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County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

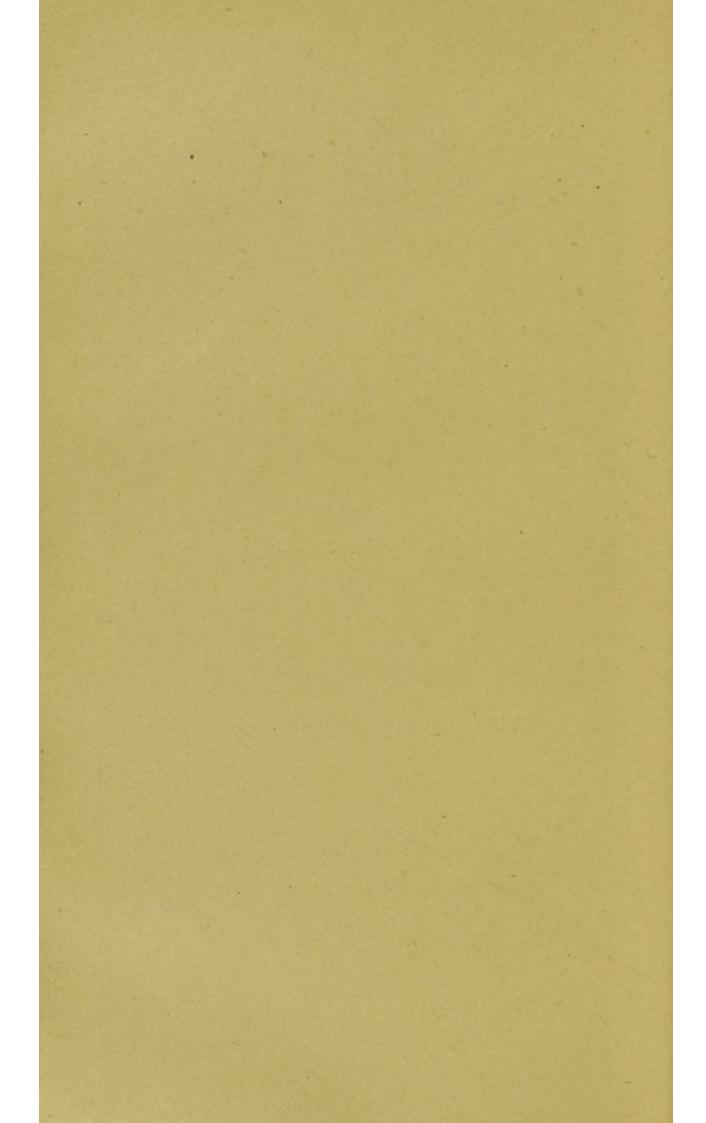
UPON THE

SCHOOL HEALTH SERVICE
FOR THE YEAR 1950

BY

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

SCHOOL MEDICAL OFFICER





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Contents

Staff							
Introduction							 6
Staff Changes							 7
Medical Inspecti	on						 7
Findings of the A	Medical Inspecti	on and	Treatm	ent of	Defects	:	
	1 and distant						 8
(b) Nose a	nd Throat defec	ets					 8
(c) Ear def	ects						 8
(d) Eye and	d Visual Defects	3					 9
(e) Dental	Report (Mr. St	atham)					 10
(f) Orthop	aedic defects						 11
(g) Disease	es of the Skin						 11
(h) Speech	defects			?			 12
(i) Infestat	tion with vermin	1			/		 12
Handicapped Pup	oils	· ·					 13
Infectious Diseas	es						 15
Tuberculosis							 15
Deaths of children	n of school age						 16
Minor Ailments (Clinic						 16
Transitionally-As	sisted Schools						 16
Nursery Schools							 17
Employment of S							 17
School Meals Ser	vice and Free A	Ailk Sch	eme				 17
Report on Physica	al Education						 17
Report of Childre	n's Care Comm	ittee					 20
	STATI	CTICAL	TAT	OT EC			
Children or	STATIS	STICAL	JAI	SLES			
	ined Schools.				••		 23
			ion				02
Та	ble 1.—Medical	found b	non Mad	inal Tax		• •	 23
Та	ble 2aDefects ble 2bGeneral	conditio	y Med	icai in	spection	1	 24
	ble 3.—Infestat						 25
	ble 4.—Treatme						 25
	ble 5.—Dental						 26
				Treatt	Hellt		 28
Transi	tionally-Assist						
		Inspect					 39
		found b		ical In	spection	1	 30
	Defectiv	re Vision	n				 31

Staff of the School Health Service

School Medical Officer:

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

Assistant School Medical Officers:

WILLIAM C. COLLINS, M.B., B.Ch., B.Sc., D.P.H. E. ANNE PERROTT, M.D., B.S., D.P.H.

