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County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

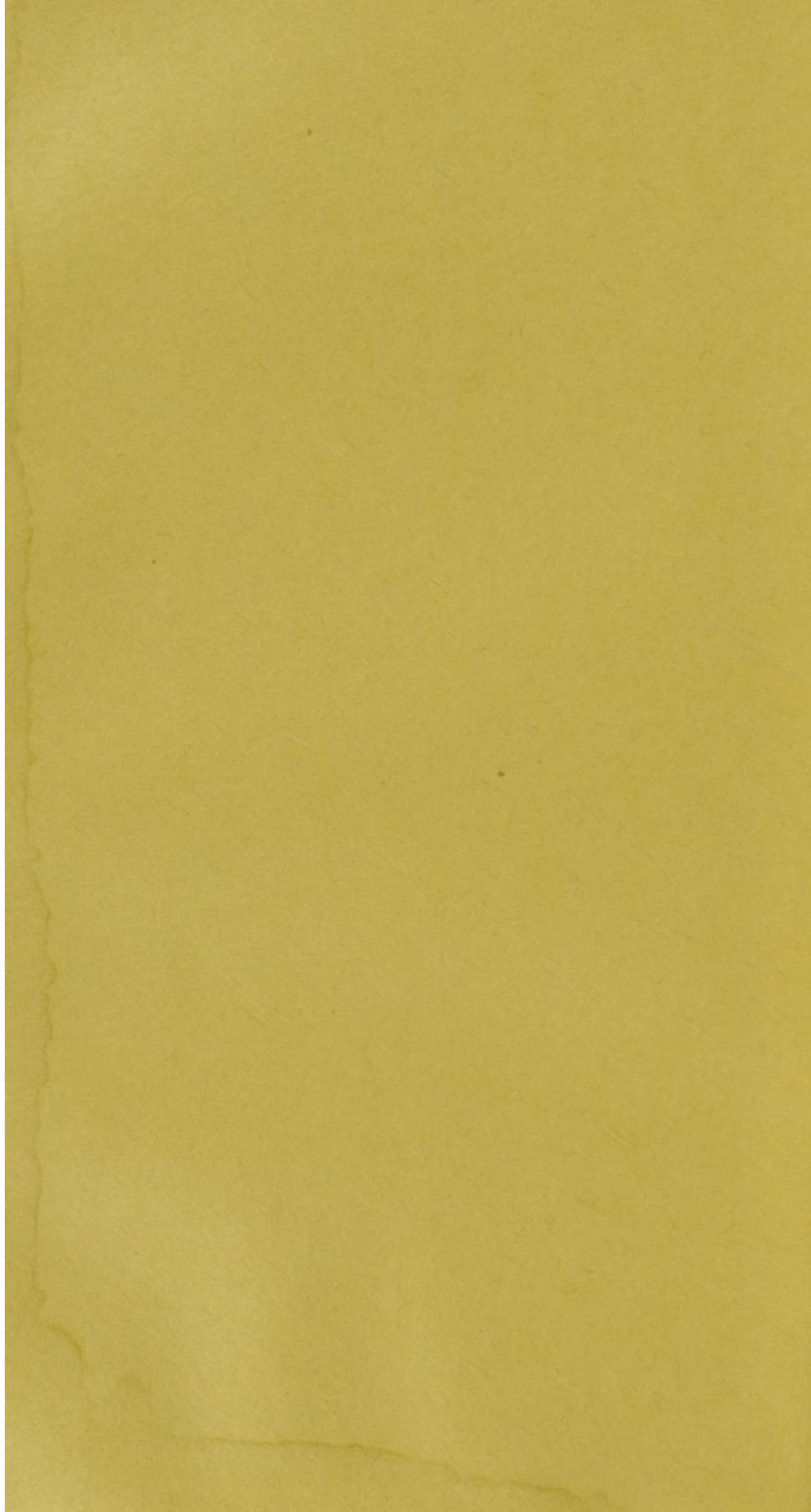
FOR THE YEAR 1956

BY

ROBERT MITCHELL

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

PRINCIPAL SCHOOL MEDICAL OFFICER





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Contents

Staff	3
Introduction	4
Staff Changes	6
Medical Inspection	6
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition	6
(b) Nose and Throat defects	7
(c) Ear defects	7
(d) Eye and Visual Defects	8
(e) Orthopaedic defects	8
(f) Diseases of the Skin	9
(g) Speech defects	9
(h) Infestation with vermin	13
(i) Foot Defects	13
(j) Report of the Principal School Dental Officer	13
Handicapped Pupils	19
Child Guidance Clinic	19
Infectious Diseases	20
Tuberculosis	20
B.C.G. Vaccination	20
Deaths of children of school age	21
Minor Ailments Clinic	21
Employment of School Children	21
School Meals Service and Free Milk Scheme	22
Report of Children's Care Committee	22
Appendix - Physical Education Report, 1956	32

STATISTICAL TABLES

Children on Roll—	25
Maintained Schools.	
Table 1.—Medical Inspection	25
Table 2.—Infestation with vermin	26
Table 3.—Defects found by Medical Inspection	27
Table 4.—Treatment	29
Table 5.—Dental Inspection and Treatment	31

Staff of the School Health Service

Principal School Medical Officer :

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

MICHAEL GIBBS, B.A., M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer :

P. DUFFIELD, L.D.S., B.D.S.
(Part Time)

Speech Therapist :

MRS. SYLVIA H. GIBBS, L.C.S.T.
(Part Time)

Educational Psychologist :

MRS. A. E. HENRY, Dip. Pysch.
(Resigned 30th September, 1956)

School Nurses :

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

MRS. J. FREEMAN, S.R.N., C.M.B. Part I

MISS S. DOLMAN, S.R.N.
(Commenced 1st November, 1956)

Dental Attendants :

MRS. N. E. WOOLLEY

MISS P. THOMPSON
(Part Time)

Clerks :

MRS. M. F. PERRY

MISS K. E. SCOTNEY

Annual Report of the Principal School Medical Officer For the Year 1956

To the Chairman and Members of the Education Committee,

I have the honour to present my Annual Report for the year 1956.

