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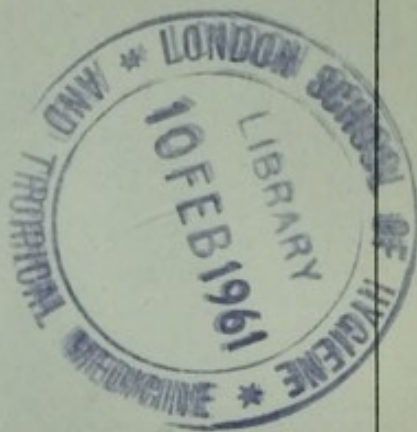
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County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

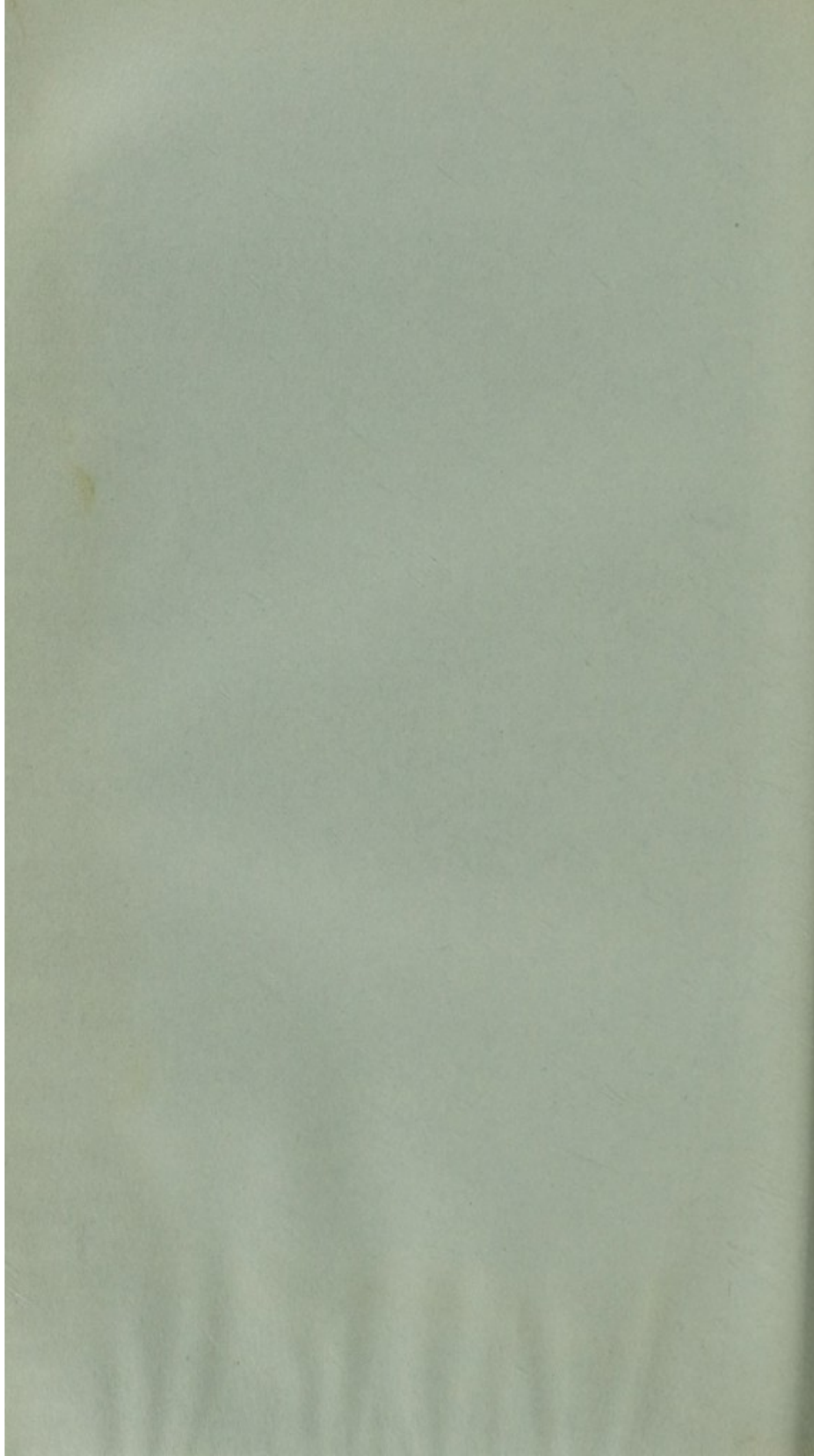
FOR THE YEAR 1958

BY

ROBERT MITCHELL

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

PRINCIPAL SCHOOL MEDICAL OFFICER





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Annual Report of the Principal School Medical Officer For the Year 1958

To the Chairman and Members of the Education Committee,

I have the honour to present my Annual Report for the year 1958.

