

**[Report 1964] / School Medical Officer of Health, Burton-upon-Trent
County Borough.**

Contributors

Burton upon Trent (England). County Borough Council.

Publication/Creation

1964

Persistent URL

<https://wellcomecollection.org/works/sxr4kvkt>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

44938



County Borough of Burton upon Trent

EDUCATION COMMITTEE

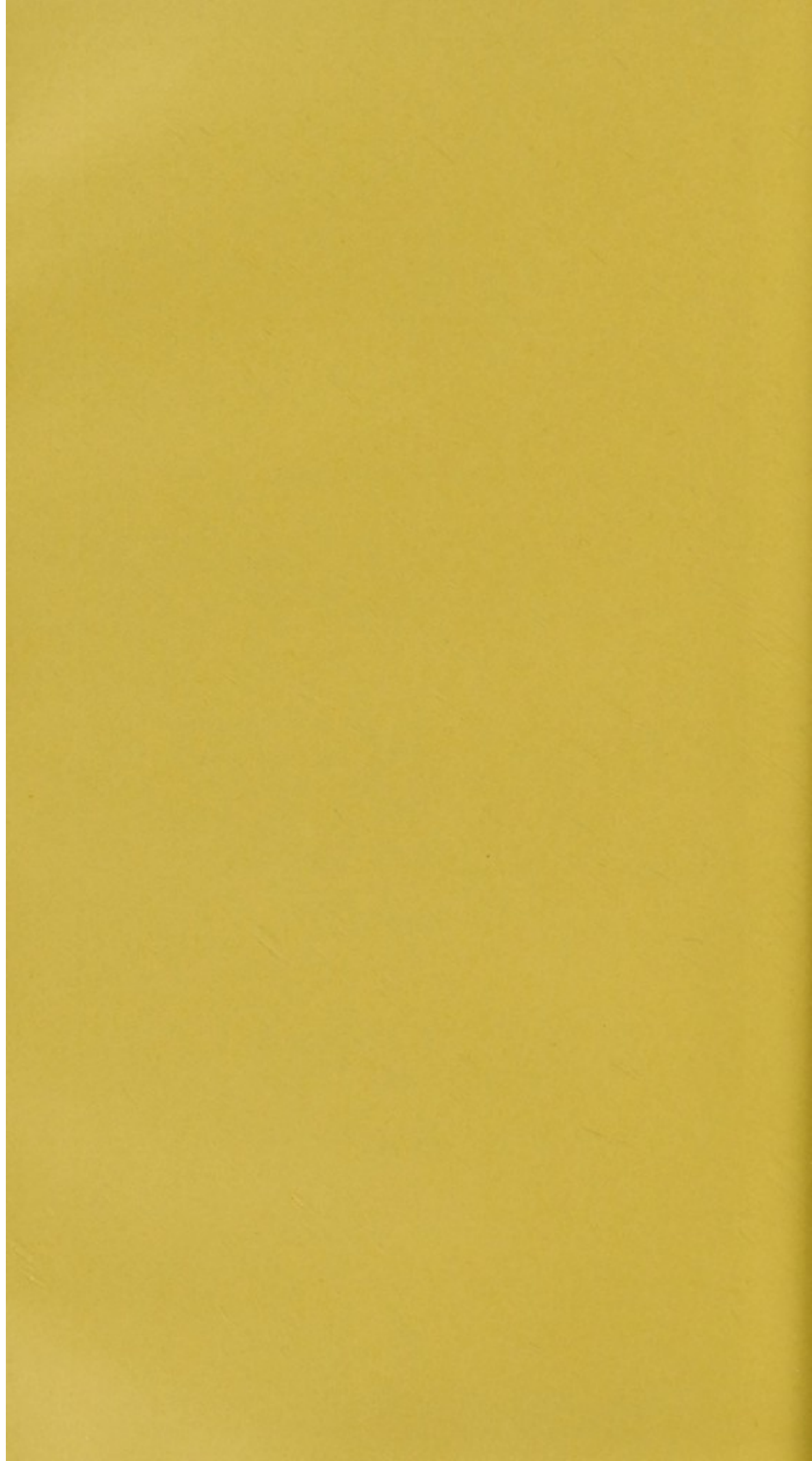
ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR 1964

BY

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

PRINCIPAL SCHOOL MEDICAL OFFICER





County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE
SCHOOL HEALTH SERVICE
FOR THE YEAR 1964

