

**[Report 1957] / School Medical Officer of Health, Burton-upon-Trent  
County Borough.**

**Contributors**

Burton upon Trent (England). County Borough Council.

**Publication/Creation**

1957

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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 1957

BY

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

*PRINCIPAL SCHOOL MEDICAL OFFICER*





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## Staff of the School Health Service

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### *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, M.A., M.R.C.S., L.R.C.P., D.P.H.

### *Principal Dental Officer :*

P. DUFFIELD, D.F.C., L.D.S., B.D.S.

(Part Time)

### *Speech Therapist :*

MRS. SYLVIA H. GIBBS, L.C.S.T.

(Part Time)

### *School Nurses :*

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

(Retired January, 1957)

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

(Resigned October, 1957)

MISS S. DOLMAN, S.R.N.

MISS O. D. MARKS, S.R.N.

(Commenced 21st October, 1957)

### *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 1957

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

I have the honour to present my Annual Report for the year 1957.

We were again fortunate in having our full complement of medical staff, but all attempts to recruit an additional Dental Officer have been unsuccessful. Miss M. Moore, School Nurse, retired in January, 1957, after 32 years of devoted service. I wish to pay a warm tribute to her work and wish her a long and happy retirement.

The general health of the school children in the schools continues to be very satisfactory. Of the children examined when entering school for the first time, 98.8% were considered to be satisfactory, and only 1.2% were considered to be unsatisfactory, and they are kept under careful observation.

The only outbreak of infectious disease of note during the year was that of Asian-type influenza, which was world wide in distribution. In school children it caused a sharp illness of short duration. This caused a large number of absences from School during the Autumn term, but practically all the children made a complete recovery and no sequelae have been detected. As a precautionary measure, it was decided to stop the admission of school children to the swimming baths from 24th September, 1957, to the end of the Autumn term.

There were 27 cases of scarlet fever compared with 81 cases in 1956. No cases required removal to hospital. There were 54 cases of measles compared with 264 cases in 1956. One active open case of pulmonary tuberculosis was discovered in a 13-year-old child in a class of 45 children. I am very grateful to Dr. M. B. Paul, Chest Physician, for investigating the contacts. Of the 45 children at risk, the parents of 40 gave their consent in writing for their child to be investigated. These 40 children were Mantoux tested and all those who gave a positive reaction had an X-ray of their chest carried out, together with 2 teachers who taught the class. I am glad to say that all the children and the two teachers have escaped infection.



During the year a pure-tone sweep test audiometer was added to the School Clinic. This is a valuable piece of equipment and enables all cases of suspected deafness to be investigated quickly.

I wish to record my gratitude to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 19 children to have periods varying between 3 and 12 weeks 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 140 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 for their co-operation, and to Dr. G. M. Curtois, who has largely been 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 1957.

Miss M. Moore, who has been a School Nurse in Burton for the past 32 years, retired in January. She will be greatly missed in the School Clinic and in all the Schools where her experience and tact have been appreciated for so many years.

**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 1957 is shown below :

Entrants	Satisfactory	Unsatisfactory
1957	98.8	1.2

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 115 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 an increase 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)					120
1. Minor conditions :—					
Wax impaction	..	..	..	..	3
Otitis Externa	..	..	..	..	1
Earache	..	..	..	..	—
					—
					4
					—



## 2. Otitis Media. Result of Treatment :—

Ears dry	..	..	..	..	9
Improved	..	..	..	..	1
To Hospital	..	..	..	..	—
					—
					10
					==

**Deafness.** During 1957, 10 children from Burton upon Trent were in residential institutions. 8 in The Royal Institute for the Deaf at Derby, and 2 in Needwood Residential Special School for Partially Deaf Children.

An audiometer has recently been installed in the School Clinic. This is proving helpful in assessing degrees of deafness in 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 1957 was 164.

(b) The number of cases to whom prescriptions for spectacles were given was 81.

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.

131 children were found with orthopaedic defects at the school routine examinations. 32 cases were referred to their own doctors for treatment.

Below is an analysis of cases referred during 1957.