We were again fortunate in having our full complement of medical staff, but all attempts to recruit an additional Dental Officer have been unsuccessful. We still require a physiotherapist and an additional speech therapist.

The general health of the school children in the schools continues to be very satisfactory. Of the children examined when entering school, 99.5% were considered to be satisfactory, and only 0.5% were considered to be unsatisfactory, and they are kept under careful observation.

There were no outbreaks of serious infectious disease in school children during the year. There were 52 cases of scarlet fever compared with 27 cases in 1957. There were 21 cases of measles compared with 54 cases in 1957. No cases of pulmonary tuberculosis were found in school children.

I wish to record my gratitude to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 6 children to have periods varying between 8 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 52 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 been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

Principal School Medical Officer.

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, 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 :

MRS. S. THARME, S.R.N.

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

Dental Attendants :

MRS. N. E. WOOLLEY

MISS P. THOMPSON
(Part Time)

Clerks :

MRS. K. E. COLLETT

MISS J. BROWN
(Commenced 21/7/58)

MRS. M. F. PERRY
(Resigned 30/8/58)

1. Staff Changes. There were no changes in the Medical, Dental or Nursing Staff during 1958. Mrs. Perry, Senior Clerk at the School Clinic, resigned at the end of August and her place was taken by Mrs. Collett. Miss Brown became Junior Clerk in July.

2. Medical Inspection. Owing to the additional work necessitated by the introduction of poliomyelitis vaccine, it has not been found possible to continue the three periodic medical inspections, which has been the practice in the past. Instead, the School Medical Officers have carried out routine inspections of infants and school leavers. Inspections of children in Junior schools have been confined to the re-inspections of children with known defects. Close collaboration with Head Teachers has also been maintained and any children which the Head Teacher is in doubt about have been examined by the School Medical Officers. It is interesting to note that necessity has caused us to adopt a modification of School Routine Inspection which is, in fact, in line with the latest Ministerial Policy which advocates more frequent visits to Schools and fewer routine inspections. The Minister considers that this method is likely to increase the efficiency of the preventive work of the School Health Service.

Frequent visits to the schools are also made by the School Nurses, who carry out vision testing and head inspections on all the school children. Any defects of importance are reported to the School Medical Officers, who arrange to see these children as soon as possible.

The attendance of parents at the examinations of the older age group has improved, and it is extremely good during 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, though the new schools which have been recently built have good facilities for medical inspections. 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 1958 is shown below :

Entrants	Satisfactory	Unsatisfactory
1958	99.5	0.5

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 184 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 slight decrease in the number of cases of ear defects found amongst school children during the year.

All the children were treated at the School Clinic.

There were 112 treatments carried out during the year, the majority being for Otitis Media.

Deafness. During 1958, 9 children from Burton upon Trent were in residential schools. 7 in The Royal Institute for the Deaf at Derby, and 2 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 1958 was 155.

(b) The number of cases to whom prescriptions for spectacles were given was 91.

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.

100 children were found with orthopaedic defects at the school routine examinations. 13 cases were referred to their own doctors for treatment.

(f) **Diseases of the Skin.** No cases of scabies were found during the year. This is very satisfactory and a great improvement on the previous year when 7 cases were seen.

The number of cases seen previously is as follows :

1957—7. 1956—3. 1955—0. 1954—0. 1953—0.

1952—3. 1951—6. 1950—19. 1949—20.

Other skin conditions, including impetigo, totalled 87, compared with 98 in 1957.

(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 :—

SPEECH THERAPY

ANNUAL REPORT—JANUARY/DECEMBER, 1958

I have pleasure in presenting the report of the work and progress in the Speech Therapy Department. It has been possible to see and treat more children this year, but the waiting list is still large. However,

every new child on the waiting list, except three who were referred at the very end of 1958, was sent an appointment for a preliminary interview, with the view to offering advice to the mother (or father) who was requested to accompany the prospective patient. Only about a dozen cases did not respond to the letters sent, but with further investigation into the backgrounds of some of these cases, it was not surprising that the invitations were ignored, though these cases will be reviewed again at a later date. By interviewing all the cases who were referred during the year, I was able to give priority to those children whom I felt were in urgent need of treatment, regardless of their position on the waiting list. It is still obvious that there is now enough work for two speech therapists in Burton and the amount of clerical work is increasing beyond workable limits. Again I have been pleased to have a final year speech therapy student from the Leicester College, working with me for one day each week, from October onwards, after the other one left in July, having fully qualified.