BY

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

PRINCIPAL SCHOOL MEDICAL OFFICER

Contents

Staff	..	..	..	..	..	..	..	4
Introduction	..	.	..	..	..	..	..	3
Staff Changes	..	..	..	..	..	..	..	6
Medical Inspection	..	..	..	..	..	..	..	6
Findings of the Medical Inspection and Treatment of Defects :—								
(a) General condition	..	..	..	..	..	..	..	7
(b) Nose and Throat defects	..	..	..	..	..	..	..	8
(c) Ear defects	..	..	..	..	..	..	..	8
(d) Eye and Visual defects	..	..	..	..	..	..	..	8
(e) Orthopaedic defects	..	..	..	..	..	..	..	9
(f) Diseases of the Skin	..	..	..	..	..	..	..	9
(g) Speech defects	..	..	..	..	..	..	..	9
(h) Infestation with Vermin	..	..	..	..	..	..	..	11
(i) Foot defects	..	..	..	..	..	..	..	12
(j) Enuresis	..	..	..	..	..	..	..	13
(k) Obesity	..	..	..	..	..	..	..	13
(l) Report of the Principal School Dental Officer	..	..	..	..	..	..	..	13
Handicapped Pupils	..	..	..	..	..	..	..	14
Child Guidance Clinic	..	..	..	..	..	..	..	15
Infectious Diseases	..	..	..	..	..	..	..	15
B.C.G. Vaccination	..	..	..	..	..	..	..	16
Deaths of Children of School Age	..	..	..	..	..	..	..	17
Minor Ailments Clinic	..	..	..	..	..	..	..	17
Employment of School Children	..	..	..	..	..	..	..	17
School Meals Service and Free Milk Scheme	..	..	..	..	..	..	..	18
Report of Children's Care Committee	..	..	..	..	..	..	..	18
Appendix—Physical Education Report, 1964	..	..	..	..	..	..	..	27

STATISTICAL TABLES

Children on Roll—	20
-------------------	----	----	----	----	----	----	----

Maintained Schools

Table 1.—Medical Inspection	..	..	..	..	20
Table 2.—Infestation with Vermin	..	..	..	..	21
Table 3.—Defects found by Medical Inspection				..	22
Table 4.—Treatment	..	..	..	..	24
Table 5.—Dental Inspection and Treatment			..	..	26

Annual Report of the Principal School Medical Officer For the Year 1964

To the Chairman and Members of the Education Committee,

I have the honour to present my Annual Report for the year 1964.

I am very pleased to report that we have obtained a full-time Speech Therapist, Mr. F. Brook, F.C.S.T., who commenced duty on the 9th November, 1964.

The arrangements with Staffordshire County Council for the referral of children to the Child Guidance Clinic at Lichfield continued to be satisfactory.

There were no serious outbreaks of infectious disease during the year. There were 5 cases of scarlet fever compared with 1 in 1963. There were 99 cases of measles compared with 317 in 1963 and 36 cases of whooping cough compared with 13 in 1963. There was 1 case of pulmonary tuberculosis compared with none in 1963.

The scheme for B.C.G. Vaccination of school children of age 13 years and over continued to operate. The response of the parents and the co-operation of the schools has been excellent. During the year 888 children were tested, of whom 187 were positive, 686 negative, and 685 of the latter were vaccinated against tuberculosis.

I wish to record my thanks to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 11 children to have periods varying between four and eight weeks at Convalescent Homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance for these 11 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. W. R. Henwood, 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.

W. R. HENWOOD, B.Sc., M.B., Ch.B.

Principal Dental Officer :

A. NOEL STANNARD, L.D.S.

Consultant Dental Surgeon :

A. CORNFORD BOWDEN, F.D.S., Eng. and Ed., H.D.D.
(Part-time)

Consultant Anaesthetist :

GEORGE QUAYLE, M.R.C.S., L.R.C.P., F.F.A.R.C.S., Eng., D.A.
(Part-time)

Dental Officer :

C. S. LIDDLE, L.D.S., R.C.S., Ed.

Dental Officers (Part-time) :

ROY THOMPSON, L.D.S., B.D.S.

G. M. HURST, L.D.S., B.D.S.

Speech Therapist :

F. BROOK, F.C.S.T. (Commenced 9/11/64)

Speech Therapists (Part-time) :

MRS. M. RUDIN, L.C.S.T.

MRS. M. J. PRICE, L.C.S.T. (Resigned 30/7/64)

School Nurses :

MISS O. D. MARKS, S.R.N.
 MRS. M. T. POPIKAS, S.R.N., S.C.M.

Dental Technician :

D. A. ALLEN, City & Guilds Certificate (*Part-time*)
 (*Resigned 31/10/64*)

Dental Auxilliary :

MISS M. PILLAR (*Commenced 1/9/64*)

Dental Attendants :

MRS. E. M. ROULSTONE
 MISS P. ADCOCK
 MRS. D. M. PETTINGALE (*Resigned 30/4/64*)
 MRS. E. CLAMP (*Commenced 25/5/64*)

Clerks :

MRS. J. TYE (*Resigned 21/2/64*)
 MRS. J. E. TOOGOOD (*Commenced 24/2/64*)
 MISS J. SLOPER
 MRS. M. B. M. HAMP (*Part-time*)

Cleansing Assistant (Part-time) :

MRS. J. N. RADFORD (*Resigned 16/10/64*)
 MRS. B. FREEMAN (*Commenced 19/10/64*)

1. Staff Changes. The following staff changes occurred during 1964.

Mrs. J. Tye resigned on the 21st February to emigrate with her husband to Australia. Her place as Senior Clerk at the School Clinic was taken by Mrs. J. E. Toogood. Mrs. M. J. Price, one of the two part-time Speech Therapists, resigned on the 30th July owing to family commitments and for a short period we were reduced to one part-time Therapist in this Department. At the beginning of November, however, we were able, for the first time for some years, to appoint a full-time Speech Therapist in the person of Mr. F. Brook. The Part-time Cleansing Assistant, Mrs. J. N. Radford, resigned on the 16th October and Mrs. B. Freeman was appointed in her place.

In the Dental Department, Mr. D. A. Allen left on the 31st October to take up a Hospital appointment. For the first time a Dental Auxilliary, Miss M. Pillar, has been appointed, commencing duties on the 1st September. One of the Dental Attendants Mrs. D. M. Pettingale, resigned on the 30th April and her place was filled by the appointment of Mrs. E. Clamp, who commenced duties on the 25th May.