<i>Type of Defect</i>	<i>No.</i>
General Posture .. .. .	6
Flat feet and knock knees .. .. .	9
Others .. .. .	17



(f) **Diseases of the Skin.** 7 cases of scabies were found during the year. This, though not a large number, is more than double the number in 1956 and in fact is more than any year since 1950, when 19 cases came to light.

The number of cases seen previously is as follows :—

1956—3. 1955—0. 1954—0. 1953—0. 1952—3. 1951—6.  
1950—19. 1949—20.

Other skin conditions, including impetigo, totalled 98, compared with 119 in 1956.

(g) **Speech Defects.** Mrs. S. H. Gibbs, L.C.S.T. Speech Therapist, continued to give speech therapy at the School Clinic.

She reports as follows :—

In last year's report, it was noted that from September onwards the Speech Clinic had increased to 7 sessions per week and from the beginning of 1957 this was increased to 8 sessions. Therefore, 1957 is a year of real advancement in the Speech Therapy Department and a much more active clinic has been evolved since the years when the clinic was only held for 3 sessions a week. This year's figures can give us a definite idea of the work that comes into the Speech Clinic and it will be seen, as I mentioned in last year's report, that there are a large number of cases to deal with in a comparatively small county borough. I think this can be attributed, not only to the industrial type of family life, which often produces more speech defective cases, but also to the excellent work done by the school medical officers and school nurses during the medical inspections, in observing these children, as well as the observations of the teaching staff in the schools. There is no doubt that a knowledgeable liason between the medical officers and the speech therapist can produce a very workable department, probably producing a long waiting list, but nevertheless giving an indication of the need for the existance of the Speech Clinic.

It is still felt advisable to admit all stammerers, congenital defects, physically handicapped (cerebral palsy) and outstandingly difficult children, as soon as possible after they are referred, even if it means that they are only able to attend once a month. From the end of the year onwards, it is planned to hold one session each month to interview every new case which has been recommended for speech therapy.



This means that the speech therapist can advise the mothers (or fathers) at this interview and to warn them of the possible long wait before the child can be admitted. After the initiation of this clinic in December, it was felt that it would be a worth-while arrangement, as it was obvious that some of the children with minor speech defects could be helped by their parents at home and possibly with the result that speech therapy, when it could be offered in the future, may then not always be necessary. It is quite a fact that many parents either will not, or see no way to attempt to help their children, until they visit the clinic, but once some of them are shown what to do, it appears they are only too pleased to feel they can treat the child themselves at home, until it is possible for it to be seen again as a prospective regular patient.

It will be seen from the figures that 12 cases were discharged due to lack of co-operation by parents and it was interesting to note that some of these children came from materially good homes, but the parents could or would not put themselves to any trouble to help their children even though they had the wherewithall to do so. Like school staffs, the speech therapist finds too many apathetic parents ready to shelve the responsibility of their children's welfare onto someone else and of course a clinic atmosphere is often too ideal. Sometimes it is found that children are not over-encouraged to practise the speech work at home and, therefore, I find it is a strong policy to warn the parents that I rely on them to help their child also—in fact the parents need as much treatment (if not more in some cases) than the child. It is now necessary to give serious valuation to each case and I think it advisable to discharge a child if there is evidence of bad attendance, unsatisfactory background that fails to give him any desire to improve, and cases of really lower intelligence. These types of cases only block the way for the more satisfactory cases who will make full use of the treatment.

The pre-school child is much in evidence at the clinic and it is certainly heartening to find these younger children can be helped considerably, by advising the parents and allaying any anxiety that so often arises in their minds, when they see their children are not developing in the usual expected pattern. The help received from the Health Visitors with these children is of great value and it is often due to their observations that these children find their way to the speech clinic.



Since September, a final year speech therapy student, from the Speech Therapy Training College in Leicester, has been visiting the clinic weekly to treat cases under supervision. This has been a great boon and the student has proved to be a very capable girl. She will be here once a week for the whole academic year and it is hoped that this new venture will be carried on each year—a new student following on each September. One or two school girls thinking of becoming speech therapists have also been interviewed and allowed to observe cases being treated.

