convalescent Home treatment. Vacancies for these two boys could not be obtained until late in the year, and so their Parents did not wish them to go.
34. Girl aged 13 years. Recommended and waiting for Convalescent Home treatment.

The ten cases marked * were sent by the "Burton Observer Uncle Jack" Fund to Convalescent Homes, the Committee visiting them after examination at the School Clinic by the School Medical Officer.

After July 5th, the Royal Alexandra Convalescent Home at Rhyl was taken over under the new Health Service and therefore was available only for children sent direct from Hospital.

The Committee record their appreciation of the help given by the Feoffees, who gave a grant of £25, and provided maintenance at Convalescent Homes for eighteen children, and of the help given by the Voluntary Aid Association in granting five railway fares.

M. ROWLAND, *Chairman,*

PHYLLIS M. EVERSLED,
Hon. Secretary.

12th January, 1949.

15. Acknowledgements.

The thanks of the staff of the School Health Service are due to all those who have assisted them in their efforts to raise the general level of health of the school child. In particular to the Head Teachers of the schools, to the staff of the Infirmary and the general practitioners of the area, to the Child Welfare Officers, to the Director of Education and his staff and to the Children's Care Committee.

MEDICAL INSPECTION TABLES, 1948

Number of Children.

Average number of children on the roll	..	..	6,741
Average attendance	..	..	6,075

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	786
Second Age Group	..	..	..	..	694
Third Age Group	..	..	..	..	441
Total	..	..	..	..	1,921

Number of other Periodic Inspections —

Grand Total 1,921

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	1,396
Number of Re-Inspections	..	..	..	4,830
Total	..	..	..	6,226

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)

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table 11A (3)	Total individual pupils (4)
Entrants	—	80	78
Second Age Group ..	33	39	72
Third Age Group ..	23	11	34
Total (prescribed groups)	56	130	184
Other Periodic Inspections	—	—	—
GRAND TOTAL ..	56	130	184

Table 2(a)
Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	18	30	137	28
5	Eyes—(a) Vision	56	117	162	53
	(b) Squint	3	13	13	8
	(c) Other	12	15	73	10
6	Ears—(a) Hearing	—	8	—	13
	(b) Otitis Media	9	7	22	5
	(c) Other	2	3	12	11
7	Nose or Throat	50	132	22	49
8	Speech	4	18	23	9
9	Cervical Glands	2	95	—	23
10	Heart and Circulation	—	30	—	7
11	Lungs	3	55	—	23
12	Developmental—(a) Hernia	—	5	—	—
	(b) Other	—	4	—	—
13	Orthopaedic—(a) Posture	12	44	4	2
	(b) Flat foot	3	10	5	2
	(c) Other	3	17	3	2
14	Nervous system—(a) Epilepsy	—	2	—	1
	(b) Other	—	11	3	8
15	Psychological—(a) Development	—	16	—	4
	(b) Stability	3	37	—	4
16	Other	16	100	121	107

Table 2(b)
Classification of the General Condition of Pupils Inspected
during the year in the Age Groups.

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
Entrants	786	156	19.8	559	71.1	71	9.1
Second Age Group	694	145	20.9	434	62.5	115	16.6
Third Age Group	441	162	36.7	246	55.8	33	7.5
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	1921	463	24.1	1239	64.5	219	11.4

Table 3
Treatment Tables
Group 1.—Minor Ailments (excluding Uncleanliness).

	Number of Defects treated, or under treatment during the year
(a) SKIN—	
Ringworm—Scalp—	
(i) X-Ray Treatment. If none, indicate by dash	—
(ii) Other Treatment	—
Ringworm—Body	1
Scabies	23
Impetigo	42
Other Skin Diseases	96
EYE DISEASE (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	105
EAR DEFECTS Treatment for serious diseases of the ear (e.g. operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report	48
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	302
TOTAL	617
(b) Total number of attendances at Authority's Minor Ailments Clinics	4398

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of Defects dealt with
Errors of Refraction (including squint)	150
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—
Total	150
<hr/>	
No. of Pupils for whom spectacles were—	
(a) Prescribed	128
(b) Obtained	120

Group III.—Treatment of Defects of Nose and Throat.

	Total number treated
Received Operative Treatment—	
(a) For Adenoids and Chronic Tonsillitis	137
(b) For other Nose and Throat Conditions	—
Received other forms of Treatment	—
TOTAL	137

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-Patients in Hospitals or Hospital Schools	4
(b) Number treated otherwise, e.g., in Clinics or Out-Patient Departments	62

Group V.—Child Guidance Treatment and Speech Therapy.