2. Medical Inspection. The procedure of medical inspections was a little different from previous years. The same procedure was adopted for infants, routine inspections being carried out on all children in their first year at school. In Junior schools inspections were again confined to the re-inspection of children with known defects and to the examination of children with suspected defects referred by School Staff and School Nurses to the School Medical Officers. Each year too an increasing number of children are referred to the School Medical Service by parents and General Practitioners for advice, especially with problems of speech, vision and hearing.

At the school leaver stage routine medical examinations were not carried out, but all children in this age group were seen and were weighed and measured and their vision was tested by the School Nurses. They were also observed by the School Nurse and Medical Officer from time to time. As a result a number of children were brought forward for more detailed examination and the School Staffs also referred a number of children with suspected defects. Parents of all children in this age group were notified of these arrangements and were offered appointments with the School Medical Officer if they

wished their child to be examined. A number of parents availed themselves of this opportunity.

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. Visits to the Schools have also been made by the Principal Dental Officer to carry out dental examinations and to some Infant and Junior Schools by the Speech Therapy Staff.

The attendance of parents at routine medical examination of school entrants remains extremely good, although it is regretted that it is usually the very small proportion of mothers most in need of advice who fail to attend. The interest and co-operation of parents is most desirable in order that the child may obtain the maximum benefit from any advice which the doctor may feel called upon to give.

There continues to be a lack of suitable accommodation for conducting medical examinations in a number of the older schools, though in the new schools constructed in the last 15—20 years the facilities are good. In all schools, however, with the ready co-operation of Head Teachers and staff the work has progressed smoothly.

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 1964 is shown below:

Satisfactory	Unsatisfactory
99.03	0.97

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

The very small percentage in the "Unsatisfactory" category are kept under strict observation at school and the School Clinic and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, help with obtaining free school meals and clothing grants (where applicable). With the co-operation of the General Practitioners, medical and surgical opinion and care has been obtained where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 158 defects of the nose and throat, the great majority being either enlargement of tonsils and adenoids or persistent nasal catarrh.

Cases considered to be in need of operative treatment are, with the co-operation and agreement of their General Practitioners, referred to either Mr. R. L. Flett, M.D., F.R.C.S., E.N.T., Surgeon at the Burton General Hospital, or Mr. W. G. R. Hore, M.R.C.S., L.R.C.P., D.L.O. at the Derbyshire Children's Hospital, who once again have been most helpful in dealing with cases regarded by the School Health Service as being in need of urgent treatment.

It is satisfactory to be able to report that a very large proportion of the children who have their tonsils and adenoids removed appear to improve in their general health as a result of the operation.

(c) **Ear Defects.** During 1964, 6 children from Burton upon Trent were in residential schools. 4 in The Royal Institute for the Deaf at Derby and 2 in Needwood Residential Special School for Partially Deaf Children. During the year 3 children were equipped with hearing aids and continued, with the help of these instruments, their education at the ordinary schools in the Borough.

(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 1964 was 250.
- (b) The number of cases to whom prescriptions for spectacles were given was 114.
- (c) 3,483 children were tested by the School Nurses in the schools, of these, 175 were found to require specialist treatment.

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.

149 children were found with orthopaedic defects at the school routine examinations.

(f) **Diseases of the Skin.** 20 cases of Scabies were treated during the year.

The number of cases seen in the previous ten years were :

1963—0. 1962—0. 1961—0. 1960—0. 1959—1. 1958—0.
1957—7. 1956—3. 1955.—0 1954—0.

This moderately large increase in the incidence of Scabies is not as depressing as one would imagine at first sight as two of the families, accounting for 16 of the cases, were new arrivals in the Borough, one family coming from Italy and the other from the Republic of Ireland.

16 children were treated for warts (other than Plantar Warts), most of these occurring on the hands. Various methods of treatment were used, the most successful being painting with a paint containing Collodion Flexile, Sodium Salicylate and Chloral Hydrate. This form of treatment as opposed to Carbon Dioxide Snow was adopted because the children treated tended, on the average, to be rather younger than in previous years and they did not, consequently, stand the temporary pain and discomfort of the "Snow" as well as the older children.

Other skin conditions, including Impetigo, but not warts, totalled 23, compared with 21 in 1963.

(g) **Speech Defects.** Mr. F. Brook, F.C.S.T., and Mrs. M. Rudin, L.C.S.T., are the Speech Therapists at the School Clinic. Mr. Brook reports as follows :

" Mr. F. Brook, F.C.S.T., was appointed Speech Therapist with effect from 9th November. Mrs. M. Rudin, L.C.S.T., has attended for two sessions a week throughout the year and Mrs. M. J. Price, L.C.S.T., also attended on a sessional basis until her resignation in July.

"With the appointment of a full-time Speech Therapist the Clinic is now open throughout the whole week. Since Mrs. Gibb's resignation in May 1960 the Clinic has only been open for approximately four sessions a week and consequently the waiting list had reached a total of 120 children, some of whom had been waiting treatment since 1961.