We were again fortunate in having our full complement of medical staff throughout the year, but all attempts to recruit an additional Dental Officer have been unsuccessful, with the inevitable result that the dental work has got into further arrears. The national shortage of dentists is due to insufficient numbers entering the profession; indeed, at present, the number of dentists qualifying to practice each year from the dental schools is insufficient to make up the annual wastage through death and retirement.

The general condition of the children in the schools continues to be very satisfactory. Of the children examined when entering school, 97.8% were considered to be satisfactory and only 2.2% were considered to be unsatisfactory. The Ministry have directed that this designation shall now be used instead of the previous categories, viz., A—Good, B—Fair, C—Poor. The small percentage considered unsatisfactory are kept under careful observation and everything possible is done to assist them, e.g., convalescent homes, ultra violet light therapy, and medical or surgical care, when and where necessary.

No cases of serious infectious disease in school children occurred during the year. There were 81 cases of mild scarlet fever compared with 26 cases in 1955. Only 2 cases required to be removed to hospital. There were 264 cases of measles compared with 760 cases in 1955. These were all mild and no cases required to be removed to hospital.

I am glad to report that from September, 1956, the Speech Therapist has been available for 7 sessions per week compared with 3 sessions per week previously. It is hoped that this will reduce considerably the waiting time between referral and treatment, despite the number of cases referred to this Department. A tape recorder has been provided for this Department and is proving a most useful addition to the equipment.

I wish to record my gratitude to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 15 children to have periods of 1—3 months stay at convalescent homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance of these children at the convalescent homes amounting in all to 104 weeks.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners, to the staff of the Burton upon Trent General Hospital for their co-operation, and to Dr. G. M. Curtois, who has been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

Principal School Medical Officer.

1. Staff Changes. The following changes occurred in the staff during 1956.

Miss Doleman was appointed School Nurse in November, to take the place of Miss Moore who retires next January.

2. Medical Inspection. The system of medical inspection previously established was continued. Pupils are examined three times during their school life, that is, between the ages of 5-6, 10-11, and 14-15.

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 Nurse and any defects of importance, such as myopia or malnutrition, are reported to the 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. Through the excellent co-operation of Head Teachers, however, 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.** On examination the children are divided into two categories: "Satisfactory" and "Unsatisfactory", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1956 is shown below :

Entrants	Satisfactory	Unsatisfactory
1956	97.8	2.2

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 the "Unsatisfactory" category 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 109 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 Hospital, who has been most helpful in dealing with cases regarded by the School Medical Service as being in need of urgent treatment.

It is satisfactory to be able to report that most of the children with unhealthy tonsils and adenoids derive benefit from having them 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)					50
1. Minor conditions :—					
Wax impaction	..	..	..	..	2
Otitis Externa	..	..	..	..	1
Earache	..	..	..	..	2
					—
					5
					—

2. Otitis Media. Result of Treatment :—

Ears dry	..	..	..	..	5
Improved	..	..	..	..	—
To Hospital	..	..	..	..	—
					—
					5
					—

Deafness. During 1956, ten children from Burton upon Trent were in residential institutions. Eight in The Royal Institute for the Deaf at Derby, and two in Needwood Residential Special School for Partially Deaf Children.

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

(a) The number of cases referred to the Ophthalmologist during 1956 was 188.

(b) The number of cases to whom prescriptions for spectacles were given was 101.

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 held at the Burton General Hospital for school children, or to attend an optician of his or her own choice.

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

Advice is given at the School Clinic for minor defects.

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

203 children were found with orthopaedic defects at the school routine examinations. 33 cases were referred to their own doctors for treatment.

Below is an analysis of cases referred during 1956.

<i>Type of Defect</i>	<i>No.</i>
General Posture	—
Flat feet and knock knees	11
Others	22

(f) **Diseases of the Skin.** 3 cases of scabies were found during the year. This condition has progressively decreased since the end of the war, and it is very unusual now to find a child suffering from it.

The number of cases seen previously is as follows :—

1955—0. 1954—0. 1953—0. 1952—3. 1951—6. 1950—19.
1949—20.

Other skin conditions, including impetigo, totalled 119, compared with 95 in 1955.

(g) **Speech Defects.** Mrs. S. H. Gibbs, a qualified Part-Time Speech Therapist, continued to give speech therapy at the School Clinic. She reports as follows :—

SPEECH THERAPY

ANNUAL REPORT — JANUARY/DECEMBER, 1956

1956 has been a year of change and another year of progress in the Speech Therapy Department. From September onwards the number of sessions increased in the department from 3 to 7 per week. The real benefit of this increased work will not be wholly felt until 1957, as in the autumn much clerical work was done to re-organise the clinic and see more patients with a view to offering immediate treatment. It has now been thought advisable to review the ever growing waiting list as follows—that all stammerers, congenital defects and physically handicapped cases (cerebral palsy etc.) should be admitted right away—this means unfortunately that the ordinary speech defective cases (sound defects only) will have to wait longer to be admitted, but there is no doubt that the majority of the other cases listed above, warrant immediate attention. Of the 81 cases on the waiting list at the end of the year, the Speech Therapist assumes that there will be several refusals of treatment, as a small percentage of the children come from very poor homes, where the environment would not be conducive to satisfactory treatment. Nevertheless, these children are sent for, but if they do not attend they are now put on another list—to be reviewed again later, and if they do not attend after the third time of asking, they are finally taken off the list. Rather strict rules have to be kept, particularly when our waiting list in Burton is so long, and if it is found that either a patient or his parents are not co-operating whole heartedly, it is felt advisable to suspend the treatment in favour of admitting a more rewarding case.