This year, I would like to comment on the liaison between the speech clinic and school staffs. I am extremely lucky in being able to keep in direct contact with all Head Teachers and I am always very grateful to them for their valuable help in dealing with patients who attend their schools. During the winter term, the Director of Education kindly sent a note to all Head Teachers in the town, asking them to refer any speech defective children who were noticed by their staffs, and particularly to notify the clinic of any stammering child. This was done to encourage the Heads to refer children despite the waiting list, of which they are all aware, because at times it has been sadly noted that several children with bad stammers and sound defects have not been referred for investigation, until some time after they have commenced school. The school staffs have naturally felt that, as there is a long waiting list, it is not worthwhile referring a child to the Speech Clinic, but I would like to stress to all of them, that if they are doubtful about a child who shows any signs of poor or difficult speech, to refer it as soon as they can. I ask this because some speech defective children, who only appear to have a fairly small outward difficulty, sometimes prove to be the more involved and urgent cases. The speech therapist is available, not only in the capacity for giving direct treatment to speech defective children, but is also at the clinic in an advisory capacity, which means that she is willing to interview any child within a short time of being referred. I should like to feel that all Head

Teachers are not hesitating to encourage their staffs to send the names of children whom they feel need an examination at the Speech Clinic. In my opinion, the advisory service offered, particularly in the infants' departments, is equally as important as the treatment service given to the children, who are eventually able to attend weekly. Seeing the children during their early years is of importance, because it is the mothers (or fathers) to whom the speech therapist can direct her advice. This is borne out with the experience I have had in seeing quite a number of pre-school children during the past years—it nearly always pays, with good results. It has not been possible for me to pay personal visits to schools to meet the staffs, since the department commenced in 1952, but as stated, I have had the pleasure of being able to keep in close contact with the majority of Head Teachers by 'phone, and I would like to thank them most sincerely for the help and advice they have been able to give me. I hope that school staffs will now have no second thoughts about informing the clinic of any speech defective child—naturally there will be quite a few cases who will not be wholly suitable for treatment, but at least an early opinion can be given about these children for future reference, which may be of help to medical officers or anyone who will eventually be dealing with them.

There are a good variety of cases being seen in the clinic and the stammerers and dyslalic (sound defective) children predominate on the list. One of the three cerebral palsy (spastic) cases failed to attend during the whole of the year, due to the unfortunate lack of co-operation from the parents, but the other two cases are progressing well because of the help of excellent parents. I would like to express my great appreciation to the Health Visitors who referred quite a number of pre-school children to the Speech Clinic. These children have been put on the observation list, to be reviewed at varying intervals, as some of them have not quite developed enough to receive direct individual treatment. I would like to arrange some group therapy for these young children, but due to the long waiting list, it is not possible to do this. Very often a lot of encouragement and stimulation can be given to pre-school children if they can attend group activities, but until the Speech Therapy Department has a larger room, where free activity can be arranged, it is not desirable in the present over-crowded office, to do anything of this nature, with success. This also applies for the older children, particularly the stammerers, who often develop and improve under group, as well as individual treatments. The speech

therapist is handicapped in organising anything beyond treating two children at a time.

The help of a second speech therapist would obviously relieve the existing problems now being faced in the department—the need to shorten the waiting period for each child who is referred and is desirous of having treatment ; the opportunity to do a school survey to assess the exact number of speech defective children in Burton (this could include a possible arrangement to help more educationally sub-normal children) ; and the important factor of organising more personal contact with school and hospital staffs and visiting to patients' homes. The point about offering more help to the E.S.N. speech defective children is debatable but in my experience they should have a trial treatment. At the moment, I feel it is advisable to offer treatment to the intelligent children, for obvious reasons, but when the department can expand, the possibility of helping more of the E.S.N. cases can be reviewed, as often a speech therapist can produce some surprising results, if she is prepared (and has the time) to treat the children over a long period, and of course if the children have a reliable home background which can stimulate them—always a most important factor. The importance of school contacts is essential, as has been stated, and the speech therapist's hospital contacts are also greatly to be encouraged, as quite a large number of speech defective children often need further investigation by a specialist. Fortunately, the speech therapist has several medical contacts in Derby and Nottingham—physicians and surgeons who are prepared to give excellent advice about the more difficult and involved speech cases. The absence of a Child Guidance Clinic is still sorely noticed in the Speech Therapy Department.

