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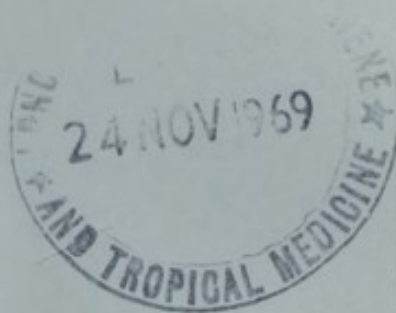
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County Borough of Burton upon Trent

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EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE  
SCHOOL HEALTH SERVICE

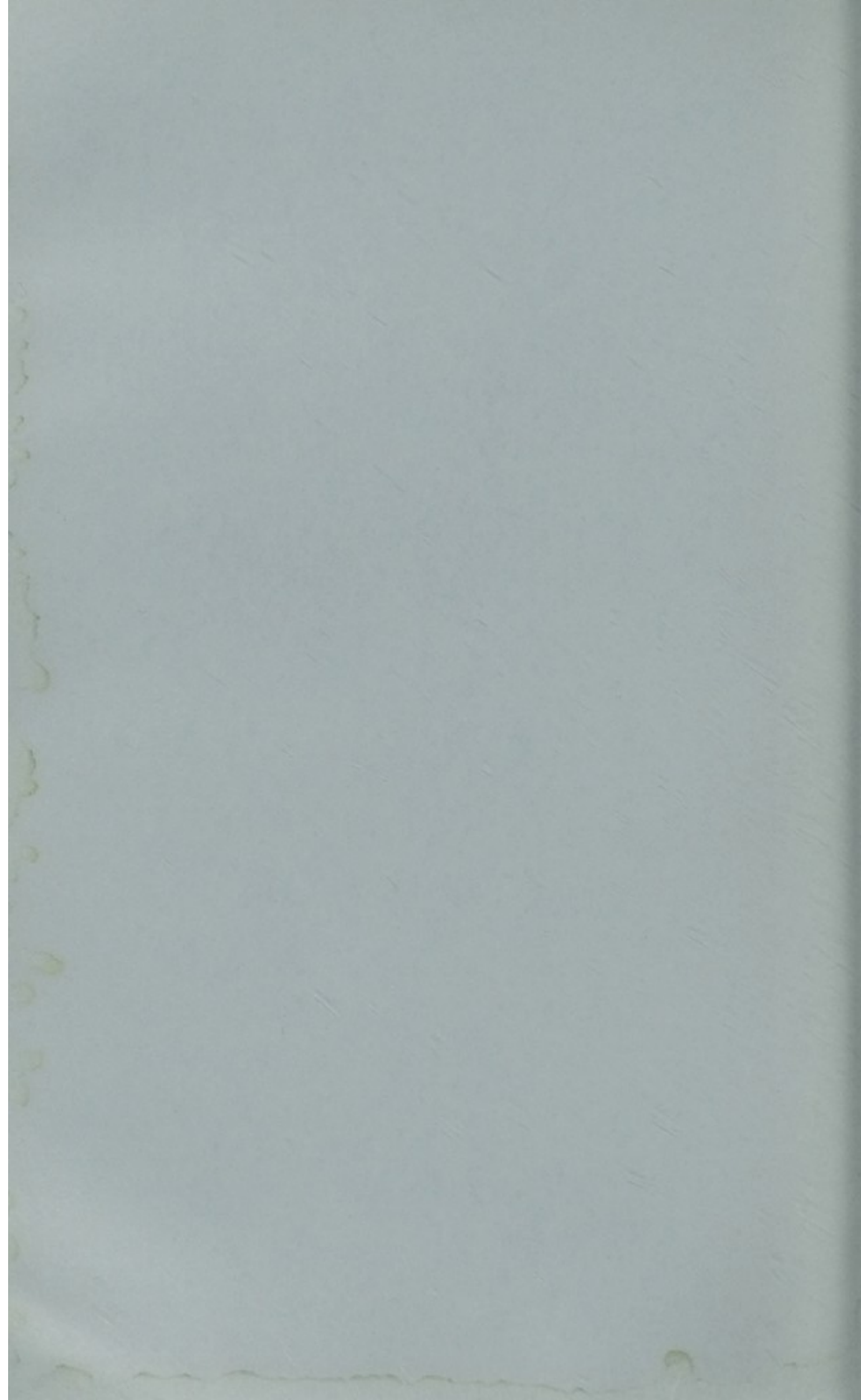
FOR THE YEAR 1968

BY

ROBERT MITCHELL

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

*PRINCIPAL SCHOOL MEDICAL OFFICER*





County Borough of Burton upon Trent

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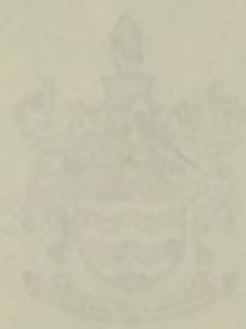
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# Contents