The types of cases remain the same and fortunately the instances of cleft palate and cerebral palsy cases is still very low in this department. One of the cerebral palsy cases, a county child, left the clinic during the summer to attend a residential school for spastics newly opened in Wolverhampton. The other two cerebral palsy cases—two girls—are progressing well and both are able to attend school. The percentage of stammerers is quite high and many of these cases are in need of psychiatric investigation. Stammering is a very involved problem and despite the reassurance that can be given by Speech Therapists, more often than not the help of a child psychiatrist, who

can see the children and parents regularly over a period of time, is really invaluable, particularly as severe behaviour and emotional problems can arise, which the Speech Therapist alone is not qualified to deal with. The general feeling these days is that all stammerers, both young and old, should be seen by a psychiatrist as in most cases, if the outstanding emotional features can be eradicated first, this helps the Speech Therapist to carry out her treatment more satisfactorily. The laymen generally regards stammering as a pure speech defect, but this is untrue, as primarily it is a psychological defect which manifests itself in a-rhythmic speech or a prolonged block of silence before any speech attempt is made.

The asset of a tape recorder has certainly been very beneficial since its arrival at the beginning of the year. Now that the department has increased its activities there is no doubt that it will be even more useful.

It is very heartening through each year to feel the interest that is taken in Speech Therapy by the medical and school staffs in Burton. Without the alertness of the school doctors and teachers, the Speech Therapist would have a particularly harrassing time, wondering how many children were being inadvertently overlooked. One does not like to feel that the waiting list is too long, but on the other hand it speaks highly of the observations of those who examine and teach the children, and also points the way to further improvements which may be necessary in the Speech Therapy Department in the way of staff and equipment. I am greatly indebted to the school doctors and school staffs for their co-operation and the enthusiasm they have shown. It is now fortunately not a common occurrence to have a child of 14 or 15 referred—the majority of the cases come at a much earlier time of their school lives and also the pre-school child is still much in evidence on the list of referrals, and in many of the cases investigated in previous years, it has been found most rewarding to have seen these children's parents to sort out problems and offer any advice that may be necessary before the problems become too involved.

There is no doubt that Burton seems to produce quite a large percentage of cases needing Speech Therapy and if the waiting list

tends to increase at its present rate, there will be more than enough work for two Speech Therapists. One disturbing factor that often strikes a discordant note in a flourishing Speech Clinic is the knowledge that quite a number of school leavers, particularly stammerers, have to cease their treatment abruptly when there is no Hospital Clinic available, as in Burton. But it is hoped that these children do continue to persevere and progress of their own volition, even when they have left school and the clinic.

SYLVIA H. GIBBS, L.C.S.T.,
Speech Therapist.

Speech Therapy

Total Number of Cases seen	..	..	..	..	..	70
Including :—						
(1) Number of Cases receiving treatment	..				69	} 70
(2) Number of Cases interviewed	..	..			1	
Number of Stammerers	..	..	..		24	} 69
Number of Speech Defects	..	..			36	
Number of Cleft Palates	..	..	..		3	
Number of Stammerers + Speech Defects					3	
Number of Cerebral Palsies	..	..			3	
Number under observation at end of year	..	..			..	14
Number of cases discharged	..	..	..	..	..	17
Including :—						
(1) Cured	..	..	..	..	7	} 17
(2) Left to go Special School	..	..			1	
(3) Lack of co-operation (parents)	..	..			5	
(4) Left School+excellent progress					2	
(5) Low I.Q.	..	..	..	..	1	
(6) Left District	..	..	..	..	1	
Number on Waiting List at end of year	..	..	..	..	..	81
Number of County Cases	..	..	..	..	..	4
Number of New Cases admitted during the year				..	..	34
Number of Cases referred for Specialist Treatment or further medical advice	..	..	..	..	..	10
Number of Males	..	..	..	..	43	} 69
Number of Females	..	..	..	..	26	
Number of Clinical Sessions held	..	..	..	..	..	172
Total Number of Attendances	..	..	..	..	..	635

(h) **Infestation with Vermin.** There was a slight increase in the number of children found infested with vermin, the proportion of pupils infested being 1.97%, compared with 1.34% in 1955.

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 17,736. 184 children were found to be infested with vermin, and there were 22 exclusions.

No cleansing notices were issued during 1956, nor were any cleansing orders made.

(i) **Foot Defects.** The number of children attending the School Clinic for treatment of plantar warts is still high. 36 new cases were treated during the year.

An interesting feature is that girls were seen twice as frequently as boys, there being 25 girls and only 11 boys.

The age distribution of the cases is also of interest, there being only 6 cases under the age of 10, the remaining 30 being between 11 and 15 years old.

The results of treatment with Chlorosal were good. Some cases required only one or two applications. The average number of treatments required was 5. No cases had to be referred to the Skin Specialist.

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 treatment at the School Clinic.

