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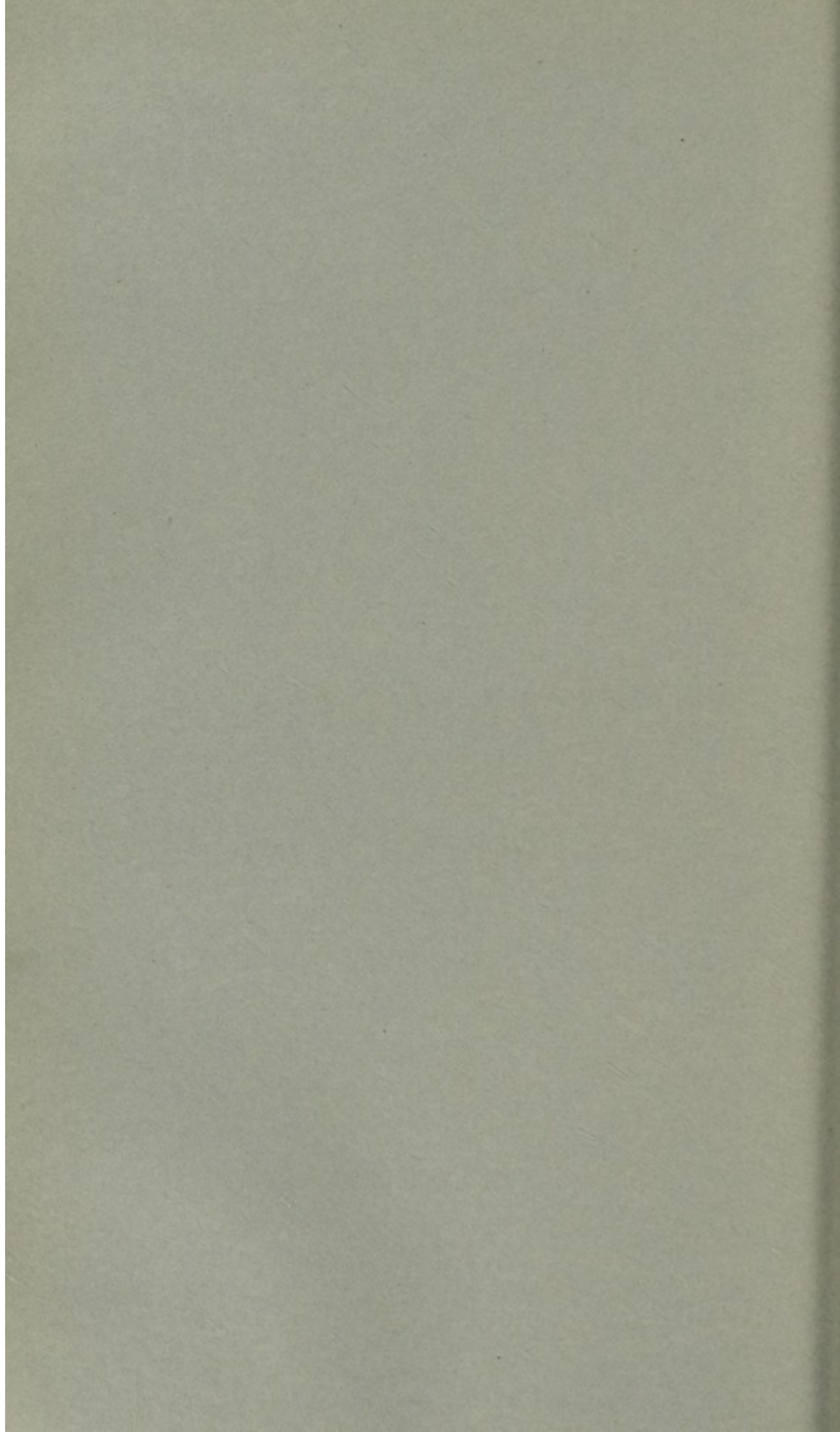
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County Borough of Burton upon Trent

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EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE  
SCHOOL HEALTH SERVICE

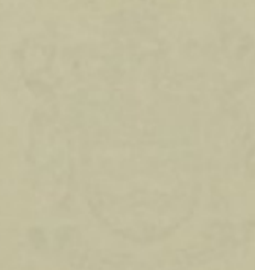
FOR THE YEAR 1952

BY

W. ALCOCK

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

*SCHOOL MEDICAL OFFICER*



County of Suffolk, City of Boston, ss.