I would like to thank all medical, school and clerical staffs for their continued help and encouragement during the year and particularly to the school nurses, Miss Marks and Mrs. Tharme, who have done valuable work in bringing cases to my notice.

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

Speech Therapist.

Speech Therapy

Number of Cases listed 182

Including :—

(1) Number of Cases receiving treatment ..	156	} 182
(2) Number of Cases interviewed	22	
(3) Number of Cases listed to attend but who failed to do so throughout the year ..	4	

Number of Males	} of 156 treated {	101	} 156
Number of Females					55

Number of Stammerers	44	} 156
Number of Sound Defects (Dyslalia)	89	
Number of Stammerers + Dyslalia	10	
Number of Cleft Palates	6	
Number of Cerebral Palsies	2	
Number of Miscellaneous Cases	3	

(i.e., head injury or of neurological origin)

Number of Severely Deaf + Dyslalia	2
Number of Cases Discharged	56

Including :—

(1) Cured or very good progress	42	} 56
(2) Left district	2	
(3) Left School (good progress)	2	
(4) Treatment inadvisable (very low I.Q.) ..	3	
(5) Left School (still in need of treatment) ..	1	
(6) Lack of co-operation by Parents	6	

Number of County Cases treated throughout year	3
--	---

Number on Waiting List at end of year	50
---	----

Number of New Cases admitted during year	70
--	----

Number of Cases referred for Specialist Treatment or further Medical Advice	22
---	----

Number of Clinical Sessions held	349
--	-----

Total Number of attendances	1,435
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(h) **Infestation with Vermin.** There was a slight increase in the number of children found infested with vermin, the proportion of pupils infested being 3.34%, compared with 2.49% in 1957.

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 18,032. 336 children were found to be infested with vermin, and there were 64 exclusions.

1 cleansing notice was issued during 1958.

(i) **Foot Defects.** The number of children attending the School Clinic for treatment of plantar warts is still high. 45 new cases were treated during the year.

An interesting feature is that girls were seen 3 times as frequently as boys, there being 35 girls and only 10 boys.

The age distribution of the cases is also of interest, there being only 5 cases under the age of 10, the remaining 40 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 6. 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 1958

The gloomy forecast, which was included in my Report for last year, has been unhappily fulfilled. The shortage of dental surgeons, which has reached grave proportions on a national level, is becoming most acute within the area which is served by the County Borough. Not only has it been found impossible to obtain applications for the continuously-advertised post of School Dental Officer, but during the year under review, the number of general dental practitioners in the town was reduced by the untimely death of Mr. E. Wayte, at one time

School Dental Officer to the County Borough. In addition, it is known that two other general dental practitioners practising in the town are to retire during 1959. A proportion of the patients treated by these practitioners will have been children, and with the remaining practices already operating to capacity, it is certain that there will be an increased demand on the School Dental Service. The effect of such an increased demand can be anticipated by a study of the following tables :—

	1956	1957	1958
Average number (per half-day session) of Patients	11.6	11.9	13.18
Average number (per half-day session) of Fillings of Permanent Teeth	2.28	1.49	1.52
Average number (per half-day session) of Permanent Teeth Extracted	3.75	4.50	4.87
Average number (per half-day session) of Deciduous Teeth Extracted ..	6.55	6.94	7.00

The ratio of the number of permanent teeth extracted to the number of permanent teeth filled is illustrated in the following figures :

1955	1956	1957	1958
1.86	2.30	3.05	3.21

It will be seen from the tables that, in spite of a slight increase in the number of fillings per session inserted in permanent teeth, there has been a greater increase in the number of permanent teeth extracted per session, and your School Dental Service is little more than an emergency service, devoted to the relief of pain and the removal of sepsis.

In view of what has already been stated in the opening paragraph, it will be seen that any improvement in these figures is unlikely during the coming year. Even more unsatisfactory is the fact that this is a most unsuitable background for the training of children in the maintenance of good dental health. Such training is being carried out to the fullest extent possible, although this must of necessity be limited. Well-produced colour films, illustrating important features of good dental health, have been ordered and will be shown in the schools and to as many youth organisations as it is possible to reach.

Another unsatisfactory feature of the present state of the School Dental Service is that it has become unattractive to prospective applicants for the post of School Dental Officer. This has been aggravated, during the year under review, by the publication of the joint Memoranda of Evidence submitted to the Royal Commission on Remuneration of Doctors and Dentists in the National Health Service by an association of all Local Authorities. On the evidence in this document, it would appear that Local Authorities consider School Dental Officers to be members of an inferior grade of Dental Surgeon, when compared with general dental practitioners. It is unlikely that any young person, who has spent five-and-a-half years learning all aspects of dental surgery, during which time emphasis has been rightly placed on the conservation of teeth, would wish to apply for a post where he knows that the majority of his time would be spent in removing teeth. The additional fact that, if he does apply, it is inferred that he is of a lower standard than other dental surgeons in professional ability, will not encourage him in his application.