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

Report of the Principal School Dental Officer

School Dental Service—Annual Report for the Year 1956

Staffing. "The aim of the school dental service should be to ensure that, as far as possible, children shall leave school without the loss of permanent teeth, free from dental disease and irregularity, and trained in the care of teeth".

This quotation is the opening paragraph in "Conditions of a Satisfactory School Dental Scheme", an Appendix to "The Health of the School Child", which is the report of the Chief Medical Officer of the Ministry of Education for the years 1954 and 1955. While it is certain that no one will disagree with this description of the aim of the school dental service, it seems equally certain that, because of the shortage of dental surgeons, the fulfilment of this aim will not be achieved within the next 25 years. Meanwhile, the school dental services of many authorities are unable to provide much more than an emergency service.

Your own school dental service remains seriously understaffed. In spite of continued advertising it has not been possible to recruit any further dental officers, although the part-time services of a dental surgeon were available for three half-days in each week from January to March, and the implications of this shortage of staff are clearly shown in the following sections of this report.

The average number of patients seen in each half day session during the year was 11.6, and it is interesting to note that the statistical tables in the "Health of the School Child" show that throughout England and Wales an average of 7.7 patients were seen in each session in 1954 and 1955.

Three hours are allotted to chairside work in each session, and on the basis of one patient in each fifteen minutes, 12 patients can be seen in each session. Since the total number of sessions in a full working year is 506, one dental officer could see a maximum of 6,072 patients during the year.

There are 9,200 pupils on the school registers, and by giving each child fifteen minutes dental attention, it would take a dental officer $1\frac{1}{2}$ years to see the whole of the school population. In fact, the position is even more desperate, because your Principal Dental Officer, who is your only dental officer, has to devote part of his time to the maternity and child welfare service: during the year the proportion was $\frac{7}{9}$ ths of his time devoted to the school dental service, and $\frac{2}{9}$ ths to the maternity and child welfare service.

Inspection. At the Periodic Dental Inspections which were carried out, it was found that 62% of the pupils inspected were in need of dental treatment. This compares with the following overall percentages for England and Wales. In 1954, of 2,806,465 pupils inspected, 62% required treatment; and in 1955, of 2,935,184 pupils inspected, 63% required treatment. On this basis, in any one year, 5,700 of the children on the Burton upon Trent School registers require dental treatment, and for something like 85% of this number the time required to be devoted to treatment will be longer than 15 minutes for each child.

As would be expected, fewer children received a dental inspection, and of all those inspected, 29% were casual patients. This is a considerable increase on the previous year when 20% of all children inspected were casual patients, and this trend can be expected to continue. The treatment of the casual patients, nearly all of whom attend with pain or sepsis, and who often require a second appointment, seriously reduces the time available for routine treatment. During 1956, of the average number of 11.6 appointments seen in each half day session, the high average of 4.6 of those appointments were first visits of casual patients.

Treatment. The part-time services of the dental surgeon, which were available from January to March, were devoted exclusively to conservative work. After making allowance for the fillings inserted by this dental surgeon, an average of 2.3 permanent teeth were extracted for each permanent tooth which was filled, as compared with 1955, when 1.8 permanent teeth were extracted for each permanent tooth filled. Comparable figures for England and Wales are that, in 1954 and 1955, 0.33 permanent teeth were extracted for each permanent tooth filled. The increase in the ratio of extractions to fillings is alarming, but more disturbing is the expectation that there will be a further increase in 1957, if it should continue to prove impossible to recruit dental officers.

Dentures. A large number of dentures has again been necessary. Tooth enamel is the hardest substance in the human body, but it is surprising how so many cases occur in which teeth are broken by coming into contact with the head of another child. If these cases are seen at the dental surgery within 24 hours of the accident, many

of the fractured teeth can be saved, but frequently, owing to the anaesthesia which results from the severe blow, no pain is experienced for quite long periods of time. Since pain is so often the reason for a visit to the dental officer, when many of these fractured teeth are eventually seen, extraction is the only form of treatment. Many cases continue to appear with front teeth which are in advanced stages of decay, and which have to be replaced with dentures.

Orthodontics. The importance of this aspect of dental surgery has been recognised by the Ministry of Education, and a special section is devoted to it in the Annual Return, a copy of which is given in TABLE V. It is generally accepted by most Dental Authorities that at least 15% of all children would benefit from active orthodontic treatment. This means that 1,350 of the school population of Burton upon Trent are potential orthodontic cases, and the treatment of the 48 cases in progress during the year has only scratched at the edge of the problem. As stated in the report for 1955, the selection of cases to be treated depends on consideration of the type of deformity, the benefit to be derived, and the attitude of the child towards this specialised treatment. The success of this method of selection is illustrated by the fact that only one child had treatment discontinued for lack of co-operation, and it is probable that the improvement in facial appearance which had been effected so satisfied the child that the incentive for completing the treatment was lost. It is unlikely that there will be any increase in the number of orthodontic cases treated annually by your school dental service, since priority must be given to the routine treatment of decay, pain, and sepsis.

Dental Health Education. This branch of dentistry, which the Ministry of Education calls "Care of the Teeth," has been emphasised in my previous reports as a fundamental part of the school dental service. It is encouraging to see that more publicity on a national scale is being given to education in dental matters, and it is to be hoped that even more time and energy will be devoted to this teaching which will eventually lead to greater personal comfort and increasing public economy.

During the year, talks have been given to Parent-Teacher Association Meetings, and in schools. It is intended that talks to

school children should be a regular feature of the dental service, as it is believed that the long term value of such talks is more than worth the time lost from the surgery.