A considerable number of cases have been referred for specialist examination during the year, with excellent results, but it is still unfortunate that the service for child psychiatry is not more permanent. Many of the stammerers (as well as their parents) are often in need of prolonged psychiatric treatment which speech therapy alone cannot always give. One interview with a psychiatrist is of no real value to a stammerer—regular visits are of more assistance both to the patient and the speech therapist, who with another specialist's prolonged observation can find a way to *relieve* the child of its stammer—not just have a *reason* why the patient is finding spoken speech so difficult. But despite this difficulty, the interest taken by specialists in Derby, Burton and London, in other types of speech defective cases who need detailed investigation, is excellent, and their reports and diagnoses received, are of immeasurable value, in planning each child's future treatment.

I continue to advise school leavers, who are still in need of treatment, to go to the Derbyshire Royal Infirmary in Derby, if it is convenient for them. It is somewhat disheartening to realise there are still quite a few children who leave school year by year, who need to maintain a contact with a speech therapist and it is hoped that one day, there may be an adult department in the local hospital where the treatment can be carried on without interruption. In my own experience, the teenager about to leave school often re-acts very favourably to speech therapy, as he begins to realise what it all means and feels that he can help himself so much more, having been given the mature incentive to achieve a goal—this is particularly so in the case of a stammering patient.



Looking back over the past five years, since the initiation of the Speech Clinic, I am happy to report that it is flourishing very well and that the co-operation from all medical and school staffs has helped to build up the department's activities year by year even to a greater degree than I ever anticipated.

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

*Speech Therapist.*

### Speech Therapy

Number of Cases seen	..	..	..	..	..	..	142
Including :—							
(1) Number of Cases receiving treatment	..	..	..	..	..	124	} 142
(2) Number of Cases Interviewed	..	..	..	..	..	18	
Number of Males	..	..	..	..	..	79	} 124
Number of Females	..	..	..	..	..	45	
Number of Stammerers	..	..	..	..	..	32	} 124
Number of Speech Defects (Dyslalia)	..	..	..	..	..	76	
Number of Stammerers + Dyslalia	..	..	..	..	..	5	
Number of Cleft Palates	..	..	..	..	..	5	
Number of Cerebral Palsies	..	..	..	..	..	2	
Number of Miscellaneous Cases (i.e., head injury or of neurological origin)	..	..	..	..	..	2	} 40
Number of Severely Deaf + Dyslalia	..	..	..	..	..	2	
Number under Observation at end of year	..	..	..	..	..	..	40
Number of Cases discharged	..	..	..	..	..	..	40
Including :—							
(1) Cured or excellent progress	..	..	..	..	..	21	} 40
(2) Left district	..	..	..	..	..	4	
(3) Left School (Very Good Progress)	..	..	..	..	..	1	
(4) Treatment inadvisable (Low I.Q.)	..	..	..	..	..	2	
(5) Lack of co-operation by Parents	..	..	..	..	..	12	
Number of County Cases treated throughout year	..	..	..	..	..	..	4
Number on Waiting List at end of year	..	..	..	..	..	..	46
Number of New Cases admitted during year	..	..	..	..	..	..	71
Number of Cases referred for Specialist Treatment or further Medical Advice	..	..	..	..	..	..	35
Number of Clinical Sessions held	..	..	..	..	..	..	312
Total Number of attendances	..	..	..	..	..	..	1,290



(h) **Infestation with Vermin.** There was a slight increase in the number of children found infested with vermin, the proportion of pupils infested being 2.49%, compared with 1.97% in 1956.

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 21,467. 237 children were found to be infested with vermin, and there were 37 exclusions.

No cleansing notices were issued during 1957, 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. 37 new cases were treated during the year.

An interesting feature is that girls were seen four times as frequently as boys, there being 30 girls and only 7 boys.

The age distribution of the cases is also of interest, there being only 4 cases under the age of 10, the remaining 33 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 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 1957**

There is little pleasure in presenting an Annual Report, which cannot do more than confirm the unhappy state of dental affairs



predicted in my report of last year. No applications have been received for the continuously-advertised vacant post of School Dental Officer ; consequently your Principal Dental Officer remains your only Dental Officer and the School Dental Service continues as little more than an emergency service. The result of the continuation of this unfortunate state of affairs is best illustrated in the following comparative table :—