School Dental Officer:

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

School Nurses:

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

Dental Attendant:

MRS. N. E. WOOLLEY

Cleansing Attendant:

MISS E. IRONMONGER

Clerks :

MRS. G. H. WATSON MISS M. BELL

Annual Report of the School Medical Officer

For the Year 1950

To the Chairman and Members of the Education Committee.

I have much pleasure in submitting my Annual Report for the year 1950.

The incidence of infectious diseases throughout the year was low, and in spite of the high incidence of Poliomyelitis throughout the country generally, no case occurred in Burton amongst school children.

I am pleased to be able to report certain progress in arrangements for care of the educationally subnormal child. A class was started at Wetmore Road School during the year, and the early results are most promising.

It is also satisfactory to be able to report that during the year a special session was started at the Infirmary for school children suffering from defective vision. This should remedy the unsatisfactory state of affairs which previously existed.

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 the 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.

Finally, I desire to express my thanks to the Committee for their support during the year and to Dr. Collins, who has been largely responsible for the preparation of this Report.

I am,

Your obedient servant,

W. ALCOCK,

School Medical Officer.

- I. Staff Changes. There were no changes in the full-time Medical, Dental or Nursing Staffs during 1950.
- 2. Medical Inspection. The revised system of medical inspection which was started in 1948 is progressing satisfactorily.

Detailed figures relating to the inspection are given at the end of this Report.

The Ministry Regulations lay down that medical inspections must be carried out on the school premises. Lack of suitable accommodation at the schools is still a great drawback. It should, however, be recorded that the Head Teachers do all in their power to assist the Assistant School Medical Officers during the routine examinations at the Schools.

All pupils are examined between the ages of 5—6, 10—11 and 14—15.

Parents attend well at the inspection of the younger age groups, and at the Girls' High School, Technical High School and Grammar School. The attendance of parents at these examinations is invaluable to the inspecting Medical Officer. When the parent attends, the Medical Officer can assess the parent-child relationship, and the social background of the child concerned.

Head Teachers are also helpful in seeing that the children attend for treatment when requested, especially those who do not wear glasses when required to do so.

Defects found at the school inspections are either referred for treatment and follow-up, or for observation at the re-inspection the following term.

The School Nurses follow up certain cases in the homes when requested to do so by the Assistant School Medical Officers.

Any parent may consult one of the Medical Officers at the School Clinic any morning between 9 a.m. and 10 a.m. or at any other time by appointment.

It is pleasing to note that the attendances at the School Clinic have not dropped since the introduction of the National Health Service Act of 1946.

1,848 children had routine inspections during 1950.

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

(a) General Condition. The new classification which has been in use for the past few years, is now firmly established, that is, "A—good," "B—fair," and "C—poor." This classification is based on clinical findings, physique, the height-weight ratio, and general condition.

The general condition of entrants during 1950 is shown below:

Entrants A—good B—fair C—poor

1950 13.0 83.6 3.4

These figures may be regarded as satisfactory as compared with previous years.

(b) Nose and Throat Defects. Medical Inspection revealed 293 defects of the nose and throat, the great majority being enlargement of tonsils and adenoids.

As in previous years, where operative treatment is considered necessary, cases are referred to Mr. R. L. Flett, F.R.C.S., at the General Infirmary.

The present tendency where tonsils are enlarged is to keep a watch on them for a period of a few months as they frequently subside, and only those who have chronically enlarged and infected tonsils or adenoids are referred to the Ear, Nose and Throat Specialist. This should go a long way towards reducing the formidable waiting list.

The infantile paralysis epidemic in 1950 slowed down the rate of operation at the Infirmary, thus causing an increase in the number on the waiting list.

Special cases, however, who in the opinion of the Medical Officer required urgent treatment, and who were previously on the waiting list, were promptly dealt with by Mr. Flett, Ear, Nose and Throat Surgeon.

(c) Ear Defects. There has been an increase in the number of cases of middle ear disease found amongst school children during the year.

Most of these cases were treated at the School Clinic.

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

Number of ear examinations	(excludi	ng those	at the	
Medical Inspection)	1. 1.			189
1. Minor conditions :-				
Wax impaction			10	
Defective hearing			4	
Furunculosis			1	
· Catarrh of middle ear			6	
Earache			4	
			-	
			25	
And the same of the same			/-	
2. Otitis Media. Result of	Treatme	ent:-		
Ears dry			3	
Improved	/.		6	
To Infirmary			W = 1	
Ceased attending			1	
			_	
			10	
			-	

Deafness. Three children were resident in the Royal Institute for the Deaf at Derby during the whole of 1950.