EDUCATION COMMITTEE

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## SCHOOL HEALTH SERVICE

FOR THE YEAR 1922

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SCHOOL MEDICAL OFFICER



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## 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.  
(Resigned September, 1952)

A. S. CAREY, M.B., Ch.B., D.P.H.  
(Commenced October, 1952)

E. ANNE PERROTT, M.D., B.S., D.P.H.  
(Resigned May, 1952)

### *School Dental Officer :*

J. C. BROWN, L.D.S.  
(Commenced April, 1952)

### *School Nurses :*

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

### *Speech Therapist :*

MISS SYLVIA H. NORTH, L.C.S.T.  
(Commenced September, 1952)  
(Part Time).

### *Dental Attendant :*

MRS. N. E. WOOLLEY

### *Clerks :*

MRS. G. H. WATSON  
MISS M. BELL



# Annual Report of the School Medical Officer For the Year 1952

*To the Chairman and Members of the Education Committee.*

I have much pleasure in submitting my Annual Report for the year 1952. I had, however, terminated my appointment before the statistical material upon which the report is based, was available. It is therefore my successor, Dr. Mitchell, and his staff who have been responsible for its compilation.

Looking back over the seventeen years since I first commenced service with the Committee, it is gratifying to have seen the remarkable improvement which has taken place in the health of the school children. In former days tuberculosis—particularly in its bone-and-joint and glandular manifestations produced much invalidity and crippling deformity; infectious diseases, such as scarlet fever, whooping cough and measles only too frequently left their mark in the form of discharging ears, inflamed eyes, or damaged lungs, and rheumatic fever, with its dreaded complication, valvular heart disease, was comparatively common. Ringworm, impetigo and various septic conditions, contributed to the daily quota of minor ailments dealt with at the School Clinic, and much time and effort was spent in trying to cope with verminous children. Most of the above conditions have greatly declined in incidence. Ringworm has almost disappeared, tuberculosis has become uncommon, and the infectious diseases have not only declined in incidence but cause fewer complications. The incidence of skin sepsis, particularly scabies and verminous conditions, has been much reduced.

It is gratifying to record the high standard of nutrition of the children examined during 1952 and that the incidence of scabies, at one time so prevalent, reached the lowest recorded incidence.

From time to time outbreaks of plantar warts (warts on the soles of the feet) continue to occur. This is a contagious complaint, and I can only repeat the advice I have given on numerous occasions, that if children will inform their parents or teachers immediately the condition appears, it can be rendered non-contagious and cured by simple treatment.



During the late summer and early autumn a sharp outbreak of poliomyelitis occurred. This was, for a time, a source of considerable anxiety, but fortunately the outbreak remained remarkably localised. Whether this was the result of our activities or not I cannot say, for there are many puzzling features about this disease and until more information is available concerning its natural history, I doubt if we shall discover any really effective means of checking its spread.

In conclusion I desire to express my gratitude for the friendly support I have always had from the Director of Education and all members of the teaching staff, for the loyal collaboration I have received from my own colleagues and staff, and also my appreciation of the friendly and sympathetic spirit which the Committee have always shown to me, and I trust that my successor will be as happy in his association with the work of the School Health Service as I have been.

I am,

Your obedient servant,

W. ALCOCK,

**1. Staff Changes.** The following changes occurred in the full-time Dental and Nursing Staff during 1952.

Mr. J. C. Brown, L.D.S., commenced duty as full-time school dental officer in April. Before his arrival the work of the school dental service had been carried out by three part-time dentists, Mr. E. Wayte, Mr. A. W. Smith and Mr. R. C. D. Morrell.

Dr. E. Anne Perrott, who had been Assistant School Medical Officer since 1936, resigned in May to take up an appointment elsewhere. Unfortunately, her post remained vacant up to the end of the year, so that there was a shortage of one medical officer for seven months.

Dr. W. C. Collins resigned in September to take up another appointment having been Assistant School Medical Officer since 1949.

Dr. A. S. Carey was appointed Assistant School Medical Officer in October, 1952.



**2. Medical Inspection.** The system of medical inspection previously established was continued on the same lines in 1952. All pupils are examined three times during their school life, that is, between the ages of 5-6, 10-11, and 14-15. Owing to the lack of one Assistant School Medical Officer, however, it is becoming increasingly difficult to meet our commitments in respect of these routine examinations. Detailed figures relating to school inspections are given at the end of this report.

Children in their eighth and twelfth years are also inspected by the School Nurses and any defects of importance such as myopia or malnutrition, are reported to the Assistant School Medical Officers, who examine the children concerned either in school or at the School Clinic, and take any action considered necessary. Children with defects are re-inspected at school at intervals varying according to the type of defect.

The attendance of parents at the examinations of the older age groups continues to be poor, but it is extremely good at the initial examinations at infant schools. The interest and co-operation of parents is desirable at all the routine medical examinations of a child at school in order that the child may obtain the maximum benefit of any advice which the doctor may give.