The Future. The magnitude of the task of providing dental attention is shown most clearly by the figures in the preceding paragraphs and your Principal Dental Officer is most uncomfortably aware that in spite of all his efforts the task continues to grow. It is no consolation to know that the problem is not confined to Burton upon Trent, but is to be found in many parts of England and Wales.

Your own school dental service is now little more than an emergency service, and no improvement whatsoever is possible until more dental officers can be appointed. The services of two whole time school dental officers, in addition to the part-time services of your Principal Dental Officer, are required now to provide an adequate dental service and to complete within the next two years the treatment of the outstanding cases of pain, decay, and sepsis. Subsequently, it would be possible with this same quota of dental officers to provide a comprehensive dental service.

It has already been stated that at least 25 years will elapse before we can hope for a comprehensive school dental service, and this pessimism is due to the fact that in all branches of dentistry there are too few dental surgeons. The Dentists Act of 1956 calls for an experiment in the use of ancillary workers for supervised dentistry in local authority clinics. With the most favourable results for the experiment, the time lag in developing training centres and producing a sufficient number of ancillaries will be extremely long, and it is felt that the estimate of 25 years is minimal.

The difficulty which is now experienced in obtaining the services of dental officers is reducing the efficiency of school dental services in general, and the solution of the difficulty is dependent upon supply and demand. There is an acknowledged shortage of dental surgeons, and the branch of dentistry to which each dental surgeon devotes his services will depend on many factors, chief of which are :—

1. The sense of vocation which may have prompted him to take up dentistry.
2. Any special ability which he possesses.
3. The physical conditions under which he wishes to practice.
4. The financial reward he expects, and that which he receives.

Of these factors, the first two are inherently personal to each dental surgeon, whereas the other two are determined by external conditions.

As a generalisation, dental surgeons have the choice between a general dental practice and the public dental service. In general practice, the physical conditions are of his own making, whereas in the public dental service, they reflect the outlook of the authority in regard to dentistry. It is fair to say that, in general, local authority clinics and equipment now compare favourably with those of surgeons in general practice, although this may not always have been the case.

This leaves the final factor, that of financial reward, and it is the firm conviction of your Principal Dental Officer that in order to attract a greater number of newly qualifying dental surgeons into the school dental service, the rates of remuneration offered should be at least as favourable as those offered by general dental practice, with additional weighting in favour of places such as the mining areas or heavy industrial centres.

This shortage of school dental officers is not something which has only a temporary effect, but is producing a situation whose effects will be experienced for very many years. Neglected dental treatment is cumulative, and is not properly relieved by emergency treatment.

If the majority of the next generation of adults are to possess reasonable dentitions, there must be a radical change in the general outlook concerning the provision of dental treatment for children, and if necessary, it must be at the expense of the dental treatment provided for the present generation of adults.

PETER DUFFIELD,

Principal Dental Officer.

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	3	—	2	2
Deaf	6	—	1	1
Partially Deaf	4	1	—	1
Delicate	2	10	1	11
Educationally Subnormal	4	21	1	22
Epileptic	—	—	—	—
Physically Handicapped ..	3	8	1	9
Maladjusted	2	2	—	2
Speech Defect	—	70	—	70
Diabetic	—	1	—	1
	24	113	7	120

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 32 children were assessed during 1956 with the following results :—

Children examined under Section 57 (5)	—
Children examined under Section 57 (3)	6
Children examined and found E.S.N.	5
E.S.N. Children re-examined	3
Children examined and found normal	15
Children examined and found maladjusted	1
Children examined but tests not completed	2

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 continues to function satisfactorily.

This class was visited during the year by medical officers who found that good progress is being made with these children.

Child Guidance Clinic. The arrangements made with the Staffordshire County Council for the use of their Child Guidance Clinic at Lichfield continued. This year 3 children have been referred to the Clinic.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. No cases of diphtheria were notified in the Borough during 1956. This is very satisfactory.

During 1956, 68 children completed a full course of immunisation, and 116 received a reinforcing or booster dose of diphtheria antigen.

Poliomyelitis. No cases of poliomyelitis occurred in school children during 1956.

Scarlet Fever. There were 81 cases of scarlet fever notified during 1956. 2 cases necessitated removal to hospital.

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

Measles. 264 cases of measles were notified during 1956 as compared with 760 cases in 1955, and 41 cases during 1954.

6. Tuberculosis.

There were 2 cases of pulmonary tuberculosis, both males, notified during the year, one aged 14 years, and one aged 7 years.

No cases of non-pulmonary tuberculosis were notified during 1956. A number of children are kept under observation at school.

B.C.G. Vaccination. B.C.G. Vaccination, now under the care of Dr. M. B. Paul, Chest Physician, is carried out at the Chest Clinic. Child contacts of all cases of Tuberculosis are Mantoux tested and if found negative are offered B.C.G. Vaccination.

Below is a list of the results :—

Total number of children (all ages) who attended the Chest Clinic during 1956	.. .. .	175
Total number of children with a positive result (Mantoux or Jelly Test)	.. .. .	80
Percentage with a positive result	.. .. .	46%
Total number of children with a negative result (Mantoux or Jelly Test)	.. .. .	95
Percentage with a negative result	.. .. .	54%
Total number successfully vaccinated during 1956	..	78

A slightly higher percentage of negative cases were found, though in the previous 2 years there has been a preponderance of negative cases.

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.

7. Deaths of Children of School Age.

During the year five school children died. Three died from malignant diseases, one from accidental scalding, and one was killed in a road accident.

8. Minor Ailments.

The Authority maintains the School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used for School Medical purposes, and it also contains the Speech Therapy Clinic and one Dental Suite. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, between 9 and 10 a.m., including Saturdays and those periods when schools are closed for holidays.