- (d) **Defects of Vision.** Up to June, 1950, use was made of the Supplementary Ophthalmic Regulations. In June, 1950, an Eye Clinic for school children was started at the General Infirmary by Mr. Jagger.
 - (a) The number of cases referred to the Eye Specialist between June and December, 1950, was 95.
 - (b) The number of cases seen during the same period was 80.
 - (c) The number of cases to whom prescriptions were given was 68.

When a child is found to have defective vision in a school, the parent is given an option of attending his or her own Doctor, or to make use of the Eye Clinic for school children at the Infirmary, or to attend an Optician of his or her own choice.

Form O.S.C. 10 (Replacement or Repair Form) is signed only by a Medical Officer. The number of such forms is very high, and there is no doubt that carelessness and neglect play a large part in this matter.

It is quite common to have a repair form signed two or three times in one year for the same child.

(e) Report of the School Dental Officer.

The year to which this report refers has not differed technically from those of past years, being, as usual, examination of pupils attending the Schools in the Borough, and treatment of those who present themselves for treatment, and, important, allow treatment to be carried out. Again a large number of casuals, or special patients have presented themselves for treatment, these being, as in previous years, largely those who have repeatedly refused treatment in the past.

On the face of it, this does not appear of great importance, but in practice, it very materially disorganises the ordinary routine procedure, involving, as it does, extra work in finding records, examination, and, in most cases, the preparation of the necessary cards for a future occasion. Very often this displaces the time allotted to routine patients, who frequently have to wait whilst the casuals are dealt with. Efforts have been made to anticipate this state of affairs. Thus, time has had to be earmarked for possible casual patients, and it has not been unknown for this time to be wasted. In other words, if time is allowed for them, few turn up; do not allow time for them, and many do turn up. Such results attend one's efforts at catering for an unknown quantity. On the whole, however, the practice of allowing some time, has, in most cases been successful. No other way has suggested itself as being more satisfactory, although several have been mooted.

Rather more schools were examined during the year than last year, being 16 (or 18, reckoning those schools having two departments, boys' and girls'), so that somewhat less time could be devoted to treatment.

The number of general anaesthetic cases at 856, is on the increase, and would be more but for the difficult circumstances with which this particular branch of activities is handicapped. Always taking more time, general anaesthesia is frequently asked for, and given where possible, having regard to the limited time available.

Orthodontics, although not quite so pressed as in former years, owing, no doubt, to the spread of the information concerning this problem, nevertheless remains a subject of inquiry, not, in some cases, unaccompanied by abuse. Perhaps as time goes on, some solution may eventually present itself, too late perhaps for the present generation. Meanwhile, emphasis on natural feeding, avoidance of thumb sucking, and the use of the "dummy," are cardinal points or rules which cannot be over-stressed, and which would be major steps in the right direction if universally followed out.

J. E. W. STATHAM,

School Dental Officer.

(f) Orthopaedic Defects. Children suffering from orthopaedic defects, and needing active treatment, are referred to the Burton upon Trent General Infirmary.

Children with minor degrees of orthopaedic defect are advised at school and at the clinic. Only those with severe defects are referred to the Infirmary.

The commonest defects noted at the schools are poor general posture, flat feet and knock knees.

There were 97 children found with orthopaedic defects at the School Routine Examinations. 21 of these children were referred for treatment.

Below is an analysis of cases referred to the Infirmary during 1950.

Type of Defect		No.
General Posture	 	 3
Flat feet and knock knees	 	 6
Others	 	 12

(g) Diseases of the Skin. The number of cases of scabies fell to a record low level of 19. (20 in 1949, 23 in 1948 and 113 in 1947).

Other skin diseases including impetigo, totalled 137, compared with 153 in 1949.

(h) Speech Defects. Speech therapy continues for two sessions weekly at the Education Offices in Guild Street. As in previous years, some excellent results have been obtained, and tribute must be paid to Miss Coleman, S.R.N., for her enthusiasm and hard work in obtaining such good results.

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

Number of numils treated for speech defects

Number of pupil	s treated	1 101 5	peccii c	iciccis	 121
Defects treated	:				
Defective cons	onants				 107
Stammering	"				 19
Cleft palate					 1

Results of treatment:

	Cured	Improved	Unchanged
Stammering	 11	8	_
Defective Articulation	 56	51	-
Cleft Palate	 _	1	_

(i) Infestation with Vermin. There was a decrease in the number of children found infested with vermin, the proportion of pupils infested being, 7.1%.

As previously, the older girls at school are the worst offenders, and had to be sent time after time to the School Clinic for treatment. The routine procedure is to exclude the child from school until certified clean.

The total number of school examinations by School Nurses was 18,890. 480 children were found to be infested with vermin, and there were 307 exclusions.

Constant watch has to be kept on the older girls at school. One would imagine that a sense of shame would prevent these girls from being found in such a state, but this is not the case.

Children found at school in a dirty or verminous condition are always advised of the simple rules of hygiene by either the Medical Officers or the School Nurses.