There is a lack of suitable accommodation for medical inspections in most schools, but through the excellent co-operation of Head Teachers the work has progressed satisfactorily.

The School Clinic has continued to function as in previous years, and attendances have been satisfactory. Any child may be referred to the School Clinic for medical examination when this is considered necessary by the Head Teacher, School Nurse, parent or the child's own doctor.

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

(a) **General Condition.** The new category of classification, that is "A—good," "B—fair" and "C—poor" is now being used, and as previously, the overall picture has been taken into account, e.g. clinical findings, physique, the height-weight ratio and the general condition of the child.

The general condition of entrants during 1952 is shown below :

Entrants	A—good	B—fair	C—poor
1952	23.8	74.2	2.0



On the whole, the standard of nutrition is high, and the general condition of the children can be regarded as satisfactory.

The small percentage in category "C" are kept under strict observation, and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, and medical or surgical care when and where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 261 defects of the nose and throat, the great majority being as previously, enlargement of tonsils and adenoids.

Cases where operative treatment is considered necessary are, with the co-operation and assent of the general practitioners, referred to Mr. R. L. Flett, F.R.C.S., E.N.T. Surgeon at the General Infirmary, who has been most helpful in dealing with cases regarded by the School Medical Service as being in need of urgent treatment.

It is very satisfactory to be able to report that most of the children derive enormous benefit from having unhealthy tonsils or adenoids removed.

(c) **Ear Defects.** There has been a decrease in the number of cases of ear defects found amongst school children during the year.

Most of the children 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 (excluding those at the Medical Inspection) .. .. . 266

1. Minor conditions :—

Wax impaction .. .. .	4
Otitis Externa .. .. .	9
Catarrh of middle ear .. .. .	6
Earache .. .. .	5

—

24

—

2. Otitis Media. Result of Treatment :—

Ears dry .. .. .	11
Improved .. .. .	2
To Infirmary .. .. .	0

—

13

—



**Deafness.** Five children were resident in the Royal Institute for the Deaf at Derby during 1952.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Infirmary for school children continued to function extremely well.

- (a) The number of cases referred to the Ophthalmologist during 1952 was 186.
- (b) The number of cases seen during the same period was 148.
- (c) The number of cases to whom prescriptions for spectacles were given was 120.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic for school children, or to attend an optician of his or her own choice.

The number of Forms O.S.C. 10. (replacement or repair of spectacles) signed by the medical officers is still far too large, and there appears to be no limit to the number of times these forms may be signed for any particular individual.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment, are referred to the Burton upon Trent General Infirmary, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor degrees of defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

149 children were found with orthopaedic defects at the school routine examinations. 18 cases were referred for treatment, but in only 9 cases was hospital treatment considered necessary.

Below is an analysis of cases referred to the Infirmary during 1952.

<i>Type of Defect</i>	<i>No.</i>
General Posture .. .. .	2
Flat feet and knock knees .. .. .	3
Others .. .. .	4



(f) **Diseases of the Skin.** Once again the number of cases of scabies fell to the lowest ever recorded. The number of cases seen and treated was 3. This condition has progressively decreased since the end of the war, and it is unusual now to find a child suffering from it.

The number of cases seen previously is as follows :—

1951—6	1950—19	1949—20	1948—23
--------	---------	---------	---------

Other skin conditions including impetigo, totalled 224, compared with 223 in 1951.

(g) **Speech Defects.** Speech therapy continued to be given by Miss Coleman until the appointment of a qualified Part-time Speech Therapist, Miss S. H. North, in September. It was then decided to transfer the Speech Therapy Department from the Education Offices to the School Clinic, where suitable accommodation is available. The result has been extremely satisfactory, there being close liaison between the Speech Therapist and other members of the Clinic staff.

The Speech Therapist is available for three sessions weekly, but it has been found that this is insufficient to deal with the number of children being referred with speech defects. Consequently, priority for treatment has to be given to certain cases, and those with slight defects are put on the waiting list to be reviewed later.

The types of case being treated are as follows :—

Defective Articulation	..	..	..	23
Stammering	..	..	..	4
Cleft Palate	..	....	..	1
Language Impairment	..	..	..	1

Total Receiving Treatment	..	..	29
---------------------------	----	----	----

Number of cases on waiting list	..	46
---------------------------------	----	----

(h) **Infestation with Vermin.** There was a further decrease in the number of children found infested with vermin, the proportion of pupils infested being 2.1%.

The older age groups, especially girls, are still the worst offenders.

The appropriate treatment for these children is available at the School Clinic, and they are allowed to attend school if they are accepting this treatment. A child who does not attend the School Clinic for treatment is excluded from school until certified clean.