All Medical Records of School Children are kept at the School Clinic, and these are frequently referred to by Medical Officers when making special medical examination of children.

During 1955, there were 1,862 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure showed a decrease of 460 on the attendances for 1955.

9. Employment of School Children.

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

	Boys	Girls	Total
Newspaper delivery	117	17	134
Errands	17	1	18
Shop Assistants	1	9	10
Odd Jobs	1	—	1
Telephone Messenger	1	—	1
Light Porter	1	—	1
Office Boy	1	—	1
	<hr/>	<hr/>	<hr/>
	139	27	166
	<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	485,269
Staff and Helpers	48,288
Students	1,419
Occupation Centre for Mental Defectives	3,391
Convent Private School	6,563
	<hr/>
Total	544,930
	<hr/>

7,999 children were supplied with milk during the year.

11. 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 1956

The Children's Care Committee was appointed by the Education Committee for work in 1956, and was constituted as follows :—

Miss P. M. Evershed, Mrs. J. George, Miss Hurdle, Mrs. R. Lorimer, Mrs. Macgilp, Mrs. S. H. Morris, Mrs. R. T. Piddocke and Mrs. F. G. Thompson.

The Officers elected for 1956 were :—

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

In February, Miss G. Rowland and Mrs. Wilson were elected members of the Committee.

In May, Mrs. Wilson had to resign owing to leaving the town.

In June, Mrs. Perry was elected a member of the Committee.

In July the Committee suffered a loss by the death of Miss Hurdle, who, in the eighteen months of being a member had done the work very efficiently.

The Chairman and Hon. Secretary had visited the Children's Convalescent Home, West Kirby in July and were delighted with all they had seen and with the atmosphere of the Home.

In November the Committee learned with regret of the retirement of Miss Moore, the School Nurse who had been in attendance at their meetings for a long period, and who had been very interested and helpful.

The Committee met six times during the year.

Sixteen cases were reported to them and were dealt with as follows :

1. Girl aged $14\frac{3}{4}$ years. Recommended for Convalescent treatment but did not wish to go.
2. Boy aged $4\frac{1}{4}$ years. Sent to Convalescent Home, West Kirby, for 2 months
3. Girl aged $11\frac{3}{4}$ years. do. West Kirby, for 2 months
4. Boy aged $11\frac{1}{2}$ years. do. West Kirby, for 1 month
5. Girl aged $5\frac{3}{4}$ years. do. West Kirby, for 7 weeks
6. Girl aged $9\frac{3}{4}$ years. do. West Kirby, for 1 month
7. Girl aged $9\frac{3}{4}$ years. do. West Kirby, for 2 months
8. Girl aged $10\frac{1}{4}$ years. do. West Kirby, for 1 month
9. Girl aged 10 years. do. West Kirby, for 2 months
10. Boy aged 8 years. do. West Kirby, for 1 month
11. Girl aged 9 years. do. West Kirby, for 3 months
12. Boy aged $11\frac{1}{2}$ years. do. West Kirby, for 2 months
13. Boy aged $9\frac{1}{4}$ years. do. West Kirby, for 2 months
14. Boy aged $10\frac{1}{4}$ years. do. West Kirby, for 2 months
15. Boy aged $9\frac{1}{2}$ years. do. West Kirby, for 2 months
16. Boy aged 11 years. do. West Kirby, for 5 weeks
and is still there.

The cost of maintenance at the Children's Convalescent Home, West Kirby was increased again on March 1st.

The thanks of the Committee are due to the Voluntary Aid Association for paying the railway fare for one child, and to the Trustees of the Burton upon Trent Consolidated Charities.

The Trustees provided maintenance at the Children's Convalescent Home, West Kirby for 15 children for 104 weeks.

The Committee record their appreciation and their thanks for this help.

ETHEL M. MACGILP,
Chairman.

PHYLLIS M. EVERSLED,
Hon. Secretary.

9th January, 1957.

MEDICAL INSPECTION TABLES, 1956

Number of Children.

Average number of children on the roll	.. ..	9,327
Average attendance	.. ..	8,636

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each :

Entrants	.. ..	555
2nd Age Group—Juniors	.. ..	729
3rd Age Group—Leavers	.. ..	530
		<hr/>
Total	.. ..	1,814
Additional Periodic Inspections	.. ..	21
		<hr/>
Grand Total	.. ..	1,835
		<hr/> <hr/>

B.—OTHER INSPECTIONS

Number of Special Inspections	.. ..	588
Number of Re-Inspections	.. ..	2,198
		<hr/>
Total	.. ..	2,786
		<hr/> <hr/>

C.—PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	2	66	65
2nd Age Group	50	36	81
3rd Age Group	32	24	55
			<hr/>
Total	84	126	201
Additional Periodic Inspections	4	2	5
			<hr/>
GRAND TOTAL ..	88	128	206
			<hr/> <hr/>

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION
OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED
IN TABLE 1 A**

Age Groups Inspected (1)	Number Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	555	543	97.8	12	2.2
2nd Age Group	729	711	97.5	18	2.5
3rd Age Group	530	511	96.4	19	3.5
Additional Periodic Inspections	21	20	95.2	1	4.8
TOTAL	1835	1785	97.3	50	2.7

Table II
Infestation with Vermin

(i)	Total number of individual examinations of pupils in Schools by the School Nurses or other authorized persons ..	17,736
(ii)	Total number of individual pupils found to be infested ..	184
(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 III