As your Principal Dental Officer, I consider it my duty to draw these facts to your attention, because I am sure that the views expressed in this document are not held by the members of the Council, and that any dental surgeon who wishes to join your School Dental Service would have to be a first-class dental surgeon, and would receive the utmost consideration and encouragement. It is unfortunate that the views expressed in this document should be interpreted as representing the views of all Local Authorities and it would be helpful if those Authorities which are not in agreement made their own views plain.

Your Principal Dental Officer, with the encouragement of Dr. Robert Mitchell, continues to keep in mind the latest developments in technology, so that if equipment becomes available which will help in the conservation of teeth, then it will be recommended that such equipment be provided.

The number of dentures fitted during the year remained fairly constant, and it is almost certain that any change which may occur in the statistics will be for the worse. Orthodontic treatment continues on a very restricted scale and is made available only to those cases which it is felt will derive the greatest benefit.

It would be pleasant to be able to conclude my Report by expressing some hope for the future, but this is not the case. The grim fact is that your School Dental Service will find it difficult to maintain the present position, and is likely to be overwhelmed within the next twelve months.

In addition to my thanks to Dr. Robert Mitchell, I should like to record my thanks to Dr. G. M. Curtois and Dr. M. Gibbs for their help in the administration of general anaesthetics, and to all members of the School Health Service for their assistance in the campaign for better dental health.

PETER DUFFIELD,

Principal School 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	3	—	1	1
Partially Deaf	6	—	—	—
Delicate	—	9	—	9
Educationally Subnormal	4	20	—	20
Epileptic	1	1	—	1
Physically Handicapped ..	7	21	3	24
Maladjusted	—	1	—	1
Speech Defect	—	156	—	156
	25	208	5	213

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 20 children were assessed during 1958 with the following results :—

Children examined under Section 57 (5)	..	..	—
Children examined under Section 57 (3)	..	..	2
Children examined and found E.S.N.	..	..	5
E.S.N. Children re-examined	..	..	2
Children examined and found normal	..	..	10
Children examined and found maladjusted	..	..	—
Children examined but tests not completed	..	..	1

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 unfortunately broke down due to the death of Dr. Fox. No replacement for a Psychiatrist to the Child Guidance Clinic has so far been arranged. This year 4 children have been referred to the Clinic, without result.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. No cases of diphtheria were notified in the Borough during 1958. This is very satisfactory.

During 1958, 133 children completed a full course of immunisation, and 293 received a reinforcing or booster dose of diphtheria antigen.

Poliomyelitis. No cases of poliomyelitis occurred in school children during 1958.

Scarlet Fever. There were 52 cases of scarlet fever notified during 1958. No cases required removal to hospital.

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

Measles. 21 cases of measles were notified during 1958 as compared with 54 cases in 1957, and 264 cases during 1956.

6. Tuberculosis.

There were no cases of pulmonary tuberculosis notified during the year.

No cases of non-pulmonary tuberculosis were notified during 1958. 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 Tuberculin 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 1958	.. .. .	380
Total number of children with a positive result (Mantoux or Jelly Test)	.. .. .	80
Percentage with a positive result	.. .. .	47.6%
Total number of children with a negative result (Mantoux or Jelly Test)	.. .. .	88
Percentage with a negative result	.. .. .	52.4%
Total number successfully vaccinated during 1958	.. .. .	61

7. Deaths of Children of School Age.

During the year two school children died. One died from leukaemia, and one died as the result of 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. 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 1958, there were 1,580 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed a decrease of 186 on the attendances for 1957.

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	108	22	130		
Shop Assistants	1	1	2		
Errands	13	—	13		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	122	23	145		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	493,218
Staff and Helpers	50,960
Students	7,386
	<hr/>
Total	551,564
	<hr/>

7,992 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 1958

The Children's Care Committee was appointed by the Education Committee for work in 1958, and was constituted as follows :—

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

The Officers elected for 1958 were :—

<i>Chairman</i>	..	..	..	Mrs. E. M. Macgilp
<i>Vice-Chairman</i>	..	..	..	Mrs. J. George
<i>Hon. Secretary and Treasurer</i>	..			Miss P. M. Evershed

In May, Mrs. F. G. Thompson resigned owing to leaving the town. Mrs. Thompson joined the Committee in December, 1938, and had been an able and conscientious helper for nearly twenty years. Her loss was keenly felt.