The total number of school examinations by School Nurses was 17,638. 176 children were found to be infested with vermin, and there were 11 exclusions.

No cleansing notices were issued during 1952, nor were any cleansing orders made.

(i) **Foot Defects.** The number of children attending the School Clinic for the treatment of plantar warts has increased again. 35 new cases were treated during the year.

A notable feature is that girls were seen about 5 times as frequently as boys, there being 29 girls and 6 boys. The age distribution of the cases is also interesting, there being only 7 cases at the ages of 7 to 10 years inclusive, compared with 25 at the ages of 11 to 14 years. The condition occurred most frequently at the ages of 11 and 12 years. We do not know why this infection should occur most frequently in girls of this age.

The results of treatment with Chlorosal were very good. Some cases required only one or two applications, but one resistant wart required 13 dressings. The average number of treatments required was 5.

The Head Teachers of the different schools have been requested to be on the look-out for such conditions and to urge affected children to seek the necessary treatment.

As plantar warts can be both painful and very disabling, it is very necessary that treatment should be established as soon as possible.

(j) **Report of School Dental Officer.** Mr. J. C. Brown, L.D.S., reports :—

The figures in the Annual Statistical Report show that the number of children treated as casual patients exceeds the number of children inspected in school and subsequently treated. This causes a less efficient use of the time spent in the surgery.

Owing to the fact that there was no full-time School Dentist from September 1951 to April, 1952, there are many children in whom dental decay has advanced to such a degree that extraction is unavoidable. Even so, this is one of the primary objects of the service, namely to remove sepsis and to relieve pain.



It is to be hoped that present plans for an increase in staff and expansion of the service will soon be fulfilled, so that this interim policy may be changed for the more satisfactory one of conservation of teeth.

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

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind .. ..	—	—	1	1
Partially Sighted .. ..	—	—	—	—
Deaf .. ..	2	—	1	1
Partially Deaf .. ..	3	3	1	4
Delicate .. ..	1	4	—	4
Educationally Subnormal	—	28	—	28
Epileptic .. ..	1	—	1	1
Physically Handicapped ..	2	2	5	7
Maladjusted .. ..	—	1	1	2
Speech Defect .. ..	—	—	—	—
Diabetic .. ..	—	—	—	—
	9	38	10	48

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 26 children were assessed during 1952.

Below is a table showing the number of children examined, and the action taken during 1952 :—

Total number of children examined under Section 57(5) of the Education Act, 1944 .. .. .	9
Total number of children examined under Section 57(3) of the Education Act, 1944 and referred to the Local Authority .. .. .	6
Total number of children examined and found Educationally Subnormal .. .. .	7
Total number of children examined and found Epileptic .. .. .	—
Total number of children examined and found Maladjusted .. .. .	1
Total number of children examined and found normal .. .. .	3
Total number of children examined but examination not completed .. .. .	—



Head Teachers are very helpful in bringing children whom they believe to be mentally retarded to the notice of the medical officers.

The special class for retarded children at Wetmore Road School is continuing to function satisfactorily.

This class was visited during the year, and I am impressed by the good results obtained with these retarded children. Each child needs the individual care which he obtains at this class.

## 5. Infectious Diseases.

**Diphtheria and Diphtheria Immunisation.** No cases of diphtheria were notified in the Borough during 1952. This is very satisfactory.

During 1952, 59 children completed a full course of immunisation, and 322 received a reinforcing or booster dose of diphtheria antigen. These numbers are much smaller than in 1951, this being due to the suspension of immunisation from August to October owing to the epidemic of poliomyelitis.

There was no need to change the antigen used during the year, and no severe reaction to immunisation has been recorded.

Combined protection against whooping cough and diphtheria was given when requested.

It is estimated that 96% of school children in the Borough are protected against diphtheria.

**Poliomyelitis.** Ten cases of poliomyelitis occurred in school children during 1952. Two boys developed a paralytic form of the disease in January.

The main epidemic occurred during the period July-September, 8 children being affected. There were 5 paralytic cases, and unfortunately there was one death, a girl of 14 years. This outbreak was remarkable because all the cases were confined to an area extending over only  $\frac{1}{4}$  mile square.

In an effort to limit the spread of the disease, certain Infant and Junior Schools in and near the infected area were not re-opened after the summer holidays but remained closed until the end of September.

**Scarlet Fever.** There were 19 cases of scarlet fever notified during 1952. Of these, 2 cases necessitated removal to hospital.



As previously, this disease continues to appear in a mild form and complications are rare.

**Measles.** 377 cases of measles were notified during 1952 as compared with 366 cases in 1951, and 70 cases during 1950.