Introduction .. . . .	5
Staff .. . . .	7
Staff Changes .. . . .	9
Medical Inspection .. . . .	9
Findings of the Medical Inspection and Treatment of Defects :—	
(a) General condition .. . . .	10
(b) Nose and Throat defects .. . . .	10
(c) Ear defects .. . . .	11
(d) Eye and Visual defects .. . . .	11
(e) Orthopaedic defects .. . . .	12
(f) Diseases of the Skin .. . . .	12
(g) Speech Therapy .. . . .	13
(h) Infestation with Vermin .. . . .	15
(i) Foot defects .. . . .	15
(j) Enuresis .. . . .	16
(k) Report of the Principal School Dental Officer .. . . .	16
Handicapped Pupils .. . . .	17
Child Guidance Clinic .. . . .	18
Infectious Diseases .. . . .	19
B.C.G. Vaccination .. . . .	19
Deaths of Children of School Age .. . . .	20
Minor Ailments Clinic .. . . .	20
Employment of School Children .. . . .	21
School Meals Service and Free Milk Scheme .. . . .	21
Report of Children's Care Committee .. . . .	22
Appendix—Physical Education Report, 1968 .. . . .	30

## STATISTICAL TABLES

Children on Roll— .. . . .	23
Maintained Schools	
Table 1.—Medical Inspection .. . . .	23
Table 2.—Infestation with Vermin .. . . .	24
Table 3.—Defects found by Medical Inspection .. . . .	25
Table 4.—Treatment .. . . .	27
Table 5.—Dental Inspection and Treatment .. . . .	29

# Contents

2	Introduction
3	Staff
4	Staff Changes
5	Medical Inspection
6	Findings of the Medical Inspection and Treatment of Defects:
10	(a) General condition
10	(b) Head and Throat defects
11	(c) Ear defects
11	(d) Eye and Visual defects
12	(e) Orthopedic defects
12	(f) Diseases of the Skin
13	(g) Speech Therapy
13	(h) Infestation with Vermin
13	(i) Foot defects
14	(j) Hygiene
14	(k) Report of the Principal School Dental Officer
17	Handicapped Pupils
18	Child Guidance Clinic
19	Infectious Diseases
19	S.C.D. Inspection
20	Dental of Children of School Age
20	Minor Ailments Clinic
21	Employment of School Children
21	School Milk Service and Free Milk Scheme
22	Report of Children's Care Committee
26	Appendix—Physical Education Report, 1958

## STATISTICAL TABLES

27	Children on Roll—
	Mainland Schools
27	Table 1—Medical Inspection
28	Table 2—Infestation with Vermin
28	Table 3—Defects found by Medical Inspection
27	Table 4—Treatment
29	Table 5—Dental Inspection and Treatment

# Annual Report of the Principal School Medical Officer For the Year 1968

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

I have the honour to present my Annual Report for the year 1968.

We have been fortunate in having our full complement of Medical Staff throughout the year. The position regarding the Dental Staff, however, is far from satisfactory. Mr. Noel Stannard, the Principal Dental Officer, has been the only full-time Officer since the departure of Mr. Liddle on the 30th June, 1967. During the year he has received considerable part-time assistance from local Dental Practitioners but, unfortunately, towards the end of the year this part-time work had almost come to an end and all attempts to recruit further replacements have so far failed.

Since infective jaundice became notifiable in June 1968, 50 cases have been notified. There were 5 cases of scarlet fever compared with none in 1967. There were 52 cases of measles compared with 152 in 1967 and 33 cases of whooping cough compared with 9 in 1967. There were no cases of pulmonary tuberculosis.

The infestation of scabies, which has been a feature for the past two years, is still with us and, in fact, more were treated at the School Clinic this year than in previous years. This, however, is not peculiar to Burton upon Trent but merely reflects a national increase in the disease.

The scheme for B.C.G. vaccination of school children started in 1963, which was offered to all children of 13 years and over, was extended to include children between 10 and 13 years of age. The response to this has been excellent. During the year 1,966 children were Heaf tested and of these 71 were found to be positive and 1,881 negative. Of these 1,864 received B.C.G. vaccination.



I wish to record my thanks to the Children's Care Committee, whose Honorary Secretary, Miss P. M. Evershed, J.P., arranged for 10 children to have varying periods at the Roecliffe Manor Convalescent Home and to the Trustees of the Burton upon Trent Consolidated Charities, who have provided maintenance for these children during their stay at the Convalescent Home.

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., D.P.H.

*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 Officers (Part-time) :*

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

B. E. DAVIES, B.D.S.

*Speech Therapist :*

F. BROOK, F.C.S.T.

*Speech Therapist (Part-time) :*

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

(Resigned 5/7/68)

*Orthoptist :*

MRS. L. GANNON (*Part-time*)  
(*Commenced 23/4/68*)

*School Nurses :*

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

*Dental Auxiliary :*

MISS M. HUMPHRYS  
(*Resigned 18/10/68*)

*Dental Attendants :*

MRS. E. M. ROULSTONE  
MRS. E. CLAMP  
MISS C. HOWELL  
MISS R. J. TUNNICLIFFE

*Clerks :*

MRS. J. BENTLEY  
MRS. M. B. M. HAMP (*Part-time*)  
MISS J. WHEAT (*Resigned 18/2/68*)  
MRS. B. BAILEY (*Commenced 8/4/68*)  
(*Resigned 30/6/68*)  
MISS A. M. L. TOURT (*Commenced 8/7/68*)

*Cleansing Assistant (Part-time) :*

MRS. I. NOAKES (*Resigned 3/3/68*)  
MRS. I. TAYLOR (*Commenced 27/6/68*)



**1. Staff Changes.** There were no major changes of staff to report during the year. There were, however, as usual, a number of changes chiefly affecting the Junior Clerical Staff and the Cleansing Assistants.

**2. Medical Inspections.** The School Medical Officers have carried out routine examinations of the majority of infants during their first year at school.