"In November some of the children on the waiting list (in addition to those who had been receiving treatment from Mrs. Price) were enrolled for treatment. Between 11th November and the end of the year 20 children commenced treatment. During this period a survey was carried out of those children who had been on the waiting list for more than twelve months. With the kind co-operation of Head Teachers it was found that almost a third of the children had outgrown their defects and no longer appeared to need any treatment. (These children will be re-examined when the Speech Therapist next visits the school concerned.) Other children were found to have left school altogether, moved to another district or been admitted to a Special School. The number on the waiting list at the end of the year was 56 but this figure may become higher for a time as Head Teachers and others, knowing that the Speech Clinic has a full-time Therapist again, begin to refer more children than of late.

"Most children requiring Speech Therapy attend once a week with their parents where possible. The presence of a parent is essential with younger children as the prescribed exercises have to be explained so that some practise can be carried on at home daily. Whereas a simple lisp may be effectively cleared in a few weeks, a case of stammering with its associated emotional problems in the background may take up to two years or more. Whilst conditions vary in different parts of the country, and it is difficult to generalise, a single-handed Speech Therapist should be able to effect a turnover of 50 or 60 children a year, e.g. admitting 50 new cases and discharging the same number. In addition, advice given to parents and teachers, as a result of effecting screening at the right time, may avoid the necessity for many other children having direct treatment.

"A few weeks is a short time to form impressions but the Writer has been impressed already by the interest and offers of co-operation shown by those members of the Educational and School Medical Staffs he has had the pleasure of meeting to date".

F. BROOK, F.C.S.T., *Speech Therapist.*

Number of children treated :	Boys	..	..	..	..	61
	Girls	..	..	..	..	26
						<hr/>
						87
						<hr/>

(a) Stammerers	..	..	..	..	8
(b) Defects of articulation	..	..	..	..	67
(c) Delayed language development	..	..	..	..	7
(d) Cleft Palate speech	..	..	..	..	5
(e) Voice disorders	..	..	..	..	-
					<hr/>
					87
					<hr/>

Discharged :

Adjusted	..	..	..	..	17
Partly adjusted	..	..	..	..	2
Non-attendance	..	..	..	..	1
					<hr/>
					20
					<hr/>

Total attendance	..	..	..	..	..	609
Total on roll receiving treatment at 31 Dec., 1964						79
No. of children seen during school visits					..	99
No. of school visits made	..	..	..	..	..	14
No. of children on waiting list at 31 Dec., 1964	..					56

(h) **Infestation with Vermin.** The total number of school examinations by School Nurses during 1964 was 17,455. 287 children were found to be infested with vermin or in a generally dirty condition and there were 207 exclusions as compared with 199 in 1963. As last year, there was no preponderance of offenders in any one age group, but rather the reverse as cases were spread fairly evenly between all age levels of the school population. There is, however, still a preponderance of girls affected, although the adoption by the boys of long hair styles is having the effect of diminishing this sex differential.

The same hard core of families as in the previous two years provide the Cleansing Department of the School Clinic with the bulk of their "clients". A number of children in Senior schools have been attending intermittently since their first admission to Infants schools and as they leave school their places are taken by younger brothers and sisters. It is virtually impossible to affect any permanent cure on these children while there are at home siblings of pre- or post-school age, who are also infested and who reinfest the children attending the Clinic. This is especially obvious following school holidays. Towards the end of each term, following treatment at the Clinic, most children are free from infestation, but on return to school at the beginning of the next term are re-infested. A number of children had to be excluded on more than one occasion during the year; 18 children had to be excluded twice; 11 thrice; 5 on four occasions, 4 on five occasions and 2 had to be excluded six times during the year. It is significant to note that 123 of the total 207 exclusions (i.e. 59.4%) occurred amongst children who live in two small areas of the town and that 25 of the 40 children (i.e. 62.5%) who had to be excluded on more than one occasion came from these two small areas.

The proper treatment for infested and dirty children is available at the School Clinic, where a Cleansing Assistant attends five mornings a week during the school terms. Many cases are allowed to attend school provided that they are attending regularly for such treatment. A child who is heavily infested, or so dirty as to be offensive or who does not attend the School Clinic for treatment is excluded from school until certified clean. During the year it was found necessary to issue 20 Cleansing Notices and 9 Cleansing Orders.

(i) **Plantar Warts.** The view was expressed in last year's report that the fall in the number of new cases of Plantar Warts was but a temporary phenomenon. This belief has been borne out by a rise in the number of cases from 99 in 1963 to 124 this year. The majority of cases have been treated with CHLOROSAL. It is pleasing to be able to state that a permanent cure is brought about in almost 100% of cases provided they persist with treatment, which is likely to take a number of weeks to ensure success. A large percentage of the patients suffering from this painful condition are now referred to the School Clinic by the patient's General Practitioners.

(j) **Enuresis.** The alarm buzzers are still being used in selected cases of Enuresis. In all 35 cases have been investigated by the School Nurses during the year under review and of these 27 were found suitable for a trial with these machines. As a result 22 were cured; 1 failed to respond and 4 were still under treatment at the end of the year. A number of the cases were referred to the School Medical Service by their General Practitioners and close contact has been maintained in all cases with the child's own doctor. A number of the more resistant cases were referred to the Child Guidance Clinic at Lichfield. In many cases the enuretic is only one of a family of enuretics and in a reasonably large proportion of cases there are other emotional and social problems to complicate the issue. Unfortunately a number of the parents seem disinterested in the problem of the enuresis and in these cases treatment is rarely successful. The apparent improvement in the results this year has been largely due to a more rigorous investigation of each case before being passed as suitable for a trial with the Enuresis Alarm.