No cleansing notices were issued in 1950, 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 Partially Sighted Deaf Partially Deaf Delicate Educationally Subnormal Epileptic Physically Handicapped Maladjusted Speech Defect Diabetic	- 2 1 1 - 1 2 - -	1 33 - 1 - 35	1 - - - 1 2 - - -	1 - 1 33 1 2 1 - -

Ascertainment of Educationally Subnormal Children continued throughout the year, and it is satisfactory to be able to report that 47 children were assessed during 1950. The number assessed during 1949 was 24.

Below is a table showing the number of children examined, and the action taken during 1950:—

Total number of children tested under Section 57(5) of the Education Act, 1944	8
Total number of children tested under Section 57(3)	
of the Education Act, 1944 and referred to the	
Local Authority	9
Total number of children tested and found	
Educationally Subnormal	11
Total number of children tested and found Epileptic	1
Total number of children tested and found Maladjusted	1
Total number of children tested and found normal	15
Total number of children tested but tests not completed	2

Under Section 57(3) of the Education Act, 1944, if, after considering the advice given with respect to any child by a Medical Officer in consequence of any such medical examination, as aforesaid, and any reports or information which the Local Education Authority are able to obtain from teachers or other persons, with respect to the ability and aptitude of the child, the Authority decide that the child is suffering from a disability of mind of such a nature, or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the Authority to issue to the Local Authority, for the purpose of the Mental Deficiency Act, 1913, a report that the child has been found incapable of receiving education at school.

Under Section 57(5) of the Education Act, 1944, if the Local Authority are satisfied that any child in attendance at a school maintained by them, or at any special school not so maintained, is suffering from a disability of mind of such a nature, or to such an extent that he will, in their opinion, require supervision after leaving school, the Authority shall, before the child ceases to be of compulsory school age, issue to the Local Authority for the purposes of the Mental Deficiency Act, 1913, and to the parent of the child, a report, that, by reason of disability of mind, the child may require supervision after leaving school.

It is to be hoped that Head Teachers and others concerned will bring to the notice of the Medical Officers any children whom they know to be mentally retarded.

During the year, a special class for retarded children was started at Wetmore Road School.

The maximum attendance at the class was 15. The average attendance during the year was 12.

This class was visited during the year. The children were very happy in their work, and one gets an impression that they are being treated as individuals for the first time. The teacher is able to give them individual care.

The curriculum is very varied. The intelligence quotient of the children attending this class ranges from 63 to 84. The mental age of the children ranges from 5 years 9 months, to 8 years 7 months. The chronological ages range from 9 years 5 months to 10 years 8 months.

There is no doubt that the children in this class, who come from different schools in the County Borough, have benefited considerably from attending at this school, and Mr. Bladon must be congratulated on his keeness and enthusiasm in conducting the affairs of this class.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. There were two cases of Diphtheria in the Borough during 1950. One of the cases had received a full course of immunisation.

During 1950, 105 children completed a full course of immunisation. 287 children received "booster doses."

During the period of the poliomyelitis epidemic, the antigen, formol-toxoid, was used to diminish the risk associated with intramuscular injections and poliomyelitis.

It is estimated that 95% of school children in the Borough are protected against diphtheria.

Scarlet Fever. There were 45 cases of scarlet fever during 1950. Only 6 cases necessitated removal to hospital. This disease still continues in a mild form.

Measles. 70 cases of measles were notified this year as compared with 310 cases during 1949.

A high incidence can be anticipated in 1951, as biennial periodicity is characteristic of this disease.

6. Tuberculosis.

There were 3 cases of pulmonary tuberculosis in school children during the year. One case was admitted to a Sanatorium. Two cases are being kept under observation.

There were 2 cases of non-pulmonary tuberculosis notified during 1950.

One case died in hospital, and the other remains under observation.

B.C.G. Vaccination against Tuberculosis was started in April, 1950, and 69 school children (contacts of cases of Pulmonary Tuberculosis) were tuberculin tested.

16 were found to have a negative Mantoux or Jelly Test-23%.

53 contacts had a positive result-77%.

12 school children were successfully vaccinated during 1950.

The tests prior to vaccination and after vaccination take a period of three months, and it is satisfactory to report that the work of this clinic has progressed smoothly during the year.

Time alone can tell if B.C.G. vaccination will be as successful here as it has been in other countries, notably the Continent, Canada and America.

All school children who have a positive tuberculin test are watched closely at school, and if there is any suspicion of activity of the disease they are referred to the Chest Clinic.

7. Deaths of Children of School Age.

There were 5 deaths amongst school children. Two of these were due to accidents, two to violence, and one to tuberculous meningitis.

8. Minor Ailments.

During 1950, there were 4,234 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This shows an increase of about 200 on the attendances for 1949.