In Junior schools, inspections were once again confined to the re-inspection of children with known defects and to such children as were referred with suspected defects by school staff or school nurses to the medical officers.

At the school leaver stage, all children were seen, weighed and measured and had their vision and colour vision tested by the school nurses. As a result of this a number of children were brought forward for a more detailed examination. School staff and parents also requested that a further proportion of them be examined for suspected defects by the School Medical Officers. Parents of all children in this age group are offered an appointment with the School Medical Officer, but only a small number of parents availed themselves of this opportunity. An increasing number of children in this age group are seen each year in connection with continental journeys and other courses of a residential or camping nature arranged by their respective schools.

The school nurses visited each school at least once a term for the purpose of performing either vision testing and/or head inspections. Any defects noted at these visits are reported to the School Medical Officers for appropriate action.

Visits have also been made to schools by the Principal Dental Officer and to a few schools by the Senior Speech Therapist.

An ever-increasing number of children are referred each year to the school medical service by parents, G.P.s., school staff and other interested bodies.



The proportion of children referred with psychological rather than physical problems is showing a steadily increasing rise and this type of case is very time consuming and may require many hours of the Medical Officer's time to investigate thoroughly the child's condition and background.

The attendance of parents at routine medical examinations of school entrants remains on the whole good. At a few schools, however, the attendance leaves much to be desired and, unfortunately, it is usually in the cases where the parents do not attend that there is most need for consultation between doctor and parent. This often necessitates making repeated appointments at the School Clinic and school nurses and welfare officers having to pay repeated visits to the homes.

Taken generally, the accommodation for the performance of routine medical examinations, vision testing and head inspections remains very good, although in one or two of the older schools the conditions are still not ideal. In all schools, however, with the co-operation of the Head Teacher 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 1968 is shown below:

Satisfactory	Unsatisfactory
99.14%	0.86%

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

With the co-operation of the General Practitioners, Specialist opinion and care has been obtained where considered desirable. Co-operation with the Burton General Hospital has also been well maintained, and copies of reports of all school children seen by the Specialists at the Hospital are received by the School Medical Service. This is a great help to the Medical Officers concerned.

(b) **Nose and Throat Defects.** Medical Inspection revealed 280 defects of the nose and throat, the great majority being either enlargement of tonsils and adenoids or persistent nasal catarrh.



Owing to a number of staff changes at Burton General Hospital, and periods when there was no E.N.T. Specialist available, inevitable delays have occurred in arranging appointments for children, and also in obtaining the subsequent treatment recommended by the Specialist. This has resulted in a further appreciable fall in the number of children with diseases and defects of the ear, nose and throat known to have been dealt with in the year under review ; there being 67 such children treated in 1968 compared with 122 in 1967.

Towards the end of the year, however, the situation improved with the appointment of Mr. D. G. Ghanekar, F.R.C.S., who has been most helpful in dealing with cases referred to him by the School Health Service. The absence of E.N.T. Specialists at Burton Hospital appears to have resulted in an increasing work load being placed on the E.N.T. staff at Derby Children's Hospital, and the waiting time for appointments and treatment at this hospital has apparently greatly increased. Very few cases, therefore, were referred there during the year. The vast majority of the children treated appear to have had greatly improved general health as a result.

(c) **Ear Defects.** During 1968, 7 children from Burton upon Trent were in special residential schools for deaf or partially hearing children. One boy and one girl were in Needwood School for the Partially Hearing, and two boys and three girls were in the Derby Royal School for the Deaf. During the year, one pupil was equipped with a hearing aid, bringing the number of children in Burton equipped with such apparatus to 16. With the aid of the hearing aids these children have been able to continue their education at ordinary schools in the Borough. All such children are seen at least once a year by one of the School Medical Officers.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Hospital for school children continued to function well. We were able to improve our services by the secondment of Mrs. L. Gannon, an Orthoptist attached to Burton General Hospital, to the School Clinic for two sessions a week. She was able to screen children suspected by school staff, parents, nurses and doctors as having squints. In all she saw 538 such cases during the year, and 177 of these were referred to the Ophthalmologist for further opinion, and treatment where necessary. 3,255 children had their vision tested by the School Nurses in the schools, and 247 cases were referred to the



Ophthalmologist. During 1968 the number of cases to whom prescriptions for spectacles were given was 99.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic for school children held at the Burton General Hospital, 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, flat feet and knock knees are the commonest orthopaedic defects found in school children, often associated with obesity.

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

(f) **Diseases of the Skin.** 130 cases of Scabies were treated during the year.

The number seen in the previous ten years were :

1967—91. 1966—86. 1965—18. 1964—20. 1963—0.

1962—0. 1961—0. 1960—0. 1959—1. 1958—0.

For the fourth successive year there has been an increasing number of cases of Scabies in the County Borough. There is at present no evidence to suggest that this increasing incidence is abating, rather is the contrary true, as there were more cases in the second half of the year than in the first. This probably reflects a true increase in the incidence in the town, as apart from cases treated at the School Clinic a number of other cases were known to have been treated by their own doctors. This increasing incidence is not peculiar to Burton upon Trent, but reflects a national rise in the incidence of the disease.

Treatment (usually a series of three baths followed by the application of Benzyl Benzoate Emulsion) is given to all affected children of school age who are automatically excluded from school until free from infection, and until they have received a fitness certificate issued by the School Medical Officers. Unfortunately, it is impossible to insist that members of infected families who are under or over school age attend for examination and treatment, although a number do so on a voluntary basis, and cases do occur of children



having treatment and being cleansed of infection, only for them to be reinfested later by another member of the family. At least 7 cases were known during the year where this occurred.