(k) **Obesity.** Obesity in children of school age continues to be the main nutritional problem encountered. The clinic for the treatment of these over-weight children continued under the care of Dr. Curtois. The numbers treated this year were very similar to those in 1963, there being a total of 24 new cases coming for advice during the year. The results were much the same as previous years and on the whole the clinic would seem to serve a useful purpose.

Report of the Principal School Dental Officer

Apart from the appointment of one Dental Auxiliary in September and the loss of our Dental Technician to another post in November, the staffing position remained the same as for the previous end.

The additional surgery accommodation required for use by the Dental Auxiliary, was created by converting the waiting-room into a new and well-equipped Dental Surgery for her use. Waiting accommodation is now provided in the room formerly used for Ultra Violet Ray treatment.

The statistical record shows that the number of teeth conserved is now greater than the number of teeth removed or extracted, which is an improvement on the two previous years.

However!—many children presenting themselves for treatment show oral cleanliness which leaves much to be desired, although often outwardly they appear neat and clean. Good oral habits should commence when young, one of the most important being the last “teeth clean” of the day, after which there should be no milky drinks, sweets or biscuits, particularly no sweets, et cetera, under the pillow. These precautions will avoid stagnant areas around teeth during the period of sleep.

We are still fortunate in having the anaesthetic services of Dr. G. Quayle, Dr. G. M. Curtois and Dr. W. R. Henwood. We have also maintained co-operation with the Burton General Hospital Dental Consultant services.

A. N. STANNARD, L.D.S.,

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	1	—	—	—
Partially Sighted	2	—	1	1
Deaf	4	—	1	1
Partially Hearing	2	—	—	—
Delicate	—	2	—	2
Educationally Sub-normal	2	86	—	86
Epileptic	1	3	—	3
Physically Handicapped	5	17	5	22
Maladjusted	3	2	—	2
Speech Defect	1	87	—	87
	21	197	7	204

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 28 children were assessed during 1964 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	..	..	2
Children examined and found normal	..	..	10
Children examined and found maladjusted	..	..	3

*In 3 of these cases the parents registered a protest to the Department of Education and Science. In one case the child has been seen by an Inspector from the Department and the decision has been upheld. In the other 2 cases the Department's findings are still awaited.

The special classes for retarded children now at Christ Church School, Anglesey Secondary Modern School and Horninglow Secondary Modern School continue to function satisfactorily.

These classes were visited during the year by medical officers who found that good progress is being made with these children.

Child Guidance Clinic. The facilities of the Child Guidance Clinic in Lichfield were available throughout the year. Cases requiring Psychiatric treatment in the Clinic are referred to Dr. Ramage, the Principal School Medical Officer for Staffordshire, who arranges appointments for them. During the year 23 children were referred with a wide variety of problems such as persistent Enuresis, emotional disturbance, anti-social behaviour and theft.

Most of the cases referred showed an appreciable improvement as a result of attending the Clinic. Unfortunately in the case of several children who would probably have benefited from referral to the Child Guidance Service, the parents for a number of different reasons refused permission for the child's referral.

5. Infectious Diseases. During 1964 a gradual change was introduced in the immunization procedure for children commencing at school. Whereas these children had previously been immunized against Diphtheria only (either a primary course or a booster), they were now (with the parents' consent) also immunized against Tetanus. An increasing number of children would appear to have a reinforcing dose of Diphtheria, or Diphtheria/Tetanus, in the 6 months preceeding their commencement at school.

The number of children immunized by the School Health Service during 1964 was as follows :

(1)	Number of children who received a full course of Diphtheria/Tetanus immunization	.. ..	104
(2)	Number of children who received a full course of Diphtheria immunization	.. ..	98
(3)	Number of children who received a reinforcing or booster dose of Diphtheria antigen	.. ..	592
(4)	Number of children who received a reinforcing or booster dose of Diphtheria/Tetanus antigen	.. ..	355

The number of cases of Infectious and other Notifiable Diseases occurring in school children during 1963 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Diphtheria	0	0
Poliomyelitis	0	0
Scarlet Fever	5	0
Whooping Cough	36	0
Meningococcal Meningitis	0	0
Measles	99	0
Pneumonia	0	0
Respiratory Tuberculosis	1	1
Non-Respiratory Tuberculosis	0	0
Dysentery	0	0
	<hr/> 141	<hr/> 1
	<hr/>	<hr/>

6. B.C.G. Vaccination.

Contact Scheme. Dr. M. B. Paul, the Chest Physician, carried out Heaf Skin testing of child contacts of cases of Tuberculosis. He gave B.C.G. Vaccination to those with negative skin reactions. Seven children were successfully vaccinated under this scheme in 1964.

School Children Scheme. The scheme, which was started last year, was continued, B.C.G. vaccination being offered to all children of 13 years and over attending the schools in Burton upon Trent. A very good response was again received from the parents, the vast majority of whom were glad to have their children vaccinated.

Excellent co-operation was also received from the School Staffs and from the children themselves ; no difficulty being experienced either in the skin testing or subsequent vaccinations. There were no severe reactions.

During the year 888 were given the Heaf Skin Test. As a result 187 children were found to have a positive reaction and 686 a negative. Of the 686 found to be negative to the Heaf Test, 685 received B.C.G. vaccination.