	1956	1957
Average number (per half-day session) of Patients	11.6	11.9
Average number (per half-day session) of Fillings in Permanent Teeth .. ..	2.28	1.49
Average Number (per half-day session) of Permanent Teeth Extracted .. ..	3.75	4.50
Average number (per half-day session) of Deciduous Teeth Extracted .. ..	6.55	6.94

Even more unfortunate is the continued increase in the ratio of the number of permanent teeth extracted to the number of permanent teeth filled, as is illustrated in the following figures :—

	1955	1956	1957
Number of permanent teeth extracted for one permanent tooth filled	1.86	2.30	3.05

Figures available for the first three months of 1958, indicate a further increase in this ratio, and any improvement in the situation is beyond the physical capabilities of one dental officer. As I stated in my report for last year, in the dental circumstances which prevail in this country at the present time, it is unlikely that the staffing position will improve.

A greater number of dentures has been fitted during the year, mainly due to an increase in the number of cases of front teeth lost because of advanced decay.

Orthodontic treatment continues on a very restricted scale.

Good dental health, with regular and proper oral hygiene, is taught on every possible occasion, including lectures in schools.



In concluding this brief report, I would emphasise that the points which I made in my report for last year apply with even greater force this year. The picture is gloomy, but there is some relief to be found in the fact that your School Dental Service, even in its present state of emergency, is answering a great demand for its service, even though it is not fulfilling the purpose for which it was intended.

I should like to record my thanks to Dr. Robert Mitchell for his never-failing support and encouragement, and to Dr. G. M. Curtois and Dr. M. Gibbs for their invaluable help in the administration of General Anaesthetics.

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 .. ..	—	—	—	—
Partially Sighted .. ..	4	—	1	1
Deaf .. ..	6	—	1	1
Partially Deaf .. ..	4	1	—	1
Delicate .. ..	—	11	—	11
Educationally Subnormal	4	17	—	17
Epileptic .. ..	1	—	—	—
Physically Handicapped ..	7	15	2	17
Maladjusted .. ..	1	1	—	1
Speech Defect .. ..	—	124	—	124
Diabetic .. ..	—	1	—	1
	27	170	4	174

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 28 children were assessed during 1957 with the following results :—

Children examined under Section 57 (5)	..	..	—
Children examined under Section 57 (3)	..	..	7
Children examined and found E.S.N.	..	..	6
E.S.N. Children re-examined	..	..	1
Children examined and found normal	..	..	12
Children examined and found maladjusted	..	..	—
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 now at Christ Church 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 5 children have been referred to the Clinic.



## 5. Infectious Diseases.

**Diphtheria and Diphtheria Immunisation.** No cases of diphtheria were notified in the Borough during 1957. This is very satisfactory.

During 1957, 149 children completed a full course of immunisation, and 400 received a reinforcing or booster dose of diphtheria antigen.

**Poliomyelitis.** No cases of poliomyelitis occurred in school children during 1957.

**Scarlet Fever.** There were 27 cases of scarlet fever notified during 1957. No cases required removal to hospital.

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

**Measles.** 54 cases of measles were notified during 1957 as compared with 264 cases in 1956, and 760 cases during 1955.

## 6. Tuberculosis.

There were 2 cases of pulmonary tuberculosis, notified during the year, one male aged 8 years and one female aged 13 years.

1 case of non-pulmonary tuberculosis was notified during 1957. 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 1957	..	..	..	..	278
Total number of children with a positive result (Mantoux or Jelly Test)	..	..	..	..	77
Percentage with a positive result	..	..	..	..	49.6%
Total number of children with a negative result (Mantoux or Jelly Test)	..	..	..	..	78
Percentage with a negative result	..	..	..	..	50.4%
Total number successfully vaccinated during 1957	..	..	..	..	40



It will be seen that an almost equal number of Mantoux positive and negative cases were found. This is a variance with previous years, which have shown a higher proportion 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. Two died from diseases of the brain, one from heart disease, one from disease of the kidney, and one died as the result of her night-dress catching fire at home.

### **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 1957, there were 1,726 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure showed a decrease of 136 on the attendances for 1956.