Number of Pupils Treated—	
(a) Under Child Guidance arrangements	—
(b) Under Speech Therapy arrangements	91

Table 4.
Dental Inspection and Treatment.

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a) Periodic Age Groups .. .. .	..	..	..	..	..	..	3578
(b) Specials .. .. .	..	..	..	..	..	..	695
(c) TOTAL (Periodic and Specials)	..	..	..	..	..	..	<u>4273</u>
2. Number found to require treatment	..	..	..	..	..	..	3016
3. Number actually treated .. .. .	..	..	..	..	..	..	2732
4. Attendances made by pupils for treatment	..	..	..	..	..	..	3014
5. Half-days devoted to :							
(a) Inspection .. .. .	..	..	..	..	..	..	26
(b) Treatment .. .. .	..	..	..	..	..	..	450
TOTAL (a) and (b)	..	..	..	..	..	..	<u>476</u>
6. Fillings—							
Permanent Teeth .. .. .	..	..	..	..	..	..	1552
Temporary Teeth .. .. .	..	..	..	..	..	..	433
TOTAL .. .. .	..	..	..	..	..	..	<u>1985</u>
7. Extractions—							
Permanent Teeth .. .. .	..	..	..	..	..	..	307
Temporary Teeth .. .. .	..	..	..	..	..	..	2186
TOTAL .. .. .	..	..	..	..	..	..	<u>2493</u>
8. Administration of general anæsthetics for extraction	..	..	..	..	..	..	298
9. Other Operations—							
(a) Permanent Teeth .. .. .	..	..	..	..	..	..	958
(b) Temporary Teeth .. .. .	..	..	..	..	..	..	156
TOTAL (a) and (b)	..	..	..	..	..	..	<u>1114</u>

Table 5.
Infestation with Vermin.

(i) Total number of examinations in the Schools by the School Nurses or other authorized persons	19,765
(ii) Total number of <i>individual</i> pupils found to be infested	520
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	—

TRANSITIONALLY-ASSISTED SCHOOLS
Return of Medical Inspections for year ended
the 31st December, 1948

A.—ROUTINE MEDICAL INSPECTIONS

Age	{	Under 9 years	..	—
		9	..	—
		10	..	21
		11	..	38
		12	..	5
		13	..	—
		14	..	102
		15	..	22
		16	..	64
		17	..	24
		18	..	3
			<hr/>	279
			<hr/>	

B.—OTHER INSPECTIONS

Number of special inspections ..	43
Number of re-inspections ..	496
	<hr/>
	539
	<hr/>

C.—INDIVIDUAL CHILDREN

Found to require treatment ..	27
(excluding uncleanliness and dental diseases)	

TRANSITIONALLY-ASSISTED SCHOOLS

Return of Defects treated during the year ended
the 31st December, 1948

Defective Vision and Squint

	Number of defects dealt with		
	Under Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (excluding squint)	—	—	—
Number of children for whom spectacles were			
(a) Prescribed	46	—	46
(b) Obtained	39	—	39

TRANSITIONALLY-ASSISTED SCHOOLS

A Return of Defects found by Medical Inspection in the year
ended 31st December, 1948

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring
	(1)	(2)	(3)	(4)	(5)
4	Skin	1	11	1	1
5	Eyes—(a) Vision	11	68	24	3
	(b) Squint	1	1	—	—
	(c) Other	3	—	—	1
6	Ears—(a) Hearing	—	1	—	—
	(b) Otitis Media	—	—	1	—
	(c) Other	—	—	—	—
7	Nose or Throat	4	10	1	1
8	Speech	—	1	—	—
9	Cervical Glands	1	5	—	—
10	Heart and Circulation	—	7	—	—
11	Lungs	—	5	—	1
12	Developmental—(a) Hernia	1	—	—	—
	(b) Other	—	2	—	—
13	Orthopaedic—(a) Posture	2	16	—	—
	(b) Flat foot	—	2	—	—
	(c) Other	—	6	—	—
14	Nervous system—(a) Epilepsy	—	1	—	—
	(b) Other	—	—	—	—
15	Psychological—(a) Development	—	1	—	—
	(b) Stability	—	10	—	—
16	Other	3	25	4	3
	TOTALS	27	172	31	10