Defects found by Medical Inspection

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observ- ation (8)
		Requir- ing Treat- ment (3)	Requir- ing Observ- ation (4)	Requir- ing Treat- ment (5)	Requir- ing Observ- ation (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	3	13	5	14	10	46
5	Eyes—						
	(a) Vision	2	3	32	16	88	73
	(b) Squint	10	6	—	—	17	15
	(c) Other	—	1	3	5	6	16
6	Ears—						
	(a) Hearing	—	2	—	1	—	8
	(b) Otitis Media	6	21	1	9	7	44
	(c) Other	—	2	—	6	1	9
7	Nose and Throat	15	33	2	4	27	82
8	Speech	8	25	—	2	9	31
9	Lymphatic Glands	2	37	1	13	5	67
10	Heart	1	27	—	12	1	56
11	Lungs	7	16	—	9	7	47
12	Developmental—						
	(a) Hernia	2	1	2	1	4	4
	(b) Other	2	5	—	3	2	29
13	Orthopaedic—						
	(a) Posture	—	6	—	3	—	29
	(b) Feet	4	7	2	14	11	45
	(c) Other	12	37	4	25	22	96
14	Nervous System—						
	(a) Epilepsy	2	2	1	—	3	2
	(b) Other	2	8	—	4	3	13
15	Psychological—						
	(a) Development	—	—	—	2	—	9
	(b) Stability	—	39	—	2	—	67
16	Abdomen	1	3	—	—	1	4
17	Other	2	9	4	5	8	28

Table III (continued)

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	5	1
5	Eyes—(a) Vision	46	8
	(b) Squint	1	1
	(c) Other	7	—
6	Ears—(a) Hearing	2	1
	(b) Otitis Media	—	1
	(c) Other	2	—
7	Nose and Throat	—	3
8	Speech	14	4
9	Lymphatic Glands	—	1
10	Heart	—	—
11	Lungs	1	—
12	Developmental—(a) Hernia	—	—
	(b) Other	2	1
13	Orthopaedic—(a) Posture	1	2
	(b) Feet	—	—
	(c) Other	2	3
14	Nervous System—(a) Epilepsy	—	—
	(b) Other	—	—
15	Psychological—(a) Development	—	1
	(b) Stability	6	7
16	Abdomen	—	—
17	Other	10	1

Table IV

Treatment Table

Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	34	11
Errors of refraction (including squint)	—	188
TOTAL	34	199
Number of pupils for whom spectacles were prescribed	—	101

Group 2.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	4
(b) for adenoids and chronic tonsillitis	—	94
(c) for other nose and throat conditions	—	2
Received other forms of treatment (Ears)	10	2
TOTAL	10	102
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	—	—
(b) in previous years	—	1

Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments	—	29

Group 4.—Diseases of the Skin (excluding uncleanliness)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	1
Scabies	3
Impetigo	38
Other skin diseases	77
TOTAL	119

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	3
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Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	70
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Group 7.—Other Treatments Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	87
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	52
(d) Other than (a), (b) and (c) above	Nil
Total number of attendances at Authority's Minor Ailments Clinics	1,862
Total number of attendances including uncleanliness	2,456

Table 5.

Dental Inspection and Treatment.

1.	Number of Pupils inspected by the Authority's Dental Officers—							
	(a) Periodic							3598
	(b) Specials							1429
	TOTAL (Periodic and Specials)							<u>5027</u>
2.	Number found to require treatment							3619
3.	Number offered treatment							2880
4.	Number actually treated							2248
5.	Attendances made by pupils for treatment, including those recorded at heading II (h)							3648
6.	Half-days devoted to Periodic (School) Inspection :							
	(a) Inspection							19
	(b) Treatment							311
	TOTAL (a) and (b)							<u>330</u>
7.	Fillings—							
	Permanent Teeth							709
	Temporary Teeth							109
	TOTAL							<u>818</u>
8.	Number of teeth filled—							
	Permanent Teeth							703
	Temporary Teeth							109
	TOTAL							<u>812</u>
9.	Extractions—							
	Permanent Teeth							1166
	Temporary Teeth							2037
	TOTAL							<u>3203</u>
10.	Administration of general anæsthetics for extraction							711
11.	Orthodontics—							
	(a) Cases commenced during the year							35
	(b) Cases carried forward from previous year							13
	(c) Cases completed during the year							20
	(d) Cases discontinued during the year							1
	(e) Pupils treated with appliances							38
	(f) Removable appliances fitted							48
	(g) Fixed appliances fitted							5
	(h) Total attendances							<u>223</u>

12. Number of pupils supplied with artificial dentures	..	..	32
13. Other Operations—			
(a) Permanent Teeth	..	..	728
(b) Temporary Teeth	..	..	8
TOTAL (a) and (b)	..	..	<u>736</u>

APPENDIX

PHYSICAL EDUCATION REPORT FOR THE YEAR 1956

Introduction.

Reports on the work seen during the year for assessment indicate that the subject is soundly based. This is a source of some satisfaction since of late central direction on the whole age range of physical education has been lessened to allow scope within general principles for the wider possibilities. In general it has been a year of sustained effort and this is no mean achievement particularly in the secondary modern schools where staffing continues to be the major problem.

Primary Schools.

Infants and Junior teachers have concentrated on the stated principles of "Planning and Programme" as if there was no abstract theory of movement to confuse a programme of activities suitable for their pupils.

It is pleasing to report that after ten years experience of large fixed apparatus hardly a single piece has remained in its original form—some have been modified, others have been dismantled.