This Clinic is open on weekdays from 9—10 a.m. and a Medical Officer is always in attendance between these hours.

9. Transitionally-Assisted Schools.

Medical Inspections were continued as usual at the Grammar School and the Girls' High School during 1950.

The following examinations took place during the year.

- 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.

Re-inspections were held, and special cases were seen during the year.

Parents attend well at the inspection of their children attending these schools, especially the Girls' High School.

10. Nursery Schools.

The nursery classes at Christ Church, Stafford Street and Short Street Schools continued as usual throughout the year. New children were seen with the entrants and re-inspection was carried out when necessary.

Immunisation against Diphtheria of those who needed it was also carried out.

11. Employment of School Children.

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

		Boys	Girls	Total
Newspaper delivery	1	 133	18	151
Parcel delivery		 5	1 1/12 110	5
Milk delivery		 2	a many and to	2
Meat delivery		 1	-	1
Telegram delivery		 1	-	1
Errands		 27		27
Shop Assistants		 -	2	2
		160		100
		169	20	189

12. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :-

Children		 	379,437
Staff and Helpers	-	 	42,620
Students		 	3,953

5,935 children were supplied with free milk during the year.

13. Physical Education.

General. The year has been one of steady consolidation, heightened by the appearance of the first fruits of the post-war building programme.

Visits to Schools. The Committee's Organisers continued their periodic visits to the schools, playing fields and swimming baths. Besides discussing the work with the teacher, verbal summaries of observations were made to the Head Teacher. In this way the cooperation of the Head Teachers was sought in the follow-up of the recommendations made. As in previous years where detailed guidance to a teacher was considered necessary, a series of demonstration lessons was given in the schools.

Work in the Junior Schools. By far the most important progress in providing facilities is to be recorded at Waterside Junior School. This school now has a spacious and beautifully-proportioned hall, which can be kept spacious by means of a chair store and an apparatus store. In addition there are adjoining shower baths and changing rooms together with two large rectangular asphalt playground courts.

In five other Junior and Infant schools the fixed playground apparatus has been enlarged and modified, while new fixed apparatus has been provided at Shobnall Road Junior School. In some of these six schools, it is the practice to allow the children to use the apparatus before and after the school sessions, and also during the school playtime. An observer would notice how the apparatus attracts the girls, while the boys continue their self-organised games with small balls. The ball has not lost its irresistible attraction for the boy. Authority was faced with eleven reported accidents on apparatus during the first six months of its installation. Of these, three were serious-damage to a spleen and two bone fractures. The height from which children fell varied from four feet to 10 feet. Six casualties were described as normal children by their teachers, while the remainder were variously described as-liable to fluster, excitable, suffers from giddiness, insubordinate. Each accident was carefully followed-up, and preventative action was taken in some cases—either by the modification of apparatus or limiting its use to normal physical education lessons, which ensured supervision. Speaking generally the modifications to apparatus has been to provide narrower grips rather than to reduce the height.

The Junior Inter-Schools Athletics Meeting was discontinued and this resulted in a much greater variety of activities being included in the Field Day programmes. Again most of the Junior Schools arranged Field Days.

Work in the Secondary Schools. Permanent Basket Ball equipment has been installed at Anglesey and Hill Street Secondary Schools for the joint use of the school and L.E.A. Youth Clubs. The fully-equipped gymnasium at Victoria Secondary Modern School came into use by the Victoria Youth Club and the Technical College, but it is discouraging to note that so far this gymnasium has not been used more fully during the evenings.

Playing Fields. It is now ten years since this Authority appointed an Organiser of Physical Education. From that appointment there has been a continued effort to increase the number of pitches, to improve their quality and to provide adequate ancillary changing rooms and lavatories. This table shows the past and present position.

Year	Number of playing pitches							
	Hockey	Rugby	Association	Handball	Athletic			
1939	 3	1	1	0	2*			
1950	 8	3	14	4	4*			
		* Gra	ss Tracks.					

The expansion has been brought about by developing sites owned by this Committee before 1939 and by renting others from the Parks Department. The figures do not include the use of Recreation Grounds.

Since 1939 the Committee has provided seven changing rooms each large enough for thirty players, besides providing storage lockers for games equipment.

Side by side with this provision there has been evidence of a gradual improvement in the social behaviour on the playing fields—a decrease in cycling across pitches, less litter and less pre-match practice in goal mouths. This change has not been automatic, but is the direct result of insistence against these abuses, by the games teachers.

Activities out of School Hours. The Schools' Athletic Association has continued its valuable contribution to the leisure hours of the school children. The Football Section arranged some 110 inter-school matches, besides coaching a borough team for the County Competition.