7. Deaths of Children of School Age.

Three school children died :—

- | | | | |
|-----|--------------------|----|---|
| (1) | Girl aged 6 years | .. | Cardiac failure following extensive burns.
Accidental Death. |
| (2) | Girl aged 13 years | .. | Acute cardiac failure.
Fallots Tetralogy (Op). |
| (3) | Boy aged 5 years | .. | Fractured Skull due to road accident.
Accidental Death. |

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 1964, there were 2,323 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed an decrease of 81 over the attendances for 1963.

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	..	..	124	3	127
Shop Assistants	..	..	6	20	26
Errands	..	..	9	—	9
Others	..	..	6	1	7
			<hr/>	<hr/>	<hr/>
			145	24	169
			<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	..	..	..	639,968
Staff and Helpers	..	..	..	65,105
Students	..	..	..	5,702
				<hr/>
Total	..	..	..	710,775
				<hr/>

7,691 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 1964

The Children's Care Committee was appointed by the Education Committee for work in 1964, and was constituted as follows :—

Miss P. M. Evershed, Mrs. J. George, Mrs. M. C. Hill, Mrs. R. Lorimer, Mrs. Perry and Miss G. Rowland.

The officers elected for 1964 were :—

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

The Committee met six times during the year.

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

Sent to Convalescent Home :

1.	Girl	aged	6	years	..	..	Charnwood Forest	for 8 weeks
2.	Girl	..	8 $\frac{1}{2}$	..	..	..	..	for 4 weeks
3.	Boy	..	7 $\frac{1}{2}$	..	..	..	..	for 4 weeks
4.	Girl	..	6 $\frac{1}{4}$	..	..	..	..	for 6 weeks
5.	Girl	..	9 $\frac{1}{4}$	..	..	..	..	for 6 weeks
6.	Boy	..	7 $\frac{1}{2}$	..	..	..	..	for 4 weeks
7.	Girl	..	5 $\frac{3}{4}$	..	..	..	..	for 4 weeks
8.	Boy	..	4	..	..	..	..	for 4 weeks
9.	Girl	..	9	..	..	..	..	for 4 weeks
10.	Girl	..	6 $\frac{1}{2}$	..	..	..	..	for 4 weeks
11.	Girl	..	8 $\frac{3}{4}$	..	..	..	..	for 4 weeks

In June all the Members of the Committee visited the Charnwood Forest Home. They found the atmosphere very happy and were impressed by the capability and the kindness of the Matron and Staff.

The children sent to the Home all improved in health, one being reported to be quite a different child, and they all seemed to have been happy there.

Parents had expressed their appreciation for the benefits their children had received.

The Committee record their grateful thanks to Mrs. D. M. Wright, W.V.S. Organiser, for arranging for W.V.S. Members to take children to and bring them back from Charnwood Forest by car, when escorts could not be found. This help and the kindness of the Members was much appreciated.

Thanks are due to the Feoffees for providing the maintenance at the Convalescent Home for eleven children for 52 weeks. Without this help the work could not go on and the Committee record their appreciation of the Feoffees support.

(Sgd.) J. M. H. GEORGE,

Chairman.

(Sgd.) PHYLLIS M. EVERSLED,

Hon. Secretary.

MEDICAL INSPECTION TABLES, 1964**Number of Children.**

Average number of children on the roll	.. ..	9,712
Average attendance	.. .. .	8,896

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	.. .. .	627
Leavers	.. .. .	181
Others	.. .. .	327

Total	1,135
-------	---------	-------

B.—OTHER INSPECTIONS

Number of Special Inspections	.. .. .	547
Number of Re-Inspections	.. .. .	1,100

Total	1,647
-------	---------	-------

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)
1960 and later	—	1	1
1959	4	101	86
1958	3	35	32
1957	—	7	7
1956	—	3	3
1955	—	1	1
1954	—	—	—
1953	—	—	—
1952	—	—	—
1951	—	—	—
1950	2	5	6
1949 and earlier	37	25	59
TOTAL	46	178	195

**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)
1960 and later	2	2	100	—	—
1959	625	619	99.04	6	0.96
1958	237	232	97.89	5	2.11
1957	30	30	100	—	—
1956	10	10	100	—	—
1955	2	2	100	—	—
1954	—	—	—	—	—
1953	—	—	—	—	—
1952	—	—	—	—	—
1951	3	3	100	—	—
1950	45	45	100	—	—
1949 and earlier	181	181	100	—	—
TOTAL	1135	1124	99.03	11	0.97

Table II
Infestation with Vermin

(i)	Total number of individual examinations of pupils in Schools, by the School Nurses or other authorized persons ..	17,453
(ii)	Total number of individual pupils found to be infested ..	287
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	20
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	9