During the latter third of the year there was a very marked increase in the number of cases of Impetigo seen, there being 28 cases during this period, compared with 6 in the preceding year. At the time of writing, this type of infection is still causing a considerable amount of work for the staff of the School Clinic. These children, like those with Scabies, are excluded from school until issued with a fitness certificate by the School Medical Officers.

(g) **Speech Therapy.** Mr. F. Brook, F.C.S.T. (full time), and Mrs. M. Rudin, L.C.S.T. (part time) (resigned w.e.f. June, 1968), constituted the staff of the Speech Clinic. Mr. Brook reports as follows :

Following the resignation of Mrs. Rudin in June of 1968, the Authority has advertised locally and nationally for a full or part-time replacement but without success. The national shortage of speech therapists has been evident for the past two decades and no change for the better is expected in the near future.

The number of children (24) on the register awaiting treatment at the end of the year is probably a very conservative one. It is believed that many more children are in need of speech therapy and only a thorough and annual screening of all Infants and Junior Departments will reveal the true extent of the need.

The Speech Therapist has visited Bitham School on several occasions during its first two terms and examined the speech of 22 children. 9 were found to have very minor speech defects and arrangements were made for these children to receive help from their own teachers. 5 other children with more serious speech problems will receive treatment at the school on a weekly basis as soon as this can be arranged.

Valuable assistance in the preparation of Visual Aids for use in the speech clinic has been provided by the Head Teachers of Horninglow and Anglesey Secondary schools through their Art Departments. Publishers of Visual Aids do not find the production of special items for speech clinics a commercial proposition and much of the material used has to be prepared in the clinic or obtained locally.

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



Number of children treated :						155
Boys .. .. .						
Girls .. .. .						62
						<hr/>
						217
						<hr/>
(a)	Stammerers	..	..	..	..	32
(b)	Defects of articulation	..	..	..	..	130
(c)	Delayed Language/Speech Development	..	..	..	..	31
(d)	Cleft Palate Speech	..	..	..	..	9
(e)	Voice disorders	..	..	..	..	4
(f)	Spastic dysarthria	..	..	..	..	1
(g)	Supra Bulbar Pareisis	..	..	..	..	2
(h)	Articulatory dyspraxia	..	..	..	..	3
(i)	Speech defect associated with hearing loss	..	..	..	..	5
						<hr/>
						217
						<hr/>
Discharged :						
	Adjusted	..	..	..	..	52
	Partly adjusted	..	..	..	..	9
	Unadjusted (chiefly because of parents' inability to co-operate)	..	..	..	..	3
	Uneventuated (e.g. chiefly those who made a spontaneous recovery whilst awaiting treatment)	..	..	..	..	7
	Transferred, e.g., to residential schools and to Educational Psychologist	..	..	..	..	2
						<hr/>
						73
						<hr/>
Total attendances						1,370
Total on roll receiving treatment at 31st Dec., 1967						110
No. of children on waiting list at 31st Dec., 1967						23
No. of children referred during year						84
No. discharged during year						67
No. of children on waiting list at 31st Dec., 1968						24
No. of children receiving treatment at 31st Dec., 1968						120
No. of school visits made						18
No. of children seen during school visits						106



(h) **Infestation with Vermin.** The total number of examinations by School Nurses during 1968 was 21,345. 122 persons were found to be infested with vermin and 25 in a generally dirty condition ; which was a marked decrease on the previous year. The number of exclusions, however, rose rapidly from 102 in 1967 to 172 in 1968. Of these 172 however, more than two-thirds were in respect of cases of Scabies or Impetigo. The services of the Cleansing Assistant every morning during term time, and occasionally during the holiday periods, has been of great assistance, especially in view of the increasing numbers of cases of Scabies and Impetigo encountered.

As usual, the majority of cases come from a hard core of families whose names appear with monotonous regularity. In respect of the Cleanliness Clinic, it is of interest to note that 23 children had to be excluded twice during the year, 4 on three occasions, and 1 on four occasions. Many of these children had other exclusions notified in previous years. These are often cleared of infestation by the end of any one term, but all appear to have other members of the family, under or over school age, who are also infested and reinfest school children during the holiday periods.

Treatment for infested and dirty children is available at the School Clinic. Many children are allowed to continue attending school, provided that they also attend regularly at the School Clinic for any necessary treatment. A child who is heavily infested, who has Scabies or Impetigo, or is so dirty as to be offensive to others, or does not attend the School Clinic for treatment, is excluded from school until certified fit to resume attendance by the School Medical Officers. During 1968, it was found necessary to issue 3 Cleansing Notices, and 1 Cleansing Order.

(i) **Plantar Warts.** The number of children attending the School Clinic for treatment of this painful complaint showed a decrease from 191 in 1967 to 125 cases during 1968. The routine treatment with Chlorosal proved satisfactory in the majority of cases. The remainder were treated either with Carbon Dioxide Snow or with a Salicylate, although these methods of treatment needed to be fairly prolonged to achieve a satisfactory result.