Two inter-school galas and a swimming match league were arranged by the swimming section and the section again carried out the tests for the Committee's Swimming Awards. An inter-secondary school Athletic Meeting was staged and a team represented the Borough in the Derbyshire County Championships. A serious attempt was made to establish cricket in the secondary modern schools and a start has been made in arranging inter-school fixtures.

The wide range of physical activities that demand teacher supervision out of school hours makes it imperative that the duties should be spread amongst the whole Staffs and not be confined to those teachers responsible for physical education. The Grammar School has for a long time harnessed the Staff's abilities for these duties and this example might well be followed in the Secondary Modern Schools.

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, 1950

The Children's Care Committee was appointed by the Education Committee for work in 1950, and was constituted as follows:

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

The Officers were elected for 1950, viz.:-

Chairman Mrs. Rowland
Vice-Chairman Mrs. Macgilp
Hon. Secretary and Treasurer ... Miss Evershed

In May the resignation of Mrs. Rowland was received with very great regret. Mrs. Rowland had been a member of the Committee since the year 1922, and Chairman since January, 1946. The Committee record their appreciation of her long, faithful and conscientious service.

Mrs. Macgilp was elected Chairman and Mrs. Piddocke, Vice-Chairman.

In July, Mrs. W. Harris was appointed a member of the Committee.

The Committee met six times during the year.

33 Cases were reported to them and were dealt with as follows:-

```
1. Boy aged
               5 years. Sent to Open-Air School, Smethwick, for 7 weeks.
 2. Boy aged
               61 years. Sent to Convalescent Home, St. Annes for 3 weeks.
 3. Girl aged
                  years.
                                    do.
                                                     St. Annes for 3 weeks.
 4. Boy aged
               5 years.
                                    do.
                                                     St. Annes for 3 weeks.
               8½ years.
 5. Boy aged
                                    do.
                                                     St. Annes for 3 weeks.
 6. Boy aged
               9 years.
                                    do.
                                                     St. Annes for 3 weeks.
 7. Girl aged 11 years.
                                    do.
                                                     St. Annes for 3 weeks.
 8. Girl aged
              6 years.
                                    do.
                                                     St. Annes for 3 weeks.
 9. Boy aged
               8 years.
                                    do.
                                                     St. Annes for 3 weeks.
10. Boy aged
              6 years.
                                    do.
                                                     St. Annes for 3 weeks.
11. Girl aged
                  years.
                                    do.
                                                     St. Annes for 3 weeks.
               6½ years.
12. Girl aged
                                    do.
                                                     St. Annes for 3 weeks.
13. Boy aged
               6½ years.
                                    do.
                                                     St. Annes for 2 weeks.
14. Girl aged
              81 years.
                                    do.
                                                     St. Annes for 2 weeks.
15. Girl aged
                  years.
                                    do.
                                                     St. Annes for 3 weeks.
              5 years.
16. Girl aged
                                    do.
                                                     St. Annes for 3 weeks.
17. Boy aged
              7 years.
                                    do.
                                                     St. Annes for 3 weeks.
18. Boy aged
              6 years.
                                    do.
                                                     St. Annes for 3 weeks.
              9 years.
19. Boy aged
                                    do.
                                                     St. Annes for 3 weeks.
20. Boy aged
              9 years.
                                    do.
                                                     St. Annes for 3 weeks.
21. Girl aged 6 years.
                                    do.
                                                     St. Annes for 3 weeks.
22. Girl aged 12 years.
                                    do.
                                                     St. Annes for 4 weeks.
23. Girl aged
                  years.
                                    do.
                                                     St. Annes for 4 weeks.
24. Boy aged
             4
                  years.
                                    do.
                                                     Broadstairs for 8 weeks.
25. Girl aged 10
                  years.
                                    do.
                                                     Bournemouth for
                                                                   4 weeks.
                  years. Sent to Open-Air School, Smethwick for 16 weeks.
26. Boy aged 10
27. Boy aged 5
                  years. Waiting to go to Convalescent Home.
28. Girl aged 12
                  years. Waiting to go to Convalescent Home.
29. Boy aged 11½ years. Recommended for Convalescent Treatment.
                           Could not be admitted on account of his age.

    Girl aged 14 years. Recommended for Convalescent Treatment.

                           Could not be admitted on account of her age.

    Girl aged 14 years. Recommended for Convalescent Treatment.

                           Could not be admitted on account of her age.
32. Boy aged 9 years. Recommended for Convalescent Treatment.
                           Parents did not wish him to go.
33. Boy aged 10 years. Recommended for Convalescent Treatment.
                           Parents sending him to relatives.
```

The age limit at which children could be admitted to Convalescent Homes was lowered during the year, and therefore it was found impossible to send three away who were recommended. The journey to St. Annes being one with two and three changes, it was found to be necessary, for safety, to provide escorts for the children travelling, this bringing extra expense to the Committee.