### **9. Employment of School Children.**

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



			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper Delivery .. ..	121	12	133		
Shop Assistants .. ..	4	10	14		
Errands .. ..	9	—	9		
Domestic duties .. ..	—	1	1		
Milk delivery .. ..	1	—	1		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	135	23	158		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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

The number of meals served was as follows :—

Children .. ..	446,054
Staff and Helpers .. ..	49,575
Students .. ..	4,449
Occupation Centre for Mental Defectives .. ..	4,202
Convent Private School .. ..	6,971
	<hr/>
Total .. ..	511,251
	<hr/>

7,945 children were supplied with milk during the year.

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

#### CHILDREN'S CARE COMMITTEE

##### Report for the Year 1957

The Children's Care Committee was appointed by the Education Committee for work in 1957, and was constituted as follows :—

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



The Officers elected for 1957 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 November, the Committee received the resignation of Mrs. R. T. Piddocke with very great regret. Mrs. Piddocke joined the Committee in June 1932 and became Vice-Chairman in May, 1950, and she had done very valuable work during these twenty-five years. The loss of her help would be felt greatly.

The Committee met six times during the year.

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

- |                         |                            |                           |
|-------------------------|----------------------------|---------------------------|
| 1. Boy aged 11 years.   | Kept in Convalescent Home, | West Kirby, for 3 weeks   |
| 2. Boy aged 7 years.    | Sent to Convalescent Home, | West Kirby, for 8 weeks   |
| 3. Boy aged 12½ years.  | do.                        | West Kirby, for 8 weeks   |
| 4. Girl aged 7 years.   | do.                        | West Kirby, for 6 weeks   |
| 5. Girl aged 8 years.   | do.                        | West Kirby, for 8 weeks   |
| 6. Boy aged 8 years.    | do.                        | West Kirby, for 8 weeks   |
| 7. Boy aged 6½ years.   | do.                        | West Kirby, for 9 weeks   |
| 8. Boy aged 11 years.   | do.                        | West Kirby, for 12 weeks  |
| 9. Girl aged 10½ years. | do.                        | Bournemouth, for 10 weeks |
| 10. Boy aged 6 years.   | do.                        | West Kirby, for 10 weeks  |
| 11. Boy aged 7 years.   | do.                        | West Kirby, for 10 weeks  |
| 12. Girl aged 6½ years. | do.                        | West Kirby, for 10 weeks  |
| 13. Boy aged 3 years.   | do.                        | West Kirby, for 6 weeks   |
| 14. Boy aged 5½ years.  | do.                        | West Kirby, for 4 weeks   |
| 15. Boy aged 8 years.   | do.                        | West Kirby, for 8 weeks   |
| 16. Boy aged 8 years.   | do.                        | West Kirby, for 8 weeks   |
| 17. Boy aged 11 years.  | do.                        | West Kirby, for 4 weeks   |
| 18. Girl aged 10 years. | do.                        | West Kirby, for 4 weeks   |
| 19. Boy aged 4 years.   | do.                        | West Kirby, for 4 weeks   |

The thanks of the Committee are due to the Voluntary Aid Association for paying the railway fares for one child to Bournemouth and three children to West Kirby ; and to the Women's Voluntary Services for providing an escort to West Kirby.

Once again the cost of the maintenance at the Convalescent Home was increased and, therefore, fewer cases cost more money.

The Feoffees gave a grant of £50 and provided Convalescent Home Treatment for 19 children for 140 weeks.

The Committee record their appreciation and thanks for this generous help, which alone enables them to undertake the work.

ETHEL M. MACGILP,

*Chairman.*

PHYLLIS M. EVERSHED,

*Hon. Secretary.*

8th January, 1958.



## MEDICAL INSPECTION TABLES, 1957

### Number of Children.

Average number of children on the roll	..	..	9,520
Average attendance	..	..	8,593

**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	..	..	..	..	..	1,002
2nd Age Group—Juniors	..	..	..	..		—
3rd Age Group—Leavers	..	..	..	..		650
Total						1,652
Additional Periodic Inspections						62
<b>Grand Total</b>						<b>1,714</b>

#### B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	521
Number of Re-Inspections	..	..	..	..	2,082
Total					<b>2,603</b>

#### 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 .. ..	17	117	122
2nd Age Group .. ..	—	—	—
3rd Age Group .. ..	40	38	73
Total .. ..	57	155	195
Additional Periodic Inspections .. ..	6	9	14
<b>GRAND TOTAL</b> ..	<b>63</b>	<b>164</b>	<b>209</b>