(j) **Enuresis.** Treatment with the buzzers was still being used in carefully selected cases of enuresis. In all, 57 cases have been investigated by the School Nurses during the year, and of these 39 were found to be suitable for a trial with a buzzer. Of these, 15 were cured ; 3 improved ; 5 failed to respond ; and 16 were still under treatment at the end of the year. All these figures show an increase over the corresponding ones for 1967. From the experience gained over the past years with this type of treatment, it would seem that alarm buzzers have a definite part to play in the treatment of this distressing condition. It is important, however, that full co-operation is obtained from both the affected children and their parents, and it is often lack of this essential co-operation which is found to be a most significant factor in the failure of treatment. At the end of the year, 4 children were still awaiting investigation.

### **Report of the Principal School Dental Officer**

At the end of the year, there seems to be no signs of replacement of staff who have left, or are about to leave. We, therefore, enter the New Year with one full-time Dental Officer (i.e., your Principal Dental Officer) assisted one session per week by a part-time Dental Surgeon.

The Assistant Ancillary Staff are at full strength.

The overall pattern of inspection and treatment has continued on similar lines to the previous years. School inspections have been continued with concentration on the Infant and Junior Schools. The Dental Auxiliary, before she resigned, was useful during these inspections, giving talks and demonstrations to the children.

Unfortunately, the deterioration in the staffing position will affect school inspection continuity, which is considered to be a most valuable means of Dental propaganda ; especially to the parents who otherwise would not seek dental advice and treatment for their children.

As reported in the previous year, the children seen at school inspections seem to be receiving treatment other than just extractions. This would perhaps indicate an increasing awareness of the general public that good teeth and a healthy mouth are hand in hand with good health.



General anaesthetics for the dental cases have been mainly administered by a Consultant Anaesthetist, the Deputy Medical Officer of Health and the Assistant Medical Officer of Health.

The Dental Technicians attached to the Burton General Hospital have continued to process all our dental appliances satisfactorily.

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 .. ..	—	—	—	—
Partially Sighted .. ..	3	—	—	—
Deaf .. ..	5	—	—	—
Partially Hearing .. ..	2	—	—	—
Delicate .. ..	3	5	—	5
Educationally Sub-normal	84	111	—	111
Epileptic .. ..	2	11	—	11
Physically Handicapped	8	26	2	28
Maladjusted .. ..	6	—	1	1
Speech Defect .. ..	—	217	—	217
	113	370	3	373

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 93 children were assessed during 1968 with the following results :—

Children examined under Section 57 (5) .. ..	—
Children examined under Section 57 (3) .. ..	5
Children examined and found E.S.N. —	
(formally ascertained) .. ..	22
(informally ascertained) .. ..	46
E.S.N. Children re-examined .. ..	19
Children examined and found normal .. ..	1
Children examined and found maladjusted .. ..	—
S.S.N. re-examined and found E.S.N. .. ..	—



Probably the most outstanding event of the year, as far as the School Health Service was concerned, was the opening of the new school at Bitham Lane for the education of children who were found to be Educationally Sub-normal. This school is a joint venture by the Burton upon Trent County Borough Council, and the Staffordshire County Council. The staff, under the leadership of Mr. K. J. Hudd, the Headmaster, have already achieved much, and nothing but praise has been heard from the children attending and from their parents. Unfortunately, however, the number of children referred with a view to their admission to this school, is greatly in excess of the number of places available, and thought will have to be given in the near future to establishing further units of this type.

**Child Guidance Clinic.** The facilities of the Child Guidance Clinic in Lichfield remained available throughout the year, but shortage of staff and a very heavy case load, often meant a long waiting period for cases to be seen. In all 17 cases have been seen by Dr. Baker at the Child Guidance Clinic this year. This is more than double the number seen in 1967 which was 7. Procedure for referral remains the same, with all children being referred to Dr. Ramage, Principal School Medical Officer for Staffordshire.

The number of psychological problems being referred to the School Medical Service is increasing year by year. The chief symptoms found are :—

- (1) School phobia.
- (2) Educational Problems.
- (3) Petty thefts.
- (4) Wandering from home and/or school.
- (5) Incontinence.

The examination of these children is an extremely time consuming affair, as not only are parents of children often reluctant to talk about their problems, but, in addition, one has to probe deeply to discover possible underlying causes for the child's symptoms. The Educational Psychologist and his staff have been most helpful in assisting with the assessment of these children, but at the same time it must be noted that the fact that we have a full-time Educational Psychologist has in itself brought a number of such children to light.



**5. Infectious Diseases.** A number of changes have been made in the procedure for the immunisation of school children. In the first place, an increasing number of children starting school have been found to have had the reinforcing dose of either Diphtheria antigen, or Diphtheria/Tetanus antigen, either from their own practitioner, or in a Welfare Centre in the months immediately before starting school. This has resulted in a smaller number of children needing such injections at the first medical examination at school. Secondly, the reinforcing dose of Diphtheria antigen, previously given at the age of ten years, has been discontinued. Thirdly, immunisation against Measles was offered to all five-year-olds at our schools.