The number of cases notified in 1952 is much higher than was anticipated. This is because the winter epidemic which was expected to arise during the early part of 1953 commenced, for reasons unknown, towards the end of 1952. This disease also continues to appear in a mild form.

## 6. Tuberculosis.

There were 3 cases of pulmonary tuberculosis notified during the year, all being treated in hospital.

1 case of non-pulmonary tuberculosis was notified during 1952, the child receiving treatment at the Infirmary. A number of children are kept under observation at school.

**B.C.G. Vaccination.** B.C.G. vaccination against tuberculosis, which started in April, 1950, is now progressing smoothly, and has been continued throughout the year.

Below is a list of the results :—

Total number of children (all ages) who attended the Infant Welfare Centre during 1952 .. .. .	88
Total number of children with a positive result (Mantoux or Jelly Test) .. .. .	36
Percentage with a positive result .. .. .	41%
Total number of children with a negative result (Mantoux or Jelly Test) .. .. .	52
Percentage with a negative result .. .. .	59%
Total number successfully vaccinated during 1952 .. .	45

The percentages of positive and negative cases are much the same as were found in 1951, but the number of children successfully vaccinated increased from 25 in 1951 to 45 in 1952.

The whole process takes three months. The same procedure as laid down by the Ministry of Health has been carried out as previously.

It is too early to assess the value of the results, but statistics compiled from other countries, notably, France, Denmark, Norway, Sweden, America, and Canada over many years suggest that B.C.G. vaccination does offer resistance against naturally acquired tuberculous infection.



Parents or foster parents of the children are very co-operative, and the reactions to vaccination were of such a minor nature that they did not need recording.

Those children who had a positive tuberculin test were referred to the Chest Clinic for further observation.

### 7. Deaths of Children of School Age.

There were 2 deaths of school children during the year. One was due to Schilder's disease, and the other was caused by poliomyelitis. This is the lowest number of deaths ever recorded in one year.

### 8. Minor Ailments.

During 1952, there were 4,066 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure shows a decrease of 422 on the attendances for 1951.

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

### 9. Nursery Schools.

The nursery classes at Christ Church, Stafford Street and Short Street Schools continued as usual until the summer holidays. Since then, these classes have had to be discontinued owing to lack of accommodation for the large number of new entrants of school age after the summer holidays. The number of children becoming 5 years of age was larger than usual owing to the increased birth rate in 1947.

### 10. Employment of School Children.

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

			Boys	Girls	Total
Newspaper delivery	..	..	122	18	140
Parcel delivery	..	..	5	—	5
Milk delivery	..	..	1	—	1
Errands	..	..	26	—	26
Shop Assistant	..	..	—	4	4
			<hr/>	<hr/>	<hr/>
			154	22	176
			<hr/>	<hr/>	<hr/>



### 11. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	..	..	..	469,699
Staff and Helpers	..	..	..	46,226
Students	..	..	..	3,643

7,316 children were supplied with free milk during the year.

13. **Children's Care Committee.** I am indebted to Miss Evershed for the following report, and I thank the Committee for this valuable assistance.

### CHILDREN'S CARE COMMITTEE

#### Report for the Year, 1952

The Children's Care Committee was appointed by the Education Committee for work in 1952, and was constituted as follows :—

Mrs. Curzon, Miss Evershed, Mrs. George, Mrs. W. Harris, Mrs. R. Lorimer, Mrs. Macgilp, Mrs. Morris, Mrs. Piddocke, Mrs. F. G. Thompson and Mrs. Walley.

The Officers elected for 1952 were :—

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

In March at the invitation of the Medical Officer, the Chairman and Hon. Secretary visited "The Hollies," Smethwick, and found it very well run with an extremely happy atmosphere. They could not report too highly on the care the children received.

On September 17th, the National Sunday School Union Convalescent Home at St. Annes-on-Sea closed down. This was a great loss to the Committee as the Home had taken practically all the children in need of Convalescent treatment since the Southport Home was taken over by the Hospital Service in 1949, and the Staff had been very helpful and co-operative.

The Committee met six times during the year.