The Committee met six times during the year.

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

Boy aged 9½ years.	Sent to Convalescent Home,	West Kirby	for 8 weeks
Girl aged 12 years.	do.	do.	West Kirby for 8 weeks
Girl aged 11¾ years.	do.	do.	Bournemouth for 8 weeks
Girl aged 8½ years.	do.	do.	West Kirby for 12 weeks
Boy aged 9¾ years.	do.	do.	West Kirby for 8 weeks
Boy aged 7 years.	do.	do.	West Kirby for 8 weeks
Boy aged 12½ years.	Recommended for Convalescent Home treatment, but too old to be admitted.		

The Committee record their appreciation of the help given by the Feoffees who provided Convalescent Home treatment for 6 children for 52 weeks, and by the Voluntary Aid Association who paid the railway fare for one child to Bournemouth and one to West Kirby.

ETHEL M. MACGILP,

Chairman.

PHYLLIS M. EVERSLED,

Hon. Secretary.

14th January, 1959.

MEDICAL INSPECTION TABLES, 1958

Number of Children.

Average number of children on the roll	.. ..	9,719
Average attendance	.. ..	8,882

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	.. ..	622
2nd Age Group—Juniors	.. ..	228
3rd Age Group—Leavers	.. ..	721
Others	.. ..	154
Total	.. ..	1,725

B.—OTHER INSPECTIONS

Number of Special Inspections	.. ..	382
Number of Re-Inspections	.. ..	1,210
Total	.. ..	1,592

C.—PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	—	—	—
1953	3	40	40
1952	1	11	13
1951	—	—	—
1950	—	—	—
1949	—	—	—
1948	—	—	—
1947	16	6	15
1946	7	3	10
1945	—	—	—
1944	1	—	1
1943 and earlier	36	21	53
TOTAL	64	81	132

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

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	23	23	100	—	—
1953	599	598	99.8	1	0.2
1952	130	129	99.2	1	0.8
1951	17	17	100	—	—
1950	6	6	100	—	—
1949	1	1	100	—	—
1948	—	—	—	—	—
1947	159	158	99.4	1	0.6
1946	69	69	100	—	—
1945	—	—	—	—	—
1944	11	11	100	—	—
1943 and earlier	710	705	99.3	5	0.7
TOTAL	1725	1717	99.5	8	0.5

Table II
Infestation with Vermin

(i)	Total number of individual examinations of pupils in Schools by the School Nurses or other authorized persons ..	18,032
(ii)	Total number of individual pupils found to be infested ..	336
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	1
(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							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	2	24	3	21	7	10	12	55
5	Eyes—								
	(a) Vision ..	3	4	37	67	24	17	64	88
	(b) Squint ..	14	11	1	7	3	8	18	26
	(c) Other ..	1	11	1	9	—	4	2	24
6	Ears—								
	(a) Hearing ..	—	7	—	1	—	3	—	11
	(b) Otitis Media	2	25	1	12	1	23	4	60
	(c) Other ..	—	3	—	3	—	2	—	8
7	Nose and Throat	10	97	3	29	3	42	16	168
8	Speech	8	26	2	3	5	4	15	33
9	Lymphatic Glands	—	71	—	11	—	18	—	100
10	Heart	—	8	1	9	2	8	3	25
11	Lungs	2	14	1	13	—	16	3	43
12	Developmental—								
	(a) Hernia ..	—	2	—	3	—	—	—	5
	(b) Other ..	—	6	1	—	1	4	2	10
13	Orthopaedic—								
	(a) Posture ..	—	1	—	13	—	3	—	17
	(b) Feet ..	2	4	1	5	2	4	5	13
	(c) Other ..	1	22	4	24	3	11	8	57
14	Nervous System—								
	(a) Epilepsy ..	—	4	—	—	—	2	—	6
	(b) Other ..	—	1	—	6	1	3	1	10
15	Psychological—								
	(a) Development	—	5	—	3	—	4	—	12
	(b) Stability	—	58	—	13	1	27	1	98
16	Abdomen	—	5	—	—	—	4	—	9
17	Other	—	7	3	4	—	8	3	19

Table III (continued)