The number of children immunised by the School Health Service during 1968 was as follows :

(1)	Number of children who received a full course of Diphtheria/Tetanus antigen .. .. .	194
(2)	Number of children who received a reinforcing or booster dose of Diphtheria/Tetanus antigen ..	458
(3)	Number of children who received a full course of Diphtheria antigen .. .. .	4
(4)	Number of children who received a reinforcing or booster dose of Diphtheria antigen .. ..	39
(5)	Number of children receiving Measles immunisation	362

The number of cases of Infectious and other Notifiable Diseases occurring in School children during 1968 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Scarlet Fever .. .. .	5	—
Whooping Cough .. .. .	33	—
Measles .. .. .	52	—
Dysentery .. .. .	6	—
Infective Jaundice .. .. .	50	—

## **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. Nine were successfully vaccinated under this scheme in 1968.



**School Children Scheme.** The scheme, commenced in 1963, under which B.C.G. Vaccination was offered to all children 13 years and over attending schools in Burton upon Trent, was extended in an effort to offer the same protection to all children between the ages of 10 to 13. An excellent response was received from the parents, the vast majority of whom were very pleased to have their children vaccinated. Largely due to the excellent co-operation received from school staffs, and from the children themselves, no difficulty was experienced either in the preliminary skin test or the vaccination, and it is pleasing to note that no severe reactions were reported during the year under review. 1,966 children were given the Heaf Skin Test. As a result 71 children were found to have a positive reaction and 1,864 received B.C.G. vaccination. The numbers tested and vaccinated being more than double the corresponding numbers for the preceding year.

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

Three School children died in 1968 :—

- |     |                     |    |     |   |
|-----|---------------------|----|-----|---|
| (1) | Girl, aged 13 years | .. | (a) | Acute Monocytic Leukaemia   |
| (2) | Girl, aged 12 years | .. | (a) | Laceration of the brain due to a Fractured Skull sustained when the private motor car, of which she was the occupant, ran over the edge of a high cliff.<br>Accidental death. |
| (3) | Boy, aged 8 years   | .. | (a) | Fractured Skull and other injuries.   |
|     |                     |    | (b) | A collision with a private motor car while crossing the road on foot.<br>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 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 1968, there were 2,790 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed an increase of 96 over the attendances for 1967.

### 9. Employment of School Children.

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

	Boys	Girls	Total
Newspaper Delivery .. ..	71	34	105
Shop Assistants .. ..	5	32	37
Cleaners .. ..	—	1	1
Delivery of Circulars .. ..	1	—	1
Milk Delivery .. ..	1	—	1
Errand Boys .. ..	6	—	6
Warehouse Assistant .. ..	—	1	1
Bakehouse Assistant .. ..	—	1	1
	<hr/>	<hr/>	<hr/>
	84	69	153
	<hr/>	<hr/>	<hr/>

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

The number of meals served was as follows :—

Children .. ..	887,846
Staff and Helpers .. ..	81,363
Students .. ..	4,364
	<hr/>
Total .. ..	973,573
	<hr/>

8,180 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 1968

The Children's Care Committee was appointed by the Education Committee for work in 1968 and was constituted as follows :—

Mrs. E. Clarson, Miss P. M. Evershed, Mrs. L. Hill, Mrs. Perry, Miss G. Rowland and Mrs. Street.

The officers elected for 1968 were :—

<i>Chairman</i>	..	..	..	Miss G. Rowland
<i>Vice-Chairman</i>	..	..	..	Mrs. L. Hill
<i>Hon. Secretary and Treasurer</i>	..			Miss P. M. Evershed

The Committee met five times during the year.

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

Sent to Convalescent Home :

1.	Boy	aged	7	years	..	..	Roecliffe Manor	for 3 weeks
2.	Girl	"	6½	"	..	..	" "	for 3 weeks
3.	Boy	"	5	"	..	..	" "	for 3 weeks
4.	Girl	"	5½	"	..	..	" "	for 3 weeks
5.	Boy	"	5½	"	..	..	" "	for 10 days
6.	Boy	"	9½	"	..	..	" "	for 3 weeks
7.	Girl	"	10¾	"	..	..	" "	for 2 weeks
								3 days
8.	Girl	"	10	"	..	..	" "	for 3 weeks
9.	Girl	"	7¾	"	..	..	" "	for 3 weeks
10.	Boy	"	6	"	..	..	" "	for 3 weeks

In September, the Chairman and Hon. Secretary visited Roecliffe Manor, and were shown round by the Matron. They admired the gardens and beautiful grounds and found the Home very well fitted out.

Thanks are due to the Feoffees for providing maintenance at the Convalescent Home for 10 children for 27 weeks and 6 days.

(Sgd.) GLADYS M. ROWLAND,  
*Chairman.*

(Sgd.) PHYLLIS M. EVERSLED,  
*Hon. Secretary.*

January, 1969.

**MEDICAL INSPECTION TABLES, 1968****Number of Children.**

Average number of children on the roll	..	..	10,543
Average attendance	..	..	9,530

**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	..	..	..	..	..	..	679
Leavers	..	..	..	..	..	..	815
Others	..	..	..	..	..	..	22
Total	..	..	..	..	..	..	1,516

**B.—OTHER INSPECTIONS**

Number of Special Inspections	..	..	..	..	450
Number of Re-Inspections	..	..	..	..	1,318
Total	..	..	..	..	1,768

**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)
1964 and later	—	5	4
1963	2	127	95
1962	2	48	40
1961	—	6	5
1960	—	1	1
1959	—	1	1
1958	—	—	—
1957	—	—	—
1956	—	—	—
1955	—	—	—
1954	—	—	—
1953 and earlier	20	44	49
TOTAL .. ..	24	232	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)
1964 and later	13	13	100	—	—
1963	534	522	97.8	12	2.2
1962	132	131	99.2	1	0.8
1961	17	17	100	—	—
1960	2	2	100	—	—
1959	1	1	100	—	—
1958	1	1	100	—	—
1957	1	1	100	—	—
1956	—	—	—	—	—
1955	—	—	—	—	—
1954	—	—	—	—	—
1953 and earlier	815	815	100	—	—
<b>TOTAL .. ..</b>	<b>1516</b>	<b>1503</b>	<b>99.14</b>	<b>13</b>	<b>0.86</b>