Table III
Defects found by Medical Inspection
A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)			Periodic Inspections			
				Entrants (3)	Leavers (4)	Others (5)	Total (6)
4	Skin	T		14	9	2	25
		O		25	16	3	44
5	Eyes—						
	(a) Vision ..	T		4	37	5	46
		O		11	91	12	114
	(b) Squint ..	T		7	2	—	9
		O		27	2	2	31
	(c) Other ..	T		1	2	—	3
		O		3	—	1	4
6	Ears—						
	(a) Hearing ..	T		3	—	4	7
		O		24	2	2	28
	(b) Otitis Media	T		4	—	—	4
		O		14	2	2	18
	(c) Other ..	T		—	—	—	—
		O		9	8	2	19
7	Nose and Throat	T		36	2	8	46
		O		93	1	18	112
8	Speech	T		37	—	2	39
		O		81	2	19	102
9	Lymphatic Glands	T		18	—	—	18
		O		54	—	1	55
10	Heart	T		1	—	—	1
		O		1	—	3	4
11	Lungs	T		3	1	—	4
		O		23	2	1	26
12	Developmental—						
	(a) Hernia ..	T		1	—	—	1
		O		2	—	—	2
	(b) Other ..	T		1	—	—	1
		O		15	1	—	16
13	Orthopaedic—						
	(a) Posture ..	T		—	1	—	1
		O		5	14	6	25
	(b) Feet ..	T		—	2	—	2
		O		43	18	5	66
	(c) Other ..	T		—	3	—	3
		O		41	4	8	53
14	Nervous System—						
	(a) Epilepsy ..	T		1	1	—	2
		O		4	1	—	5
	(b) Other	T		1	—	—	1
		O		—	—	—	—
15	Psychological—						
	(a) Development	T		3	—	—	3
		O		32	1	—	33
	(b) Stability	T		4	1	—	5
		O		43	3	—	46
16	Abdomen ..	T		—	—	—	—
		O		4	1	—	5
17	Other	T		—	1	—	1
		O		—	3	—	3

Table III (continued)

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	—	—
5	Eyes—(a) Vision	8	20
	(b) Squint	—	1
	(c) Other	—	—
6	Ears—(a) Hearing	3	1
	(b) Otitis Media	—	—
	(c) Other	—	—
7	Nose and Throat	9	17
8	Speech	3	2
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	—	—
12	Developmental— (a) Hernia	—	—
	(b) Other	—	—
13	Orthopaedic— (a) Posture	—	1
	(b) Feet	—	—
	(c) Other	—	—
14	Nervous System—(a) Epilepsy	—	—
	(b) Other	—	—
15	Psychological— (a) Development	—	—
	(b) Stability	6	2
16	Abdomen	—	—
17	Other	—	1

Table IV

Treatment Table

Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	9	17
Errors of refraction (including squint)	241	49
TOTAL	250	66
Number of pupils for whom spectacles were prescribed	114	40

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

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	4
(b) for adenoids and chronic tonsillitis	—	75
(c) for other nose and throat conditions	—	4
Received other forms of treatment	3	30
TOTAL	3	113
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1964	—	3
(b) in previous years	—	8

Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments	—	239

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		..	..	..	..	20
Impetigo		..	..	..	..	3
Other skin diseases	..	..	..	..	..	61
TOTAL						85

Group 5.—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	23
---	----

Group 6.—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	87
--	----

Group 7.—Other Treatments Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	226
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	685
(d) Other than (a), (b) and (c) above	—
Total number of attendances at Authority's Minor Ailments Clinics	2,323
Total number of attendances including uncleanliness	8,096

Table V

Dental Inspection and Treatment

(a) Dental and Orthodontic work.

I.—Number of Pupils inspected by the Authority's Dental Officers :

(i) At Periodic Inspections	920	}	Total I	2,931
(ii) As Specials	2,011			

II.—Number found to require treatment 2,503

III.—Number offered treatment 2,503

IV.—Number actually treated 2,106

(b) Dental work (other than Orthodontics).

I.—Number of attendances made by pupils for treatment excluding those recorded at (c) (i) below 6,060

II.—Half days devoted to :

(i) Periodic (School) Inspections	8	}	Total II	901
(ii) Treatment	893			

III.—Fillings :

(i) Permanent Teeth	2,706	}	Total III	3,328
(ii) Temporary Teeth	622			

IV.—Number of Teeth Filled :

(i) Permanent Teeth	2,353	}	Total IV	2,736
(ii) Temporary Teeth	383			

V.—Extractions :

(i) Permanent Teeth	809	}	Total V	1,965
(ii) Temporary Teeth	1,156			

VI.— (i) Number of general anaesthetics given for extractions 845

(ii) Number of half days devoted to the administration of general anesthetics by :

(a) Dentists	Nil	}	Total VI	131
(b) Medical Practitioners	131			

VII.—Number of pupils supplied with artificial teeth .. 31

VIII.—Other operations :

(i) Crowns	13	}	Total VIII	2,033
(ii) Inlays	2			
(iii) Other Treatment	2,018			

(c) Orthodontics :

(i)—Number of attendances made by pupils for orthodontic treatment 530

(ii)—Half days devoted to orthodontic treatment .. 53

(iii)—Cases commenced during the year .. 35

(iv)—Cases brought forward from the previous year .. 20

(v)—Cases completed during the year .. 22

(vi)—Cases discontinued during the year .. 5

(vii)—Number of pupils treated by means of appliances .. 47

(viii)—Number of removable appliances fitted .. 47

(ix)—Number of fixed appliances fitted .. Nil

(x)—Cases referred to and treated by Hospital Orthodontists 9

APPENDIX

PHYSICAL EDUCATION REPORT FOR THE YEAR 1964

Once again it is my pleasing duty to present a picture of progress made in physical education during the year.