24 cases were reported to them, and were dealt with as follows :—

- |                         |  |                                  |
|-------------------------|--|----------------------------------|
| 1. Boy aged 7½ years.   | Sent to Open-Air School,   | Smethwick for 18 weeks           |
| 2. Girl aged 13 years.  | Sent to Open-Air School,   | Smethwick for 26 weeks           |
| 3. Boy aged 5 years.    | Sent to Convalescent Home,   | St. Annes for 12 weeks.          |
| 4. Girl aged 10½ years. | do.  | St. Annes for 4 weeks.           |
| 5. Girl aged 6½ years.  | do.  | St. Annes for 4 weeks.           |
| 6. Boy aged 9 years.    | do.  | St. Annes for 4 weeks.           |
| 7. Boy aged 6 years.    | do.  | St. Annes for 4 weeks.           |
| 8. Girl aged 14½ years. | do.  | St. Annes for 4 weeks.           |
| 9. Girl aged 5 years.   | do.  | St. Annes for 4 weeks.           |
| 10. Boy aged 6 years.   | do.  | St. Annes for 4 weeks.           |
| 11. Boy aged 7 years.   | do.  | St. Annes for 4 weeks.           |
| 12. Boy aged 4½ years.  | do.  | St. Annes for 4 weeks.           |
| 13. Boy aged 6 years.   | do.  | St. Annes for 4 weeks.           |
| 14. Boy aged 11½ years. | do.  | St. Annes for 3 weeks.           |
| 15. Boy aged 11 years.  | do.  | West Kirby for 8 weeks.          |
| 16. Boy aged 11 years.  | do.  | West Kirby for 10 weeks          |
| 17. Girl aged 6 years   | do.  | Charnwood Forest<br>for 4 weeks. |
| 18. Boy aged 9 years.   | Recommended for Convalescent treatment but not<br>well enough to go. |                                  |
| 19. Boy aged 6 years.   | Recommended for Convalescent treatment but not<br>well enough to go. |                                  |
| 20. Boy aged 10 years.  | Recommended for Convalescent treatment and<br>awaiting a vacancy.    |                                  |

Two girls were recommended for Convalescent treatment, but their parents did not wish them to go away.

Two boys, over 12 years old, were recommended but no Convalescent Homes could be found to admit them because of their age.

Thanks are due to the Voluntary Aid Association for paying one railway fare. The two children who were sent to the Open-Air School, Smethwick for long periods returned a great deal better in health.

This special Home is available through the generosity and interest of the Trustees of the Burton-on-Trent Consolidated Charities. The Trustees also gave a Grant of £75, and provided maintenance at Convalescent Homes for 15 children for 77 weeks. Without the help of the Trustees the Committee could not work and they record their grateful appreciation of their assistance.

Thanks are due also to Dr. Alcock for his help in finding new Convalescent Homes to which to send the children.

ETHEL M. MACGILP, *Chairman.*

PHYLLIS M. EVERSLED, *Hon. Secretary.*



# MEDICAL INSPECTION TABLES, 1952

## Number of Children.

Average number of children on the roll	..	..	8,282
Average attendance	..	..	7,502

**Table 1**

## Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

### A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	650
Second Age Group	..	..	..	..	..	644
Third Age Group	..	..	..	..	..	636
Total	..	..	..	..	..	1,930
Number of other Periodic Inspections	..	..	..	..	..	316
Grand Total	..	..	..	..	..	2,246

### B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	1,346
Number of Re-Inspections	..	..	..	..	2,823
Total	..	..	..	..	4,169

### 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	9	54	61
Second Age Group	26	52	77
Third Age Group	26	38	63
Total (prescribed groups)	61	144	201
Other Periodic Inspections	3	23	26
GRAND TOTAL	64	167	226

**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	..	..	..	..	..	33	57	208	21
5	Eyes—(a)	Vision	..	..	..	..	64	189	109	81
	(b)	Squint	..	..	..	..	8	15	28	6
	(c)	Other	..	..	..	..	21	16	106	2
6	Ears—(a)	Hearing	..	..	..	..	—	6	—	11
	(b)	Otitis Media	..	..	..	..	10	12	48	7
	(c)	Other	..	..	..	..	—	2	7	—
7	Nose or Throat	..	..	..	..	..	33	140	32	56
8	Speech	..	..	..	..	..	4	10	37	13
9	Cervical Glands	..	..	..	..	..	1	66	2	26
10	Heart and Circulation	..	..	..	..	..	—	38	—	11
11	Lungs	..	..	..	..	..	—	92	—	46
12	Developmental—(a)	Hernia	..	..	..	..	1	5	3	3
	(b)	Other	..	..	..	..	1	8	—	—
13	Orthopaedic—(a)	Posture	..	..	..	..	3	45	3	11
	(b)	Flat foot	..	..	..	..	3	44	8	12
	(c)	Other	..	..	..	..	12	42	9	17
14	Nervous system—(a)	Epilepsy	..	..	..	..	1	5	—	3
	(b)	Other	..	..	..	..	3	26	—	12
15	Psychological—(a)	Development	..	..	..	..	—	2	—	—
	(b)	Stability	..	..	..	..	—	12	—	11
16	Other	..	..	..	..	..	19	156	152	87



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)
Intrants .. ..	650	155	23.8	482	74.2	13	2.0
Second Age Group .. ..	644	153	23.7	439	68.2	52	8.1
Third Age Group .. ..	636	142	22.3	420	66.1	74	11.6
Other Periodic Inspections .. ..	316	79	25.0	211	66.8	26	8.2
TOTAL .. ..	2246	529	23.5	1552	69.2	165	7.3

Table 3.