There has been a growing tendency to devise group activities which call for a prolonged effort rather than a short one and a gain thereby of greater personal satisfaction. As an example whereas formerly a balance movement along a distance of 10 feet would suffice, this is now extended by use of various pieces of suitable apparatus to cover a distance three or four times as far.

It is understandable that teachers in their desire to use the larger agility apparatus may have neglected what has been of value in the 1933 era—the use of small simple apparatus which can be used individually by the whole class at the same time. Because of heavy use stocks quickly run down nevertheless requests for replacements should take precedence over those for the more spectacular agility apparatus.

P.E. Clothing.

In 1951 this Authority ceased to provide gym shoes, vests and shorts for use in school. The system of partial provision had failed, for although it had demonstrated to pupils and parents the need for suitable clothing and footwear, it was not leading to an increased provision by the pupils themselves. It was even felt that public provision played into the hands of those parents who do not have a helpful and responsive attitude to the school.

Observations during the year have shown an increased proportion of pupils adequately dressed. This promising state has only been brought about by insistence from the Heads and Staffs, which has consumed a good deal of time. The day when all but the odd parent will undertake the responsibility of providing clean garments and suitable footwear may be within sight.

Storage.

The schools have continued to tackle the problem of storage for without adequate storage not only is it difficult to convince pupils of the need to handle property with reasonable care, but its life is considerably reduced. It is good to be able to report that consultations with the Borough Architect's staff are regularly held when buildings are being planned. Of the many desirable facilities and innovations required for physical activities foremost consideration in the Borough has so far been given to adequate indoor and outdoor space combined with accessible and spacious storage for apparatus.

Playing Fields.

Progress in the Authority's Development Plan has seen the completion during the year of 8 acres of playing fields together with five hard tennis courts at the new Grammar School ; the levelling of 10 acres of playing fields at the new Horninglow Secondary Modern School ; and the building up by controlled tipping of an additional 2 acres at the Girls' High School.

Quite apart from this net increase of 20 acres it is most pleasing to see that the pattern of new post war playing fields is fairly evenly spread over the whole of the Borough. Prior to the levelling of the new Horninglow playing field, one of the most thickly populated areas (Horninglow and Victoria) had been served entirely by the detached playing field at Belvoir Road.

In the case of the new Grammar School the building schedule aimed at the simultaneous construction of the premises and playing fields so that the fields would be partially established before the school opened. Delays in playing field construction were offset by a setback in building, which finally resulted in the playing fields being seeded just one year ahead of the school's opening.

In addition, the less spectacular tasks have gone on of improving existing playing fields by levelling, cleaning and seeding marginal land on the perimeter of the sites at both the Girls' High School and Hillside Secondary Modern School—with a corresponding economy of maintenance.

Outward Bound Courses.

During the winter of 1955/56 experimental courses for Secondary Modern Schoolboys were held at Ullswater and two boys from this Authority attended. The results were encouraging enough to continue the courses during the present winter and again two local boys have been selected to attend. The method of their selection has been influenced by the Trust's Report on the experimental courses. In trying to find out the type of boy who would most likely benefit, consideration was given to these points :—fondness for open air life ; sturdiness to withstand wintry conditions in the Lake District ; sufficient maturity to understand the aims of the course ; and swimming ability.

Boxing.

In view of the evidence of the interest of local boys in boxing and their attendance at boxing clubs which were unable to arrange for their participation in competitions controlled by any responsible organisation, a school-boy section of the local Youth Amateur Boxing Club came into being during the year.

In spite of a capable and experienced teacher, who is able to present " the game of boxing " to a group of boys in an enjoyable form, it is disappointing to report to date the small number of boys who take to it keenly and show any regularity of attendance. The majority give up after a few weeks.

Continued interest beyond schooldays.

During the year an assessment was made of the use being made of the facilities for youth cricket and it showed that in spite of the continued progress in school cricket, this is not accompanied by a proportionate number of active cricketers between 15 and 18 years. Much the same could be said about athletics, association football and hockey.

In this respect local interest seems in line with wider surveys which often conclude with " much needs to be done ". Nevertheless there is evidence that some progress is being made.

In conclusion.

A comforting thing about physical education, is that one branch or other is always said to be going backward, or losing its appeal or is in urgent need of revitalising. Yet how very few teachers would wish to return to conditions of even ten years ago. The subject has moved forward and in most branches sound practice is leading to the establishment of good tradition.

J. W. PARKINSON,

Physical Education Organiser.

The first of a number of important changes which have taken place in the last few years is the change in the position of the State in relation to the Church. The State has hitherto been a passive spectator of the religious life of the people, but now it has become an active participant. It has taken upon itself the responsibility of providing for the spiritual needs of the people, and it has endeavored to do so in a manner which is in accordance with the principles of justice and equity.

The second of the important changes is the change in the position of the Church in relation to the State. The Church has hitherto been a passive spectator of the political life of the people, but now it has become an active participant. It has taken upon itself the responsibility of providing for the political needs of the people, and it has endeavored to do so in a manner which is in accordance with the principles of justice and equity.

The third of the important changes is the change in the position of the individual in relation to the Church and the State. The individual has hitherto been a passive spectator of the religious and political life of the people, but now it has become an active participant. It has taken upon itself the responsibility of providing for the religious and political needs of the people, and it has endeavored to do so in a manner which is in accordance with the principles of justice and equity.

Conclusion

The first of the important changes is the change in the position of the State in relation to the Church. The State has hitherto been a passive spectator of the religious life of the people, but now it has become an active participant. It has taken upon itself the responsibility of providing for the spiritual needs of the people, and it has endeavored to do so in a manner which is in accordance with the principles of justice and equity.

Appendix

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