**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 .. ..	1002	990	98.8	12	1.2
2nd Age Group .. ..	—	—	—	—	—
3rd Age Group .. ..	650	647	99.5	3	0.5
Additional Periodic Inspections .. ..	62	59	95.2	3	4.8
<b>TOTAL .. ..</b>	<b>1714</b>	<b>1696</b>	<b>98.95</b>	<b>18</b>	<b>1.05</b>

**Table II**

**Infestation with Vermin**

(i)	Total number of individual examinations of pupils in Schools by the School Nurses or other authorized persons ..	21,467
(ii)	Total number of individual pupils found to be infested ..	237
(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 .. ..	14	33	3	21	18	56
5	Eyes—						
	(a) Vision .. ..	17	14	40	24	63	41
	(b) Squint .. ..	25	23	4	3	31	26
	(c) Other .. ..	7	17	3	8	12	26
6	Ears—						
	(a) Hearing .. ..	3	11	—	6	3	19
	(b) Otitis Media .. ..	11	69	6	16	18	86
	(c) Other .. ..	—	2	2	3	2	6
7	Nose and Throat .. ..	24	68	7	10	33	82
8	Speech .. ..	15	39	—	2	15	41
9	Lymphatic Glands .. ..	1	47	—	6	1	56
10	Heart .. ..	1	22	—	15	2	37
11	Lungs .. ..	8	40	2	7	10	48
12	Developmental—						
	(a) Hernia .. ..	5	6	1	1	6	1
	(b) Other .. ..	—	7	1	1	8	9
13	Orthopaedic—						
	(a) Posture .. ..	3	5	3	4	6	13
	(b) Feet .. ..	8	9	1	7	9	16
	(c) Other .. ..	10	43	7	25	17	70
14	Nervous System—						
	(a) Epilepsy .. ..	2	2	—	2	2	4
	(b) Other .. ..	—	4	—	1	—	6
15	Psychological—						
	(a) Development .. ..	—	10	—	4	—	16
	(b) Stability .. ..	—	62	—	4	—	68
16	Abdomen .. ..	2	3	1	—	3	3
17	Other .. ..	2	14	—	7	2	21

Table III (continued)

## B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)					Special Inspections	
						Requiring Treatment (3)	Requiring Observation (4)
4	Skin	..	..	..	..	1	—
5	Eyes—(a)	Vision	..	..	..	31	—
	(b)	Squint	..	..	..	3	—
	(c)	Other	..	..	..	—	—
6	Ears—(a)	Hearing	..	..	..	2	1
	(b)	Otitis Media	..	..	..	—	1
	(c)	Other	..	..	..	3	—
7	Nose and Throat	..	..	..	..	10	4
8	Speech	..	..	..	..	7	—
9	Lymphatic Glands	..	..	..	..	1	—
10	Heart	..	..	..	..	—	1
11	Lungs	..	..	..	..	3	—
12	Developmental—(a)	Hernia	..	..	..	—	—
	(b)	Other	..	..	..	—	1
13	Orthopaedic—(a)	Posture	..	..	..	—	—
	(b)	Feet	..	..	..	—	—
	(c)	Other	..	..	..	1	—
14	Nervous System—(a)	Epilepsy	..	..	..	—	—
	(b)	Other	..	..	..	3	1
15	Psychological—(a)	Development	..	..	..	—	—
	(b)	Stability	..	..	..	5	—
16	Abdomen	..	..	..	..	—	—
17	Other	..	..	..	..	2	—



**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 .. .. .	35	4
Errors of refraction (including squint) .. .. .	—	164
TOTAL .. .. .	35	168
Number of pupils for whom spectacles were prescribed .. .. .	—	81

**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 .. .. .	—	2
(b) for adenoids and chronic tonsillitis .. .. .	—	62
(c) for other nose and throat conditions .. .. .	—	2
Received other forms of treatment (Ears) .. .. .	18	3
TOTAL .. .. .	18	69
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957 .. .. .	—	—
(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 .. .. .	—	310