### Infestation with Vermin.

- |       |  |        |
|-------|--|--------|
| (i)   | Total number of examinations in the Schools by the School Nurses or other authorized persons .. .. .                 | 17,638 |
| (ii)  | Total number of <i>individual</i> pupils found to be infested ..   | 176    |
| (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) ..  | —      |



**Table 4**  
**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.   ..   ..   ..   ..	—
(ii) Other Treatment   ..   ..   ..   ..	—
Ringworm—Body   ..   ..   ..   ..	—
Scabies   ..   ..   ..   ..	3
Impetigo   ..   ..   ..   ..	56
Other Skin Diseases ..   ..   ..   ..	168
EYE DISEASE (External and other, but excluding errors of refraction, squint and cases admitted to hospital)   ..   ..   ..   ..	119
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   ..   ..	47
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)   ..   ..   ..   ..	238
TOTAL   ..   ..   ..   ..	<u>631</u>

(b) Total number of attendances at Authority's Minor Ailments Clinics   ..   ..   ..   ..	4066
(c) Total number of attendances including uncleanliness	<u>4749</u>

**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)   ..   ..   ..	148
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)   ..   ..   ..   ..   ..   ..	—
Total   ..   ..   ..   ..   ..   ..	<u>148</u>
No. of Pupils for whom spectacles were—	
(a) Prescribed   ..   ..   ..   ..   ..   ..	120
(b) Obtained   ..   ..   ..   ..   ..   ..	114

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

	Total number treated
Received Operative Treatment—	
(a) For Diseases of the Ear .. .. .	1
(b) For Adenoids and Chronic Tonsilitis .. .. .	150
(c) For other Nose and Throat Conditions .. .. .	1
Received other forms of Treatment .. .. .	—
<b>TOTAL .. .. .</b>	<b>152</b>

### Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-Patients in Hospitals or Hospital Schools .. .. .	21
(b) Number referred for treatment, 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 .. .. .	29



Table 5.

**Dental Inspection and Treatment.**

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a) Periodic Age Groups .. .. .	1554						
(b) Specials .. .. .	2068						
(c) TOTAL (Periodic and Specials) .. .. .	3622						
2. Number found to require treatment .. .. .	3156						
3. Number referred for treatment .. .. .	2330						
4. Number actually treated .. .. .	2625						
5. Attendances made by pupils for treatment .. .. .	3028						
6. Half-days devoted to :							
(a) Inspection .. .. .	11						
(b) Treatment .. .. .	348						
TOTAL (a) and (b) .. .. .	359						
7. Fillings—							
Permanent Teeth .. .. .	801						
Temporary Teeth .. .. .	897						
TOTAL .. .. .	1698						
8. Number of teeth filled—							
Permanent Teeth .. .. .	789						
Temporary Teeth .. .. .	856						
TOTAL .. .. .	1645						
9. Extractions—							
Permanent Teeth .. .. .	318						
Temporary Teeth .. .. .	1116						
TOTAL .. .. .	1434						
10. Administration of general anæsthetics for extraction .. .. .	417						
11. Other Operations—							
(a) Permanent Teeth .. .. .	214						
(b) Temporary Teeth .. .. .	130						
TOTAL (a) and (b) .. .. .	344						

## Appendix

### 12.—PHYSICAL EDUCATION REPORT, 1952

I am indebted to Mr. J. W. Parkinson, Organiser of Physical Education for the following Report :—

#### **Work in the Junior Schools.**

The provision of small apparatus for individual use by whole classes at a time has continued. This has resulted in the activities becoming wholly objective in their conception, while the very act of handling something solid is a satisfying experience for children.

Small apparatus in use by a whole class calls for space and the general condition of large classes in reduced Halls has meant a greater call on the teacher's resourcefulness. The easy distribution and collection of the apparatus is essential too if the lesson is to proceed smoothly. So alongside the improved scope of the lesson has come a greater need for adequate lesson preparation.

The limited indoor space problem can be solved by the use of the school playgrounds whenever conditions permit. Quite apart from increased space, there is the undoubted tonic effect of cool air on the body. Some authorities regard this as an essential for growth.