The Voluntary Aid Association provided railway fares for five children, and the Committee acknowledge their assistance.

The trustees of the Burton Consolidated Charities maintained two children in an Open-Air School from which they derived great benefit. For this generous help and for their annual grant of £25, and for providing maintenance at Convalescent Homes for 24 children for 78 weeks, the Committee record their grateful appreciation.

L. H. GEORGE, Chairman.

PHYLLIS M. EVERSHED, Hon. Secretary.

MEDICAL IN	SPECTI	ON TA	ABLES	5, 1950	
Number of Children.					
Average number of chil	dren on t	he roll		/.	. 6,846
Average attendance					
	Table	1			
Medical Inspection of P	upils at	tending	Mair	tained	Primary
	econdar				
A.—PERIODIC	MEDIC	AL IN	SPEC	TIONS.	
Number of Inspections in th					
Entrants					670
					666
Third Age Group					512
Tota			100		1,848
N. I. C.I. D. III				33	-,010
Number of other Periodic	Inspection	ons			-
Gran	d Total				1,848
В.—ОТНЕ	R INSP	ECTIO	NS		
Number of Special Inspection	ons				1,629
Number of Re-Inspections					6,271
Total			.:		7,900

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	For defective vision (exclud- ing squint)	For any of the other conditions recorded in Table 11A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	5 29	94 63	97 89
Third Age Group Total (prescribed groups) Other Periodic Inspections	29 8 42 —	179 —	89 29 215
GRAND TOTAL	42	179	215

Table 2(a)

Defects found by Medical Inspection

		SPEC		iodic ctions	Inspe	ecial ections
	MARKET LANGUE TO BE AND ADDRESS OF THE PARKET.		No. of	Defects	No. of	Defects
Defect Code No.	DEFECT OR DISEASE		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		. 23	30	145	19
5	Eyes—(a) Vision (b) Squint (c) Other	:: ::	. 5	132 14 13	118 16 146	49 11 8
6	Ears—(a) Hearing (b) Otitis Media (c) Other	:: :	. 13	3 11 —	1 32 7	17 16 —
7	Nose or Throat		. 61	144	48	40
8	Speech		. 14	7	56	17
9	Cervical Glands		. 2	60	1	24
10	Heart and Circulation	logs	. 2	58	-	21
11	Lungs		. 2	96	1	40
12	Developmental— (a) Hernia (b) Other	: :	10000	3	1 _	31
13	Orthopaedic— (a) Posture (b) Flat foot (c) Other	:: :	. 3	32 24 8	1 3 4	10) 1 1 1 1
14	Nervous system—(a) Epilepsy (b) Other	:: :	1 2	8 24	2 4	22 133
15	Psychological— (a) Developmen (b) Stability	nt .	1	1 9	-	4 4 6 6
16	Other		. 25	87	150	1300

Table 2(b)

Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	No. of pupils		A (Good)		B (Fair)		C (Poor)
(1)	Inspected (2)	No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
trants	670 666 512	87 175 203	13.0 26.3 39.6	560 419 259	83.6 62.9 50.6	23 72 50	3.4 10.8 9.8
Inspections		-	-	-	- 0	-	-
ΓAL	1848	465	25.2	1238	67.0	145	7.8

Table 3.

Infestation with Vermin.

(i)	Total number of examinations in the Schools by the School	
	Nurses or other authorized persons	18,890
(ii)	Total number of individual pupils found to be infested	480
(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)	La Lake

Table 4 Treatment Tables Group 1.-Minor Ailments (excluding Uncleanliness).

Group 1.—Minor Am	ment.	CAC	iudin,	5 01	icicammess).
				1	
(a) SKIN—					Number of Defects treated, or under treatment during the year
Ringworm—Scalp—					
(i) X-Ray Treatment.					_
(ii) Other Treatment					
Ringworm—Body					1
Scabies					19
Impetigo					37
Other Skin Diseases					80
EYE DISEASE (External ar			excludin	ng	
errors of refraction, squint					
hospital)					153
EAR DEFECTS Treatment		rious d	iseases	of	-33
the ear (e.g. operative trea					
recorded here, but in the					
Medical Officer's Annual			c ocno		53
MISCELLANEOUS (e.g. n			bruise		
sores, chilblains, etc.)		injuries			249
sores, chirolanis, etc.)					249
TOTAL				-	592
TOTAL					392
b) Total number of attendances	s at A	uthority	's Min	or	
Ailments Clinics					4234
Timiento Cimico				-	
c) Total number of attendance	s inclu	ding u	ncleanl	iness	6272
c) Total number of attendance	J IIICIC				02.72
Group II.—Defective Vision	on and	a Squ	int (ex	kclu	ding Eye Disease
4		11			T)
treated as Mi	nor F	ulme	nts—(Jrou	p 1).