**Group 4.—Diseases of the Skin (excluding uncleanness)**

						Number of cases treated or under treatment during the year by the Authority
Ringworm—(i)	Scalp	..	..	..	..	—
	(ii) Body	..	..	..	..	—
Scabies	..	..	..	..	..	7
Impetigo	..	..	..	..	..	34
Other skin diseases	..	..	..	..	..	64
TOTAL						105

**Group 5.—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	5
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**Group 6.—Speech Therapy**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. .. .	124
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**Group 7.—Other Treatments Given**

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. .. .	83
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	—
(c) Pupils who received B.C.G. vaccination .. .. .	18
(d) Other than (a), (b) and (c) above .. .. .	Nil
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Total number of attendances at Authority's Minor Ailments Clinics .. .. .	1,726
Total number of attendances including uncleanness .. .. .	2,870



Table 5.

**Dental Inspection and Treatment.**

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a) Periodic	..	..	..	..	..	..	Nil
(b) Specials	..	..	..	..	..	..	2169
TOTAL (Periodic and Specials)							2169
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2. Number found to require treatment	..	..	..	..	..	..	2121
3. Number offered treatment	..	..	..	..	..	..	2121
4. Number actually treated	..	..	..	..	..	..	2098
5. Attendances made by pupils for treatment, including those recorded at heading 11 (h)	..	..	..	..	..	..	3813
6. Half-days devoted to Periodic (School) Inspection :							
(a) Inspection	..	..	..	..	..	..	Nil
(b) Treatment	..	..	..	..	..	..	320
TOTAL (a) and (b)							320
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7. Fillings—							
Permanent Teeth	..	..	..	..	..	..	475
Temporary Teeth	..	..	..	..	..	..	53
TOTAL							528
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8. Number of teeth filled—							
Permanent Teeth	..	..	..	..	..	..	473
Temporary Teeth	..	..	..	..	..	..	53
TOTAL							526
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9. Extractions—							
Permanent Teeth	..	..	..	..	..	..	1441
Temporary Teeth	..	..	..	..	..	..	2221
TOTAL							3662
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10. Administration of general anæsthetics for extraction	..	..	..	..	..	..	994
11. Orthodontics—							
(a) Cases commenced during the year	..	..	..	..	..	..	26
(b) Cases carried forward from previous year	..	..	..	..	..	..	27
(c) Cases completed during the year	..	..	..	..	..	..	19
(d) Cases discontinued during the year	..	..	..	..	..	..	1
(e) Pupils treated with appliances	..	..	..	..	..	..	29
(f) Removable appliances fitted	..	..	..	..	..	..	51
(g) Fixed appliances fitted	..	..	..	..	..	..	1
(h) Total attendances	..	..	..	..	..	..	262

12. Number of pupils supplied with artificial dentures .. ..	74
13. Other Operations—	
(a) Permanent Teeth .. .. .	875
(b) Temporary Teeth .. .. .	4
TOTAL (a) and (b) .. .. .	<u>879</u>

## APPENDIX

### PHYSICAL EDUCATION REPORT FOR THE YEAR 1957

#### Introduction

Annual reports can attempt to be something more than a record of work attempted. They can give in addition a continuous flow of information about plans and difficulties and even changes of plan to the teaching staff.

#### Primary Schools

In the main the basic work continues to be confined to lessons of play-like activities with large and small apparatus. Visits to the schools continue to show an increasing awareness of the needs of young children for physical expression and the greater opportunities which have been grasped since "Planning the Programme" replaced a prescribed syllabus.

The need for constant replacement of small apparatus because of heavy use and resulting wastage is again urged, while the attractiveness of the larger apparatus can be periodically renewed by repainting.

One is constantly struck by the traditional rectangular shape of school play-grounds. By adding rounded bays to the perimeter of a rectangle more pleasing spaces could be provided for the group work, without the loss of area prescribed in the Building Regulations. The possibility of departure from tradition is envisaged.

The opening in July of a public playing field for children on the Newton Road Meadows was a generous addition by the Trustees of the Consolidated Charities to the Borough's riverside amenities.



## Secondary Schools

The new Grammar School gymnasium and ancillary rooms came into use in September. No claims are made for any drastic departures from good standard practice except that the changing rooms were planned at the school's request to cater for four forms simultaneously as an aid to organised games arrangements. The apparatus selected was intended to be of serviceable and pleasing design without any gadgets, which would have increased the initial and maintenance costs. Throughout the planning the aim was to provide a fully-equipped gymnasium which would provide for both gymnastics and games-training to the Sixth Form.