**Table II**

**Infestation with Vermin**

(i)	Total number of individual examinations of pupils in Schools, by the School Nurses or other authorised persons ..	21,345
(ii)	Total number of individual pupils found to be infested ..	122
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	3
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	1

**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	1	—	15	
		O	38	18	1	57	
5	Eyes—						
	(a) Vision ..	T	4	20	—	24	
		O	18	74	1	93	
	(b) Squint ..	T	26	5	2	33	
		O	27	6	—	33	
	(c) Other ..	T	2	—	—	2	
		O	9	20	—	29	
6	Ears—						
	(a) Hearing ..	T	9	2	2	13	
		O	38	1	—	39	
	(b) Otitis Media	T	1	1	—	2	
		O	21	1	1	23	
	(c) Other ..	T	1	—	—	1	
		O	13	1	—	14	
7	Nose and Throat	T	33	3	3	39	
		O	136	8	5	149	
8	Speech .. ..	T	22	—	1	23	
		O	91	5	—	96	
9	Lymphatic Glands	T	19	1	1	21	
		O	57	1	—	58	
10	Heart .. ..	T	—	—	—	—	
		O	6	3	—	9	
11	Lungs .. ..	T	5	—	—	5	
		O	26	7	—	33	
12	Developmental—						
	(a) Hernia ..	T	4	—	1	5	
		O	4	—	—	4	
	(b) Other ..	T	10	1	1	12	
13	Orthopaedic—						
	(a) Posture ..	T	1	—	—	1	
		O	5	3	—	8	
	(b) Feet ..	T	6	1	1	8	
		O	40	2	1	43	
	(c) Other ..	T	6	2	—	8	
		O	46	5	—	51	
14	Nervous System—						
	(a) Epilepsy ..	T	1	—	—	1	
		O	1	3	—	4	
	(b) Other ..	T	—	—	—	—	
		O	5	3	—	8	
15	Psychological—						
	(a) Development	T	4	1	—	5	
		O	33	—	—	33	
	(b) Stability	T	16	3	—	19	
		O	67	1	—	68	
16	Abdomen ..	T	2	—	—	2	
		O	6	1	—	7	
17	Other .. ..	T	6	2	—	8	
		O	5	—	—	5	



Table III (continued)

## B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)					Special Inspections	
						Requiring Treatment (3)	Requiring Observation (4)
4	Skin	..	..	..	..	19	3
5	Eyes—(a) Vision	..	..	..	..	35	1
	(b) Squint	..	..	..	..	4	—
	(c) Other	..	..	..	..	10	2
6	Ears—(a) Hearing	..	..	..	..	1	—
	(b) Otitis Media	..	..	..	..	3	—
	(c) Other	..	..	..	..	4	1
7	Nose and Throat	..	..	..	..	5	1
8	Speech	..	..	..	..	—	—
9	Lymphatic Glands	..	..	..	..	—	—
10	Heart	..	..	..	..	—	—
11	Lungs	..	..	..	..	—	—
12	Developmental—(a) Hernia	..	..	..	..	1	—
	(b) Other	..	..	..	..	—	—
13	Orthopaedic—(a) Posture	..	..	..	..	—	—
	(b) Feet	..	..	..	..	7	2
	(c) Other	..	..	..	..	16	4
14	Nervous System—(a) Epilepsy	..	..	..	..	—	—
	(b) Other	..	..	..	..	—	—
15	Psychological—(a) Development	..	..	..	..	—	—
	(b) Stability	..	..	..	..	—	—
16	Abdomen	..	..	..	..	—	1
17	Other	..	..	..	..	1	6

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 .. .. .	6	9
Errors of refraction (including squint) .. .. .	241	33
TOTAL .. .. .	247	42
Number of pupils for whom spectacles were prescribed .. .. .	83	16

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

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .. .. .	—	2
(b) for adenoids and chronic tonsillitis .. .. .	—	33
(c) for other nose and throat conditions .. .. .	—	2
Received other forms of treatment .. .. .	5	25
TOTAL .. .. .	5	62
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1968 .. .. .	—	1
(b) in previous years .. .. .	—	16

## Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments .. .. .	—	478



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

						Number of cases treated or under treatment during the year by the Authority
Ringworm—	(i)	Scalp	..	..	..	—
	(ii)	Body	..	..	..	—
Scabies	..	..	..	..	..	130
Impetigo	..	..	..	..	..	28
Other skin diseases	..	..	..	..	..	28
TOTAL						186

**Group 5.—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	17
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**Group 6.—Speech Therapy**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. .. .	217
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**Group 7.—Other Treatments Given**

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. .. .	292
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	—
(c) Pupils who received B.C.G. vaccination ..	1,864
(d) Other than (a), (b) and (c) above .. .. .	—
<hr/>	
Total number of attendances at Authority's Minor Ailments Clinics .. .. .	2,790
Total number of attendances including uncleanliness .. .. .	4,891