Errors of Refraction (in							No. of Defects dealt with 235
Other Defect or Disease	e of the	e Eyes (exclud	ing tho	se reco	rded	
in Group 1)							-
Total							235
							-
No. of Pupils for whom	specta	acles we	ere-				
(a) Prescribed							215
					PH PRES		145
(b) Obtained							145

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

Received Operative Treatment—			Total number
(a) For Diseases of the Ear			10
(b) For Adenoids and Chronic Tonsillitis			167
(c) For other Nose and Throat Conditions			_
eceived other forms of Treatment			_
TOTAL		Le.	177
Group IV.—Orthopaedic and Pos	tural	Dei	fects.
Number treated as In-Patients in Hospitals of Schools	r Hos	pital	12
Number referred for treatment, e.g., in Clinic Patient Departments	es or	Out-	21
		I the said	and T
Froup V.—Child Guidance Treatment a	ind S	Speed	ch Therapy
Group V.—Child Guidance Treatment a	and S	Speed	ch Therapy

Table 5.

Dental Inspection and Treatment.

1.	Number	of Pupils inspected	by th	ne Aut	hority's	Denta	1 Office	ers—	
	(a)	Periodic Age Grou	ips						4572
	(b)	Specials							816
	(c)	TOTAL (Periodic	c and	Specia	ls)				5388
2.		found to require to		ent		- • •			3124
3.		referred for treatm							2308
4.		actually treated			**				2329
5.		ices made by pupil	s for t	reatme	nt				2890
6.		s devoted to:							
	(a)	Inspection							33
	(b)	Treatment				See			441
		TOTAL (-)1	(1)						474
		TOTAL (a) and	(0)						474
7.	Fillings-	-							
	Perr	nanent Teeth							614
	Ten	porary Teeth							120
		TOTAL							734
									-
8.		of teeth filled—							
		nanent Teeth							586
	Ten	nporary Teeth							118
		TOTAL							704
9.	Extractio	ns—							
	Perr	nanent Teeth							237
	Ten	nporary Teeth							2284
		TOTAL							2521
10.	Administ	ration of general a	næsthe	etics fo	r extra	ction			856
11.		perations—							
-		Permanent Teeth							360
	(b)	Temporary Teeth							67
		TOTAL ()	(1)						
		TOTAL (a) and	(b)						427

TRANSITIONALLY-ASSISTED SCHOOLS

Return of Medical Inspections for the year ended the 31st December, 1950

A.—ROUTINE MEDICAL INSPECTIONS

	(Under	9	years	 -
		9	,,	 -
	185	10	,,	 -
	Ba III	11	,,	 9
		12	>>	 42
Age .		13	,,,	 5
)	14	,,,	 2
		15	,,,	 139
	1	16	,,,	 37
	51 1	17	>>	 70
		18	,,	 12
				_
				316
				_

B.—OTHER INSPECTIONS

Number of special inspections	 	 49
Number of re-inspections	 	 827
		876
		-

C.—INDIVIDUAL CHILDREN

Found to require treatment		 38
(excluding uncleanliness and dental	diseases)	

TRANSITIONALLY-ASSISTED SCHOOLS

A Return of Defects found by Medical Inspection in the year ended 31st December, 1950

	ended fist become				200
	SEQ1_restances(E-p)	Peri	odic ctions		ctions
		No. of	Defects	No. of	Defects 1
Defect Code No.	DEFECT OR DISEASE (1)	Requiring Treatment	Requiring to be kept sunder observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept G under observation, but not requiring
4	Skin	4	11	8	
5	Eyes—(a) Vision	12	39	6	1 1
	(b) Squint (c) Other	1	1 2	5	3 3
6	Ears—(a) Hearing (b) Otitis Media	_	3 2	-	
	(b) Otitis Media (c) Other	2 1	_	=	==
7	Nose or Throat	1	11	3	3
8	Speech	1	1	-	
9	Cervical Glands	2	8	-	
10	Heart and Circulation	Min Tona	7	MONTH IN	4
11	Lungs	-	7	mil/	2
12	Developmental— (a) Hernia (b) Other	=	=	_	=:
13	Orthopaedic— (a) Posture	_	17	1	1
	(b) Flat foot (c) Other	2	4 3	-1	1
14	Nervous system—(a) Epilepsy	_	_	_	
	(b) Other	mail min	2		-
15	Psychological— (a) Development (b) Stability	un <u>T</u> uni		=	-
16	Other	14	39	1	9
	TOTALS	40	157	25	24

TRANSITIONALLY-ASSISTED SCHOOLS

Return of Defects treated during the year ended the 31st December, 1950

Defective Vision and Squint

	Number	of defects deal	lt with
	Under Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (excluding			
squint)		2	_
Number of children for whom spectacles were (a) Prescribed		49	49 41