At Belvoir Road, the 10 acre detached playing field now serves two large secondary schools and no less than six Youth or Old Pupils teams at weekends. No pitches in the Borough have been used so intensively since 1940, when the field came into use. In 1948, a pavilion replaced an ill-lighted A.R.P. Shelter for changing purposes and during this year a shower bath annexe has been added.

Previous reports have drawn attention to the complete lack of progress in the provision of hard tennis courts for secondary modern schools. At the new Horninglow Secondary Modern School we have had to accept the tennis courts being included among the deferred items of construction, but to set against this, two courts will be provided and sited on the playground. In addition, the ground originally intended for the tennis courts is to be levelled.

Of equal importance is the practice of using modern methods in the coaching of tennis. To this end, a course for the training of Tennis Coaches was conducted by a registered L.T.A. coach during the winter months. Approximately one half of the twenty members of the course were teachers.

As there has been individual expression of concern about the importance which this Authority attaches to swimming as a school activity, it may be opportune to comment. This L.E.A. is just as keen that our young swimmers should enjoy comparable facilities for training as the neighbouring Authorities provide, but without committing itself to a resumption of swimming during school hours in the winter months. An enquiry among the Borough's schools has failed to show any support for a resumption.



A change in the rules of netball came into force in June, 1957. This was brought about by a wide-spread demand for more freedom in the game and also by a move towards a possible International Code of Rules. To keep abreast of these changes and their effects on play, a local course was held in the Autumn Term. A member of the Netball Association's panel of umpires took the Course, which was open to teachers and Youth Club members.

### **Outward Bound Courses**

The Authority continued during the year to select and send three boys to the Courses at Ullswater for secondary modern schoolboys.

Our practice of sending boys who will spend one term at school after the completion of the course has allowed the schools to see for themselves the impact of the courses upon their pupils. It may well be that this Authority is sending boys who are undoubtedly keen on out-door pursuits, without having had a basic training for such a life. Attendance at a School Camp, besides giving a preparation for the courses, would also provide some information about a candidate's suitability for selection.

### **Playing Fields**

The 1955 Report made reference to the length of time needed for the establishment of a new playing field and cited Waterside which was seeded in 1951. This field began its first winter's use in September this year and it has stood up well to discriminating use. It should be known that this field relies entirely on natural drainage through a gravel sub-soil, and during construction we were advised against the expense of tile drainage until it was proved to be necessary.

The development of playing fields in the Borough since the end of the war has formerly been reported in detail and with no little pride, but it would be very wrong to assume that our programme of construction has appreciably eased the provision of playing fields which can be fully used throughout the winter months. The disappointment of the schools is understandable and it may be of some consolation to know that other Authorities, which are forced to develop playing fields on clay sub-soil, are experiencing the same disappointment about drainage. Moreover, action has been taken along two lines—firstly to improve the drainage of existing fields by means of remedial



mole draining and secondly by undertaking extra work during construction of the new playing field at Horninglow to improve drainage. This work has set back the completion date by one year and although this will cause the school to use detached playing fields for an additional year, the Authority's decision will no doubt be well received.

### **Continued Interest beyond Schooldays**

A scheme for the coaching of promising young players has been put forward during the year by the A.A.A., L.T.A. and F.A. in an attempt to ensure that gifted players in soccer, lawn tennis and athletics can advance by progressive stages to coaching at the highest level. Schemes like this only sift and cater for the few outstanding players and it is left to the local Youth Organisations to provide the less spectacular opportunities for players of no great ability to continue playing beyond their schooldays.

The scheme is welcomed, but if there is to be an easy transfer of ordinary school leavers to the clubs, recruitment should be from one organised group to another, i.e., from secondary school to Old Pupils' team or Youth team, and I venture to suggest that in many cases school leavers do not know of the opportunities awaiting them.

### **In conclusion**

I think there is ample evidence to show that the period of ploughing is giving way to harvesting and that the fruits of the 1944 Act are coming in.

J. W. PARKINSON,

*Organiser of Physical Education.*