**Table V**  
**Dental Inspection and Treatment**

**Attendance and Treatment**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit .. .. .	966	730	153	1,849
Subsequent visits .. .. .	1,840	1,708	404	3,952
Total visits .. .. .	2,806	2,438	557	5,801
Additional courses of treatment commenced .. .. .	57	26	4	87
Fillings in permanent teeth .. .. .	838	1,527	453	2,818
Fillings in deciduous teeth .. .. .	1,242	73	—	1,315
Permanent teeth filled .. .. .	691	1,377	424	2,492
Deciduous teeth filled .. .. .	1,177	71	—	1,248
Permanent teeth extracted .. .. .	43	238	80	361
Deciduous teeth extracted .. .. .	983	268	8	1,259
General anaesthetics .. .. .	506	199	26	731
Emergencies .. .. .	379	139	47	565
Number of Pupils X-Rayed .. .. .	..	..	..	86
Prophylaxis .. .. .	..	..	..	644
Teeth otherwise conserved .. .. .	..	..	..	124
Number of teeth root filled .. .. .	..	..	..	—
Inlays .. .. .	..	..	..	2
Crowns .. .. .	..	..	..	9
Courses of treatment completed .. .. .	..	..	..	961

**Orthodontics :**

Cases remaining from previous year .. .. .	..	..	..	..	67
New cases commenced during year .. .. .	..	..	..	..	29
Cases completed during year .. .. .	..	..	..	..	17
Cases discontinued during year .. .. .	..	..	..	..	4
No. of removable appliances fitted .. .. .	..	..	..	..	58
No. of fixed appliances fitted .. .. .	..	..	..	..	—
Pupils referred to Hospital Consultant .. .. .	..	..	..	..	24

**Prosthetics**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time) .. .. .	44	—	—	—
Pupils supplied with other dentures (first time) .. .. .	45	6	5	11
Number of dentures supplied .. .. .	46	7	5	12

**Anaesthetics**

General Anaesthetics administered by Dental Officers .. .. .	..	..	..	10
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**Inspections :**

(a) First inspection at school. Number of Pupils .. .. .	..	..	..	2,717
(b) First inspection at clinic. Number of Pupils .. .. .	..	..	..	912
Number of (a) + (b) found to require treatment .. .. .	..	..	..	2,286
Number of (a) + (b) offered treatment .. .. .	..	..	..	2,285
(c) Pupils re-inspected at school or clinic .. .. .	..	..	..	262
Number of (c) found to require treatment .. .. .	..	..	..	111



## **APPENDIX**

### **PHYSICAL EDUCATION REPORT FOR THE YEAR 1968**

In my forecast for this year, I expressed a hope of holding-on to the gains made in less lean times. Nevertheless, some significant progress has been made, but on the whole the year could be described as one of rationed opportunities.

#### **Primary Schools**

The re-equipment of our primary school halls was continued during the year at two infants schools (Uxbridge and Victoria), while the Church Authorities agreed to the equipment of the assembly hall of the St. Modwen's R.C. Replacement School.

To date, four out of five of the local primary schools have been provided with various types of gymnastic equipment, which have the advantage of use without fuss because of their suspension from the ceiling or walls. Teaching aids that can be used more easily, encourage the adoption of a modern approach to teaching, for it is assumed at this level that the teacher's duty is to create an environment in which children can learn more rapidly and more effectively.

#### **Secondary Schools**

There is an increasing acceptance that physical recreation from the 3rd year onwards, if not before, must bear some relationship with life. Consequently, there is a growing tendency to offer in secondary schools an increasing range of activities. Locally, there has been a modest but steady development by a small group of devoted enthusiasts in these minority sports : sailing, canoeing, trampolining and archery.

Water recreation on the Trent still awaits a great revival, probably because of its pollution. With the opening of the Burton new sewage plant, the Borough can claim to be one of the first towns to comply with the Trent River Authority's standards of discharge. In spite of this and other action it is expected to take 15 years before the River Authority reaches its target of cleanliness.



## **Playing Fields**

Work on the Girls' High School playing field extension (6 acres) went ahead and it is expected to come into use in September, 1969. With the completion of the St. Modwen's R.C. Replacement School, the use of the attached playing field (3 acres) awaits the erection of a 15 ft. unclimbable fence which is required to separate the field from the A38 Burton by pass.

It is more than merely interesting that the Borough's school playing fields increased to 100 acres during the year ; it coincides with the 20th anniversary of the start of the L.E.A.'s post war programme to provide all junior and secondary schools with adequate playing fields.

The hard porous tennis courts of the type provided for all our secondary schools have an estimated life of approximately nine years, after which resurfacing is required. Failure to renovate leads to a rapid deterioration in the playing surface and in their quick drying properties. An inspection of courts with an age of 9 years has confirmed this expectancy of life and has shown the need to put in hand an annual programme of re-instatement.

## **Swimming**

Recurrent claims made in previous reports, that over 90% of our pupils are swimmers by the end of their first year in secondary schools, may have hindered our swimming progress—by presenting a picture which is too rosy. During the local discussions for amending the secondary school curriculum a convincing case has been made to continue the teaching of swimming into the 2nd and 3rd years and if possible beyond. Implementation would depend upon an increase in Baths reservations and this in turn depends upon the provision of an extra swimming pool in the Borough.

## **Future Provisions**

1969 promises to be a critical year in the Authority's provision for secondary education. Preliminary discussions indicate that opportunities will occur to break away from the traditional gymnasiums linked with playing fields towards larger indoor games courts ; playing fields with some all-weather pitches ; and some planning of swimming facilities.

(Sgd.) J. W. PARKINSON,  
*Organiser of Physical Education,*