It is beyond doubt however that movement is essential for growth for children of all ages and irrespective of their general intelligence. The segregation of "C" children in some schools has resulted in smaller classes and this has improved the effectiveness of the teaching of physical activities as in other subjects. Apart from the smaller classes the work undertaken with "C" children has followed closely to the normal. This in itself is a testimony to the patience, conviction and skill of the teaching.

#### **Equipment of the Secondary Modern Schools.**

The re-equipment of the modern schools to provide for a four years course in secondary education has continued. Portable apparatus in multi-purpose Halls has throughout presented the problem of neat and easy storage. In spite of various methods, the satisfactory storage of gym and agility mats has not been solved. To date the most promising results have been obtained with the mat trolley.



The need for climbing and heaving apparatus was apparent from the inception of these schools and it can be reported that all the modern schools with one exception are now equipped with climbing ropes or beams or both. The excepted school awaits the opening of a fully equipped gymnasium, together with changing rooms and shower baths in the latter part of 1954.

The most important piece of apparatus, however, is still the floor. The type of floor and its size is beyond the teacher's control, but with its cleanliness a teacher should be vitally concerned. A demand for a freshly swept floor for the afternoon session should be insistent; the demand can be strengthened by all users, if all portable apparatus is tidily stowed to make cleaning lighter work. It is a dis-service to physical education to allow it to be associated with dirty floors and a dusty atmosphere. Such conditions make Health Education a sham and pretence.

### **Facilities for Swimming.**

While this Authority has in the past few years provided facilities for school children to swim during school hours throughout the year, the need for economies this year, has meant a curtailment of the season to the summer term. The saving has been twofold—hire of the Baths and the cost of special transport.

The set back to school swimming is not denied. It has affected both Junior and Secondary Schools, but there is some consolation in the knowledge that its effect will not be so narrowing as it would have been seven years ago. The Authority's long term plans for improved facilities for every branch of Physical Education are now coming into being and the improvement in facilities for the next few years is assured.

For some years this Authority has borne the high and uncompromising cost of a scheme for encouraging promising swimmers to practise throughout the year in their own time without the payment of admission to the Baths. Despite careful selection in the first place and many checks subsequently to see that this opportunity was fully used, there was each year a considerable number of pupils who abused the scheme. The need for economy has led to a discontinuance of the scheme and its replacement by two weekly reservations of the Baths for one hour each during the winter months. This has enabled each



secondary school to run a swimming club out of school hours. without having to meet a hire charge out of school funds. To date the attendances and the keenness to use these facilities would seem to justify its continuance, should the schools so desire it.

### **Playing Fields.**

The long term maintenance scheme advocated by the Sports Turf Research Station is now beginning to show results. Quite apart from the improved appearance of the grass, the pitches are standing up to the wear much better particularly during December to March.

From time to time there is evidence that the fields and changing rooms are taken for granted. Damage to the changing rooms ; lack of consideration for other users ; frequent use of goal areas for unauthorised play ; cycling across pitches, all show that the provision of a playing field by itself is no asset. It would quickly become a bare piece of waste ground. Only when a playing field is properly used does it justify its provision and maintenance. The good games master is therefore doing much more than coaching games.

### **Cricket.**

The year saw the first fruits of the formation of a national organisation sponsored and controlled by the Marylebone Cricket Club to meet the special needs of young cricketers. The problem of providing more and better facilities for all boys between the ages of 11 and 18 years could only be tackled by decentralisation. The Derbyshire Advisory Council was set up and in turn the Burton and District Youth Cricket Advisory Council came into being.

A sub-Committee of the Burton Council is concerned with promoting cricket in the schools. A rough justification for teaching cricket as an item of the school curriculum is the belief that a boy will leave school the better for having been taught the game. If in the past the extent to which cricket models character has been exaggerated, these more modest claims may stand greater scrutiny :— the production of a high degree of bodily skill and self reliance ; a respect for perseverance and a standard of good manners.



Of all games cricket demands a sound basic training and the basic principles can be taught to whole classes at a time but it is probably the competitive urge of match-play which causes many to persevere in practice who would rebel against the aim of acquiring technique alone. The high degree of enthusiasm which is shown by the boy on leaving the Junior School will evaporate unless coaching and participation in cricket as a game go on side by side.

It is, therefore, pleasing to hear reports from one Secondary Modern School at least that inter-school fixtures are being arranged to cover the whole of the coming summer term. To await perfect facilities is to wait for ever.

The M.C.C. scheme has also promoted the playing of Junior County Matches. This has enabled the most naturally gifted cricketers to participate in the highest level of cricket commensurate with their age. In the first season two Burton schoolboys gained places in the Derbyshire Junior County Team.

A. H. BLAKE,

*Director of Education.*

J. W. PARKINSON,

*Organiser of Physical Education.*

3rd February, 1953.