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	3	—
5	Eyes—(a) Vision	26	1
	(b) Squint	1	—
	(c) Other	1	—
6	Ears—(a) Hearing	3	3
	(b) Otitis Media	1	—
	(c) Other	—	—
7	Nose and Throat	8	—
8	Speech	24	3
9	Lymphatic Glands	—	—
10	Heart	1	1
11	Lungs	3	2
12	Developmental—(a) Hernia	—	—
	(b) Other	2	2
13	Orthopaedic—(a) Posture	—	—
	(b) Feet	1	—
	(c) Other	1	1
14	Nervous System—(a) Epilepsy	—	—
	(b) Other	—	—
15	Psychological—(a) Development	—	1
	(b) Stability	4	4
16	Abdomen	—	1
17	Other	—	—

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	15
Errors of refraction (including squint)	—	186
TOTAL	34	201
Number of pupils for whom spectacles were prescribed	—	91

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	—	3
(b) for adenoids and chronic tonsillitis	—	114
(c) for other nose and throat conditions	—	2
Received other forms of treatment	13	12
TOTAL	13	131
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1958	—	2
(b) in previous years	—	—

Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments ..	—	252

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	..	..	..	..	..	—
Impetigo	..	..	..	..	..	13
Other skin diseases	..	..	..	..	..	74
TOTAL						88

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	4
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Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	156
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Group 7.—Other Treatments Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	65
(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
Total number of attendances at Authority's Minor Ailments Clinics	1,580
Total number of attendances including uncleanliness	2,854

Table 5.**Dental Inspection and Treatment.**

1.	Number of Pupils inspected by the Authority's Dental Officers—							
	(a)	At Periodic Inspections	NIL	}	Total (1)	..	2572	
	(b)	As Specials ..	2572					
2.	Number found to require treatment						2549	
3.	Number offered treatment						2549	
4.	Number actually treated						2525	
5.	Number of attendances made by pupils for treatment, including those recorded at 11 (h)						4177	
6.	Half days devoted to :							
	(a)	Periodic School Inspection	NIL	}	Total (6)	..	317	
	(b)	Treatment	317					
7.	Fillings :							
	(a)	Permanent Teeth	..	484	}	Total (7)	..	516
	(b)	Temporary Teeth	..	32				
8.	Number of Teeth filled :							
	(a)	Permanent Teeth	..	482	}	Total (8)	..	514
	(b)	Temporary Teeth	..	32				
9.	Extractions :							
	(a)	Permanent Teeth	..	1545	}	Total (9)	..	3766
	(b)	Temporary Teeth	..	2221				
10.	Administration of general anaesthetics for extraction						1216	
11.	Orthodontics :							
	(a)	Cases commenced during the year	..	..	..	..	25
	(b)	Cases carried forward from previous year	..	..	..	..	33
	(c)	Cases completed during the year	..	..	..	..	20
	(d)	Cases discontinued during the year	..	..	..	..	3
	(e)	Pupils treated with appliances	..	..	..	..	25
	(f)	Removable appliances fitted	..	..	..	..	44
	(g)	Fixed appliances fitted	..	..	..	..	—
	(h)	Total attendances	..	..	..	..	201
12.	Number of pupils supplied with artificial teeth						72	
13.	Other operations :							
	(a)	Permanent teeth	..	838	}	Total (13)	..	844
	(b)	Temporary teeth	..	6				

APPENDIX

PHYSICAL EDUCATION REPORT FOR THE YEAR 1958

General

Existing facilities have been used to the fullest extent and the year has seen a general expansion of facilities for the most widely practised branches of physical education. There can be little doubt that pupils respond to good facilities, or that the teaching staffs are stimulated and encouraged by their provision. Side by side with this has been a vigorous policy to adopt newer methods of teaching so that we are on the threshold of a fresher and wider conception of Physical Education in the Borough.

Primary

Our aim continues to be to teach a large number of comparatively simple skills to large numbers of children and, at the same time, to provide opportunities for the use of their own imagination and inventiveness. While we all recognise that children are able to do many things without copying adults, their inventiveness will have a bigger yield if it is based on a wide background of directed activities. When activities are directed, the trend is towards simple instruction with techniques reduced to a minimum.

The emphasis on simplicity has also shown itself in requests from schools for simple, light and strong apparatus which can be set up by the children with wide variations of assembly.

It is pleasing to record the growing realisation of the wider uses of our unfashionable playground shelters. Gradually they are undergoing conversion into out-door junior gymnasia. Their strong construction lends itself to the suspension of climbing apparatus, while tasteful colour washing has added cheerfulness to their robustness.

Secondary

The problem in Physical Education at this stage is to see the establishment in all of our secondary schools of a wide variety of physical activities, which, whilst taking up no more than a reasonable proportion of the total school time, provide opportunities for the majority of pupils to "find themselves" in some activity which they can do reasonably well.