Physical Education in the Primary Schools

The extended trial of newer methods of teaching physical activities have been continued. Most teachers would concede that the change has contributed much towards creative activities and that greater scope has been given for initiative and imagination. Yet so far we have not quite met two criteria which are clearly necessary in any effective teaching method—a conviction about the method by the majority of teachers and the furtherance by the pupils of first hand experience in a wide variety of activities and skills.

The Building Programme has seen the completion of four new Primary Schools and with the provision during the year of large fixed apparatus at Joseph Clark School they are all equipped according to modern trends. Re-equipment and modernization of the older schools has also been continued and with the inclusion of Uxbridge Junior and Winshill Infants School and total now reaches seven.

Indoor facilities for P.E. is now available at every Primary School with one exception. Apart from new schools and modernisation of old schools some Primary Schools have inherited premises formerly used by secondary schools to the extent of three assembly halls. In the coming year a Junior School with a hall of 900 sq. ft. stands to gain an additional hall of 2,500 sq. ft.

The Authority has continued to press forward with “minor improvements” (P.E. Stores, rebound walls and wire mesh surrounds for play-grounds). In the Primary Schools where the Assembly halls are used for many purposes the provision of a store for P.E. apparatus can contribute much in lessons which demand the speedy distribution of apparatus. During the year work was put in hand for the provision of five stores. The value of a rebound wall for the coaching of games at all stages is becoming increasingly apparent, as is shown by the requests from the older schools for the repointing of walls and the provision of rebound walls in the new schools.

Physical Education in the Secondary Schools

In September, 1964, a two form entry first instalment of the Robert Sutton Technical Modern School was opened with planned facilities for physical education to the scale required by a three form entry school. The site necessitated the provision of tennis courts on the hard playground and as this is our first experience of this arrangement we await their coming into use with interest. The adjacent 15 acre playing field will be shared with Hillside Technical Modern School, although there will be separate provision of jumping pits and hard cricket practice wickets. The sharing of a playing field is no new arrangement as it applied at Anglesey before the two schools were amalgamated.

Swimming

In the main it is our policy to devote the use of the Baths to pupils in their last two years of the primary school and their first year of the secondary stage. As a result the percentage of swimmers among the yearly intake into the secondary schools continues to rise and by the end of the first secondary year between 90% and 95% of pupils can swim—so the aim of the policy has been attained. There is however a snag in every arrangement, particularly when the demand by schools for time at the baths cannot be met. This applies to those secondary schools planning to offer their older pupils a choice of physical activities. An early solution is not in sight. Only by the building of new Baths in the Borough or in the adjacent county areas can the pressure on the existing facilities be eased.

Outdoor Pursuits

Apart from the use made of the river by the town's established rowing clubs, the Trent has been a neglected asset, yet during the year we have seen efforts made to rekindle public imagination with the vision of its use for recreational purposes. The Education Committee can claim to be just ahead of the vision in that it submitted a proposal for a River Activity Centre for inclusion in the 1964/65 Youth Building Programme for which the Ministry's approval was granted. Inability to find a suitable site scotched a scheme, which would have made a contribution to non-competitive outdoor pursuits comparable with that given to competitive games by the post-war provision of 65 acres of playing fields.

Playing Fields

The extension of 4 acres of playing field making a total of 12 acres at the Grammar School came into use in September, 1964. A notably dry autumn, together with the needs of the school combined to bring about its use well before the 2 years normally allowed for establishment of the turf.

A splendid growth of grass can belie a playing field's actual value to a school measured by the amount of play it will stand. For some time the field at Edge Hill has shown this inadequacy and as a result of an independent report remedial drainage measures will be carried out during 1965/66.

The partial loss of Belvoir Road Playing Field by the line of the A.38 bye-pass has been felt most keenly by the Technical College and Youth Organisations. This is the only field controlled by the L.E.A. which has been jointly used for any length of time. Due to a combination of factors this field has stood up to full day and weekend use for 25 years and it is doubtful if any other school field in the Borough could have taken this weight of play except for a short period. Yet we can expect increasing pressure for the joint use of school fields as land becomes more costly to develop and as the standard of facilities becomes increasingly higher.

Camping

Since 1958 when organised camping was first undertaken by our secondary schools there has been a gradual change of emphasis from standing camps towards base camps from which expeditions on foot are made. The expedition section of the Award Scheme has done much to bring this about and in 1964 our camping was confined to light weight camping in the neighbourhood of the Peak National Park. The plan of spending 10 days in and about a base camp contributed much to the safety and confidence of the trekking parties—it allowed time for familiarisation with the area; for thorough checking of equipment, clothing, footwear, stores and for the expedition assessors to satisfy themselves that the candidates are conditioned for the tasks.

Outward Bound

The Authority again sponsored twelve pupils from the Technical Modern Schools to attend monthly courses at the Outward Bound Schools in North Wales and Esdale. During the year the Outward

Bound Trust produced some evidence on the need for sponsors to reduce the number of unsuitable candidates and the Trust announced its policy of reducing the duration of the Junior Girls' Courses to courses of 3 weeks duration.

Although this Authority has taken its duties of selection very thoroughly over the past 10 years, this disclosure may provide an opportune time to review our procedure both of nomination for the Courses and for briefing of candidates after selection.

Conclusion

To conclude a report, mainly about facilities and space, I wish to emphasise that these remain teaching aids and that it will always be the contribution by teachers which will ensure that each school develops a vigorous and consistent programme of physical activities.

J. W. PARKINSON,

Organiser of Physical Education.