Facilities continue to improve and, even if they are not up to the prescribed standard in every case, they are sufficient for each school to plan a satisfactory programme without an undue effort to improvise.

The occupation of the new Horninglow Secondary School in September, 1958, together with the approval to go ahead with the Anglesey School gymnasium, means that every secondary school except one will have a gymnasium and attached playing field in the very near future. This development within 15 years of the war can be contrasted with the pre-war position when only one secondary school was so equipped.

Playing Fields

The Authority's persistent urge to develop new playing fields is being matched in the schools by a growing urge to maintain them in good playing condition. In addition to the remedial work of normal seasonal maintenance, the Authority is continuing to improve playing fields where drainage has proved unsatisfactory under playing conditions. There is evidence to show that the mole drainage of six acres at Hillside Secondary School has proved satisfactory and further mole drainage is being planned.

The schools have contributed towards easing the amount of seasonal maintenance by the sparing use of the grounds during the bad weather, but probably the most important single way which is wholly within the School's power to lessen wear on a playing field is to devote more of the Easter Term to cross country running instead of football.

At Horninglow Secondary School 12 acres of playing field were seeded in the Autumn of 1958. Good weather conditions obtained for 8 acres, but the excessively wet Autumn interfered with the seeding of the remaining 4 acres. In spite of this it now appears that we obtained a much higher rate of germination than was even hoped for and that it may not be necessary to re-seed the ill-fated 4 acres. With normal growth, these new fields should come into use in the Summer Term, 1960.

Tennis

It is pleasing to report some progress in this section. During 1958 six new courts came into use at the Boys' Grammar School and the opening of five new courts on the Shobnall Playing Fields allowed

other secondary schools without courts to increase their periods of play. The approval of plans for the provision of eight new courts at the Girls' High School may well prove to be the forerunner of adequate provision for tennis at our secondary modern schools.

Camping

The Borough's first Organised School Camp was held in Monsal Dale during the Summer Term, 1958. From the interest shown it was evident that the secondary modern schools realised the possibilities of such a camp. A site was chosen where basic training could be given and from which groups of mobile campers could operate in open and interesting country. In very many ways the site proved suitable.

The first camp was also concerned with the conception of a camp as a base from which to carry out various open air pursuits—in this case hill walking and visits to places of geographical and historical interest.

The two chief lessons learned showed that the capacity of the secondary school boy for hillwalking had been underestimated and secondly the need for suitable footwear and clothing. If the L.E.A. was prepared to show its interest in camping as an instrument of education by the full-scale equipment of a camp to the recommended standard, then sooner or later the campers without exception will have to fulfil their obligation and equip themselves with adequate clothing and footwear.

Duke of Edinburgh's Award

This Authority has been accepted as an Experimenting Body for the boys' scheme and four schools to date are preparing candidates. Training for Stage One is well within the scope of secondary schools as the syllabus can easily be linked to the normal out-of-school activities without the necessity of creating special groups to cover the scheme's requirements.

Interim reports coming in from the schools confirm that this scheme is making the appeal claimed by its founders—the appeal of different and difficult tasks; opportunities for planning in small groups and offering adventure; the sense of achievement as each section of the Award is passed.

In essence this scheme provides a project in out-door pursuits involving the co-operation of many members of staff, in addition to Leaders of Voluntary Organisations, who have proved most willing to assist either as instructors or examiners. A notable by-product of the scheme is the link formed between one secondary school and the local rowing club, which has resulted in the week-end coaching of schoolboys on the river throughout the year as well as the school's participation in regional regattas.

Outward Bound School

During the year this Authority doubled the number of candidates attending the courses at Ullswater. Reports received from the School show that the courses are thoroughly testing our boys. While we continue to get awards to honours standard in the athletics section, so far distinction in the other sections has continued to elude our candidates.

Boxing

1958 saw the closure of the Borough's Youth Boxing Club because of lack of numbers. The medical case against schoolboy boxing is now so strong that there is a clear cut case for its discontinuance. *The Lancet's* suggestion that the individual doctor can help by warning parents about the danger of serious injury cannot be ignored by the teaching profession. Any group of sports enthusiasts proposing to re-open the local Youth Boxing Club will likewise need to convince this Authority that a clear cut case has not been made out. Physical Educationists have been aware for the past twelve years of the opposition in some other countries to this form of sport.

In Conclusion

As the Development Plan for the Borough continues to unfold, the intentions of the L.E.A. to make adequate provision for physical education are amply borne out. And the consequent opportunities abound.

J. W. PARKINSON,

Organiser of Physical Education.

